

Children's Mental Health Ontario

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Presented By

Anne Corbett, Partner
416.367.6013
acorbett@blg.com

BLG
Borden Ladner Gervais

- Context: Importance of a System Perspective
- Requirements for OHT Year One and at Maturity
- Considerations and Options for Year One Governance
- Role of the Board in OHT formation

Context: We Built a Siloed System

- **1960s** – *Canada Health Act* (hospital and physician services publicly funded)
- **1970** – Community Health Centre Program
- **Pre 1996**
 - Funding – transfer payment agreement
 - Planning – District Health Councils: Advisory
 - Integration – Voluntary or legislated
 - CCACs established
- **1996 – 2000**
 - Health Services Restructuring Commission
 - Hospital integrations, with sunsetted powers
- **2001**
 - CCACs incorporated under own Act
 - Family Health Networks established
- **2003**
 - Family Health Groups established
- **2004**
 - Funding Agreements – M-SAA, H-SAA, L-SAA
- **2004 – 2006** --Planning, Funding and Integration – LHINs replace District Health Councils and MOHLTC area teams
- **2005** --Family Health Team Model
- **2006 – present**
 - Policy themes advanced through legislation
 - 42 CCACs consolidated to 14 (2006)
 - *Local Health System Integration Act* (2007) – some voluntary health sector integrations (hospitals, CHCs, etc.)
 - *Long-Term Care Homes Act* (2010) – amalgamated *Nursing Homes Act*, *Homes for the Aged and Rest Homes Act*, *Charitable Institutions Act*
 - *Patients First Act* (2015)
 - CCACs transferred to LHINs (2017)
 - *Connecting Care Act* (2019)
- **Ongoing**
 - Voluntary integration (CHCs, hospitals, etc.)
 - Models of collaboration (shared services corporations, Health Hubs, Bundled Care)
 - Networks, alliances, joint executive committees

Importance of Good Governance & a Health System Approach

1. Local, voluntary, independent governance continues to be important for our health system
2. HSPs must each have good governance in place to have a successful OHT
3. HSPs have overlapping (shared) missions and must share accountability for the system; this means a mission/system perspective ahead of organizational protectionism
4. Quality, accessible, affordable health care requires a health system approach
5. Our health system will be strengthened by breaking down the silos and providing integrated care
6. Initially (and maybe at maturity) current boards and funding remain in place
7. OHT year one governance will evolve: there will be some ambiguity and “grey areas”
8. Primary care is critical to OHT success— engaging primary care is a shared objective of OHT participants

Evolving Policy Themes in Healthcare

- Governance and Accountability
- Quality
- Transparency
- Community Engagement
- Value for Money
- Health System Perspective
- Integration
- Patient/Client-Centered Approach

Boards that Add Value

Recognition of the value of local, voluntary, independent governance and perceived risk to voluntary governance and concern about potential erosion of board authority has resulted in increased focus on governance best practice for health provider boards

