

Evaluation Capacity Building (ECB) in Ontario Health Teams

OHT Impact Fellows: Knowledge Translation Lunch & Learn Series

February 22, 2023

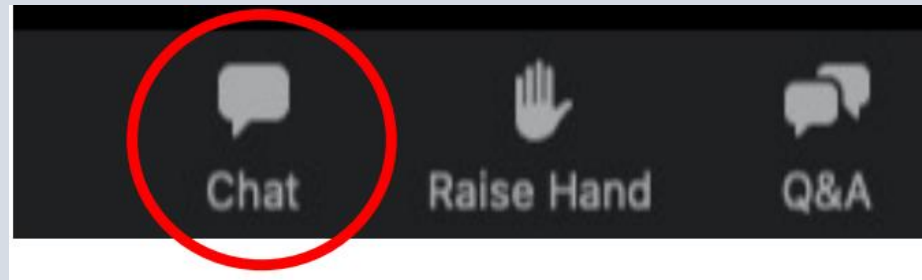
Today's Agenda

- Welcome
- Opening remarks
- A brief introduction to Evaluation Capacity Building
- Stories from the field
- Q&A Discussion
- Wrap-up and Key Takeaways

Welcome

Thank you for joining our lunch & learn series!

Interact with us:



Introduce yourself in the chat box:

- *Your name*
- *The OHT / organization you represent*
- *Your role*

Land acknowledgment



Today's webinar: Evaluation Capacity Building in OHTs

Host

Mulugeta Bayisa Chala, PT, PhD

OHT Impact Fellow
Coordinator, Quality Improvement &
Performance Evaluation
Middlesex London OHT



Speakers



Matthew Meyer, PhD

Senior Director, Office of Population
Health Management, LHSC
Population Health Lead, Middlesex
London OHT



Rob Barnett, PhD (c) CHE

Director of Capacity, Access & Flow
Ontario Health North East/ North
West



Reham Abdelhalim, MD, PhD

Population Health Management
& Evaluation Lead, Burlington
OHT

What is Evaluation Capacity Building?

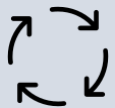
- There is a lack of consensus on the definition of Evaluation Capacity Building
- Key themes related to Evaluation Capacity Building:



It is an intentional process



Focuses on improving motivation, knowledge, skills, and attitudes of the use of evaluation



It is not a one-time act: it is an iterative process



The end goal of ECB is to build sustainable evaluation practices

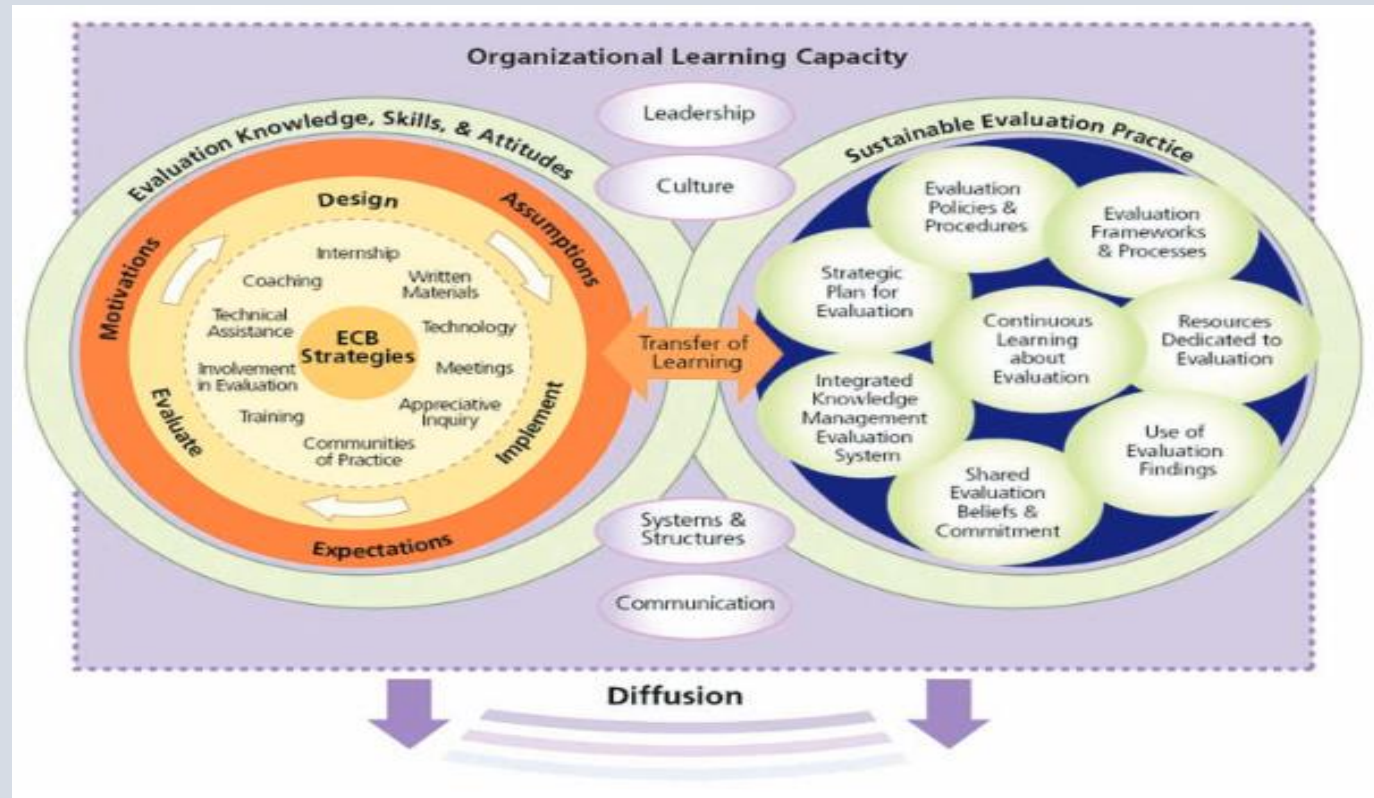


Helps organizations conduct and use evaluation for growth

(Wade. J 2017), (Labin et al 2012), (Preskill & Boyle 2008), (Baizerman et al 2002)

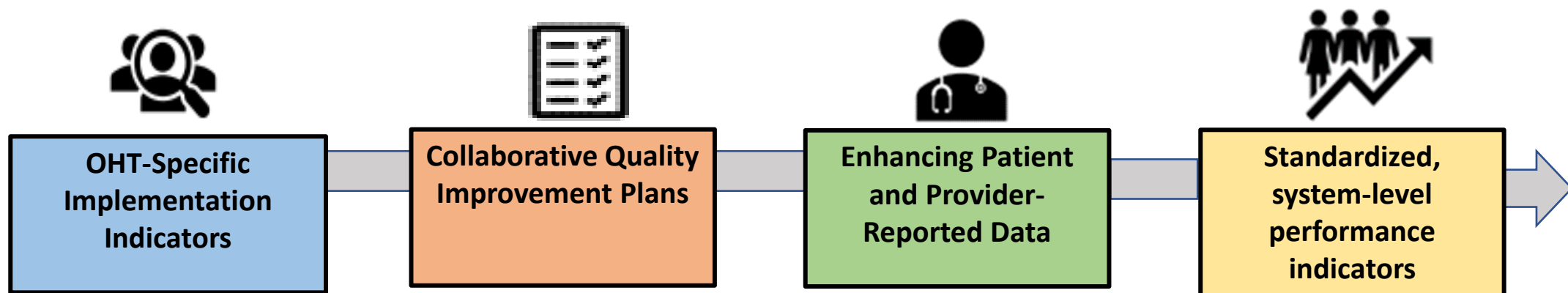
A Multidisciplinary Model of Evaluation Capacity Building

The model helps explain specific evaluation interventions, resources, practices, and processes to facilitate sustainable Evaluation Capacity Building from an organizational learning perspective.



Why is Evaluation Capacity Building critical for OHTs?

