On screen - Mike Prentice

Good afternoon everybody.

Thank you for joining today.

Welcome to today's webinar.

Today's webinar is titled Collective Impact and Integrating Care, Creating a Compassionate North York.

Our presenter today is Ivy Wong.

My name is Mike Prentice, I'm the executive director for the RTO ERO Foundation.

I'm very happy to be hosting today, as always.

This is the first webinar from the Foundations 2021 series.

So we're excited about this, this is our fourth year now planning and hosting webinars, and we're thrilled to be... continue bringing interesting and relevant topics and presenters to you through this format.

Quickly on the RTO ERO Foundation, the mission of the foundation is to foster respect, self-determination, better health care, and social connection for older adults in Canada.

We are in fact one of a very small number of foundations to invest exclusively in initiatives related to healthy and active ageing.

So that's enough about us, onto today's presentation.

Again, thank you for everyone for taking the time to join us.

Let me introduce our presenter, which is why we're all here today.

Miss Ivy Wong.

Ivy, I'm just gonna read quickly from your bio, it's very impressive.

And so I'll try to just summarize if I can, some of the key things in your bio.

And feel free to correct me if I get any of this wrong, okay?

So Ivy Wong is Senior Lead with Ontario Health Teams and System Integration for North York Toronto Health Partners, and that's based at North York General Hospital here in Toronto.

She is also an advisor to the National Institute on Aging, the NIA, at Ryerson University.

And this is how we know and how we met Ivy, through our partnership with NIA.

Ivy spent several years as a Senior Civil Servant in the UK, including at Her Majesty's Revenue and Customs, and at the Department of Health and National Health Service, the NHS, in England.

Excuse me.

Ivy holds a master of public administration from the London School of Economics, a master of public affairs from L'Institut d'études politiques de Paris and a BA from the University of Pennsylvania.

Did I get all that right, Ivy?

If there's anything else you'd like to add about yourself when you get started, please feel free.

Thank you, Ivy, so much, for taking the time to join us today and present.

You're very interesting, and extremely important work that you are doing.

I will now turn the presentation over to you.

Ivy.

Ivy Wong.

On screen - Ivy Wong

Thanks, Mike, and good pronunciation on all of those degrees, so that's great.

I don't normally talk about those, so it's nice that sometimes they're mentioned, so thank you very much for having me today, and really excited to speak to all of you.

The webinar format means I can't see you.

So sometimes I feel like I'm talking to a picture of myself, which is a little disconcerting.

So excuse me if I start looking around in a bit of a funny way.

So as Mike mentioned, I work at North York General Hospital and support a new initiative called the Ontario Health Teams, and I'll talk a little bit more about that in my presentation.

But I first wanted to start with just telling you a little bit about myself.

I find sometimes in webinars and things, I'm always curious to know a little bit more about what the, you know, a little bit more background around the presenter.

So Mike gave a bit of the, sort of, official part.

I just wanted to mention a few things about me, just so you know who's talking to you.

So again, I am from Canada, even though it was mentioned that I did live for quite a long time in the UK, and I actually did become a British citizen at that point as well.

But born and raised in North York.

So me working in North York again is a little bit of a... sort of a coming home, to be honest, and has been really fascinating to see how... obviously this community and the country has changed over many years.

And then the picture on the right you'll see, that's my family, my partner, and my stepdaughter, and the little one, my daughter, who, both of them, of course, are stuck at home now that schools are closed.

We love them a lot, but wow, we're seeing a lot of them right now.

And just in terms of, sort of, my professional background, a little bit more in depth to what Mike has shared is that really, I started off actually in the private sector working in consulting, in marketing and advertising, and then had a bit of a career crisis, and decided that I wanted to... go into public service of

some sort, didn't really know what, and that's when I went back and did that Masters in public policy at the London School of Economics, and then ended up, kind of, serendipitously in health care, and really haven't left, really fell in love with the work, fell in love with the challenges, and some of the really interesting, complex problems that we get to solve in health care.

And here we are.

So I just wanted to provide a little bit of background on myself, and then I'll move on just to talk a bit about what I'm going to cover in today's presentation.

So very... I'll try to do this quite quickly so we can have some time for discussion at the end, but I'd like to cover kind of my view of what the gaps in care really are in health care right now for seniors.

A little bit about this concept of collective impact and how that could help to influence better care.

What is Ontario's approach to this, and what are the Ontario Health Teams?

And then I'll take it down to a bit of a case study around the work that I'm doing and that I and many, many others are doing in North York.

I think I do have a partner in crime on the webinar today.

But I'll let her reveal herself later, if she likes.

And then, of course, a little bit of a deep dive into one of the programs, just one of the programs that we're working on as part of this new integrated care collective impact model.

And then, of course, some ideas... And I think this is where I'd love the discussion to go a little bit, is around, you know, what do we think is next?

How are we really going to use this model and improve care for seniors?

How do we make it more compassionate across the board?

Not just for North York, but I'll be sharing a bit of a case study as to what's happening here, but what could that mean for the rest of the system as well?

