



# Muskoka and Area Ontario Health Team Strategic Plan

April 1, 2023 – March 31, 2026

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## Introduction

Ontario Health Teams (OHTs) have been created to transform regional health care services to a more cohesive, integrated local system with a goal to deliver a comprehensive continuum of care. Ontario Health is seeking to change the current system to break down siloes between health care providers and forge a new model of care that brings together health care providers to work as one team to provide better connected care, ultimately improving patient/client outcomes. OHTs are important parts of building an integrated health care system in Ontario. Essentially, OHTs are groups of providers and organizations that, at maturity, are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population. When health organizations and teams of health professionals work together to serve the same group of people and are supported by common resources, performance expectations and planning tools at the provincial level, patients/clients will receive coordinated and integrated health care. This new vision for health care in Ontario is well-aligned with the 'Quadruple Aim,' an internationally recognized framework that designs and delivers an effective health care system. The four objectives of the Quadruple Aim are:

1. Improving the patient and caregiver experience;
2. Improving the health of populations;
3. Reducing the per capita cost of health care; and,
4. Improving the work life of providers.

Key to sustainable care is ensuring patients/clients have a 'health care home', a concept championed by the College of Family Physicians of Canada, where the needs of patients/clients and their communities are at the centre of care, and family practices offer comprehensive, coordinated, and continuing care to their populations through primary care providers working with other members of a health care team.

Enhancing virtual care as a pathway for patients/clients to access comprehensive and continuous primary care equitably is also a fundamental strategy to complement the in-person delivery of health care services. The COVID-19 pandemic has rapidly shifted the requirements of access to primary care to ensure that patients'/clients' primary health care needs continue to be met.

Taking a digital first approach, in alignment with provincial digital health policies and privacy standards, will enable an integrated health care system where efficient processes such as centralized intake and shared electronic medical records improve the allocation of services and connect patients/clients with the right level of care at the most appropriate time. With patient/client consent, integrated digital solutions would make a patient's/client's medical history easily and electronically available to a full team of professionals working together to support the best outcomes for the patient/client.

In an integrated health care system, resources follow the patient/client. There is emphasis on prevention and well-being, ultimately improving population health and diverting patients from hospital-level care. A better connected system, during a time of significant health system recovery from the COVID-19 pandemic, will improve access and availability of services throughout the health care system, will have a positive impact on wait times, and will help solve the problem of hallway health care.

## About Our Team

The Muskoka and Area Ontario Health Team (MAOHT) was established in December 2019 following provincial government approval to form an OHT for the area. The MAOHT is a voluntary, formal collaborative of local health and social service providers striving to transform the delivery of local care and better organize and connect patients/clients and providers with health and social services in their communities to improve outcomes, population health, and the clinical staff experience while sustaining the health care system.

Anchored in primary care and developed uniquely to meet the needs of Muskoka and the surrounding area by working together, the partnering agencies are also supported by strong linkages with several patient/family/caregiver partners who bring lived experience to co-designing a vibrant, responsive and accessible local health system. The MAOHT has embraced our collective responsibility of deeply involving people (patients/clients, families, caregivers and providers) in co-designing the local system to meet the needs of the area served. This approach to our leadership by engaging champions and ambassadors in co-designing is a strength of the MAOHT that positions us for success.

Since its formation, the MAOHT has laid exceptional groundwork to develop partnerships in key areas such as primary care, acute care, home and community care, long-term care, and mental health and addictions services. Through strong partnerships, the MAOHT is building a quality-focused, better integrated health care system that is inclusive and accessible and seeks to improve the well-being of all by ensuring a comprehensive continuum of care.