Framework for Good Governance

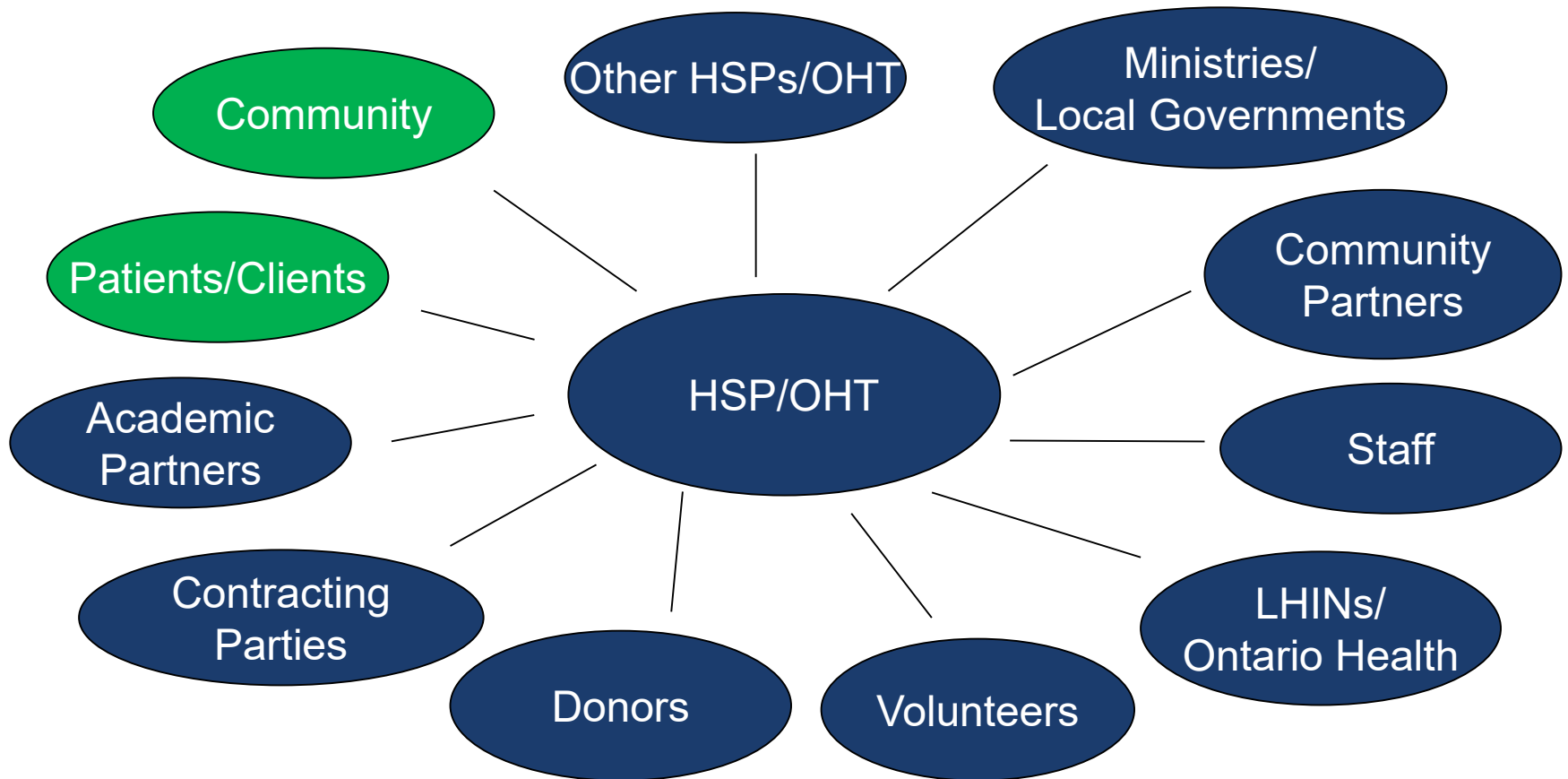
- **Who** -- is in the room: skills, qualities and diversity of the Board
- **What** -- the focus of the Board's work
- **How** --the structures and processes to support the Board

Why does Good Governance Matter?

Good Governance enables the directors and officers to fully discharge their fiduciary duties thereby ensuring the organization is successful and sustainable in achieving its mission

- **Directors are fiduciaries**—duty is to act honestly in good faith and in the best interests of the corporation
- **Best interests:** further the mission, move toward the vision, consistent with values and discharge accountabilities

