Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

Considerations for Ed Clark:
eHealth Ontario Asset Valuation Exercise
October 31, 2016

Introduction:
The CEO and CIO of the Association of Ontario Health Centres (AOHC) were interviewed on October 19, 2016 by Ed Clark in relation to the eHealth Ontario Asset Valuation exercise he was asked to conduct on behalf of the Ontario Minister of Health.

Mr. Clark requested a short summary paper of the opinions expressed during the interview by Oct. 31st, 2016. Due to the short notice and other unavoidable demands on time, the following is a synopsis of the points raised.

Part I: Background

About AOHC:
The Association of Ontario Health Centres (AOHC) is an organization firmly committed to championing transformative change to improve the health and wellbeing of people and communities facing barriers to health. The AOHC is the voice of Ontario's community-governed primary health care organizations, a vibrant network of 10 Aboriginal Health Access Centres (AHACs), 74 Community Health Centres (CHCs), 12 Community Family Health Teams (CFHTs) and 13 Nurse Practitioner-Led Clinics (NPLCs).

Please see the Appendix A for AOHC's enabling Information Management Strategy v2.0. AOHC's Vision, Mission, Values. The AOHC Strategic Plan 2015-2020 is found in Appendix B. These core guiding documents motivated this summary paper for consideration.

AOHC's Information Management Strategy and External Alignment:
External alignment to Ministry and LHIN priorities has been integral to the AOHC Information Management Strategy (IMS). It was guided by then-TC LHIN CEO Matt Anderson, then-NSM LHIN CIO, Rod Burns, two MOHLTC ADMs, and eHealth Ontario. It was MOHLTC-approved and eHealth Ontario-funded for the largest single EMR project in North America. It represents over 90 EMR implementations. The MOHLTC and eHealth Ontario approved the deployment by AOHC as a result of being familiar with the unique aspects of its members and because it could do so at approximately 25% less cost than the OntarioMD EMR implementation model. Assessing the use of the EMR post-implementation has shown a 37% more advanced use than the average in Ontario according to OntarioMD's EMRAM model. Better outcomes at lower cost: two of the three pillars of the Triple Aim.

The EMR project Steering Committee was Co-Chaired by an eHealth Ontario VP and the Chair of the CHC Information Management Committee. This close collaboration and accountability ensured ministry and LHIN priorities remained well-aligned.

With Ministry approval, eHealth Ontario provided project oversight and assisted with change requests for data migration, the inclusion of 10 Aboriginal Health Access Centres (AHACs) and eight Nurse Practitioner-Led Clinics (NPLCs); all successfully completed on budget and on time. This project has been one of eHealth Ontario's biggest success stories.

Part II: Observations

ehealth in Transition
Historically, Ontario embraced a 'made-in-Ontario' grass roots approach to ehealth. In the absence of a clear EHR roadmap, HSPs - and specifically hospitals that could retain and reallocate budget surpluses - developed their own capabilities with little oversight. This provided some financial relief for ehealth investments for the Ministry but it led to an uneven, disconnected set of eHealth capabilities across the province.

The Ministry has tried to deploy ehealth capabilities with limited success through CCIM, the Community eHealth Council, and its eHealth Program Branch. Unfortunately, the Ministry was unable to provide the required guidance, oversight and accountability to move effectively toward a province-wide EHR capability. This led to the introduction of eHealth Ontario as the delivery arm of the Ministry.

Over the years, eHealth Ontario itself was undergoing substantial change with an operational audit, change in the senior leadership and a suspension of some of its core mandate. At the same time, the Ministry developed its eHealth Liaison Branch. Both transitions created fundamental challenges in decision-making in relation to the EMR project.

There was no clear ownership/interest in endorsing/discussion of the AOHC IMS Program. The Ministry, eHealth Ontario, OntarioMD and the LHINs were mostly hands-off through these transitions. As a result, this vacuum of leadership created additional challenges for AOHC as it attempted to deliver on its IMS Program commitments.

MOHLTC role:
The AOHC supports the Ministry's role as health system stewards. With strong stakeholder consultation, it should set broad strategies and directions that provincial agencies such as eHealth Ontario are mandated to implement and be held accountable to deliver. To do so successfully, eHealth Ontario needs the authority to work with delivery partners without political interference. Most provincial EHR infrastructure takes longer than the standard 4-year political term to build and deploy. eHealth Ontario must have a mandate that is robust enough to adjust to a changing political landscape and still be able to deliver.

Under the Patients First Agenda, as health system stewards the ministry should review/support development of strategies such as a Community-based Information Management Strategy and then task the LHINs and eHealth Ontario to provide the required leadership, subject matter expertise, funding and accountability to achieve the objectives.