Currently, the MAOHT is a formal alliance of 13 local health and social service partners reflecting primary care, home care, acute care, community health services, long-term care, palliative care, and mental health and additions. The signatory partners to the Muskoka and Area OHT include:

- Alzheimer's Society of Muskoka
- Algonquin Family Health Team
- CMHA Muskoka-Parry Sound
- CarePartners Muskoka
- Closing the Gap Health Care
- Cottage Country Family Health Team
- District of Muskoka
- Hands TheFamilyHelpNetwork.ca
- Hospice Muskoka
- Muskoka Algonquin Healthcare
- Muskoka Parry Sound Sexual Assault Services
- North Muskoka Nurse Practitioner-Led Clinic
- Sundridge & District Medical Centre

Additionally, approximately 20 other agencies comprised of various health professionals and local primary care providers including nurse practitioners, family physicians and specialists that are not represented by a signatory partner above are collaborating with the MAOHT to support better connecting local services to provide seamless care for patients/clients, families and caregivers. The MAOHT is keen to welcome new partners and expand our network of collaborators to support a broader connecting of the area's services. See our website for more information about how to get involved and participate in co-designing our local system.

## Governance and Structure

The MAOHT has developed a robust governance model that affords equal representation to the signatory partners. The Alliance Council is the collaborative decision-making and oversight body of the MAOHT with membership comprised of a representative of each of the partner organizations' governing bodies. Cascading below, a Collaboration Steering Committee's role is to create a forum for the partners

to plan, design and implement programs and services. The Patient, Family, Caregiver Partners Advisory Committee provides a mechanism for broad-based advice and input from users of the local health system. The Clinical Partners Advisory Committee provides a forum for broad clinical engagement and advice into the development and operation of the MAOHT. Both are advisory to the Collaboration Steering Committee and the Alliance Council. Through its current governance model shown below in Figure 1.0, the MAOHT remains committed to meaningfully engaging patients/clients, families, caregivers, and clinicians to co-design and better integrate services under a collaborative partnership model that will improve care navigation pathways and seamless transitions between care providers.