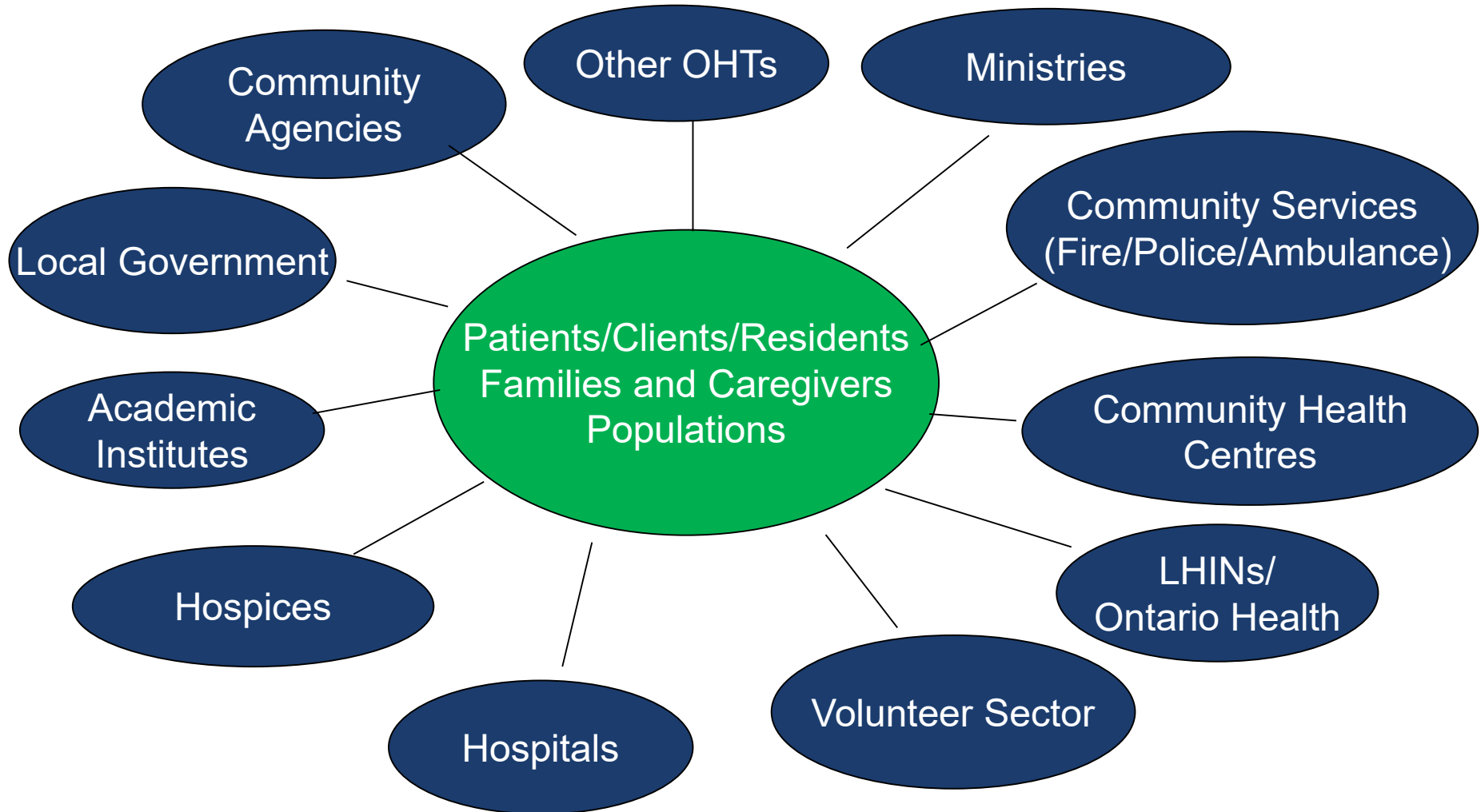
Accountability in the Health System



- **Mission**
- **Vision**
- **Values**
- **Accountabilities**

- **Patient/Client - centred**
- **Engagement**
- **Accountability**
- **Value for money**

Shared Accountability



Governance Best Practices Framework

Objective: Mission/Values and Accountabilities

Effective Board Performance

Board Quality

- Size
- Composition (skills/experience/qualities)
- Recruitment
- Term and Renewal
- Orientation
- Evaluation
- Education

