BURLINGTON
ONTARIO HEALTH TEAM

ANNUAL IMPACT REPORT

2024 - 25

www.burlingtonoht.ca

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Letter from the Executive Director

It is our great pleasure to present the 2024-25 Burlington Ontario Health Team (BOHT) Annual Impact Report. This report marks the culmination of a year of tremendous advancement by the BOHT, but more importantly – our partners. Our success directly reflects the commitment of our local partners through resources, time, and leadership. For this, we thank you.

The past year has also marked a significant shift in the ways Ontario Health Teams (OHTs) do business. Where OHTs in their earliest form focused primarily on local initiatives and priorities, this year marked an evolution to more shared provincial priorities. In practical terms, this has meant BOHT works more closely with Ontario Health and other OHTs to support and enable not only local priorities but also provincial priorities to implement broader health system change.

In 2024-25, the BOHT committed to achieving the following two main deliverables:
1. To become a Leader in Integrated Care Delivery; and
2. To develop the Foundation for an Operationally Effective Organization.

This report offers a snapshot of our achievements in these two key areas. From an integrated care perspective, this has included advancements in a range of initiatives such as: Building Integrated Care Pathways, Expanding Interprofessional Primary Care Teams, and Enabling Primary Care Providers in their day to day practice through implementation of new digital health tools.

We also prioritized important local priorities to improve the health and well-being of our community, including spreading the Community Wellness Hub for older adults to new locations, and collaboratively planning for a new Integrated Health Care Centre to meet the needs of our growing and aging communities across Halton.

Structurally, the BOHT has also made great strides towards operational effectiveness. In addition to a number of advancements in the governance space, the BOHT has worked with local primary care leaders in the successful development of a connected Primary Care Network and Leadership Council. This year, we also successfully refreshed our Patient, Family, and Caregiver Advisory – the Community Wellness Council (CWC) - to enable diverse voices and perspectives throughout our governance structures.

The year has brought forward much growth and continued excitement for what is next. Through our impact data, we are now proving what we can accomplish together with our health and social care providers working as one team for our community. Thank you to all who have committed to this journey of co-designing a more connected and integrated system of care. We look forward to 2025-26 and making real strides to meet our BOHT Vision: **A Primary Care-focused system of care connecting health and social care around patients, families and caregivers.**

"Our success directly reflects the commitment of our local partners through resources, time, and leadership. For this, we thank you."

Kathy Peters, Executive Director

BOHT By the Numbers

Who Do We Serve?

- **Attributed Population:** 225,589
- **Weighted Average Age:** 42.39
- **Racialized Population:** 13.85%
- **Low-Income Population:** 3.06%

Source: OHT Dashboard, May 2025

Population Health Indicators

- **CHF Admissions per 100:** 13.8
- **COPD Admissions per 100:** 6.8
- **% ALC Days:** 9.4%
- **Preventative Care Screening Rates:**
  - **Colorectal** - 68.0%
  - **Cervical** - 57.8%
  - **Breast** - 59.7%

Source: BOHT Q3 Performance Report

2024-25 Quick Facts

Integrated Care

Community Remote Care Management

- **15** new spots added and **100** patients served in 2024/25

HealthPathways

- **43** net new pathways launched

Integrated Primary Care Advancement

- **3** net new integrated care teams launched:
  - Support House CHC Mobile Team (338 patients served in 24/25)
  - Prime Care FHT's Gender Affirming Care Clinic (350 patients served in 24/25)
  - BFHT's Memory Care Clinic and Aging Well Clinic

Community Wellness Hub

- **330** clients served in 24/25
- Expansion to **2 new communities** in 24/25 (Now serving **7** total)

Local Innovations

- **539 referrals** and **227 patients** seen through the *Let's Go Home Program*

Operational Effectiveness

Primary Care Clinical Leadership

- **173** Primary Care Network (PCN) members
- **1 Net New Council Created**: *Primary Care Network Leadership Committee*
- **1 dedicated BOHT Primary Care Clinical Lead** Hired
- **2 Net New** Primary Care working groups created

