Telemedicine Coordinator(s)
Questions and Answer CFP# 17_032_CFP_Telemedicine

General

1. **Is there a template that should be used for this submission? If so, where is it located?**

   Answer: All proposals must be submitted to the following email NSMSystemimprovement@LHINS.ON.CA **no later than 5 p.m. on August 8, 2017**, using the NSM LHIN Health System Improvement Proposal (HSIP) form and to be signed by the Health Service Provider's Chief Executive Officer, Executive Director or delegate. Here is the full link to the form: http://www.nsmlhin.on.ca/~/media/sites/nsm/SecondaryNavigation/HSPs/NSM%20HSIP%20Form.docx?la=en

Funding Allotment

2. **The funding allotted to a 1.0 FTE is equal to $85,021. A condition of a submitted proposal is that the agency commits to supplementing salary, benefits, and travel to implement a full 1.0 FTE within the determined salary as indicated. What are the implications to a proposal if the HSP's salary scale for a Registered Nurse telemedicine coordinator exceed $85,021;**
   - **Whereby the internal reallocation of funds necessary to supplement the $85,021 to cover the difference in the salary scale is only achievable through the reduction of services in another part of the agency?**
   - **Whereby the proposal itself is costed at a maximum of $85,021 and the FTE position within the proposal is adjusted to a 0.8 or 0.9 FTE?**

   Answer: The proposal would not be considered. Service should not be reduced elsewhere and programs with partial FTE's have been demonstrated to be faced with more challenges to become operational. Further, organization that go above and beyond the required allocation (which many do) to fund their own resources from their global budget as additional FTE resources are favoured in the decision making process.

3. **A maximum funding per FTE is listed at $85,021. If a hospital with an M-SAA is applying, the grid for RNs far exceeds available funding. It is clear we must offset the difference with own funds. Instead, can we apply for the maximum amount for a partial FTE (i.e. 0.8FTE) and receive full funding or would funds be pro-rated based on the FTE allocation?**

   Answer: Applications for partial FTEs, either prorated or not will not be considered unless the organization is one of the few remaining in the region to currently have less than a 1.0 LHIN funded allocation. In this case they could apply for the additional funding required to make the full 1.0 FTE role at $85,021 still with the expectation that the lead organization funds any top up needed to bring the position to an actual 1.0 FTE role with equipment and travel, training and benefits. No further partial FTEs will be funded as this has been shown to be detrimental to program growth and maturity.

4. **Regarding funding, will financial support be provided for position implementation needs? Example: Workstation, computer, training, etc.?**

   Answer: Funding is not available to purchase equipment and peripherals for the program's initiation. This is a commitment of the lead organization and demonstration of both the

commitment of the organization to provision of telemedicine services and a recognition that organizations efficiencies and saving will result in other areas as the result of a successful program. The organization must also accept the ongoing commitment to monitor end-of-life dates and maintain/replace telemedicine equipment as necessary. Organizations could submit proposals for one time purchase of equipment via an unsolicited Health System Improvement Proposal (HSIP) form; however, these are very rarely funded in order to maintain equity between programs and should not be a requirement for the initiation of a programs if the proposal for this call is accepted.

Accountability for and Calculation of Performance Volumes (Clinical Events)

5. **What happens if the volumes proposed for increase are not only those tied to this RN but to the broader system? Do you have any suggestions for how we should reflect that/capture that in the submission?**

   Answer: In overseeing the performance of existing programs, previous experience has demonstrated that programs naturally grow as a result of the training and the capacity building that the RN does with others in the organization. The role of the Telemedicine coordinator should not be to attend and oversee every event delivered but rather to build the program, develop protocols and policies to support the program, initiate new areas of growth, build linkages with specialists or potential patient groups and to training and build capacity in others to deliver the actual events. Programs also grow as a result of external factors or additional telemedicine dedicated resources that the organization is contributing to the program out of their global budget. These are a number of highly successful telemedicine programs across the region who currently receive no funded resources from the LHIN for this purpose.