OHT Performance Measurement Framework Overview focuses on sustainable performance and quality improvement

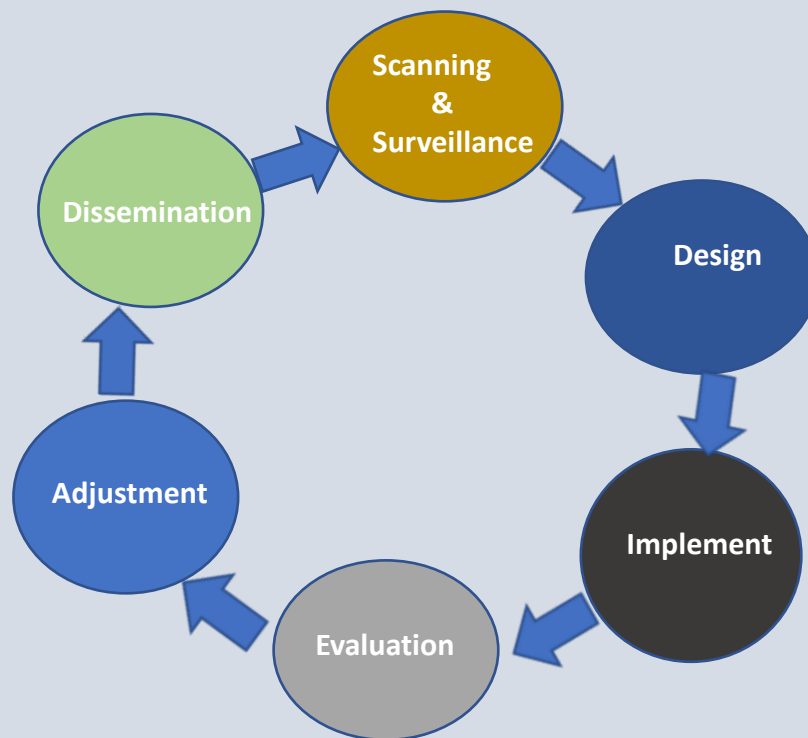


The increasing complexity in the delivery and evaluation of care in Ontario means that OHTs need to develop sustainable Evaluation Capacity Building

Why is Evaluation Capacity Building critical for OHTs?

OHTs are based on a model of a Learning Health System

- *Sustainable Evaluation Capacity Building is key to a learning health system*

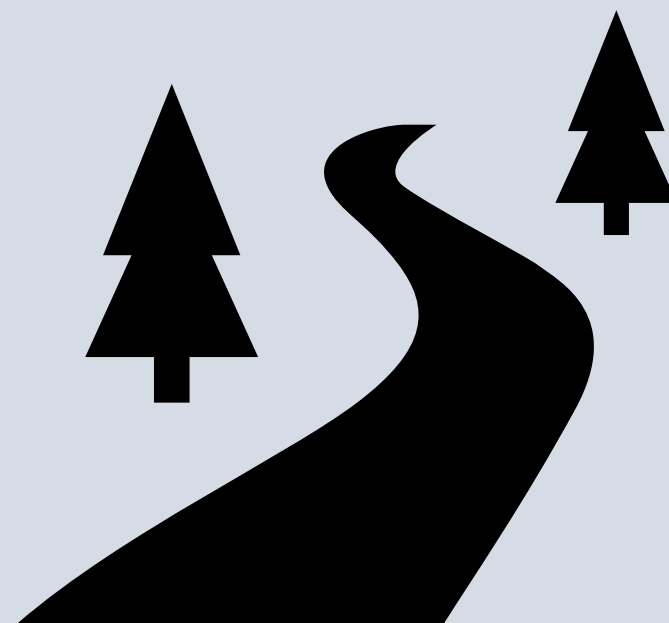


Greene SM, Reid R & Larson E. Implementing the Learning Health System: From Concept to Action. *Ann Int Med* 2012;157:207-210

Why is Evaluation Capacity Building critical for OHTs?

Building OHTs to last: The Path Forward

- OHTs will need to build a sustainable operational capacity to achieve the full implementation and impact of integrated care for their attributed population
- It requires OHTs to find ways to strengthen their capacity for evaluation (e.g., support of in-kind contributions from their member organizations)



Stories from the field 1

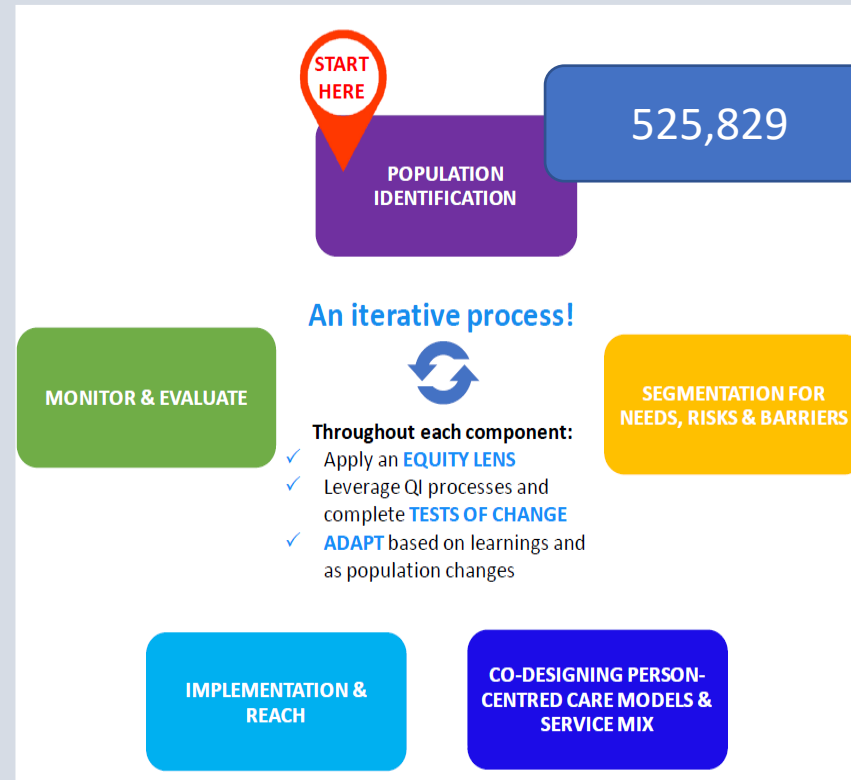
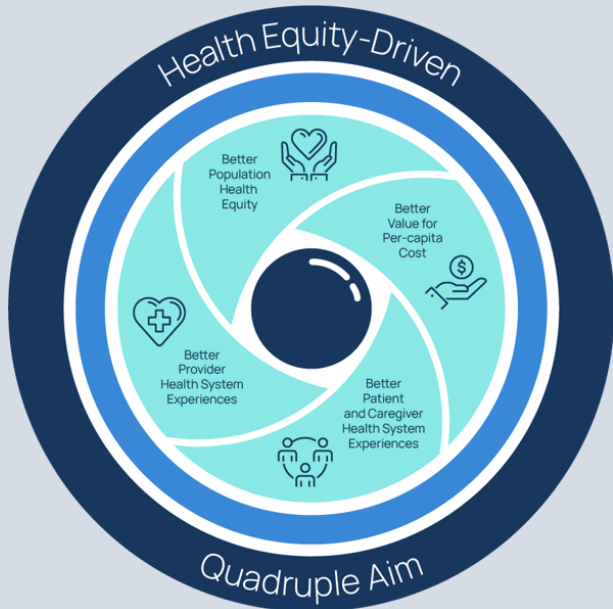
Aligning the goal of ECB with the vision of Population Health Management: Middlesex London OHT

Matthew Meyer, PhD

Senior Director, Office of Population Health Management, LHSC
Population Health Lead, Middlesex London OHT

