

# CONNECTED MEDICINE: ENHANCING PRIMARY CARE ACCESS TO SPECIALIST CONSULT

A 15-Month Quality Improvement Collaborative

## Prospectus

**Let's make  
change happen.**



Canadian Foundation for  
**Healthcare  
Improvement**



[cfhi-fcass.ca](http://cfhi-fcass.ca) | [@cfhi\\_fcass](https://twitter.com/cfhi_fcass) | [#AccessConnect](https://twitter.com/hashtag/AccessConnect)

# Table of contents

Executive Summary.....	4	What you can expect.....	15
Overview.....	8	Benefits of joining the Connected Medicine collaborative .....	16
Why CFHI? .....	9	Characteristics.....	18
Why is provider-to-provider remote consult needed?.....	9	Participating Organizations and Team Members.....	20
The Innovations .....	10	How to Apply .....	20
By the numbers .....	12	Ethics.....	22
What is a CFHI Quality Improvement Collaborative? .....	12	Appendices.....	24
Methodology, Preliminary Curriculum and Schedule* .....	13	Glossary .....	24

The Connected Medicine collaborative is a partnership between the Canadian Foundation for Healthcare Improvement (CFHI), the College of Family Physicians of Canada (CFPC), Canada Health Infoway (Infoway), and the Royal College of Physicians and Surgeons of Canada (The Royal College).

---

The Canadian Foundation for Healthcare Improvement identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money. CFHI is a not-for-profit organization funded by Health Canada.

The CFPC is the professional organization responsible for establishing standards for the training and certification of family physicians in Canada. The College accredits continuing professional development programs and materials and accredits postgraduate family medicine training in Canada's medical schools. The CFPC supports family medicine teaching and research and advocates on behalf of family physicians and the specialty of family medicine.

Infoway helps to improve the health of Canadians by working with partners to accelerate the development, adoption and effective use of digital health across Canada. Through its investments, it helps deliver better quality and access to care and more efficient delivery of health services for patients and clinicians. Infoway is an independent, not-for-profit organization funded by the federal government.

The Royal College, the home of specialty care, represents more than 35,000 active members in Canada. It sets the highest standards for specialty medical education in Canada. At the same time, it supports lifelong learning for specialist physicians and the development of sound health policy.

The views expressed herein do not necessarily represent the views of Health Canada.

# Executive Summary

## Context

The issue of long wait times for specialist care is one of the most significant problems facing healthcare in Canada. These waits are particularly concerning because patients may “face the greatest wait-related risk at the earlier phases of care, before the disease has been conclusively diagnosed and a treatment plan established.”<sup>1</sup>

To help address this issue, the Canadian Foundation for Healthcare Improvement (CFHI) is inviting healthcare delivery organizations to participate in Connected Medicine, a 15-month quality improvement collaborative focused on implementing remote consult services.

Remote consult is a provider-to-provider advice and communication model that facilitates communication between healthcare providers about patient care. It includes electronic consult (eConsult), telephone and/or mobile application (app) consult.

The Connected Medicine collaborative will focus primarily on the issue of timely access to specialty care. Most often, remote consult involves primary healthcare providers connecting with specialist providers. However, we recognize that “who consults” and “who is consulted” can vary and this collaborative is also designed to support these variations.

## CFHI collaboratives

CFHI quality improvement collaboratives spread innovation across Canada and beyond by bringing together interprofessional teams to tackle a common healthcare issue through a team-based improvement project and shared learning. Collaboratives are designed to provide healthcare organizations with the support they need to kick-start sustainable improvement at the service delivery level: seed funding, an evidence-informed program and coaching to support the implementation of provider-to-provider remote consult services.

The Connected Medicine collaborative is offered in partnership with The College of Family Physicians of Canada (CFPC), Canada Health Infoway (Infoway) and the Royal College of Physicians and Surgeons of Canada (The Royal College).

---

<sup>1</sup> Canadian Institute for Health Information. Wait Times for Priority Procedures in Canada, 2016. Ottawa, ON: CIHI; 2016.

## Innovations

The Connected Medicine collaborative will focus on spreading two leading Canadian innovations that have demonstrably improved primary healthcare access to specialist consultation services.



[Champlain BASE™ eConsult Service \(BASE™\)](#), a secure web-based eConsult service launched within the Champlain Local Health Integration Network in Ontario, and



[Rapid Access to Consultative Expertise \(RACE™\)](#), a telephone advice line launched at Providence Health Care and Vancouver Coastal Health.