So first off, what is the actual challenge that we're trying to tackle here?

And some of you may know of someone, or perhaps unfortunately have gone through this yourself, where you have experienced the fragmentation in the health care system for care for seniors, so... And no need to read any of this in detail.

But just to show that the business, I think, of these visuals, I think helps to illustrate really the very fragmented non-integrated journey that many patients face when they're interacting with the health system, either with the hospital, or with their family doctor, or in and out of the emergency room.

And, of course, if one also would need other care for, let's say, chronic conditions or mental health, again, these parts of the system are often really not as integrated as they could be.

And what, of course, that results in is worse outcomes, worse experience, worse value for the system, and, of course, people ending up in places that they really don't want nor need to be, such as the emergency room for too many visits, or in an acute care bed.

And actually not in the place of their choice, which often is people's homes or at least somewhere that isn't the hospital.

And so I think that's something that perhaps many of you will have either know about or experienced yourself, and that's one of the problems that we're really trying to tackle as part of this work.

And so, bringing in a different concept.

And this is something that really struck me, I would say, when I started working in the UK, as Mike was mentioning, for the Department of Health, and really started on the policy side and looking at health care as a system.

And a theory that really struck me at that time, that I felt really helped to explain the challenges that we face in health care is that it really is a complex adaptive system.

And so, that means that it's not just complicated, which you'll see in the bottom right-hand corner, nor is it just relatively complex, but a highly complex system, will have many components, and all of those components will be very interrelated.

And so, the sort of... the official definition, or the one that I quite liked, which I adapted from this article here is that, A complex system, a complex adaptive system is a dynamic network of agents... So, in health care, that's often different health care workers, different health care professionals.

...who are all acting in parallel, they're constantly reacting to what the other agents are doing, which in turn influences behaviour and the network as a whole.

So the way I sort of see this, in terms of what it means for health care, is that you may have... the doctors, nurses, therapists, physiotherapists, caregivers, patients, all acting as part of this system, and the interactions of all of that network of interactions means that you actually end up with a result that nobody, perhaps, would have predicted.

So, it is actually very difficult to predict what happens in a complex adaptive system, which then leads me to talk a little bit more about this complexity, in particular.

So, one illustration of this complexity, as you can see... And again, this is not meant for you to be able to read.

It's really just meant to illustrate all the different networks that are involved when it comes to health and health care.

So, on the left, I stole this, as you can see, where there was a group of academics who tried to map out the complexity, for example, of trying to improve nutrition in order to try to tackle the childhood obesity problem.

And so, you'll see on the left actually, each of those bubbles masks a whole bunch of smaller nodes in this diagram.

And what I really like about this is how confusing it is, but also how it shows how many... how many different factors intersect, interact, and react with each other in order to try to tackle what is a very complex problem, such as obesity, or such as mental health in youth.

So, on the right-hand side, a similar type of exercise was done to look at what are all the different factors and all the different things that we would ideally want to influence when we're trying to improve youth mental health?

Or on the left, childhood obesity.

And so essentially, complex care for seniors, but actually for everybody, is also one of these, and if we were to try to map it out, I would imagine it would look not dissimilar from one of these two visuals, in that it is very, very complicated, it's very, very complex, and therefore, some of the traditional ways that we've tried to solve this problem haven't worked as well as I think some would have liked.

And so, one of the areas that we have started to look at and turn to is the next concept that I wanted to introduce.

And this concept is called Collective Impact, and some of you may have heard of this before, it actually has been used more often in non-health fields, such as in education, such as in things like tackling child poverty, and so, this is really where we sort of clued into this concept, and then have started to adapt it in our work that we're doing in North York.

And so, I really liked the diagram on the left that sort of illustrates why collective impact is potentially needed when you're in a, you know, in a state of disorder and confusion, as you can see on the left, and that perhaps individuals then are sort of galvanized to try to make some impact, but, of course, in isolation, they may all be trying to make impact in different directions.

You can, of course, coordinate that impact and the line, but what we would really love to aim for is collective impact, where all the impact, all the actors are kind of moving towards the same common goal, the same common direction, which really creates impact that is greater than the sum of all the individual impacts together.

So, something that's really greater than the sum of its parts, and then on the right-hand side is a diagram that I think helps us to get towards understanding, well, how do you actually do this?

How do you organize... all of the different actors, agents, organizations, to actually work together in a different way to create collective impact?

And so, the different components of this are where many academics have started to look at, in terms of, if we're going to tackle a very complex problem such as health care, such as poverty, such as, for example, insufficient affordable housing, really what you need is a backbone, and often, I will actually introduce myself rather than as the sort of strategic lead, which I think doesn't quite mean as much, isn't quite as good at illustrating what it is that I hope I do with many others, is that I'm really part of the backbone to support the collective work of all of the partners that have come together to try to tackle this health care problem that all of these, all of the organizations are galvanized around a common agenda, around a shared way of measuring what's working, what isn't working, where do we think success is, open and continuous communication, as well as, of course, mutually reinforcing activities.

