

AMENDING AGREEMENT NO. 2

This Amending Agreement No. 2 effective as of the 1st day of April 2019.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health

(the “Province”)

- and -

Ontario Telemedicine Network

(“Recipient”)

BACKGROUND

1. Her Majesty the Queen in right of Ontario as represented by the Minister of Health and Long-Term Care and the Recipient entered into a Funding Agreement, effective April 1, 2012, and amended on April 1, 2018 (the “Agreement”);
2. The responsibilities of the Minister of Health and Long-Term Care are now divided between the Minister of Health and the Minister of Long-Term Care. For the Agreement, Her Majesty the Queen in right of Ontario is now represented by the Minister of Health.
3. The Parties wish to amend the Agreement in order to revise the Schedules.

CONSIDERATION

In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Capitalized terms used but not defined in this amending agreement No. 2 (the “Amending Agreement No. 2”) have the meanings ascribed to them in the Agreement.
2. Section 4.4(a) of the Agreement is amended by adding the following paragraphs:
 - (d) ensure that (i) any travel, meal or hospitality expenses are incurred prudently and responsibly following the general spirit of the Management Board of Cabinet’s Travel, Meal and Hospitality Expenses Directive (<https://docs.ontario.ca/documents/5042/ontario-travel-directive-effective-january-1.pdf>), as may be amended; and (ii) any incurred travel, meal or hospitality expenses are practical and economical and necessary for the purposes of carrying out the Program.
 - (e) upon the Province’s request, show that prior to incurring travel, meal or hospitality expenses in accordance with section 4.4(d), other options for meetings, such as audio or video conferencing were considered; and
 - (f) keep receipts for all travel, meal or hospitality expenses incurred.
3. Section 17.1 is amended to replace the Province and Recipient information with the following:

To the Province:
Ministry of Health
1075 Bay Street, 12th Floor,
Toronto, ON M5S 2B1

Attention:
Evan Mills
(A) Director, Digital Health Program
Branch

Telephone: (416) 786-7020
Fax: 416-326-9967
Email: evan.mills@ontario.ca

To the Recipient:
Ontario Telemedicine Network
438 University Avenue, Suite 200
Toronto, ON M5G 2K8

Attention:
Ed Brown
CEO

Telephone: 416-446-4112
Fax: 416-446-4139
Email: ebrown@otn.ca

4. Schedule "A" (Program Description and Timelines) is deleted and replaced by Schedule "A" attached to this Amending Agreement No. 2 as Appendix 1.
5. Schedule "B" (Funds and Budget) is deleted and replaced by Schedule "B" attached to this Amending Agreement No. 2 as Appendix 2.
6. Schedule "C" (Payment Plan) is deleted and replaced by Schedule "C", attached to this Amending Agreement No. 2 as Appendix 3.
7. Schedule "D" (Reports) is deleted and replaced by Schedule "D", attached to this Amending Agreement No. 2 as Appendix 4.
8. Schedule "E" (Declaration) is deleted and replaced by Schedule "E", attached to this Amending Agreement No. 2 as Appendix 5.
9. Amending Agreement No. 2 shall be effective as of the date set out at the top of the Amending Agreement No. 2.
10. Except for the amendments provided for in Amending Agreement No. 2, all provisions in the Agreement remain in full force and effect.

THE PARTIES have executed this Amending Agreement No. 2 as of the dates written below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health

Name: Christine Elliott
Title: Deputy Premier and
Minister of Health

Date

ONTARIO TELEMEDICINE NETWORK

Name: Jonathan Bennett
Position: Chair, Board of Directors

Date

I have authority to bind the Recipient.

Appendix 1

Attached to Amending Agreement No. 2 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and the Recipient, effective April 1, 2019.

SCHEDULE "A" - PROGRAM DESCRIPTIONS AND TIMELINES (2019-20)

Effective April 1, 2019

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1.1 Virtual Care Advisory Service

The Recipient will offer Virtual Care Advisory Service. The Virtual Care Advisory Service represents a revised and flexible service offering to support the use of evidence-informed and best practice virtual care processes, including the integration of virtual visits and digital self-care tools into new models of care.

The focus of this work is to establish the Recipient as a critically important and valuable enabler for Ontario Health Teams (OHT) to achieve their clinical and business objectives through the integration of virtual care into their care processes. Through this Program, OHTs will be better equipped to leverage virtual care to enhance integrated care, improve transitions in care, enable patient self-management, improve the patient experience and to ultimately reduce pressure on hospitals by keeping patients out of the hospital, as appropriate.

The Recipient will not limit the resources and expertise available through this service to the Recipient's technology offerings or programs but also include advice on other models and technologies that may be of interest to Ontario health care providers.

At a minimum, the Recipient will offer the following as part of the Virtual Care Advisory Service:

- **Review & Options:** Meeting with OHTs to understand specific population needs and participate in planning exercises to help align appropriate virtual care options (Recipient and non-Recipient), including consideration of how to best leverage an OHT's existing resources and programs.
- **Around the World:** Making available environmental scans of best practices in virtual care from healthcare organizations and leading vendors, which can be customized to an OHT's specific needs.
- **Tools of the Trade:** Providing practical 'lessons learned' from healthcare organizations that have implemented virtual care in Ontario, including case studies, change management, adoption tactics, implementation and evaluation approaches.
- **Match-Maker:** Connecting leadership and clinicians with peer organizations and innovators who have impactful virtual care programs and solutions already in place that may meet clinical and business objectives of OHTs.
- **Virtual Care Protocol Co-Design:** Collaborating with OHT clinical expertise to "virtualize" current workflows to optimize virtual care impact. The Recipient can offer workflow integration and program co-design, working with clinicians to weave virtual services into clinical pathways as appropriate.
- **Easy-buy:** Providing access to validated virtual care solutions that can be easily acquired by Ontario's health care providers to support them to provide virtual care and save time and money in procurement and pricing efficiencies.
 - Existing provincial virtual care solutions available to be acquired including:
 - Remote Care Management platform (Vivify Health with pre-built or totally customized care protocols, including fully managed kits or bring your own device (BYOD))
 - Mood and anxiety solution vendor of record (VOR) for peer-support and internet-based Cognitive Behavior Therapy (iCBT) solutions
 - Substance use disorder VOR
 - Surgical transition VOR
 - Wound care VOR
 - Primary care virtual visit VOR
 - The Recipient, in collaboration with healthcare providers across Ontario, has also tested and validated protocols that are available for Vivify Health in home palliative care, post-acute discharge monitoring and post hip and knee replacement.
- **Evaluation Dashboard:** Providing assistance with the development of an evaluation dashboard for use by the OHT.

References to OHTs throughout this section are intended to include not only those groups that are designated by the Minister of Health as OHTs under the *Connecting Care Act, 2019*, but also groups of health service providers that are working towards becoming designated OHTs.

Objective

- To support OHTs in advancing their virtual care plans
- To provide OHTs with data, best practices and jurisdictional scans to support OHTs in developing their models of care and achieving their virtual visit target

Key Components and Activities

- a) Design Virtual Care Advisory Service Available to OHTs

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|---|--|--|
| a) Design Virtual Care Advisory Service Available to OHTs | <ul style="list-style-type: none"> • OHT Advisory Services Framework, including detailed descriptions of services, roles and responsibilities and intake-to-action workflow [Target Completion: December 2019] • Roadmap to prioritize and distribute knowledge available through Advisory Services Framework [Target Completion: December 2019] | <ul style="list-style-type: none"> • # of ongoing formalized advisory relationships with OHTs |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required.

1.2 Partner Video Project (i.e. Virtual Visits via non-Recipient technology)

This initiative, previously called eVisit Stewardship, will finalize options and recommendations, for a framework to support virtual visit expansion by enabling interested providers to deliver virtual visits using 3rd party vendor solutions, within a coordinated provincial approach. Building on the Recipient’s framework recommendations, shared in March 2019, this initiative will refine and validate framework options and recommendations, with input from Proof of Concept (PoC) participants and a Steering Committee comprised of health care stakeholders.

Through this initiative:

- participants will participate in focused demonstration projects to support finalization of framework elements (e.g. registration, data transfer, requirements for patient host site connections);
- participants will be invited to provide feedback on the draft framework; and
- physicians will be able to be remunerated through a pilot billing framework for care delivered via 3rd party video visit technology that meets minimum standards and guidelines.

Objective

- Trial and refine a recommended framework, for opening up the virtual care technology marketplace that will drive quality, value and innovation, while ensuring providers remain able to participate in regional or provincial virtual visit interactions where appropriate.
- Enhance the end to end provider journey and accelerate use of 3rd party video to enable as many providers and organizations as possible to easily use virtual care to expand access to care.

Key Components and Activities

- a) Partner Video Program
- Enroll participant organizations with prioritization of interested OHTs to support use of third-party solutions.

- Collect and share input of all participating organizations to inform the framework recommendations.
 - Develop recommendations for the provincial framework that could be implemented by the end of 2019-20.
 - Establish a steering committee that is co-chaired by the Recipient and the Province to review options and recommendations for key framework areas (i.e. technology standards, registration, reporting, patient host site connections).
 - Develop virtual care standards and guidelines for synchronous (video) and asynchronous (secure messaging) eVisits to support adoption and use of third-party technologies by specialty care and primary care providers.
- b) Provider Journey Experience
- Understand the end-to-end provider journey experience and accelerate virtual care to enable as many providers and organizations as possible to easily use virtual care to expand access to care. This includes use of both Recipient and third-party technologies.
 - Workflow Solution:
 - Develop a proposed scope and approach for the workflow solution that enables connection to patient sites for both Recipient and 3rd party video.
 - Develop a cross-functional team approach to co-design.
 - Develop a phased implementation plan for the workflow solution.
 - Identify implications/opportunities for internal process improvements to onboarding and/or provisioning.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [±]] |
|--------------------------------|--|---|
| a) Partner Video Program | <ul style="list-style-type: none"> • Establish a Steering Committee to review and validate key framework elements [Target Completion: July 2019] • Develop options analysis in key areas not fully addressed in March 2019 report, including patient host site connections and data reporting [Target Completion: August 2019] • Develop draft recommendations based on PoC learnings [Target Completion: September 2019] • Develop final recommendation based on PoC learnings and Steering Committee feedback [Target Completion: November 2019] • Develop implementation plan to support framework [Target Completion: March 2020] | <ul style="list-style-type: none"> • POCs ready to launch (agreements signed) [5] • Participant consultations performed (framework and advisory services) [5] |
| b) Provider Journey Experience | <ul style="list-style-type: none"> • Finalize the business workflow strategy (i.e. people, process and technology) and propose options (i.e. tools, workflows, processes) to implement improvement [Target Completion: December 2019] • Virtual Care Workflow Management Solution Strategy decision made [Target Completion: December 2019] | <ul style="list-style-type: none"> • Provider Journeys mapped [5] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

1.3 Enhanced Access to Care in the North

People living in Northern Ontario experience poorer health and greater health inequities compared with the rest of the province. The Recipient will reduce inequities in access to care by identifying and addressing specific gaps in health care in Northern Ontario and ensuring clinical services are delivered to address them. The Recipient will accomplish this by identifying and working with stakeholders to assess population health needs, designing virtual care delivery models to address priority gaps and setting metrics to evaluate the benefits using a quadruple aim framework.

A key requirement for supporting care delivery in Northern Ontario is the need for a robust and efficient patient access network (PAN). Within this program, the Recipient will continue its focus on strengthening, augmenting and enhancing the current PAN of telemedicine patient host sites (i.e. sites where patients can go to be supported to see a physician via telemedicine).

All work in this section should be done in alignment with the Partner Video Project (Section 1.2) and the Virtual Care Advisory Service (Section 1.1).

Objective

- Understand specific gaps in care in Northern Ontario and find ways for clinical services to be delivered to address them.
- Enable increased efficiency at patient host sites supporting value for money and ease of access.