However as stewards, AOHC believes that the MOHLTC should establish an ehealth strategy that includes inter-professional teams and multiple providers - not just physicians and hospitals as key delivery partners. It also needs to fulfil its requirement under the French Language Services Act and mandate all ehealth delivery partners to enable access to comparable bilingual solutions.

ehealth in Ontario:
There is clear evidence of the value of ehealth capability in literature across multiple jurisdictions. According to the Institute of Medicine and Dr. Ross Baker's similar report, the health system kills thousands of people in the US and Canada every year due to an inability to get the right information to the right person at the right time.

Avoidable harm, avoidable productivity loss, improved health outcomes all make a compelling case for developing a cost-effective ehealth infrastructure. Such technology has existed for a long time. The rise of the Internet, automation, and enhanced clinical decision support and best practice knowledge has created significant opportunities for improve health outcomes and lower costs and a better experience with Ontario's health system. As consumers benefit, so do government and tax payers. It therefore behooves government to fund these investments as improved health outcomes will reduce the economic impact of illness on other areas such as employment.

The current approach to digital health in Ontario has been to allow organic developments at the Health Service Provider level and to target ad hoc financial incentives for specific projects that can make a compelling case of moving a provincial agenda forward. Government has not historically included a sustainment funding model which now falls to the purview of the LHINs for most health service providers. The recent development of the Ministry's eHealth Investment and Sustainment Board is a welcomed evolution to provide a holistic view of project and operational implications for provincial ehealth capabilities.

LHIN Role:
The LHINs have historically stayed away from direct ehealth leadership; instead relying on provincial direction either from the Ministry or eHealth Ontario. Their local capacity for ehealth leadership was also systematically dismantled over the last few years as LHIN eHealth Lead positions were eliminated or evolved into general project management office functions.

The current LHIN cluster-based ehealth approach, although it theoretically promotes standardization across LHIN boundaries, has further stretched any local ehealth leadership within some LHINs that could work with specific HSPs. It has also resulted in three distinctly different approaches to EHR development in these clusters. eHealth Ontario must play a key leadership role to ensure interoperability across the clusters to enable a provincial EHR. Setting such standards at the data and technology levels will help ensure such interoperability is achieved cost-effectively. The key for eHealth Ontario is when to signal a change to a standard and then to monitor the smooth and efficient transition to adoption – including having the authority to adjudicate variations in interpretations.

Approximately ten years ago, the MOHLTC declared it was getting out of the ehealth implementation business due to their inability to successfully operationalize their strategies through its eHealth Program Branch. This led to the evolution of eHealth Ontario as an arms-length provincial agency that could provide the subject matter expertise, develop a long-term EHR roadmap, set standards and oversee and support implementations.

Unfortunately, eHealth Ontario was heavily influenced and limited by government from doing what needed to be done to deliver on provincial priorities. Further, the role of LHINs in ehealth was never clearly articulated as evidenced by the generic eHealth Schedule that was included in the MSAA agreements for HSPs which merely states that HSPs are obligated to align to provincial ehealth priorities.

There are no clear accountability, specifics, nor targeted funding for ehealth initiatives. They are, more often than not, funded on an ad hoc basis with 1-time year-end surplus; again, with little to no consideration for operational sustainability.

Part III: Thoughts for moving forward

Who's on First?
The AOHC believes that the MOHLTC should focus on system stewardship; setting priorities and providing an adequate funding envelope to deliver – and sustain – these initiatives.

AOHC believes that eHealth Ontario must serve a stronger leadership role in establishing a forward-looking ehealth roadmap that can serve as guidance for LHINs and local HSP ehealth efforts.

A purely centralized, top-down approach has not been effective at delivering successfully except in limited circumstances.

The paradox for eHealth in Ontario is that there is a clear need for province-wide responsibility for back-end infrastructure and standards that LHIN clusters or HSPs should not have to replicate or build on their own. With a clearly laid out roadmap and required standards, eHealth Ontario can be positioned to guide progress that is facilitated by LHIN accountability agreements. For HSPs that do not currently have an accountability to the LHINs, the role of eHealth Ontario should be advisory to the Ministry as it considers the required policy framework for those entities that still have a reporting relationship to the Ministry.

The goal is a cost-effective ehealth infrastructure that contributes to provincial priorities that are consistent with the Triple Aim approach.

eHealth Ontario Functions of Value:
The following functions are those that eHealth Ontario can and should support:

- Federal/Canada Health Infoway standards and funding alignment
- External environment scan for ehealth trends
- Provincial EHR thought leadership – arm's length from government and political influence
- Provincial standards consistency/adjudication
- Stakeholder engagement with:
    - HSPs
    - Vendors
- Provincial procurements to reduce costs
- Funding for high quality, secure ISP services
    - Set ISP standards for security, performance
- Monitor and adjudicate non-compliance
- Generate economies of scale and focus on deep technical and change management leadership. This is required given the rapidly changing technology landscape.