Models of care such as BASE™ and RACE™ demonstrate that remote consult can effectively reduce wait times to see a specialist by enabling primary care providers to more effectively manage their patients in a primary care setting.

## Benefits of joining the Connected Medicine collaborative

- Seed funding – Up to \$600,000 in seed funding is available (shared between up to 15 teams, based on demonstrated need)
- Collaborative support for implementation, spread, scale up and evaluation
- Peer-to-peer networking and exchange across Canada and internationally
- Educational webinars
- Support for performance measurement and evaluation
- In-person workshop(s) and/or regional roundtables to foster cross-team learning and sharing
- Access to a network of expert faculty and coaches – clinicians, administrators, patient advisors and others who are experienced in designing, implementing and evaluating remote consult services and improving quality of care
- Team coaching to ensure a rapid pace for testing change and troubleshooting
- Access to online learning tools and activities

# Key Dates



## Who should apply?

Publicly funded Canadian healthcare delivery organizations, ministries, and providers are eligible to apply for this collaborative. These may include regional health authorities and Local Health Integration Networks; government organizations and agencies; academic health sciences centres; community hospitals; primary care practices; physician groups; and community organizations such as Aboriginal health access and community health centres. First Nations communities are also encouraged to apply.

Organizations are encouraged to reach beyond their usual boundaries to develop multi-stakeholder partnerships that could include social service agencies; local governments; disease-based agencies; public health departments; educational institutions; and other non-profit or volunteer organizations.

Canadian teams will be favoured, but publicly funded healthcare delivery organizations from other countries<sup>2</sup> are welcome to apply.

<sup>2</sup> International teams are not eligible for seed funding, but are encouraged to seek funding from local sources.

## How to apply

Organizations complete an Expression of Commitment and provide information that demonstrates their readiness to implement or scale up remote consult services.

All applications will be screened by CFHI staff to ensure that essential program requirements have been met.

In May 2017, an expert panel will review and select applications based on established criteria.

Applications may be submitted in either English or French.

Applicants are also encouraged to review the [MOU template](#) in advance of submission.

## Contact

For more information about the Connected Medicine collaborative, please contact:

Neil Drimer  
Senior Improvement Lead, CFHI  
[Neil.drimer@cfhi-fcass.ca](mailto:Neil.drimer@cfhi-fcass.ca)  
613-728-2238 Ext. 265

## Overview

The Canadian Foundation for Healthcare Improvement (CFHI) is inviting applications from healthcare delivery organizations to participate in a quality improvement Connected Medicine collaborative focused on enhancing primary care access to specialist consult by implementing (provider-to-provider) remote consultation services. This initiative is offered in partnership with The College of Family Physicians of Canada (CFPC), Canada Health Infoway (Infoway) and the Royal College of Physicians and Surgeons of Canada (The Royal College).

Too often in healthcare in Canada, promising innovations remain isolated pockets of excellence. Any organization working to improve patient care, health outcomes and value-for-money should ask: “What’s out there that works?” The Connected Medicine collaborative will support participating healthcare delivery organizations across Canada and internationally to test, implement, spread, scale up, and evaluate proven, evidence-informed, patient-centred remote consult services.

**Remote consult is a provider-to-provider advice and communication model that facilitates communication between healthcare providers about patient care. It includes electronic consult (eConsult), telephone and/or mobile application (app) consult.**

Most often, remote consult involves primary healthcare providers connecting with specialist providers. However, we recognize that “who consults” and “who is consulted” can vary, for example, nurse-led clinics in remote communities linking with family physicians; or primary care providers connecting with addiction counsellors. This collaborative is also designed to support these variations.

The Connected Medicine collaborative responds to what those working in healthcare across Canada and internationally say they need to kick-start sustainable improvement at the service delivery level: seed funding, an evidence-informed program, patient co-design, support for performance measurement and evaluation, and coaching to support the implementation of provider-to-provider remote consult services.

This collaborative builds on the [2016–17 Connected Medicine e-collaborative](#), in which [10 teams from across Canada and internationally](#) came together to develop business cases and strategies to implement remote consult services in their jurisdictions. (See Appendix 1 [for team abstracts](#) of this e-collaborative.) Applicants to the current opportunity need not have participated in the previous e-collaborative.

## Why CFHI?

CFHI works shoulder-to-shoulder with you to improve health and care for all Canadians. We have developed an [evidence-based approach](#) to support the spread of innovation and improvement, focused on:



“. . . pockets of extraordinary creativity and innovation dot the Canadian healthcare landscape. Local, regional & even provincial programs worthy of emulation have simply not been scaled up across the nation. . . CFHI punches above its weight in scaling up innovation. . .”

