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## MEMORANDUM

**Date:** July 7, 2017  
**To:** Health Service Providers  
**From:** Neil Walker, Vice President, System Transformation  
**RE:** Call for Proposal (CFP) for Telemedicine Coordinator(s)  
**CFP#:** 17\_032\_CFP\_Telemedicine

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### OVERVIEW

In support of the NSM LHIN's 2016-19 Integrated Health Service Plan (IHSP), the LHIN is issuing a Call for Proposals (CFP) to be submitted from NSM LHIN Health Service Provider who wish to either initiate a telemedicine program in their organization or expand an existing telemedicine program. Up to \$85,021 of annual base funding per Full-Time Equivalent (FTE) is available to fund a Registered Nurse(s) as a Telemedicine Coordinator to develop and grow the program, to facilitate clinical telemedicine events, and to build telemedicine capacity in their organization. Dependent on the resources available and the ranked priority of the submissions received, more than one FTE may be available.

In 2011, the Ministry of Health and Long-Term Care provided funding in NSM for Registered Nurse resources to facilitate the provision of clinical care via Telemedicine via the 9,000 Nurses Initiative. At that time, human resources were allocated in hospitals, Community Health Centres, Family Health Teams, Nurse Practitioner Led Clinics, Community Mental Health and Addictions and other organizations across North Simcoe Muskoka.

### SCOPE & DEMONSTRATION OF IMPACT

Telemedicine in North Simcoe Muskoka is focused achieving the following:

- Improving access to care for patients by bringing care closer to, or into, the patient's residence.
- Increasing system sustainability by decreasing transfers between sites, emergency visits, avoidable hospital admissions and readmissions;
- Improving quality of care through mentorship and capacity building between providers and sites;
- Improving system navigation and transitions of care via communication between providers in the circle of care;
- Improving patient centredness by delivering convenient care options, decreasing travel and the costs associate with travel, and patient stress.

Areas of particular interest to the LHIN with respect to expansion of telemedicine services include but are not limited to:

- Mental Health and Addictions
- Primary Care
- Seniors Care, Geriatrics and Long Term Care
- Surgery, Pre and Post-Operative Care
- Palliative Care
- Chronic Disease including Oncology
- Care for First Nations, Métis and Inuit
- Care for those who wish to receive services in French

The role of the Telemedicine Coordinator will be to build and develop programs which bring these and other positive outcomes for patient, providers and the system. The role of the Telemedicine Coordinator is to:

- Assess current challenges for patient and providers, and investigate new innovations that may address these issues;
- Engage and collaborate with potential referring providers and specialty care providers;
- Design programs which improve patient flow and ensure that the right care, is in the right place, at the right time;
- Develop policies, procedures, processes and protocols in collaboration with other providers;
- Provide clinical care to patients during telemedicine events and building capacity in the organization by mentoring colleagues to facilitate telemedicine events on their own;
- Build organizational capacity by training and mentoring other staff within the organization to facilitate clinical telemedicine events.

As with all of the existing LHIN-funded telemedicine programs, performance will be measured according to the number of clinical telemedicine events per quarter. 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. LHIN quarterly reporting is required for all LHIN-funded Telemedicine Coordinator programs.

#### **FUNDING DETAILS**

Up to \$85,021 of annual base funding per 1.0 Full-Time Equivalent (FTE) Registered Nurse for one or more Telemedicine Coordinators may be available. This could be for the purposes of increasing the allotment to a program which currently has less than 1.0 FTE; expanding a program which already gets LHIN-funded resources or funds their own resources; or for starting a new program.

The successful applicant will be required to accept the same terms and funding amount as the other LHIN-funded telemedicine programs in NSM. Many of these terms and the specific funding amount was established in 2011 in alignment with the MOHLTC's 9,000 Nurses Initiative.

**Note:** If limited or no funding becomes available, this CFP may be suspended and you will be notified accordingly. Proposals exceeding the maximum funding available per FTE will not be reviewed.

**ELIGIBILITY CRITERIA**

In order for proposals to be reviewed the following criteria for the applying organization and proposal itself must be met:

The applying organization must:

- Be a health service provider with an existing Multi-Service Sector Agreement (M-SAA); OR a LHIN funded organization with a Hospital Service Sector Agreement (H-SAA) or a Long Term Care Service Accountability Agreement (L-SAA) who is willing to establish an Multi-Service Sector Agreement (M-SAA) with the LHIN for the purposes of this funding as a community funded program. A non-LHIN funded organization (such as Primary Care, Public Health or Community Organization funded by another Ministry) is eligible if they partner with a LHIN-funded organization to submit on their behalf as applicant and administrator of the program;
- Must be able to implement the proposed program in fiscal 2017-2018; and,
- Demonstrate past compliance with LHIN reporting requirements and achievement of program deliverables.

The proposals must:

- Identify that implementation of the proposed program can begin in 2017-2018;
- Identify readiness to integrate telemedicine into the organization’s operational planning and service delivery;
- Identify ability and commitment to supplement the salary, benefits, travel from their own budget as needed to implement the full FTE allotment within the salary per FTE available (\$85,021); (Note: This requirement is standard among all current telemedicine programs and it is important to ensure equity.)
- Demonstrate willingness to accept accountability to for the delivery of net new clinical telemedicine events over previous quarters/years; and
- Include a CEO or Executive Director’s signature.