Critical Success Factors for eHealth Ontario:

- Governance:
    - Serve as an objective, subject matter expert for regional ehealth initiatives
- Accountability: demonstrate cost-effective, outcomes-based initiatives

- Partnership enablement:
    - MOHLTC, LHINs, OntarioMD, Canada Health Infoway, Canadian Institute for Health Information, etc.
    - HSP Delivery Partners
- Develop and maintain a usable EHR Roadmap and identify required investment for the Ministry
- Funding strategies
    - Incent, fund and pay for outcomes/deliverables
    - Change management and policy development support for ehealth investment
- Enable Quality Improvement and Performance Management:
    - For HQO – screening rates, prevention
    - For CCO – wait times and efficient cancer system
    - For LHINs – performance and accountability
    - For OTN – virtual care, tele-services

The IHI Triple Aim:
Lastly, the role of eHealth Ontario must enable improved health outcomes. This can only be optimized with meaningful engagement of individuals in self-management. The UK's Tinder Foundation has identified billions of pounds of savings as a result of their Community Digital Strategy.

AOHC has developed a Consumer Health-'e' Strategy intended to meet this challenge and to meaningfully address a person- and community-centred approach to health service delivery; one that puts health ahead of 'electronic'.

Building Digital Capacity in Communities – not just among Providers:
Deploying a collaboration platform that enables provider-client communication, enables the provision of specialist access to a person's health record similar to the needs of Health Links, provides documentation for and access to health education resources and influences behaviour change is the best way to reduce health system costs and optimize outcomes. It will, however, take a very focused engagement effort over many years to transform Ontario's health system culture to take advantage of digital health capabilities. Investing in digital capacity building within Ontario's communities is a key sustainability strategy. This is a mandate that eHealth Ontario can serve an integral role in.

Part IV: Summary of Considerations for eHealth Ontario

1. To enable Patients First, Community Hubs, Health Links, Accountable Care Organizations, and Consumer eHealth, strong leadership is required by eHealth Ontario to develop a cost-effective digital platform to efficiently collaborate. This technical infrastructure is a precursor to high-quality information that can be used optimally for clinical and administrative decision-making as well as outcomes research.
2. Meaningful consumer engagement in self-care and as the quarterback of their own care team is the best way to optimize the Triple Aim while honouring privacy obligations. Government needs to release its long-awaited Consumer eHealth Strategy and enable eHealth Ontario to inform and guide implementation.
3. In light of the province's priority focus on Indigenous health, privacy concepts need to extend to enabling indigenous data governance principles. First Nations, Inuit and Metis self-determination drives the need for provincial leadership to help HSPs honour these principles.

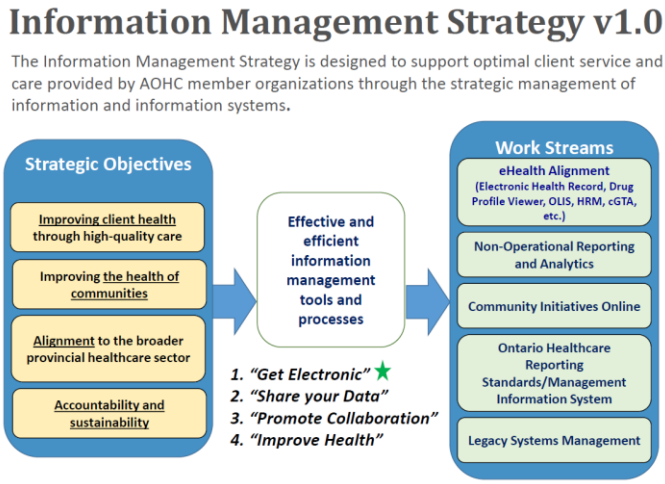
4. Community-based HSP involvement is the best way to prevent health erosion and promote health. eHealth Ontario must enable the community health sector to build and promote adoption of ehealth infrastructure.
5. eHealth Ontario must be the provincial agency that develops the operating plan to implement strategic directions from the MOHLTC. It must facilitate implementation and monitor compliance to standards in order to reach a cost-effective interoperable EHR in Ontario.
6. eHealth Ontario should ensure the core EHR infrastructure is in place to allow HSPs and consumers to connect, communicate and share data securely and reliably.
7. Ehealth needs to enable local implementation and fund it.
8. Ehealth must develop infrastructure requirements and provide guidelines to MOHLTC and LHINs on sustainable funding implications.
9. Ehealth must move away from physician and hospital focused solutions and move towards products that are interoperable with the community sectors and are designed for use by clients, informal care givers and inter-professional provider teams.
10. To enable meaningful consumer health capability, bilingual products must be the standard for all products developed by eHealth Ontario and their partners.