Middlesex London Ontario Health Team

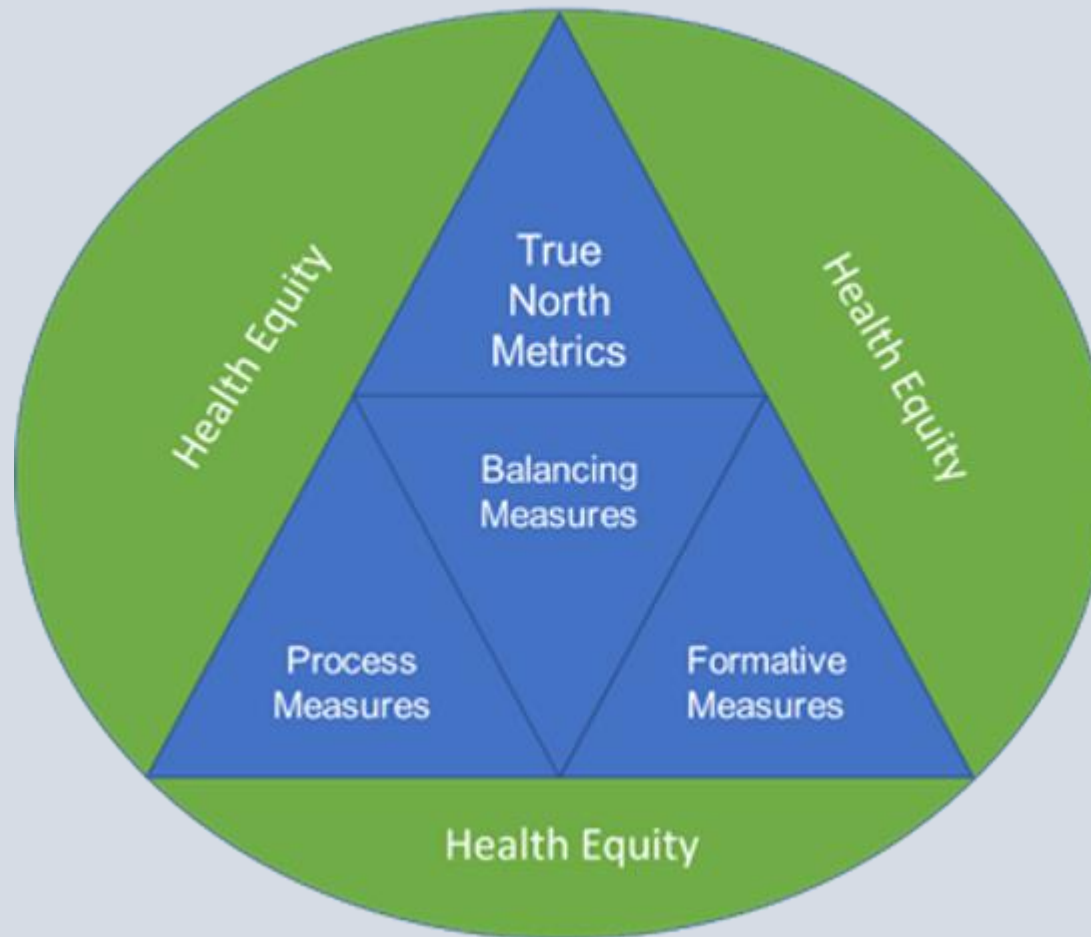
- Grounding Our Work



RISE 



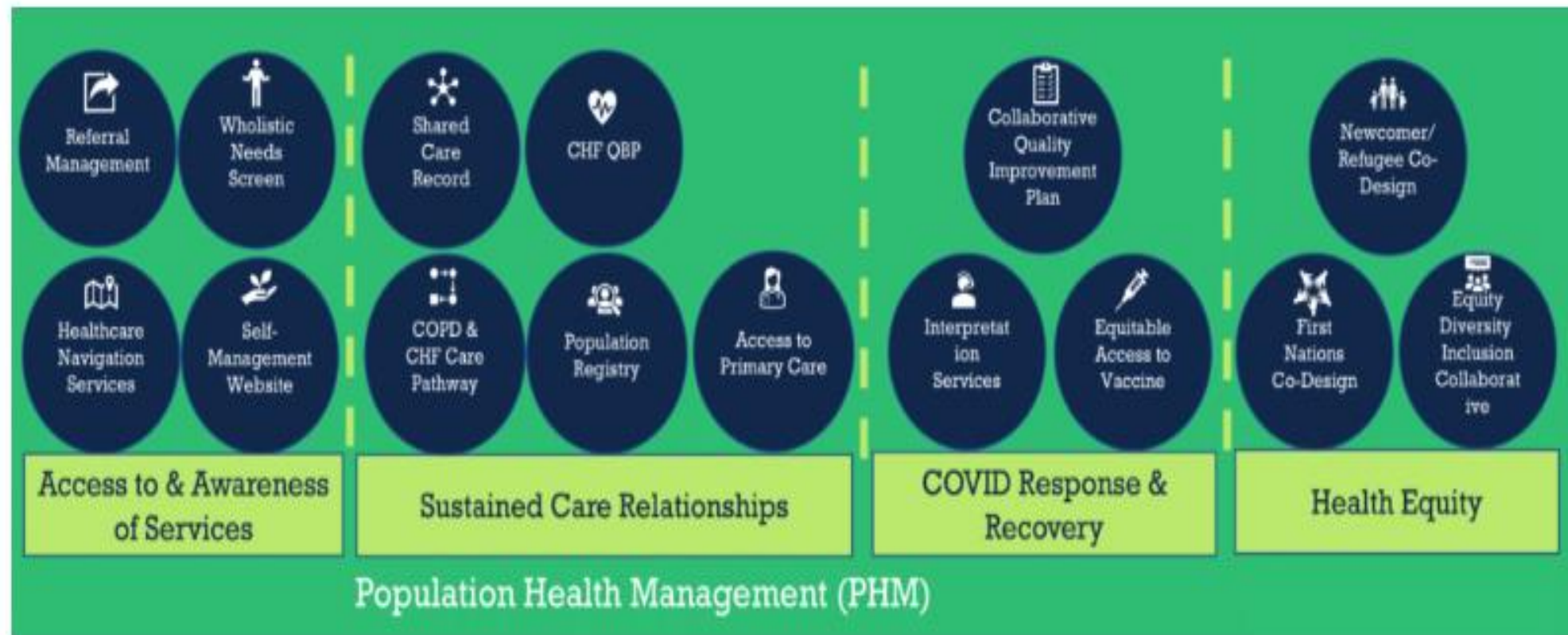
MLOHT - Evaluation Framework



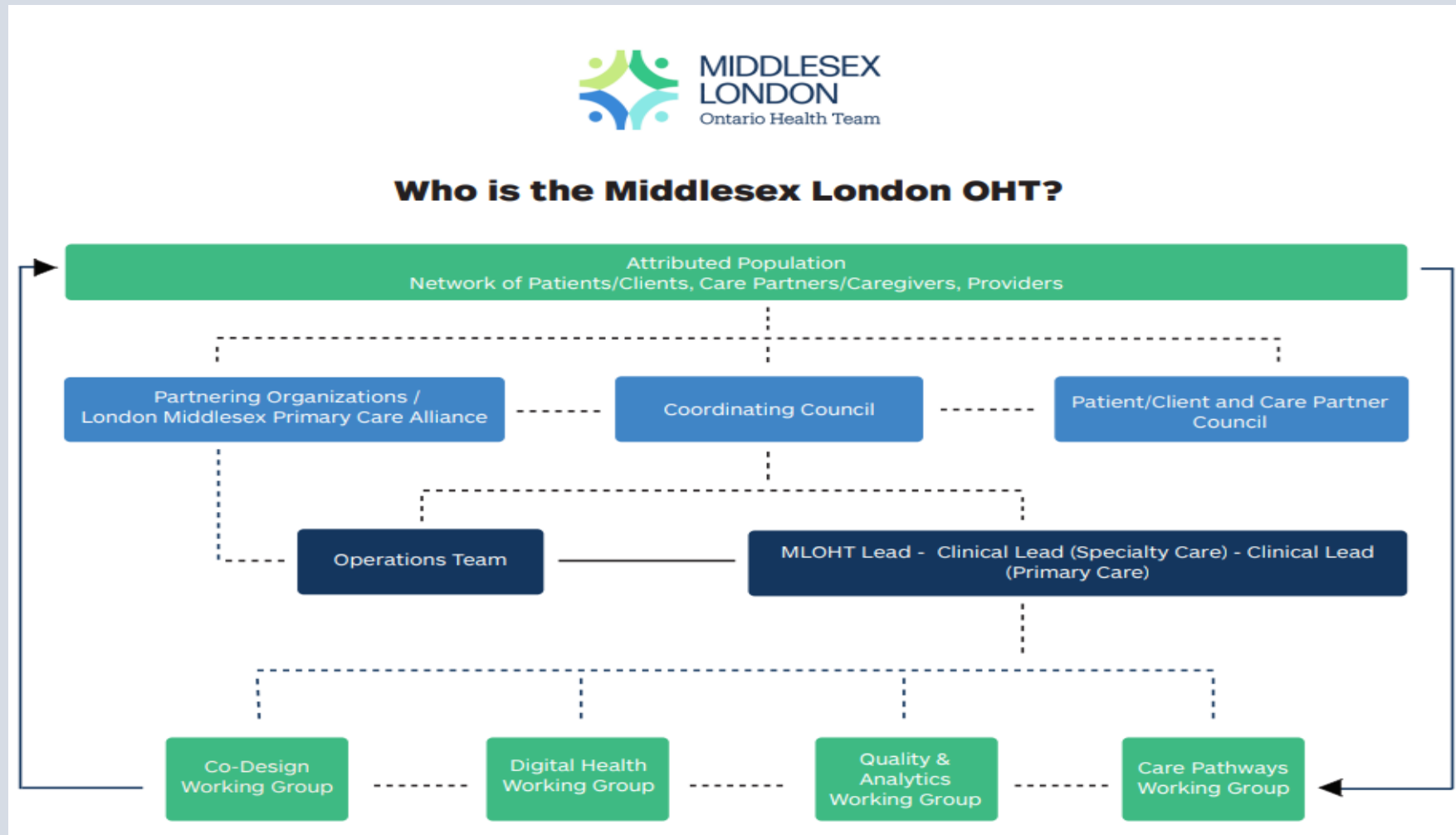
True North:

- Patient-Reported Outcomes Measure (EQ-5D-5L)
- Patient-Reported Experience Measure (Locally Developed)
- Provider Experience Measure (TBD)
- Total Cost of Care

Taking a Population Health Management Approach



Quality and Analytics as a Key Structure



Q&A Working Group Structure & roles

OHT Lead – provide oversight and leadership, attend meetings periodically to stay apprised of progress

OHT Executive Sponsor – act as Champion, oversee implementation of QI/Eval framework (*Backup - Jacobi*)

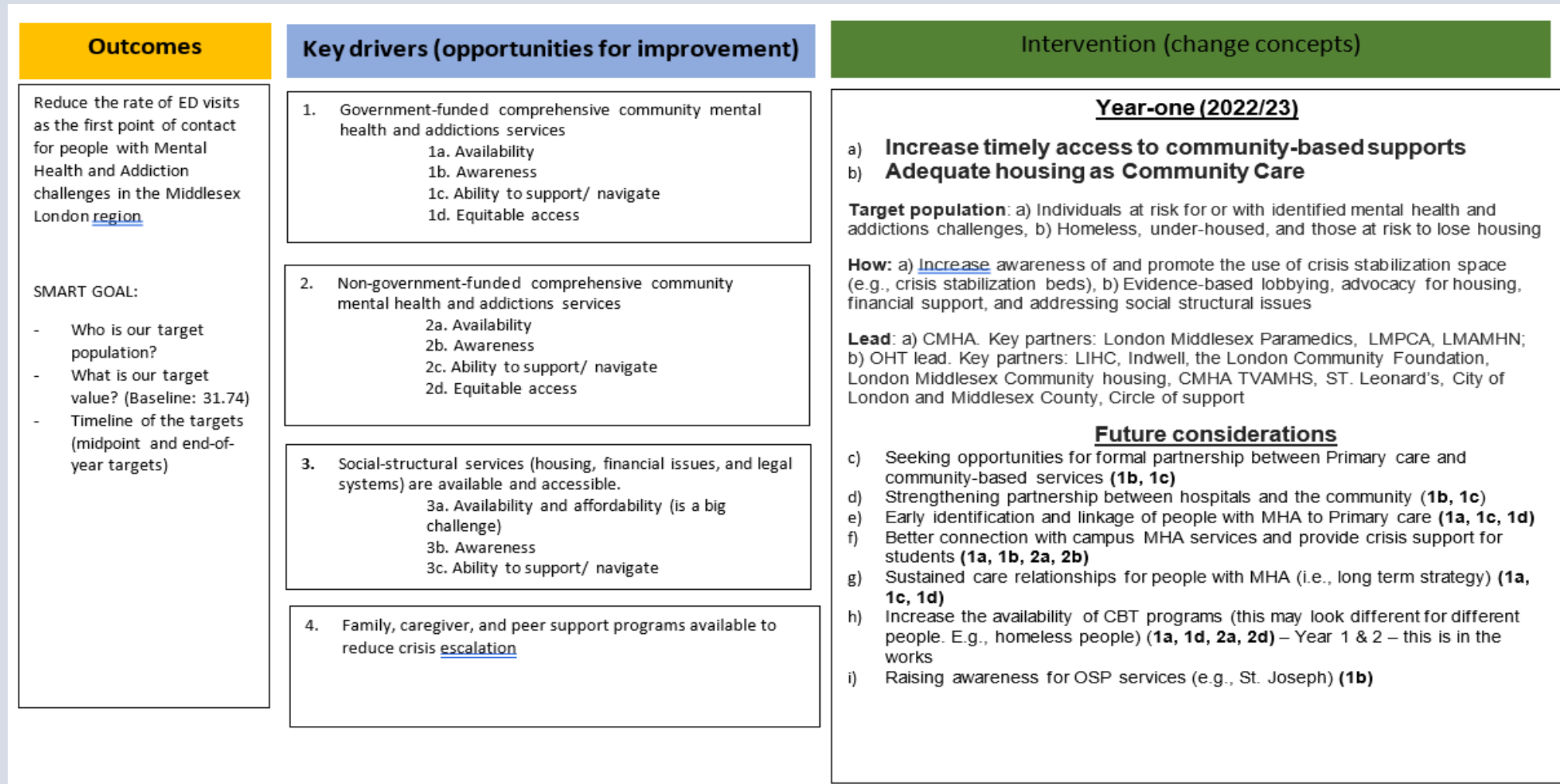
OHT Quality and Analytics Coordinator – coordinates everyday tasks, liaison for overall Q&A WG, develop reports, EoY reporting, communicate with cQIP leads, etc.

Q&A Advisory Group Co-chairs – oversight and reporting on the ML OHT evaluation framework including cQIP, KPIs, and project evaluation.

Q&A Advisory Group – anyone with role related to Q&A within their organization, offer advice and guidance to ML OHT, review cQIP data and broader evaluation plans and provide feedback, group to build partnerships and connections

| MLOHT Evaluation Framework | | |
|--|--|---|
| True North Measures, KPIs (eg. Access to Primary care, PREM, and PROM), Process/balancing/formative Measures, : | Collaborative Quality Improvement Plan | Project Evaluations (whenever possible the MLOHT evaluation project should align with cQIP and the True North Metrics) |
| Lead: Q&A Coordinator Core Team: – In-kind resources from partner organizations to compile/collect data and perform regular reporting | Lead organization: identified organization to be accountable for projects related to each indicator Lead: nominated rep from Lead org. cQIP Working Groups – identified champions; 1 WG linked to each indicator; develop cQIP and guide implementation and evaluation cQIP Evaluation Team – in-kind resources from lead organization and/or working group organizations to report on change initiatives | Lead: Operations team member appointed for each approved project Project Evaluation Team: To be established within project work plan and resources |

Using QI tools (driver diagram) to develop and evaluate initiatives (e.g., MHA cQIP)



MLOHT is building capacity for system-level quality improvement and evaluation

Successes

- Convened a Q&A advisory group
 - 52 individuals with diverse backgrounds from multiple organizations (over 20)
 - Established cQIP WGs
- Developing a culture of working together (i.e., year-one goal)
 - Identifying challenges
 - Innovative thinking
 - Commitment to improving care in our communities
 - Established a reporting mechanism b/n cQIP lead organizations and MLOHT
 - Begun to explore overlap in organizational accountabilities, data holdings, and methodologies

