



Ontario Health

From: Matthew Anderson, President and CEO

Date: September 9, 2020

Re: Ontario Health's Operating Model: Patient Perspective and Integrated Top-Line Organizational Structure

To All Team Members at Ontario Health,

Together with the Ministry of Health, we have made great progress in establishing Ontario Health, working with our partners to support the government in building a modern, connected and sustainable public health system. We have begun to demonstrate what a single, integrated, provincial agency can accomplish - which includes the work to address the unprecedented challenges of COVID-19.

Across Ontario Health, team members continue to step up to respond with collective expertise, skilled resources, innovative solutions, digital programs, and a dedicated focus on helping people and communities. Thank you again, to each of you, for all that you do in support of Ontarians receiving the best possible care.

The [July 2020 Mandate Letter from the Minister of Health](#) sets the clear expectation that Ontario Health bring together a unified "single team" to "execute the government's strategy, oversee health care delivery, improve clinical guidance, and extend and strengthen quality and performance improvement capacities across the continuum of care." As an agency of the Government of Ontario, Ontario Health has been mandated to connect and coordinate our province's health care system in ways that have not been done before.

Over the past seven months, I have heard from many of you, and from system users and caregivers, our health system partners, and other stakeholders about ways Ontario Health can support better health outcomes, Ontarians' health care experiences, provider experiences and value for health care dollars spent. The time is now to build on our work and take the next steps toward creating the "one Ontario Health" we aspire to be.

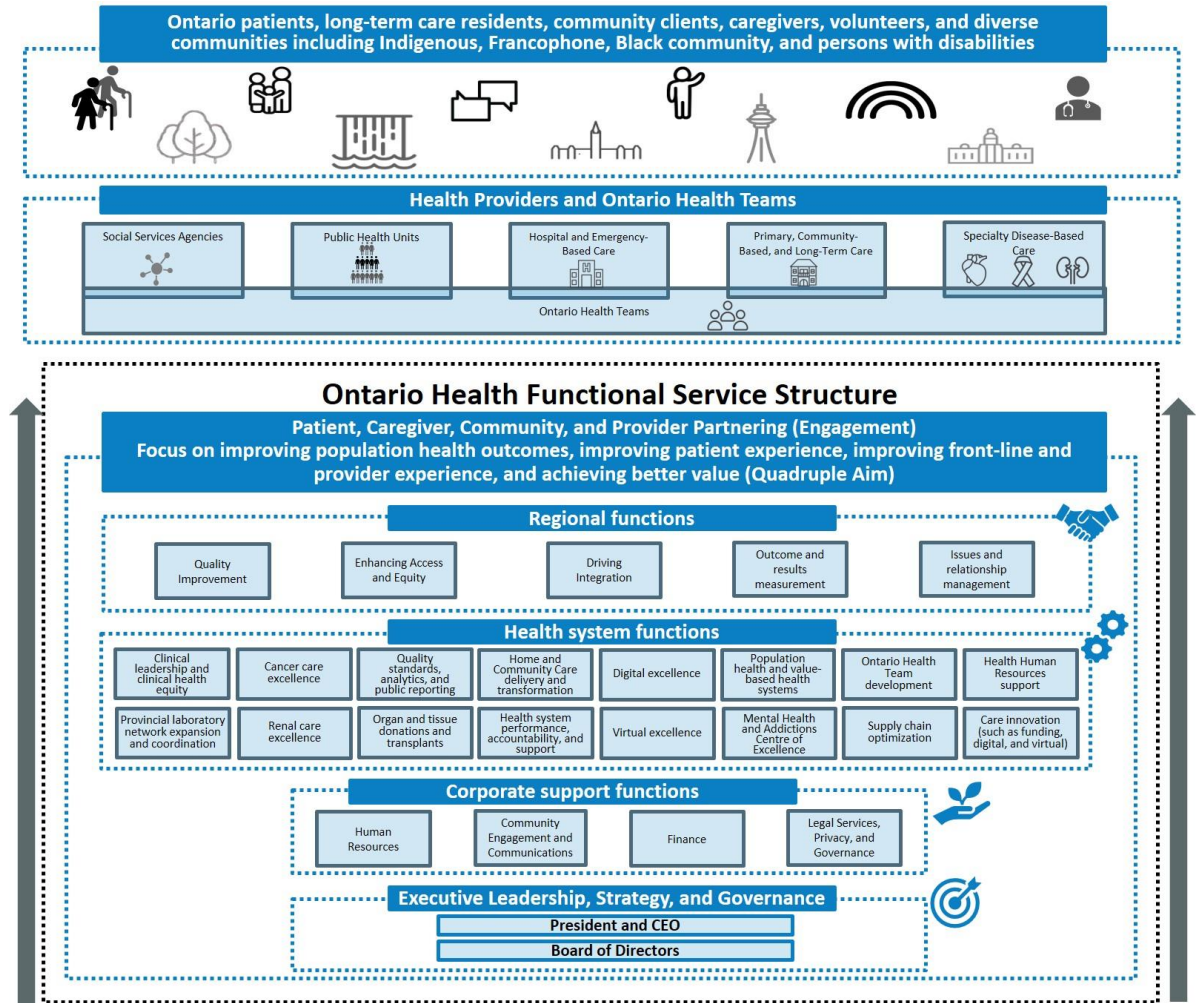
I am pleased to share with you today our new Operating Model and Integrated Top-Line Organizational Structure which has been designed to reflect the perspectives of all whom we serve – Ontario patients, long-term care residents, community clients, caregivers, volunteers, and diverse communities including Indigenous, Francophone, the Black community and persons with disabilities.