AOHC is pleased provide its perspective on the value and role of eHealth Ontario. It is our deepest hope that the work eHealth Ontario has been involved in continues and expands to be more leaderful in its efforts to enable a provincial EHR capability that improves the health of everyone living in Ontario.

Appendix A:

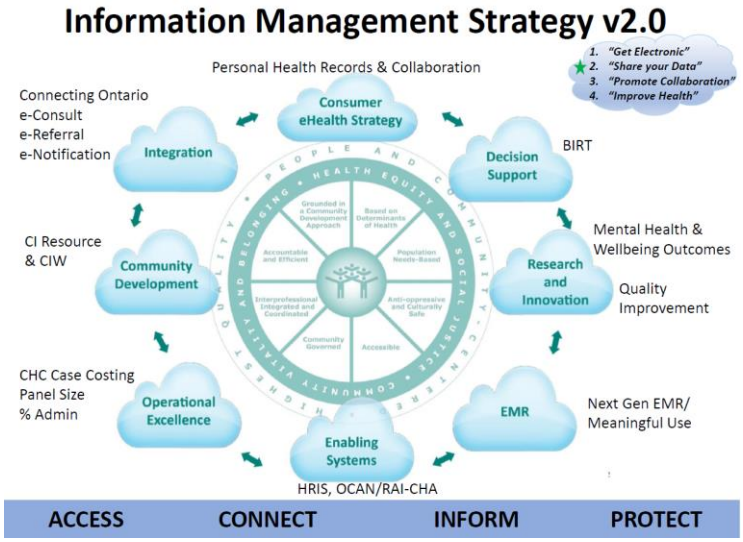
Information Management/Performance Management Strategy v2.0

Supporting People and Communities First and the AOHC 5-year Strategic Plan



The first generation of the Information Management Strategy (IMS) saw the procurement, development and adoption of multiple solutions - an Electronic Medical Record (EMR), the Business Intelligence Reporting Tool (BIRT), the Community Initiatives Resource (CI Resource), MS Dynamics GP and the Legacy Client Chart Viewer - designed to enable AOHC members, acting as a unified sector, to become information management owners. By all accounts, the sector has successfully achieved this.

Grounded in the Model of Health and Wellbeing, the service delivery model endorsed by AOHC members, the next generation of the strategy, IMS v2.0, aims to realize maximum value from these solutions by shifting the focus to performance management: leveraging the wealth of high quality data the IMS has made available and supporting meaningful use initiatives to ensure providers, clients and communities are benefiting from the strategy. IMS v2.0 also proposes the adoption of a Consumer Health-e Strategy, with the goal of enabling clients to utilize technology to become actively involved in their own care.



IMS v2.0 is optimally designed to ensure alignment to:

- The 2015-2020 Strategic Plan adopted by AOHC members (Appendix C), which is focused on achieving the vision of the best possible health and wellbeing for everyone living in Ontario, especially the 22% of the population facing barriers to health. An essential component of the Strategic Plan is demonstrating the value and impact of the domains of the Model of Health and Wellbeing. IMS v2.0 will enable key outcomes of the Strategic Plan and support the advancement of the Model of Health and Wellbeing as the model to ensure people facing barriers to health are able to achieve improved health outcomes.
- Externally, the Ministry of Health and Long-Term Care (MOHLTC) produced Patients First: Action Plan for Healthcare. The AOHC's response People and Communities First: A Proposal to Strengthen Person-Centred Health Care in Ontario reinforced key tenets of the Model of Health and Wellbeing. IMS v2.0 will advance the pillars of the MOHLTC Action Plan (Access, Connect, Inform and Protect – see Appendix B) and support the call by AOHC to shift the focus to people and communities first and to embed health equity throughout the system.
- The MOHLTC's eHealth Strategy 2.0 aims to make technology an integral and routine part of Ontarians' healthcare experiences. IMS v2.0 will facilitate the provision of quality care and increased client engagement through technology that is embedded into the care continuum with a focus on improving health outcomes.

This paper will outline how each component of IMS v2.0 is designed to advance the objectives of these transformative strategies, and ultimately to support the provision of high quality, people and community centred care and improve the health outcomes and experiences of people and communities.

