Ontario Health Teams Central Evaluation

Formative Evaluation: Findings from the Organizing for OHTs Survey

Addendum: Mississauga OHT Survey and Interview Results

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About this Report

This addendum to the *Formative Evaluation: Findings from the Organizing for OHTs Survey* report includes survey results from seven respondents from the Mississauga OHT. Specifically, your OHT's average and percent of respondents selecting positive responses (top two boxes) across each of the 10 previously validated domains are presented and compared with the average across the first cohort of 30 applicant OHTs.

The Organizing for Ontario Health Teams (OOHT) survey was administered close to three months after submitting the full application to become an OHT. The results reflect your OHT's context and capabilities for implementing integrated care early in your development.

A full description of the survey methods, complete provincial results and discussion can be found in the *Formative Evaluation: Findings from the Organizing for OHTs Survey* report. Each applicant OHT was randomly assigned a number between 1 and 30 – your OHT can be identified as **OHT 06** in the full report.

Interviews were conducted with key stakeholders across 11 OHTs between January to March 2020, with approximately 10 interviews conducted with each OHT. The findings are an overview of key strengths, strategies, challenges and gaps identified by 11 key cross-sectoral participants from the Mississauga OHT. The results of all 109 interviews across the 11 OHTs can be found in the report *Formative Evaluation: Insights from Case Studies of the Early Experience of Developing OHTs.*

Your OHT's Survey Results

The radar chart in Figure 1 illustrates your average score and the average of the scores across the 30 OHTs (province) for each of the 10 domains assessed in the OOHT survey. Across OHTs, the three domains with the highest ratings were *Commitment to Improvement* (mean=4.15 out of 5), *Team Climate* (mean=4.08 out of 5) and *Administration and Management* (mean=3.99 out of 5). The three domains with the lowest ratings were *Financial and Other Capital Resources* (mean=2.64 out of 5), *Clinical-Functional Integration* (mean=3.26 out of 5), *Non-Financial Resources* (mean=3.60 out of 5).

In your OHT, the two highest rated domains, based on mean score, were *Team Climate* (4.67 out of 5) and *Commitment to Improvement* (4.62 out of 5), while the lowest (other than *Financial and Other Capital Resources* which was lowest for nearly all OHTs) was *Clinical-Functional Integration* (3.21 out of 5). Your OHT was above the provincial average scores in *Team Climate* (4.67 vs 4.08), *Leadership Approach* (4.40 vs 3.86), *Commitment to Improvement* (4.62 vs 4.15), *Shared Vision* (4.20 vs 3.78) and *Non-Financial Resources* (4.02 vs 3.60).

Figure 2 illustrates the proportion of respondents who selected the top two response options (most positive) for questions included in the ten domains measured by the OOHT survey. Across OHTs, the three domains with the highest percent top two boxes were *Commitment to Improvement* (79.0%), *Team Climate* (75.2%) and *Administration and Management* (73.3%). The domains with the lowest percent positive scores across the 30 applicant OHTs were *Financial and Other Capital Resources* (11.7%), *Clinical-Functional Integration* (40.9%) and *Non-Financial Resources* (54.2%).