New Operating Model: Patient Perspective

First and foremost, our Operating Model starts with whom we serve – patients, residents, clients, caregivers, and diverse communities. It reflects as well all whom we support - front-line workers, health professionals, health care and service organizations and others across multiple care delivery channels.

It also is grounded in the Quadruple Aim which calls for improving population health outcomes, improving patient / resident / client experience, improving front-line and provider experience, and achieving better value. And, it reflects all that we have been mandated to do.

We’ve seen that when we integrate our efforts, apply clinical expertise across programs, and leverage our capabilities and digital infrastructure, we achieve tangible results with our partners in effective and timely ways. Our Operating Model is designed to reflect and help bring to life this vision and those efforts even more, and to be focused on a common people-centred purpose to improve health experiences and outcomes.



Ontario Health Operating Model

Integrated Top-Line Organizational Structure

This Operating Model is our framework for the evolution and integration of Ontario Health. It also lays the foundation for how to build our integrated top-line organizational structure that will be realigned to reflect the following three portfolio buckets, effective September 29:

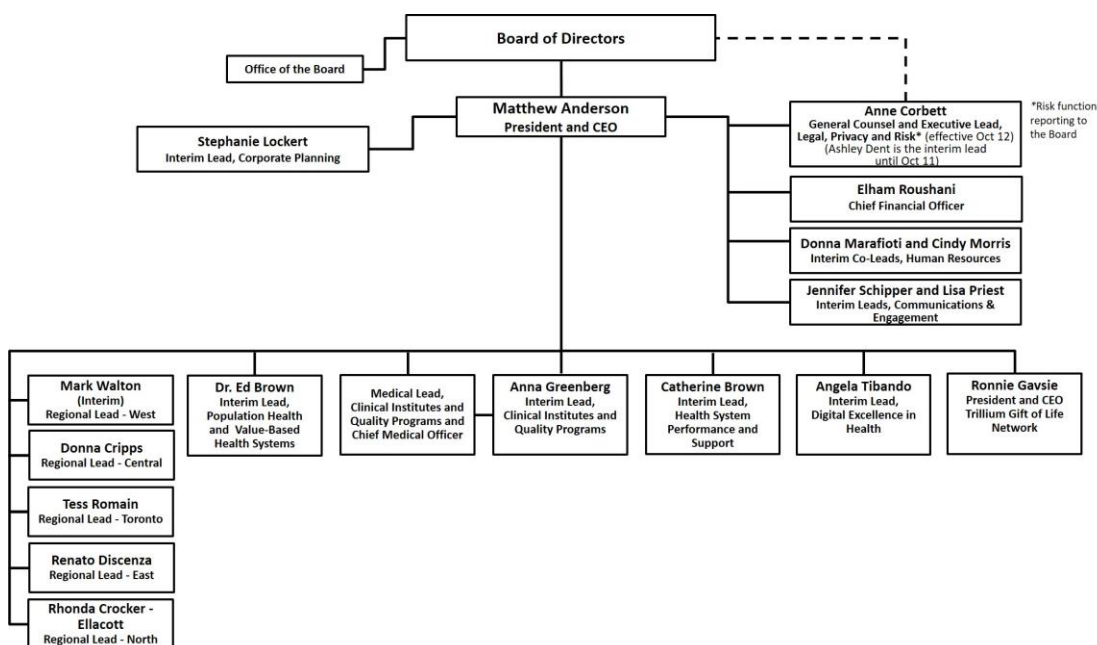
- **Regional Portfolios** will be our ‘front door’ to communities and people across the province. All LHIN team members will continue their very important roles working with their Regional Leaders in the North, Central, Toronto, East, and West to coordinate and deliver home and community care; to support local planning and efforts via quality improvement, enhancing access and equity, driving integration, and issues and relationship management; and to plan for and support COVID-19 local response efforts. The regions will also continue to work with Ontarians, their families and caregivers and diverse communities to learn from them so that we better understand their needs and priorities, and how to improve their care experiences and health outcomes.