Electronic Medical Record (EMR)

In the first phase of the Information Management Strategy, AOHC members implemented Canada's largest EMR project. The advantages of a common EMR have already begun to be realized, including increased capability to provide coordinated care due to integrations with provincial eHealth solutions, and the adoption of standardized data sets to enable consistent reporting across the sector. A Meaningful Use survey conducted in 2015 found that members are more advanced in using the EMR by 37.5% than the provincial average as measured by the OntarioMD EMR Adoption and Maturity framework.

IMS v2.0 will focus on:

- Ensuring all members are migrated to the next generation, fully bilingual version of the EMR, which will increase access for underserved populations and enable enhancements to improve health service delivery
- Alignment of the EMR with a common Evaluation Framework to evaluate the value and impact of the Model of Health and Wellbeing
- Developing new, innovative tools to meet needs and reduce costs, such as the template developed for intake of Syrian refugees and capabilities such as single sign-on and context-sharing with provincial eHealth systems such as Connecting Ontario

Decision Support

The Business Intelligence Reporting Tool (BIRT) takes the data collected through the EMR to the next level through its advanced reporting and analytic capabilities. BIRT enables AOHC members to look at data across multiple programs in order to support strategic decision making and quality improvement, and also benefits external stakeholders as a source of reliable, quality assured data to support accountability measurement and planning related to access, quality, and efficiency.

IMS v2.0 will focus on:

- Implementing BIRT for Aboriginal Health Access Centres and enabling the spirit of First Nations OCAP principles
- Developing new capabilities in BIRT (e.g. Primary Care Dashboard, OHRS statistical reporting, predictive modeling, GIS mapping and visualizations) and engaging members in meaningful use strategies to support decision making
- Integrating the socio-demographic questions adopted by the TC LHIN into BIRT to support province-wide data collection and health equity measurement
- Enabling external stakeholder access to key data sets, starting with the MSAA dashboard
- Enabling research and participation in the CIHI EMR Content Standard program

Community Development

Health promotion and community development initiatives are an essential component of the work done by AOHC members. As Tommy Douglas reminded us, the ultimate goal of health care is to keep people well, not just to treat them when they are sick. The ability to collect and analyze data on these initiatives is imperative to 'demonstrate' the value and impact of a community development approach on the health outcomes and experiences of people and communities, and to ensure that people have the information necessary to provide a complete picture of their health and wellbeing. IMS v2.0 will

help address this need through solutions such as the Community Initiatives Resource Tool (CI Resource) and the development of comparable indicators to measure health promotion and community development activities and outcomes.

IMS v2.0 will focus on:

- Upgrading monitoring and reporting features in the CI Resource and supporting adoption and meaningful use of the tool
- Building capacity for data from the CI Resource to be imported into the BIRT solution
- Developing a bank of common equity-informed community health and wellbeing indicators based in part on comparable measures within the Canadian Index of Wellbeing
- Advocating for the collection of health and wellbeing performance indicators at the LHIN level

Consumer Health-e Strategy – 'i-Collaborate'

Electronic initiatives that empower individuals and families – often serving as informal care givers - to participate in decisions about their health and wellbeing are the next step in using technology to lower costs, improve health outcomes, and increase the overall experience for users of the healthcare system. IMS v2.0 will launch the development of a Health-e Strategy with a focus on health outcomes and how such technologies can influence client behaviours. The first phase of the strategy will be to learn what the requirements are, build a business case with confirmed funding, and then the selection and adoption of an electronic collaboration platform designed to improve access to services, connect clients to information from across their full circle of care, and enable individuals to be informed about and meaningfully engaged in their health and wellbeing.

IMS v2.0 will focus on:

- Conducting learning pilot projects to inform functional requirements
- Preparing a business case with confirmed funding sources and issuing a request for proposals for an electronic collaboration platform
- Developing a strategy to support adoption, education, and meaningful use of the adopted platform
- Collaboration with eHealth Ontario, the MOHLTC, stakeholders such as Canada Health Infoway, the REACH-HTX program and MaRS and preferred vendors to achieve the common goal of stimulating consumer health innovation

Integration

In order to support an integrated and coordinated system of care that enables clients to access the full range of information they need to support their health and wellbeing, there is a need to connect IMS solutions to broader provincial health system initiatives.

IMS v2.0 will focus on:

- Ensuring all members have access to and are appropriately resourced for the following systems:
    - Connecting Ontario
    - Resource Matching and Referral
    - e-Notification / e-Consult / e-Referral
    - OLIS – automated Provider Query
    - Hospital Report Manager (HRM)
    - Integrated Decision Support System (IDS)
    - Clinical Connect
    - Care Coordination Tool
    - Health Links and Community Hubs
- Engaging with the MOHLTC, LHINs, OntarioMD, eHealth Ontario, Health Quality Ontario, Cancer Care Ontario and other relevant provincial agencies about integrating existing and upcoming provincial systems in a timely, efficient and cost-effective manner.

