

OMA's Attribution Model & Physician Assignment FAQs

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Attribution Model & Physician Assignment

In September 2019, the Ministry of Health and Long-term Care (MOH) attributed only those physicians linked to the 31 OHT full applications to an OHT network. OMA sent letters to those physicians to explain the linkages, to reaffirm that participation is voluntary and explain how to get connected if they choose.

1. Who determined OHT assignments?

The Ministry of Health is using a methodology developed by the Institute for Clinical Evaluative Sciences (IC/ES), which identifies networks in Ontario that reflect the usual linkages among residents, physicians, and hospitals and how Ontarians seek care. The Ministry matched Ontario Health Teams (OHTs) to these networks.

Ontario residents are not connected to an OHT based on where they live, but rather on how they access care, which is important to ensure current patient-provider partnerships are maintained. Therefore, strict geographic boundaries will not dictate the population for which an OHT will be accountable at model maturity. However, the IC/ES researchers have created maps to illustrate the natural linkages between providers, which will help inform discussions regarding potential provider partnerships.

2. What methodology was used to determine OHT assignments?

The methodology developed by IC/ES uses administrative data (2015-2017), patient utilization patterns, referrals and other criteria to identify how patients access care.

IC/ES researchers linked residents in Ontario to their family physician (or other primary care provider such as pediatrician), and every FP (or primary care provider) is linked to the hospital where most of their patients are admitted (with the exception of maternal medical care). Specialists are linked to the hospital where they perform the most inpatient services. For community specialists, linkages are based on where their patients receive hospital care.

The full methodology is published and available here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863751/pdf/OpenMed-07-e40.pdf>

3. I am assigned to an OHT that is far away from my practice. Is this a mistake?

As with every methodology, there are limitations. These initial linkages are based on point in time data (i.e., data from 2015-2017) and therefore may not reflect what is currently happening. For example, physicians may have moved or changed their referral patterns and these changes would not yet be reflected in the model, as the data is from before 2018.

In most cases, when the data is rerun it is expected that these variations will be addressed. For example, a patient that was rostered to a physician in Hamilton in 2016, but moved to North Bay in 2018, will likely be attributed to the North Bay OHT network in the future.

4. Do I have to participate in OHTs?

Participation in OHTs is voluntary. For more information about OHTs please visit our website at www.oma.org/oht.

5. What are the risks of participating in this OHT?

Aside from the time that it takes to learn and connect, we do not see risk in learning about OHTs and expressing a willingness to participate. We believe that the risk will come with final OHT contracts with the Ministry.

Physicians are well positioned to be part of OHT development and implementation. For that reason, the OMA believes that with the proper guidance and leadership support, physicians should be driving this change. However, it is completely understandable if some physicians opt to refrain from participation at this point as they learn more about the changes and what it will mean. Regardless of their level of involvement, the OMA will offer guidance and support to all physicians.

6. Can I change the OHT that I am assigned to?

Participation in OHTs is voluntary. It is anticipated that as newer data becomes available, OHT linkages will change and become more reflective of current practice.

The current attribution model is designed such that a physician is assigned to a single network. The Ministry has informed the OMA that these attributed linkages may have flexibility and that established partnership trumps attribution. Therefore, doctors can opt to get involved in another OHT, but this change would not alter how their patients are currently attributed until OHT referral patterns change.

To help determine the OHT which may be more closely aligned to your practice location and patterns, physicians may also review the OMA's interactive map of OHTs, which includes OHT contact information: <https://public.tableau.com/profile/oma.era#!/vizhome/OHTListv1/Ontario?publish=yes>.

The OMA has detailed information about OHTs on its website: www.oma.org/oht.

For further information about OHTs please see our FAQs:

<https://www.oma.org/wpcontent/uploads/private/OMAOntario-Health-Team-FAQs.pdf>.

7. I am a community-based specialist; I do not practice in any hospital, and receive referrals from all over a very large geographic area in Ontario. Why was I assigned to single OHT?

At maturity, the intent of OHTs is that they will be responsible for the full continuum of care, including (but not limited to) Primary Care, Specialist Care, Inpatient/Outpatient care, etc.

