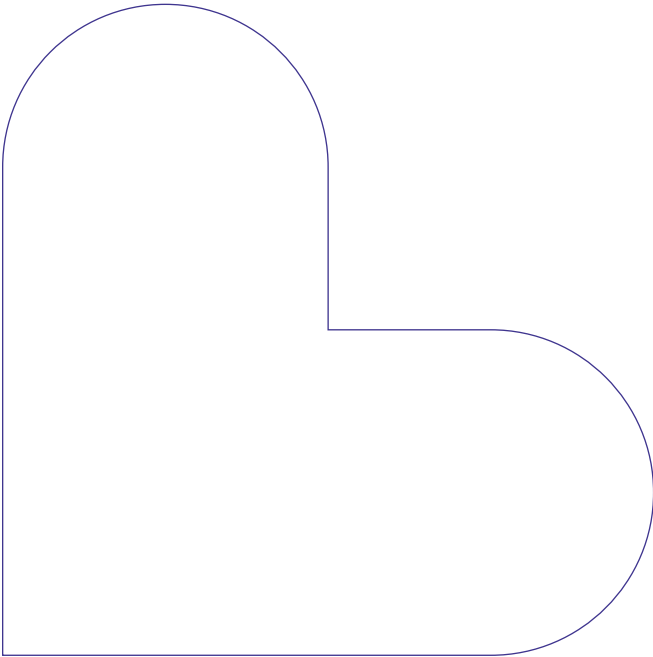




# Partnering on Appropriate Virtual Care

## Project Overview





# About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

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# Call for Applications



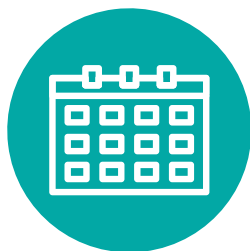
## What's the opportunity?

To develop a functional framework for determining when and how virtual care can be used appropriately and safely in your unique care setting.



## Benefits

- ✓ Access evidence, tools and best practices
- ✓ Receive up to \$20,000 in seed funding
- ✓ Connect with a pan-Canadian network of primary care providers
- ✓ Participate in regular learning opportunities
- ✓ Get support from coaches and subject matter experts
- ✓ Build your capacity to partner with people with lived experience – patients, caregivers and communities, including First Nations, Inuit and Métis



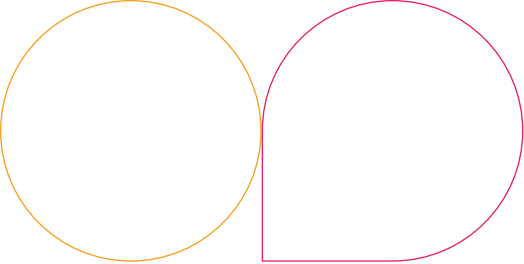
## Program details

Between January and November 2023, join up to 80 other participating teams in a design and implementation collaborative.



## Who should apply

Community-based primary care practices and organizations from across Canada that want to implement or expand the appropriate and safe use of virtual care. **Applications are due by 5:00 pm ET on January 15, 2023.**



# Overview

Healthcare Excellence Canada (HEC) is inviting you to join us in a new effort to create measurable improvements in delivering safe and appropriate virtual care in a range of healthcare settings.

Virtual care can significantly improve how we provide healthcare, often as a complement to in-person care. The pandemic has proven the value of this method of care delivery, and patients and care providers want to continue using it. Ensuring virtual care is provided appropriately and safely is a priority. This includes looking at approaches for shared decision-making with patients.

The Partnering on Appropriate Virtual Care collaborative will support primary care practices, organizations and multidisciplinary teams from across Canada to deliver virtual care in an appropriate and safe way.

Supported by coaches and expert faculty, participants in the collaborative will draw from existing evidence, tools and best practices to develop a functional framework for evaluating when and how virtual care can be used appropriately in their unique healthcare setting.

The collaborative will also help build each team's capacity to partner with patients and communities to determine when to use virtual care, based on patient needs and capabilities, care requirements and clinician capacity.

Teams participating in the Partnering on Appropriate Virtual Care collaborative will receive up to \$20,000 in seed funding to develop and implement an appropriate virtual care framework in partnership with patients and communities. The amount of funding required may differ between teams. See Appendix A for eligible expenses.

The collaborative will run from January to November 2023.

This initiative builds on the [Virtual Care Together](#) design collaborative delivered in partnership by HEC and Canada Health Infoway from October 2021 to March 2022. One output of the design collaborative was the [Clinician Change Virtual Care Toolkit](#), which compiled best practices and resources for delivering virtual care. HEC and Infoway will continue to work together to support the spread of virtual care across Canada, including through this new initiative.



# Collaborative activities and deliverables

A collaborative is a model that brings people together to learn, apply and share improvement methods, ideas and data. The Partnering on Appropriate Virtual Care collaborative will convene passionate and engaged people from organizations and communities across Canada who are committed to improving virtual care. Collaborative activities will include:



## Access to resources, tools and evidence

Including the Clinician Change Virtual Care Toolkit, which provides guidance to support shared decision-making around the appropriate use of virtual care.



## Webinars

Interactive virtual events that delve into relevant topics around practice change and quality and safety improvement.



## Peer-to-peer networking

Unique opportunities to connect, learn and share with others delivering virtual care across Canada.



## Coaching

Available for each team (based on needs and interests) to ensure a rapid pace for testing change and troubleshooting barriers.



## Measurement and reporting support

To help evaluate the appropriateness and safety of virtual care, based on the needs, preferences and capabilities of both patients and care providers.

Please note that the frequency of the collaborative's learning activities will be determined in partnership with participating teams. Participants are expected to join these activities, as scheduled by HEC, based on their availability.