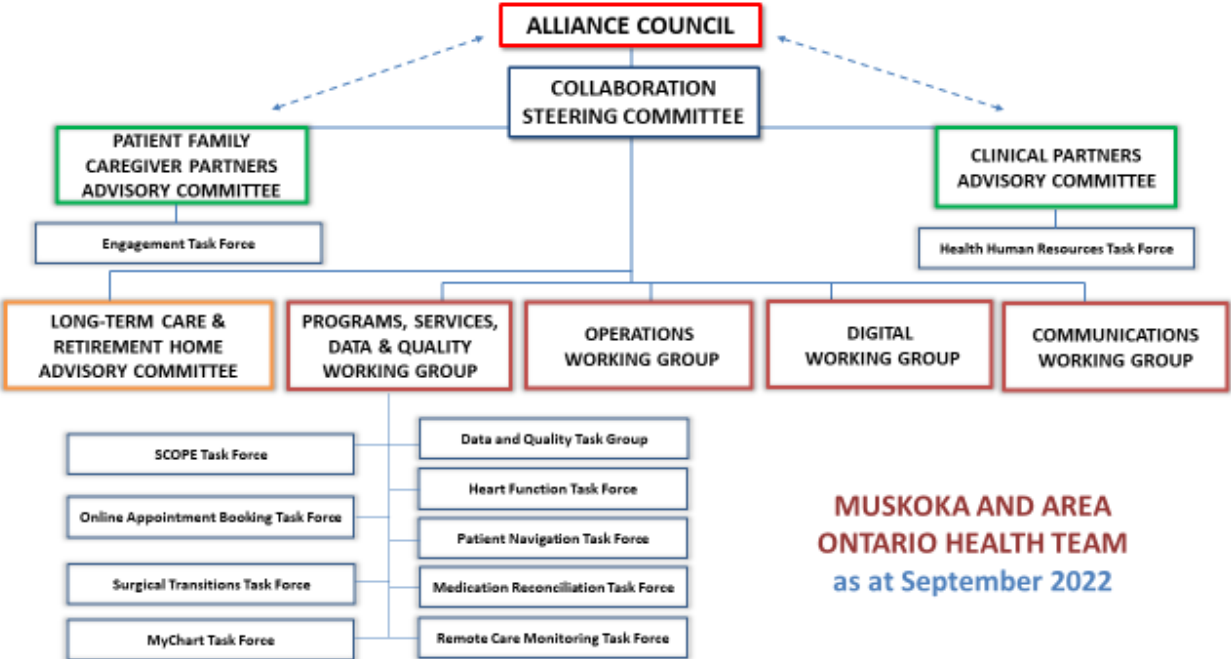


Figure 1.0 – MAOHT Governance Structure as at September 2022

### Developing Our Plan

The MAOHT Strategic Plan was developed over an eight-month period in 2022 (January to August), led by a dedicated working group of the Alliance Council. Key to the strategic plan development was conducting an environmental scan with focused research and data analysis to better understand our community, its residents and how they use services to provide situational context. Formal stakeholder engagement was critical to ensure the assumptions and findings are reflective of the stakeholders’ perceptions and priorities. This included focused interviews with 28 individuals from the MAOHT Alliance Council and stakeholder organizations participating in the MAOHT, as well as the Patient, Family, Caregiver Partners Advisory Committee and Clinical Partners Advisory Committee. Additionally, a broad-based stakeholder workshop with local partners helped to identify goals and define the MAOHT’s strategic priorities. Components of the strategic plan were reviewed and vetted in line with the MAOHT’s formal committee structure, and ultimately the Alliance Council approved the final document.

The MAOHT continues to study population and community trends to inform the development and implementation of various programs and initiatives to reach our identified priorities in line with this comprehensive strategic plan to serve our large catchment area and population.

## Our MAOHT Environment

Healthcare challenges in rural Ontario are different and unique from the rest of the province. Rural communities like Muskoka and Area face ongoing challenges for health quality and health outcomes driven in part by local determinants of health. Geography and travel times can impede access to care where transportation options are lacking, particularly in rural areas. Through our environmental scan, we looked at the overall catchment area in line with population health, trends in population and health care utilization patterns, the Muskoka and Area demographic landscape and inherent seasonal variations, and the region's unique economic and rural situation and human resource-based challenges. Data sources included Health Commons Solution Lab, Ministry of Health, and Statistics Canada Census, as well as local indicators of community demographics from the District of Muskoka and Muskoka Community Foundation, and housing market reports. We identified the following Muskoka and Area community demographics that inform the MAOHT's population health management efforts and its strategic goals and objectives.



Figure 2.0 – Muskoka and Area catchment map with Census population figures by municipality

Source: Statistics Canada, 2021 Census

\*Wahta population estimate retrieved from wahtamohawks.com

## Population and Geography

- The MAOHT services a broad and dispersed geography – over 5,000 square kilometres (see Figure 2.0). Our population is spread over multiple municipalities in Muskoka and surrounding area of East Parry Sound, spanning an area of 145km at its widest (as far east as Algonquin Highlands and west to pockets of Georgian Bay) and 120km from north of Burk’s Falls to south of Kilworthy.
- Our area’s population is over 81,500 permanent residents and increased by 9.8% since between the 2016 and 2021 census. The area sees a significant surge with a seasonal population that is making their secondary residence in Muskoka beyond the summer season, estimated at 81,910 within the District of Muskoka alone.
- Well over three million visitors frequent the area over the course of a year, potentially requiring health care during their stay.
- A total of 65,238 individuals are attributed to MAOHT. Over 90% of those individuals reside within the sub-region (boundary shown in black in above Figure 2.0).
- Our seniors make up 27.1% of the attributed population, compared to 18.3% of the provincial population.
- Residents have less representation than the provincial norm of visible minorities, recent immigrants, and francophone in their population, but a higher proportion of people who identify as indigenous.
- We suffer the same relative burden as the province regarding food insecurity, social isolation, and difficulty with activities of daily living, but experience higher rates of chronic diseases such as diabetes, high blood pressure and chronic obstructive pulmonary disease (COPD) compared to our peers.
- Our mortality rate is approximately 1.6 times the provincial norm.