And with all of these five components, you then hopefully get some bigger impact than the sum of those individual parts.

So, I'm going to try now to segue us from collective impact into how that can actually help to support integrated care.

So, if you look at... and this is something I stole actually from the Singaporean Agency for Integrated Care, because I quite liked the diagram in how it shows all the interrelated social determinants of health that helped to influence the health care.

And, of course, all of this needs to work together in a complex adaptive way to support better integrated care.

And so, what has been Ontario's answer to this whole problem?

And some of you may have heard of these before.

So, the Ontario Health Teams were introduced in 2019 by the Minister of Health, Christine Elliott.

And they were an initiative brought forth by the ministry to try to address some of the challenges that we're currently facing in health care, particularly, obviously mentioned often, is hallway medicine.

But of course, in terms of our health care system, really not delivering the outcomes that we believe it has the potential to.

If it could actually integrate the system better so that patients would receive all of their care, including primary care, hospital care, mental health services, long-term care, other home and community services, but that the patient, or from the patient or family's perspective, that they feel that they are actually experiencing this from one team.

And of course, it sounds terrific.

How are we actually gonna do this?

And as part of this initiative, many teams from across the province came together to put in applications to become Ontario Health Teams.

North York was one of those.

And in 2019, we were designated as one of the first cohort of Ontario Health Teams.

That's a photo of some of us, anyway, on a very snowy day.

The minister actually had just broken her foot, so you won't see that, but it was off the shot here, but she actually came in in a cast, but managed to sort of limp in and present us with our... or I guess, sort of do a presentation.

And we were deemed one of the new Ontario Health Teams in North York.

And our Ontario Health Team, I'll talk a little bit about that now, is called the North York Toronto Health Partners.

So, who are the North York Toronto Health Partners?

So, you'll see here a bit of a snapshot of all the different organizations that came together to form our Ontario Health Team.

And just as a quick overview for those of you who aren't familiar with North York is that we are approximately 500,000 population in the kind of north-east end of Toronto.

We had 21, as we call them, core partners.

So, these are all the organizations that signed on to be part of this team, and they include partners such as the hospital, which is where I'm based, so the provider of acute community services, and then with other organizations that run the entire continuum of health care.

So, from family doctors, to behavioural supports, to community services, such as we have partners who provide things like adult day programs, meals on wheels, transportation.

We also have partners that provide in-home home care services, and then, of course, we also have 30 plus alliance partners.

So, these are partners who we work with in different community areas to support local needs.

And also, they include many, sort of, non-traditional - at least non-traditional to the health system - partners such as food banks, our local YMCA, the Toronto Public Library, and others.

So... and the other piece that we benefit from in North York for sure is we have a terrific partnership with many of our primary care providers.

So these are the family doctors, and the family doctors based in the community.

And we have over 400 of them now who are taking part in our primary care association which is associated with North York Toronto Health Partners, and, of course, our very strong and mighty Patient and Caregiver Health Council.

I believe we do have a representative here today on the call as well.

And that's community members from across our community who have graciously donated so much of their time, and energy, and expertise to really help advise and shape the work that we are doing in North York.

And very much provide, you know, a lot of the inspiration for the work that we do, and they're really helping us to go forward and make sure we always keep people at the centre of all of the work that we do, and that it is really about making things make sense for our community members and for our community as a whole.

And so, you may remember a few slides ago when I showed those components of collective impact, and one of the aspects was having that common agenda.

And so, the other thing to share is that our shared purpose, in terms of North York Toronto Health Partners, and what we're here to do, is that we came together in February of last year now, when we could still all get together in the same room, and we brought many of our partners, but also community members from across North York together, to define what is our vision and purpose for North York.

And so, our shared purpose as we defined it that day, was really around this idea of creating A compassionate community of providers, patients, caregivers and residents who are committed to promoting health, well-being, and positive experiences for all.

Together, we wanted to build on our strengths, both individually and in partnership to ignite the power within each of us to support change in our community now, and into the future.

And on that day, and I think continuing along in all the work that we've done, we've all embraced this concept of a compassionate community, and, of course, in our case, compassionate North York, as a way to really epitomize what we were trying to do, and also a bit of a touchstone for us as we go through our day-to-day, to remember why we are here, and why we are doing the work that we're doing on a daily basis.

And so, as a group, we also got together in that brief pause between wave one and wave two of the pandemic, and we looked a little bit at the work that we wanted to do as a group.

And here, again, please don't worry about reading the slides, but just in terms of our strategic plan for the work that the North York Toronto Health Partners were going to do, we felt that it fell into these, kind of, main buckets.

And you'll see in the green, unfortunately, I've sort of, the diagram here doesn't show, but that green bucket is actually called Integrating Care, and this is the work that North York Toronto Health Partners is trying to do to really change the way that care is delivered on the ground for particular populations in our area, and in our case, seniors care was a very big priority for us.

And in terms of that, I wanted to provide a little bit of a deep dive into one of the programs that we are working on that we're quite proud of, which is called North York CARES.