Key Components and Activities

- a) Priority Population: Francophone
 - Activities for this priority population will be described in Section 1.15.
- b) Priority Population: Indigenous Communities
 - Activities for this priority population will be described in Section 1.7.
- c) Priority Population: Northern Equity
 - Host collaborative engagement sessions with key stakeholders (municipalities, provincial and other) to identify top priority population health needs.
- d) Patient Access Network
 - Develop PAN guidelines for OHTs including policy recommendations for an optimal patient access network. This includes identification of minimum standards and best practices of the various component parts of an optimal PAN.
 - In alignment with the Partner Video Project (Section 1.2) determine how to accommodate non-Recipient patient host sites and provider use of non-Recipient technology.
- e) Non-Room Based Videoconferencing (RBVC) Host Site
 - Complete process to enable and ensure non-RBVC sites are listed in the directory and scheduled through the Ncompass scheduling software.
 - Complete pilot of Personal Computer Video Conferencing (PCVC) as a host site
 - Develop a plan for general availability of PCVC as a host site
 - Enable GuestLink systems (Section 1.7) to be listed in the directory as host sites.
 - Enable process to onboard non-RBVC host sites at provincial scale.
 - Describe host site plan.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target†] |
|-------------------------------------|--|--|
| a) Priority Population: Francophone | <ul style="list-style-type: none"> • Support activities required for program objectives described in Section 1.15 | N/A |

| | | |
|---|--|---|
| b) Priority Population: First Nations Communities | <ul style="list-style-type: none"> Support activities required for program objectives described in Section 1.7 | N/A |
| c) Priority Population: Northern Communities | <ul style="list-style-type: none"> Develop a summary that identifies priority gaps in access to care in northern communities [Target Completion: September 2019] Establish the first collaborations to address inequities in access to care in northern communities [Target Completion: September 2019] Document a mitigation plan to address risk associated with removal of premium [Target Completion: September 2019] | <ul style="list-style-type: none"> Priority Gap Areas in the North identified and approved (Supported by data analytics) [3] |
| d) Patient Access Network | <ul style="list-style-type: none"> Draft PAN Guidelines for OHTs [Target Completion: December 2019] Finalized PAN Guidelines for OHTs [Target Completion: March 2020] | N/A |
| e) Non-RBVC Host Site | <ul style="list-style-type: none"> 80% completion of PCVC as a host site plan [Target Completion: March 2020] | N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

1.4 eVisits: Timely Access to Primary Care

In March 2019 the Recipient completed the eVisits: Timely Access to Primary Care initiative (also referred to as the Enhanced Access to Primary Care (EAPC) project). The pilot was implemented in 5 Local Health Integration Network (LHIN) regions (Central West, Waterloo Wellington, Central East, Mississauga Halton, Toronto Central) with ~280 primary care practitioners. The pilot tested models that enable patients to access their primary care practitioner from their computer or smartphone via secure messaging, audio call or video visit.

The eVisits: Timely Access to Primary Care project is now in an evaluation phase in which:

- Physicians currently enrolled in the project may:
 - continue to deliver virtual visits to patients enrolled with EAPC;
 - enroll more of their patients onto EAPC; and
 - continue to be remunerated by the Recipient according to the EAPC pilot billing framework.
- The Recipient may, if they so choose, replace physicians who leave or are removed from the pilot due to inactivity with another interested physician from the same region to keep the number of active physicians at 280.
- Additional primary care physicians (PCPs) beyond 280 participants may be enrolled by the Recipient into a limited expansion of the project only if:
 - they have use of technology procured from the Recipient's VOR (i.e. Novari Health, Think Research);
 - the Recipient has sufficient resources to fund these virtual visits, considering demand;
 - they are associated with an OHT; and
 - they are delivering care within an established physician-patient relationship (i.e. PCPs in patient enrollment models (PEM) to rostered patients in their PEM and PCPs outside of PEMs if they have seen the patient in the last 24-months in person).

The Province will consider exceptions to the above criteria as they arise.

Objective

- Maintain access to front-line virtual primary care services in line with the March 2019 scope of the pilot (i.e. <= 280 physicians in the 5 LHINs).
- Support primary care providers within OHTs to deliver virtual 'home' visits (in alignment with Section 1.1)
- Support OHTs in exploring virtual primary care options – including Recipient and non-Recipient solutions

Key Components and Activities

a) Support Provincial Primary Care eVisits

- Ensure participants comply with the Recipient's contractual, privacy, and security requirements.
- Manage remuneration of participating physicians according to pilot billing framework.
- Provide program support to physicians and participating sites to continue the delivery of these front-line virtual primary care services.
- Support the existing VOR for Primary Care and develop a plan for future i.e. expansion, termination, modification, etc.
- If a physician has been removed from the pilot due to no longer wishing to participate or due to low/lack of activity that does not warrant subsidy of the technology, another physician can be added in the participating LHINs.
- As physician capacity and available physician remuneration budget allows, permit continued enrollment of patients with their own primary care providers that are part of the pilot.
- Support alignment with Telehealth Ontario for the Telephone Health Advisory Service (THAS) if there is sufficient overlap of physicians providing THAS and eVisits: Timely Access to Primary Care, such that patients calling THAS who have a provider in the pilot are reminded of this and/or offered to enroll in the pilot if their physician allows.
- Support primary care physicians associated with an OHT according to the limited expansion criteria above to obtain access to the pilot billing framework.
- Undertake further analysis of pilot data to support development of virtual care billing changes.
- Support implementation of primary care virtual care funding and policy directions as they arise.

b) OHT Availability

- Provide findings from the initiative to identify meaningful use cases (i.e. super user analysis, etc.) in virtual primary care and work in alignment with Section 1.1 Virtual Care Advisory Services to support OHTs.
- Develop and execute a communication plan to share evaluation findings and virtual care opportunities ('Findings Reports') among key participants and stakeholders.
- Inform the Province of OHT requests that are not aligned with the current OHT model allowance.

c) Military Family Services (MFS)

- Enroll physicians as identified by MFS and Calian/Primacy onto OTNinvite and allow them to access the Province's remuneration for virtual care for patients within the pilot, without claiming the telemedicine premium.
- Leverage expertise from the Enhanced Access to Primary Care pilot and other resources to assist MFS and Calian/Primacy to develop a strong post-visit patient survey and requirements for physician reporting.
- Provide advice to Calian/Primacy on the pilot workflow (e.g. triage).
- Leverage data generated from the project to inform virtual care billing recommendations as required.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|-------------------------------|--|--|
| a) Support Provincial eVisits | <ul style="list-style-type: none"> Execute a communication plan to share evaluation findings and virtual care opportunities among key participants and stakeholders [Target Completion: December 2019] Complete further analysis of pilot data to support development of virtual care billing changes [Target Completion: December 2019] | <ul style="list-style-type: none"> # Physicians enrolled Number of patients invited # eVisits completed |
| b) OHT Availability | <ul style="list-style-type: none"> Virtual Primary Care Models 'Findings Reports' [Target Completion: March 2019] | <ul style="list-style-type: none"> N/A |
| c) MFS | <ul style="list-style-type: none"> Support pilot to enable access to primary care services for military families [Ongoing] | <ul style="list-style-type: none"> N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

1.5 eVisits: Timely Access to Specialized Care (Home Video Visit Pilot Phase II)

The eVisits: Timely Access to Specialized Care project has also been referred to as the Home Video Visits pilot or OTNinvite in the past. Through this project providers can leverage OTNinvite to provide 'home' video visits that are launched through a secure e-mail link and be remunerated for the virtual care delivered through a pilot allowance from the Province.

OTNinvite is a feature of the Recipient's PCVC solution that allows clinicians to initiate a clinical video visit to members outside of the Recipient's network. This supports clinical home video visits that are scheduled and initiated by clinicians and their delegates, and workflows within clinical settings that can take place outside of the OTNhub. OTNinvite functionality is available to all PCVC users but in order to bill for the 'home' video visits delivered the physicians must be enrolled in this pilot.

This pilot is a limited enrollment pilot, with a cap approved by the Province. Eligible physicians include:

- All specialists (preference should be given to those associated with OHTs); and
- PCPs associated with an OHT, who are delivering care to patients with whom they have an existing relationship (i.e. PCPs in patient enrollment models for rostered patients only; other PCPs if there is an established physician-patient relationship with an in-person visit in the last 24 months.)

The Province will consider exceptions to the above eligibility criteria. The only current exception that has been approved is for the Military Family Services pilot (Section 1.4c) in Petawawa leveraging fee-for-service physicians provided by Calian/Primacy to provide transitional care to military families who have not been able yet to enroll with a local primary care provider.

This pilot is also supported by the onboarding of allied health provider's (salaried) onto OTNinvite who are involved in bringing specialized care into the patients' homes. They are not part of the pilot enrollment cap as they do not bill for 'home' video visits.

Home video visits are a lead component of the Recipient's Intensive Hospital Partnerships program (see Section 1.5a). Through individual letter agreements with 10 hospitals, the Recipient has consensus from participants to work together towards virtual care integration and design of 40 programs. The work will involve development of:

- Local governance structures with hospital leadership.

- A commitment between the Recipient and participating hospitals that includes articulation of respective roles and responsibilities, project timelines, resourcing and targeted outcomes (qualitative and quantitative goals), in the form of a signed charter.
- Clinical co-design and program development within each hospital.
- Evaluation and reporting to ensure progress toward specific projects are on track.

Although previous phases of this pilot allowed for physicians to claim the telemedicine premium for the ‘home’ video visits conducted, going forward any new physician enrolled in the pilot will only be allowed to claim the appropriate Ontario Health Insurance Plan (OHIP) service fee and a \$0 Telemedicine Program code (i.e. B099).

All physicians going forward are expected to sign a pilot contract with the Recipient upon enrollment in the pilot, which will stipulate the pilot nature of the remuneration, details of the payment mechanism and attestation to abiding by the terms of enrollment.

Objective

- Inform provincial options related to the benefits, value and remuneration framework for specialist’s home video visits.

Key Components and Activities

a) Intensive Hospital Partnerships

- Continue execution of plans and follow through on commitments made with Intensive Hospital Partnership program.
- Target physicians associated with OHTs as per eligibility criteria above. In addition, other specialists and primary care physicians in patient enrollment models for rostered patients only who have expressed an interest in seeing patients in their homes can participate in this expanded pilot and test new models (e.g., pre- and post-orthopedic surgery, mental health, oncology, palliative care).
- Develop and/or refresh informational materials (e.g., clinical toolkit, best practices documentation for target specialty areas such as surgery, mental health, oncology, palliative care, etc.).

b) Home Video Visit Pilot Member Support

- Continue to support members who were enrolled in the Home Video Visit pilot in phase 1.
- Carry out continued evaluation and encourage continued use.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|--|---|---|
| Intensive Hospital Partnerships | <ul style="list-style-type: none"> • Identify 10 hospitals for deeper collaboration and complete project charters [Target Completion: December 2019] • Develop 8 joint implementation plans (one per hospital) [Target Completion: December 2019] • Share initial dashboard with each hospital [Target Completion: September 2019] • Establish a multi-disciplinary governance committee per hospital [Target Completion: March 2020] | N/A |
| c) Home Video Visit Pilot Member support | <ul style="list-style-type: none"> • Provide ongoing support to members who enrolled in the Home Video Visit Pilot program in phase 1 [Ongoing] | N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required.

1.6 Leverage Recipient's Platform to Reduce Wait Times

Ontarians are waiting an average of 15.7¹ weeks for an initial specialist visit. The Recipient's platform, including eConsult, the directory and eVisit functionality, has the potential to significantly reduce wait times for specialized care. This may include the publication of provider reported wait time data for priority areas of specialty care and / or new initiatives for more timely, immediate access to specialized care.

Objectives

- Support transitions in care between referrers and specialist and reduce overall costs associated with specialty care by disrupting traditional patterns of access.

