CONFEREncE ABSTRACT

Self-determined and fit for purpose, collaborative governance structures: a comparative cross-case analysis of three Ontario Health Teams (OHTs)

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Introduction: The healthcare journey to create integrated care in Ontario, Canada, was bolstered in 2019 by the creation of Ontario Health Teams (OHTs). These newly formed meso-level networks of providers are collectively responsible for providing appropriate, coordinated, effective and efficient health services for an attributable population. These “self-determined and fit for purpose” OHTs are developing governance structures to enable partnership among community-based organizations, patients/caregivers, primary care and home and hospital providers. This study describes the different governance structures and pathways adopted by three OHTs, detailing factors that enable OHTs to take steps towards their maturity and highlighting the lessons learned from the experience.

Methods: This paper is aimed to assess the diverse governance models, their pathways to maturity and intended advantages and challenges across the OHTs. This study aims to understand how OHTs set up their governance structures based on their population need and context. The study follows a mixed-methods design. An initial survey was used to collect data across all 50 OHTs to describe governance structures and processes adopted (council membership, joint decision-making, separate legal entities). The qualitative study will use a cross-case comparative design amongst three OHTs to compare and study the different governances adopted by OHTs. The three OHTs were selected to allow variability in governance structures; for example, OHTs formed a separate legal entity or enacted a joint decision-making or a collaborative agreement. This phase will collect data from interviews (leadership/collaborative council and management team members) and document review (key documents, meeting minutes) across three OHTs and will be analyzed using thematic network analysis.

Highlights: We intend to interview 7-9 decision-makers across each selected OHT, who are council members or have been involved in the governance setup. Using a three-stage network development and change cycle, we will assess initial readiness and activation, current stabilization and routinization practices and finally, efforts towards stability and sustainability across each OHT. The key governance themes that will be explored with the OHTs are partner composition and engagement, legal form, role and functioning of governing bodies, decision-making authority and dynamics funding and accountability. A thematic network analysis will enable a methodical systematization of the textual data and help depict graphical web-like nets of the themes. Enabling a richer understanding of an issue and facilitating disclosure on researchers’ analysis process and a more precise understanding for the reader.
Conclusion: Our cross-case synthesis approach was developed to capture the heterogeneity of integrated care governance. It centers around a bottom-up governance perspective from the viewpoint of implementers and partners, using various methods that yield comparative data across OHTs and insights into selected cases of interest.

Implications: The OHTs are still in the early stages of development; as they move towards maturity, a detailed understanding of the governance process and functioning can provide valuable support for leadership to enable the development of effective and efficient governance approaches to move the OHTs forward. Lessons learned from Ontario’s experience can guide newer OHTs and practical approaches to improving collaborative governance practices for integrated care.”