And that really is to try to address the seniors care, to try to improve seniors care for a particular portion of our population that we felt really, really could do with some significant improvement.

So I'll go through a little bit of what North York CARES is, as a way to really illustrate what we're trying to do, in terms of our collective impact coming together to integrate care.

So, North York CARES, what problem were we trying to solve?

The first one, and, of course, this is unfortunately even more important right now, given the COVID situation, is that North York General Hospital, so that's what NYGH stands for, there was an understanding that we really have to create capacity to care for those patients who really do need to be in the hospital, and try to support those patients who really no longer have acute medical needs and could better be cared for elsewhere.

In particular, we were interested in being able to care for these patients in their own homes.

And the current models that existed in North York General Hospital were, although there were many, many different programs, many of them were restrictive to certain conditions or certain challenges that patients had.

For example, those people with cognitive impairment or dementia were often excluded from many of these home-care programs, or if people had a lack of a family caregiver, then they would also be excluded from many of the programs that were offered to support people in their own homes.

And so, we understood that patients who could actually move to a different care setting should be supported with better options, in terms of being able to be supported in those other settings, and that they also needed care and support in accessing all these different programs, given all the fragmentation and complexity that's currently in the system.

And some of you may reflect on your own or someone that you know's experience, where even just navigating the system of where to go, who to ask for help, you know, what you're qualified or not qualified or eligible for, I think is quite confusing, and certainly that was feedback we heard quite often.

And so, we wanted to come up with a potential solution to that.

And so, what was our answer to this?

We call it North York CARES, and it's an acronym that, I apologize, but I made that one up, which is Community Access to Resources Enabling Supports, but we shortened it to North York CARES, and essentially what this is, and some of you may have seen other integrated care models before, ours is really building upon many of those.

So we launched the North York CARES program in December of last year.

And the intent of the program was really to serve those patients for whom there were not sufficient solutions available for them, in terms of their care needs.

So, we really wanted to look at those patients who required much more intense care, intensive services, such as overnight supports and virtual care.

So the ability to, for example, remotely monitor through digital technology, people's vital, some of their vital signs or some of their chronic conditions that we also launched it with very much the spirit of a one-team approach in mind.

So, the idea that even though there are many organizations and many different staff members and people involved in someone's care, that to the patient and the family, that they would experience it as one team, regardless of how many organizations were involved.

And, of course, in our case, of those 21 partners, you may remember from a few slides ago, 15 of them were actually involved in this particular initiative.

And 60 different, over 60 different individuals from those organizations have been involved at some point in time, in North York CARES.

So far, we're still working on a little bit of evaluation, but the feedback has been quite positive on this program, and I'll talk a little bit now about the different components just so folks can get a bit of an idea, and then I have a bit of a video, and you'll be my guinea pigs for the video, because we just started to pull it together, so I would love your thoughts on that to show a bit more detail in terms of how team members have been reacting to working on North York CARES.

But you'll see in the middle, circled in red, we have a figure here, a little cartoon character that we're calling the Anchor, and essentially this Anchor in the case of North York CARES, this is actually a social worker that was seconded to this role, and this social worker plays the role of coordinator and navigator for the patient, and if the patient has a caregiver for that family.

In terms of accessing all of the necessary services that that patient and caregiver would need in order for the patient to be able to safely go home and remain at home, supported with all of the different care needs that they may have.

So, the Anchor person, in our case, the social worker, then had access to all of the different services that our partner organizations can offer.

So as an example, the community support services, you'll see there there's a little picture of a food hamper.

So our community support partners can provide and have provided things, like they can provide meals on wheels if people are not able to prepare meals for themselves, they can provide transportation to and from medical or other appointments.

They can also provide volunteer and friendly calls and friendly visits, and, of course, also things like false prevention, and exercise classes, and things like that.

Then we had, of course, linked in the primary care providers, so the family doctor of the patient is involved at the very beginning of the process, so that the family doctor can also advise, in terms of what this patient and caregivers past history was, what they feel might work best and work very much with the Anchor and with the patient and family to make sure that the medical care is looked after for the patient.

We also had caregiver support that was provided by one of our partners, which is the Alzheimer's Society, where they have specific supports just for caregivers, and in fact, they were able to offer to some of the caregivers on the program individual caregiver budgets, which are really just for the caregiver in order for them to make their lives a tad bit easier as they go about the very hard work of actually looking after the care recipient.

And then, of course, other services like if there are mental health supports needed, if there are, of course, in home cares such as nursing or personal support workers, other care with sort of activities of daily living.

So, if they need help with bathing, or dressing, or preparing meals or snacks for themselves, or in fact, for example, contacting other family members or setting up appointments and things like that.

And then, of course, one of the very important components that we were very keen to make sure was provided as part of this program to enable those folks who may have cognitive impairment or dementia was that we were able to provide also behavioural supports.