Enabling Systems

A key element of the Model of Health and Wellbeing is 'accountable and efficient' – a necessary component in a strong primary health care system to reduce costs and health inequities, and ultimately to improve client satisfaction and health outcomes. This domain also supports the Patients First pillar to 'Protect' the health system. AOHC members have identified additional information management systems that if adopted would enhance performance at the organizational level and support an efficient, coordinated system of care.

IMS v2.0 will focus on:

- Examining potential options for Human Resources Information System (HRIS) capability to assist members in managing their most important resource – their employees
- Advocating for all members to be funded for the Microsoft Dynamics GP financial system
- Enabling the use of Ontario Common Assessment of Need (OCAN) and the InterRAI Community Health Assessment (RAI-CHA) across inter-professional teams to support integrated care

Research and Innovation

The Information Management Strategy positions AOHC members to take an innovative approach to closing the health divide in Ontario and improving the health outcomes of people and communities. The rich repository of data held in BIRT and other IMS solutions provides an opportunity to drive independent research into the benefits of the Model of Health and Wellbeing, offering valuable insight into approaches to improve access, integrate and coordinate care, and making primary care the foundation of the health system. In addition, AOHC members recognize the need to use available data to address gaps in the health system that create barriers to providing the best care, particularly for socially and medically complex clients.

IMS v2.0 will focus on:

- Development of a research and evaluation program in partnership with universities and academic institutes, Health Quality Ontario, the MOHLTC and other relevant agencies

- Leveraging data and analytical capabilities to support the coordination of mental health and addictions with primary health care that contributes to more timely, coordinated, effective and comprehensive programs and services that span the continuum of care
- Using data collected through BIRT, the CI Resource and other sources to address data gaps around populations that face barriers and the impact of health promotion and community development initiatives.

Operational Excellence

AOHC members serve the people most at risk for poor health, excel at health promotion and prevention, and ease pressures on hospitals by helping to keep complex patients out of emergency departments. The value of these services, however, is not easily quantified. IMS v2.0 will help AOHC members to demonstrate their value and effectiveness through performance management strategies and improvement initiatives to ensure data is of the highest quality. Members also need to be appropriately resourced in order to have the people, infrastructure, and systems in place to achieve operational excellence.

IMS v2.0 will focus on:

- Applying appropriate measurement criteria and methodologies to determine the cost of primary health care services offered by AOHC members and the benefits incurred to individuals and the health care system as a result
- Engaging members in data quality initiatives, such as the OHRS data quality blitz
- Advocating to the MOHLTC and the LHINs to support IMS v2.0 and associated funding requirements

Conclusion

The mission of AOHC members is ambitious, as illustrated by a Strategic Plan that focuses on closing the health divide in Ontario and a Model of Health and Wellbeing that emphasizes health equity and social justice, community vitality and belonging, and highest quality people and community centred care. IMS v2.0 will assist AOHC members to fulfil their mission by building on the successes of the IMS program to date, with a focus on improving access to care, integrating and connecting services, keeping people informed and engaged in their health and wellbeing, and supporting strategic decision making based on value and quality. The benefits gained from IMS v2.0 will not just impact AOHC members, but most importantly the people that they serve, particularly those facing the greatest barriers to health and wellbeing.

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Soins de santé primaires gérés par la communauté
aohc
acso
CHAMPIONING
TRANSFORMATIVE
CHANGE
Strategic Plan
2015–2020

Appendix B:

Our Vision

The best possible health and wellbeing for everyone in Ontario.

Our Mission

We champion transformative change to improve the health and wellbeing of people and communities facing barriers to health.

Our Values

Equity:
We champion an equitable, inclusive and respectful primary health care system.

Leadership:
We challenge the status quo with integrity and transparency and are catalysts for system innovation.

Collaboration:
We embrace community-driven cooperation and partner to influence change.

Knowledge:
We act and learn from a community-informed and evidence-based approach.

Who We Are

The Association of Ontario Health Centres (AOHC) is an organization firmly committed to championing transformative change to improve the health and wellbeing of people and communities facing barriers to health. We are the voice of Ontario's community-governed primary health care organizations, a vibrant network of Aboriginal Health Access Centres (AHACs), Community Health Centres (CHCs), Community Family Health Teams (CFHTs) and Nurse Practitioner-Led Clinics (NPLCs).

Our association is strong and united. Each member represents the local communities they serve, and each is committed to working together to achieve shared province-wide goals.

Our most important shared commitment: to be bold, strategic and relentless in recognizing and confronting barriers to equitable health and wellbeing. This promise lies at the heart of everything we do and drives each direction for change identified in our 2015-2020 strategic plan.