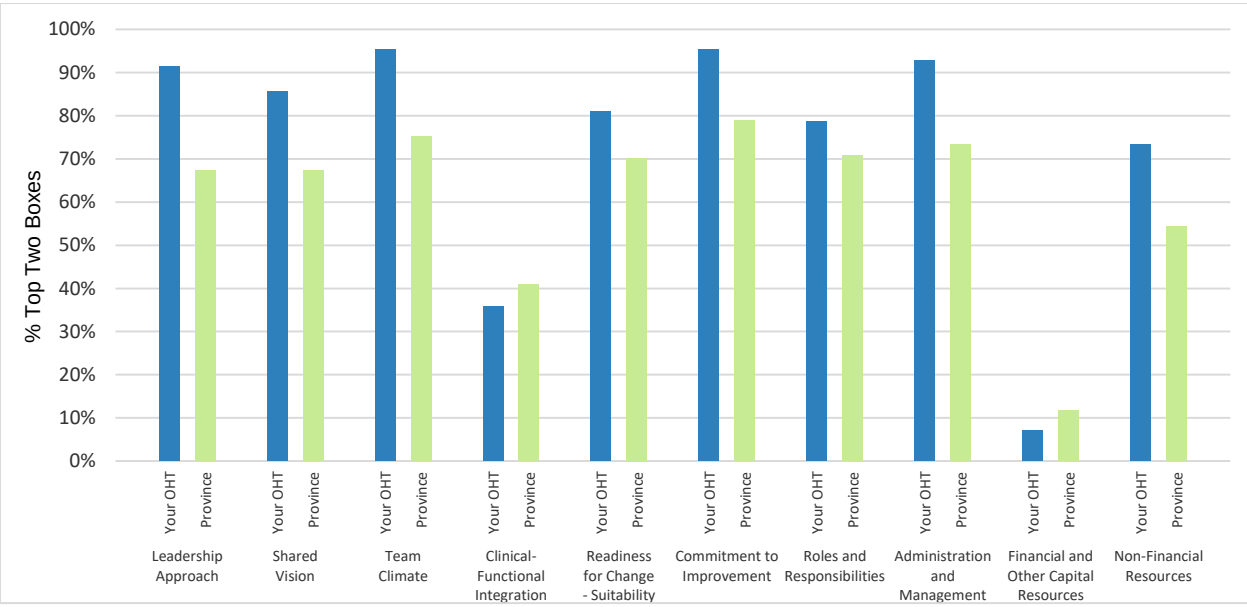
In your OHT, the domains with the highest proportion of respondents selecting the top two response options were *Team Climate* and *Commitment to Improvement* (95.2%), while the lowest was *Financial and Other Capital Resources* (7.1%). In general, your OHT's results were higher than the average across the 30 applicant OHTs (province). Compared with the province, your OHT had a substantially higher proportion of respondents selecting the top two boxes for (>15%) for *Leadership Approach* (91.4% vs 67.4%), *Team Climate* (95.2% vs 75.2%), *Administration and Management* (92.9% vs 73.3%), *Non-Financial Resources* (73.2% vs 54.2%), *Shared Vision* (85.7% vs 67.3%) and *Commitment to Improvement* (95.2% vs 79.0%),

and slightly lower proportion of respondents selecting the top two boxes for *Clinical-Functional Integration* (35.7% vs 40.9%) and *Financial and Other Capital Resources* (7.1% vs 11.7%).

Across all OHTs, efforts and supports to build capacity for integration and basic structural resources like finances and information technology are required. To successfully implement integrated care at your OHT, it will be important to leverage your strengths while also focusing on improving domains where your OHT scored low. It will be important to understand why some member organizations selected lower scores for the questions comprising the domains with lower scores in order to improve your OHT's capabilities for implementing integrated care (see Appendix A for a full list of questionnaire items).

Figure 1. Mississauga OHT's Mean Scores (N=7) Compared to Mean Scores from All Respondents in the First Cohort of Applicant OHTs (Province; N=480), by OOHT Survey Domain

Figure 2. Percent Top Two Boxes for Mississauga OHT (N=7) and Across the First Cohort of Applicant OHTs (Province; N=480), by OOHT Survey Domain



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Your OHT's Interview Findings

A. Strengths & Strategies

The Mississauga OHT was built on "relationships that existed through partnership[s]" (2), which were established through various networks and integrated care models including Metamorphosis, the LHIN, Health Links, CarePoint Health, MICC, and the Healthy City Stewardship, which brought together health and social services. Because of their long history working together, "they've gained trust" (11). Indeed, some members felt that their "trust level is typically going to be higher" (8) than in other OHTs.

The OHT mission aligned well with the mission of many member organizations: "working together… improving care for patients" (7). The LHIN was credited with "moving the group along" (4). The hospital supported project management and application writing and will eventually be the fund holder; however, participants felt that the hospital was not the "lead agency" (9). The OHT had an Interim Governing Council, with a small core group that included three representatives from primary care ("you can't build a system without them" (11)) and two patient / family advisors who "help us stay true to the cause" (1). Decisions are made by this group "as a collective" (2). The OHT implemented ground rules including fostering 1) a learning environment, 2) inclusivity, "everybody has a place at the table" (11), and 3) a system-focus by "taking off our organizational hats" (2). Participants described a positive environment with "goodwill within the different sectors" (10). A primary care council fostered physician engagement. Commitment to the group was demonstrated by the community sector, who paid for a celebratory dinner, with a good attendance of 35 individuals from across sectors.

Participants explained that the OHT serves a growing population that is highly mobile in where they access health care. The region was described as "under-bedded" (2) in both acute and LTC. This context contributed to front line support and "belief in the model" (10) from family doctors. The proposed model was "much more than just traditional health care" (8) as it included both health and social services. Care pathways were being established through engagement sessions with patients, families and front line care providers, and will build on previously established pathways and known best practices.