**EVALUATION CRITERIA**

Proposals will be evaluated using the ‘LHIN Priority Setting and Decision Making Tool’. The following specific criteria will be used for evaluation.

Domain	Criteria and Weight
<b>System Alignment:</b> Determines alignment with both Ministry and LHIN Board-approved local priorities	<b>Alignment (25%):</b> Degree of impact on advancing Integrated Health Services Plan and Annual Service Plan goals and priorities
	<b>Strategic Fit (10%):</b> Alignment with provider system role. Extent to which program/initiative is consistent with the provider(s) mandate and capacity compared to other providers in Ontario.

<p><b>System Performance:</b> Contributes to the meeting of system goals and objectives</p>	<p><b>Sustainability (5%):</b> Impact on health service delivery, financial, and human resources capacity over time. The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people’s health needs.</p>
	<p><b>Integration (5%):</b> Extent to which program/initiative improves coordination of health care among health service providers, including LHIN funded and non-funded providers and community providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client's needs.</p>
	<p><b>Quality (5%):</b> Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided.</p>
	<p><b>Access (5%):</b> Extent to which program/initiative improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the local health system.</p>
<p><b>System Values:</b> Ensures local and system wide attributes are being met including equity, innovation and community engagement.</p>	<p><b>Equity (5%):</b> Impact on the health status and/or access to service of recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/ service. The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, culturally, linguistically or geographically.</p>
	<p><b>Efficiency (5%):</b> Extent to which program/initiative contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system.</p>
	<p><b>Innovation (5%):</b> Impact on generation, transfer, and /or application of new knowledge to solve health or health system problems; encouraging leading practices and innovation, building on evidence and application of leading practices.</p>
	<p><b>Client-Focused (5%):</b> Extent to which program/initiative meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care.</p>
	<p><b>Partnerships (5%):</b> Degree to which appropriate levels of partnership and/or appropriateness of partnerships, both LHIN funded and non-LHIN funded, will be achieved in order to ensure service quality enhancement, improved comprehensiveness, optimal resource use, minimal duplication and/or increased coordination.</p>
	<p><b>Community Engagement (5%):</b> Level of involvement of target population and other key stakeholders in defining the project or planned involvement in evaluating its impact on population health and key system performance.</p>
<p><b>Population Health:</b> Determines contribution to the improvement of the overall health of the population</p>	<p><b>Health Status (5%):</b> Impact on health outcomes for the patient/client and/or community, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice or service.</p>
	<p><b>Prevalence (5%):</b> Magnitude of the disease/condition that will be directly impacted by the program/initiative as measured by prevalence (i.e., # of individuals with the condition in the population or subpopulation at a given time).</p>

	<b>Health Promotion &amp; Disease Prevention (5%):</b> Impact on illness and/or injury prevention and promotion of health and well-being as measured by projected longer term improvements in health and/or likelihood of downstream service.
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The NSM LHIN may also request that the organization present their plan to the NSM LHIN during the evaluation process. If this occurs, organizations will receive their notice of their invitation and the presentations will occur at the NSM LHIN offices. Presentation times will be set by the LHIN and up to three organization representatives will be invited to participate in-person.

The NSM LHIN will make a recommendation to the delegated authority for consideration based on the results of the evaluation process. The NSM LHIN is not obliged to select a health service provider if a suitable submission is not received.

Schedule Summary

Deadline to Submit Questions	July 19, 2017, 1:00 pm
LHIN to Issue Responses	July 21, 2017, 4:00 pm
Proposal Submission Deadline	August 8, 2017, 5:00 pm

*Submission of Questions*

The NSM LHIN recognizes that health service providers may have additional questions regarding the Call for Proposal process, timelines and content. Please submit any questions quoting the CFP name and number in the subject line to [Jennifer.Allen@LHINS.on.ca](mailto:Jennifer.Allen@LHINS.on.ca) by 1:00 pm on July 19, 2017. No questions will be accepted after the stated deadline. Responses to all questions received will be compiled and posted on the NSM LHIN website by 4:00pm on July 21, 2017.

All proposals must be submitted to the North Simcoe Muskoka LHIN by email [NSMSystemimprovement@LHINS.ON.CA](mailto:NSMSystemimprovement@LHINS.ON.CA) to be received by no later than **5:00 p.m. on August 8, 2017**, using the North Simcoe Muskoka LHIN Health System Improvement Proposal (HSIP) form.

- CEO or Executive Director’s signature on the proposal is required.
- Submissions can be addressed to the attention of Marsha Moland, and sent electronically to [NSMSystemimprovement@LHINS.ON.CA](mailto:NSMSystemimprovement@LHINS.ON.CA) include the CFP name and number in the subject line.

Thank you for your continued efforts to deliver quality care for patient closer to home in the North Simcoe Muskoka LHIN.

Sincerely,

*Original signed by*

**Neil Walker**  
Vice President, System Transformation