ÉQUIPE SANTÉ
ALGOMA ONTARIO
HEALTH TEAM

Annual Report

2023-24

A Letter from the Executive Committee

The Algoma Ontario Health Team (AOHT) Tri-Chairs pridefully presents our 2023-2024 Annual Report on behalf of the Leadership Council.

This past year, our community was propelled into establishing new ways of accessing and receiving health and social care. Our healthcare evolved in many ways - all at once. We acknowledge that the community is grappling with many significant challenges, including primary care, mental health, and substance use. These issues are multifaceted and require concerted efforts to address effectively. We changed the way we thought, planned for, and delivered care and services in Algoma and continued to advocate for improvements at all levels. This meant working as partners to launch innovative programs for our priority populations, expanding opportunities for community engagement and co-design, and broadening partnerships with organizations from across the district.

In 2023-24, we implemented a program to identify and screen frail older adults in primary care, increased access to testing for Chronic Obstructive Pulmonary Disease (COPD), and established a system planning table for mental health and addictions initiatives. We onboarded 18 members onto our inaugural Primary Care Patient and Family Advisory Council (PFAC) to bring the voices of patients, families, caregivers, and advocates across Algoma to the forefront of primary care improvements. By March 2024, we expanded membership of the AOHT by eight organizations. This marked the first formal partnership with organizations in the North and along the North Shore.

These achievements are a mere glimpse into the work that has been accomplished over the past year. We encourage you to read through our Annual Report to learn more and to be inspired for another year of advancements to come. While there is significant work to be done, we celebrate the milestones that have brought us closer to our pursuit of integrated care in Algoma. Despite the many challenges faced together, we are pleased to have broadened access to care and services in Algoma, while simultaneously strengthening our foundation as an Ontario Health Team (OHT).

Stephanie Parniak
AOHT Tri-Chair

Ila Watson
AOHT Tri-Chair

Dr. Alan McLean
AOHT Tri-Chair

Our vision

An integrated health system focused on the unique needs of Algoma residents.

Our mission

The AOHT will collaborate in a model of care that is person-centred, efficient, and simplified for both individuals and providers.

A message from the

Primary Care PFAC

The 2023-24 year saw the creation of the first Primary Care PFAC. The AOHT team alerted the community that they were looking for individuals who were passionate about improving primary care in Algoma. The result was many caring individuals who were willing to come to the table and use their voices to speak for the patients, families, and caregivers in Algoma. These caring community members meet once a month to discuss issues, share ideas, and be the voice for citizens. 2023-2024 was a year of learning about our community partners and learning how each partner was a valued member of our local healthcare community. During this year, we were able to embed our co-chairs into the Leadership Council of the AOHT and bring further knowledge of what was happening within the OHT back to the PFAC table. With the success of that, we were also able to include our members in social equity and digital health discussions and planning.

The Project Percolator event in April was an excellent way for us to share what was happening in our groups with our local healthcare partners. As the first year came to a close, we discussed what our goals and aspirations for the 2024-25 year would be. Each group made a list of improvements we would like to accomplish and what we felt were the most important issues that would benefit our community's patients and families. We look forward to working together with the OHT and are excited to get back to the table and make a difference in our community.

Together for a healthier community.

James Rajotte Karen Gillgrass Scott Haddy

Patient, Family, and Caregiver Declaration of Values for Ontario

We strive to uphold the following values when providing care:

- Accountability
- Empathy & Compassion
- Equity & Engagement
- Respect & Dignity
- Transparency

Principles for Advancing Integrated Care

These principles guide how we work with others to improve Algoma's healthcare system:

- Patient-centred & Culturally Safe
- High Quality
- Universally Accessible
- Community-led
- Strengthens Population Health with Primary Health Care

The year at a glance

Strengthening Care in Algoma

Healthy Aging

12
individuals attended two focus groups in Thessalon and Blind RIver to inform a Healthy Aging program along the North Shore

+240
older adults attended six Healthy Aging Education Sessions

Early Frailty Identification

39
older adults screened for frailty in primary care

54
referrals from primary care to community programs and services

Complex Chronic Disease

3
primary care organizations received spirometry equipment to increase COPD diagnosis across Algoma