Federal Advisory Panel on Healthcare Innovation (2015)



- Building improvement and skill capacity – enhancing organizational capacity to champion and lead improvement;
- Enabling patient, family and community engagement – catalyzing healthcare innovation by involving those who experience and need care as experts in improvement and co-design;
- Applying improvement methodology – using improvement tools and methods to drive measurable results towards better patient care, better health and better value; and
- Creating collaboratives to spread evidence-informed improvement – bringing together coalitions of the willing and supporting these change agents to implement improvement across Canada.

This methodology includes fostering collaborative leadership among managers and providers, setting clear aims within a well-assessed population, developing supportive curriculum in change management, implementation, patient co-design and performance measurement, and providing peer-to-peer learning and coaching.

## Why is provider-to-provider remote consult needed?

The issue of long wait times for specialist care is one of the most significant problems facing healthcare in Canada. A 2016 [Commonwealth Fund Survey](#) on patients’ healthcare experiences in 11 countries found that Canada ranks last for patients who waited two months or longer for a medical specialist appointment, with 30 percent of Canadians waiting two months or more.<sup>3</sup> These waits are particularly concerning because patients may “face the greatest wait-related risk at the earlier phases of care, before the disease has been conclusively diagnosed and a treatment plan established.”<sup>4</sup>

<sup>3</sup> Commonwealth Fund. 2016, November 16. In New Survey of 11 Countries, U.S. Adults Still Struggle with Access to and Affordability of Health Care

<sup>4</sup> Canadian Institute for Health Information. Wait Times for Priority Procedures in Canada, 2016. Ottawa, ON: CIHI; 2016.

## The Innovations

The Connected Medicine collaborative focuses primarily on the issue of timely access to specialty care and focuses on spreading two leading Canadian innovations that have demonstrably improved primary healthcare access to specialist consultation services in Canada.

### [Champlain BASE™ eConsult Service \(BASE™\)](#)



is a secure web-based eConsult service launched within Champlain Local Health Integration Network in 2010 (see Appendix 2 for BASE™ case studies). BASE™ is an innovative integrated care model that improves timely and equitable access to specialists. By providing advice directly to the provider, primary care providers (PCP), equipped with the information they need, may avert an unnecessary referral and enhance patient management and the care experience. To date, the BASE™ program has enabled primary care providers to access over 90 different specialty services through eConsult. As a result of the eConsult service, more than 8,000 patients in the Champlain region of Ontario (Ottawa and the surrounding areas) are no longer waiting to see a specialist. This model is now being spread to other regions of Ontario and has also been implemented in Newfoundland.

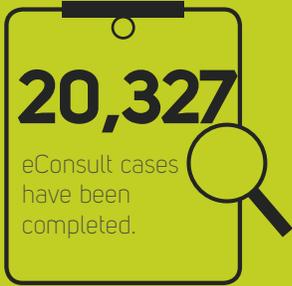
### [Rapid Access to Consultative Expertise \(RACE™\)](#)



is a telephone advice line launched at Providence Health Care and Vancouver Coastal Health in 2010 that has now spread across British Columbia. RACE™ is an innovative model of shared care where family physicians and other PCPs can call one number, choose from a selection of specialty services, and be routed directly to a specialist's cell phone for "just in time advice" (see Appendix 3 for RACE™ case studies). This model began with five specialty areas and now includes 28 specialty areas with over 25,000 calls to date. With the demonstration of successful outcomes, this model has spread provincially and has gained national and international interest. RACE™ was enhanced in 2015 with eRACE, a mobile application that enables PCPs to initiate contact via email or text, depending on the preference of the specialist.

These models of care have shown that remote consult can:

- effectively reduce wait times to see a specialist by enabling primary care providers to communicate directly with specialist providers, and
- support providers to more effectively manage their patients in a primary care setting, perhaps even avoiding the need for a face-to-face visit.



**1,145**  
Registered PCPs (970 family physicians and 175 nurse practitioners) in

**415** clinics across **97** towns/cities



**13,822**

The number of eConsults (68% of cases) that have been completed without the patient requiring a face-to-face specialist visit.

**8,131**

The number of eConsults (39% of cases) where a referral was originally contemplated but avoided based on the specialist's advice.

A sample of key BASE™ results to date (as of November 2016):

**97**

Enrolled specialty areas



**93%**

of cases PCPs rated as high/very high value

# BY THE NUMBERS



**2 DAYS**

The average response time from the moment the eConsult is submitted to the time the first specialist response is given. (The fastest was 2 minutes!).



**97%**

Percentage of patients who considered eConsult an acceptable alternative to traditional face-to-face referrals

**94%**

of specialists report that eConsult improves communication with PCPs

Weighted average cost per eConsult: **\$47.35**

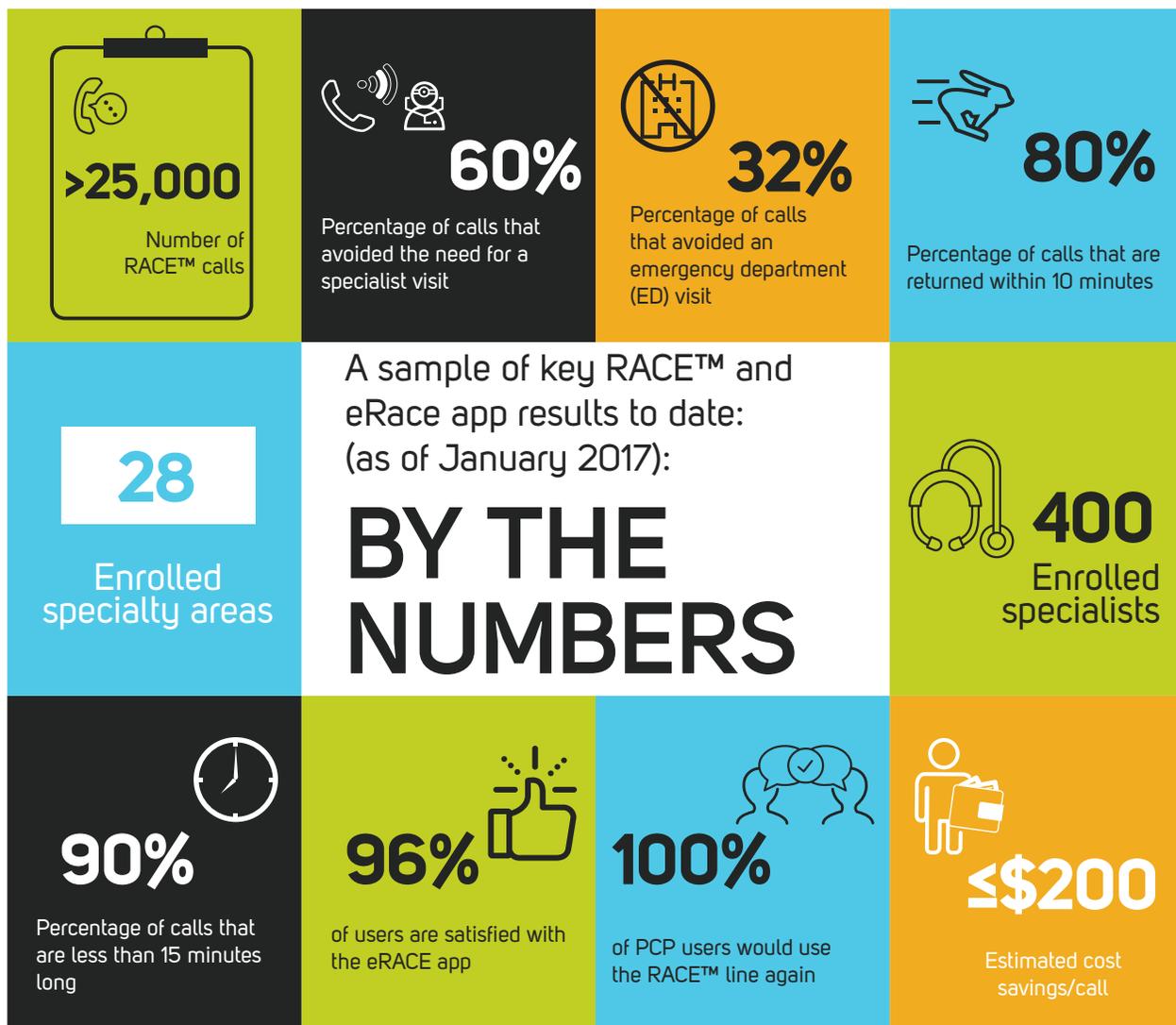


Average cost of a traditional face-to-face referral: **\$133.60**



**\$83.49**

Average cost savings per patient by avoiding face-to-face visit with specialist



## What is a CFHI Quality Improvement Collaborative?

CFHI quality improvement collaboratives are shared learning programs that bring together interprofessional teams of dedicated healthcare professionals, patients, families from across Canada and internationally, each looking to tackle a common healthcare issue through a team-based improvement project. Collaboratives support teams in turning evidence-based best practices into common practices, while also enhancing quality improvement capacity in their own organizations. Although teams may face similar challenges, the design, testing, implementation and evaluation of each

solution is customized to each team's unique culture and context.