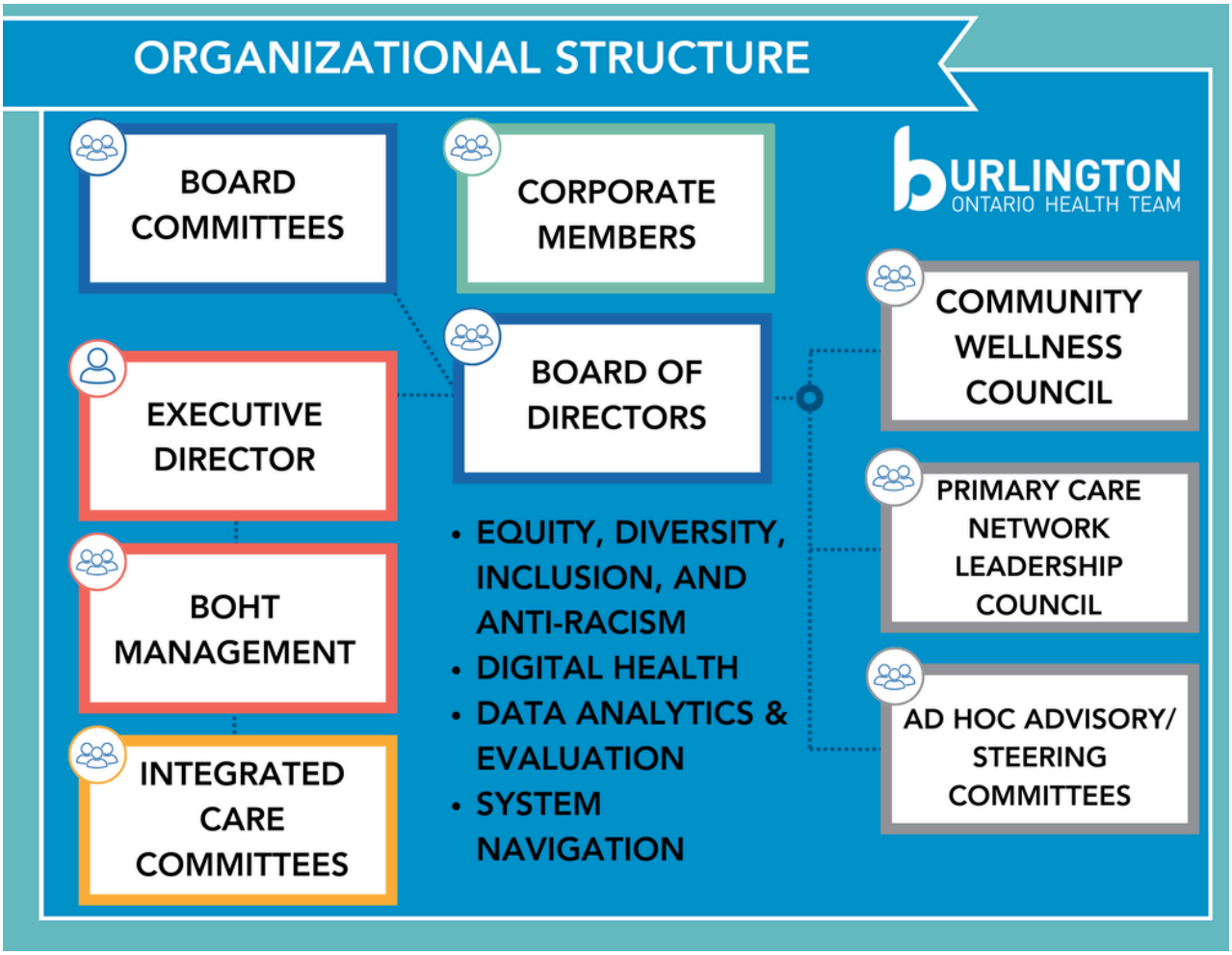
Governance

- **100%** of Standing Committees of the Board established and operational in 2024-25
- **100%** Board meeting targets achieved
- **1** net new Director's Seat added dedicated to Primary Care

Community Wellness Council

- Successful refresh of the BOHT patient, family, and caregiver advisory with the addition of **2** new members

How We Work Together



Our Structure

With the BOHT officially incorporated on January 15, 2024, considerable effort was dedicated over the past year to establish operations under the new BOHT structure.

The BOHT is overseen by a Board of Directors, which includes three standing committees. Our Primary Care Network Leadership Council (PCNLC) and Community Wellness Council (CWC) provide critical advisory support to the Board.