Board Role

- Governance not Management
- Strategic Planning
- Financial Oversight
- Quality
- Risk
- CEO Supervision
- Communication and Accountability
- Governance

Board Structures and Processes

- Committees
- Leaders (Chair)
- Meeting Process
- Board Policies

Implications of Being an OHT

- *Connecting Care Act* does not prescribe a governance model for OHTs
- Integrated care delivery system (OHT): Person, entity, or a group of persons or entities, as designated by Minister (delivers 3 or more of designated services)
- Treated as a HSP under the *Connecting Care Act, 2019* for purposes of:
 - Funding and accountability
 - Integration
 - Oversight
 - directives, audits, reviews, investigators, supervisors, etc.
 - Transfer order under Part V
 - transferring assets, liabilities, and employees to OHT
 - including a transfer from a LHIN

OHT Governance: Year One

Focus should be on improving patient care and building trusting relationships: Common understanding of patient needs should be priority

No organization should take over other providers – for some groups, a lead organization might make sense

Governance

- There is no specified model: OHTs “**are free to determine the governance model that works for them**”
- Governance arrangements are to be “**self determined and fit for purpose**”
- Governance models may evolve over time
- Existing agreements with Ministry remain in place

Patients

- Families and caregivers to be involved in proposed leadership or governance structure