Community Partnership and Engagement

Primary Care PFAC

18
individuals onboarded to the Primary Care PFAC

Caregiver ID

18
caregivers onboarded to Caregiver ID at North Shore Health Network

Building a Foundation for Collaboration

Digital Health

87
primary care providers using Online Appointment Booking with on average 7,500 patients per month

8
new partners onboarded to the AOHT

Leadership, Governance, and Partnerships

27
primary care providers attended an engagement session to advance primary care in Algoma

+180
individuals registered for five Project Percolator meetings

40
leaders from over 25 organizations came together to inform strategic directions

Performance Measurement and Evaluation

86
individuals without a primary care provider screened for cervical cancer

Healthy Aging

What we said we would do

Strengthen and expand the following three programs across Algoma:

- **Coordinated Access to Geriatric Services**
- **Early Frailty Identification**
- **Post-fall Pathway**

Establish a renewed Healthy Aging Strategy

What we did in 2023-24

PROJECT: Embed early frailty identification in primary care

The Early Frailty Identification project aims to increase the identification of frailty in the community by screening patients in a primary care setting. In early 2023, a frailty screening process was successfully implemented at the Algoma Nurse Practitioner-Led Clinic (ANPLC). Working with the Centre for Effective Practice, a frailty screening tool was embedded into their Electronic Medical Record (EMR) using the OceanMD platform. Using this tool, clinic staff can screen patients for frailty and connect them with the appropriate level of support in the community based on a more in-depth assessment with a Registered Nurse at the clinic.

Through continued discussions with the ANPLC, a plan was developed for sustainability and to explore the feasibility of in-home visits. As a result, funding was obtained to support staffing and equipment for frailty identification expansion efforts at multiple primary care organizations throughout Algoma. Additionally, the AOHT successfully partnered with the Huron Shores Family Health Team to receive funding to implement a frailty screening process at their four primary care locations. Two focus groups were held to gather input from community members on the frailty screening process, which informed Phase 2 (implementation) that began in April 2024.

Highlights:

- All patients 65+ screened for Congestive Heart Failure (CHF) at the ANPLC
- 39 Level 1 screens and 16 Level 2 comprehensive assessments completed

PROJECT: Coordinate access to geriatric services in acute and primary care

The Coordinated Access for Geriatric Services project aimed to achieve seamless access and coordination of services across the continuum of care for frail older adults. A new Algoma Specialized Services form was circulated for over 50 providers that agreed to participate in the initial pilot, which consolidated all other forms used to refer to the Algoma Geriatric Clinic and Seniors Mental Health Services at Sault Area Hospital. As part of this coordinated effort, referrals can now be faxed to a central fax number or electronically submitted via eReferral. 2023-24 brought the third and fourth cycle of the project, which included expansion at the Group Health Centre and Sault Area Hospital. Over 400 referral forms were screened. The project has since transitioned to Sault Area Hospital.

SPOTLIGHT SUCCESS: Healthy Aging Education Sessions

In March 2024, the AOHT partnered with the ANPLC to host a series of community education sessions for older adults and their caregivers on healthy aging. An average of 40 community members were in attendance for each session. The sessions focused on practical information across the following five topics.

- Healthy aging and frailty
- Physical activity and staying fit
- Medication safety
- Mental wellness
- Staying safe in your home

The success of the initial education sessions prompted partner organizations to explore opportunities to design and host additional series' for the people they serve.

> "Aging is not a disease, but a natural part of life. In the Healthy Aging Education Session, I encouraged older adults to stay active and stay social, to help them maintain overall good health and wellbeing as they age."
>
> **Dr. Katriina Hopper, Geriatrician, AOHT Healthy Aging Advisory Clinical Co-Lead**

Strengthening care in Algoma

Complex Chronic Disease

What we said we would do

Identify a priority initiative, and initiate a project to improve clinical pathways for ambulatory care-sensitive conditions

Develop a multi-year plan to address complex chronic disease needs in Algoma

What we did in 2023-24

PROJECT: Integrating care for those with COPD

January 2024 marked the establishment of a working group of clinicians, leaders, and community advisors dedicated to improving the quality of life for those living with complex chronic conditions in Algoma. Once data revealed a high prevalence of COPD across Algoma, and more specifically, a higher-than-average rate of presentations to the emergency department, AOHT partners got to work. Three priority focus areas were identified in accordance with COPD Quality Standards.

