**Online Appointment Booking New Project**

Template Fiscal Year 2022-23

Template Ver 2.0 April 2022

# Project Funding Objectives

The Ministry of Health has approved funding for Ontario Health Teams (OHT), In Development Teams and other health care organizations to enable more patients to schedule an online appointment with their primary care provider or other community care provider. This funding is intended to support transforming how care is delivered and assisting OHTs (Ontario Health Teams) and the broader health sector to build their digital health maturity.

Ontario Health (OH) is inviting submissions to support new OAB implementations within primary care or other community care provider settings.

Successful applicants will receive one-time funding in FY2022/23 if they demonstrate implementation success by March 31, 2023. All applicants must submit a one-year implementation plan and funding request, as well as a detailed budget for FY2022-23. Ontario Health will enter into a Transfer Payment Agreement with successful applicants.

The objectives of this funding are to:

* To improve the patient experience by enabling more Ontarians to book an online appointment with their primary care provider and other members of their health care team.
* To support innovative uses of centralized online appointment booking within an integrated care environment that supports timely access to care.
* To demonstrate how online appointment booking solutions can improve provider and office efficiency.
* Strengthening existing primary care networks within OHTs

# Completion Instructions

* Before completing this template, it is important to review the Online Appointment Booking Provincial Service Standards. The OAB standard can be found here <https://www.ontariohealth.ca/our-work/digital-standards-in-healthcare/online-appointment-booking>
* Interested health service providers should work with their Ontario Health Region to discuss whether a potential initiative meets the criteria and the needs of their OHT and community.
* Approved and In-development OHTs are to submit a coordinated submission on behalf of the OHT that demonstrates alignment with the OHT model and the Regional vision using the template below.
* Ontario Health can be engaged during proposal development as a subject matter expert.
* All submission must be approved by the appropriate Ontario Health Region prior to being submitted to the Ontario Health Digital and Virtual Care Secretariat for proposal funding review and funding approval.
* All other health care organizations who are not yet part of an approved OHT may submit a submission that aligns with the program requirements outlined in the Funding Guidelines document.
* Ontario Health welcomes submissions from Indigenous health care organizations, including those serving First Nations, Inuit, Metis and Urban Indigenous persons and support is available for submission development.

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| Enter Title of Proposal Here |

## Applicant Information

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| **Ontario Health Region submitting Proposal** (check more than one for multi-region proposals): | **Toronto Region** (Toronto Central LHIN)  **Central Region** (Central, Mississauga Halton, Central West, and North Simcoe Muskoka LHINs)  **East Region** (Champlain, Southeast, Central East LHINs)  **West Region** (Waterloo Wellington, Southwest, Erie St. Clair, Hamilton Niagara Haldimand Brant LHINs)  **Northeast Region** (Northeast LHIN)  **Northwest Region** (Northwest LHIN) | | | |
| **Submitted by:** (Name of Ontario Health Region representative) | | | Enter Name | |
| **Submitting OHT and/or Heath Service Provider** | | | Enter OHT or HSP Name | |
|  | | | Enter Key Contact Name and email | |
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| **Transfer Payment Recipient**  All proposals must have a health service provider organization sponsor that the region deems suitable to manage the project, and to which the funding can be flowed from Ontario Health according to existing financial processes. For OHT proposals, the funding recipient should be the OHT fundholder or designate. The health service provider organization identified below is agreeing to enter into an agreement with Ontario Health to manage and flow the funds to any other organizations and vendors involved in this project. Any vendor agreements will be between the health service provider organization and the vendor. | | | | |
| **Legal Name of Transfer Payment Recipient:** | | Enter Legal name of Sponsoring organization to be named in the Notice of the Transfer payment Agreement | | |
| **Executive Contact at Sponsoring Organization to be named in the Notice of the Funding Agreement.** | | Enter Name, Position | | |
| Enter email address | | |
| Enter phone | | |
| **Senior Financial Contact (CFO, CAO) at Sponsoring Org to respond to required requests related to the Funding Agreement.** | | Enter Name, Position | | |
| Enter email address | | |
| Enter phone | | |
| **Additional Contact Person who should receive notice of funding agreement.** | | Enter Name, Position | | |
| Enter email address | | |
| Enter phone | | |