Decisions related to operational and clinical programs are overseen by our Integrated Care Committees. For the 2024/25 period, these committees included:

- Mental Health & Addictions Integrated Care Committee
- Chronic Disease Integrated Pathways Committee
- Palliative and End-of-Life Integrated Care Committee

Integrated Care Achievements

Becoming a Leader in Delivering New Models of Integrated Health Care

Integrated Care Pathways

Community Remote Care Management Program

The Burlington Family Health Team (BFHT), Thrive Group, and Halton Region Paramedic Services, in collaboration with the BOHT, expanded the Community Remote Care Management (CRCM) program to include 15 additional spots.

The CRCM program is an in-home, virtual care option for patients with Chronic Obstructive Pulmonary Disease (COPD) and/or Congestive Heart Failure (CHF).

As they navigate their chronic conditions, patients are monitored by the care team, which includes a Registered Practical Nurse, Community Paramedic, Respiratory Therapist, and Community Connector with support from a Nurse Practitioner. The BOHT supported the addition of a nurse and paramedic to expand the capacity of the care team.

In both a medical and social capacity, the program supported 100 COPD and/or CHF patients living with complex conditions. And in the past year, we implemented new evaluation tools to assess the performance of this program, so we are better able to understand the patient experience and program impact.

Evidence of the program's effectiveness is further demonstrated by the BOHT's admission rate to hospital for patients with COPD/CHF. The BOHT outperforms the province and I12 OHT counterparts in this regard:

- CHF Admissions per 100: 13.8 (Province: 14.2, and I12 OHTs: 15.0)
- COPD Admissions per 100: 6.8 (Province: 7.4, and I12 OHTs: 7.7)

> ***I had nobody to tell me how to manage my condition, and nobody to call when things started slowly getting worse. This program has given me contact with professionals who have taught me so much about the progression and management of my COPD.***
>
> CRCM patient living with COPD

Respiratory therapist Shirley Zeng sees the impact the program has on those living with COPD and/or CHF.

"Remote care monitoring is an excellent program for patients since it gives them one-on-one support and education," she said. "The program teaches them the tools for self-management, which can enhance th-eir quality of life."

Shirley Zeng
BFHT respiratory therapist

HealthPathways

The BOHT partnered with the Greater Hamilton Health Network and the Middlesex London Ontario Health Team, in collaboration with Streamliners, to launch HealthPathways in Canada.

HealthPathways is a digital tool used by clinicians to help make assessments, manage and make specialist request decisions for over 700 conditions. It addresses the challenges primary care providers face in finding the right resources for chronic conditions management.

HealthPathways is used by health care providers in Australia, New Zealand, and the UK. The introduction of this digital tool in Canada enables primary care providers to deliver more efficient and effective care, improving patient outcomes across the healthcare system.

> ***HealthPathways results in less administrative burden and greater time savings for the practitioner as the steps and resources are already laid out in an easy-to-use process.***
>
> Dr. Sunita Goel, HealthPathways clinical editor

The initial phase included the procurement of a vendor, planning for local implementation and localization of the first 43 pathways, such as Chronic Obstructive Pulmonary Disease, Chronic Heart Failure, cardiology, diabetes, and respirology. Pathways will continue to be localized and published to the platform after it goes live in June 2025. The HealthPathways platform is now live and available to primary care providers serving the Burlington community.

Tri-OHT HealthPathways Implementation Team at two-day in-person training at McMaster University, Hamilton

Attachment and Access to Team-Based Primary Care

Gender Affirming Care Clinic

The BOHT supported the launch of Prime Care Family Health Team's Gender Affirming Care Clinic, which offers a range of gender-affirming health care and counseling services.

The clinic served over 350 patients in the past year through various services, such as education on gender identity, health care options, support for social, medical, and legal transitions, and surgical assessments and referrals.

Support House Community Health Clinic Mobile Health Team

In 2024-25, the BOHT supported the implementation of the Support House, Community Health Centre Mobile Health Team (CHCMHT), which provided services to 338 patients.

The CHCMHT provides primary care services and social support to people in various locations throughout Halton Region who are unhoused, unattached, and/or living with mental health and addiction challenges.

Support House Community Health Centre Mobile Health Team

Throughout her career, CHCMHT physician Dr. Preeti Popuri has been drawn to working with marginalized populations with complex health care needs.

"I find it very rewarding and I find that the patients appreciate it very much, you can actually see their lives turning around," she said.

Aging Well and Memory Clinics

To support our aging population, we supported the launch of two Burlington Family Health Team (BFHT) clinics geared toward older adults: the Aging Well Clinic and the Memory Clinic.