1. Timely access to spirometry testing
2. Accessible and consistent patient educational resources
3. Supporting primary care providers with appropriate referral pathways

By integrating care for those with COPD, we can provide people with the necessary care, knowledge, skills, and resources they need to better manage their conditions in the community.

The AOHT acquired funding in early 2024 to support education opportunities for providers, increased diagnostic testing, and clinical service delivery in primary care settings across the district. This past year has been instrumental in building a foundation for continued improvements.

Prevalence of COPD in Algoma

Data requests for local COPD information revealed both an incidence rate and prevalence rate higher than the rest of Ontario. **COPD was the leading cause of lower respiratory related hospitalizations (90.4%) and deaths (98.4%) in Algoma.**

Important risk factors in Algoma:

Smoking rates in Algoma are significantly higher than the provincial rate

Housing located within areas of elevated exposure to ambient air pollution

Percentage of women in Algoma smoking tobacco while pregnant (2021)

Percent prevalence of COPD in ages 20 and older (2020)

What Comes Next?
The AOHT will continue to invest in resources, equipment, and education for providers and patients to receive comprehensive COPD care in the community.

The above data is provided by: Algoma Public Health. (2024). *Community Health Profile*.

Mental Health and Addictions

What we said we would do

- Establish a Mental Health and Addictions System Planning Table
- Strengthen and expand the Community Wellness Bus (CWB) project

What we did in 2023-24

PROJECT: Establish a Mental Health and Addictions System Planning Table

June 2023 marked the first meeting of the newly established Mental Health and Addictions System Planning Table, consisting of leaders from over 10 organizations that provide mental health and addictions services from across the district. The group aims to collectively advance mental health and addictions priorities that will serve our community in a streamlined, coordinated way.

Over the past several months, the group developed an action plan to make meaningful improvements.

Vision

An integrated mental health and addictions system that coordinates efforts across health and social service organizations to improve the experience of Algoma residents to act as one coordinated team.

Mission

To plan, implement, and measure outcomes and advocate for mental health and addictions service development in Algoma as one coordinated system that provides high-quality, seamless service to individuals and families based on a primary healthcare approach.

PROJECT: Strengthen and expand the CWB

The CWB celebrated its third birthday in April 2023. This milestone marked three years of partners coming together to provide individuals in the downtown core of Sault Ste. Marie with alternative access to appropriate levels of care and services where they need it.

Nearing a total of 20,000 visits since inception, the CWB had a pivotal year of sustainment and expansion.

The AOHT hosted a Lunch and Learn event in May 2023, which brought together over 60 individuals from many organizations to learn about the services and how to get involved.

In July 2023, the Group Health Centre signed on as a sixth core partner to the project. This partnership expanded opportunities to strengthen primary care pathways for visitors.

In September 2023, Knowledge Keepers from Nogdawindamin Family and Community Services began providing services on the CWB.

The successes and opportunities of the partnership were highlighted in a published research paper named, "*Community Wellness Bus: A partner-led initiative to improve service integration and address unmet needs of underserved populations in Algoma District, Ontario"* for Healthcare Quarterly in Longwoods.

Moving towards sustainability

In March 2024, funding was obtained to support the sustainment and expansion of CWB operations and most importantly, an investment of a new bus. The AOHT Transformation Office is proud to have transferred full ownership of this project to its partners, while it focuses on developing a mobile health toolkit to support projects such as the CWB to be implemented across the northeast region.