We have several partners who are able to provide this kind of support both by doing an assessment of the patient in their own home or in the hospital, depending on where it's more convenient, and then being able to actually work with the patient, the family, and the care providers around the training that's needed to support some of those behaviours.

And we've had some really great success, because all of these services are integrated, that we're really able to tailor a much more personalized kind of plan of care, and care and support for these individuals.

And so where are we now, in terms of North York CARES, is that we're just wrapping up our pilot.

So that's sort of wrapped up at the end of March that was just last week.

We're just collating all of our results at the moment.

And we're very hopeful.

No confirmation yet, but we're quite hopeful that we will be able to continue North York CARES into the future, and hopefully expand it to more people within our area, and potentially elsewhere as well.

So with that, I'd like to just end with a short video of some of our team members talking a bit about what North York CARES has meant to them, and the work that they've been doing in it.

And I apologize in advance, I actually am in this video as well, so bear with me, you'll hear a little bit more from me coming up shortly.

North York CARES to me represents opportunity.

On screen - Devora Waxman

Collaboration.

On screen - Jagger Smith

Needs-based care.

- Safe at home.

On screen - Sonya Murray

Connected.

On screen - Diana Nazarov

Comprehensive.

On screen - Susan Chang

Creating possibility.

On screen - Kim Leung

Integrated.

On screen - Desmond Kiu

Teamwork.

On screen - Sonya Murray

Through North York CARES, we're bringing together a highly connected network of partners that ensures that there is an understanding and commitment to caring for the individual as a whole.

Recognizing that to provide excellent care, we need to meet their physical, emotional, and psychosocial needs.

On screen - Susan Chang

So right now, we have over 60 people across 15 different organizations involved in North York CARES.

On screen - Jagger Smith

The way a professional team can improve someone's quality of life is that it lets us draw different health disciplines, but also different sectors of our care and social services together to be able to assemble a unique constellation around that patient's own definition of quality of life.

On screen - Kim Leung

When I was, and still am, involved in the designing of the program, I often go back and think about my own experience.

I was a caregiver for my husband, who has complex health needs, and I understand the challenges and how difficult it is to look after someone that's quite ill.

At that time, that was three years ago, it was very... To get service, I have to make multiple phone calls to find out what is out there.

On screen - Tini Le

The aim is always to bridge gaps within our system by weaving together, in particular, primary care, acute care, and home and community care.

On screen - Devora Waxman

So this program brings together all of those different sectors and elements of client care, and then has one key worker who brings it all together, and they're really the consistent face for the client.

On screen - Diana Nazarov

The idea behind this, the navigator role for this program was to have one person who is your go to.

So, if you're really not sure who to call, if you're confused about the process at any point, to make it really simple and more manageable for the families and for the patients, they're assigned a navigator, who is the person to answer all of those questions.

On screen - Susan Chang

This person helps them smoothly transition from hospital to home, and then to wherever else they need to go.

So we always want to provide right care, at the right place, at the right time.

On screen - Devora Waxman

So we really think about the patient or the client, their family, their caregivers, and really ultimately what their goals are.

On screen - Desmond Kiu

With this program, we really are able to connect with everyone all at once, come up with a plan of action if there are issues that we need to address, and kind of collectively pool our resources and our expertise together to make sure that all the clients get the best care possible.

On screen - Sonya Murray

It really is about providing care the way it should be.

On screen - Ivy Wong

North York CARES has shown us that we can collaborate, that we can work together in different ways, that we can, in building trust and relationships, change the way that care is delivered and experienced for our patients, and their caregivers, and their families, for not only the North York community, but hopefully for the province, and the country, and maybe even internationally.

So I guess I gave myself the last word.

So, thank you so much.

That was the... And so, that was the presentation.

On screen - Mike Prentice

Thanks, Ivy, thank you for such a great presentation.

You know, this work that you and the team are doing is clearly so important and I imagine is now so much more critical as a result of the pandemic.

We'll get to questions, we have a number of questions already.

It's really interesting though, you know, you pointed this out, a few of your slides are so visually complicated, and you made the point of mentioning that this is really to highlight the complexity, how complex the project actually is.

It's a bit hard to fathom, to be honest, the complexity of all of this.

So kudos to you and the team, and everyone who's taken up this challenge.

It's impressive, it's an impressive undertaking.

So we're gonna open up the Q&A portion.

We've got 20 plus minutes, which is great.

So remember, everyone, please use the Q&A button to submit your questions, it's at the bottom of your screen.

We'll do our best to address as many as we can.

So I'll just start sort of going through some of these, and I'll just read them out to you.

There's a couple straightforward ones off the top.

There's a question here, Are other health teams starting to use this integrated approach for specific groups, for example, seniors?

So is this becoming a model?

And you mentioned that you sort of based some of what you're doing off existing models.

But we can assume that these teams are connected in some way and learning from each other.

Is that fair to say?

On screen - Ivy Wong

Absolutely, and great question.

I would say that I think every Ontario Health Team that I know of is doing something a bit like this.

So I wish I could say that we came up with it from scratch, and whatever.