Learning within the collaborative focuses on increasing participant knowledge and skills and sharing experiences through interactive webinars, one-on-one calls, and face-to-face workshops – all led by expert faculty and coaches. There is a strong focus on evaluation, with teams completing each collaborative with measurable improvement in their focus area and acquiring an in-depth understanding of quality improvement methodology applicable to a broad range of issues.

# Key Dates



## Methodology, Preliminary Curriculum and Schedule\*

Using an adult-learning approach, this 15-month Connected Medicine collaborative will set teams up for success as they move from testing to implementation, and ultimately to spread and scale-up, of their remote consultation service, while fostering team-building skills and a quality improvement foundation. Curriculum topics will focus on the elements needed to allow improvements to be sustained in the long term, while promoting networking and exchange within the entire collaborative. Activities include:

- Monthly team educational webinars that focus on how to implement and scale up remote consult services within healthcare delivery organizations.
- Regularly scheduled educational webinars on data collection, analysis and visualization.
- Regularly scheduled team progress reporting webinars.
- An in-person workshop, in conjunction with the CFPC Family Medicine Forum, in November 2017 in Montreal.
- Access to an extensive network of faculty, coaches and staff in every step of the change management process, including assessing challenges, articulating improvement objectives, designing solutions, implementing improvements, and evaluating outcomes.
- Coaching calls, as needed, for individual teams to ensure a rapid pace for testing change and to troubleshoot any barriers encountered.
- Affinity calls or theme teleconference calls, as needed, on topics of interest identified by teams.
- Access to online learning tools and activities.

## Curriculum topics include\*:

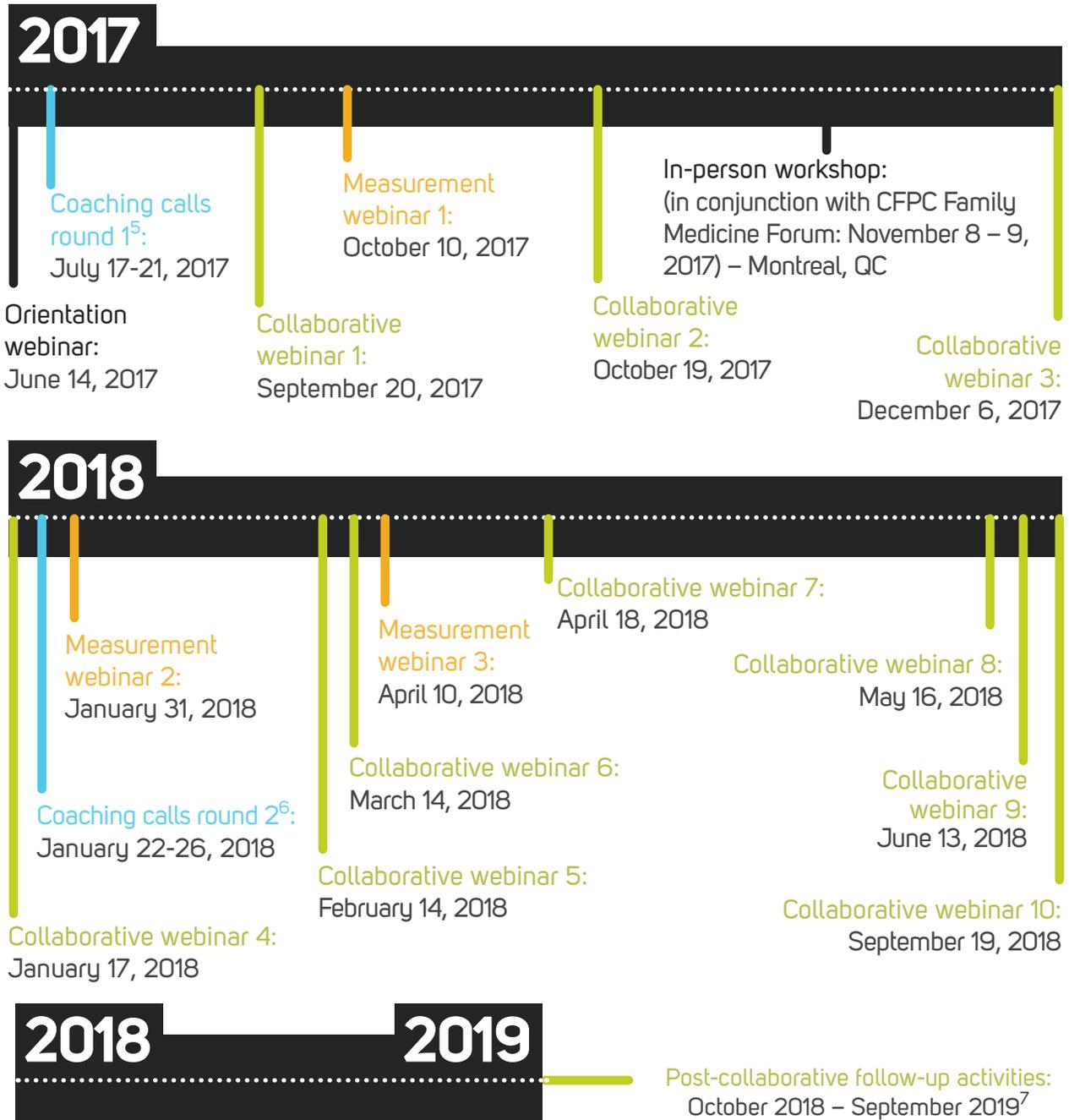
- Self-check: assessing team needs and readiness
- [The 10 steps to consider when designing an electronic consultation system \(BASE\)](#)
- [RACE in a box: how to set up a RACE-like structure](#)
- [Patient's Medical Home model](#)
- Quality improvement 101
- Driver diagrams
- Setting your aim
- Plan Do Study Act (PDSA Cycles)
- Collaborating for improvement: building your team
- Stakeholder and community engagement
- Developing your change package
- Fostering improvement and innovation
- [Highly adoptable improvement](#)
- Moving to spread and scale
- Making your change sustainable
- Enabling technology platforms and interoperability
- Change management
- [Triple Aim](#)/Quadruple Aim
- Measurement, data collection and indicators
- Is my change an improvement?
- Benefits evaluation
- Performance measurement / Evaluation
- Patient co-design
- Reaching remote and underserved populations: moving towards health equity and culturally competent care
- Communicating and marketing your innovation
- Policy considerations (remuneration, privacy, legal, regulatory and inter-jurisdictional consult)
- Funding opportunities
- Publishing and sharing results relevant to stakeholders and communities