System Navigation

What we said we would do

Implement system navigation support across priority areas to improve health system navigation for providers and the community

Support the development of a Mental Health and Addictions Roadmap for providers and the community

What we did in 2023-24

PROJECT: Access the Care You Need Toolkit

Directories can be overwhelming, out-of-date, and may direct people to services that may not suit their unique needs. Our approach was grounded in helping people access the best first or next step in their care journey. As previously reported, a working group dedicated to improving healthcare system navigation in Algoma was established in March 2023. Since then, numerous stakeholders were engaged, including Maamwesying OHT, to develop a set of public-facing resources to help community members living in Algoma understand the services that may be available to them, even if they do not have access to a regular primary care provider. The services outlined in these tools, which include magnets, wallet cards, tip-sheets, and webpages are intended to either provide direct access to health and social services or help people navigate the local healthcare system.

Following the launch of the toolkit, over 2,500 magnets distributed to multiple partners across the district. A communication plan was developed to enhance usage of the toolkit in the community and will be initiated in the coming months. Visit algomaoht.ca/findservices to access the toolkit.

PROJECT: Mental Health and Addictions Roadmap

In March 2023, a working group was established of frontline staff, community advisors, and senior leadership with the aim of developing a tool to help providers and the public navigate mental health and addictions services in Algoma. Through extensive consultation over the last year, a streamlined roadmap of 'best first step' services for every phase of the journey to recovery was developed. Built off of the range of available services for mental health and addictions in Algoma, the roadmap features organizations where existing navigators can be leveraged to help create connections between appropriate mental health and addictions resources.

The roadmap webpage is set to be released in fall 2024, with supplementary communication tools to be developed following its launch.

Community partnership and engagement

Key Highlights

What we said we would do

- Increase the adoption of the foundational values for care and the principles for advancing integrated care among AOHT partners
- Communicate and incorporate Algoma's primary care delivery priorities into future planning
- Expand Caregiver ID across Algoma, increasing the recognition of caregivers as an essential part of the care team
- Identify and plan for tangible steps to improve equity, diversity, and inclusion

What we did in 2023-24

- Created a structure for ongoing engagement of community voices by forming a Primary Care PFAC
- Compiled, analyzed, and shared data from Caregiver focus groups to inform project work

Looking ahead we will:

- Work to embed community partners within all levels of the AOHT
- Develop relationships between Primary Care and PFAC for community feedback
- Plan and implement priority projects identified by the community

Consultation and Co-Design

To better understand the community perspective on primary care delivery, the AOHT formed its first Primary Care PFAC. Planning for this initiative included consultations with Sault Area Hospital's Transformation Department and utilizing our Community Partnership Toolkit for recruitment and onboarding in April 2023.

There were 18 founding committee members, representing the diversity and geography of the AOHT. This group continues to meet on a regular basis to advise on primary care priorities and build the foundation for a sustainable and engaged PFAC through approval of Terms of Reference and establishing co-chair roles.

Including the Primary Care PFAC, the AOHT engaged approximately 30 Community Partners last year who were successfully embedded into various levels of AOHT committees and participated in co-designing projects.

The AOHT Community Partners participated in advisory and advocacy roles at all levels of decision-making, planning and consultation. Groups with work plans and goals affecting cQIP initiatives that have embedded community partner representation include:

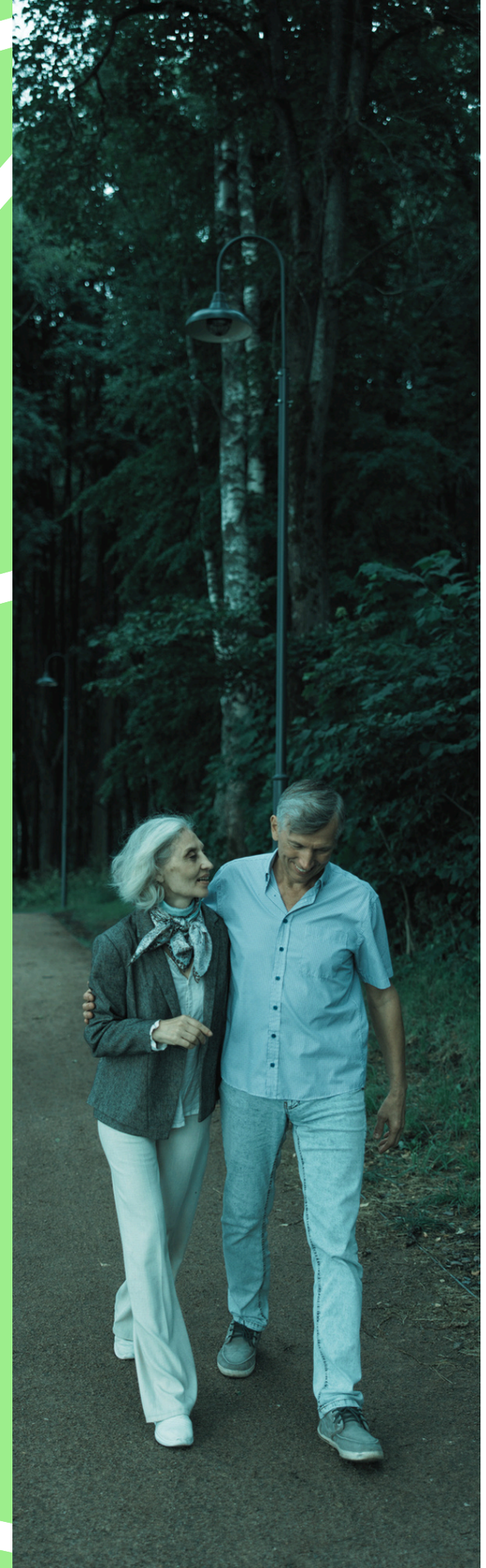
Executive Leadership
- Leadership Council

Committees
- Healthy Aging Advisory

Working groups
- COPD
- Early Frailty Identification
- Mental Health and Addictions Roadmap
- System Navigation

These engagement initiatives assisted with bringing community, patient, and family voices to the forefront of primary care access and improvement from a system perspective.

Community partnership and engagement



Caregiver Focus Groups

In February of 2023, we hosted seven focus groups with a total of 29 participants to better understand what caregivers in Algoma need outside of the Caregiver ID project.

The findings were shared at the 2023 Northern Healthcare Research Conference and compiled into a research paper that will be published in fall 2024. The results will also inform Phase 2 of the Caregiver ID project.

Caregiver ID: Phase 2

As of spring 2024, over 600 caregivers were onboarded to the Caregiver ID project at Sault Area Hospital and 18 caregivers were onboarded at the North Shore Health Network sites.

The Caregiver ID Project now reaches acute, community support service, and long term care sectors.

Our next steps are to consult with partners and other OHT's to improve and expand the support this project offers to caregivers across Algoma in a centralized way.

Advancing Health and Social Equity Research

In our first operating year as an OHT, we made a public commitment to Algoma residents that no one will be left behind. This means building a healthcare system with our community that removes barriers and provides all people with what they need to maintain good overall health and wellbeing as they define it.

Our work is grounded in making collective, lasting improvements through equity-driven planning and delivery of health and social care. And we are just getting started.

In fall 2022, a group of interested individuals including partners and community members came together to better understand health and social equity needs in our community and opportunities for alignment. Over the past year, our work focused on a research collaboration, co-designed with members of the community, that aims to administer a survey to multiple partners in the fall of 2024 to determine care experiences across Algoma. The project will use survey results from local residents to identify population groups and/or health and social care settings that will benefit from interventions addressing equity for identified populations. Working collaboratively through this research affords us the opportunity to deeply understand the nuances of our community to plan, deliver, and coordinate equitable interventions effectively.

Leveraging the important equity work that exists within each organization, this foundational research is a necessary step to create a collective understanding of the inequities faced in Algoma. Anecdotally, we know social determinants of health affect the way residents access and receive care; however, there is a lack of reliable data to inform Algoma-wide improvements that will propel us forward as a community.

Invitation to particiapte letters were sent to numerous partners across the healthcare sector in Summer 2024. It is expected that over 15 organizations will participate.

We wish to acknowledge the leadership and support of our Principle Investigator, Dr. Brianne Wood, Associate Scientist, Social Accountability and Learning Health Systems, The Dr. Gilles Arcand Centre for Health Equity, NOSM University, and Thunder Bay Regional Health Research Institute.

Digital Health

What we said we would do

Leverage knowledge and expertise of digital health champions to advance digital health maturity and align with Ontario Health's digital health strategy and objectives

Understand the current AOHT digital health capabilities and performance status of digital health systems

Implement key objectives from our AOHT Harmonized Information Management Plan (2022)

What we did in 2023-24

The year in review

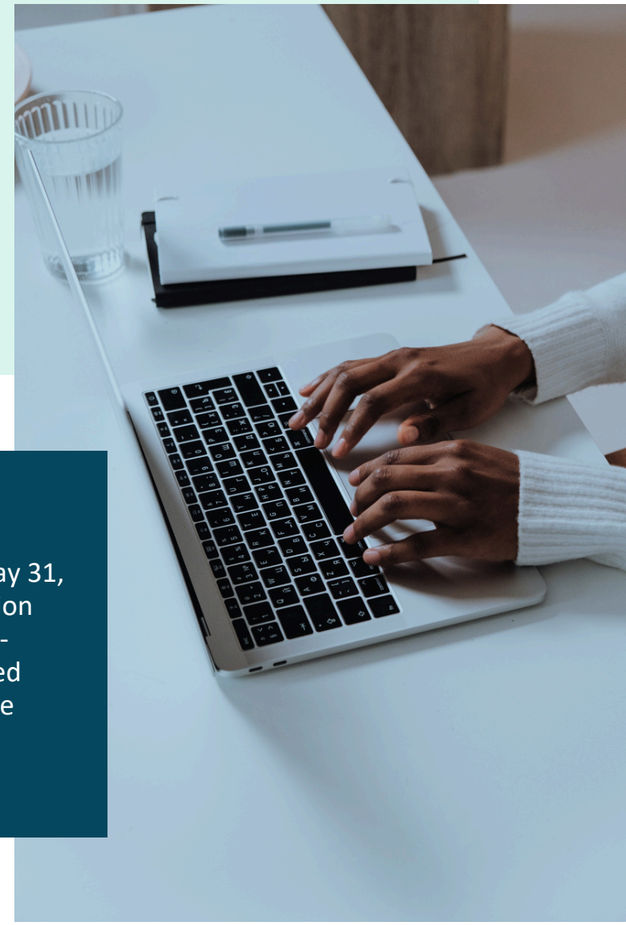
As of September 30, 2023, the AOHT achieved the objective of building a foundation for our digital health work by understanding the current environment, building relationships between organizations, and listening to patients and caregivers through the following activities:

- Completed Virtual Care Maturity Model assessments and interviews
- Reconvened the AOHT Digital Health Committee
- Established the Privacy and Freedom of Information Officers' Community of Practice (CoP)
- Created a Privacy Toolkit work plan to drive the work of the Privacy and Freedom of Information Officers CoP
- Supported partners in their submission of online appointment booking funding proposals
- Incorporated digital health assets within our Healthy Aging projects
  - eReferral for Coordinated Access to Geriatric Services
  - EMR eForm and tool integration for Frailty Identification

