

Continue to the following page to access the original document.

Notice: Operating Name Change

Effective January 26, 2026, AERIC Inc./Signal49 Research discontinued use of 'The Conference Board of Canada' name, logo and branding, which had been used by AERIC Inc./Signal49 Research under license from The Conference Board, Inc. The Conference Board, Inc. and its licensees, which are not affiliated with Signal49 Research, own all right, title and interest in THE CONFERENCE BOARD name and trademarks in Canada and have the exclusive right to their use in Canada since January 26, 2026.

Le 26 janvier 2026, AERIC Inc., exerçant ses activités sous le nom Signal49 Recherche, a cessé d'utiliser le nom, le logo et l'image de marque « Le Conference Board du Canada », qu'elle utilisait auparavant sous licence consentie par The Conference Board, Inc. Au Canada, les droits, titres et intérêts relatifs au nom « The Conference Board » et aux marques de commerce afférentes appartiennent tous à The Conference Board, Inc. et aux titulaires des licences consenties par celle-ci. Depuis le 26 janvier 2026, ces parties, qui ne sont aucunement affiliées à Signal49 Recherche, sont les seules à pouvoir utiliser ce nom et ces marques au Canada.





Integrated Models of Care in the Age of COVID

Carol Annett | May 5, 2021



109,450

clients admitted to care where
and when they needed it



3,142,871

units of service delivered



45,270

hours of community support
services delivered to clients
in need



Creating More Independence

A not-for-profit charitable organization that
provides 24/7 nursing, personal support
and rehab services



92%

of staff rate VHA as an
excellent, very good or good
place to work



2,808

staff and service
providers



4,518

hours of volunteer service

The Ontario Context Pre-Pandemic

- **Health System Transformation** underway to deliver fully integrated care to achieve better outcomes, better patient and provider experience, and better value for all Ontarians.
- Introduction of ***Ontario Health Teams (OHTs)*** - at maturity will be groups of providers and organizations working together as one team that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.

Ontario Health Team Objectives

- Greater access to better connected care and more virtual options
- Improved disease management and prevention
- Reduced hospital utilization and system duplication
- Increased patient/caregiver and primary care engagement



Integrated Care Models / Initiatives

Home2Day for Patients with COPD

An initiative that offers earlier transitions home from hospital for low/med risk respiratory illness patients. Patients are discharged home after two days in hospital when their stay would typically be seven days, with enhanced supports, including virtual care.

Integrated Care Program for Surgery Patients

Hospital to home care pathways implemented for thoracic surgery patients, expanded to vascular surgery and cardiovascular is next in line.



Integrated Care Models / Initiatives

ED One Team

Home care and community support providers work with emergency department staff to identify patients who don't need hospital admission but need some form of extra care.

House Calls Program

Provides comprehensive primary medical care, as well as occupational therapy, physiotherapy, social work and connections to community support services for homebound seniors living with physical, cognitive and social frailties.