---

\* Subject to change

## What you can expect

The following provides the general structure of the Connected Medicine collaborative. Collaborative webinars are intended for all team members, while measurement webinars are for measurement leads. All webinars are 12:00 - 2:00pm ET unless otherwise noted.



These sessions are complemented by on-demand, one-on-one coaching calls for individual teams and faculty/coaches, as well as periodic affinity webinars focused on specific themes of interest.

<sup>5, 6</sup> The team, including executive sponsor, should be available to participate during each round of coaching calls.

<sup>7</sup> It is expected that teams will participate in follow-up activities (e.g. surveys, interviews, webinars) with CFHI at predetermined times (e.g. 3-, 6-, 12-month) during the 12-month post-collaborative period .

## Benefits of joining the Connected Medicine collaborative

Whether you are ready to test, implement or scale (see glossary for definitions) your remote consult initiative, your team will gain access to a range of valuable resources to help your organization adapt and adopt provider-to-provider remote consultation services. These resources include:

- Seed funding – Up to \$600,000 in seed funding is available (shared between up to 15 teams, based on demonstrated need)
- Collaborative support for the implementation, spread, scale up and evaluation
- Peer-to-peer networking and exchange across Canada and internationally
- Educational webinars
- Support for performance measurement and evaluation
- In-person workshop(s) and/or regional roundtables to foster cross-team learning and sharing
- Access to a network of expert faculty and coaches – clinicians, administrators, patient advisors and others who are experienced in designing, implementing and evaluating remote consult services and improving quality of care
- Team coaching to ensure a rapid pace for testing change and troubleshooting
- Access to online learning tools and activities

### Testimonials from participating teams in the 2016-17 Connected Medicine e-collaborative:

“This has been an excellent learning opportunity that has given us a solid foundation about how to proceed...”

“It was a wonderful opportunity to connect with like minded administrators wanting to improve care delivery hand-in-hand with the clinical teams and patients.”

“

”

“An unintended benefit of this collaborative is the legitimacy it brings to the work that we have underway. Our project is taken more seriously because of the association we now have with this pan-Canadian (and global) group.”