PROJECT: Episodic Access to Virtual Care

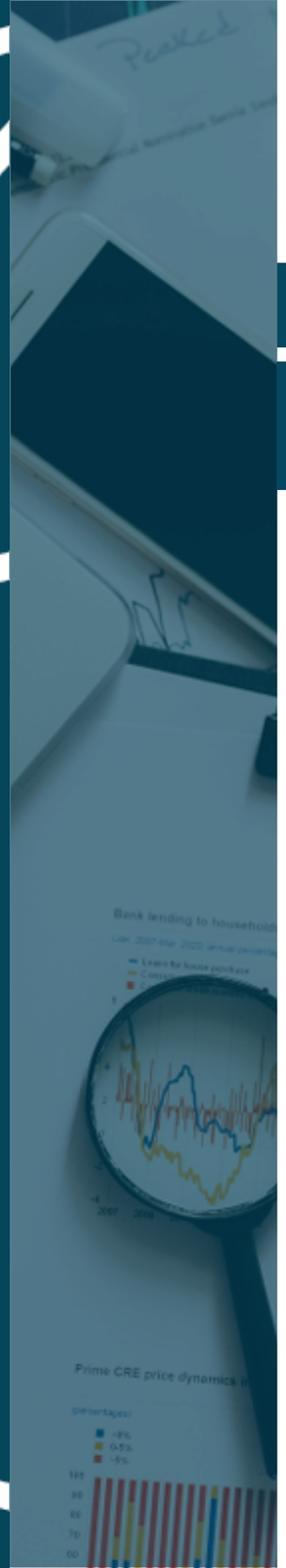
In early 2023, the OHTs in the North East were presented with the opportunity to design a virtual access-to-care program for those who are unattached to primary care. In April 2023, a working group of clinicians, digital health representatives, and executive directors representing North East OHTs was formed to design a program where individuals requiring care for imminent concerns that are not life or limb threatening could make a virtual appointment with a Nurse Practitioner (NP). The collaborative approach to designing the program focused on the following four objectives:

- **Adressing primary care needs**
- **Reducing ED visits**
- **Increasing accessibility**
- **Improving information sharing**



What comes next?

A final report was submitted on May 31, 2023 detailing future implementation plans of NP-led virtual care for non-urgent appointments for unattached patients and those patients who are unable to see their primary care providers in a timely manner.



Performance Management and Evaluation

What we said we would do

Increase access to preventative screening for unattached patients

Develop indicators that measure AOHT performance based on the collaborative Quality Improvement Plan

What we did in 2023-24

Performance Measurement

This past year, a performance framework was developed to measure the success of integrated care initiatives. A key step in the process included literature reviews to explore indicators and establishing a renewed Quality Committee.

An OHT level indicator report outlining project metrics to be evaluated was developed and will be used to report and track working group project successes and OH mandated measures. An Applied Health Research Question (AHRQ) has been submitted to the Institute for Clinical Evaluative Sciences (IC/ES) to request data that will help the AOHT better understand and plan for the healthcare needs of individuals who are not attached to a primary care provider.

PROJECT: Cervical screening clinlcs

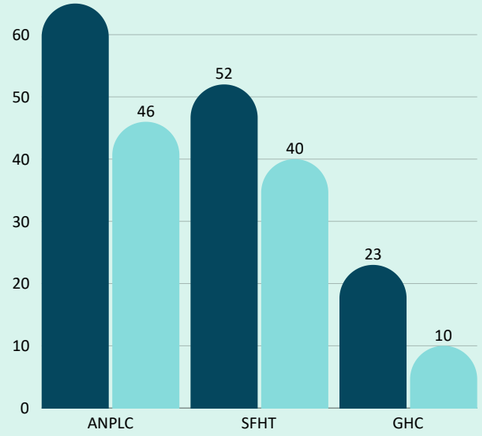
Data revealed that Algoma had lower-than-average preventative screening rates, specifically cervical cancer screening. Cervical cancer is cancer in the cervix, and the most common way to find cell changes in the cervix that may lead to cancer is with a pap test.

Since October 2022, the AOHT has hosted cervical screening clinics for unattached patients in partnership with three primary care partners (ANPLC, Superior Family Health Team (SFHT), and Group Health Centre (GHC)).

From September 2023 to March 2024, the AOHT hosted its fourth and fifth cervical screening clinics, bringing the total to 226 patients screened since the collaboration began.

A sixth clinic was held later in 2024, bringing the total to 236 unattached patients screened for cervical cancer.

Number of unattached patients screened for cervical cancer



What comes next?

Screening clinics are planned to continue into 2024-25, and the AOHT explored a partnership with the North East Regional Cancer Program to develop and publish content on preventative cancer screening.