- **Health System Portfolios** will develop and deliver programs and functions to improve clinical guidance and support for health care providers, enable quality care for Ontarians, and provide effective oversight across the health care system. Each health system portfolio below is a key area within our mandate where we are already delivering proven leadership and expertise. Uniting and integrating the many people and programs across Ontario Health doing this work will enable us to leverage our experiences and capabilities for greater impact.
 - *Population Health and Value-Based Health Systems:* This health system portfolio will reflect our collective commitment to the overall health of the population; to the equitable distribution of health regardless of ethnicity, income or place of residence; to improved experiences for both system users and health care providers; and to a high-performing health system that is defined by common values.
 - *Clinical Institutes and Quality Programs:* This portfolio will include advancing evidence-based clinical excellence; setting standards that drive appropriate levels of consistency; supporting integration and equity across the system; and enabling the delivery of quality care and positive health outcomes through the dissemination of evidence and improvement programs. And to ensure appropriate clinical expertise and operational leadership, we are establishing a dyad (dual) leadership model comprised of a medical director and portfolio lead.
 - *Health System Performance and Support:* Here, we will focus our efforts on supporting health system performance in ways that are relevant to Ontarians’ and provider experiences, in ways that are useful and actionable, and in ways that hold people and institutions accountable, while driving improvement and providing information to make informed decisions – because advancement rests on the best available data and evidence.
 - *Digital Excellence in Health:* In this portfolio, our focus will be on embedding a digital first approach across the system including e-innovations to connect the system to achieve better health outcomes and value, and putting systems in place so clinicians can securely share health records within circles of care.

- **Corporate Portfolios** will be responsible for supporting Ontario Health with strategic advice, support and corporate services in an efficient and effective manner:
 - Legal, Privacy and Risk
 - Finance
 - Human Resources
 - Communications and Engagement
 - Corporate Planning

The Trillium Gift of Life Network continues to function within its current structure until we have more information about the plans for their transformation into Ontario Health.

The goal of this organizational structure is to be the footing to support us as we work with our partners to anticipate and respond to issues and priorities that arise; to connect and coordinate our province’s health system in ways that have not been done before; to operate more effectively; and to create opportunities for personal and professional growth for our people.



Ontario Health Integrated Top-Line Organizational Structure, as of September 29, 2020

Senior Leadership Team (Interim)

In the organizational structure above, you also will see the appointment of the Interim Senior Leadership Team, who will assume their roles on September 29.

In lead up, they will work with the current leaders on the executive team to plan for a smooth transition. Then, once in position, they will begin to work with their portfolio teams on the integration and organizational design for their respective areas.

In addition to the recruitments currently underway for the Chief Communications and Engagement Officer and Chief Human Resources Officer, there will be recruitment for the other executive roles, with open competition, to fill these positions permanently.

I also want to take this opportunity to extend my deepest appreciation to all of our past interim executive leaders. They have provided strong leadership and support to their respective areas and to Ontario Health overall and I am *very* grateful for their hard work, partnership and commitment. I know I can count on them to continue to support the important work of Ontario Health and for a smooth transition as we enter this next phase.

Moving to the New Structure

On September 29, all business unit team members who are part of Cancer Care Ontario, Digital Services, Quality, OTN, Shared Services and HealthForce Ontario will receive an email with a letter indicating which of the new Health System and Corporate portfolios they are realigned to and under whose interim executive leadership. To the greatest extent possible, programs, work teams and/or units will be moved intact.

For all realigned team members across all the portfolios, there will be no change to their terms and conditions of employment or work location. And except for a small number of people, there will be no change in reporting relationships as people are realigned. Plus, there will be no impact on bargaining unit members and all collective agreement terms and conditions will continue to remain in place. In addition, all legacy agency policies and related processes will continue to apply until further notice.

At this time, there are no changes to Regional and Trillium Gift of Life Network structures, people, programs or services. These team members are not being realigned and will not receive letters.

Business continuity, stability of our operations and taking care of our people are our top priorities during this transition. At this time, there is no change to any programs and services and to public-facing or service information contacts. Plus, public-facing programs including Cancer Care Ontario, the Ontario Renal Network, OTN, and the Mental Health and Addictions Centre of Excellence will maintain their specialized Ontario Health identities.

Still to come is our extensive clinical leadership advisory committee structure, as well as profiles for our advisory committees with patients, families, Indigenous, Francophone and other communities - because effective engagement is paramount to our success.

Also, we will continue to evolve through our ongoing inclusion, diversity and equity learnings and work, which is a priority across Ontario Health.

Next Steps

As Ontario Health has come together there have been many changes which may at times have felt unsettling, especially during COVID-19.

We have grown from a few people in our early days to thousands today and have been working hard to work “as one” even without the perfect structures in place.

The goal of the Operating Model based on the patient perspective and the Integrated Top-Line Organizational Structure is to lay a strong foundation for our next phase, to work as one integrated agency with one set of priorities to address the needs of the system with our partners and in consultation with the government. It will be an ongoing journey as we adapt, evolve, and work to achieve our exciting mandate and I want to assure you that we will do our best to support you throughout every step, together.

Thank you for your patience and highly skilled work, and for your unwavering commitment to our beloved health system and to the people of this province.

I look forward to all of us being together at tomorrow’s Ontario Health Town Hall, which is taking place at 1:00 p.m., and discussing further how things are unfolding.

Until then,

Matthew Anderson