Key Components and Activities

a) Opportunity Analysis

- Understand areas of opportunity in specialized care with significant wait times (alignment with priorities of the Province and OHTs) and the Recipient's ability to address those areas.
- Identify collaboration opportunities for implementation of new models of access (e.g. dedicated specialist access programs, on call eConsult programs)

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|-------------------------|--|--|
| a) Opportunity Analysis | <ul style="list-style-type: none"> • Carry out analysis on areas of opportunity for significant wait time disruption or with the potential for greatest impact on patient satisfaction, safety or system cost [Target Completion: December 2019] • Stakeholder analysis to determine, risks, barriers and points of leverage and implementation opportunities [Target Completion: December 2019] | <ul style="list-style-type: none"> • Priority Specialized Care Areas for wait times identified and approved [3] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required.

1.7 Indigenous Telemedicine

The Recipient collaborates with Indigenous communities throughout Ontario and works closely with Keewaytinook Okamakanak eHealth Telemedicine Service (KOeTS) to provide telemedicine access to many remote Indigenous communities. This includes integration with the Kuhkenah Network (K-Net)'s communications network in Northwest Ontario and ongoing program development collaboration.

Objectives

- Manage programs to enable equitable access to telemedicine for Indigenous communities across Ontario.

Key Components and Activities

a) Indigenous Telemedicine Program Management

- Maintain and enhance existing telemedicine program relationships with Indigenous sites within the province (including also Trilateral First Nations Health Senior Officials Committee (TFNHSOC), Métis Nation of Ontario, Aboriginal Health Access Centres)
- Provide Indigenous sites/communities with all of the benefits of the Recipient's membership, including best practices to increase and grow telemedicine programs and change management support as needed.

¹ [2018 Fraser Institute, Waiting your Turn Report](#)

- Coordinate and manage the accountability relationship related to the Recipient's partnership with KOeTS to undertake the work as outlined in this agreement, including appropriate invoicing by KOeTS for services delivered.
 - Continue to provide advisory support to the Virtual Emergency Service Project and use of the Recipient's trauma tenant.
- b) Directory and OTNhub Onboarding
- Maintain and enhance Indigenous indicator filter search in the Recipient's directory.
 - Ensure that directory profiles of Indigenous service providers continue to be updated on an ongoing basis as health care professionals who provide culturally appropriate services are identified and recruited.
 - Continue to provision new users (e.g. healthcare providers) with OTNhub access at no cost to the user.
 - Support KOeTS to continue to promote/increase awareness of the Recipient's directory and its use to Indigenous communities through proactive and regular outreach.
- c) Managed Service Model: The Managed Service Model (MSM) provides Indigenous locations with a Guestlink unit, which allow them to participate in a secure video visit via OTNinvite. This model operates with a central KOeTS navigator who supports ongoing change management and adoption and who participants call to set up a clinical encounter, which includes searching the newly updated directory, finding an appropriate clinician, and brokering the connection (e.g., sending the referral form, scheduling, setting up the Guestlink).
- The Recipient will support KOeTS in maintaining and enhancing the MSM among participating communities and achieving agreed upon targets.
 - Maintaining adoption through the support of KOeTS leadership training, topics of interest, scheduling and tracking events.
 - Animate MSM in partnership with KOeTS, such as by engaging Health Authorities and Tribal Councils, meeting with all existing MSM communities, and engaging any providers identified by communities.
 - Support promotion of learning opportunities on health care topics (e.g. mental health) to sites.
 - Enable enhanced tracking of utilization at managed service Guestlink sites by use of geo-location tools.
 - Extend availability of key awareness activities that have worked within the MSM to other MSM sites
- d) Increase use at Existing Indigenous Telemedicine Sites
- Work to increase uptake at all Indigenous telemedicine sites (i.e. community sites, Indigenous points of care).
 - Maintain and refresh Indigenous Environmental Scan adding new information such as clinical needs assessment and comprehensive site information.
 - Extend availability of key awareness activities that have worked within the MSM to all Indigenous telemedicine sites.
 - Reach out to all new Indigenous interprofessional primary care sites, treatment centres, and healing lodges and provide information/materials on how their patients could leverage telemedicine to see specialists closer to home, including locations of closest telemedicine site that could host their patients.
 - Support promotion of learning opportunities on health care topics (e.g. mental health) to sites.
 - Revise the Recipient's Indigenous telemedicine page, with support from KOeTS and other collaborators, to properly reflect both standard telemedicine sites and Managed Service sites and enhance content to enhance clarity and better resonate with the intended audience.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|---|--|--|
| a) Indigenous Telemedicine Program Management | <ul style="list-style-type: none"> Confirmation of shared understanding between the Recipient and KOeTS of the scope of work and resource distribution between the two organizations. [Target Completion: June 2019] Manage accountability relationship with KOeTS to support effective delivery of the program [Ongoing] | N/A |
| b) Directory and OTNhub Onboarding | <ul style="list-style-type: none"> Maintain indigenous filter and provision new users to the OTNhub [Ongoing] | N/A |
| c) Managed Service Model | <ul style="list-style-type: none"> Support reporting using geo-location tools to track use of Guestlink [Ongoing] | <ul style="list-style-type: none"> # of locations with capacity building/training call in the last 3 months [All] # of virtual care visits conducted |
| d) Increase use of Existing Indigenous Telemedicine Sites | <ul style="list-style-type: none"> Maintain and update environmental scan of all Indigenous telemedicine sites [Target Completion: March 2020] Engagement with all current Indigenous Telemedicine sites for review of utilization, organizational updates, update access needs (including TFNSOC) [Target Completion: March 2020] | N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required.

1.8 Remote Care Management (Telehomecare Program)

The current Telehomecare Program is an intensive six-month coaching and monitoring program which supports patients with chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) through education, health coaching, and remote monitoring - complementing the care provided by the patient's primary care provider. Telehomecare relies on the use of supplied monitoring equipment in a patient's home, including a blood pressure unit, weight scale, and an oximeter to measure oxygen saturation. Telehomecare Registered Clinicians (e.g. RNs, RTs, etc.) can remotely monitor each patient's health status on a daily and weekly basis, and work with the patient to set healthy living goals while learning how to stay healthy at home.

Based on the Toronto Health Economics and Technology Assessment (THETA) Collaborative's evaluation, over five years of operations experience and increasing demand, new models of "Telehomecare" are required to enable an enhanced "Remote Care Management" model. Examples of enhancements include initiatives such as a "maintenance" program to support patients after they have completed the six-month program, a potentially shorter program for those patients requiring less intervention, using a BYOD model, and potential expansion to other areas such as hip & knee, palliative, surgical transitions, etc.

The Recipient will continue to provide program management by overseeing operations of the current Telehomecare program through the existing hosted programs, while undertaking targeted enhancements to

improve program value for money. Remote Care Management will be provided to the right patient segment in alignment with the Chronic Disease Digital Self Care Framework and in alignment with OHT needs.

Objectives

- Expand access to chronic disease self-management through digital tools.
- Improve patients' health outcomes and self-management skills and decrease health system utilization.
- Better understand "who is the right patient" for the Remote Care Management Program.
- Further improve program value for money.

Key Components and Activities

a) Telehomecare Operations

- Vendor Management (Vivify)
 - Provide appropriate technical, product and billing/contractual support for existing Host Telehomecare programs for COPD and CHF patients to ensure the product meets the needs of host organizations, clinicians, and patients (e.g. patient access to their data post program).
- Quality and Evaluation
 - Revise the Quality approach to facilitate quality improvement initiatives to ensure provincial collaboration and equity.
 - Continue to oversee the evaluation of the core Telehomecare service offering being conducted by THETA.
 - Use the findings to continue to enhance the program.
 - Support knowledge translation of results to key stakeholders.
 - Provide assessment of current per-patient cost on Telehomecare including LHIN and the Recipient's costs, with a sub-treatment of per-patient cost on bring your own device.
- Adoption
 - Support LHINs and host programs in their adoption efforts to maximize ongoing program referrals and referral to enrollment conversion.
 - In alignment with the Virtual Care Advisory Service (Section 1.1) support interested OHTs to consider Telehomecare adoption in alignment with existing local programs and provincial best practices.

b) Telehomecare Enhancement

- Additional protocols
 - Complete maintenance model protocol pilot with Toronto Central, North East and Central East LHINs. Pending evaluation results, expand maintenance model protocol to other sites interested to allow for a lighter monitoring of patients when appropriate.
 - Make Palliative, Post-Acute or other protocols available for use by hosts, based on significant interest.
 - Complete environmental scan and basic patient engagement to inform documentation of lite model options. This would support OHTs and others to make informed decisions as part of the Recipient's Virtual Care Advisory Service (Section 1.1) if interested in lite models of patient self-management and monitoring support for chronic diseases through digital channels.
- BYOD
 - Building on experience from the maintenance model pilot, expand availability of Vivify BYOD to additional Telehomecare program sites.
 - Develop decision support materials to aid in technology selection for patients (i.e. full BYOD, BYOD + provision of peripherals, provision of fully managed kit).
- Patient Activation Measure
 - Trial patient activation measure tool in 2-3 Telehomecare program sites and evaluate findings to increase understanding of who is the right patient for Telehomecare models and document program effectiveness in increasing patient activation.

c) Chronic Disease Digital Self-Care Program Alignment

- Continue to engage with the other key provincial chronic disease digital self-care programs to report on the level of province-wide digital self-care adoption and publish meaningful, comparable information about these programs in an objective and evidence-based manner to encourage increased adoption.
 - This work is to be aligned with and in support of the Virtual Care Advisory Service (Section 1.1).

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|--|--|--|
| a) Current Telehomecare Operation | <ul style="list-style-type: none"> • Results of the THETA evaluation disseminated to program stakeholders and available to OHTs and others. • Assessment of average per-patient cost on Telehomecare [Target Completion: December 2019]. | <ul style="list-style-type: none"> • # patients enrolled in Telehomecare for COPD/CHF [3,200] • # of regions (e.g. LHINs, OHTs) with a Telehomecare program for CHF/COPD [9] |
| b) Telehomecare Enhancement | <ul style="list-style-type: none"> • Other protocols such as the Maintenance model protocols available to all Telehomecare sites [Target Completion: December 2019]. • Guidance documentation of lite model options available for OHTs and others [Target Completion: December 2019] • Evaluation of the patient activation measure tool in 2-3 sites complete. [Target Completion: March 2020] | <ul style="list-style-type: none"> • # of sites who have launched other protocols • # of sites offering/piloting BYOD [> 2] • # of patients using BYOD |
| c) Chronic Disease Digital Self-Care Program Alignment | <ul style="list-style-type: none"> • Information on key provincial chronic disease digital self-care programs available for OHTs and others [Target Completion: December 2019] | <ul style="list-style-type: none"> • # patients enrolled in key provincial digital self-care programs** |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required. ** Includes Ottawa Heart Institute Home Monitoring and Interactive Voice Response, Medly and Community Paramedicine Remote Patient Monitoring programs initially. Others may be added in consultation with the Province.

1.9 Expanding Access to Online Mental Health Support Tools

The purpose of this program is to scale-up evidence-based, innovative online mental health support tools to support people with mood disorders, with a focus on anxiety and/or depression. This program will provide immediate access and support for individuals experiencing mood disorders and be enabled by solutions that provide various online treatments, including online peer support, online client education, and/or online cognitive behavioral therapy. This project, in the framework of the Ontario Structured Psychotherapy (OSP) program will allow the Province to assess the effectiveness of various structured psychotherapy modalities; results will inform OSP program development and other key Provincial priorities.

The constituent components of the OSP program are expected to roll-out with close coordination with the other service providers to ensure that program implementation is integrated, and that duplication is minimized. The Recipient and other service providers shall coordinate program delivery locations, stakeholder engagement and service provider outreach efforts.

Objective

This project advances Ontario's efforts to expand access to evidence-based mental health support.

The overall program objectives are to:

- a) Provide immediate access and support for individuals experiencing mild to moderate mood disorders; and
- b) Enable online mental health tools that provide various online supports and tools.

Intermediate Outcomes:

- Increase access to online mental health education tools.
- Increase access to online mental health self-management tools.
- Increase access to online mental health treatment.
- Increase ability for patients to self-manage mental health challenges.
- Patient improvements in Recovery Assessment Scale-revised (RAS), PHQ and GAD scores, etc.

Long-term Outcomes:

- Reduce emergency department visits for mental health conditions.
- Decrease wait times.
- Reduce mental health stigma.
- Improve population health, well-being, and equity.

Key Components and Activities

a) Delivery of Big White Wall (BWW)

- Continue to ensure that the BWW platform is available across Ontario.
- Support consumers using BWW by providing a supportive and safe online experience.
- Ensure data and personal health information security.
- Support BWW information requests related to earned media.
- No active BWW promotions, including social media campaigns, without the Province's approval.
- Continue efforts to align with the OSP data collection, reporting and evaluation framework.
- Provide the Province with quarterly reports on all components of the BWW program, including but not limited to number of log-in, unique client usage patterns, demographic data on users, and usage rates of different elements of the platform (e.g. wall posts, bricks, assessment tools, courses, etc.).
- Investigate other digital, low-intensity mental health interventions for consideration.

b) Internet-based Cognitive Behavioural Therapy (iCBT)

- Lead the management liaison and coordination with the two iCBT vendors (Morneau-Shepell and Mind Beacon).
- Oversee the completion of the PIA/TRA for the solution.
- Manage the contracts for iCBT license with the vendors.
- Support implementation planning for iCBT within the OSP program.
- Attend OSP iCBT meetings to support program development and coordination.
- Support the vendors and collaborators in distributing the iCBT licenses.
- Support the development of the iCBT evaluation framework.
- Support the sharing of data from the OSP iCBT pilot with the OSP data collection, reporting and evaluation committee.

| Key Component | Deliverable(s) | Performance Indicator(s) [Target [†]] |
|--------------------|---|---|
| a) Delivery of BWW | <ul style="list-style-type: none">• Support access to BWW [Ongoing] | <ul style="list-style-type: none">• # of BWW registrations [7,000]• % of BWW registrants that use the platform more than twice |

| | | |
|---------|---|---|
| | | <ul style="list-style-type: none"> • % of users that show improvements in GAD7 and PHQ9 scores • % of users that complete BWW courses |
| b) iCBT | <ul style="list-style-type: none"> • In collaboration with participant organizations complete clinical pathway model and evaluation measures [Target Completion: March 2020] • Support the vendors and participant organizations in distributing the iCBT licenses [Ongoing] • Support implementation planning [Ongoing] | N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

1.10 Specialist eConsult Programs

eConsult services leverage secure platforms that allow referring providers to ask simple clinical questions and obtain specialist advice from a consulting provider. This provides patients with timelier access to specialist advice and decreases the need for in-person visits, with the associated time and travel inconveniences.

The Provincial eConsult Program, managed by the eConsult Centre of Excellence, offers primary care providers (e.g., family physicians, nurse practitioners) access to many specialties both at the regional and provincial level. The program blends the best aspects of eConsult services – including regional managed services and direct to specialists – and offers a provincial umbrella service to ensure equitable access to specialty care irrespective of specialist availability in the patient or PCP’s local region. This program leveraged the Recipient’s eConsult technology platform.

There are also two specialty specific services with their own technology platforms that pre-date the eConsult program:

- Teledermatology: The teledermatology platform supports dermatologist assessments.
- Teleophthalmology: The teleophthalmology platform contains unique features supporting ophthalmologist assessment of retinal images. In addition to the eConsult platform, this program also enables diabetic retinal screening patient sites to support reaching underserved populations, which is not dealt with in this section – please see Section 1.11.

The program management of eConsult (excluding the diabetic retinal screening patient sites for teleophthalmology – Section 1.11) fall to the eConsult Centre of Excellence. The Recipient’s role is in:

- maintenance of the technology platforms, including necessary enhancements, and integrations with the Recipient’s Directory;
- providing expert advice and support towards aligning and amalgamating platforms as deemed cost effective and for the benefit of eConsult; and
- supporting coordinated awareness of eConsult through the Recipient’s channels as approved by the eConsult Centre of Excellence.

Objectives

- Maintain stable, secure and reliable electronic consultation platforms.
- Provide technical and administrative support to end users.
- Platform enhancements to support clinical workflow needs, with input and in collaboration with the eConsult Centre of Excellence.

- Support the eConsult Centre of Excellence in reporting back to the Province (e.g., data regarding volumes, active clinicians, etc.), informing evolution of the program by participating in eConsult governance (e.g., eConsult Steering Committee, eConsult Clinical Advisory Group), and identifying alignment opportunities with other digital health initiatives.
- Collaborate with the eConsult Centre of Excellence and other digital health delivery organizations (e.g., OntarioMD) to identify supports that could be offered to OHTs.

Key Components and Activities

- a) Provincial eConsult
 - Any promotion of eConsult should be done under the lead and in alignment with the eConsult Centre of Excellence. The Recipient’s direct to specialist should not be promoted separately from the managed service model.
 - Maintain a stable, secure and reliable Provincial eConsult platform that enables the blended model of managed service and direct to specialist.
 - Maintain electronic medical record (EMR) application programming interface (API) and support the roll out to EMR vendors in collaboration with OntarioMD, eHealth Ontario and eConsult Centre of Excellence.
- b) Teledermatology
 - Any promotion of teledermatology should be done under the lead and in alignment with the eConsult Centre of Excellence.
 - Continue to provide support for providers currently using the teledermatology platform including support materials.
 - Maintain a stable, secure and reliable teledermatology platform if it remains necessary for the enablement of dermatologist consults.
- c) Teleophthalmology
 - Any promotion of teleophthalmology should be done under the lead and in alignment with the eConsult Centre of Excellence. [Note: This does not relate to the diabetic retinal screening patient sites – Section 1.11].
 - Continue to provide support for providers currently using the teleophthalmology platform including support materials.
 - Maintain a stable, secure and reliable teleophthalmology platform if it remains necessary for the enablement of ophthalmology consults.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target†] |
|------------------------|---|--|
| a) Provincial eConsult | <ul style="list-style-type: none"> • Maintain a stable, secure and reliable platform [Ongoing] • Platform enhancement to support regionalization and case automation [Target Completion: December 2019] | Note: performance indicators related to utilization are reported quarterly via the eConsult Centre of Excellence and are not included here. <ul style="list-style-type: none"> • eConsult platform availability [99.5%]** |
| b) Teledermatology | <ul style="list-style-type: none"> • Maintain a stable, secure and reliable platform [Ongoing] | |
| c) Teleophthalmology | <ul style="list-style-type: none"> • Maintain a stable, secure and reliable platform [Ongoing] • Support activities required for program objectives described in Section 1.11 [Ongoing] | |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

** Measured as a daily average during normal weekday supported hours (7am-7pm) and reported on quarterly basis. To clarify: scheduled maintenance and upgrades during non-working hours will not be included in this measure.

1.11 Diabetic Retinal Screening Program for Teleophthalmology

The diabetic retinal screening program for teleophthalmology is focused on reaching people with diabetes who have not had a retinal image as part of their eye exam within the past year and do not have an eye care provider. The program strives to provide timely access to care if diabetic retinopathy is present and arrange ongoing care (e.g., ophthalmology, optometry, retinal specialist). Through funded host programs, a trained technician takes images of referred patients with a specialized camera. Once the images have been captured, they are uploaded into a web-based software for an ophthalmologist to review and grade accordingly (see Section 0c). Treatment and follow-up recommendations are sent to the host site to share with the patient and their primary care provider. This innovative care model will continue to serve people with diabetes to improve access to screening, support early identification of retinopathy and treatment and improve the efficiency of specialists in a cost-effective manner

Objectives

- Extend access to retinal screening for vulnerable/under-screened groups through virtual care delivered in their communities

Key Components and Activities

- Program Management
 - Support existing teleophthalmology screening sites.
 - Continue support for the teleophthalmology dashboard to enable reporting on quality and performance at screening sites.
 - Work with participating organizations to integrate retinal screening into existing chronic disease management programs, primary care settings and emerging OHTs virtual care offerings.
 - Identify opportunities to expand teleophthalmology services through screening sites in First Nations, northern, rural, and remote locations and/or targeted to vulnerable/under-screened groups.
 - Consider applicability of the model to OHTs and work with them as key collaborators in expanding access to retinal screening.
 - Continue to test innovative screening models, equipment and collaboration to support cost reductions at patient host sites and enable increased access and equity of the program.
 - Work with the eConsult Centre of Excellence to connect teleophthalmology screening sites to the eConsult program where appropriate.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|-----------------------|--|---|
| a) Program Management | <ul style="list-style-type: none"> • Maintain support for teleophthalmology screening sites, including support for quality and performance improvements [Ongoing] | <ul style="list-style-type: none"> • # teleophthalmology screens conducted [2,000] • # of new screening sites [3] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified unless otherwise indicated and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

1.12 Telestroke

Telestroke is an emergency telemedicine application that provides emergency physicians immediate access to neurologists with expertise in stroke care who can support both the assessment and treatment of patients experiencing acute ischemic stroke symptoms who may be eligible for time-sensitive treatment such as

recombinant tissue plasminogen activator (rtPA) and/or Endovascular treatment (EVT). The Ontario Telestroke Program (OTP) facilitates access to the assessment and delivery to time-sensitive treatments for patients that live too far from designated stroke centers to receive treatment within the short therapeutic time window.

Virtual care is enabled through the stroke neurologist’s use of the Recipient’s trauma tenant video system and eHealth Ontario Emergency Neuro Image Transfer System (ENITS) system for the viewing of CT/CTA neuroimaging. Referring Telestroke sites have a CT scanner, telemedicine network infrastructure, mobile telemedicine equipment with 12x zoom and far end camera control functionality. Consulting stroke neurologists can review the results of a patient’s CT/CTA electronically and can “see” the patient at a remote site using live video. This technology enables the stroke neurologist to support the remote site with treatment decisions

Objectives

- Enhance access to neurology services for acute stroke via virtual care to smaller hospitals (e.g. those without local access to a neurologist) in Ontario, enabling patients to receive timely and appropriate specialty care in their communities.

Key Components and Activities

a) Program Development and Management

- Work with CorHealth Ontario (formerly known as the Ontario Stroke Network), CritiCall, and the LHINs to remunerate physicians (i.e., primary and back-up neurologist) providing continuous on-call coverage (i.e., 24 hours a day, 7 days a week, 365 days a year).
- Manage the schedule, including the primary and back-up roster, and remunerate participating specialists based upon invoices.

b) Change Management and Adoption

- Train teams at Telestroke consulting sites and neurologists as well as referring sites.
- Provide ongoing program development and support to program sites.
- Support maintenance of the Ontario Telestroke Program by coordinating the maintenance of equipment and the provision of technical support to the program as needed.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---------------|--|--|
| All | <ul style="list-style-type: none"> • Support maintenance of the Telestroke network in Ontario, including maintenance of equipment, and the provision of technical support to the program sites as needed [Ongoing] • All physicians provided with timely and accurate remuneration [Ongoing] | Note: performance indicators are reported quarterly via the Telestroke steering committee reporting and are not included here. |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

1.13 Supporting Accessibility of Virtual Care Programs and Tools

This initiative aims to make the best virtual care programs and tools available to health care providers and Ontarians as part of Ontario’s publicly funded health care system. The elements of this initiative, listed according to level of Provincial priority, include:

1. **Maintenance of existing VOR arrangements and other provincially available procurements** (e.g. primary care, mental health, addictions, surgical transitions, wound care, Vivify Health)
 - The Recipient is expected to:
 - Maintain VORs including access to second stage procurement by interested organizations.
 - Inform the Province of any impending second stage procurements or leveraging of the Recipient's contract with Vivify Health.
 - Implement a customer satisfaction survey for those procuring from the VORs.
 - Undertake an evaluation of the successfulness of the innovative procurement VOR approach.
 - focus on self-serve resources for decision making and implementation in alignment with Section 1.1 – Virtual Care Advisory Service.

2. **(Limited) New models of care** in alignment with the Recipient's Transfer Payment Agreement with the Ministry of Government and Consumer Services (MGCS) for the Virtual Health Care Marketplace (VHCM) Phase II
 - Subject to support by the relevant Provincial program area(s) pursue up to three new models of care, which may include internet cognitive behavioral therapy (iCBT), toxicity management, and/or chronic pain.
 - Package current knowledge generated from other areas investigated for use in the Virtual Care Advisory Service (e.g. Chronic Disease Management Lite, eTriage).

Objective

- Enable increased uptake and use of virtual care programs and tools.

Key Components and Activities

- a) **Maintain Existing VORs:** The Recipient has 5 VORs from Phase I of the MGCS VHCM project and also has other single solution procurements that are available provincially (e.g. Vivify Health used for Telehomecare).
 - Maintain VORs including access to second stage procurement by interested organizations. Second stage procurement costs should be borne by the organization undertaking the procurement.
 - Evaluate and plan for future next steps in VORs i.e. maintain, stop, refresh, etc.

- b) **New Models of Care:** Key (2 to 3) opportunities for new models of care have been selected through the initial phases of the Recipient's Innovation Process.
 - Procure/acquire/leverage existing digital solutions to enable each model of care. For each of the selected models of care the Recipient will ensure that they:
 - are BPS Procurement Directive compliant;
 - SME/Buyers involvement in selection of solutions;
 - will include all LHINs and health care providers in Ontario as named purchasers (Note this does not necessarily mean VOR); and
 - align with Provincial priorities.
 - Support development of Go-to-Market / Clinical Model Plans for the selected new models.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---------------------------|---|--|
| a) Maintain Existing VORs | <ul style="list-style-type: none"> • Complete evaluation of existing VORs and develop VOR Plan [Target Completion: March 2020] | <ul style="list-style-type: none"> • # of information requests/demos from unique organizations • # of second stage procurements (including size & scale) |

| | | |
|-----------------------|--|-----|
| b) New Models of Care | <ul style="list-style-type: none"> Develop new models of care plans [Target Completion: March 2020] | N/A |
|-----------------------|--|-----|

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified unless otherwise indicated and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

1.14 Membership and System Support

The Recipient will provide membership and system supports to sites and accounts associated with the Child and Youth Tele-Mental Health Service and Trilateral First Nations Health Senior Officials Committee (TFNHSOC) in order to increase access to care, enable program delivery, and support system set-up and relocation when necessary.

Objectives

- Patient access to virtual care visits with a range of health care providers is extended.

Key Components and Activities

- a) Membership Support
 - Network Services: Sustain connectivity at the sites.
 - Training: Provide sites with all of the benefits of membership, including training for community members, and scheduling, referral, and change management support as needed and provide culturally-sensitive telemedicine training as needed.
 - Change Management and Adoption: Support members to enhance their ability to utilize telemedicine as part of the organizational or community practice and advise members on best practices to increase adoption and grow telemedicine programs.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target†] |
|-----------------------|---|--|
| a) Membership Support | <ul style="list-style-type: none"> Maintained telemedicine equipment at the Native Horizons Treatment Centre and 29 First Nations communities, as identified by the TFNHSOC Mental Health and Addictions Working Group and provided the sites with all associated benefits of membership [Ongoing] Assisted Tele-Mental Health Service in replacing end of life (EOL) equipment and maintain network services for all the 65 systems at 63 Tele-Mental Health Service sites and provide member-related support services [Ongoing] | <ul style="list-style-type: none"> # of active TFNHSOC systems [30] # of active Tele-Mental Health Service systems [65] # of clinical, educational, and administrative events at TFNHSOC mental health and addictions-affiliated sites # of clinical, educational, and administrative events at Tele-Mental Health Service sites |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; † Target included in [] for performance indicator(s) if a target is required.

1.15 French Language Health Services

This project is about enhancing availability of French language services (FLS) through telemedicine for Francophones in Ontario, including:

- Reducing time and travel barriers to patients accessing health care in their chosen language;
- Reducing the potential for misinterpretation of clinical terms and concepts when care is not provided in the patients' mother tongue;
- Ensuring there is a searchable directory for FLS delivered via telemedicine; and
- Providing health service providers with virtual care program development tools to expand their reach in providing clinical care for French language communities.

Key Components and Activities

- Improvements of searchable FLS field to enhance the Recipient's Directory of healthcare providers and programs, including:
 - Pre-populate language proficiency fields for physician providers from College of Physicians and Surgeons of Ontario;
 - Leverage the language proficiency field to consistently indicate language proficiency;
 - Maintain the FLS healthcare provider indicator and filter functionality; and
 - Commence enhancements to include indicator field for hospitals, programs and patient host sites that serve the Francophone community.
- Initiatives to recruit French-speaking healthcare professionals;
- Raise the awareness amongst clinicians of the availability of the French language resources; and
- Recruitment of a bilingual provincial lead to conduct the adoption and coordination of the above activities.

Expected Results

- Improved the Recipient's Directory that makes it easier for referrers to find specialists, programs and locations offering services in French;
- Easier access to care in French by Francophones;
- Recruitment of more French-speaking providers to provide services through telemedicine;
- Improved awareness of telemedicine by Francophone population; and
- Easier search, access, referral process for referring physicians.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target±] |
|---|---|---|
| Improvements to the Recipient's Directory of healthcare providers and services | <ul style="list-style-type: none"> • Enhancements of FLS filter to include programs, hospitals and patient hosting sites. [Target Completion: March 2020] • Analysis of current state of virtual care services in the 26 FLS designated areas [Target Completion: March 2020] | N/A |
| Recruitment of French language speaking healthcare professionals and development of their practices | <ul style="list-style-type: none"> • Recruitment of French language speaking healthcare professionals and development of their practices [Ongoing] | <ul style="list-style-type: none"> • Number of new French-speaking providers [10-15] |

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|--|---|---|
| Awareness of the availability of French language resources | <ul style="list-style-type: none"> Improved awareness of telemedicine by Francophone population [Ongoing] Identify priority gaps with stakeholders in the 26 FLS designated areas [Target Completion: March 2020] | <ul style="list-style-type: none"> Number of events conducted by FLS providers. Kilometers of patient travel avoided. Number of promotional initiatives for new and existing members. Number of consultations with key stakeholders in the 26 designated areas. |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

Part A2 – Technology Delivery

Providers have access to secure real-time video visits with patients or peers through the method that is best for them (e.g. via room-based, PC, Mac or mobile solutions):

- **OTNhub**: Through the OTNhub website providers can access the Recipient’s eVisit solution online from their desktop devices.
- **OTNconnect**: OTNconnect is the Recipient’s mobile app, which is available to healthcare providers in Ontario who have signed up for OTNhub.ca and is available in both iOS and Android versions.
- **Room-based video conferencing**: The Recipient provides a VOR of qualified room-based video conferencing equipment available in easy-to-deploy configurations for procurement by health service provider sites. The VOR includes telemedicine systems and accessories used in physical video-conferencing suites that are able to connect with other video access points (i.e., OTNhub, OTNconnect, Room-based system) including video equipment, carts, medical peripherals, etc.

Providers can also send an **OTNinvite** (i.e. e-mail invitation) through the OTNhub or OTNconnect to a non-OTN member to participate in a secure video event from their own device. See ‘Physician Remuneration’ section below for billing restrictions within the Provincial Virtual Visit Program when using OTNinvite.

The Recipient also offers an **urgent/emergent telemedicine application** (TraumaTenant) which enable video conferencing for specialized emergency care and timely treatment for patients in need. This application is used by many provincial and regional models such as the Ontario Telestroke Program (see section 1.12).

2.1 Technology Management and Enhancements

Technology Management activities include day-to-day operations needed to support the Recipient’s core technology services as described above, with an emphasis on value-for-money operations of virtual care technology.

- **Product Management**: is primarily responsible for product and service roadmaps and optimizations in support of this Agreement as well as overseeing cross-functional teams to achieve and business objectives.
- **Business Analysis**: engages with project leads and stakeholders to facilitate development of business and user requirements to inform solutions planning. They also are responsible for Change Management Impact Assessments to facilitate product change.
- **Integration Services**: is responsible for integration strategies for the Recipient’s platform to enhance and scale virtual care with the Recipient’s and 3rd party solutions, including development and

documentation of interface (API) specifications as part of the Recipient's platform and provincial catalog.

Objectives

- Ensure the effective monitoring and delivery of high-level programs.
- Ensure that the provincial telemedicine network provides a secure, reliable, efficient, and interoperable connection for telemedicine events.

Key Components and Activities:

- a) Network management: The associated infrastructure includes network equipment (e.g. switches, routers, load balancers, firewalls), video conferencing bridging infrastructure to support multi-point and point to point events, video signaling equipment, video end-point management software, webcasting (streaming and recording) as well as database and storage. Some elements of the architecture are hosted on-premise at 3rd party data centres and others are managed in a secure public cloud in Canada.
 - Maintain and support the technology infrastructure that is necessary to enable virtual care in Ontario through the OTNhub, mobile apps and room-based video end points.
 - Ensure this infrastructure is hosted in a highly available, secure and private hosting environment in Ontario.
 - Manage this complex architecture while ensuring, high availability (redundancy and fail over) privacy and security.
 - Perform ongoing monitoring with the use of automated tools as well as a Managed Security Service Provider.
 - Maintain the infrastructure regularly for security patches, software and firmware upgrades.
 - Manage cloud services for efficient use of resources (upscaling and downscaling). Support network management activities required for Program objectives described in Section A1 [Refer to Section 1.2, 1.3, 1.5, 0, 1.7, 0].
- b) OTNhub platform management: The Recipient's OTNhub platform is a private and secure community platform for health care providers to access the tools and services necessary to use telemedicine in their practice, connect with peers, participate in educational events, and find resources for telemedicine program development.
 - Maintain OTNhub platform.
 - The Recipient will develop an internal task force to assess options for Virtual Care Training. Support OTNhub activities required for Program objectives described in Section A1 [Refer to Section 1.2, 1.3, 1.5, 0, 1.7, 0].
- c) Network management – Circuit Transition: The Recipient used to manage provincially-funded network circuits provided through their contract with Bell Canada. Since 2015, due to the widespread availability of good quality, affordable Internet access, the Recipient has been transitioning sites from their private circuits to public non-Recipient circuits. Transitioned sites have assumed the associated circuit costs. The Recipient has completed a successful network transition project with a final outcome of only approximately 40 sites retaining managed private network circuits.
 - The Recipient will continue to maintain and support sites with these circuits which may include payment by the site (or via the transition grant) for maintenance of their Bell circuit.
 - To facilitate this transition without disrupting front-line patient care, the Recipient is to offer the one-time transition grant for eligible telemedicine sites in 2019-20.
 - Inform the Province of the progress and any issues that have arisen, or may arise, at end of the transition grant, regarding sites ability to pay for their circuits.
- d) Video (eVisits) product management:
 - The Recipient's Video eVisit products include personal computer video conferencing (PCVC; including OTNinvite and OTNconnect app), trauma tenant (i.e. emergency service version of PCVC)

and supports necessary for video visits via the room-based videoconferencing systems that are owned by local organizations (e.g. hospitals) and authorized for use on the Recipient's network.

- Support eVisit activities required for Program objectives described in Section A1 [Refer to Section 1.3, 1.5, 0 and 1.7].

e) Directory management

- The Recipient is responsible for maintaining a robust directory of Telemedicine Host Sites and Specialists that offer virtual care services such as video conferencing and eConsult. The Directory includes a substantial amount of detail on Virtual Care providers and programs.
- Support Directory activities required for Program objectives described in Section A1 [Refer to Section 1.2, 1.3, 1.5, and 0].

f) Scheduling/workflow product management

- Support Scheduling/workflow product activities required for Program objectives described in Section A1 [Refer to Section 1.2, 1.3, and 1.5].

g) eConsult product management: The Recipient is responsible from product management for three eConsult services, i.e. Provincial eConsult Platform, Teledermatology and Teleophthalmology technologies.

- Support eConsult product activities required for Program objective described in Section 0.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|--|---|---|
| a) Network management | <ul style="list-style-type: none"> • Support activities required for Program objectives described in Section A1. [Refer to Section 1.2, 1.3, 1.5, 1.6 and 1.7] • Upgrade the Trauma Tenant currently on Vidyo platform to PEXIP [Target Completion: March 2020] | <ul style="list-style-type: none"> • Emergency Services availability [99.5%] |
| b) OTNhub platform management | | <ul style="list-style-type: none"> • OTNhub availability [99.5%**] |
| c) Network management – Circuit Transition | | N/A |
| d) Video visit product management | | <ul style="list-style-type: none"> • eVisit availability [99.5%**] |
| e) Directory management | | <ul style="list-style-type: none"> • Directory availability [99.5%**] |
| f) Scheduling /workflow product management | | <ul style="list-style-type: none"> • TSM/Ncompass availability [99.5%**] |
| g) eConsult product management | | <ul style="list-style-type: none"> • Support activities required for Program objectives described in Section A1. [Refer to Section 1.10] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required; ** Measured as a daily average during normal week-day supported hours (7am-7pm) and reported on quarterly basis. To clarify: scheduled maintenance and upgrades during non-working hours will not be included in this measure.

2.2 Data Centre & Cloud Hosting

The Recipient's data centre is hosted by a new provider with increasing capacity, speed (bandwidth) and redundancy. The Recipient has contracted a cloud services provider in Canada to host the elements of the OTNhub and associated services.

Objectives

- Migration projects from on-premise to the cloud.

Key Components and Activities

a) Data Centre & Cloud Hosting

- Data Centre hosting and operations for on-premise applications and cloud hosting services for elements of the OTNhub that have been set up in the cloud (e.g. Pexip video conferencing infrastructure). The Recipient will migrate certain components of its infrastructure from on premise to cloud hosting. This may include, but is not limited to, databases, elastic search and webcasting.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target [‡]] |
|--------------------------------|--|--|
| a) Data Centre & Cloud Hosting | <ul style="list-style-type: none"> • Migrate certain components of the Recipient's infrastructure from on premise to cloud hosting. [Ongoing] | Foot-print reduction in Data centre [10%] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; [‡] Target included in [] for performance indicator(s) if a target is required.

Part A3 – Core Support Services

These core telemedicine network operations are principally in support of the delivery of telemedicine secure videoconferencing events, which include:

- **Clinical Events:** Telemedicine events for the delivery of direct clinical services to patients (i.e. virtual care visits) at locations throughout Ontario and indirect clinical service (e.g., physician case conferences), which are delivered by a wide range of specialties and subspecialties, including, but not limited to, psychiatry, primary care, surgery, oncology, respirology, physiatry, endocrinology, cardiology, infectious disease, nephrology, neurology, hematology, urology, rheumatology, and gynecology;
- **Educational Events:** Telemedicine events for professional education of members (organizations and individuals) in support of recruitment and retention of health professionals in Northern and under-served communities and to support mentoring and the sharing of best practices across health care organizations and health care settings; and
- **Administrative Events:** Telemedicine events for persons and organizations in the health system to create efficiencies by reducing travel time and costs for meetings and increasing communication and collaborative opportunities in support of health system management.

The entirety of these core telemedicine network operations shall be carried out by the Recipient for Eligible Telemedicine Systems/Members, which include:

1. Both room-based videoconferencing (RBVC) systems and/or personal computer videoconferencing (PCVC) accounts;
2. Ministry of Health-Funded (100% subsidy): Any entity that is a not-for-profit corporation and that receives >50% of its organizational funding from a LHIN or the Ministry of Health (e.g., hospitals, community health centres, physicians, family health teams, public health units, etc.) or any regulated health care providers who are residing and practicing in Ontario who receive payment for the majority of

- their billings from the Province for clinical services rendered (e.g., nurse practitioners, midwives, etc.) and that have valid billing arrangements (e.g., an active OHIP billing number) with the Province; and
3. Other Ministries/Education/Not-for-Profit (partial subsidy): Any other not-for-profit entity that is designated in writing as an Eligible Telemedicine System/member eligible for partial subsidy by the Province (e.g., organizations funded by the Ministry of Children, Community and Social Services).

Any system/membership classified as a Regular Member is eligible to apply for telemedicine services but will not receive a subsidy on their membership from the Province or access to full Recipient membership benefits (e.g., program development guidance, scheduling support, etc.).

Note: Notwithstanding the foregoing regarding Eligible Telemedicine Systems/members, the Recipient must consult with the Province and receive written approval prior to a) the establishment or operation of any new Eligible Telemedicine System/member outside of the Province of Ontario, or b) any physician or consultant providing telemedicine services into Ontario from outside the Province of Ontario using the Recipient's resources, network, or supports.

3.1 Organizational and Corporate Support Services

Organizational and Corporate Support Services encompasses the Recipient's Office of the CEO, Communications, Finance and Administration and Human Resources and Organization Effectiveness Portfolios. The Recipient will provide the necessary organizational and corporate support services to ensure program adherence to established industry frameworks and execution by industry best practice. These services support the successful delivery of the Program.

Objectives

- Increase efficiency, quality, and accountability of organizational and corporate support services.
- Find efficiencies in operations and service delivery.

Key Components and Activities

- a) The office of the CEO: which ensures activities under the scope of corporate operations include appropriate corporate level oversight by the CEO office to ensure value maximization and achievement of targets by the requirements of this Agreement.
- b) Communications: which ensures artifacts are written with consistent tone and in alignment with strategic goals and in a voice that reflects the Recipient's values.
- c) Finance and Administration: which provides financial reporting, budget preparation and analysis as well as Project Management, Contracts Management, Procurement, Privacy and Enterprise Risk Management. These responsibilities also include the Enterprise Business Support Office (EBSO), which manages the Enterprise Business Framework process, including providing centralized view of EBSO priority projects, resourcing allocation, budgeting, and project documentation.
- d) Human Resources and Organizational Effectiveness: which ensures the organization has the right people, with the right skills available at the right time and place so that the terms of this Agreement can be met.

With the oversight of the Organizational and Corporate Services portfolios, the Recipient will prioritize its efforts towards activities and investments that support direct patient care, strive for efficiency and value for money, reduce hallway health care and leverage innovations to these ends to deliver digital health in a manner that will have the greatest benefit to Ontarians. As well, the Recipient will ensure that reporting as outlined in this Agreement is completed in a timely and appropriate manner.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---|---|--|
| a) Office of the CEO | <ul style="list-style-type: none"> Provide corporate level oversight to ensure value maximization and achievement of targets by the requirements of this Agreement [Ongoing] Complete the Recipient's content to inform OHT Digital Health Playbook [Target Completion: May 2019] | |
| b) Communications | Support Communication needs of all Virtual Care Programs in Part A1 – Virtual Care Programs [Ongoing] | |
| c) Finance and Administration | <ul style="list-style-type: none"> Support reporting requirements as described in Part D2 – Financial Report Details [Ongoing] Publish revised Strategy-on-a-page Program Model reflecting new strategic directions [Target Completion: June 2019] | |
| d) Human Resources and Organizational Effectiveness | None | |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

3.2 Risk, Privacy and Information Security

The Recipient's Risk, Privacy and Information Security departments are committed, and are required to be committed, to respecting personal privacy and working to ensure the availability, integrity, and confidentiality of data assets by the *Personal Health Information Protection Act, 2004*, Ontario Regulation 329/04, and other relevant legislation and industry standards. The Recipient has established a privacy assurance governance structure, key objectives, services, and processes, which include, but are not limited to, a robust policy framework, risk assessment and management, training, and incident management. The Recipient's teams work to create a privacy culture that builds trust and innovation to ensure compliance and meets industry standards by delivering mature privacy by design services.

Objectives

- Enhance the privacy and security of the interoperable provincial virtual visit platform.
- Support development of requirements, guidelines, and supports to enable continued privacy and security of virtual visits via non-Recipient technology in alignment with Section 1.2.

Key Components and Activities

- a) Risk, Privacy and Information Security
 - Maintain mature privacy and information security programs.
 - Ensure that privacy and security program activities, policies, and procedures are followed to maintain the private and secure use of telemedicine and digital self-care solutions by conducting risk assessments, maintaining up-to-date policies, agreements, and member orientation materials, and training Recipient staff on proper protocols.
 - Respond to reports of low, medium, and high breaches by the Recipient's policy and procedures for privacy breach management and information security incident response guidelines and implement resolutions and mitigation strategies as needed.
 - [See Section 1.2 Partner Video Project (i.e. Virtual Visits via non-Recipient technology) for activities related to non-Recipient technology]

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---|-----------------|--|
| a) Risk, Privacy and Information Security | None | <ul style="list-style-type: none"> • Number of confirmed medium and high severity security breaches [3 or less] • # of confirmed medium and high severity privacy breaches [3 or less] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly, and all deliverables and performance targets are to be met or completed by date indicated; ‡ Target included in [] for performance indicator(s) if a target is required.

3.3 Strategy and Analytics and Clinical Innovation

Strategy and Analytics encompasses the Recipient’s Strategy and Analytics portfolio as well as the Clinical Innovation and Venture Development portfolio.

The Strategy and Analytics Portfolio provides organizational leadership on strategic planning, policy, analytics, business intelligence and data governance, and strategic partnership development. It represents the Recipient’s business priorities and resourcing requirements to our major funder, the Province, and manages the day-to-day relationship with the Province.

The Clinical Innovation and Venture Development Portfolio works with healthcare partners and innovators to identify, implement and advocate for new digital models of care that address Ontario’s health system priorities. The Recipient offers thought leadership, business and clinical expertise on virtual care and work with clinical champions, digital innovators, planners and consumers to support the integration of virtual care into the healthcare system. With a focus on scaling digital self-care programs and solutions, (i.e. Telehomecare, On-Line Mental Health Peer Support), the Recipient’s goal is to empower consumer and patient self-management, resulting in better outcomes for patients and providers and a significant reduction in hospitalizations and readmissions.

Objectives

- To provide organizational leadership on Strategic Planning and Policy

Key Components and Activities

- Strategy & Partnerships
 - Drive corporate strategic planning process and translation of strategic priorities into operational plans and priorities; provide policy leadership and analysis for the business.
 - Provide analytics support for the Recipient’s programs/units; provide benefits evaluation expert support to internal (programs) and external (business consulting) collaborators.
 - Oversee and evolve the Recipient’s data governance framework and policies; reporting and business intelligence for the Recipient’s programs and business units.
 - Manage day-to-day relationship with the Province; coordinate reporting and info sharing with shareholders; support executive interactions with the Province; coordinate with the Province.
 - Develop strategic virtual care planning collaborations with key provincial/provider organizations.
 - Support Partner Video Program deliverables [Refer to section 1.2].
- Analytics & Reporting
 - Monitor utilization around the removal of the telemedicine premium to identify issues and support analysis required for risk mitigation.
 - Support modeling of the impact of proposed virtual care policy changes.
 - Complete Quarterly scorecard report for Board of Directors.
 - Compile Quarterly scorecard report for the Province.

c) Clinical Innovation & Venture Development

- Expert and thought leader on virtual care (and digital self-care) in Ontario and other jurisdictions.
 - Scale and steward proven digital self-care programs that reduce pressure on hospitals and empower and motivate patients to better self-manage.
- Broker of best of breed solutions and innovation procurement if funding is available.
- Support Digital Self-care Programs [Refer to sections 1.8, 1.9, 1.11, 1.13].

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|--|--|-------------------------------------|
| a) Strategy & Partnerships | Develop strategic direction and related policy required for program objectives described in Section A1 | |
| b) Analytics & Reporting | <ul style="list-style-type: none"> • Q2 Scorecard report delivered to the Province per section D1 • Q3 Scorecard report delivered to the Province per section D1 • Q4 Scorecard report delivered to the Province per section D1 | |
| c) Clinical Innovation & Venture Development | Support design and implementation of for Digital Self-care described in Part A1 [Section 1.8, 1.9, 1.11, 1.13] | |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified unless otherwise indicated and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

3.4 Change Management and Telemedicine Adoption

The Recipient’s Adoption Team is responsible for responding to demands related to adoption and utilization of virtual care - integrating video visits and Telehomecare technology into hospitals, community, Family Health Teams, and other organizations. The Adoption Team manages the relationship between the Recipient and its members in the midst of transformation. This team consults on considerations for integrating virtual care into clinical practice can address their needs and priorities. These resources provide change management and program development support via a structured engagement methodology, that supports members’ requests. Upon request, the Recipient’s Adoption Team helps validate the opportunity to incorporate virtual care tools to satisfy requirements, guides the member through a needs assessment, prioritization and implementation roll-out plan using a mutual project charter and establishing a governance committee to drive at the organization.

Objectives

- Health care providers, organizations, and regional planning bodies can develop and adopt virtual-enabled programs and clinical protocols that extend access to virtual care for patients.
- Health care providers, organizations, and regional planning bodies can promote areas where virtual care can enhance inter-professional collaboration, education, and care planning and adopt appropriate models.

Key Components and Activities:

- a) Change Management and Telemedicine Adoption
 - Responds to members looking to create efficiencies or enhance their ability to provide access and care to their patients through incorporating virtual health care tools, clinical workflows and protocols.
 - Advise members on best practices to integrate and coordinate virtual healthcare to increase access and equity on demand.

- Provide portfolio management – helping members understand available programs and functionality as well as practical aspects of video equipment, bandwidth, router, circuit requirements and how they interact with other members and Sites on the network.
- Provincial equity perspectives on indigenous, incarcerated, and French Language Services.
- Liaise with Centres of Excellence on eConsult, virtual healthcare adoption.
- Responds to members looking to use alternative video applications to incorporate virtual healthcare in their practices.
- Intensive Hospital Partnerships with 10 organizations following a signed Project Charter to integrate virtual care in multiple programs using a documented 8-phase approach. [See Section 1.5]
- Maintain effective Provincial Urgent/Emergent/Critical Care programs such as Telestroke, Virtual Critical Care (North East LHIN, Health Sciences North, Children’s Hospital of Eastern Ontario), Regional Critical Care (Thunder Bay Regional Health Sciences Centre), Virtual Emergency Services with Ornge serving First Nations and rural remote sites.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|--|--|-------------------------------------|
| a) Change management and Telemedicine Adoption | Develop the uptake of Program objectives described in Section A1 [Ongoing] | |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

3.5 Member Services

The Recipient’s Member Services encompasses Member Services and Member Processes.

Member Services ensures integrated, high quality, customer-focused services are in place to support the Recipient’s business objectives. This is achieved through a focus on responding to >80% of inquiries and incidents in a single call with no follow-up required. This ensures minimal impact on the member’s business operations by providing the best possible levels of service quality and availability are maintained.

This team consists of four functional workstreams that have direct, real-time contact with the Recipient’s members.

- One-Call: The Recipient’s Advisors strive to resolve issues in real-time using their expertise in dealing with customers and experience with all of the Recipient’s services. This includes top call drivers such as: login assistance, password resets, event-in-progress modifications, product guidance and in the future, warranty and pricing inquiries.
- Technical Services: Technical Support Representatives handle unresolved member incidents on their Recipient products and services including Trauma Tenant for Urgent/Emergent Care, Media Centre webcasting, network monitoring and help members after-hours when on-call. The Recipient’s Technical Support team escalates to DevOps and TechOps as needed.
- Incident Management: The Incident Manager quarterbacks communication between technical and operational teams during an escalation – monitoring restoration efforts to ensure normal service operation happens as quickly as possible.
- Member Success: Member Success representatives coach members on using our products for the first time as well as consulting with our existing members on the best practices in coordinating video conferencing.

Member Processes supports our members by running back-end processes that indirectly benefit our members: service activation, provisioning, member record management, etc. This will help the Recipient unlock

additional value from recent technical improvements to order processing, customer registration, automation and the voice of the customer process.

The team focuses on driving improvements to the overall member experience, support for the Recipient’s users as well as processes which affect them. The team consists of the following sub-teams.

- Member Solutions Leads: Experienced leaders apply their subject matter expertise to the “Make Process Easy” projects supporting Member Services as well as other process improvements and priority themes as identified i.e. Partner Video.
- Service Activation: Service Activation manages the provisioning of organizations, sites, systems and users including services, account updates and changes.

Objectives

- Ensure that effective, efficient and quality support services are provided to advance uptake and use of virtual care.

Key Components and Activities:

a) Member Services and Member Processes

- Provide member with support and issue resolution through incident management, coaching, real-time expertise and direct technical support to help improve First Call Resolution.
- Provide members with an improved experience through engagement, SME advice and streamlined provisioning.
- In 2018-19 the level of activity within Member Services and Processes included:
 - Member Record Management – 9,000 transactions annually anticipated for changes to services and accounts.
 - Service Provisioning - 11,000 transactions for new, delegate or substitute users and add-on services.
 - Phone Inquiries - 26,000 annually.
 - Phone Incidents - 9,000 annually.
 - Care Coordination Assists - 28,000 emails annually. Note that this doesn’t include independent member-initiated and scheduled events.
 - 6,000 new members “StartSmart” Coaching Requests (email).
 - 8,000 Member Requests including Webcasting (email).

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---|-----------------|--|
| a) Member Services and Member Processes | None | <ul style="list-style-type: none"> • % Customer satisfaction (captured two times a year) [>75%] • % First call resolution for incoming calls achieved [80%] • % of members’ calls answered in 20 seconds [80%] |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

3.6 Marketing and Experience Design

The Recipient’s Marketing and Experience Design team is responsible for providing strategic direction to support the Recipient’s initiatives, promoting key information to target audiences via multiple integrated channels and tools, and creating best in class experiences to support the organization’s mandate. Targeting key audiences to increase the visibility and awareness of virtual care.

Objectives

- Create awareness for virtual care in the province tailored to the target audience (e.g. OHTs, Health Organizations, providers and consumers).
- Provide a branded experience that is aligned with the Recipient's strategic plan.

Key Components and Activities

- a) Marketing
 - Provide strategic direction and support for the Recipient's assets and activities including integrated campaigns, websites, social media, online marketing, events and analytics. To ensure virtual care solutions are highly discoverable and easy to use.
- b) Experience Design
 - Creates best in class brand experiences featuring relevant solutions and leverages user-centric design principles to improve existing virtual solutions and assist in the development of new models of digital care.

| Key Component | Deliverable(s)* | Performance Indicator(s)* [Target‡] |
|---------------|--|-------------------------------------|
| All | <ul style="list-style-type: none">• Launch new external Recipient website [Target Completion: June 2019]• Support marketing, communication and user experience design activities for Program objectives described in Section A1 [Ongoing] | N/A |

*All deliverables and performance indicators are targeted for completion by the end of the Funding Year or the month specified and are to be reported on quarterly; ‡ Target included in [] for performance indicator(s) if a target is required.

Appendix 2

Attached to Amending Agreement No. 2 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and the Recipient, effective April 1, 2019.

SCHEDULE “B” – FUNDS AND BUDGET

Effective April 1, 2019

Funding

| Funding Type | Amount | Funding Period |
|------------------------|---------------------|--|
| Maximum Base Funds | \$22,275,000 | For each Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated. |
| Maximum One-Time Funds | \$10,302,700 | For FY 2019-20 |
| Total | \$32,577,700 | For FY 2019-20 |

Budget

| Maximum Base Funding (FY 2019-20) | |
|-----------------------------------|--------------|
| Program Name | Amount |
| Part A3 – Core Support Services | \$22,275,000 |

| Maximum One-Time Funding (FY 2019-20) | |
|--|---------------------|
| Program Names | Amount |
| Part A1 and A2 - Virtual Care Programs and Technology Delivery | \$7,279,100 |
| 1.7 Indigenous Telemedicine* | \$250,000 |
| 1.9 Expanding Access to Online Mental Health Support Tools* | \$1,500,000 |
| 1.12 Telestroke* | \$365,000 |
| 1.14 Membership and System Support* | \$303,800 |
| 1.15 French Language Health Services* | \$300,000** |
| 2.1c Network Circuits* | \$68,400 |
| 2.2 Data Centre & Cloud Hosting* | \$236,400 |
| Total Maximum One-Time Funding | \$10,302,700 |

*Note that certain programs from Part A1 and A2 have been separated out from the overall one-time funding allocation “Part A1 and A2 – Virtual Care Programs and Technology Delivery” as the funding for these programs come from different funding lines.

| Detailed Budget for 1.15 French Language Health Services** | |
|--|------------------|
| Item | Amount |
| Salaries | \$152,256 |
| Benefits | \$42,944 |
| Sub-total | \$195,200 |
| Software | \$15,000 |
| Advertising and promotion | \$35,000 |
| Business meetings (participants, stakeholders) | \$5,000 |
| Travel expenses | \$7,800 |
| Website development | \$42,000 |
| Sub-total | \$104,800 |
| Total | \$300,000 |

** Note that this budget item is articulated in greater detail in compliance with Federal requirements associated with this funding in particular. Reconciliation will be performed at sub-total level for each Funding Year. The Funds are subject to approval through the Canada-Ontario Agreement on French Language Services.

Appendix 3

Attached to Amending Agreement No. 2 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and the Recipient, effective April 1, 2019.

SCHEDULE "C" – PAYMENT PLAN

Effective April 1, 2019

For the purposes of this Schedule, "Funding Period" means the period beginning on the 1st business day of a week and ending on the last business day of the following week, and "Funding Periods" shall have the corresponding meaning.

Maximum Base Funds

The Province shall provide the Maximum Base Funds for the Funding Year beginning on the Effective Date in twenty (20) equal instalments. The Province shall provide:

- (a) The first instalment of the Maximum Base Funds during the Funding Period beginning on the Effective Date; and
- (b) Each subsequent installment of the Maximum Base Funds during the subsequent, corresponding Funding Period.

Maximum One-Time Funds

The Province shall provide the Maximum One-Time Funds in six (6) equal instalments. The Province shall provide:

- (a) The first instalment of the Maximum One-Time Funds during the twenty-first (21st) Funding Period; and
- (b) Each subsequent installment of the Maximum One-Time Funds during the subsequent, corresponding Funding Period.

Appendix 4

Attached to Amending Agreement No. 2 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and the Recipient, effective April 1, 2019.

SCHEDULE “D” – REPORTS

Part D1 – Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

“**Quarter**” means either Q1, Q2, Q3 or Q4;

“**Q1**” means the period commencing on April 1st and ending on the following June 30th, with any associated reports due August 12, or a date as determined by the Province;

“**Q2**” means the period commencing on July 1st and ending on the following September 30th, with any associated reports due November 11, or a date as determine by the Province;

“**Q3**” means the period commencing on October 1st and ending on the following December 31st, with any associated reports due February 10, or a date as determined by the Province;

“**Q4**” means the period commencing on January 1st and ending on the following March 31st, with any associated reports due May 12, or a date as determined by the Province;

“**Quarterly**” means 4 times a year, coinciding with the time frames of Q1, Q2, Q3, and Q4;

“**Semi-Annual**” and “**Semi-Annually**” means twice a year;

“**Funding Year**” means the period commencing on April 1st and ending on the following March 31st; and

“**Annual**” means the Funding Year, with any associated reports due June 30th of the following funding year.

Part D2 – Financial Report Details

1. Quarterly Financial Report

The Recipient shall prepare and submit all financial reports as directed by the Province. The reports should:

- a) Provide details of the Budget, spending on Programs as itemized in Schedule “A”: Parts A1-A3, which will include a calendarized forecast and year-to-date actuals. Variances are required to be provided with detailed explanations for project variances that exceed 10% of the total annual Funding amount (including Base and One-Time Funds).
- b) Provide a cash flow report
- c) Disclose all additional sources of revenue including:
 - i. The legal name of the person or entity that provided money to the Recipient;
 - ii. A detailed description of every project or service the Recipient delivered or provided in exchange for money, and
 - iii. The total amount of additional sources of revenue received by the Recipient in carrying out its corporate objects or mandate.

2. Semi-Annual French Language Health Service Financial Report

The Recipient shall prepare and submit a financial report on the Section 1.15 French Language Health Services project according to the required template that the Province will provide to the Recipient. This report is due October 31, 2019 and May 31, 2020.

3. Annual Reconciliation Report

The Recipient shall:

- i. Prepare the Annual Reconciliation Report using a reporting system as directed by the Province;
- ii. Include details as directed by the Province;
- iii. Ensure that the Annual Reconciliation Report is signed on behalf of the Recipient by an authorized Signing Officer; and
- iv. Provide the Annual Reconciliation Report to the Province at the address set out in Article 17.

4. Audited Financial Statement

The Recipient shall prepare the annual Audited Financial Statement in accordance with generally-accepted Canadian accounting principles and that is attested to by a licensed public accountant.

The Audited Financial Statements will capture all Funding, as well as all additional sources of revenue.

Part D3 – Program Report Details

Save for any exceptions enumerated and mutually-agreed to by the Parties in writing during the term of this Agreement, the Province requires formal evaluation reports with applicable measurable indicators to be submitted to the Province as a condition of funding of any pilot or Project set out in Schedule “A-1”. Where an alternate submission deadline is not specifically indicated in this Agreement, such evaluation reports must be submitted on the earlier of: (i) April 30, 2020 (in the Q4 Program Report); or (ii) at the conclusion of the pilot or project.

Where a pilot or project is contemplated in this Agreement but is not yet underway, the anticipated Evaluation Framework and anticipated applicable measurable indicators to be used as part of the Evaluation Report are required to be submitted as an integral component of the Business Case, Strategy Plan, Implementation Plan, or similar planning documentation indicated in this Agreement under the appropriate pilot or project description section as a deliverable required to be submitted to the Province.

1. Quarterly Provincial Metrics Report

These metrics illustrate the Province’s accountabilities and priorities for Virtual Care to be delivered in collaboration with Digital Health delivery organization. The Recipient will support the provincial Virtual Care objectives by reporting on the following metrics on the 17th day following the end of the quarter.

| Provincial Metrics | Provincial Targets | | | |
|--|--------------------|-------------|-----------------|-------------|
| | March 31, 2020 | | March 31, 2021* | |
| | Min. | Stretch | Min. | Stretch |
| 1. Total Number of Virtual Care Visits (includes direct clinical events) | 1.25 million | 1.5 million | 2 million | 3.6 million |
| 2. Total Number of Patients Participating in Virtual Care Visits (refers to unique patients) | 350,000 | 420,000 | 560,000 | 1 million |

| | | | | |
|--|--------|--------|--------|---------|
| 3. Total Number of Patients Participating in a Digital Self-Care Program | 20,000 | 50,000 | 30,000 | 100,000 |
|--|--------|--------|--------|---------|

*March 2021 metrics may need to be reassessed in year in light of impending policy changes that may impact growth rates.

The Province acknowledges that they, and other organizations including the Recipient, have a role to play in achieving the provincial targets. The Province will continue to work with the Recipient to resolve barriers and support timely policy considerations, communications and program specific approvals to ensure the smooth delivery of Virtual Care priorities.

2. Quarterly Program Report

The Recipient shall provide the Province with Quarterly Program Reports, on programs described in Schedule “A-1” – Parts A1-3 that includes project overview and updates on:

- Program progress, risk/challenges, and key activities for the next quarter;
- The status of all “Deliverables”, including any challenges, barriers, and/or risks;
- Performance against metrics associated with the “Performance Indicators”, including definitions of how performance indicators were calculated; and
- All reports must include variance analyses and an explanation for any significant variances to “Key Components and Activities”, “Deliverables”, and “Performance Indicators”.

In addition, the Q4 report must include:

- Description of the extent to which the Recipient achieved its key goals (e.g. targets, deliverables, objectives, priorities) for the year as set out in its Annual Service Plan and this Agreement. If any of those goals or objectives were not achieved the report must include a description of the reasons that they were not achieved, and the measures that the Recipient plans to take as a result; and
- Trend analysis of key trends in virtual care uptake, use, technology, etc. identified by the Recipient, and/or requested by the Province, which should include data from previous fiscal years in the analysis where appropriate.

3. Quarterly Metrics Report

The Recipient shall submit quarterly metrics reports in an Excel format which include:

- Introduction sheet, including relevant definitions;
- A pivot table with at minimum the following fields: [Province, SI_LHIN_ID, ORG_ID, ORG_NAME, SITE_TYPE, SITE_ID, SITE_NAME, SI_ADDRESS_CITY, MCYS_FLAG, ABORIGINAL_COMMUNITY_FLAG, TM_FLAG, TAC, SY_SYSTEM_NUM, SY_PRODUCT_NUM, SY_PRODUCT_NAME, MONTH, EV_CATEGORY_CD, and AC_SYSTEM_ROLE_CD]
- An end of service (EOS) table (Q4 only) providing information on the number of systems that went EOS in 2018-19 and those expected in 2019-20 by organization type; and

Other tables agreed to by the Province and the Recipient as presenting a better format for select performance indicators outlined in this Agreement.

4. Semi-Annual French Language Health Service Program Report

The Recipient shall prepare and submit a program report on the Section 1.15 French Language Health Services project according to the required template that the Province will provide to the Recipient. This report is due October 31, 2019 and May 31, 2020.

5. Annual Report

The Recipient shall publicly post and submit to the Province an annual report that meets the requirements of the Broader Public Sector Business Documents Directive. The Annual Report should be signed on behalf of the Recipient by such number of signing officers as the Province may require.

Part D4 – Service Reporting Requirements

1. Draft Annual Service Plan

The Recipient shall submit the Draft Annual Service Plan (due November 30, 2019) that includes funding requirements for Funding Year 2019-20. The Draft Annual Service Plan shall identify milestones for key projects to be undertaken by the Recipient, project budgets, funding requirements, performance indicators and forecasts, and additional sources of revenue to be applied. The Draft Annual Service Plan will also contain a roadmap outlining the proposed projects and organizational direction for Funding Years 2020-21 to 2021-2022.

2. Final Annual Service Plan

The Recipient shall submit the Final Annual Service Plan (due January 15, 2020) that includes funding requirements for Funding Year 2019-20. The Annual Service Plan shall contain a detailed project plan, identify milestones for key projects to be undertaken by the Recipient, project budgets, funding requirements, performance indicators and forecasts, and additional sources of revenue to be applied. The Annual Service Plan will also contain a roadmap outlining the proposed projects and organizational direction for Funding Years 2020-2021 to 2021-2022.

The Final Annual Service plan must be signed by an authorized representative of the Recipient. The Final Annual Service Plan will be used by the Province to determine the level and allocation of funding, if any, in future years.

Part D5 – Additional Performance Indicators

The Recipient and the Province will convene discussions to identify metrics that can be reported to support emerging provincial priorities. The metrics listed below will be provided in the interim until such time that new indicators are identified through joint planning efforts. The final set of performance indicators will be confirmed and agreed upon by the joint Planning and Priorities Council between the Recipient and the Province.

| Performance Indicators | Reporting Frequency |
|--|---------------------------------------|
| # of clinical telemedicine events (includes direct and indirect clinical events and electronic consultation events (e.g., eConsult)) | Quarterly in Quarterly Program Report |
| # of telemedicine events (subdivided by RBVC/PCVC and clinical/education/Administrative) | |
| # of OTNinvite events (subdivided by clinical/educational/administrative as a subset of total PCVC events) | |
| # of therapeutic areas of care supported by telemedicine | |
| # of patients served (not unique patients) | |
| km of patient travel and pollutant load avoided through telemedicine province-wide | |
| km of patient travel and pollutant load avoided in the north (LHINs 13 and 14) | |

| | |
|---|--|
| Northern Health Travel Grant (NHTG) avoidance savings* | |
| % of all clinical events in the North | |
| # and % of “Underservice Area Program (UAP) Eligible Communities” with access to the Recipient’s network | |
| ratio of active:inactive RBVC systems | |
| # of active PCVC accounts | |
| # of healthcare professionals (i.e., general practitioners, specialists, nurses, allied health providers, etc.) that are active OTNhub users | |
| # of users (e.g., specialists, primary care providers in patient enrollment models, allied health providers, other) leveraging OTNinvite (subdivide by user type) | |
| # of new OTNhub accounts created | |
| # of active OTNhub users | |

* Calculated as per the formula in Part D6.

Part D6 – Performance Indicator Methodology and Formulae

Northern Health Travel Grant (NHTG) avoidance savings

In consultation with the Province’s Primary Health Care Branch, the travel avoidance calculation was refreshed in FY 2017-18. Improvements in data capture and reporting ability allow distance calculations at an event level, therefore average distances are no longer used. A review of 2014-15 NHTG claim data supports a modification of the formula, in which some assumptions and estimates on accommodation costs and acceptance rates were adjusted. NHTG avoidance savings is reported quarterly in the Quarterly Program Report.

NHTG Formulas:

| One-way distance | Formula applied on each event |
|------------------|---|
| 100 – 199 km | = [(1-way distance x 2-100) x \$0.41 x 94% x1 +\$10.25 x 2] x # 100-199km direct clinical patient events |
| 200 km or more | = [(1-way distance x 2 -100) x \$0.41 x 94% x 1.05 + (34% x \$100) +\$10.25 x 2] x # 200 km or more direct clinical patient events |

Additional Information:

The formula was created by the Recipient, based on the analysis of the NHTG claim data (2014) that was undertaken in 2016-17.

- \$0.41/km is the NHTG mileage rate
- 100km deductible applied to 2-way distance
- Accommodation rate \$100 per eligible trip with 1-way distance >=200km
- Only includes LHIN 13,14 patients
- 94% of travel grant applications are approved
- Events with <100km 1-way distance are not eligible for NHTG
- Travelling by air/rail/bus, travel companion and the applicant may each be eligible for a grant; if by car, only an equal share of one grant will be eligible
- The multiplier factor of 1 (100-199km) and 1.05 (200km+) reflects the proportion of each scenario.
- \$10.25 x 2 NHTG application fee is included

- 34% of approved 200km+ events have applied for accommodation allowance
- Only events where the consultant is identified as a specialist physician are included

Note: Any update to the formula within the funding year must be approved by the Province prior to being applied.

Appendix 5

Attached to Amending Agreement No. 2 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and the Recipient, effective April 1, 2019.

SCHEDULE "E" – DECLARATION

To: Her Majesty the Queen in right of Ontario as represented by the Minister of Health

From: Jonathan Bennett
Chair, Board of Directors
Ontario Telemedicine Network

Re: Ontario Telemedicine Network's Annual Conflicts of Interest Declaration

This declaration is provided pursuant to section 6.4(b) of the grant agreement entered into between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and Long-Term Care and Ontario Telemedicine Network dated 1st day of April, 2012, as amended (Agreement).

On behalf of Ontario Telemedicine Network, I hereby certify and confirm that all members of the board of directors and all senior executives of Ontario Telemedicine Network have complied with (i) the Conflict of Interest requirements in the Agreement, and (ii) Ontario Telemedicine's internal Conflict of Interest Policies, during the past Funding Year up to March 31, 2020.

Dated this _____, day of _____, 20__ by,

Name: Jonathan Bennett
Title: Chair, Board of Directors
Ontario Telemedicine Network