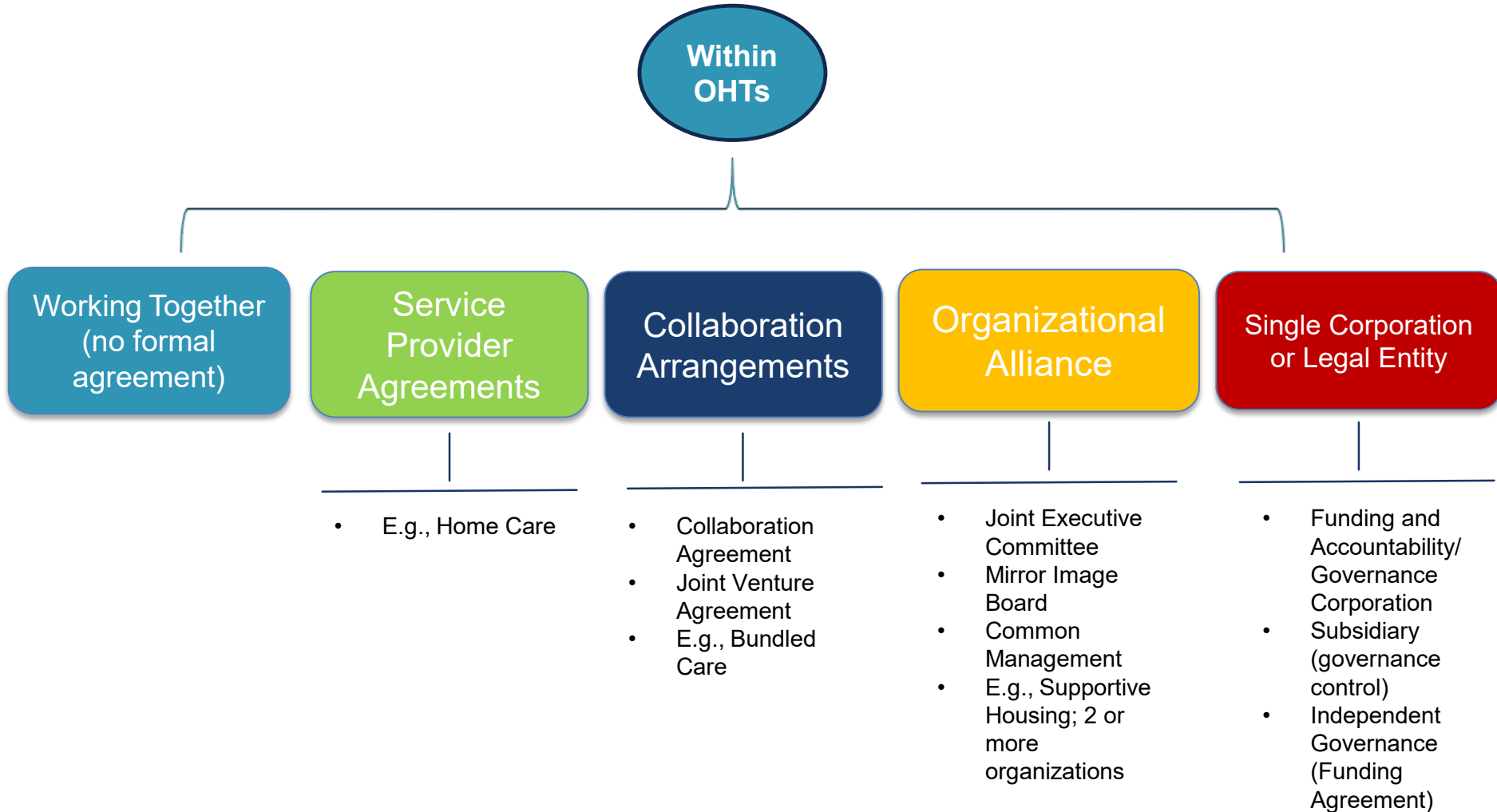
Physicians

- Need **physician and clinical engagement plan**
- Vision is for physicians to play leadership roles and function as core members of OHTs