”

# Who should participate?

## Eligibility

- Publicly funded Canadian healthcare delivery organizations, ministries, and providers.
- Such organizations include, but may not be limited to: regional health authorities and Local Health Integration Networks; government organizations and agencies; academic health sciences centres; community hospitals; primary care practices; physician groups; and community organizations (such as Aboriginal Health Access Centres or Community Health Centres).
  - » Providers in Canadian northern and/or remote communities are encouraged to apply.
  - » Providers in First Nations, Inuit and Métis communities are encouraged to apply.
  - » Providers serving federal populations and/or in federally-administered healthcare organizations (e.g. Department of National Defense; Veterans Affairs; Correctional Services) are encouraged to apply.
- Applications may be submitted in either English or French.
- Organizations wishing to enhance other provider-to-provider communication, such as between primary care providers, or specialists accessing primary care consult, may also be eligible. Examples of this include nurse-led clinics in remote communities linking with family physicians, or health provider training programs – for example, university programs/departments interested in designing a model tailored to learners such as students to residents, residents to senior residents, or senior residents to attending staff.
- Applying organizations may wish to reach beyond their usual boundaries to develop multi-stakeholder partnerships. These partnerships could include healthcare organizations and groups such as social service agencies, local governments, disease-based agencies, public health departments, educational institutions, civic agencies, and non-profit or volunteer organizations focused on improving healthcare and increasing access to specialist services.
- Pan-Canadian representation will be favoured, but international publicly funded healthcare delivery organizations<sup>8</sup> are welcome to apply.
- Public-private partnerships in healthcare delivery may also be considered for this collaborative. However, any proposed remote consult service should consider the publicly funded healthcare system as its payer/beneficiary. With that in mind, a private entity is eligible to only submit in partnership with a public entity.
- Applying organizations must demonstrate readiness to test, implement or scale remote consult services in their jurisdictions or beyond.

---

<sup>8</sup> International teams are not eligible for seed funding, but are encouraged to seek funding from local sources

- Applicants must demonstrate readiness to implement innovation based on CFHI’s identified criteria (as per the expression of commitment).
- Prior participation in the 2016–17 e-collaborative is not a prerequisite for eligibility in the current collaborative. However, applicants are encouraged to build off [of any existing remote consultation models and initiatives that may already exist in their jurisdiction, and to collaborate and communicate with existing teams.](#)
- In addition to the above eligibility criteria, CFHI reserves the right to ensure the collaborative contains teams that reflect a mix of settings, geographies and populations.

## Characteristics

This collaborative is designed to offer support to organizations with the following characteristics. Applicants that do not have all these characteristics will still be considered; however, we encourage teams to identify any gaps as an area for improvement.

### Organization characteristics

Overall, the organization should demonstrate or identify:

- A commitment to enhancing primary care access to specialist consult services (or variations thereof), as evidenced by this being a key strategic priority and/or area of focus supported at the most senior level of the organization (e.g. CEO).
- Explicit support of senior leadership, and these leaders must stay actively connected to the team’s work. To maximize results, participating in the collaborative should be recognized as a priority supported by the organization.
- Populations identified for intensive improvement related to enhancing primary care access to specialist consult services (or variations thereof).
- The inclusion of key partners who have expressly committed to participating.
- Strong improvement and measurement capabilities at the team improvement project level and at the organizational, system, or population levels. Suitable organizations skilled in using improvement models, running small tests of change, and implementing change.
- Familiarity and/or willingness to use a Quadruple Aim Framework for improvement and measurement.

## Team characteristics

Overall, the team should demonstrate or identify:

- Skills in setting aims and carrying out well-designed quality improvement initiatives.
- Commitment to scaling up the remote consultation service beyond the initial testing or implementation sites to other PCPs and specialty areas in local jurisdiction.
- Leadership and executive endorsement and support.
  - » During the collaborative, the CEO (or most senior leader in the organization) will ensure the improvement team has regularly scheduled access to the senior executive team; protected time for the work; and support for, and active engagement in, the organizational or policy change dimensions. Senior management (including a clinical or administrative lead) will support and be accountable for the overall direction, implementation and management of the initiative, and should be available to participate in both rounds of coaching calls.

