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## CONFERENCE ABSTRACT

# The Evolution of Ontario Health Teams: A Developmental Evaluation

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**Background:** Ontario, Canada's most populous province, is no stranger to integrated care initiatives. However, none have been as ambitious and far-reaching as the Ontario Health Team (OHT) initiative, announced by its Ministry of Health (MOH) in 2019. Its eventual objective is population health management – every Ontarian will belong to an OHT providing them with seamlessly coordinated care across the hospital-community continuum. Our team conducted a Developmental Evaluation (DE) that sought to understand and guide the development of 6 OHTs over the course of a year.

**Methods:** Six OHTs were chosen, based on their representation of a range of geographies and readiness and willingness to participate. DE employs embedded research and collaboration between researchers and participants to understand and guide development. Findings are co-constructed and shared with participants continuously. DE was paired with ethnography which employs multiple methods and prioritizes close engagement with participants over time. Data collection took place from Spring 2021-2022, led by a team of five embedded researchers. Approximately 275 OHT development meetings were observed and 30 interviews conducted. Key participants were also invited to periodically journal about their experience of working together on OHT development. While analysis was guided by existing frameworks (Context and Capabilities for Integrated Care Framework & the MOH's 8 "building blocks"), a ground-up inductive approach was privileged.

**Results:** We identified 9 key areas of development: a) developing vision, b) establishing governance, c) strategic planning, d) designing and implementing integrated models, e) advancing digital health, f) engaging primary care, g) partnering with patients, families and caregivers, h) establishing funding and incentive structures, and i) enhancing performance measurement, quality improvement and continuous learning.

## Discussion & Impact:

Local

Analysis of our results yielded the following insights: a) OHTs were evolving at different paces, each at a different stage of progress in relation to key areas of development, b) despite differences in evolutionary trajectory, there were shared contexts, structures and cultures that both forwarded and frustrated progress across OHTs, and c) while findings largely overlapped with the MOH's eight building blocks for OHT maturity, there were key differences. These differences suggest the need for change management that supports the translation of macro-level expectations into local

realities, while ensuring on-the-ground realities are reflected in expectations. Recommendations were generated to guide OHT development across the province.

#### International

This research contributes to scholarship on the context-bound practice of integrated care - its constant negotiation of both local and systemic contexts. It also provides an important example of how an initiative that is similar in purpose to population health and integrated care initiatives such as the Integrated Care System (ICS) in the UK and Accountable Care Organizations (ACO) in the US, may be differently implemented and experienced across an entire health system.

**Next Steps:** While we have an understanding of OHT struggles with the system and policy environment, we know less about policymakers' perspectives on these issues. Our next phase of research will therefore explore how policymakers respond to systemic gaps identified by OHTs and where their own concerns lie.