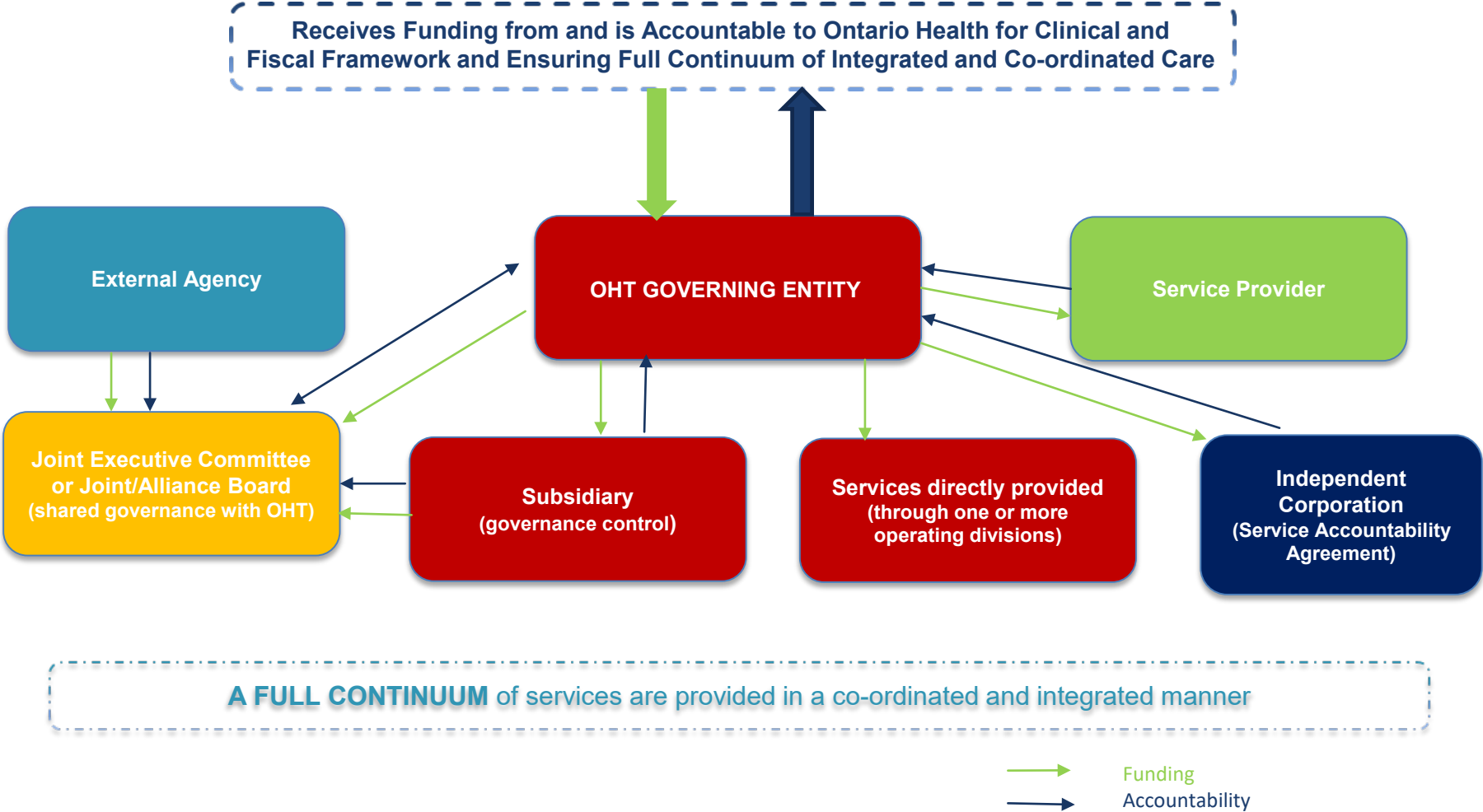
Forming an OHT

- Focus in **year one** is on **service (clinical) integration** not governance integration
- **At maturity** there may be **more than one legal entity within the “Team”**: Initially and maybe at maturity team members will keep their separate legal existence: **some that provide similar services may voluntarily amalgamate but no requirement to do so**
- Agreements to form an OHT will fit along a continuum of formality
- Early years may require boards and organizations to get comfortable with some level of uncertainty and ambiguity
- Common challenges and questions: engaging primary care, regional resources and specialty facilities, when will funding change, how will funding be designed (risk and gain share)

