Connected for Care - Lanark, Leeds and Grenville Ontario Health Team

Collaborative Decision-Making Agreement (CDMA)

Information for Governors of Partner Organizations

February 12, 2021

Background

* The Collaborative Decision-Making Working Group has developed a draft collaborative decision-making arrangement (CDMA) with input from all members.
* CDMA required to be formalized in writing
* CDMA developed using template provided by RISE
* **This type of agreement is required of all approved OHTs and must be submitted to the Ministry in order to receive implementation funding.**

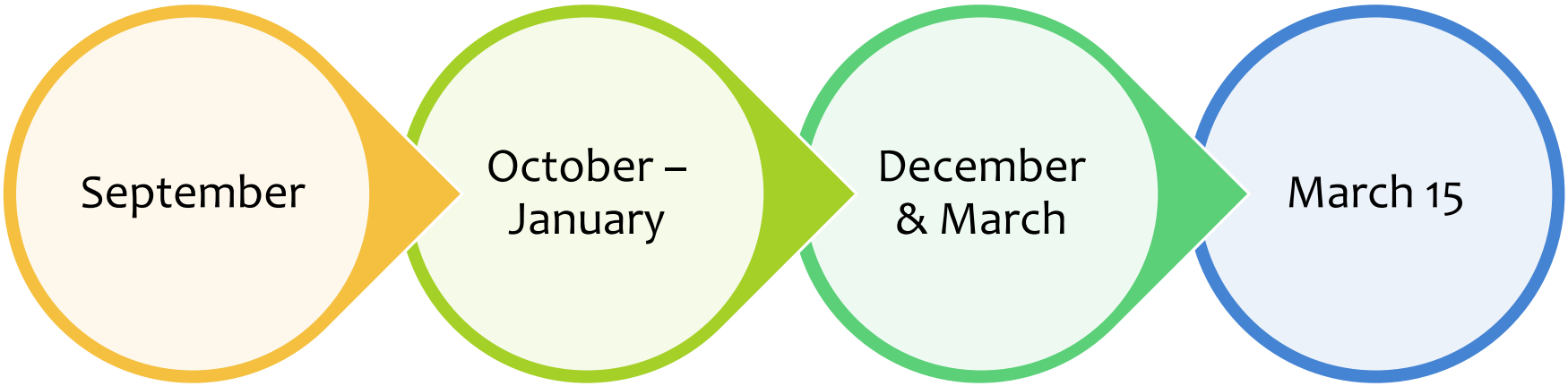
Collaborative Decision-Making Working Group Membership

Mental Health and Addictions	• Patricia Kyle – LLG Addictions and Mental Health
Primary Care	• Michele Bellows (Chair) – Rideau Community Health Services • Dr. Peter Cunniffe - Perth Family Health Organization • Sherri Hudson – Upper Canada Family Health Team • Leeann Brennan – Smiths Falls Nurse Practitioner Led Clinic • John Jordan – Lanark Renfrew Health & Community Services
Hospital	• Nick Vlacholias / Patty Dimopoulos – Brockville General Hospital • Dr. Barry Guppy – Perth and Smiths Falls District Hospital
Home and Community Care	• Tina Montgomery – Senior Support Services CPHC • Tracey Shackles – Care Partners
Lived Experience Advisor	• Rosemarie Greer-Daoust
Project Management Support	• Hilary Blair – South East LHIN

Key Point

* This Framework is **NOT** intended to create any contractual or legally enforceable obligation on members of the OHT, including CEOs, board chairs, health care providers, officers, employees or anyone else.
* Independent governance authority of Boards of Directors or other governing bodies of any potential OHT member shall remain unfettered.