## Health Care Utilization

- Approximately 77% of healthcare users from this area are part of the MAOHT’s attributed population.
- Roughly one-quarter of all patients seen by area physicians are not attributed to the MAOHT, ranging between 20.2% and 28.9% depending on the time of year.
- Our population uses Emergency Departments more than the provincial norm. In Muskoka and Area, 31% of residents had at least one ED visit, compared to 23% for Ontario.
- Approximately 13% presenting to the Emergency Departments were visitors to Muskoka and Area.
- Mental health care occurs more frequently in our hospitals than elsewhere in the province, and a larger proportion of first contacts for such care occur in our Emergency Departments.
- Emergency Department presentations were mostly for anxiety, depressive episodes and acute alcohol intoxication. We consume alcohol more frequently than the provincial average.
- We access seniors’ acute care more frequently in general and have higher rates of hospitalization and Emergency Department usage for conditions that could be treated in an available community setting.
- Most hospitalization for Muskoka Algonquin Healthcare were for local residents (90%) from the communities of Huntsville, Bracebridge, Gravenhurst, Burk’s Falls and Muskoka Lakes for conditions such as diseases of the Circulatory System (15%), Digestive System (14%), or Respiratory System (11%).
- Over 73% of local mental health and addictions-related hospitalizations are due to dementia.

- Inpatient hospitalizations resulted in higher ALC (Alternate Level of Care) rates than the province with the most discharge difficulty associated with a diagnosis of dementia, residence in our northern-most communities, or previous use of homecare services.
- Nearly 90% of hospital discharges result in a need for home care services.
- Muskoka and Area patients/clients typically wait longer for home care services than the Ontario average.
- Home care services' lower-than-average volumes reflect the lack of local Personal Support Workers, though client numbers and nursing services are above average.
- Home care services volumes are unevenly distributed across our communities, with Almaguin Highlands residents receiving higher levels of home care case management, nursing, personal support and therapy services per capita than in other Muskoka and Area community.
- Waitlists for long-term care beds in our area have exceeded 1,500 people. This is over triple the current bed supply of 492 beds in Muskoka and Area. This means for every long-term care bed, there are three people waiting up to five years.

### Health Human Resources

- Several primary care teams including nurse practitioner-based practices, independent family practice physicians, Family Health Groups/Family Health Organizations, Rural Northern Practice Groups and Family Health Teams form the core of the primary care based MAOHT.
- There are 124 physicians currently practicing in the MAOHT, including 47 specialists, though some also practice elsewhere. We have fewer primary care physicians per capita than the province (90 vs 115 per 100k).
- There are 77 family physicians registered to practice in the MAOHT – 44% in Huntsville, 36% in Bracebridge, 9% in Gravenhurst, and 11% in the Almaguin Highlands.
- Nurse Practitioner counts are not available at the MAOHT level, but 197 are known to reside in the broader North Simcoe Muskoka area.
- Local primary care partners have enrolled 78% of the attributed population. Our attributed population of 64,445 persons is linked primarily to family physicians and nurse practitioner practices located from Sundridge to Gravenhurst.
- The waitlist for a primary care provider in Muskoka is currently estimated to be in excess of 3,300 individuals, plus further individuals on the waitlist for the North Muskoka Nurse Practitioner-Led Clinic and independent family practice physicians offering walk-in clinics.
- It is estimated that Muskoka and Area needs four primary care providers immediately, and will require 15 to 17 new primary care providers in three years to meet projected need.
- With provider retirement and expected population growth, it is estimated there could be between 15,000 and 18,000 people needing a primary care provider within three years.
- Local primary care providers see an average of 94,312 people annually, 65.6% of whom are local. Muskoka and Area residents have on average 96,981 visits with primary care providers a year, 63.8% of whom are local.
- We have far fewer specialists per capita – 22 specialist physicians per 100k population in comparison to the province at 114 per 100k population. Residents receive 71% of their specialist visits in tertiary centres elsewhere.
- Twenty percent of current nursing positions are unfilled.
- Forty percent of current Personal Support Worker positions are unfilled.



## Socioeconomic Status, Employment and Housing

- Employment income for our population is among the lowest in the province.
- We suffer twice the provincial rate of poverty with a median income 21% lower than the Ontario average.
- Approximately 43% of local jobs are seasonal or part-time in nature. Cost of living and affordable housing affects a family's ability to relocate to the region.
- About 18% of the adult population has not completed high school.
- Over 40% of our area's residential dwellings are not occupied by permanent residents.
- More than 80% of purchases in 2021 were for second properties, purchases from non-Ontario residents, or private land transfers within families.
- There are more families waiting for local subsidized housing than the number of occupied units.
- Recreational property prices have increased by 27.5% in 2021, bringing the average price above \$1 million.