But really, this is building upon, I think, what is now considered best practice in terms of how care should be integrated for folks with complex needs, and what we have found, though, is that really the devil is in the detail and how you implement it.

So there were a few things that we learned as we went, and, of course, learning from others and fellow OHTs, in terms of what is the kind of magic special sauce?

And I think for us, that special sauce is this concept of collective impact and the idea that we're really all working together to a common goal.

And we really took that into how we thought about this work, particularly with this North York CARES program.

So, I guess the answer is yes, others are doing similar things, and there will be other OHTs who have also adopted kind of a collective impact kind of approach, and I would say this is also based on quite a lot of international evidence around what we have heard is most likely to work when it comes to trying to support people with multiple, really, challenges that our system is just not well built to deal with.

And that's the system's fault, not the patient's fault.

And I think that's also partly where we're trying to sort of... We're trying to turn things a little bit on its head.

Our health system is very much built around, kind of, episodes of care, not necessarily continuous or continuity of care.

And so, that was another piece that we're trying to address, in terms of this idea of that, sort of, single point of contact on that single model.

On screen - Mike Prentice

Okay, there's a question here from Karis, I hope I'm pronouncing that right.

And it echoes a couple other questions, it's just, I think, a functional question about the boundaries, there are few people asking about, you know, North York, where are the boundaries?

Does it include north-west?

You know, so what area are we specifically talking about?

On screen - Ivy Wong

This is a really... this is actually a very good question, and you would think there's an easy answer to this question, but interestingly, when the Ontario Health Team concept was... you know, was introduced by the Ministry of Health, one of the, one of the big questions was how do we work?

How do boundaries work?

And I think where we and other OHTs have started is that we are looking at the partners that are involved in our Ontario Health Team, in particular, are primary care providers.

And we have... wherever the primary care providers, all the primary care providers will be assigned to one Ontario Health Team or another at some point.

Right now, we're in the stage where we're interested in folks who might want to volunteer to be part of our Ontario Health Team.

We happen to have 400 or so primary care providers.

What we have found is that using, kind of the old, in our case in North York, the old municipal boundaries of North York is where we have started.

So for those of you who may be familiar with those, it's sort of... that's how we came up with our sort of catchment area, but certainly it's a pretty active discussion amongst OHTs as to how eventually we're going to want to assign hard boundaries with, of course, the understanding that people do not and should not have to live within a boundary or, you know, interact within a boundary.

But of course, by virtue of the fact that we do provide a public service, there will need to be some kind of borders drawn at some point.

At this point, we're using the old municipal boundaries of North York.

On screen - Mike Prentice

Okay, okay, great.

Here's an interesting question, I think, from Alfred, he says, I imagine that there may have been some initial reluctance with partners to coordinate care, and how is this overcome?

On screen - Ivy Wong

So you're absolutely right.

There was, and I would say there still continues to be.

We were... In that way, I think, the OHT concept and vehicle and the idea of collective impact really helped us through some of what have been, to be totally honest, quite difficult, challenging conversations, especially those which involve partners who traditionally would have been competitors as opposed to collaborators in work.

It's easier, for example, for folks like us at the hospital, there is only... We're really the only big acute provider, there isn't anyone else in our OHT who does similar work that we do.

So, you know, easy for us to say everybody else should just get along.

But of course it's, you know, it is absolutely right.

I think one thing that helped in a way was... the fact that we did see this as an OHT program and something that is about a different way of working and trying to challenge some of the former, you know, some of the old more traditional boundaries and even traditional responsibilities that organizations may have, or you know, sort of... trying to break down some of those silos between different organizations, but certainly a very live and active challenge that we're continuing to need to work away at.

On screen - Mike Prentice

Okay.

I can imagine.

There's actually, sort of related, there's a question here about how communication is managed between partners.

If, you know, you can only imagine that that must be complex as well.

I mean, to put the whole thing together is one thing, and then to manage it is a whole other challenge.

So is that something that's been a problem or has it been something that you've been able to overcome just in overall communication as this thing moves forward?

On screen - Ivy Wong

So I guess the answer is both, it's both a problem and something that we've sort of been overcoming bit by bit.

I think, again, drawing from our adaptation of this collective impact model into the work of North York Toronto Health Partners, I found that... obviously, and I would say this, but having a backbone, and in our case our backbone team is 12 different people from across 12 different no, across 8 different organizations within our Ontario Health Teams.

So, there's myself and a few colleagues from the hospital, but then we also have backbone team members from across many different organizations.

And what really helped was we actually took that concept into each of the different initiatives.

So each initiative actually has a backbone that, depending on the size of the initiative, can range from one to, in the case of North York CARES, there are actually five backbone team members working on

North York CARES, and it is the role of the backbone to facilitate the continuous communication that needs to happen.

So...

And, of course, the other role of the backbone member, which I think helps, in terms of the previous question around challenging conversations is that when we are in the backbone, we are not representing our own organization, we're representing North York Toronto Health Partners and our shared purpose.