Timeline



- Collaborative Decision-Making Working Group Formed
- Weekly Meetings

- Share Updates and Seek Input from all Team Members
- Monthly Meetings

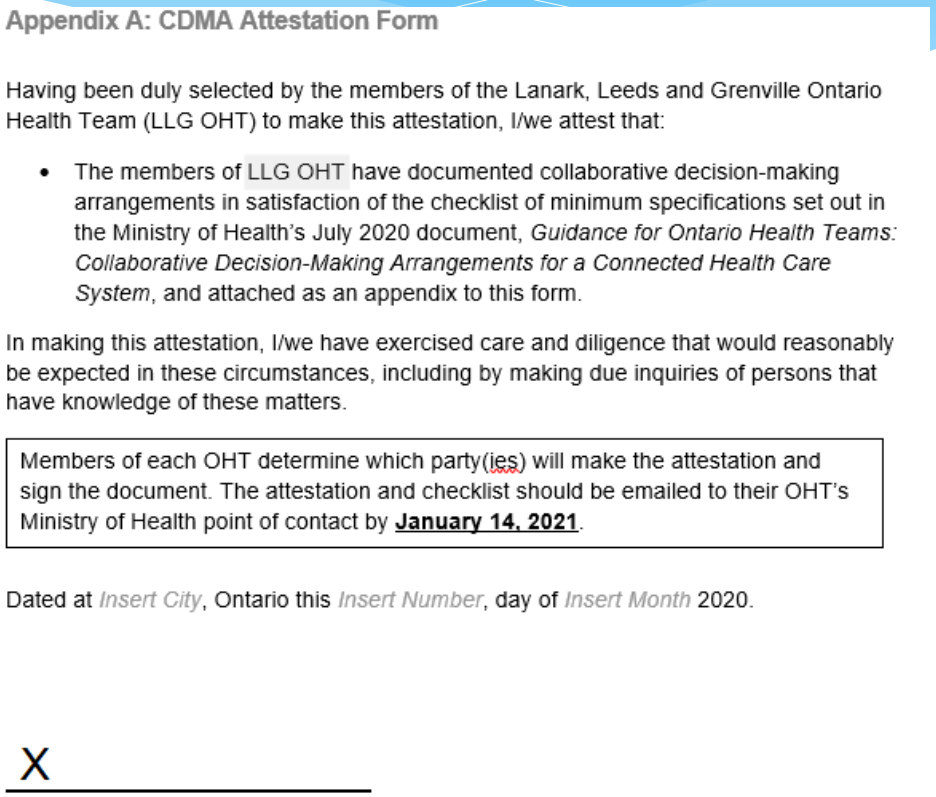
- Information Sessions with Governors
- Bring Forward CDMA Developed by all Team Members

- Approval and Sign-off of CDMA Attestation Form by all Team Members

Next Steps

* Joint governor's information session on **March 8, 2021.**

* Seek approval and sign-off on the Collaborative Decision Making Arrangement (CDMA) Attestation Form by CEO/EDs OR Board Chair to be submitted by **March 15, 2021.**



Appendix A: CDMA Attestation Form

Having been duly selected by the members of the Lanark, Leeds and Grenville Ontario Health Team (LLG OHT) to make this attestation, I/we attest that:

- The members of LLG OHT have documented collaborative decision-making arrangements in satisfaction of the checklist of minimum specifications set out in the Ministry of Health's July 2020 document, *Guidance for Ontario Health Teams: Collaborative Decision-Making Arrangements for a Connected Health Care System*, and attached as an appendix to this form.

In making this attestation, I/we have exercised care and diligence that would reasonably be expected in these circumstances, including by making due inquiries of persons that have knowledge of these matters.

Members of each OHT determine which party(ies) will make the attestation and sign the document. The attestation and checklist should be emailed to their OHT's Ministry of Health point of contact by **January 14, 2021**.

Dated at *Insert City*, Ontario this *Insert Number*, day of *Insert Month* 2020.

X _____

Ministry Checklist for OHT CDMAs

Checklist for Ontario Health Team Collaborative Decision-Making Arrangements

Each OHT's collaborative decision-making arrangement (CDMA) must:

- ☐ Be formalized in writing
- ☐ Be informed in its development by engagements with:
  - ☐ local communities;
  - ☐ patients, families, and caregivers; and
  - ☐ physicians and other clinicians
- ☐ Include a shared commitment to:
  - ☐ achieving the quadruple aim
  - ☐ a vision and goals for the OHT
  - ☐ working together to fulfill MOH expectations for year 1 and beyond
- ☐ Provide for direct participation in OHT decision-making by:
  - ☐ patients, families, and caregivers
  - ☐ physicians and other clinicians
- ☐ Address:
  - ☐ resource allocations (including of any implementation funds)
  - ☐ information sharing
  - ☐ financial management
  - ☐ inter-team performance discussions
  - ☐ dispute resolution
  - ☐ conflicts of interest
  - ☐ transparency
  - ☐ identifying and measuring impacts on priority populations
  - ☐ quality monitoring and improvement
  - ☐ expansion to more patients, services, and providers
- ☐ Identify a qualified entity who members agree would receive and manage any one-time implementation funds on behalf of the OHT.