A further component of our environmental scan and situation assessment are key elements and trends that reflect the overall health care system, health policy environment and political environment.

## Key Observations: Health Care System

- The current landscape is rapidly evolving, driven by both the government agenda and the impacts of the COVID-19 pandemic.
- Future funding to health care organizations will come through Ontario Health rather than from the Ministry of Health.
- At maturity, funding for health organizations will be made directly to the OHT and increased expectations on OHT governance is anticipated to enable this.
- Home and Community Care modernization is underway with growing expectations to transfer responsibilities to OHTs.
- The government has a significant focus on pandemic recovery and digital opportunities.
- Mental health is a much more prominent government focus.
- Increasing focus is expected on long-term care, due to the significant vulnerabilities of this sector that have been highlighted because of the pandemic.

## Key Observations: Policy Environment

### **Regional Environment:**

- Ongoing challenges with health human resource (HHR) recruitment and retention
- Significant changes in population numbers due to permanent population migration to seasonal residence
- Rising costs of housing exacerbating human resource challenges
- Growing pressures from an aging population and limited access to alternate levels of care due to wait lists and shortages

### **Broader Policy Environment:**

- Significant pressures across the health care system due to evolving challenges responding to and recovering from the pandemic
- Increasing focus and priority on digital health
- Development of Ontario Health and its emerging and evolving role
- Increasing focus on integration and the role of Ontario Health Teams in home and community care

## Key Observations: Political Environment

Following the June 2022 provincial election, the re-elected Ontario Progressive Conservative government has signaled a continued commitment to OHTs and investment in the health transformation agenda. Other areas of focus of the provincial government that stand to benefit Muskoka and Area include:

Meaningful progress in OHT development provincially will continue, and the MAOHT looks forward to building on several milestones already achieved, continuing to be nimble in moving quickly together, and demonstrating results.

- Offer incentive payments to nurses who stay in the job over the next two years to ensure the province retains nursing capacity
- Spending to expand medical education in the province, opening up more spots for nursing and medical students
- Cover tuition and other costs for nursing graduates who commit to working in rural and underserved areas
- Increasing capacity by building new hospitals and renewing existing, adding 3,000 hospital beds to Ontario's hospital system
- Building new beds in long-term care across Ontario by 2028
- Invest \$1 billion provincially over next three years to expand home care
- Increased spending over the next three years to expand community care programs

## What We Heard

Key informant interviews with 28 MAOHT Alliance Council stakeholders and representatives of the MAOHT's Patient Family Caregiver Partners Advisory Committee and Clinical Partners Advisory Committee revealed that the vision for OHTs is more relevant and needed than ever, especially due to various challenges created by the COVID-19 pandemic. There was agreement that building a local health system to meet the Quadruple Aim and co-designing the system with providers and patient and client/family/caregivers will be key.

With respect to priorities, the majority of respondents felt the key areas of focus should include:

- meeting the Ministry's expectations for a population-health managed approach to integrated and coordinated service delivery supported by system navigation and better care transitions,
- continued development of digital health tools and data/information management as enablers,
- exploration of opportunities to improve access to mental health care,
- physician and other clinician leadership as well as shared decision-making supported by a maturing governance model to include additional key partners such as long-term care,
- a collaborative commitment to health human resource recruitment,
- performance measurement and quality improvement, and
- engagement and co-design with patients and clients/family/caregivers.

Informant interviews reinforced that people, tools, data, measurement, transparent communications and stable and predictable funding are enablers of achieving the MAOHT's strategic goals and priorities, while identifying opportunities, risks and challenges.

## Mission, Vision and Values

Direct engagement confirmed broad-based informant support of the MAOHT's vision, values and operating principles first developed in 2019. Refinements required to streamline and update elements to the MAOHT's current status post-development have been completed as part of the strategic plan development.

### Mission

Working as partners to collaborate and actively engage people (patients/clients, families and caregivers) to co-design and build an equitable, accessible and sustainable local health care system anchored in primary care to meet the needs of Muskoka and Area.