BFHT's Aging Well Clinic focuses on the prevention and self-management of health conditions to support older adults to age well in the community. The team of clinicians screen patients to identify risk factors associated with aging and well-being among older adults.

BFHT's Memory Clinic uses the MINT (Multispecialty INterprofessional Team) model to support people experiencing new or ongoing memory concerns.




Community Wellness Hubs

The BOHT initiated the scale and spread of the Community Wellness Hub (CWH) model, with two more locations opening this past year, for a total of seven locations in Halton Region and Hamilton.

CWHs are a publicly funded program for older adults living in or near affordable seniors housing buildings who often experience social determinants of health. The Hub features on-site interdisciplinary providers who work as a team to offer integrated primary healthcare, housing, wellness, mental health, and system navigation.

The first CWH opened its doors in Burlington in 2019 and the model has been acknowledged provincially, nationally, and internationally. In summer 2024 it was featured in the Toronto Star article, which described the model and its impact and in fall of that same year it was featured by the Ontario Hospital Association as a tool for aging well at home.

Outcomes & Impact

- Improved self-perceived wellness
- 31% lower rate of hospitalizations for ambulatory care sensitive conditions
- 14% fewer less/non-urgent emergency department visits

> *I feel like I belong here. It's very inclusive and good for my self-esteem. I'm recovering my dignity; the Hub makes us feel like we belong, and we are not invisible and forgotten.*
>
> *CWH Member*

Additionally, Ontario Health included the CWH and its impact results in its document "Resource guide to social determinants of health framework."

The evaluation of the CWH and its impact has reached a wide audience with over 20 presentations locally, nationally, and internationally, including the 2024 North American Conference on Integrated Care in Calgary. In December, the BOHT hosted a webinar with more than 130 attendees representing organizations looking to learn more about the CWH model.

Also in December, we launched a CWH Standardized Guide, which is now supporting communities from Peterborough to Niagara in their journey to implement a CWH.

Over the past year, we started looking for opportunities to provide some services to CWH members in other languages, in addition to English with the goal of assisting older adults who are made vulnerable by lower-than-optimal social determinants of health and who prefer communicating and receiving services in languages other than English.

The BOHT invested in translating the client experience survey used to assess the impact of the CWH into five additional languages to ensure all clients had the opportunity to describe their experiences.

Local Innovations

Let's Go Home (LEGHO) Program

The BOHT supported system navigation via the Let's Go Home (LEGHO) program through our partners at Thrive Group. LEGHO is a short-term program that provides a bundle of community social support services—such as transportation, homemaking, and meals—to seniors and adults with disabilities transitioning from hospital to home. Since implementation, LEGHO has supported hundreds of patients with their discharge home.

Respiratory Educator and Spirometry Training

A certified respiratory educator was hired and training was provided to community connectors and care coordinators about communicating with their clients the importance of getting spirometry testing if they were at risk of developing COPD.

The session was recorded and distributed to a wider group of providers.

The capacity to perform spirometry testing, pulmonary rehab, patient education, and home visits were increased by 6%.

Aging Well At Home Information Sessions

This information session was co-developed by Burlington OHT member and collaborator organizations, including Joseph Brant Hospital, that support older adults in our community and patient advisors. It is co-presented by Acclaim Health, Ontario Health atHome, and AbleLiving Services and touches on topics such as planning ahead for aging at home and available community resources.

From September 2024 to March 2025, four sessions totalling over 130 attendees were completed at accessible locations across Burlington. A number of additional sessions are scheduled to take place in the coming year.

Integrated Palliative Care Outreach Team

The Burlington Palliative Care Outreach Team (PCOT) expanded to become the Burlington Integrated Palliative Care Outreach Team (IPCOT). IPCOT is led by Carpenter Hospice and Ontario Health atHome and includes providers from home care, palliative physicians, and a system navigator who practice together as an interprofessional team to deliver palliative care in patients' homes and consult with patients' primary care physicians. Part of this expansion included the BOHT-supported development of an IPCOT System Navigator role.

Integrated Health Services Centre (IHSC)

The Integrated Health Services Centre (IHSC) is a first-of-its-kind health campus model that is in development with BOHT partners.

The campus proposal outlines opportunities for holistic, person-centred care on a new private sector development in North Burlington.