   Performance metrics are by organization and the contribution by these other resources or external factors cannot be separated in the numbers. Include in the proposal the current # of events that were delivered in the organization during the 2016/17 fiscal year, and then the additional number of events that could be added to this in the next couple of years and the rationale behind it. Include information about the existing # of globally or LHIN funded FTEs so we can calculate an overall FTE/event ratio. For example hospital X currently does approximately 3000 events per year as a mature program with 1 LHIN funded and one globally funded FTE (1500 events per FTE/year), whereas primary care practice Y does 1200 events with 1 LHIN funded FTE and 0.2 Admin/scheduling support that is funded by the host organization (850 events/FTE/year). Another FHT with only one nurse does 750 events per year. These number reflect the greater number of event opportunities in a hospital environment and also the efficiency that is added with the inclusion of and globally funded administrative resources. In measuring program performance benchmarking is done between programs and across the province and this type of context is added to explain variances. Include in your proposal explanation around all of the factors affecting performance to help evaluators understand the context around the numbers you provide.

6. **On page 3 of the proposal it says the proposal must "Demonstrate willingness to accept accountability to for the delivery of net new clinical telemedicine events over previous quarters/years". Needing to clarify. The "previous" references net new volumes over <u>previous</u> volumes and not that we are being asked to accept accountability for telemedicine activity in <u>previous</u> quarters/years. Correct?**

Answer: Accountability for volumes only relates to work done in the program once funding is received. See description above to better understand how volumes are understood when telemedicine activity was occurring prior to the addition of new resources. For example. If volumes in 2016/17 were 1000 without LHIN support then it would be expected that new volumes for 2017/18 would be 1000 + X and in 2018/19 would be 1000 + X +Y once the program was more mature and established. The X and the Y are for you to propose. As in the questions above the more factors you can explain around external factors and current state as they relate to volumes the easier it is for evaluators to contextualize the numbers you are proposing.

Defining a "Clinical Event"

7. **On page 2 of the call for proposals the term "store-forward" is used in the definition for clinical events. Can you explain what that means please?**

   "Clinical telemedicine events are defined as either a direct patient consultation with a healthcare provider using videoconferencing in which a patient is present, a consultation when patient care is provided with Store-forward, or an indirect consultation that concerns a patient and happens between healthcare providers using videoconferencing."

   Answer: These definitions and others can be found here: http://thesource.americantelemed.org/resources/telemedicine-glossary

   Store and Forward (S&F): *"Type of telemedicine encounter or consult that uses still digital images of patient data for rendering a medical opinion or diagnosis. Common services include radiology, pathology, dermatology, ophthalmology, and wound care. Store and forward includes the asynchronous transmission of clinical data from one site to another."*

   Asynchronous: *"Term describing store and forward transmission of medical images and/or data because the data transfer takes place over a period of time, and typically in separate time frames. The transmission typically does not take place simultaneously. This is the opposite of synchronous."*

   To paraphrase, store forward is where the information and potential a photo or other type of image is sent to a specialist who then, in time, responds with the answer or diagnosis. For example, Store forward is used in Telederm where a photo is sent to a dermatologist who then respond back after reviewing. A typical telemedicine event has the specialist speaking with/seeing the patient and vice versa during the video event that tales place during the appointment. Store forward was included in the Ministry's definition to clarify and ensure that programs knew that store forward events could be counted as direct clinical events in performance reporting even though the contact was not "direct".

Funding

8. **Is the funding for the Telemedicine positions currently accessible to the LHIN for allocation or is this CFP related to anticipated LHIN funding in 2017/18 and the LHIN is trying to get a jump on planning?**

- **If it is the former do you have a sense of volumes of Telemedicine FTEs that will be funded or is this part of a pool of funding and dependent on the outcomes across the three current CFPs?**
- **If it is the latter, is it possible that parameters and available funding may change once the Ministry announcement is made AND what impact will that have on submitted proposals?**

Answer: The HSIP submitted under a Call for Proposal (CFP) are subject to LHIN review; however, if limited or no funding becomes available, this CFP may be suspended and you will be notified accordingly. The **maximum** funding outlined in the CFP is the amount prioritized to support capacity building of the NSM LHIN Telemedicine Coordination programs. Submitted proposals will be held for consideration as funding becomes available.

9. **The Call for Proposal states that there is $85,021 of funding for 1 FTE; however, in the overview it also states that "more than one FTE may be available". Is this per organization/program, or per proposal? Can you please clarify?**

The funding is $85,021 per FTE, but organizations could submit a proposal for more than one FTE if the demonstrated impact and value they would bring would be proportionate. Organizations could also submit separate proposals per FTE for different initiatives, programs or clinical areas. This reduces the "all or nothing" risk of requesting multiple FTEs in one proposal. For example organization A submits two proposals:

- One to build a program in area 1 to serve "X" number of client in partnership with organizations A, B, and C.
- They also submit a second for program areas 2 and 3 to deliver "Y" number of clients in partnership with organizations B, D and E.

