

ICES data and methods uniquely positioned to support Ontario's health transformation

The Government of Ontario is restructuring the province's health care system to make it easier for patients, families and caregivers to navigate and transition between health care providers, as well as making these providers more accountable for the quality, cost and outcomes of that care. Soon to be reorganized into Ontario Health Teams (OHTs), many health care providers—from family doctors and specialist physicians to hospitals, community care agencies and multidisciplinary health professionals—will operate and be funded and held accountable within coordinated OHT units, with each team providing a full continuum of care for an assigned population.

The OHTs will replace a system of care that has been organized through 14 geographically determined Local Health Integration Networks (LHINs). LHIN boundaries for planning and funding do not address the fact that many patients access care across regions, often through piecemeal referrals to doctors and specialists. For example, a patient might drive from their rural home region to a city hospital for specialist appointments, returning to their own LHIN for home care. This fluidity of movement between LHINs has made it difficult to assign health dollars and bottom-line accountability to the quality and effectiveness of care.



Areas of impact:



Better
Policy



Stronger
Health Care
System

ICES Research

For several years, ICES scientists have applied innovative research methods to ICES' unique holdings of Ontario's health administrative data to reveal networks of self-organizing groups of physicians and hospitals that do not observe geographic boundaries. The research shows that these networks have developed naturally through

long-standing referral patterns, sharing of information and admission of patients to the same hospitals. By following patients through the health system records, ICES researchers have shown that residents cross LHIN boundaries to seek care, especially in large urban areas.

How this work is having **impact**

Laying the Groundwork for Better Analysis

- ICES research **published in 2013**, long before the current restructuring efforts, showed that these multispecialty physician networks could form the basis of more formalized care networks serving large numbers of patients, capturing real-use patterns not accounted for when observing geographic boundaries.

Creating the Maps for the New OHT Networks

- The Ontario government has structured the **OHT application process** by using the existing ICES methodology to identify physician networks, in addition to local considerations, when attributing populations for which the OHTs will be responsible.

Assessing Systems of Accountability

- Once the OHTs are implemented, there will be ongoing work to assess these systems of shared accountability, integration, planning and implementation. The ICES work on physician networks is expected to play a role in the design of these strategies.



Ontario Health Teams will be responsible for the health outcomes of a population within a geographic area that is defined based on local factors and how patients typically access care.

Ontario Health Teams: Guidance for Health Care Providers and Organizations,
Ontario Ministry of Health and Long-Term Care