Our Call to Action

Ontario is in the grips of a great health divide — a divide that means some communities are much less healthy than others. Growing income inequalities, plus many other pervasive and persistent systemic barriers to health, continue to worsen this divide.

A growing body of evidence calls for decisive action. Research we commissioned reveals about 22% of our population — or approximately 3.5 million people — face major barriers that put their health at risk. These barriers are not of their own making. They are systemic and persistent. To permanently break them down, Ontario needs transformative change in its understanding and approach to health and wellbeing.

Transformation is what this plan is all about. To build it, we gathered as many different perspectives as possible. We engaged members and advocacy partners, and gathered insights from provincial decision makers and opinion leaders. The result: a renewed mission and four directions for transformative change for people and communities facing barriers to health.

Our consultations clarified that AOHC has a dual role advancing these directions for change.

- We are problem solvers for system-wide change. We present solutions to the province, the Local Health Integration Networks and other decision making bodies that will support significant shifts to achieve improved health and wellbeing for people and communities facing barriers; and
- We provide strong support to members to ensure they are equipped to operate healthy organizations and realize their full potential as effective catalysts in system transformation.

Our plan for transformative change is ambitious, and we cannot do it alone. Join us on our journey — a journey that moves us towards achieving the best possible health and wellbeing for ***everyone*** in Ontario.

Our Theory of Transformative Change

Much of our strategic plan rests on a theory that, to improve health outcomes of people facing barriers to health and wellbeing, an integrated primary health care approach addressing the determinants of health, cultural safety and the health of communities is needed.

These evidence-informed, integrated approaches are represented in the **Model of Health and Wellbeing** and the **Model of Wholistic Health and Wellbeing**.

The Model of Health and Wellbeing has been endorsed by Ontario's Community Health Centres (CHCs), Community Family Health Teams (CFHTs) and Nurse Practitioner-Led Clinics (NPLCs) that make up our membership. The common values, principles and attributes that these organizations share are providing people facing barriers to health with the services and supports they need to move towards the World Health Organization's definition of health: a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity.

The Model of Wholistic Health and Wellbeing is Indigenous-informed and grew out of the wholistic framework of the Ontario Aboriginal Healing and Wellness Strategy, which considered all stages of life within a comprehensive care continuum. Indigenous cultures' ways of knowing and being are at the centre of the model. All aspects of health — mental, emotional, spiritual and physical — are considered in relation to self, family, community and the environment. The Model addresses the intergenerational trauma and impacts of colonization that underpin poor health and wellbeing within Indigenous communities. In this way, the Model itself can be considered decolonizing. This Model has been endorsed by the Aboriginal Health Access Centres and Aboriginal Community Health Centres.

PROVING THE THEORY OF CHANGE

While strong bodies of evidence support the attributes of these models, AOHC's five-year research agenda aims to study how the integrated application of these principles and practices play a transformative role improving population health, enhancing people's experiences and delivering a strong return on investment.

CHAMPIONING TRAN

In keeping with **OUR VALUES**

Equity:
We champion an equitable, inclusive and respectful primary health care system.

Leadership:
We challenge the status quo with integrity and transparency and are catalysts for system innovation.

Collaboration:
We embrace community-driven cooperation and partner to influence change.

Knowledge:
We act and learn from a community-informed and evidence-based approach.

and our **MODELS**

Model of Wholistic Health and Wellbeing

Model of Health and Wellbeing

SFORMATIVE CHANGE

to support OUR MISSION

We champion transformative change to improve the health and wellbeing of people and communities facing barriers to health.

and achieve OUR VISION.

The best possible health and wellbeing for everyone in Ontario.

STRATEGIC DIRECTION 1

Champion Health Equity

Champion health equity and population needs-based planning, and challenge systemic inequities to achieve improved health outcomes.

OUR 2020 ADVOCACY GOALS FOR HEALTHIER PUBLIC POLICY

- The Government of Ontario increasingly works across ministries using approaches such as Health in All Policies and the Canadian Index of Wellbeing.
- The Government of Ontario increases social assistance rates and minimum wage and introduces policy changes to deal with precarious employment.
- The Ministry of Health and Long-Term Care (MOHLTC) expands publicly funded dental programs to adults living on low incomes and increases access to dental suites in our member centres.
- The MOHLTC eliminates the three-month waiting period for newcomers and those with precarious immigration status.
- The Government of Ontario works with the federal government to ensure everyone in Ontario has improved access to appropriately prescribed drugs.