In 2024/25, the BOHT established the Steering Committee comprised of multi-sectoral and cross-OHT partners. The Steering Committee - through its spokespeople - worked closely with our local provincial representatives to advance the project.

Cancer Screening

BOHT partnered with Burlington Family Health Team, Regional Cancer Program, and the Burlington Public Library to hold two cancer screening education sessions with 28 attendees. Due to high interest, regular cadence for cancer screening educational events is being planned for the next year.

BOHT partnered with vendors, programs, and events to attend local events and distribute patient resources to Burlington patients on breast, cervical, and colorectal screening programs. BOHT also led the development and enhancement of its Health Navigator app to help make access to cancer screening tools and programs easier for patients and families.

System navigators at our annual in-person session at Joseph Brant Hospital

System Navigation

With a focus on patients with positive cancer screening, Chronic Heart Failure, Chronic Obstructive Pulmonary Disease, and mental health and addiction concerns, we supported BOHT partners to assist patients seeking attachment to primary care through:

- Burlington Family Health Team System Navigator and Nurse Practitioner
- Integrated Palliative Care Outreach Team (IPCOT) System Navigator
- Community Wellness Hub (CWH) system navigation via Thrive Group
- LEGHO (Let's Go Home) Program system navigation via Thrive Group

Over 50 system navigators serving Halton Region and Hamilton gathered during the BOHT annual System Navigation Community of Practice in-person event, which provided education, fostered networking opportunities, and encouraged collaboration.

Digital Supports

AI Scribe

We implemented an AI Scribe pilot for eligible Primary Care Network (PCN) members that included funding to support one-time licensing costs of an AI Scribe as well as education and technical support for one year. This pilot program supported 69 PCN primary care providers with tool selection, adoption, and optimization.

ConnectMyHealth

Over the past year, BOHT assisted with the promotion and adoption of ConnectMyHealth, which is a digital health solution that provides patients with an online, single access channel to view their health records from participating hospitals in Southwestern Ontario.

These activities included in-person registration booths, social media campaigns, digital ad campaigns and promotions at Community of Practice meetings, as well as other community events.

BOHT staff members Laura Broadley and Abhi Regmi at Joseph Brant Hospital for a ConnectMyHealth registration table.

Hypercare

We facilitated the relicensing of 92 Primary Care Network (PCN) members through Hypercare, a secure communication platform, and added eight new PCN members this year.

BOHT polled System Navigators who used Hypercare a majority of them responded with a continued interest in maintaining their licenses, as it helps them daily with care coordination and provider to provider navigation.

Online Appointment Booking

Online appointment booking enable patients to book appointments electronically, by choosing a date and time and receiving an automated appointment confirmation, all in a self-serve environment available at any time.

This year, we enabled 60 members of the Burlington Primary Care Network (PCN) to continue or implement online appointment booking for their patients.

Structural Achievements

Developing the Foundation for an Operationally Effective Organization

The BOHT Primary Care Network

Primary Care Network Leadership Council

Over the past year, BOHT and the Primary Care Network Leadership Council (PCNLC) have worked collaboratively to strengthen primary care governance and strategic direction in our community. This partnership successfully co-led the development of key governance processes, including the approval of a Terms of Reference, a Council Recruitment Policy, and a Skills Matrix to support informed recruitment and strengthen leadership composition.

Together, BOHT and PCNLC formalized the Burlington Primary Care Network's (PCN) Vision, Mission, and Values, laying a strong foundation for future planning and engagement efforts.

In fiscal year 2024–25, BOHT and PCNLC also co-led the identification of local primary care priorities, which were established during the PCN Strategy Planning session. To further enhance leadership capacity, BOHT supported PCNLC in completing 12 hours of leadership training.

In an effort to broaden representation and community reach, BOHT recruited three new physician leaders to join the PCNLC. These additions reflect a wider array of primary care practice experiences across Burlington and help ensure the council's continued responsiveness to the needs of the local provider community.

Further governance enhancements included BOHT's support in the nomination and appointment of a new PCNLC Chair, who now also serves as an ex-officio member of the BOHT Board of Directors. In tandem, BOHT and PCN collaborated to recruit and define the role of a Vice Chair, expanding the leadership structure of the council.

> "I am excited about collaborating with our local health partners to co-create sustainable healthcare solutions in Burlington while supporting primary care physicians to continue providing comprehensive and compassionate care to our patients."