One may be approved, neither or both may be approved. See explanation for the dependency on the overall funding available in questions above.

Resource Type and Role of the Telemedicine Coordinator

10. **Will a proposal from an RPN be accepted or only RNs?**

Answer: All LHIN-funded Telemedicine Nurses in North Simcoe Muskoka are Registered Nurses in alignment with the Ministry's original intention of the program for improved clinical care and increased recruitment and retention of nursing resources. In order to ensure equity between existing programs, only proposals for RNs will be accepted.

11. **The Call for Proposal specifies that the base funding is for a Telemedicine Coordinator. Does the role of the coordinator need to be an RN? Could the coordinator be a Project Manager, or another type of registered health professional?**

Answer: It is acknowledged that administrative, project, or scheduling resources are important to increase capacity and efficiency for a telemedicine program. However at this time it is RN resources that are being provided in alignment with the other resources currently deployed in the region. Upon recruitment it is recommended that an RN with program development and project experience is most appropriate for the role. In most cases the lead organization also adds

resources towards the successful delivery of a telemedicine program and there are not the same restrictions on how these resources are used. The intention is that the LHIN can support the higher paid RN position while the lead organization can provide the additional supports as needed.

Clinical Scope

12. Can multiple areas of interest be combined within the proposal? For instance, can we combine Seniors Care, Geriatrics & Long Term Care with Mental Health & Addictions, Palliative Care, Chronic Disease, and Services in French?

Answer: Yes, Telemedicine Nurses do not to be allocated indefinitely to one clinical area. The identification of various clinical areas is only provided to get organization thinking about various areas of opportunity. What would be ideal is to have a description of the impact that resources are anticipated to have within the specific clinical areas instead of a proposal that identifies X number of events would be provided without any specificity about what areas would be pursued. If this is more than one area then this is good. In other cases where large regional program needs to be developed, a Telemedicine nurse may spend the first year or two building a new program focused on one clinical area, get it up and running internally to the organization and then move on to building capacity in another area.

13. Our model of Telemedicine support is based on supporting the specialists to see patients who have to travel from outside of the community. The nursing support required for these visits is needed at the patient site, but at the Specialist site (which is us) we require Administrative / clerical support for the physicians to schedule the appointments and to coordinate with the patients and patient sites, and we need AV support for the physicians who are connecting using the room based and PCVC systems. There is no need for RN telemedicine positions, so although we need funding, we do not qualify based on the Call for proposals you put out. Please advise us as to how we can best provide services both to patients and physicians at our facility and in our region with this proposal process.

Answer: It is agreed that the role at specialist sites are different from those who hold the key role for providing the patients at the other end. In North Simcoe Muskoka a vast majority of the events delivered are with specialists outside of the region. Often this is because only these spec lists have set up with practices in a manner that is conducive to telemedicine. The spin off effect of this is that NSM primary care organizations who need to support their patients via telemedicine don't reach out to local hospitals. Relationships with outside specialists are formed with local patients and when the time comes to have procedures and tests that are in person, patients travel to those regions where they hold the relationships to get these things completed. The result is surgery volumes and other procedures leaving the region (which has a funding implication for our local hospitals). If we could build local capacity to have NSM specialists serving NSM patients in local communities there would be immense benefit for all. The role of the Telemedicine Nurse coordinator in the specialist environment is to support the development of a clinical business model which incorporates telemedicine services into existing workflows of the specialist, develop clinical protocols, facilitate the referral process, support change management and make connections with local primary care telemedicine coordinators who would be referral sources. Once the program is developed, operational and embedded into the practice of the specialist and his/her support team, the Telemedicine Nurse Coordinator can move to another area of specialty

to help build and support specialists in another clinical area.

Location of Services

14. **There are 3 Long Term Care Homes within the County of Simcoe that fall outside of the NSM LHIN's catchment area that are within the Central LHINs boundaries. Can we include these 3 homes within the proposal?**

    Answer: They should be included as there is no desire to create inequities between the homes or sites of one organization. However, the proposal are rated according to the impact they would make for patients in NSM so if inclusion of these site made an significant impact on the progress you could make across all homes then this may need to be mitigated.

15. **Are there limitations placed on the position regarding the location of the base office of the employee?**

    Answer: The location of the base site is an operational decision for the lead agency. If extensive travel was needed to reach NSM sites then this could be a factor which could affect the capacity to deliver high number of clinical events. If the number of events were lower for this program than comparable programs then this would be within the LHIN scope.