Future states/considerations

- Strengthen the Q&A advisory group
 - Data sharing, storage, and management in ML
 - To track improvements at a local level (e.g., ministry-provided data is not up-to-date)
 - To support cQIP lead organizations to implement and evaluate change initiatives
- The Path Forward and commitment to PHM (i.e, building QI and evaluation capacity beyond the current cQIP indicators)
- Align cQIPs and organizational QIPs

Stories from the field 2

Steps towards Evaluation and Capacity Building in the Muskoka OHT

Rob Barnett, PhD (c) CHE

Director of Capacity, Access & Flow

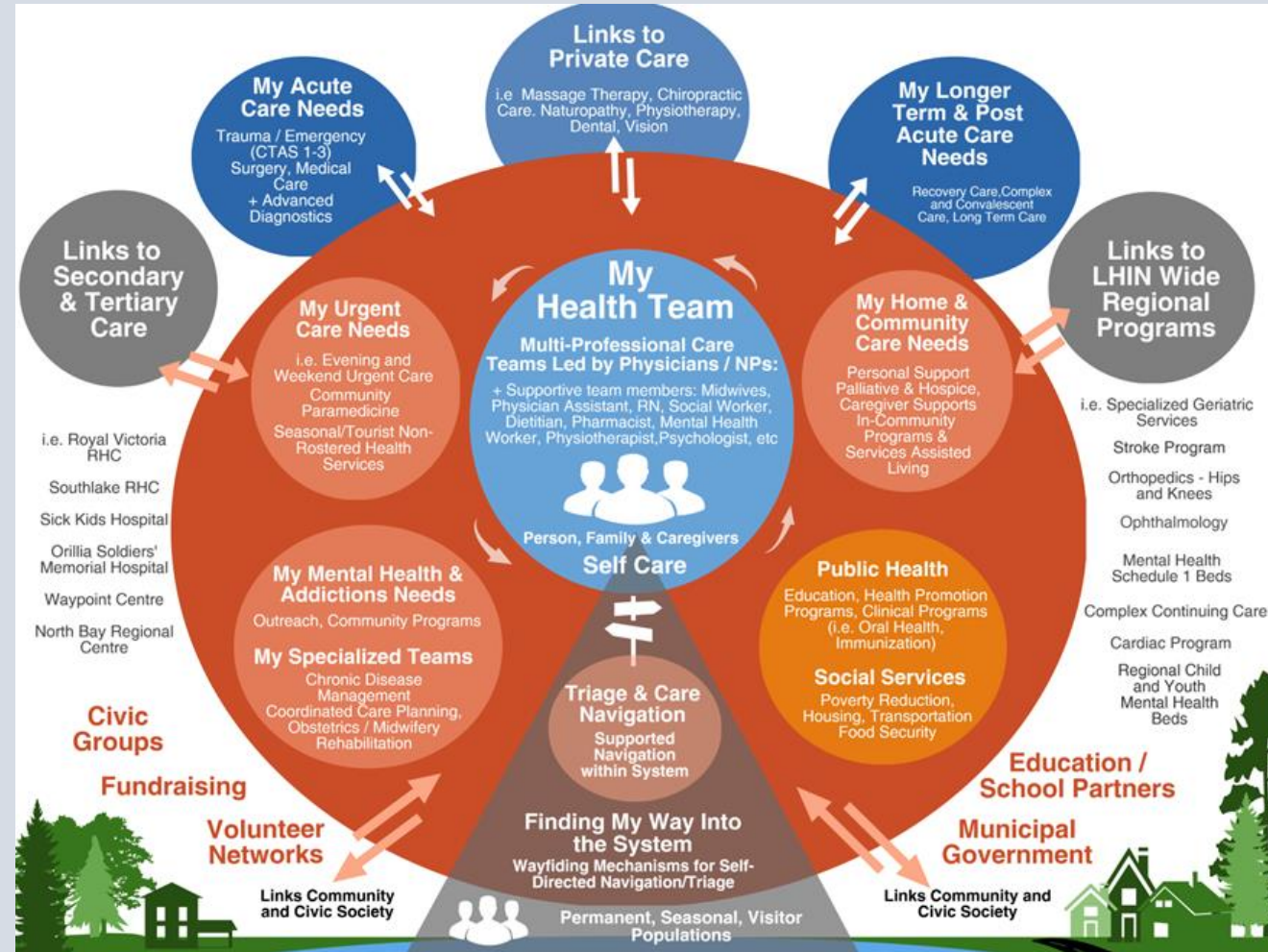
Ontario Health North East/ North West

Acknowledgement

I would like to acknowledge that I am joining you today from Robinson-Huron Treaty territory and the traditional territory of the Atikameksheng Anishnaabeg and the Métis peoples.

I pay respect to elders past, present and future.

Muskoka and Area Vision



BARRIERS TO EVALUATION

How does one plan whole systems improvement when:

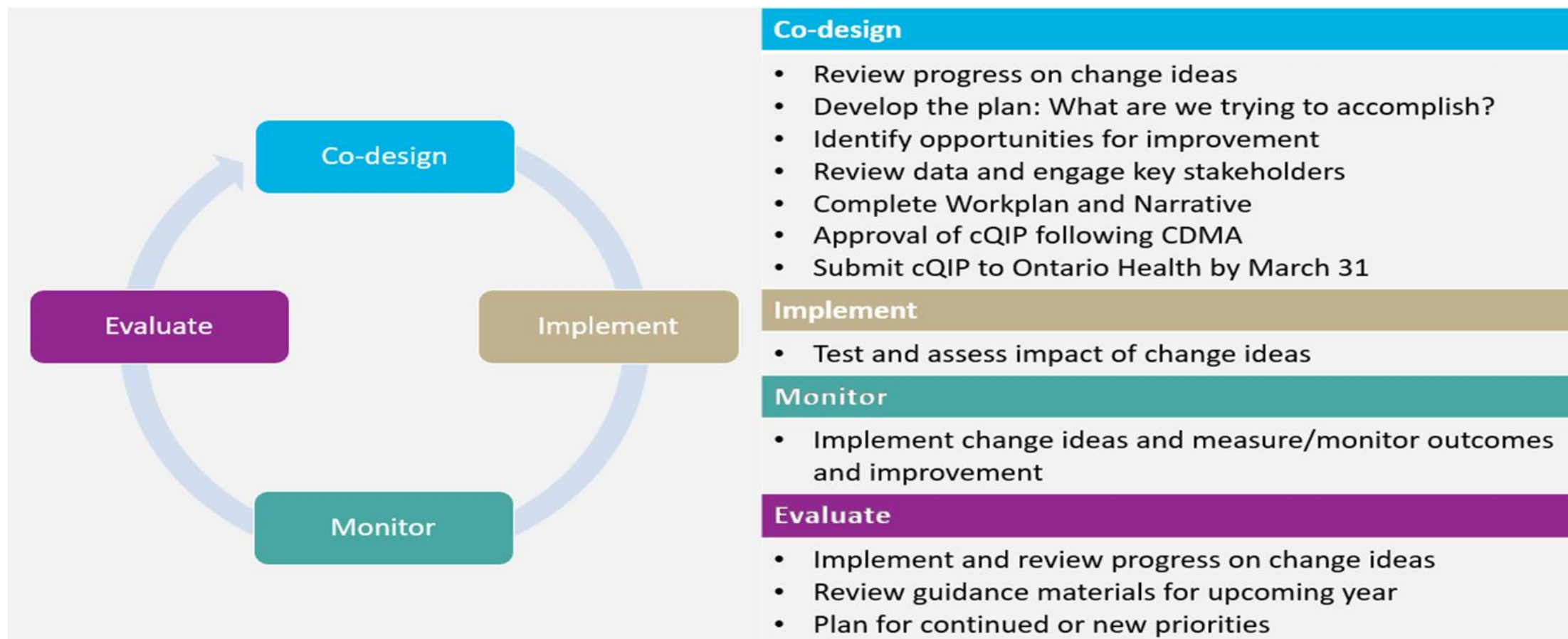
- Visitor population is a mystery.
- You are responsible for a population's care throughout the system, but most all specialty care occurs in non-OHT agencies.
- Tertiary Care is not present at the planning table or in the community
- Homecare is in transition
- Public Health and Primary Care are (rightly) focused on COVID-19 response.