So really, we try our very best to... You'll literally see sometimes some backbone team members, you know, sort of making the motion of taking a hat off and putting a hat back on again.

That, I am no longer Ivy from the hospital, I'm Ivy from the backbone, and I'm here to facilitate our conversation.

I'm here to make sure that people are up to date on communications.

But then writ large, I would say as an OHT, we're learning as to how we do communications, both internally and externally.

And this is something that we're continuing to try to refine, but we do have a newsletter that started up again.

We've just redesigned our website, so we're working on it.

On screen - Mike Prentice

Yeah.

And so much more complicated with doing everything by Zoom.

You must be Zoom fatigued, as most of us are, but I can only imagine everyone on this team is.

There are few questions here, Ivy, related to the Anchor, and so maybe I'll just read one.

This is from, Jerry, but it echoes a few questions.

It says, I'm interested in the thinking that resulted in the Anchor being a social worker and not a nurse.

Wouldn't a nurse be better prepared to answer questions about medical needs and procedures?

On screen - Ivy Wong

So, that is a terrific question, and we did have quite a lot of debate, and to be totally honest, I don't think we ever decided.

It just so happened that one of our partner organizations, Better Living, and you'll have seen the CEO of better living was in that video, Sonya, and our Anchor, I'm sorry, we change the terminology as we evolve the program.

So it's actually the navigator.

You actually saw her interviewed in the video, Diana.

She is, in fact, by background, a social worker, but we did conceive of the role as whoever makes most sense depending on what the patient needs.

So interestingly, I think in many cases, it did happen to be the social work kind of skill set that seemed to be best supportive of the clients that we happen to have coming into the program, but that being said, there's no restriction, necessarily.

It just so happened that she was the person put forward, she happened to be a social worker, she happened to be great at the role, and she kind of just took it on with gusto.

But I think certainly, when it comes to expanding and scaling, we will be experimenting with other roles, including, for example, the primary care doctor or, you know, in fact, a personal support work, or really any role that would make sense.

And I think the other piece just to mention there is that we also have learned that the relationship and almost like the cultural fit between the navigator role and the patient and family is very, very important.

And so, where there was an existing, for example, relationship, and we were able to preserve that and have that person take on the navigation responsibilities, we would do that as well.

On screen - Mike Prentice

Okay.

There are a lot of questions here.

So we'll try to get through as many as we can in the remaining ten minutes.

Here's a question from Rifka, if I'm pronouncing that correctly.

What role does the OHT have in providing vaccinations for seniors in North York?

On screen - Ivy Wong

I swear, Rifka and I did not plan that.

And Rifka is one of our amazing members of our patient and caregiver Health Council.

So the OHT, I guess it was serendipity that we formed just before the pandemic hit.

But while we really have leveraged the OHT in terms of supporting our... In terms of supporting both the pandemic response but also the vaccination roll out now, which is obviously one of the biggest things that we've ever tried to do, and certainly is testing our little but mighty OHT, and our very, very, sort of... I would say, you know, our newfound partnership.

And so, some of the work that we're doing now is around supporting actually, seniors or others who may struggle to book the appointment, who may have questions about the whole process, and who may require additional support, like transportation, or language, or other cultural issues.

Our amazing partners through the OHT community support partners all came together and formed, redirected our seniors hotline.

So we have a hotline for any senior in North York who needs support around vaccination, particularly those who don't have access to the Internet or who struggle with booking online.

This hotline actually enables them to book.

The other piece that we have done and we've begun in earnest now is to categorize every single building in North York, particularly those who have a high population of either seniors or others who would struggle to access vaccinations.

And we are planning mobile vaccination clinics in outreach to all of those buildings through our partners.

And so, that's just to enable residents in the building to know that vaccinations are happening, know who's eligible, know where they can go to access a vaccination.

And then for certain buildings, we're actually now working on sending teams out into the building to vaccinate door to door.

And what's been really amazing is that yes, we're a large partner within our community, but we are not big enough to, you know, to do all of this work, and it really has been relying on all of our partners working together to do this.

It is a gargantuan task that many of us are focused on now, and it's been so reassuring to actually have partners to do it with, rather than having to try to go it alone.

On screen - Mike Prentice

Thanks for that response.

I'm just looking through these questions.

Here's an interesting question from Marty.

How are alternative practitioners being integrated into the team?

Example, chiropractors, natural paths, etcetera.

On screen - Ivy Wong

So, I wish I could say we did it, we did it already.

I can say that it has come up, and we've been working on how to do that, but haven't resolved that one yet.

On screen - Mike Prentice

Mm, okay.

There's a question from Vera, and she asks, What type of services are most... She has two questions, pick either one of these, Ivy, or both if you'd like.

What type of services are most requested?

Is her first question.

And also, What is the optimum number of clients for each navigator?

I'm not sure if you mentioned that yet or not.

On screen - Ivy Wong

So, I'll try the first one.

The type of service actually most requested is overnight personal support.