Leadership, Governance & Partnerships

What we said we would do

Develop and implement a path to not-for-profit incorporation

Strengthen the foundation of our OHT through renewed structures, increased involvement, and communication with key stakeholders

What we did in 2023-24

Collaborative Decision-Making Agreement

Building off of our previous achievements, the Governance Sub-committee worked over the past year to develop our inaugural Collaborative Decision Making Agreement (CDMA) for our OHT. This new agreement meant the retirement of our previous Memorandum of Understanding and reaffirmed our partners' commitment to create a network where patients will have access to the right care, the right team, and the right care setting when they need it.

It is expected that all CDMAs will be signed by October 2024. Among other commitments, the signing of the CDMA signifies the adoption of the AOHT's Guiding Values and Principles at all of our partner organizations.

Expanding Partnerships

This past fiscal year, we also developed a low-barrier process to onboard new members to our OHT. As a result, we onboarded eight partners which included four rural and remote organizations from the North and along the North Shore.

To further develop a strong foundation across the entire district, we established a Rural and Remote Algoma Collaborative Committee in early 2024 to formalize collaboration with our rural and remote partners toward the creation of a unified OHT that will be better positioned to provide a full range of care to a greater proportion of the AOHT's attributed population.

The Committee will set the direction to enhance population health management approaches in care planning and delivery in the North and along the North Shore. The Committee will also support the maintenance and expansion of effective and representative engagement and leadership of physicians and other clinicians, as well as patients, families, and caregivers in OHT implementation activities.

Recognizing that the attributed population of the AOHT overlaps considerably with the Maamwesying OHT, our team was diligent to maintain open and frequent lines of communication between our teams. This year, the AOHT partnered with Maamwesying OHT and regional partners on the Episodic Access to Virtual Care project.

The most recent collaboration included partnership on public-facing system navigation tools that connect individuals to an Indigenous System Navigator if they require one. The tools include Indigenous self-identification questions that align to the self-identification project in Maamwesying OHT partner locations. Both OHT logos are on these tools, to symbolize our joint efforts.

The system navigation working group and the mental health and addictions roadmap working group also worked with stakeholders to compile a list of Indigenous-focused resources to be embedded in the public and provider facing tools.

Our Team

We are a team of local health professionals, organizations, and community members working to create a network where citizens have access to the right care, the right team, and the right care setting when they need it. We want individuals to experience seamless transitions throughout their care journey in a system that is understandable, digitally enabled, and collaborative.

The Transformation Office

The AOHT has mobilized work across organizations in its membership and beyond with support from the AOHT Transformation Office. The Transformation Office is responsible for supporting leadership, decision-making, and operations.

Victoria Aceti Chlebus
Director of Integrated Care

Cassandra Lepore
Transformation Consultant

Roylene Bowden
Manager of Programs

Erin Mulroney
Research Assistant

Michelle Courneene
Project Management Consultant

Kendra Dumont
Analytics Coordinator

Jeff Dorans
Quality Improvement Consultant

Brianna Smith
Communications and Community Engagement Coordinator

Algoma District Medical Group
Algoma Family Services
Services aux familles d'Algoma
Algoma Nurse Practitioner-Led Clinic
Algoma Public Health
Santé publique Algoma
ARCH hospice
Alzheimer Society
Sault Ste. Marie & Algoma District
Canadian Mental Health Association
Algoma
Mental Health & Addiction Services
Canadian Red Cross
Social Services | Services Sociaux
Zhawenimi-Anokiitaagewin
Sault Ste. Marie District
F.J. Davey Home
Group Health Centre
Huron Shores
Family Health Team
Équipe de santé familiale
Lady Dunn Health Centre
Centre de santé Lady Dunn
Le réseau du mieux-être francophone du Nord de l'Ontario
March of Dimes Canada
La Marche des dix sous du Canada
North Shore Health Network
Réseau Santé Rive Nord
Northern Neighbours
Nurse Practitioner-Led Clinic
Sault Family Health Organization
Superior Family Health Team
Sault Area Hospital
Hôpital de Sault-Sainte-Marie

Looking back, we are incredibly proud of our successes this past year.

We look ahead to the future with optimism and reaffirm our commitment to continue working with the community to achieve our shared mission of achieving integrated care in Algoma.