Each team in the Partnering on Appropriate Virtual Care collaborative will be required to share their framework with HEC and other participating teams for collective learning, as well as complete a final project report and evaluation survey. Project expenditure reporting is also required.

# Who should apply?

Community-based primary care practices and organizations from across Canada that want to implement or expand the appropriate and safe use of virtual care in their unique setting. Settings can include, but are not limited to, healthcare clinics, physician and/or nurse practitioner offices, community health centres, allied health professional offices, public health units, private long-term care homes, hospices and workplaces.

Organizations can participate as a single institution or as part of a multidisciplinary network that could include care providers; patient, caregiver and community members; leadership or executive sponsors; evaluation and project leads; and representatives from all staff positions.

Those applying as a network must identify a lead organization that will be responsible for signing a collaboration agreement outlining terms and conditions around funding, data sharing, intellectual property, as well as audits and records.

All participants are required to commit to review and confirm understanding of HEC's [Conflict of Interest Policy](#), including the rules regarding the eligibility of employees, directors and agents, and disclose any relationship with these groups and/or current members of the HEC Board of Directors.

# How to apply

Eligible practices, organizations or networks are invited to apply by completing the [online application](#). Applications are due by January 15, 2023 at 5:00 p.m. ET. Applications may be submitted in English or French.

If you have questions or require assistance with applying, please contact us via email at [virtualcare.soinsvirtuels@hec-esc.ca](mailto:virtualcare.soinsvirtuels@hec-esc.ca).

# Selection considerations

Up to 80 teams will be selected through a review process. HEC will seek to ensure the collaborative includes a variety of practice settings and provider types. HEC will notify applicants of the outcome of their application by January 2023 .

Applications will be evaluated based on the information provided and the following considerations:

- ✓ **Diverse populations:** The application indicates how the work will benefit diverse populations including but not limited to rural/remote, Indigenous and other underserved populations.
- ✓ **Focus on appropriate and safe virtual care:** The application indicates how the work will advance the goal of creating appropriate and safe virtual care through shared decision-making between patients and providers.
- ✓ **Improvement team members identified:** If possible, a multidisciplinary, diverse team\* including care providers, patient, caregiver and community members/partners and/or individuals with lived experience; leadership/ executive sponsors; evaluation and project leads; and representatives from all staff positions.
- ✓ **Defined population and anticipated patient reach:** A defined population that stands to benefit from improvements in virtual care. There are expected gains to be achieved through participation in the learning collaborative, and the number of patients, care partners and community members who stand to benefit is high.
- ✓ **Potential for spread:** Other community-based primary health care providers from across Canada could benefit from the learnings and strategies of the team.
- ✓ **Conflict of interest:** No conflict of interest issues identified for team members or affiliated organizations.

\*A team of patient/client and family partners, community partners and individuals with lived and living experience and inter-professional staff with diverse skills, professional backgrounds, cultures and perspectives will promote shared understanding of the opportunity for virtual care improvement to ensure key perspectives are considered and will help ensure virtual care improvements are ready to be implemented and sustained. For more information on possible team members and roles, see the [Long Term Success and Sustainability Guide](#).

# Appendix A: Eligible and Ineligible Funding Expenses

HEC is committed to contributing funds to help offset costs associated with staff replacement, travel and accommodations for education sessions related to the collaborative.

Category	Eligible Expenses*	Ineligible Expenses
<p><b>Personnel</b></p>	<ul style="list-style-type: none"> <li>• Compensation/honorarium for involvement of advisors with lived and living experience</li> <li>• Release time for team members whose regular job description will be amended to allow them to work on the learning collaborative</li> <li>• Funds to hire additional staff to backfill the jobs of team members who are released to work on the learning collaborative</li> <li>• Salary replacement costs to allow providers to participate in the learning collaborative</li> <li>• Hiring personnel to support the development, implementation and evaluation of the work</li> </ul>	<ul style="list-style-type: none"> <li>• Eligible release time charged at rates above existing salary or sessional rates</li> <li>• Service delivery costs (unless approved by HEC in advance)</li> <li>• Release time related to the financial administration of funds</li> </ul>
<p><b>Travel for Educational Purposes**</b></p>	<ul style="list-style-type: none"> <li>• Travel costs for team members between learning collaborative site(s)</li> <li>• Travel, accommodation and meals for team members required to attend meetings, including the collaborative in-person workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Travel costs not directly related to delivery of the learning collaborative</li> </ul>



Category	Eligible Expenses*	Ineligible Expenses
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Cost of equipment directly required for the learning collaborative (all equipment requests must be reasonable and fully justified)</li> </ul>	<ul style="list-style-type: none"> <li>• Large capital purchases</li> </ul>
<b>Supplies and Services</b>	<ul style="list-style-type: none"> <li>• Cost of producing materials required for the learning collaborative (photocopies, printing, office supplies, etc.)</li> <li>• Costs relating to communication of the learning collaborative results, such as meetings and video conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of supplies and services not directly related to delivery of the learning collaborative.</li> </ul>

\* Further to Section 2.f) of the Collaborative Agreement, if the Lead Organization or Team Participant recovers all or a part of its costs due to its tax status, the recoverable portions must be deducted from the Budget and Expenditure Reports.

\*\* Alcohol and cannabis are always ineligible expenses; the lowest economy fare must be selected for all travel; and reasonable rates must be sought for all travel-related costs. Note, travelling expenses are subject to the Services the National Joint Council Travel Directive, as may be amended from time to time, which can be viewed at <https://www.njc-cnmc.gc.ca/directive/d10/v238/en>, and HEC’s corporate administrative policies.