Virtual Urgent Care Services
FY2021/22 Funding Criteria

1. Introduction

The Ministry of Health has approved up to $4M in one-time funding to support regionally coordinated virtual urgent care initiatives with demonstrated patient demand as part of the COVID-19 pandemic response.

Virtual urgent care is a novel care model used in other jurisdictions to improve the patient experience and divert lower acuity patients with urgent health issues from emergency departments. During the COVID-19 pandemic, it has also been used to support patients who have concerns about visiting the emergency departments in-person. In FY2020/21, fifteen programs in Ontario received one-time funding to create or expand virtual urgent care services for adults, paediatric, and long-term care residents during the pandemic. Several initiatives are leveraging the provincial (modified) eCTAS solution, while others are also implementing innovative digital patient screening solutions. Emergency department led programs are participating in a provincial evaluation led by Mount Sinai Hospital and the Schwartz/Reisman Emergency Medicine Institute ("SREMI").

Ontario Health is inviting proposals for one-time funding for the following:

- Proposals to extend and adapt existing programs with demonstrated implementation success up to March 31, 2022.
- Proposals for a limited number of new virtual urgent care initiatives that align with the funding objectives and requirements below.

Health care organizations that are members of an approved Ontario Health Team (OHT) should submit an OHT proposal (see guidelines below). Members of an in development team seeking to become an approved OHT can also submit an OHT proposal. Other health care organizations who are not yet part of an approved OHT may submit a proposal that meets the eligibility criteria below.

Health care organizations are encouraged to collaborate on a multi-OHT or regional proposal.

Ontario Health welcomes proposals from Indigenous communities, including First Nations, Inuit, Metis, and Urban Indigenous.

Interested health service provider organizations should discuss this opportunity with their Ontario Health Regional Digital Lead, who is responsible for identifying initiatives that best meet the criteria and align with regional clinical priorities. Funding approvals will be overseen by the Ontario Health Digital and Virtual Care Secretariat.

2. Objectives

The objectives of this funding include:

- Enabling patients to access urgent care virtually for appropriate lower acuity health issues or concerns within a specific time period to avoid unnecessary in-person ED visits.
- Facilitating in-person ED visit or transfer for urgent health issues.
- Supporting collaboration between emergency departments, primary care, long-term care and retirement homes and other community partners to enhance continuity of care.

Ontario Health invites proposals that involve innovative uses of digital tools to support patient navigation, diversion to the most appropriate level of care, and collaboration between primary care, LTC and emergency department team members within an OHT or across a region.

In addition, Ontario Health will continue to identify and assess opportunities to leverage Ontario Health's eCTAS tool to support standardization of virtual urgent care service delivery. Please see Section 5 for more information about the national Canadian Triage and Acuity Scale (CTAS) guideline and eCTAS solution.

For this initiative, Ontario Health will continue to collect data through the existing reporting framework and provide data from all ED-led programs to the provincial evaluators. The project data and evaluation will be shared with the Ministry of Health and the Provincial Emergency Services Committee to inform policy and funding discussions.

3. Project Requirements

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

- Be led by a region or one or more OHTs or health service provider organizations/team with the capacity to provide cost-effective virtual urgent care services across regional or OHT catchment area. See guidelines below for OHT proposals.

- Propose a sustainable operating model with significant in-kind resourcing support that is appropriate for anticipated patient volumes. Please note: physician reimbursement is not an eligible expense.

- Agree to provide virtual urgent care services with minimum **daily** operating hours up to March 31, 2022.

- Demonstrate how the program is designed and governed with input from patients and include mechanisms to measure the patient experience. Note: emergency department programs are encouraged to use the provincial adult or pediatric survey.

- Demonstrate how clinical workflows have been designed to support patients facing barriers to access virtual health care services (e.g., limited access technology or bandwidth, digital literacy, or lack of private space) to support video visits.

- Agree to deliver services that are consistent with the clinical model outlined in Section 4, including patient screening, access to an appropriate and secure video visit within a reasonable window of time (see note), and facilitating an in-person visit or transfer to an emergency department where necessary.

- Commit to participating in an evaluation aimed at assessing options for a sustainable regionally coordinated operating model.

- Be led by an OHT or health service provider organization who agrees to signing a funding agreement with Ontario Health that would include performance targets, and monthly reporting requirements.
- Be submitted and endorsed by the OH Regional Digital Lead

Funding Guidelines

All proposals must include in-kind resources as well as a detailed funding request for a specific operating period up to March 31, 2022.

The funding request can include the following eligible expenses:

- Operational costs (I.e., nursing resources, registration clerks, IT licenses)
- Communication costs (I.e., web development, social media)
- One-time IT infrastructure costs. Requests for infrastructure investments must be supported by a sustainability plan.

Regional digital leads can provide more information about the funding parameters.

OHT Proposals Guidelines

Health care organizations that are members of an approved Ontario Health Team (OHT) should submit an OHT proposal. Members of an in development team seeking to become an OHT can also submit an OHT proposal. OHT proposals must demonstrate one or more of the following criteria:

- The proposal was developed by the OHT according to processes outlined in their Collective Decision-Making Arrangement(s) and submitted with the OHT as signatory (e.g., leadership council).
- The proposal 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 proposal aligns with ministry direction to In Development teams, if applicable, (e.g. to join with other teams).

Health care organizations are encouraged to collaborate on a multi-OHT or regional proposal.

4. Additional Project Criteria

Project proposals that meet project requirements above will be further evaluated on the degree to which they meet the following additional criteria. Successful proposals **should** aim to meet all the following criteria:

Program Model

- Provide an estimate of monthly patient volumes and the cost per patient supported by historical data.

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- Propose a program model that involves partnerships with OHTs, primary care, community specialists, community health centres, community support services, community mental health & addictions services or long-term care homes.

- Provide a communications plan to ensure patients and providers are aware of the service.

- Describe how the program will meet the language needs of the communities it serves (e.g. offer communications in different languages, integrate translation services into clinical work flows). Organizations that are designated or partially designated under the FLSA should describe how services will be provided in French to the Francophone community

- Describe how proposals will target underserved hard to reach populations

- Provide a staffing plan that demonstrates how existing clinical resources have been leveraged. Please note that physician reimbursement is not an eligible expense.

- Propose a target wait time for virtual visits that is consistent with the target length of stay for lower acuity patients (4 hours).

- Include a sustainability plan, including funding for technology and staffing.

Clinical Model

The following clinical model includes requirements for services aimed at patients (adult or pediatric) in the community.

- Provide patients, caregivers and community providers with web-based information about the appropriateness of the service and alternative options, including diversion to an in-person ED visit for high acuity concerns or primary care for non-urgent health issues.

- Screen patients, through digital self-screening, virtual nurse triaging or both, to collect basic patient and clinical information and ensure a virtual visit is appropriate. As part of this screening, attached patients with non-urgent health issues should be encouraged to seek care from their primary care provider first. Note: proposals should include a plan for collecting patient acuity level, which can include the willingness to pilot use of eCTAS for standardized triage and reporting. See Section 5 below.

- Enable a video visit with a physician or nurse practitioner with urgent care or emergency care training and experience within a specific period of time. Provide an escalation pathway for patients who require immediate access to emergency care, including diagnostics.

- Facilitate and track patients who are referred for an in-person ED visit or transfer.

- Support continuity of care through a "warm hand-off" to the patient's most responsible provider.

Technology

- Provide a technology plan for patient navigation/screening, eCTAS video visits and tracking referrals to in-person emergency departments. Where appropriate, existing secure technologies should be leveraged.

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- Virtual visits should primarily be performed using video and can be supplemented by secure messaging. Audio only (telephone) is acceptable if video fails, or patients do not have access to a device to support the video event. Where proposals include requests for technology licenses or services for virtual care solutions using video or secure messaging, successful proposals will be required to use a verified solution (https://otn.ca/providers/verified-solutions/) or use a solution provider that is actively participating in the verification process by December 31st, 2021.

- Proposals must specify where screening/triage and virtual visit encounter data will be stored and how it will be shared with patient's most responsible provider (MRP).

- Proposals may request funding for patient intake and screening tools provided the request is supported by a sustainability plan. Organizations interested in procuring a patient screening tool should ensure the service will be operational before March 31, 2022.

5. Canadian Triage and Acuity Scale (CTAS)

All proposals should include a plan for screening patients to assess their acuity level. In addition, Ontario Health is inviting additional health service provider organizations to express their interest in piloting the use of the provincial eCTAS tool to support virtual triage.

The Canadian Triage and Acuity Scale (CTAS) is a guideline used by emergency department nurses to triage patients. The triage score assigned determines how urgently a patient needs to be seen by a physician in an emergency department. Emergency departments are also required to submit CTAS data for health system planning and funding purposes.

Ontario Health has developed an electronic decision support tool utilizing the Canadian Triage and Acuity Scale called eCTAS, which is currently used by 115 hospitals. The provincial system supports the triage nurse to document assessment parameters and determine an accurate and consistent triage score. In addition to providing nurses with decision support, the triage assessment information is available in a secure cloud-based environment for health system planning. The cloud-based platform adhered to all the necessary privacy and security expectations of the Ontario Privacy Commissioner and is an approved vendor for Personal Health Information (PHI).

The eCTAS tool could potentially be used in a virtual triage model, recognizing that the CTAS score generation would only meet national CTAS standards if the nurse has access to patient vital signs. The use of the tool in its basic application requires minimal to no hospital vendor development and can be readily accessible to any participating hospital. Health service provider organizations who are interested in using eCTAS will be connected with the eCTAS team for further discussions.

6. Approvals Process

Interested health service providers should contact their Ontario Health Regional Digital Lead to discuss whether a potential initiative meets the criteria and the needs of their community. Ontario Health Regions are responsible for facilitating proposal development and determining which should be submitted for funding approval. Sites that have previously received funding must demonstrate how their program has been successful. This information will be taken into consideration when approving additional funding. Ontario Health can also be engaged during proposal development as a subject matter expert on virtual clinical workflows and technology solutions. Proposals must be documented using the approved Virtual Urgent Care Proposal Template.

Proposals which are approved by Ontario Health's Transitional Regional Executive Leads will be submitted to the Ontario Health Virtual Care Secretariat for funding review and approval. The Secretariat will oversee the allocation of funding to eligible proposals according to a criteria-driven process.