OHTs: Building Blocks



OHT Framework At Maturity: Sample Structure

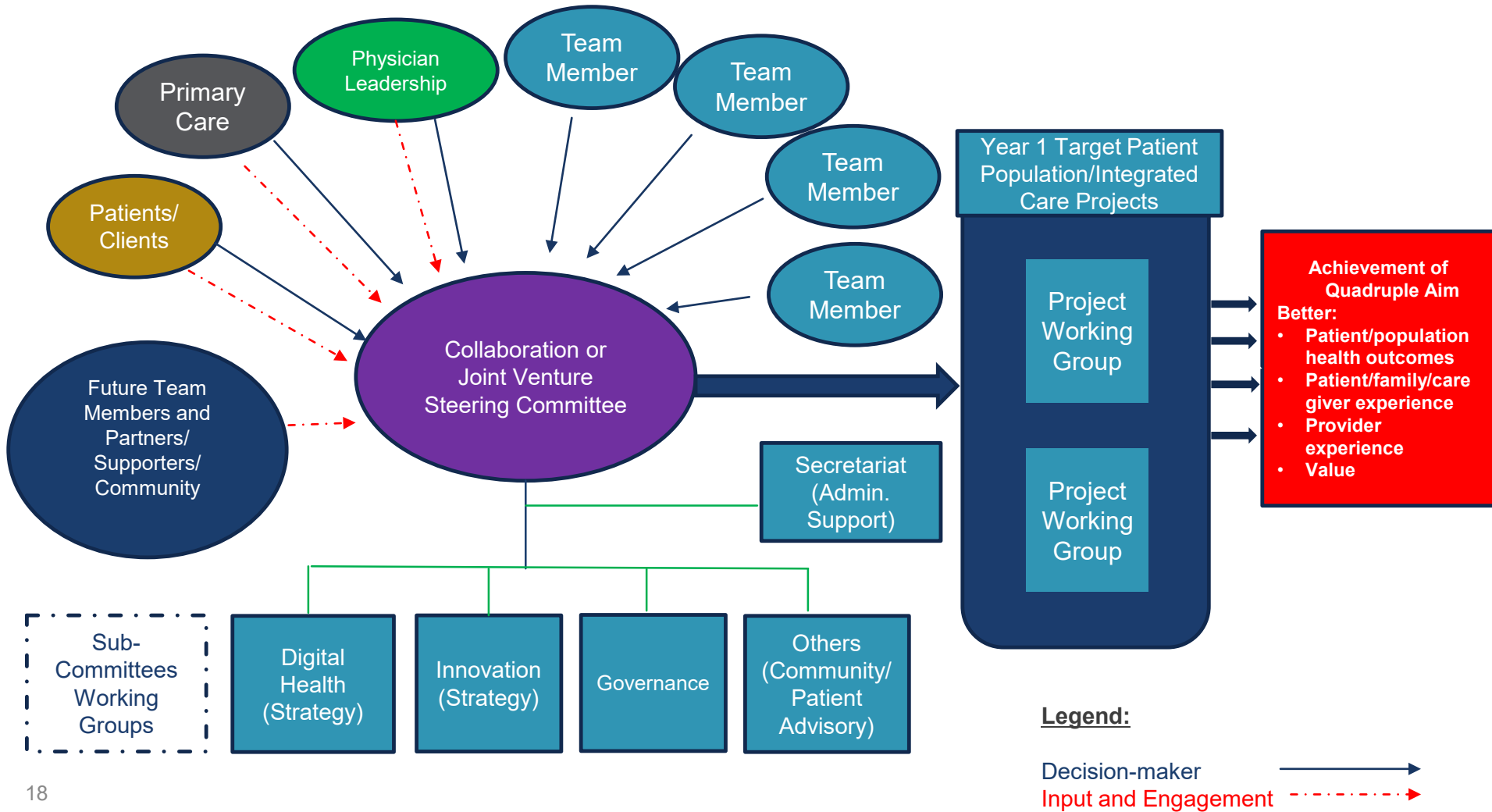


Decision-Making Framework Options in the Early Years

Non-exhaustive list:

- Joint Steering Committees or Working Groups
- Collaboration Agreements or Joint Venture Agreements

OHT Potential Year One Governance Model



Common Considerations: Team Members and Engagement

- Identify team members and levels of participation
- Agree on guiding principles
- Design a decision-making “table” comprised of core team members
 - Management or board or both: typically management led in year one
- Ensure a process to engage:
 - Patients/clients
 - Primary care leadership/voice
 - Other team members (and potential team members)
 - Boards

Common Considerations: Decision Making and Dispute Resolution

- Decision-making principles:
 - One voice and one vote
 - Quorum considerations
 - Consensus (we may not all agree but we can all live with it) or majority or super majority for some matters
 - Do all have to agree or subsets of those involved
 - Scope of authority to bind entities or make recommendations back to boards
- Dispute resolution
 - Good faith and best efforts
 - Mediation
 - Escalation of disputes to Boards, off and on ramps, etc.

Common Considerations: Roles and Responsibilities

- **Mandate for decision-making group might include:**
 - Ability to create **subcommittees** for areas such as digital, innovation, patient engagement, primary care engagement, governance, engagement with supporters/resource partners/observers etc.
 - **Identify areas for integration patient/client care** and develop **implementation plans** that may involve a subset of team members (including year two patient populations)
 - Establish processes for **engagement** with:
 - *patients and clients and care givers*
 - *primary care*
 - *future team members and the community*
 - Enable the development of a **strategic plan and common brand**
 - Develop model to **add additional team members**
 - Facilitate “**Board to Board**” interactions and trust building among team members and potential team embers
 - Develop **plans for evolving governance** to single fiscal and accountability framework

Common Considerations

- **Support for the decision-making group:**
 - Secretariat
 - Other resources (physical, human and financial)
 - Cost sharing
- **Develop Statement of Work or Project Charters for each patient/client care project:**
 - Participants (will typically be a subset of the Team but may include others)
 - Business plan and due diligence for each Project: cost and resource sharing, tax implications, human resource considerations, risk and mitigation strategies (insurance), term and termination, reporting and knowledge sharing, protecting privacy and sharing patient/client information among Project team members
 - Decision-making framework (e.g. Project Implementation Committee)

Other Considerations

- Different levels of participation at different stages of development: adding and removing
- Role of the volunteer sector
- Impact on Foundations and fundraising
- Participation in more than one OHT
- Other?