The MOH used a physician attribution methodology developed by the Institute of Clinical and Evaluative Sciences (IC/ES) with the purpose to identify "multispecialty physician networks". Using administrative data, IC/ES identified 78 multispecialty physician networks, comprising 12,410 primary care physicians, 14,687 specialists, and 175 acute care hospitals serving a total of 12,917,178 people in Ontario (at the

time). The full details of the attribution model can be found here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863751/pdf/OpenMed-07-e40.pdf>

Using this data, the MOH has assigned Full Application OHTs to these “multispecialty physician networks” thus affiliating both GPs and Specialists.

Participation in OHTs is completely voluntary.

8. I work in different locations in Ontario; can I be eligible to be part of several different OHTs?

The current attribution model is designed so that a physician is assigned to a single network. The Ministry has expressed that these attributed linkages may have flexibility and that established partnership trumps attribution. In other words, physicians are able to choose who they wish to partner with based on preferences. Further, some doctors may choose to align with different OHTs over time by changing their referral patterns.

Generally, it is expected that physicians and other health care providers and organizations should only be members of one OHT unless a special circumstance applies (e.g., provincial organizations with local delivery arms, provincial and regional centres, specialist physicians who practice in multiple regions, etc.).

Physicians interested in formally partnering with multiple OHTs should consider expectations of their membership, including governance and accountability agreements and should speak to the OMA before formally entering into any such agreements.

The OMA will continue to negotiate physician funding through the PSA. Participation in OHTs remains voluntary.

We are here to answer your questions at OMA_OHT@oma.org.

9. I have been assigned to an OHT where I refer only a small number of patients; most of my referrals are within another OHT. Can I change the OHT to which I have been assigned?

The attribution is for planning purposes *only*, and physicians may choose to align with an entirely different network based on their preferences.

If you have questions about the attribution model, the MOH have relationship managers for each OHT. You can contact the MOH at ontariohealthteams@ontario.ca, and speak to the relationship manager to which you have been assigned about your questions.

10. I am involved in an OHT application that is one of the 31 that are in full application, but I did not get a letter in mid-September from the OMA assigning me to that OHT or any other OHT. Can you explain this?

The OMA used information provided by the MOH to determine which physicians received the letter in mid-September. OMA’s letter was sent to those physicians including specialists that were assigned to the initial 31 OHTs in full application. However, OMA recently learned that the initial list provided by the

MOH did not include PEM physicians. The OMA sent a letter in early October only to PEM physicians assigned to the 31 full application OHTs.

For physicians whose usual linkage is within one of the 31 OHTs in full application and who did not receive a letter, OMA recommends those physicians contact the MOH. The MOH has a dedicated team who will assist physicians and address these types of inquiries. Contact the MOH at ontariohealthteams@ontario.ca.

Physicians can also contact OMA at OMA_OHT@oma.org with their questions.

11. Why have I not received a letter from OMA assigning me to an OHT network?

There are several reasons why physicians may have not received a letter from the OMA. These include:

- Only physicians assigned to the 31 OHTs in full application received a letter;
- Point in time data was used to determine linkages (i.e., 2015-2017) and may not reflect your current referral patterns;
- Physicians moving in and out of an OHT network area when the data was collected;
- Physicians who opt out of OMA communication would not have received that letter; and
- Physicians assigned to OHT applications that are in development did not receive the letter.

12. Will the OMA share the list provided by the MOH that assigned physicians to OHT applications?

No, for privacy reasons the OMA will not share the list of physicians.

13. I am in a PEM and based on the OMA letter have been assigned to a different OHT network than my colleague in the same PEM, can you please explain?

Based on your patients' most frequent interactions, you have been aligned with one of the initial 31 Ontario Health Teams networks. We have learned that physicians within the same PEM may be attributed to different OHT networks.

Please be assured this attribution is for planning purposes *only*, and physicians may choose to align with an entirely different network based on their preferences. Some PEMs may have already communicated their affiliation with a different network than is reflected through the attribution analysis. For example, some "split" PEMs have aligned with a single team through the OHT application process and can decide which OHT they would like to partner with. The Ministry has communicated that these decisions will be respected.

Physician participation in OHTs is, and will continue to be, voluntary. Further, OHTs will have no effect on your practice or compensation.

We are here to help clarify and answer questions that you may have. Please send your questions to OMA_OHT@oma.org . We are here to support you.