Introducing Dr. Sunita Goel, BOHT Clinical Lead

In 2024/25, the BOHT achieved a critical milestone in recruiting for a new Primary Care Clinical Lead.

This leadership position is central to advancing the region's primary care priorities and supporting coordinated implementation.

Dr. Goel is an invaluable asset to the BOHT and bridge to the Burlington Primary Care community.

Dr. Sunita Goel
Primary Care Clinical Lead

BOHT Governance

On January 15, 2025, the BOHT marked its one-year anniversary since incorporation. The BOHT incorporated governance structure consists of seven cross-sectoral member organizations, and ten director positions. Throughout the incorporation process, the BOHT was diligent in ensuring the decision-making requirements established by the "Ontario Health Teams: The Path Forward" document was embedded, or at a minimum a plan to achieve those requirements were embedded in our governance workplan. At year-end, the BOHT is pleased to confirm Director representation in all categories directed by the province on the BOHT Board.

This year, the BOHT made excellent progress in adding and refining the composition of our Board of Directors to achieve full alignment with the governance requirements detailed in Ontario Health Teams: The Path Forward. Critical progress was made in formalizing governance mechanisms to add primary care representation to the board, as well as amending our by-laws to redefine an existing Director seat for Public Health representation.

BOHT Board of Directors, 2025 (Left to Right): Debra Carey, Michelle Lewis, Carole Beauvais, Lucy Sheehan, Eric Vandewall, Kelly McWilliams, Paul Gregory, Kim Pearson, Deepika Lobo

Our Patient, Family and Caregiver Advisory

Being part of meaningful efforts in the community to create inclusive, supportive spaces especially to underrepresented marginalized or newcomer communities. Being a volunteer advisor allows me to use my voice, experience, and insight along with my passion to give back to the community.

Hanadi, Community Advisor

The Community Wellness Council

This Fall, the BOHT relaunched the Community Wellness Council (CWC), following valuable member feedback.

The CWC serves as an advisory body made up of patients, families, and caregivers, and is instrumental in providing insights that directly inform the work of the board.

As a reflection of its importance, the Chair of the CWC holds an ex officio Director's seat on the Board, ensuring that the voices of our community stakeholders are well-represented in strategic discussions and decision-making.

As CWC Chair and BOHT Board Director, I've witnessed the dedication and collaboration among healthcare leaders, family doctors, and community volunteers to better serve the residents of Burlington. Our progress so far is promising, and I'm excited about the opportunities ahead to enhance care for those who rely on the system.

2024/25 Key achievements of the CWC

- Worked to embed Community Advisors across all BOHT Operational Committees
- Played a critical planning role in the BOHT Board Retreat
- Initiated planning on a new award for local health care providers in memoriam of a special CWC Advisor and leader

Debra Carey
Chair, Community Wellness Council

Letter from the Chair

The BOHT story is one of collaboration. It is the result of seven different ambitious and committed local healthcare and municipal partners coming together with a shared vision: to improve healthcare integration in Burlington. Our purpose and mandate as an organization is to "promote health and wellbeing for the benefit of the general public by delivering care through an integrated healthcare delivery system in Burlington and surrounding communities."

Incorporation was an important first step, laying the foundation for a more connected and collaborative approach to local healthcare. It enables us to work together toward the common goal of improving the health of our local population through co-designed, innovative, proactive models of care that meet the holistic needs of the people we serve.

As this Annual Impact Report demonstrates, the BOHT is capable of achieving great success when working together. However, at the same time the BOHT Board of Directors recognizes the need to do things differently. Healthcare is under considerable strain and the status quo simply isn't enough.

We believe that as an Ontario Health Team, we are uniquely positioned to address these challenges. Why? Because we are closest to the problems at hand. We see firsthand the struggles that patients, caregivers, and providers face on a daily basis, and we understand the urgent need for solutions that are based on the complex care needs of our community.

As we continue our work in 2025/26 and beyond, the BOHT is committed to strengthening our partnerships during this critical juncture in healthcare, as these challenges too big for any one organization to solve alone. But by working together, we believe that we are up for the task of improving care for those in Burlington and our surrounding communities.

"This past year has proven to us what's possible when we come together with a shared purpose. As we look to the future, we are more determined than ever to continue to build a primary care and healthcare system in Burlington that is people-centred and truly integrated."

Eric Vandewall, Chair, BOHT Board of Directors

Contact Us!

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