B. Challenges & Gaps

"One of the bigger issues" (7) was digital, with concerns about privacy, security, funding, especially for smaller organizations, and feeling forced into a new shared EMR. The second challenge was with primary care because of the large number of fee-for-service practitioners who were hard to reach; however, the OHT felt that more were "coming into the conversation" because of their engagement and outreach efforts. Some felt that primary care had a history of feeling "disenfranchised from the health care system" (11). Another challenge was a fear of losing autonomy as "individual organizations" (1) and worries of "designing yourself out" (4) of your job. Participants also described a lack of resources, including time, as a challenge. A few also spoke of getting boards of directors on board with the initiative as a challenge.

C. Reflection: Thoughts on the OHT Approach

Overall, participants felt that OHTs were a move in the right direction and approved of the "bottom-up approach" (11) to create localized solutions; however, participants also expressed a desire for more of a "blueprint…framework…foundation" (9) from the Ministry of Health about governance, funding, HR, contracts/ payment models for home/ community and physicians. There was a sense that "there is lots to be figured out," (2) with "so many things that can derail this" (1) during operationalization and implementation.

Appendix A – Percent Top Two Boxes for Mississauga OHT (N=7) and Across the First Cohort of Applicant OHTs (Province; N=480), by OOHT Survey Item

Item	Item Text	Domain	Your OHT (%)	Province (%)
3	Develop goals that are widely understood and supported among members	Shared Vision	100	75.2
4	Identify how different organizations/programs in the community could help	Shared Vision	85.7	65.5
5	Respond to the needs and problems of the community	Shared Vision	85.7	64.5
6	Include the views and priorities of the people affected by the OHT's work	Shared Vision	71.4	65.7
7	Obtain support from individuals and organizations in the community	Shared Vision	85.7	65.5
8	We have a common vision of how to improve the integration of care.	Commitment to Improvement	100	84.1
9	We understand the role we will play in taking responsibility for the local population	Roles and Responsibilities	85.7	75.7
10	We understand the role we will play in coordinating care	Roles and Responsibilities	71.4	65.7
11	We have agreed to share responsibility for achieving improved patient outcomes	Commitment to Improvement	85.7	82
12	We share tools for clinical coordination	Clinical-Functional Integration	28.6	41.9
13	We share clinical information across partners	Clinical-Functional Integration	42.9	39.9
14	We have used data to identify the improvements for our target populations	Commitment to Improvement	100	70.7
15	We are prepared to question the basis of what the team is doing	Team Climate	100	72.7
16	We critically appraise potential weaknesses in what our OHT is planning	Team Climate	100	68.6
17	The members of the OHT build on each other’s ideas	Team Climate	100	80
18	Empowering people/members involved in the OHT	Leadership Approach	85.7	69.9
19	Communicating the vision of the OHT	Leadership Approach	100	64.7
20	Creating an environment where differences of opinion can be voiced	Leadership Approach	85.7	67.1
21	Helping the OHT to be creative and look at things differently	Leadership Approach	100	63.9
22	Fostering respect, trust and inclusiveness amongst OHT members	Leadership Approach	85.7	71.4
23	Communicating among members	Administration and Management	85.7	69
24	Organizing OHT member activities, including meetings and projects	Administration and Management	100	77.5
25	Skills and expertise	Non-Financial Resources	100	65.5
26	Data and information	Non-Financial Resources	50	37.9
27	Ability to identify target population criteria and deliver interventions	Non-Financial Resources	57.1	59
28	Connections to political decision-makers, government agencies	Non-Financial Resources	85.7	54.6
29	Money	Financial and Other Capital Resources	0	6.7

Item	Item Text	Domain	Your OHT (%)	Province (%)
30	Tools and technologies	Financial and Other Capital Resources	14.3	16.7
31	Organization or practice setting's attitude toward change		42.9	44.5
32	Your organization's shared VALUES are compatible with those of other OHT members		100	93.4
33	Your organization's STAFF have a strong sense of belonging to your OHT		57.1	52.4
34	I think that my organization/practice setting will benefit from this change	Readiness for Change - Suitability	100	83.8
35	This change will make my role easier	Readiness for Change - Suitability	42.9	38.8
36	I feel it is worthwhile for me that the organization adopted this change	Readiness for Change - Suitability	100	87.9
37	I have the skills that are needed to make this change work	Readiness for Change - Change Efficacy	100	91.6
38	This change will disrupt many of the working relationships I have developed	Readiness for Change - Personally Beneficial	14.3	14.7
39	We have a 'we are in it together' attitude	Team Climate	100	83.8
40	We take the time needed to develop new ideas	Team Climate	85.7	73.1
41	To what extent do you think your OHT's objectives can actually be achieved?	Team Climate	85.7	73.3