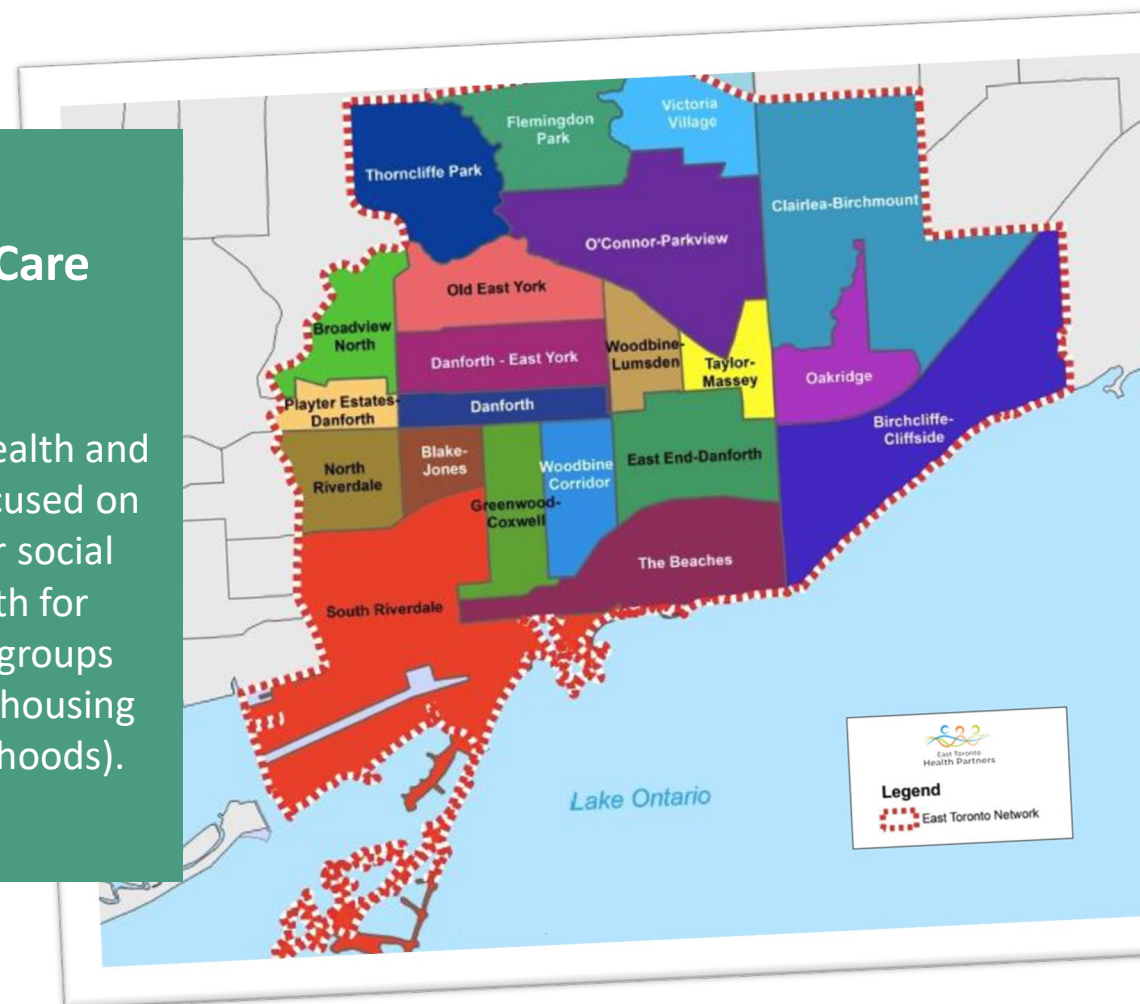
Integrated Care Models / Initiatives

Primary and Community Care Hubs

Integrated primary care (FHTs, CHCs, other), home care and community services focused on serving high needs, medically complex populations.

Neighbourhood Care Teams

Integrated community health and social services teams focused on addressing the broader social determinants of health for vulnerable population groups (e.g. in high risk seniors housing building and neighbourhoods).



Improved Health Outcomes

- ↓ Shorter average LOS
- ↓ Lower hospital admission and/or re-admission rates
- ↓ Lower cost
- ↑ ED visits prevented
- ↑ Improved patient and provider care experiences and transitions

PANDEMIC IMPACT

The Good. The Bad. The Ugly.



THE OFFICIAL MASCOT.
WASHES HANDS INCESSANTLY.
ALWAYS WEARS A MASK.

Home is the safest and preferred place to be

Exacerbated HR
shortages &
challenges

Rapid virtualization of
care and expansion of
remote monitoring

Underlined health inequities - marginalized
and racialized communities hit the hardest

New funding was
made available

Exposed the holes in our system – underfunded and
undervalued LTC & home and community care

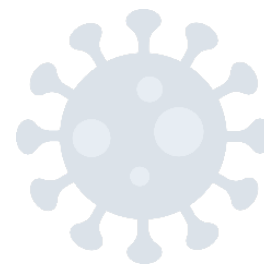
Spurred many integrated community outreach responses

Unprecedented collaboration
between health service providers

Successfully leveraged positive
relationships developed within OHTs

Home Care Response to the Pandemic

- Supported clients to remain at home safely
- Expedited transfers from hospitals to home
- Seconded staff to LTC homes
- Expanded virtual care and remote monitoring programs
- Implemented new programs – e.g. High Intensity Supports at Home; Transitional Care Models
- Participated in mobile/pop-up testing and vaccine campaigns
- Shared knowledge, experiences, resources



**VHA PROVIDERS
DELIVERED
OVER 34,000
VIRTUAL
VISITS**



**9/10 CLIENTS WHO
TRIED VIRTUAL CARE
SAY THEIR CARE
NEEDS WERE MET**



**98% OF
PEOPLE WHO
TRIED VHA
VIRTUAL CARE
SAY THEY
WOULD DO
IT AGAIN**



**VOLUNTEERS OFFER
VIRTUAL CARE COACHING
SESSIONS TO PROVIDERS
AND CLIENTS**



Issues to Address:

- Equitable access to virtual care
- Efficacy of virtual vs. in-person
- Web-side manner/bed-side manner
- Episodic vs. long-term care

VHA
VIRTUAL CARE