## OHT Guidelines

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| **OHT Guidelines (if not applicable, move to next question)**  Submissions from one or more approved OHTs or in development teams must demonstrate that their submission align with the OHT model. Examples of ways to demonstrate alignment with the OHT model include the following. Please check all that apply. |
| Has the proposal been 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)?  Does the proposal align with OHT priorities and OHT-specific performance indicators?  Does the proposal involve an active collaboration between OHT members?  Will the funds be flowed to and managed a fundholder nominated by the OHT on behalf of all beneficiary OHT members?  Does the proposal align with ministry direction to In Development teams, if applicable, (e.g., to join with other teams)? |
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| **Please describe how the program aligns with OHT Model, including names of OHTs involved (max. 2 paragraphs).** |
| Summarize here |
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## Submission Detail

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| Summarize in 2-3 paragraphs your OAB plan, including the number of providers who will participate and the number of patients who will be offered OAB by March 31, 2023. Please include a total funding request amount for fiscal year 2022-23. |
| Summarize here |
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| **Describe your plan to select and implement an OAB technology(s) that align with provincial standards within the established timelines, including the name of the OAB technology solution(s) that will be implemented (max 2 paragraphs).** |
| Describe here |
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| Describe your implementation plan including provider onboarding, brief marketing and communication plan to support patient adoption and how OAB will improve the patient's experience and timely access to care (max 2 paragraphs). |
| Describe here |
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| **Describe your sustainability plan to continue to fund OAB licenses past the funding period (March 31st, 2023) (max 2 paragraphs).** |
| Describe here |
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| Indicate agreement to participate in an evaluation |
| Acknowledge funding is available up to March 31st, 2023 |

## In-Kind Support

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| **Identify the value of in-kind support received from OHT, Health Care Organization or the regions. Clinical staffing requests must be matched with clinical in-kind contributions.** | | |
| **Type of Contribution (Examples Only)** | Name of the Organization/ Contributor of In-Kind Resources | Value of the Contribution during fiscal 2022/23 year until March 31, 2023. |
| Change Management | Enter name here | Enter Total ($) |
| Project Management | Enter name here | Enter Total ($) |
| Clinical Staffing Costs | Enter name here | Enter Total ($) |
| Other | Enter name here | Enter Total ($) |
| **Total – In-Kind Contributions** | Enter name here | **Enter Total ($)** |

## Funding Request to Ontario Health for 2022/2023

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| **Funding request to Ontario Health for 2022/23** | | | |
|  | | **One time funding requested** | **Comments/Assumptions** |
| For net new providers, a range of $1,000 - $2,000 per new provider (e.g., physician, nurse practitioner) is available for fiscal year 2022/23 (ends March 31, 2023). The amount per provider includes both technology (OAB Licenses) and non-technology costs (Project Management, Change Management, Marketing & Communications or for an OHT Practice Facilitator to support change management efforts, and any other affiliated expenses) to support the project.  The maximum amount available for non-technology costs per provider is $800.  Proposals requesting funding less than 12 months must prorate their calculations according to the total number of months remaining in the fiscal year. | | | |
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| **Technology costs (cost of net new OAB licenses)** Please indicate in the comments the cost per license per month. If multiple technologies are being used in one proposal, please indicate all. | | Enter Total ($) | Comments here |
| **Non-technology costs (cost of implementation supports which can include PM/CM, Marketing & Communications, facilitator) –** Maximum of $800 per provider. | | Enter Total ($) | Comments here |
| **Total – Expenditures** | | **Enter Total ($)** |  |
| **Comments** | Comments here | | |

## Timing & Milestones/Deliverables

Successful applicants will receive funding for FY2022-23 following the signing of an agreement with Ontario Health. Identify all planned deliverables for FY2022-23.

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| **Fiscal Year 2022/23**  **Describe Milestones/Deliverables** | **Timeline (i.e. 2 weeks, 4 weeks)** |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |