Ontario Health

Remote Care Management & Surgical Transition

FY2022/23 Funding Guidelines

Guidelines Ver 2.0 April 2022

1. Introduction

The Ministry of Health is providing one-time funding support for Ontario Health Teams (OHTs), In-development OHTs and other eligible health care provider organizations to sustain and scale programs that provide remote care management to priority, vulnerable and surgical patients to enable clinical monitoring in the home and community.

This funding is intended to support the recovery of the health system by increasing access to care options within the community, transforming how care is delivered, and building OHT digital maturity.

In FY2021/22, Ontario Health provided funding for 41 remote care management and 29 surgical transitions programs. These programs were intended to enhance patient self-management and recovery, reduce the risk of re-admission, while also facilitating care during the COVID-19 pandemic.

Ontario Health is inviting proposals for one-time funding during FY 2022/23 for the following:

- Proposals to sustain and scale existing remote care management and surgical transition programs funded in FY 2021/22 with demonstrated implementation success and continue to meet the funding guidelines below.
- Proposals to create new remote care management and surgical transition programs that meet the funding guidelines below.

Interested OHTs and organizations should discuss and work closely their OH Regions who will support identifying initiatives that best meet the guidelines, align with regional clinical priorities, and can assist with proposal development and/or coordination of multi-OHT or regional proposals.

Ontario Health (OH) welcomes submissions from Indigenous health care organizations, including those serving First Nations, Inuit, Metis and Urban Indigenous persons; support is available for submission development.

2. Objectives

The objectives of this funding are to:

- Increase access to clinical and surgical care within an integrated care environment with a focus on OHT priority patient populations that would benefit from remote patient monitoring (RPM) *See Definition in Appendix 5.*
- Ensure that patients receive the most appropriate care to improve self-management, monitor their condition and enhance recovery to optimize clinical outcomes.
- Scale and spread successful remote care management and surgical transition programs that have transformed how care is delivered to enhance patient experience and health system impacts.

3. Eligible Organizations

- Approved and In-development OHTs, funded in FY 21/22 and have demonstrated success can submit sustainment proposals for FY 22/23 funding.
- Submissions from approved OHTs, in Development teams, and multi-OHT submissions should demonstrate that their proposals align with the provincial OHT model and regional vision.
- Healthcare organizations that are not yet part of an OHT may submit a proposal through the OH Region that aligns with provincial OHT model and regional vision.

See Appendix 1 for OHT Submission Guidelines

4. Program Requirements

To be considered, all successful proposals **must:**

- Be led by one or more OHTs, In Development Teams or health care provider organizations who would agree to signing a funding agreement with Ontario Health that would include performance targets and monthly reporting requirements.
- Have senior leadership and medical team support for the proposal to ensure seamless referrals to program(s).
- Be well-integrated across partner programs and services to accept referrals, support clinical care and address health inequities for priority patient populations across one or more OHT regions or a broad sub-regional catchment area. *See Appendix 2 for Promotion & Awareness*
- Be designed and governed with input from patients and/or caregivers with mechanisms to measure and improve the patient's experience.
- Leverage a proven remote patient monitoring and/or surgical transition remote patient monitoring solution. RCM programs should leverage existing clinical teams, processes/workflows when providing remote monitoring for patients. These should support priority and vulnerable patient populations or pre- and post-operative care in the home and community.
- Propose a sustainable operating model with significant (50% +) in-kind co-investment that is appropriate for anticipated patient volumes.
- Proposals should include information on the number of unique patients that will be monitored by the proposed program up to March 31st, 2023.
- Describe how the program will meet the needs of Indigenous and other minority populations to support equitable access to care.
- Describe how the program will meet the language needs of the communities it serves. Organizations within areas that are designated or partially designated under the French Language Services Agreement (FLSA) should describe how services will be provided in French to the Francophone community.
- Be willing to participate in an evaluation of the funded program, which may include engagement with a 3rd party evaluator.
- Be reviewed, submitted, and endorsed by the OH region.
- Submit a budget for FY 2022/23 (including in-kind contributions) and acknowledge that funding is only available for FY 2022/23. ***Note: proposals must disclose if the lead organization(s) has or will receive funding from another funding source for this program.***

5. Funding Guidelines

All proposals must include significant in-kind co-investment as well as a detailed funding request for a specific operating period up to March 31, 2023. Where appropriate, programs should leverage existing clinical resources and available technology solutions.

The funding request can include the following eligible expenses:

- Solution and licensing cost for technology with remote patient monitoring functionality
- Technology to support equitable access (i.e., tablets, peripherals for patients)
- Operational costs (i.e., administration support, decision support)
- Communication materials (see appendix 2) (i.e., resources for patients, translation costs for pathways that have not been previously funded for translation on the same solution)
- Clinical staffing requests must be matched with clinical in-kind contributions. ***Note: physicians can be funded to support program development/operations, not for on call/clinical care***

Cost/patient guidelines have been established and can be found in the Appendix for reference. Justification is required to support a funding request significantly above the cost/patient guidelines.

See Appendix 3 for cost/patient guidelines

6. Clinical Model

Remote care management and surgical transition successful proposals **should** aim to meet all the following guidelines:

- Support of OHT governance to established referral sources; physician buy-in, and a mature communication plan to ensure adequate patient referrals to meet proposal patient targets.
- Demonstrate use of disease and surgical-specific clinical pathway(s) based on clinical best practice guidelines, provincial standards, or patient pre- and post-discharge instructions.
- Offer a care model that supports remote patient monitoring clinical care outside of the acute care setting.
    - The program will collect standard patient health data to monitor signs and symptoms (may use medical peripherals e.g., thermometer, pulse oximeter device, and health questions e.g., pain, mobility, nutrition, mood, etc.) on a defined schedule, with set thresholds that generate alerts/ flags, indicating when a patient health status changes and further intervention is warranted.
    - The program collects health data more than once from the patient while participating in the remote patient monitoring pathway.
    - The program has the ability for patients to easily communicate with their monitoring team within established schedules and channels (i.e., secure messaging, video, audio, or email). This could include self-management and coaching with an emphasis on patient activation and adherence.
    - Surgical transition proposals will offer pre- and post-operative remote care. (Preop only models will not be approved)
- Provide a dedicated clinical remote monitoring team who are trained in disease/surgical management and can partner with patients to support their care journey and/or recovery. OHTs should consider opportunities to partner/combine clinical resources to support multiple sites/OHTs/regions to maximize health human resources.

- Monitoring team will coordinate care with the patient's most responsible provider(s), including escalation where necessary to other members of the care team (i.e., surgical team and/or surgeon, primary care, outpatient clinics, ED, etc.)

See Appendix 4 for Program Readiness Assessment Guide
See Appendix 5 for Reporting Definitions
See Appendix 6 &7 for Sample Remote Care Management Programs and RPM Pathways

7. Technology

The solution of choice must:

- Leverage a technology with demonstrated remote patient monitoring capabilities
- Have options for either a full remote monitoring kit and/or an equivalent "low touch" alternative i.e., BYOD (Bring Your Own Device).
- Ability to provide and report patient level data, including monitoring team encounters and escalations to appropriate Most Responsible Physician (MRP).
- Allow for collection of health data to be primarily patient-initiated.
- Provide basic remote patient monitoring functionality, including protocol management and clinical alerting, trending data and reporting functions.
- Store all biometric and questionnaire/survey data in a patient-identifiable form so that it may be used for research or clinical purposes in the future.
- Where proposals include requests for technology licenses or services for remote patient monitoring solutions using video or secure messaging, successful proposals will be required to use a verified solution (https://www.ontariohealth.ca/verified-vendor-list). Vendor must be on the OH verified vendor list by March 31st, 2023.

See Appendix 8 for Exclusion Criteria

8. Submission and Approval Process

Interested OHTs, In Development Teams and other health care organizations should contact their OH Region (contacts below) to discuss their questions, and submission process. Ontario Health Regions are responsible for facilitating submission development and determining which should be submitted for funding approval. Ontario Health (Population Health & Value-Based Health Systems) team leads are also available to be engaged during proposal development as subject matter experts on remote care/surgical care management, clinical workflows, and technology solutions.

Submissions must be documented using the approved Remote Care Management/Surgical Transition Submission Template and sent to their Regional Contact (emails below). Proposals will be submitted to Ontario Health Virtual Care Secretariat for funding review and approval. The Secretariat will oversee the allocation of funding to eligible submissions according to a criteria-driven process.

Central OH-Central_DigitalVirtual@ontariohealth.ca

East OH-East_DigitalVirtual@ontariohealth.ca

North OH-North_DigitalVirtual@ontariohealth.ca

Toronto OH-Toronto_DigitalVirtual@ontariohealth.ca

West OH-West_DigitalVirtual@ontariohealth.ca

Appendix: RCM/STRCM Resources

1. OHT Submission Guidelines

Submissions from Approved OHTs, In Development teams, and multi-OHT submissions should demonstrate that their submissions align with the OHT model. Examples of how applicants can demonstrate alignment with the OHT model include the following:

- The submission was developed by the OHT(s) according to processes outlined in their Collective Decision-Making Arrangement(s) and submitted with the OHT as signatory (e.g., leadership council).
- The submission aligns with OHT priorities and OHT-specific performance indicators.
- The proposed program involves an active collaboration between OHT members.
- Funds will be flowed to and managed by a fundholder nominated by the OHT on behalf of all beneficiary OHT members.

The submission aligns with ministry direction to In Development teams, if applicable, (e.g., to join with other teams).

2. Promotion & Awareness

Develop an RCM/STRCM referral campaign for your program to ensure all potential referral sources are aware of the program and know how to refer patients.

Ways to promote RCM/STRCM

- OHT Planning Meetings
- Email
- Face-to-face
- Mail
- Posters
- Brochures
- Website
- Word of mouth

3. Cost/Patient Guidelines

Guidelines for patient groups with ~ Length of stay (LOS) of 1 month or less (does not include in-kind).

- Assumptions
  - Acute patient group with average LOS less than 1 month
  - Program may provide 7 day/week coverage
  - Need to consider clinician: patient ratio (i.e., estimate based on previous experience ~ 1:30-40)
  - RPM technology costs will vary depending on delivery model (Monitoring Kit vs. BYOD/peripherals)
- Cost/patient guidelines:
  - Year 1 (new programs): $325 to $450/patient
  - Year 2 (existing programs): $200 to $325/patient

Guidelines for patient groups with ~ LOS longer than 1 month (does not include in kind)

- Assumptions
  - Cost/patient will vary depending on the target patient group, care complexity and expected LOS
  - May include priority patient groups: chronic disease/complex, palliative, other vulnerable patients
  - Program provides frequent support but may not require 7 day/week coverage
  - Need to consider clinician: patient ratio (i.e., estimate based on previous chronic disease care models are in the range of 1:40-50)
  - RPM technology costs will vary depending on delivery model (Monitoring Kit vs.
  - BYOD/peripherals)
- Cost/patient guidelines:
  - Year 1 (new programs): $250 to $375/patient/month
  - Year 2 (existing programs): $125 to $275/patient/month

4. Program Readiness Assessment Guide

Applicants can use the criteria below to assess whether providers/project teams are ready to adopt a Remote Care Management and/or Surgical Transition Remote Care Management program.

Key Care Model Design Components include:

- Referral process - who can refer and who processes referrals
- Eligibility Criteria – Inclusion/Exclusion criteria
- Consent process & documentation
- Onboarding patients
- Asset Management (if applicable) – including delivery, return, cleaning & inventory
- Monitoring & Alert Management
  - Frequency (i.e., Daily, Daily Weekday, Weekly, Monthly, One Time)
  - What would you like to monitor? (i.e., which biometrics, other signs, symptoms, practices/activities at home, any routine screening, enrolment/discharge survey)
  - Who will be doing the monitoring? (Are the resources dedicated to the project)
  - What is the process for monitoring?
  - What are key management interventions?
    - For patients
    - For informal caregivers (if applicable)
  - Require video/phone/in-person contact?
    - When?
    - Who?
  - Who is part of the escalation team?
      - if a patient alerts and needs support outside of the monitoring team
- Documentation and Communication
- Reports
  - What reports are required at the patient level?
  - Population Level?
- Discharge Readiness
- Discharge Process

5. Definitions

Remote Care Management (RCM) - is a model of care enabled by technology to provide high quality evidenced based care and promote patient self-management. RCM programs utilize remote patient monitoring solutions to assess a patient's ongoing health status and utilize this data to guide remote patient care plan changes during enrollment (*Health data collected),* address patient education needs including coaching, and activate interventions to proactively address emerging issues. *(Encounters and/or escalations)*

Remote patient monitoring (RPM) is a method of healthcare delivery that uses the latest advances in information technology to gather patient data outside of traditional healthcare settings

Enrollment: Patient actively participating in program, has submitted health data at least once.

Health Data Collected: when at least one health data point was collected from a patient. This would be a standard care pathway being completed by all patients participating in the program. Care pathways may include biometric data, health survey questions and assessments tools. Each question should not be counted individually.

Encounters: An interaction between a provider and the patient used for follow-up care, secondary assessments, health education or coaching while enrolled in the remote care management program. Encounters can be the result of a remote patient monitoring solution alert from the health data collected or can be a scheduled visit as a part of the RCM/STRCM program. The encounter can be initiated by either the provider or the patient.

Escalations: - A monitored patient requires additional support or services beyond the RCM/STRCM program. This can be a result of a remote patient monitoring solution alert from the health data collected or an encounter (see Encounter Definition). The escalation process should be predefined for the RCM/STRCM program. They may include escalation to a dedicated Escalation Team, Primary Care, Emergency Department or Ambulatory Care Clinic.

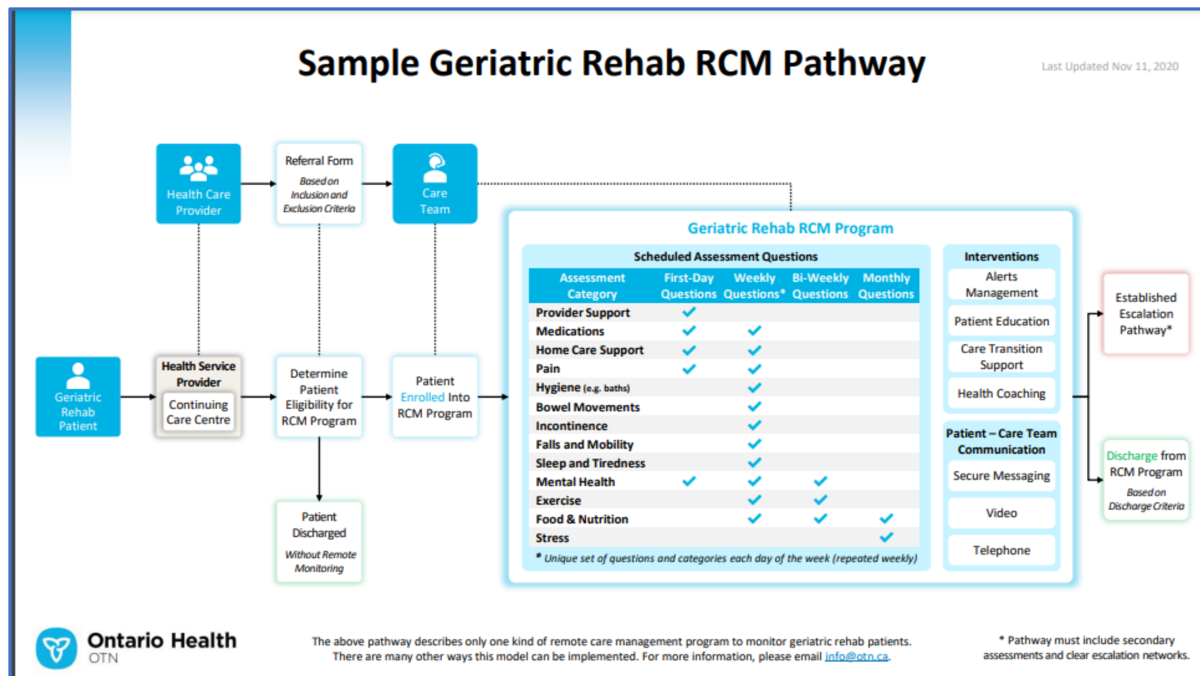
6. Existing Patient Pathways implemented in Remote Care Management Programs across province

Remote Patient Monitoring Pathways	***Surgical Transitions RPM Pathways***
Fall Prevention	Ortho – hip, knee, shoulder spine
Chronic Disease	Gyne/OBS – hysterectomy, c-section & vag birth
Diabetes – inclusive of Type 1 & 2 & Gestational	Oncology
Palliative	Thoracic
Geriatric Rehab	Cardiology
Alternate Level of Care (ALC)	Colorectal
Cardio/Respiratory rehab	Transplant
Vulnerable Populations – at risk, COVID	Bariatric
Mental Health – depression and anxiety	General Surgeries
N/A	Chest Masculinization
N/A	Vaginoplasty

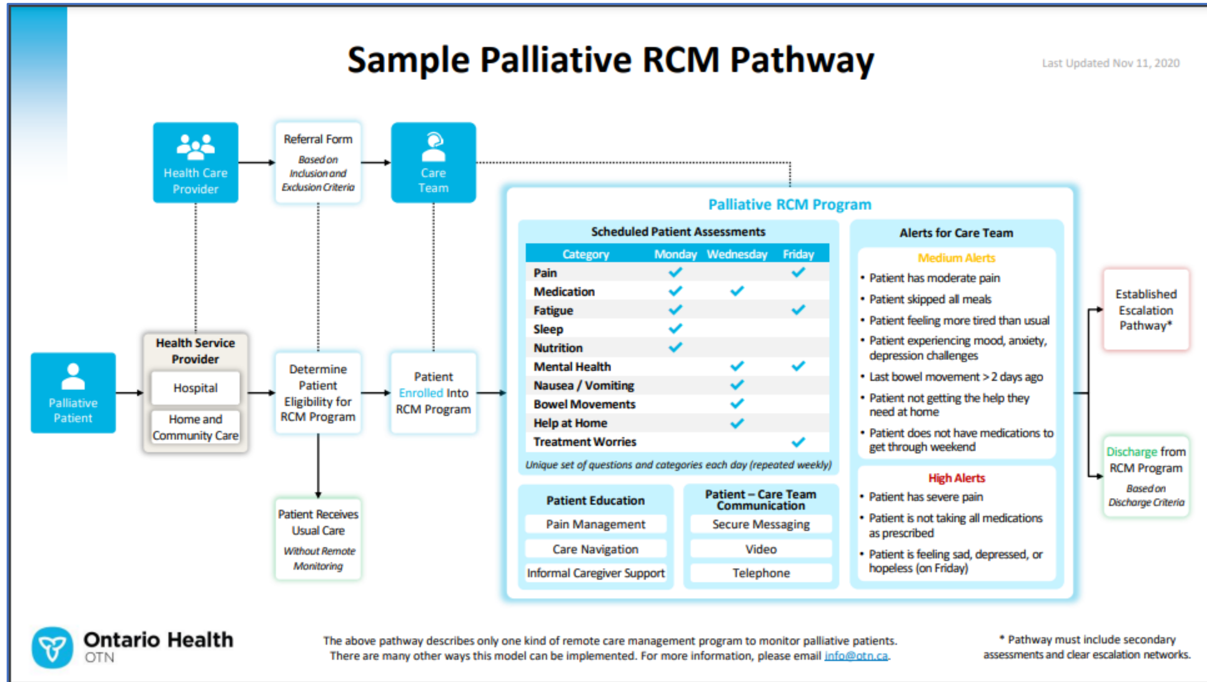
7. Sample Remote Care Management Programs and RPM Pathways