Role of Collaborative Governance

Where government is responsible for a mission that depends upon external capacity, the options are:

1. **Impose**: Legislation, directives, regulation or other means of imposing obligations
2. **Induce**: Contracts, grants, tax incentives
3. **Collaboration**: Consensus decisions (voluntary)

[John Donahue, 2004. *On Collaborative Governance*,
A Working Paper of the Corporation Social Responsibility Initiative]

Why is it a good option for healthcare?

- Response of the failure of downstream implementation through regulation
- High cost and politicization of regulation
- Complexity of institutional infrastructures**
- Knowledge – expertise is specialized and distributed**

[Chris Ansell and Alison Gash, 2007. *Collaborative Governance in Theory and Practice*, Journal of Public Administration Research and Theory, Volume 18, Issue 4, October 2008, Pages 543-571]

****These are key factors in our system**

Challenges and Risks

- Imbalances between the resources or power of stakeholders
 - Do we have the capacity, organization, and resources to participate equally?
- Incentives to collaborate
 - Can we do this on our own or through other means?
 - Are our goals dependent on co-operation from others?
- Past history
 - Is there a platform of trust or are parties antagonistic?
 - Have we had success in the past or failures: vicious cycle or virtuous cycle?



THE BOARD'S ROLE IN FORMING AN OHT

The Board's Role in Forming an OHT

#1 – Knowledge and Stage Setting

- Stay current on OHT Guidance
- Think system/mission (avoid organizational protectionism)
- Understand the local health system
 - What is our target population at maturity?
 - Who are the players, and what are their roles?
 - Who else cares for our patients/clients?
- Understand system perspective and how it impacts:
 - Strategic planning, Recruitment, Role of Chair, Board role and duties
- Build trust with potential team members and partners; have comfort with some uncertainty in early years
- Build “Board to Board” relationships and participate in collaboration forums
- Evaluate strategic and specific decisions with a view to the system and OHT: carefully evaluate actions that may impede collaboration

The Board's Role in Forming an OHT

#2 – Leadership

- CEO/management involvement but Board needs to appreciate perspective
- Key accountability falls to Board Chair
- Board needs to support CEO, management, and Board Chair
- Hold management accountable – set expectations

The Board's Role in Forming an OHT

#3 – Define and Refine Principles for Participation

- **Importance of guiding principles and shared objectives among team members:**
 - Patient/client focus
 - Equal voices
 - Support transparency
- **Evolutionary approach: Form will follow function**
 - Adding team members
 - Varying levels of participation and resource contribution
 - HSP might off-ramp but OHT keeps going
- **No single assumption of leadership roles: leads may move from time to time**
- **Limit “non-negotiables”**

The Board's Role in Forming an OHT

#4 – Engagement

- Board engagement may increase over time
- Stay involved in process: receive and respond to reports
- Continue to govern and maintain good governance
- Continue to refine principles for participation and evaluation criteria
- Participate in stakeholder, partner, and community engagement, as appropriate

The Board's Role in Forming an OHT

#5 – Approval and Implementation (and maybe letting go)

- Approve in principle
- Ensure all team members share a common commitment: guiding principles-values-vision (Letter of Intent/MOU)
- Exercise prudence in what is essential at early stages
- Approval of various stages of development or project integration: recognize that requirement for board approval may vary between team members
- Oversee implementation plans (projects)
- Roles may not happen sequentially and some may be repeated



Questions?

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