### Vision

Transforming health services together with people at the centre

### Values

**Effective and Equitable Care:** We are dedicated to a continuum of care centred around people that is accessible and inclusive in a proactive, efficient, integrated and coordinated local health system.

**Health Improvement and Well-Being:** We are empowered to improve our community's health and well-being, recognizing that keeping our population healthy is more than the absence of illness.

**Participation and Engagement:** We are committed to collaborative equal partnerships, engaging patients/clients, families, caregivers and providers at all stages of co-designing and delivering health services.

**Partnerships and Collaboration:** We welcome new partners and actively seek creative ideas, appreciating that we are stronger by growing together.

**Accountability and Transparency:** We embrace innovation and technology as enablers, being accountable and transparent by sharing our learning with others and our progress with our community.

### Operating Principles

The MAOHT will be person centred in co-design and delivery.

1. Involve patients/clients, family and caregivers as equal partners in the design of inclusive local health care.
2. Empower providers to function as one team to coordinate services around patients/clients.

The MAOHT will support seamless transitions.

1. Enable equitable access to information among providers, and across sectors and geographies to support patient/client care.
2. Anchor the local system in primary care to maximize continuity of care.

The MAOHT will be accessible.

1. Facilitate 24/7 care coordination for those most in need.
2. Offer a full continuum of care with formal linkages to regional and provincial resources.

The MAOHT will mobilize technology and innovation.

1. Leverage digital health assets and virtual care delivery.
2. Use evidence to drive decisions, including population health and quality system performance data.

The MAOHT will be transparent and accountable.

1. Utilize a collaborative governance structure with collective accountability for health care outcomes and fiscal sustainability.
2. Influence positive change through stakeholder engagement, partnerships and communication.

## Strengths Weaknesses Opportunities Threats (SWOT) Analysis

Driven from analyses and informant interviews, MAOHT stakeholders identified several key strengths, weaknesses, opportunities, and threats, summarized below.

### Strengths

Strengths describe what an organization excels at and helps it stand apart from others.

- The MAOHT is built on strong working relationships:
  - partner organizations have longstanding history of working together across the region
  - local leaders have demonstrated progressive thinking to work collaboratively to improve local care long before OHTs existed
- High-quality health human resources across the continuum of care are focused on person-centred care and service
- 'Muskoka and Area' as a region has several advantages when it comes to considering and implementing change. The region served by the OHT is optimally sized to have appropriate scale to tackle change and demonstrate results and improvement, and nimble enough to be able to react in a timely way as early adopters.

### Weaknesses (Challenges)

Weaknesses challenge an organization from performing at its optimum level to achieve its goals.

- Geography across the catchment is large and the population is spread out
- Lack of facilities and infrastructure to meet the MAOHT's expanding needs
- Information technology capacity is limited and in many cases systems are different and distinct
- Sustainability relies on greater collaboration to find efficiencies and mitigate funding challenges
- Recruitment and retention of skilled providers and human resources is a constant challenge. While this is a common reality across the province, Muskoka and Area has additional challenges with respect to cost of living and affordable housing.
- The MAOHT's attributed population does not account for seasonal population and visitors, which could potentially impact planning, health human resources, and funding

### Opportunities

Opportunities refer to favourable factors that lend an advantage to the organization.

- Recruitment and retention – developing strong coordinated action plans to attract the best people and providers
- Digital readiness – building on a proven track record of a willingness to innovate and be early adopters of technology
- Expanded membership and participation in the OHT through proactive planning approaches
- Provincial funding programs target key priority areas that align with the MAOHT's vision and transformation focus

### Threats

Threats are factors that have the potential to harm an organization.

- Capacity – health care in a pandemic has required immense focus and resources
- Health Human Resources – the ability to attract and retain qualified people in a competitive climate provincially, also complicated by affordable housing issues locally
- Demographics – rapidly aging population
- Political landscape – an influence that not only impacts funding certainty but also overall system direction

## Key Strategic Enablers

Enablers support the execution of strategic plans. They are foundational elements that are critical to successfully achieving the MAOHT's strategic goals and priorities.