Remote Care Monitoring - disease specific RCM programs and RPM pathways

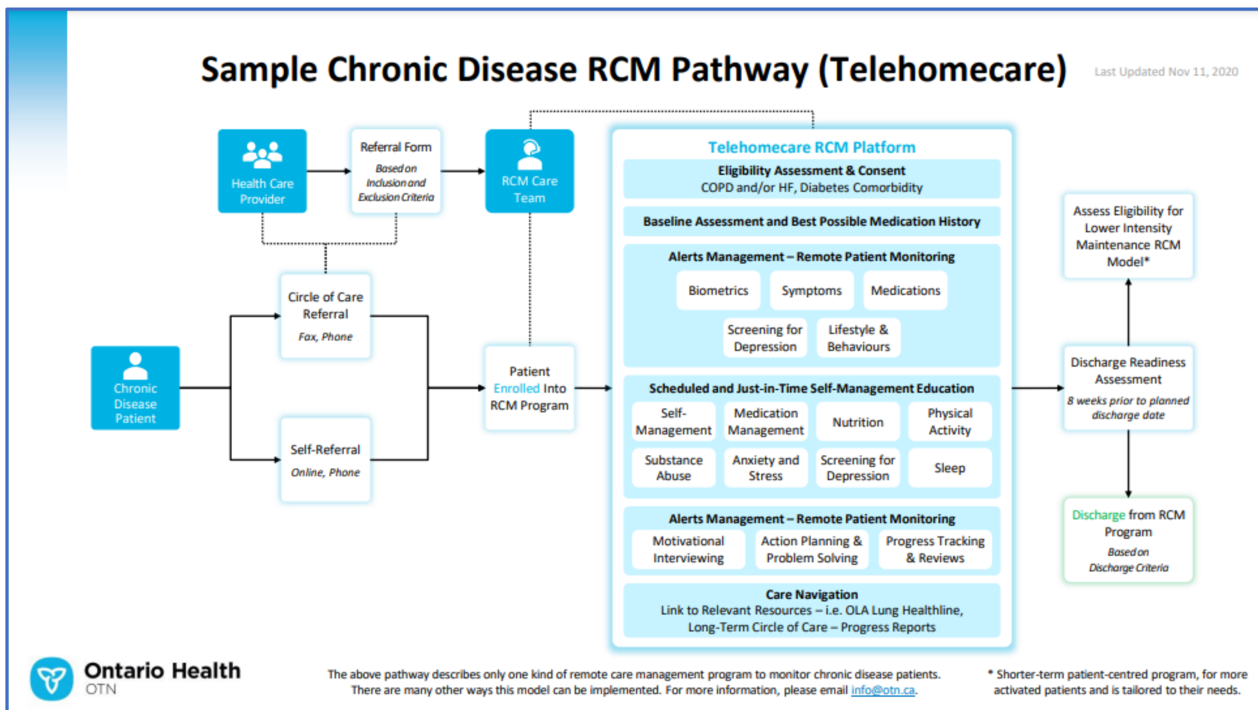
Geriatric Rehab



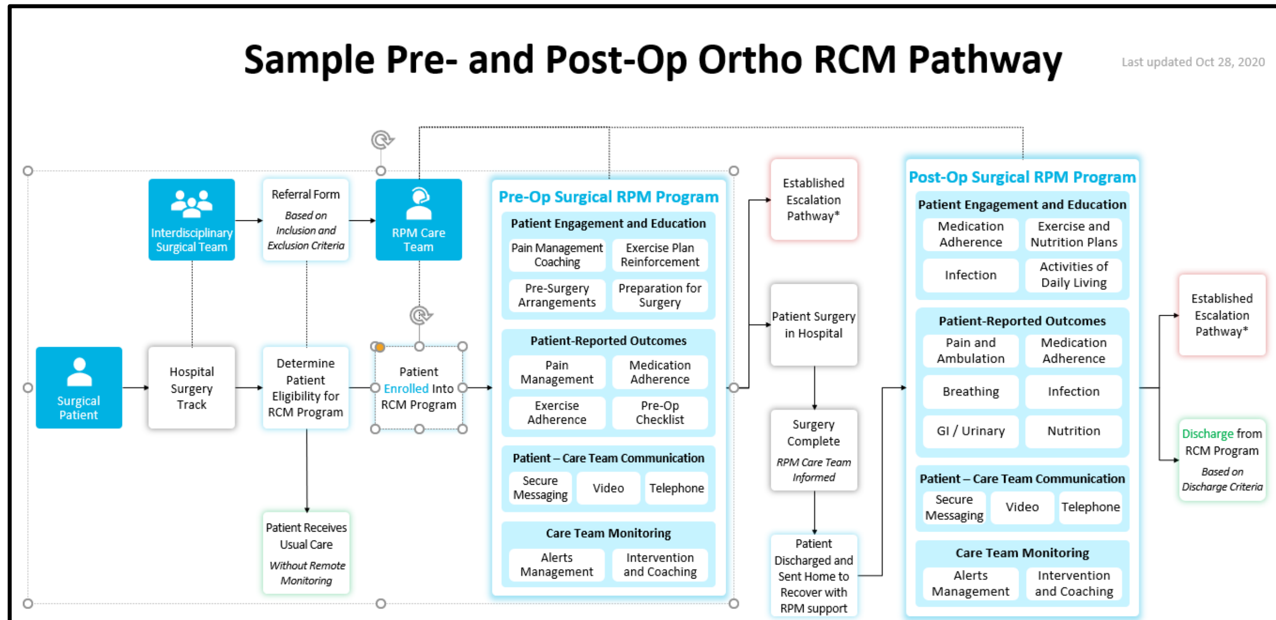
Palliative



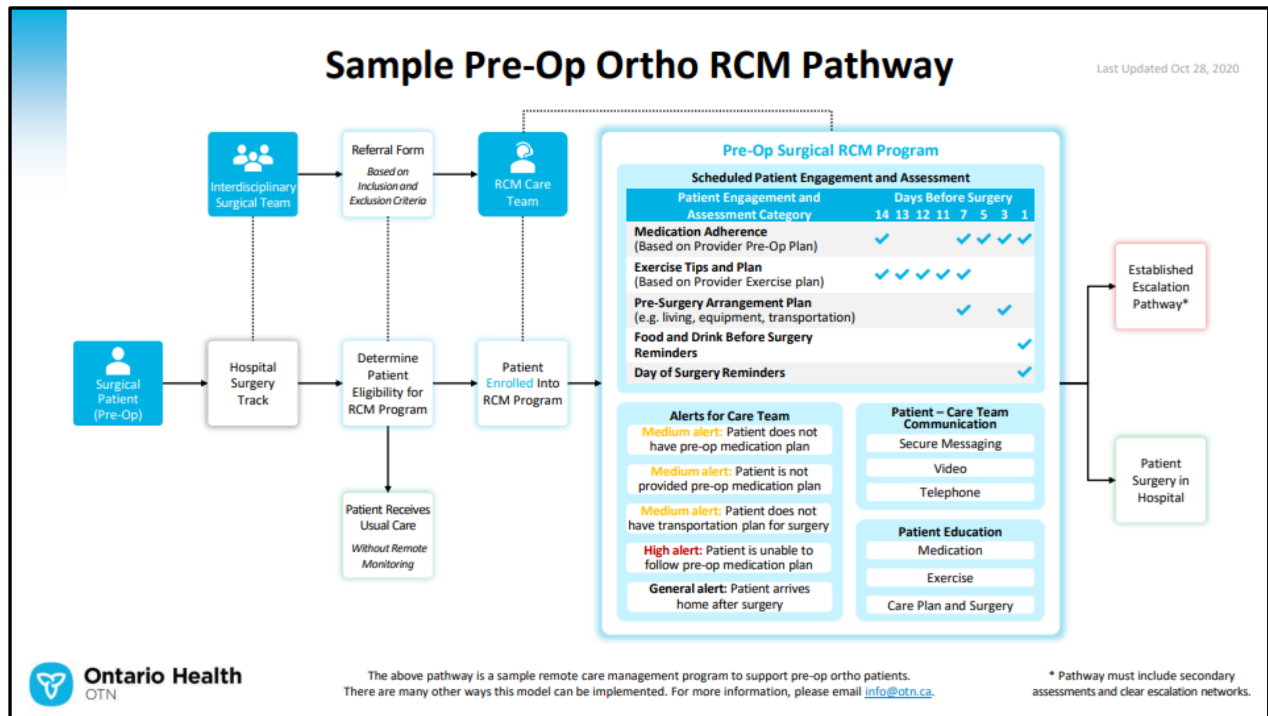
Chronic Disease



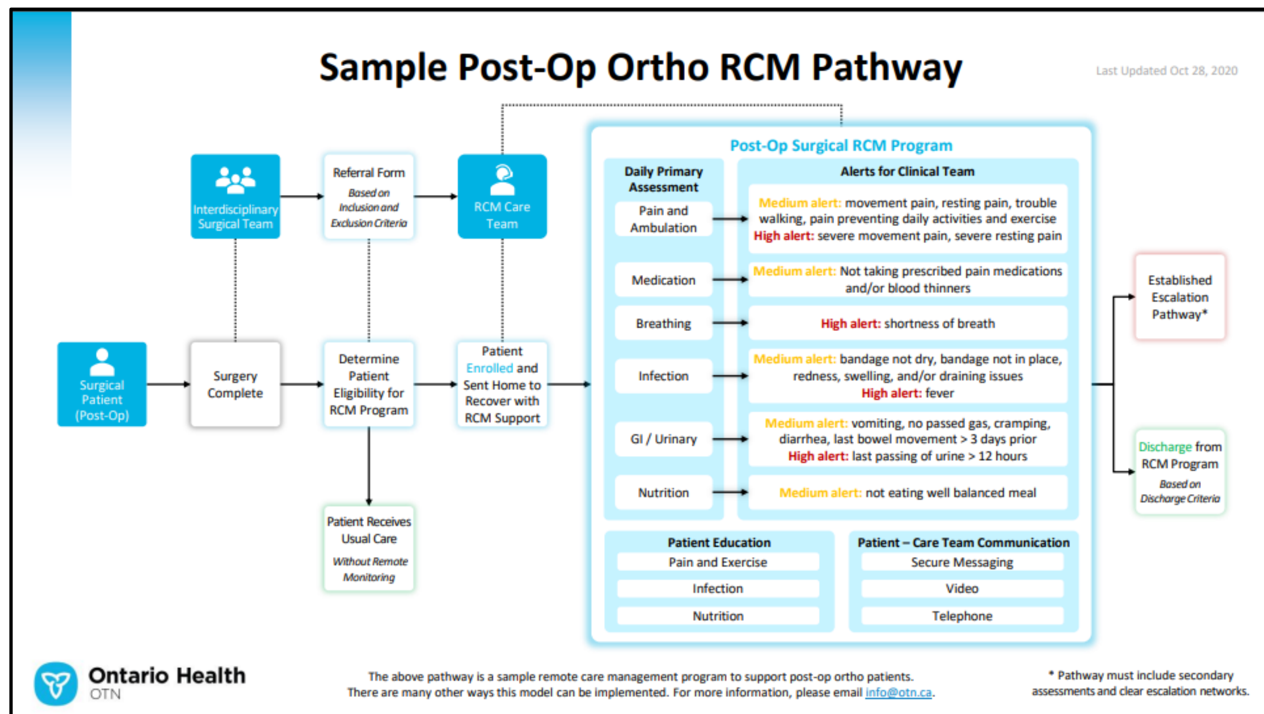
Surgical Transitions Remote Care Management - surgical specific RCM program and RPM clinical pathway



Further breakdown of Pre-Op Pathway



Further breakdown of Post-Op Pathway



8. Exclusions Criteria

- Phone only models that are provider driven
- Pre - OP Only Model
- Health Data must be collected more than once over the course of care
- In-Person encounter only model
- Technologies that do not have remote patient monitoring functionality (see Technology Section)

For further clarification please reach out to RCM/STRCM Funding Team Leads via oh-otn_ecaresupport@ontariohealth.ca eCareSupport@ontariohealth.com