Sections of CDMA

* Definitions
* Purpose of this Decision-Making Framework
* Vision, Values and Guiding Principles
* Team Members and Sectors
* Multi-Sectoral Committees
* Collaboration Council
* Collaboration Council Members: Roles and Duties
* Role of Patients/Clients, Families and Caregivers
* Role of Primary Care Network
* Communication and Engagement
* Projects
* Integration with Others
* Information Sharing, Transparency, Privacy and Confidentiality
* Dispute Resolution
* Term, Termination, Withdrawal and Expulsion
* General
* Schedules

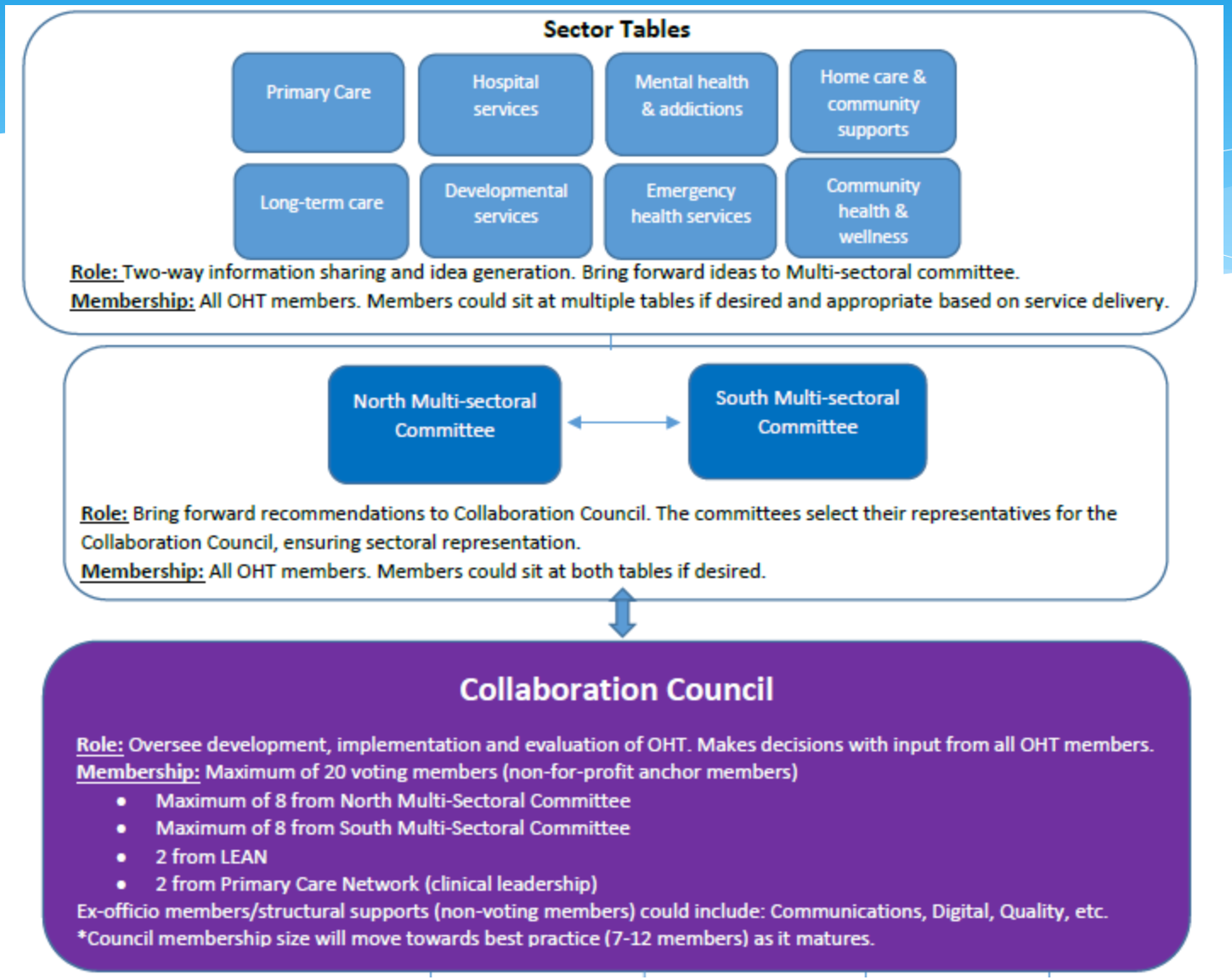
Highlights from the CDMA: Purpose of the Decision-Making Framework

* Set out how the Team Members will work together as an LLG-OHT to achieve the Shared Objective;
* Establish a collaboration council and other organizational structures to enable the work of Team Members to achieve the Shared Objective for year one; and
* Set out the rights and obligations of Team Members.

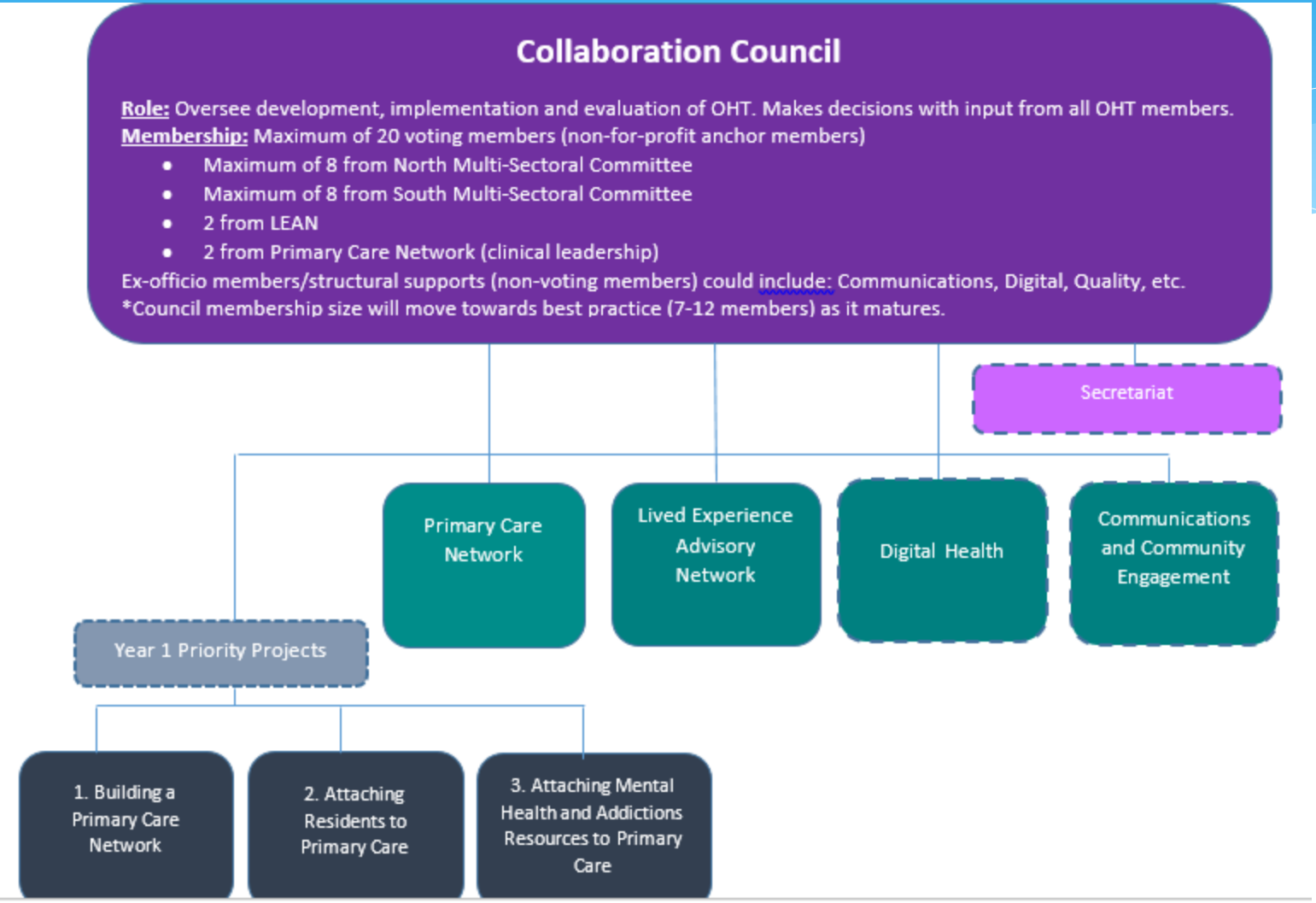
Team Members Levels of Participation

Anchor Members	Affiliates	Supporters
- Organizations that contribute to the health and well-being of the LLG community - Involved in decision-making, planning, design and projects of the OHT - Contribute to the success of the OHT by leveraging financial and/or in kind resources.	- Contribute to the health and well-being of the LLG community - Provide input to enable decision-making and participate in planning, design and projects of the OHT.	- Contribute to the health and well-being of the LLG community - Interested in providing input and receiving information on OHT activities but not actively participate in planning and design.

OHT Operational Structure



OHT Operational Structure… Continued



Sector Tables & Multi-Sectoral Committees

Sector Tables

Pre-existing in many cases, membership may need to broaden to include all members from full geography.

* Role: Two-way information sharing and idea generation. Bring forward ideas to Multi-sectoral committees.
* Membership: All OHT members; members can sit at multiple tables if desired.

Regional Multi-Sectoral Committees

* Role: Forum for cross-sectoral discussions among all members; opportunity for Team Members of all levels to be informed and provide input on activities and recommendations. These committees select their representatives for the Collaboration Council, ensuring sectoral representation.
* Selected representatives bring forward recommendations to Collaboration Council.
* Membership: All OHT members; members can sit at both tables if desired.

Collaboration Council

Role:

* Act as a steering committee to enable strategic decisions and facilitate the implementation of collaborations and other initiatives in an efficient manner to achieve the Shared Objectives

Membership: Maximum of 20 voting members (non-for-profit anchor members)

  * Maximum of 8 from North Multi-Sectoral Committee
  * Maximum of 8 from South Multi-Sectoral Committee
  * 2 from LEAN
  * 2 from Primary Care Network (clinical leadership)
* While a Team Member may belong to more than one Sector or Multi-Sectoral Committee, no individual/organization may hold more than one voting seat at the Council.
* Ex-officio members/structural supports (non-voting members) could include: Communications, Digital, Quality, etc.
* Council membership size will move towards best practice (7-12 members) as it matures.

Consensus-Based Decision-Making Approach

* Consensus decision making is a creative and dynamic way of reaching agreement in a group.
* Instead of simply voting for an item and having the majority getting their way, a consensus group is committed to finding solutions that everyone actively supports – or at least can live with.
* In consensus no decision is made against the will of an individual or a minority. This means that the whole group has to work hard to find win-win solutions that address everyone's needs.

Communication & Engagement

* The Collaboration Council with the Communications and Community Engagement Committee will develop and implement a communication and engagement strategy to ensure timely and relevant information sharing with all stakeholders.
* The Collaboration Council is collectively responsible for seeking input from and relaying information to all Team Members.

Appendix

Guiding Principles – Part 1/2

Commitment to our Patients/Clients, Caregivers and Families

- In keeping with our respective organizational mission, vision, and value statements, we will deliver care that results in the best possible outcomes and experiences. We will be driven by the needs of our Patients/Clients, Caregivers, Families and Community while respecting members' existing obligations to their partners, funders, and employees.

Commitment to a High Performing Local Health System

- We will apply a robust evaluation framework to support quality improvement and to be accountable to our Patients/Clients, Caregivers, Families and Community.

Population Health, Equity and Access

- We are committed to eliminating barriers to access and achieving equitable, inclusive, respectful and culturally safe care and services, with particular focus on the unique barriers to health for rural seniors, Indigenous, Francophone or otherwise marginalized populations. We will support the building of community capacity for prevention and early intervention.

Authentic Partnerships and Co-Design in the System Transformation

- We are committed to authentic partnership and co-design in our planning, implementation and evaluation, embedding the perspective of patients/clients, caregivers and families in our work every step of the way.

Collaborative Culture

- Collaboration is grounded in recognizing our respective strengths and building on shared trust as we support our consensus based decision-making model. We will establish a culture of transparency, mutual respect, teamwork and co-design to identify opportunities to be more efficient and effective for the people we serve, rather than the interests we represent.

Coordination and Integration

- Solutions that are coordinated and integrated will better serve our patients/clients, caregivers and families by transforming people's experiences of care. We will build a system in which our patients/clients experience integrated care and seamless transitions throughout their care journey.

Guiding Principles – Part 2/2

Innovation and Excellence

- A commitment to innovation and excellence will underpin the work of our OHT. We will be creative and evidence-based in our solutions.

Commitment to a Journey

- We will support a culture of critical thinking and continuous learning that will better service our patients/clients, families, caregivers and community. We commit to the process of change as our health system matures.

Digital Transformation

- Provide patients/clients, caregivers and families with the opportunity to access their own information and providers to share information with one another in order to minimize duplication. We will be strategically driven and outcome oriented as we develop our foundational model of how we deploy digital health services across the region.

Spread and Sustainability

- We will act for the individual and learn for the population. The savings we create through collaborative efforts will be used to further LLG-OHT joint efforts to better serve our attributed population.

Organizational Capacities

- We will respect the capacity that each organization has to contribute to the OHT with respect to their financial resources, skilled labour force, and contributions of their volunteers including Board of Directors.