OUR 2020 ADVOCACY GOALS FOR HEALTH SYSTEM TRANSFORMATION

- The Government of Ontario and Local Health Integration Networks (LHINs) embed a health equity lens into all aspects of health system planning, policies, legislation and service delivery.
- The Government of Ontario and the LHINs embed the Aboriginal Health Policy within health system planning and service delivery related to the Indigenous population and consider the AHACs and Aboriginal CHCs as leaders within the delivery of Indigenous culturally safe, primary health care.
- All LHINs implement a common equity-informed population needs-based planning methodology for primary care, with a specific culturally appropriate plan for Indigenous and Métis communities.
- The MOHLTC, with the LHINs, develops and implements a provincial strategy for the 3.5 million people facing barriers to health to ensure access to the Model of Health and Wellbeing (MHWB) with a particular focus to ensure the Indigenous and Métis populations have access to the Model of Wholistic Health and Wellbeing (MWHWB).
- AOHC, with members and key provincial stakeholders, has implemented action plans to:
  - increase access to Francophone health services in Ontario, particularly in designated areas;
  - strengthen the network of programs and services for diverse people living in rural and northern communities;
  - grow a lesbian, gay, bisexual and trans (LGBT) primary health care network across the province and enhance trans care as a function of primary care;
  - ensure that racialized people, newcomers and refugees have access to the full MHWB, particularly resources like language interpretation; and
  - contribute to more timely, coordinated, effective and comprehensive programs and services, including trauma-informed care and harm reduction approaches, that span the continuum of care needed by AOHC's members' clients living with addiction(s) and/or mental illness.

STRATEGIC DIRECTION 2

Strengthen Primary Health Care — The Foundation of Our Health System

Advance people-centred, high quality primary health care as the foundation of the universal and publicly funded health system to increase access to appropriate services, especially for populations facing barriers.

OUR 2020 ADVOCACY GOALS FOR PRIMARY HEALTH CARE

- The MOHLTC ensures primary care is the foundation of the health system.
- Primary care organizations are able to fulfill their roles in care coordination and system navigation. AHACs' and Aboriginal CHCs' scope of services includes culturally safe system navigation, care coordination, home and community care, and hospital discharge planning.
- The MOHLTC implements a province-wide shared care solution to enable the socially and medically complex people receiving primary care from non-team based physicians to access interprofessional teams, programs and services. An independent evaluation is conducted to determine the health outcomes of this shared care.
- All AHACs and Aboriginal CHCs provide Indigenous-informed healing services.
- The LHINs use Collective Impact-type approaches to subLHIN governance, respecting community-oriented governance.
- AOHC has secured funding and has begun the journey to enable people served by AOHC's members to meaningfully participate as part of their care teams through a common collaboration platform.

STRATEGIC DIRECTION 3

Support Evidence-Informed Decision Making

Demonstrate the value and impact of the Model of Health and Wellbeing on the improved health outcomes and experience of people and communities.

OUR 2020 GOALS TO SUPPORT EVIDENCE-INFORMED DECISION MAKING

- Provincial and regional decision makers are able to access a comprehensive body of knowledge to support evidence-informed decision making about primary health care solutions for people and communities facing barriers to health.
- Decision makers are using evidence to inform investment decisions related to the Model of Health and Wellbeing and the Model of Wholistic Health and Wellbeing.
- Members have adopted and are using equity-informed health promotion, determinants of health and community development indicators based on a wellbeing measurement framework.
- AHACs and Aboriginal CHCs have a comprehensive, Indigenous-informed performance framework, which includes indicators and evaluation methodology, for the Model of Wholistic Health and Wellbeing.
- AHACs and Aboriginal CHCs are leading the growth of Indigenous health knowledge resources focused on measurable health and wellbeing outcomes and accelerating Indigenous health gains through expanding Indigenous stakeholder partnerships and networks.

STRATEGIC DIRECTION 4

Ensure Members Can Achieve Their Potential

Advocate for appropriate policies, processes and resources to ensure members are equipped to operate healthy organizations and realize their potential as effective catalysts in system transformation.

OUR 2020 GOALS FOR IMPROVING MEMBERS' OPERATIONS

- The MOHLTC and the LHINs provide base funding to address compensation, information management/information technology and operational pressures.
- Health Capital Investment Branch policies and processes enable the timely completion of new facilities and the repair or renewal of existing ones.
- Members are better able to hire a broad complement of interprofessional team members, including, but not limited to, physicians, nurse practitioners, mental health counsellors, and health promoters, to deliver the full MHWB or MWHWB.
- The Government of Ontario better supports the development and sustainability of Community Hubs.
- Members are able to share and use high quality data to improve outcomes.
- Members' data systems are fully connected to the health system.
- Members are able to maximize meaningful use of their electronic medical records to improve care and health outcomes.

Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

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