BARRIERS TO EVALUATION (CONTINUED)

How does one plan whole systems improvement when:

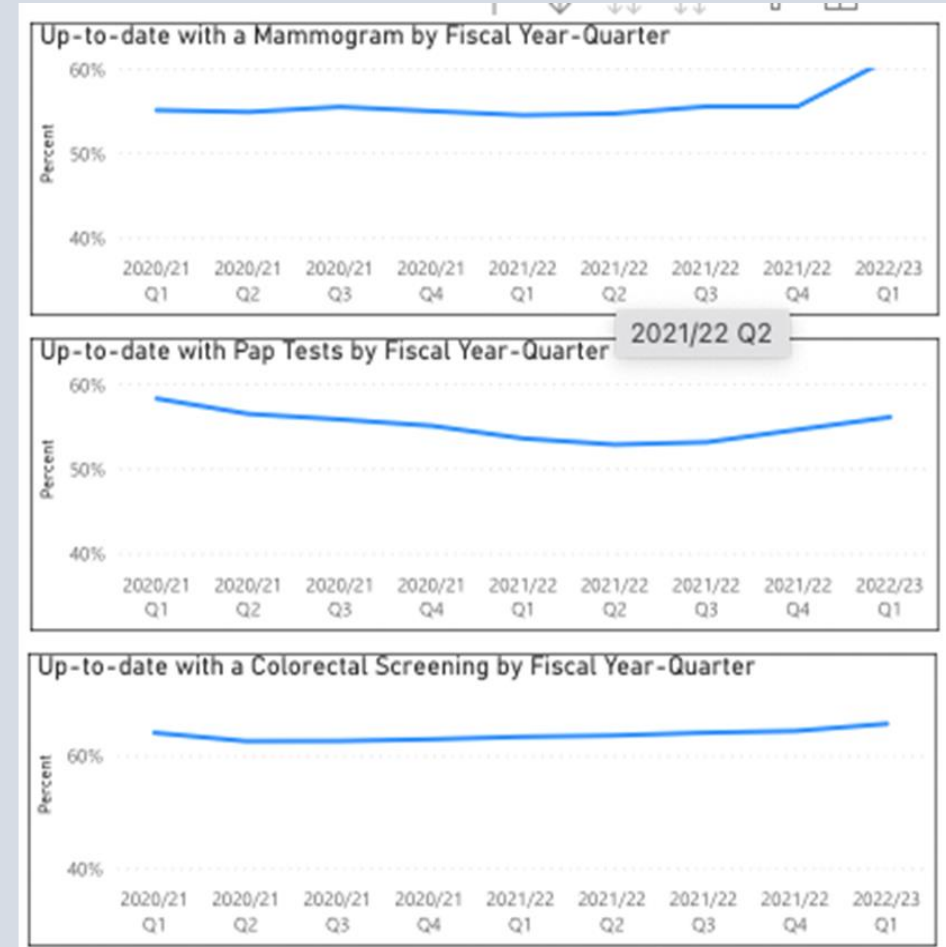
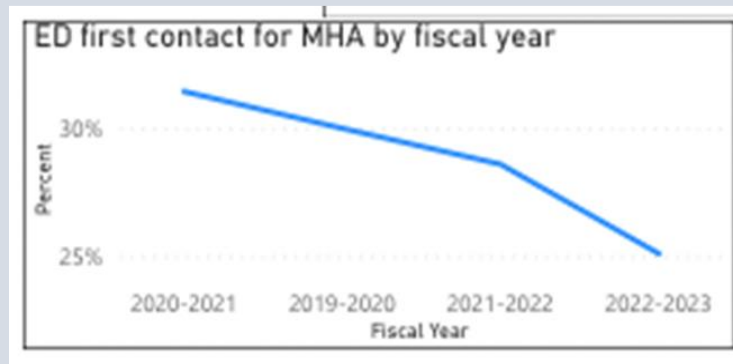
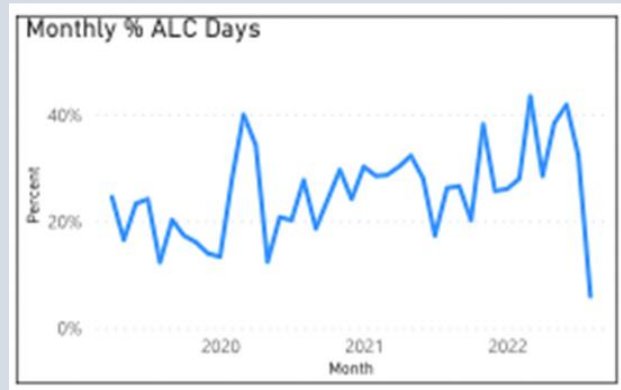
- Acute-care focused data products don't dovetail with the OHT model
- Attributed population data was not available for local decision making. Provided descriptive information had limitations in applicability.*
- Best sociodemographic information is geographically based
- Assumptions around primary care structures & local care context
- Pre-definition of equity variables
- Assumptions around available resources.

CQIP DEVELOPMENT CYCLE



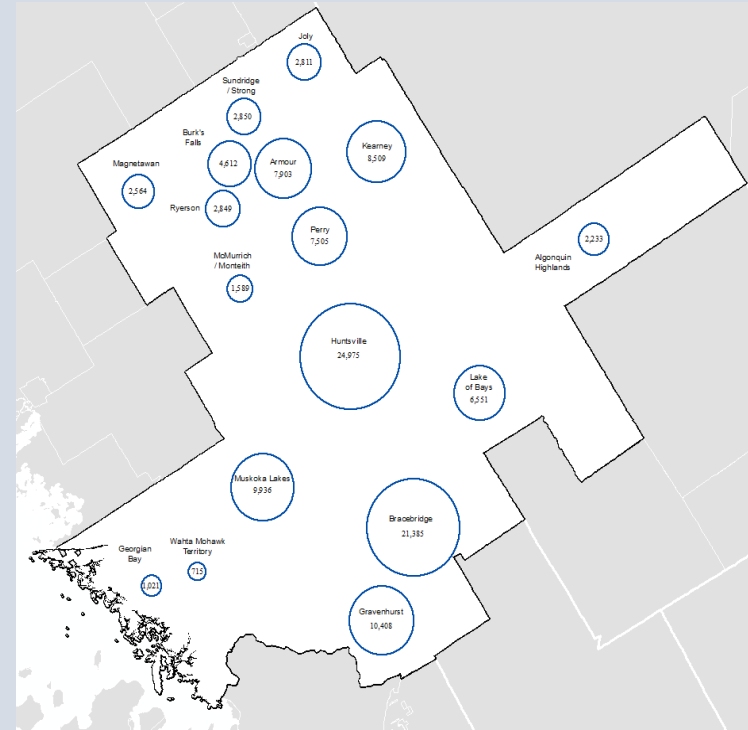
MAOHT CQIP OVERVIEW

cQIP Indicator Trends:



MOAHT DATA AND QUALITY WORKING GROUP

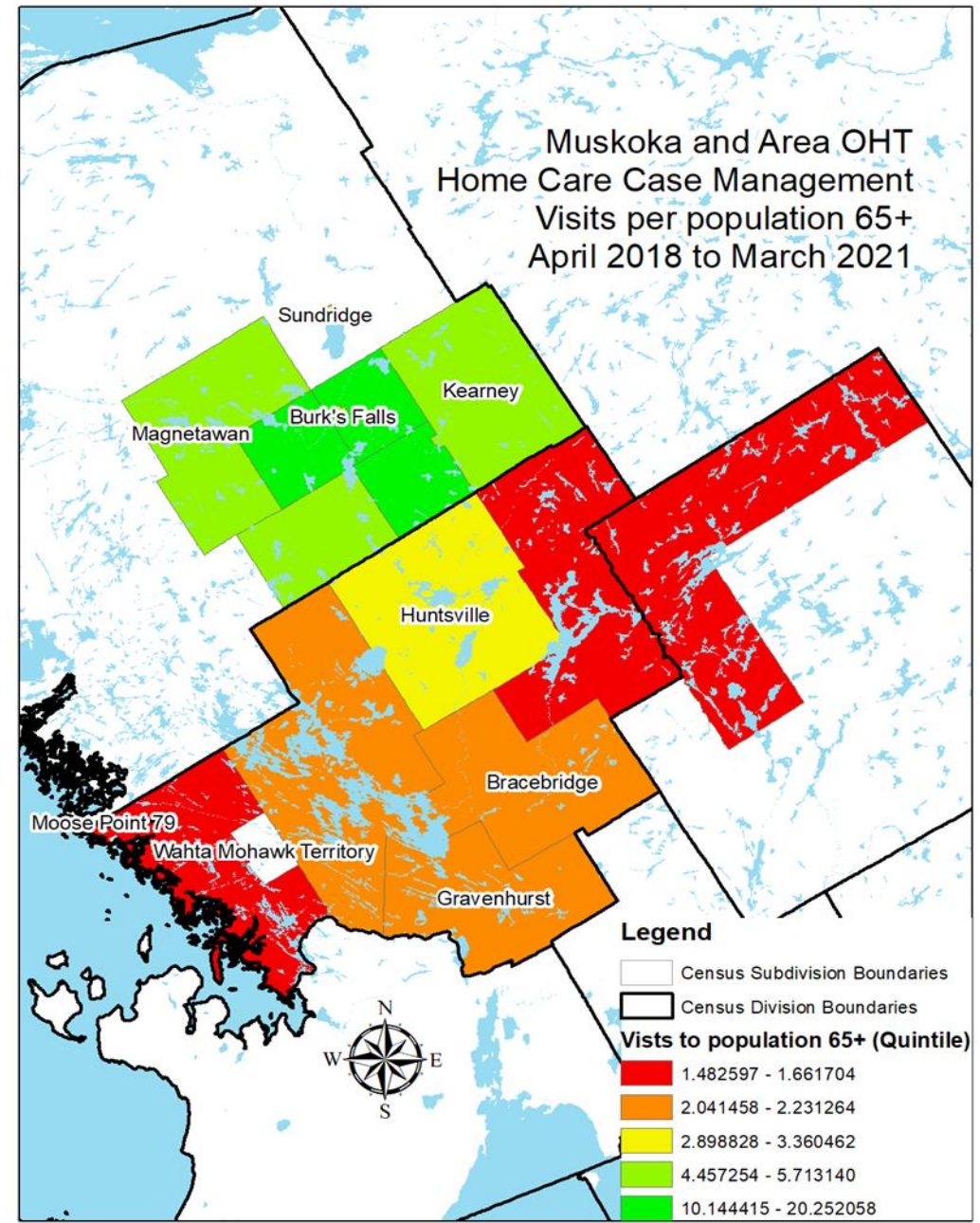
- DISCOVERY



- Our process is one of iterative data mining, directed by local experts to explore hypotheses around care gaps.
- We have formed a data 'think tank' from our local partnership to examine and interpret data with a focus on the first cQIP indicator (ALC)
- We rely on data packages from HSPN, the Ministry of Health, adhoc queries in Intellihealth and local EMR abstracts.
- Retrospective data analysis is done on entire populations, and the flow of our patients from primary care to emergency rooms, inpatient care, and homecare through the province.
- Data is then segmented along diagnostic lines, services received, residence of the patient and relationships between our attributable population and care delivered locally.

WHAT WE
DISCOVERED:

OUR GAPS
ARE NOT
WHERE WE
THOUGHT



WHAT WE NOW KNOW ABOUT ALC

- Homecare PSW volumes are lower than average, possibly reflecting the lack of the lack of local PSWs. Homecare volumes in MAOHT Almaguin Highlands however are higher than average.
- Waitlists for Long Term Care beds in our area have exceeded 1,500 people. This is over triple the current bed supply.
- The largest cohort of ALC inpatients were people with Dementia.
- Inpatient hospitalizations resulted in higher ALC rates than the province with the most discharge difficulty associated with
 - 1) A diagnosis of Dementia,
 - 2) Residence in MAOHT Almaguin Highlands,
 - 3) User of Homecare Services upon admission,
 - 4) Residence outside of the MAOHT planning area (Negative correlation)

What we Now know About MHA@ED

- Historically, there was no real variation by diagnosis and proportion of patients who saw a primary care provider within the past two years. There was also no difference between residents and visitors.
- The largest cohorts of those presenting to ED (~40%) had Main Problem diagnoses which required monitoring and medical intervention
 - 1) Anxiety disorder, unspecified (F419)
 - 2) Depressive episode, unspecified (F329)
 - 3) Mental and Behaviours due to acute intoxication (F100)
- Our issue is not one of inappropriate ED usage, it is lower availability of non-ED options

RESOURCING CQIP FISCAL 2023/24

- **Improving overall access to care in the most appropriate setting (ALC)**
 - Hospital to Home, Transitional Care Beds
 - eReferral, Remote Care Monitoring, SCOPE, Heart Function Clinic
 - LTC\RH Task Force
- **Improving overall access to mental health and addictions (MHA) services in the community**
 - SCOPE, AccessMHA
- **Overall access to preventative care**
 - Online Appointment Booking, eReferral, SCOPE, HHR Task Force
 - Medication reconciliation

QUESTIONS:



Stories from the field 3

Evaluation Capacity Building: The case of Burlington OHT

Reham Abdelhalim, MD, MSc, PhD, CPHQ

Population Health Management & Evaluation Lead,
Burlington Ontario Health Team

Setting the stage

- A health services and policy researcher
- Specialized in evaluation of complex interventions
- Research focus on evaluation of integrated care with a special interest in
 - *Using care experiences in evaluation of complex interventions*
 - *Co-design*
 - *Studying planning and implementation of policies and strategies*
- A passion to improve people-centered integrated care in Ontario
- Joined the BOHT as their OHT impact fellow/Evaluation Lead

Setting the stage

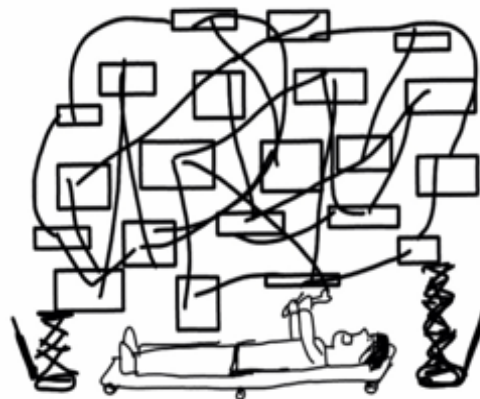
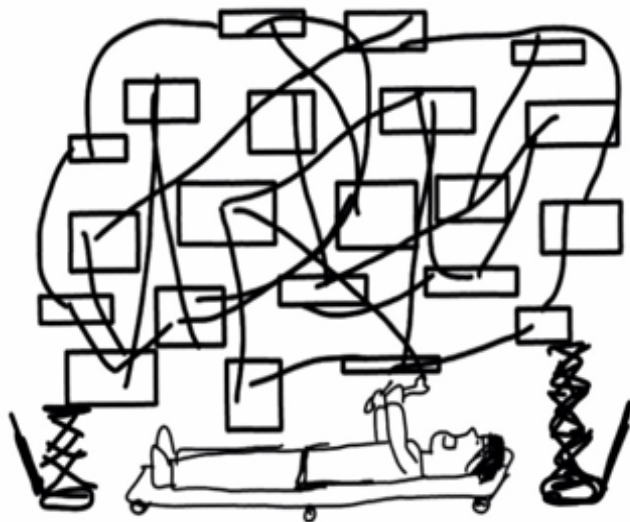
My simple academic Mind

- Logic model
- Evaluation Framework (structure, process and outcome)
- Implementation
- Tools
- Analysis
- Results
- Decision/Change

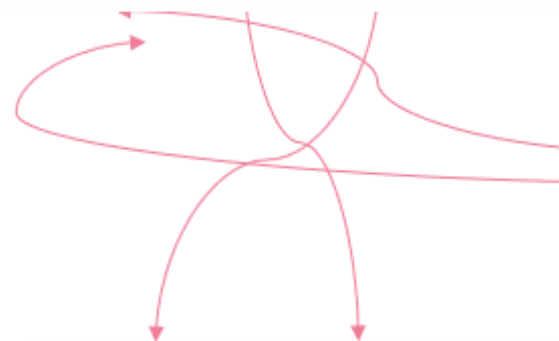
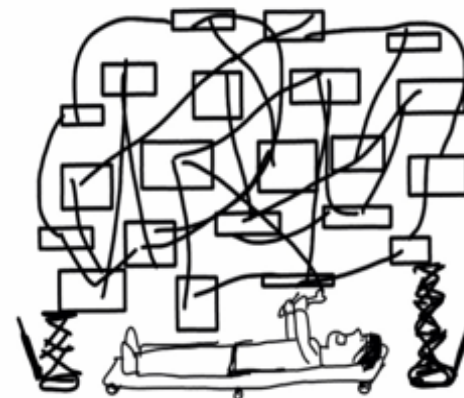


But

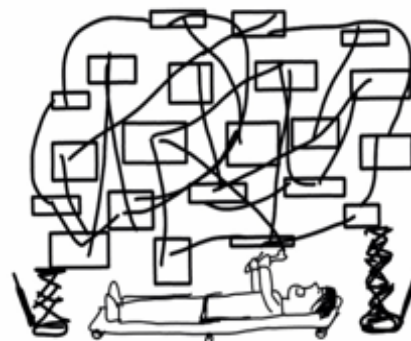
At the logic model repair shop ...



the logic model repair shop ...



At the logic model repair shop ...

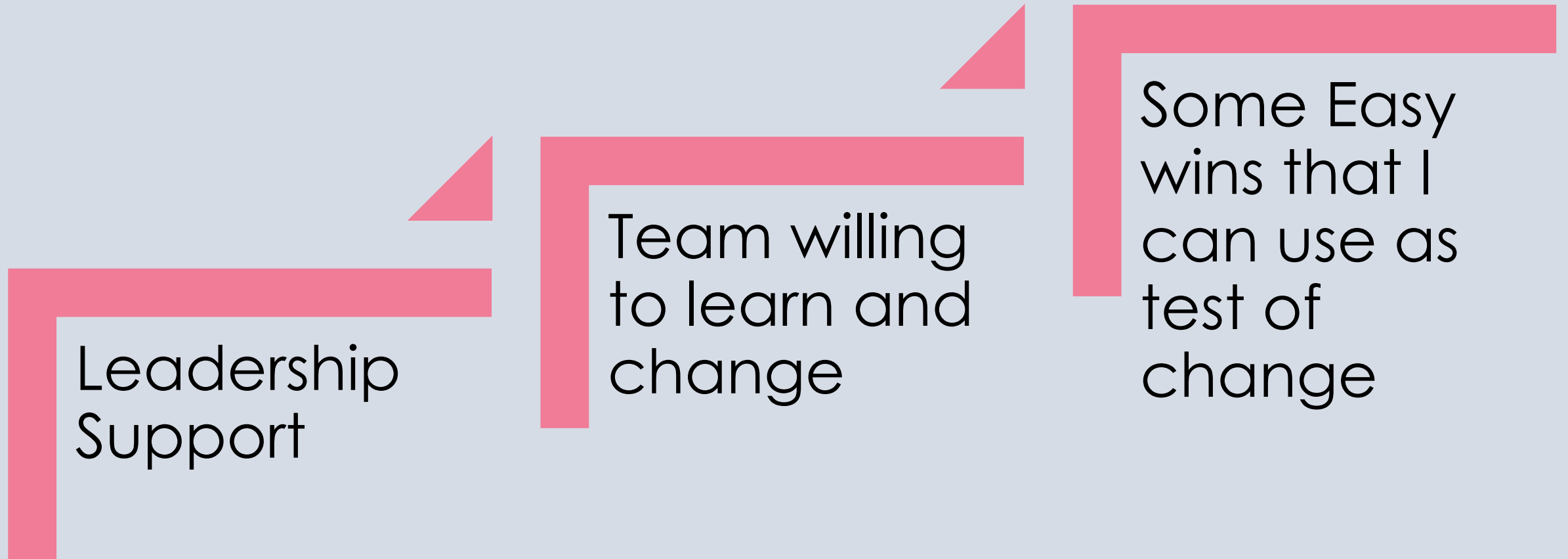




Add some more complexity

- Programs, Policies and initiatives
- No evaluation team
- At various points of implementation and maturity
- Run by various organizations
- Each of these organization has their own reporting requirements
- Need to be linked to the OHT's strategic KPIs
- Need to be linked to utilization data but we don't have DSA because OHTs are not entities yet
- Need to make sense from a population health management perspective

Need to start somewhere



Highlights

Building a culture of inquiry and evaluation instead of reporting
(What>>>Why and How?)

Providing training on how to formulate an evaluation question, collect, analyze, and use data for decision-making

One size doesn't fit all, tailoring is key

Tool creation

Data is more than numbers, context matters

Engaging Patient/caregiver partners in the evaluation process

Use the results of evaluation to promote for programs

Use the evaluation results to request funding to sustain and expand programs

Use the evaluation results to rethink some programs

Share our tools, frameworks to other OHTs

The Change

Build a team not a unicorn

Build a culture, understanding and urgency and this will create a team of unicorns/champions

The Change

“The most helpful and relevant resource provided was through the OHT Impact Fellowship program. Our Post-doctorate fellow is a valuable member of our team and provides expertise in measurement and evaluation, as well as strategy and population health management. This resource is outstanding and we are grateful for it.” **BOHT Director**

“The expertise of our Evaluation lead helped us think about evaluation while we are planning our new programs, we always new evaluation was important but the how-to was a gap.” **BOHT PM**

“It was very important to know how we are performing and think about the way forward, the evaluation was a great help to achieve this goal.” **BOHT PFAC Co-chair**

After a year

- Over 30 public engagements about evaluation within OHTs
- Continued to work with my OHT
- Supporting evaluation of some programs on a regional level
- Supporting evaluation of some provincial initiatives

Thank you



LinkedIn

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Twitter

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Key Take-Aways

- OHTs with greater ECB are better able to conduct and use evaluation to meet their vision of PHM
- There is not a ‘one size fits all’ approach. OHTs need to commit sufficient resources and develop ECB based on their local needs and contexts
- Deciding the “Why” for ECB- motivations and reasons determines the strategies, processes, and outcomes of ECB
- Leadership buy-in and support is foundational to ECB (i.e, resources, conducive environment, retaining and maintaining evaluation team)
 - ✓ OHTs with established processes for evaluation have better chance of building sustainable capacity for evaluation
- Host OHTs have benefited from OHT Impact Fellows.
 - ✓ Fellows have contributed to the process and culture of ECB such as by planning and evaluating projects and imparting their knowledge and skills to of evaluation

Special thanks to



For funding the OHT
Fellowship Program



Dalla Lana
School of Public Health



For supporting the
fellows and this work



Mid-West Toronto
Ontario Health Team



For sharing their
experiences &
learnings related
to ECB

Up coming OHT Impact Fellowship Webinar Series

March 3rd 12:00-1:00pm

Presenter: Charlotte Anderson

Title: Using Gap Analysis to Inform the Design of Care Models for Seniors

March 9th, 12-1.00 pm

Presenter: Shinjini Mondal

Title: Making Collaborative Governance Sustainable: A Developmental Life-Cycle Approach

March 24th 12:00-1:30pm

Presenter: Natalie Montgomery

Title: Engaging primary care – from the inside out

Registration links and further details can be found in the [OHT Supports events calendar](#)

Thank you for joining us today!

Questions regarding today's webinar?

- Reach out to Mulugeta Bayisa Chala (Email: mulugeta.chala@mloht.ca / mulugeta.chala@utoronto.ca)
- We will send you an infographic, slides, and recordings from today's presentation

To learn about OHT Impact Fellowship Program, visit <https://ohtfellows.ca/>

Questions regarding the OHT Impact Fellowship Program and /or upcoming webinar series?

- Please reach out to Angela Del Monte, OHT Program Manager (Email: angela.delmonte@utoronto.ca)