### **Data and Decision-Making**

The MAOHT recognizes the fundamental role that data and analysis plays in supporting a shared understanding of the local health system, maximizing system value, and providing effective evidence to evaluate and support decision-making to adjust services and inform improvements to the overall local health system. Barriers to accessing comprehensive and complete data and the tools and resources needed for analysis create challenges for collecting, sharing, integrating and using data. The MAOHT will advocate for the required skilled people and common decision support capability to position the MAOHT to collect purposeful and meaningful data that empowers evidence informed decision-making.

### **Health Human Resources (HHR)**

Recruitment and retention of the best people is a foundational contributor to the success of the local health system. Key to a strong HHR plan is recognizing that all partners will work together to develop a health human resource strategy across the MAOHT that understands the multifaceted issues that create challenges to attracting and retaining care providers. Through collaborative plans to attract and retain the best healthcare providers to the region, the MAOHT will support a robust and sustainable workforce.

### **Digital Integration**

Information technology is critical to enabling a connected local system. The MAOHT will continue to build a digitally enabled system that will deliver a more modern and integrated experience for patients/clients, families, and caregivers. By embracing the Ministry of Health's Digital First Health Strategy, the MAOHT will adopt new digital practices, connect systems in different sectors to share information seamlessly, embrace virtual care options, and empower patients/clients to have greater control of their personal health information.

### **Sustainability**

Providing the best possible return on the public investment will also maximize the value of the local system. The MAOHT will design a structure and governance that empowers the OHT development to be accountable and reduces duplication of efforts through effective coordination, ultimately making the best use of funds allocated to the MAOHT while also considering environmental impacts. Financial sustainability is predicated on the availability of funding yet is heavily influenced by robust collaboration by the partners.

## Key Strategic Goals and Priorities

To fulfill our Mission and achieve our Vision, we will focus on these strategic goals that are prioritized and underpinned by objectives. The objectives outlined below for each of the MAOHT's strategic goals and priorities are supported by purposeful work plans that are developed for each of the three years of the strategic plan with measurable and specific deliverables and key indicators. Accountability for monitoring progress and measuring achievement and evaluating effectiveness will be critical to ensure we remain on track to accomplish our goals as we move forward.

### **Goal 1: Create a 'health care home' for every person within Muskoka and Area**

We will achieve this by:

- Improving access to comprehensive primary care through an increased focus on expanded services, supported by digital tools and coordinated recruitment and retention
- Developing systems and processes to support care navigation to ensure that everyone (patients/clients, families, caregivers and providers) knows how to find health services in the community and is connected to the care they need
- Integrating services under one team to facilitate seamless transitions between care providers and care/service settings

### **Goal 2: Ensure a full continuum of care through expanding and deepening collaboration between existing OHT partners and other health and social care providers who work in our communities**

We will achieve this by:

- Using a population health management approach to assess community needs and facilitate service and system planning
- Increasing outreach and opportunities for all health and social service providers to participate in and shape the work of MAOHT
- Ensuring MAOHT partners and collaborators represent the full continuum of care and services within our communities
- Cultivating effective, nimble, and responsive governance structures and processes to support OHT leadership in achieving and demonstrating excellence

### **Goal 3: Build community trust and broad support through a commitment to proactive transparent communication, engagement, and partnerships**

We will achieve this by:

- Fostering understanding of the OHT and build appreciation of how better coordination will improve health services by implementing the objectives of the communications and engagement strategies
- Helping people understand health system challenges and changes through proactive information sharing and community participation
- Enhancing system co-design by OHT partner organizations together with providers, and by engaging patients/clients, families, and caregivers

## Going Forward

The MAOHT will continue moving forward to full maturity with fiscal accountability for services within Muskoka and Area. We will continue to evolve our governance structure based on further guidance from the Ministry and seek to implement a community-wide health human resources recruitment and retention strategy. In line with annual prioritized work plans to meet our strategic goals and objectives, we will increase our collaborative patient/client-facing initiatives driven by population health information and develop new locally driven innovations and care improvements. We hope to increase our partnerships with other health and social service care providers and broaden the general awareness of our OHT through broad and robust information sharing supported by a communication and engagement strategy. We look forward to reviewing our progress annually and remain nimble to evolve and adjust our activities to implement our strategic plan. Follow our progress on our objectives on our website and learn more about how to get involved.