And so, what we found, especially because there are lots of other programs that do provide similar but not quite as intensive service as North York CARES, is the option to have someone supporting a patient and a caregiver in the wee hours where it turns out that that's where a lot of the challenges were.

And so, we were I think quite... maybe not surprised, but it was very interesting in terms of how many of our patients really were looking for that.

As well as some of the more, I would say, more socially focused services, which is why, again, it was total luck that we ended up with a social worker in that role.

But a lot of those actually social connections and those kinds of things, were things that we were quite surprised, but very happy to be able to offer to some of our patients.

And then the second question?

I apologize.

What was the second part of the...?

On screen - Mike Prentice

It was, I think, how many patients, what's the ideal number of patients per navigator?

On screen - Ivy Wong

So, I would say that our... We... it's still a work in progress, but what we found is that a particular navigator, our particular navigator was able to take up to 20 without it being too much of a strain.

I think beyond that we would be looking to bring on other navigators.

On screen - Mike Prentice

Okay.

Here's a straightforward question, but an important one.

Are all these services paid for by OHIP?

On screen - Ivy Wong

No.

Some of them are, and some of them are not.

Some of them require a co-payment, and we were very clear upfront with our... with our patients about that.

And what we found interestingly, was many were... Especially those who could afford, were alright with paying, they just wanted to understand what it was that they were paying for.

And they also understood, and this was something that we would have seen Kim in the video who is our patient caregiver partner, one of our patient caregiver partners on this, she said, Well, we shouldn't give all of this stuff for free!

To us on the provider side where we thought... You know, we were quite surprised, but she said, You know, if people can afford it, they should be able to pay for some of this.

And so we actually took a lot of that, a lot of that feedback to help kind of design our program in the first place, and one of the things that we did initiate part way through was this idea of almost like a care... we haven't quite called it a contract, but like an agreement between the patient and caregiver and the care team to say, This is what we're gonna do, this is what I'm expecting from the team, and this is kind of the responsibility of the patient and caregiver, in terms of what they are willing to and wanting to kind of... what their side of that partnership is going to look like.

And so, including, for example, where needed, there would be co-pays for things like meals on wheels, transportation, other things.

Subsidized, not by OHIP, but by other kind of community, the way home and community care is kind of delivered.

But yeah.

On screen - Mike Prentice

Right, okay, okay.

That makes sense.

We're down to four minutes left, but I thought maybe we could just try to get one more question done if there's a... I'm not sure if there's a quick way to answer this question, and then I'll just do a really quick wrap up, and we'll be finished by three o'clock.

There's a question here, it says... Not sure there's a quick answer to this question.

How do family doctors join the health care team and how do I find out if my doctor is part of the team?

Is it reasonable to suggest that she joins if she isn't already part of the team?

On screen - Ivy Wong

So, I think the answer may be different in different Ontario Health Teams, certainly from our Ontario Health Team, we have a primary care group which is a group of family doctors who have kind of been part of the development, the design of the whole Ontario Health Team.

They have been doing so much work in trying to reach out to every single family doctor in our area.

So, I imagine that your family doctor will have been reached out to, if not yet, then they will be shortly, by your local Ontario Health Team.

And so, would be great if you wanted to ask them if they've heard about it or what your Ontario Health Team will be in your area.

There is a link on the Ministry of Health's website.

If you Google Ontario Health Teams there actually is a list of all of the Ontario Health Teams that have been approved, and I think there are also links where that Ontario Health Team has a website.

So if anyone's curious about seeing which Ontario Health Team covers your area, you'll be able to see the 42 Ontario Teams listed there, and then maybe follow through that way.

On screen - Mike Prentice

Perfect.

That's perfect advice.

So it's two... three... two minutes to three o'clock.

We're gonna wrap this up.

I'm sure I speak on behalf of everyone, Ivy, when I give, you know, say a huge thank you for taking the time.

We know you were super busy on this before the pandemic.

We know that things have gotten totally insane and more hectic and busy since then.

So thank you so much for taking the time to present, for delivering a great presentation, and for the Q&A.

Is anything you wanted to add?

On screen - Ivy Wong

I just wanted to say thank you, and happy to stay in touch, and go get vaccinated!

On screen - Mike Prentice

Great.

Great advice again.

So just really quickly, I'm going to close this.

Again, thank you for everyone who participated, for attending, for the great questions.

You know, I want to add, it's through the very generous support of our donors that the RTO ERO Foundation is able to continue to do our work, and this includes our grant program, and supporting research and community initiatives.

And also to bring presentations and dialogue like this, today's webinar, to you.

We have two more webinars coming up this spring.

There's one in May.

There's another in June.

I think Deanna's mentioned this in the chat box on the side.

So keep an eye out for registration emails that will be coming up.

If you'd like to help support the RTO ERO Foundation, you can find us online.

You can Google RTO ERO Foundation.

You can also call us.

(416) 962-9463.

Again, Ivy, thank you so much.

Ivy Wong.

Thank you again so much for today.

Thanks everyone for joining us, and please everyone stay safe and healthy.

Until next time, thank you, everyone.