Participating teams should include the following:

- A **Team Lead** with the time, resources and accountability to succeed who is designated to oversee the day-to-day activities of development and execution of the initiative.
- An **Evaluation and Measurement Lead** to support the tracking of results over time. This Lead will be expected to attend education webinars convened by CFHI, and to participate in a cross-collaborative study.<sup>9</sup>
- A **Primary Care Provider Champion**, who will work with the Team Lead, provide practical support and feedback on the consult service, and ensure the primary care provider perspective is considered throughout the improvement project, including alignment with the Patient Medical Home model.
- A **Consulting Specialist Physician Champion**, who will work with the Team Lead, provide practical support and feedback on the consult service, and ensure the specialist perspective is considered throughout the improvement project.
- A **Patient/Community Advisor**, who has experience and expertise as a service-user within the healthcare organization and who will advise the team on patient-centred approaches to care, including patient co-design.
- A **Quality Improvement (QI) Advisor**, with knowledge, skills and experience in applying QI methodology and supporting teams on improvement initiatives.
- **Information Technology or e-Health Advisor**, to ensure the chosen solution is designed and implemented to foster success, and to provide technical support and guidance to the team.

---

<sup>9</sup> Common definitions and indicators will be used across teams – informed by measurement leads, who will also supply anonymized data at baseline, throughout and post-collaborative to allow for progress reporting and sharing across sites. Measurement Leads will also participate in a cross-collaborative “Wait One” study overseen by Dr. Clare Liddy that aims to understand waits identified in primary healthcare (e.g. via chart audits – reasons for waiting and duration of waiting period)

- **Local Region Administrative and/or Policy (e.g., Payer) Advisor**, to ensure the administrative/ payment perspective is integrated into the remote consult service, and to provide financial guidance to the team as necessary.

Note: team members may fulfill more than one role – for example, the Team Lead and QI Advisor could be the same person – but the application should show clearly that this person has adequate time to manage multiple roles.

Teams are also encouraged to liaise with their CFPC Chapter Leads in the design and development of their work. In addition, interested teams should consult [the map of remote consultation services](#) across Canada to identify potential partners.

## Participating Organizations and Team Members

Dedicated project resources must be in place and teams must be committed to full participation in the collaborative, including CFHI's overall evaluation and performance measurement plan.

Successful sites will be asked to sign, by May 31, 2017, a [Memorandum of Understanding](#) with CFHI that reflects CFHI's support and the commitment of the organization and team members.

Applicable team members may be able to earn MOC credits (The Royal College), Mainpro credits (CFPC) and/or MOC credits (Canadian College of Health Leaders).

## How to Apply

### Call for Applications

- The Connected Medicine collaborative call for applications opens on **March 7, 2017**.
- Visit the CFHI website for the most up-to-date details and to start [your online Expression of Commitment](#).

### Pre-application Coaching Calls

- CFHI is offering organizations interested in applying to Connected Medicine the opportunity to participate in a 30-minute call with a CFHI coach and/or staff prior to submitting their application. The call will guide interested teams on key elements of the application and help gauge readiness for participation in the collaborative.
- To request a pre-application coaching call please send an email to Christine Kirvan, Improvement Lead, CFHI at [Christine.kirvan@cfhi-fcass.ca](mailto:Christine.kirvan@cfhi-fcass.ca)

## Online Application

- Organizations need to complete an online [Expression of Commitment](#) and provide information that illustrates their organization's readiness to implement or scale up remote consult services. Applications must be submitted prior to 11:59 p.m. ET on the application deadline, **May 4, 2017**.

## Merit Review Panel

- All applications will be initially screened by CFHI staff to ensure that essential program requirements have been met.
- In May 2017, an expert panel will review and select applications.

## Selection criteria

Applications will be assessed according to the following criteria.

### **Organization(s)**

- Is there clear commitment and support of the CEO and senior management team? Are appropriate partner organizations and/or sectors involved? Does the improvement project clearly align with the organization's strategic priorities and plan?

### **The Team**

- Is the composition of the team appropriate, including primary care and specialist provider champions, as well as patient/community advisors? Do team members have an appropriate level and scope of authority? Do they have an appropriate mix of skills, attributes and experience necessary to be successful? Do they demonstrate an aptitude for and/or have a record of successfully leading quality improvement initiatives? Do they have familiarity with the Quadruple Aim framework?

### **Remote Consult Service Improvement Project**

- Is the improvement project problem statement clearly articulated and well supported by documented sources of evidence? Is the aim statement clearly articulated? Is it "doable" within the 15-month program? Does the application demonstrate how the improvement project will contribute to better care, better health, better provider experience, and better value (i.e. the Quadruple Aim)? Are intermediate goals clearly articulated, measurable, and appropriate? Are appropriate stakeholders identified and strategies to engage them described? Are potential barriers and associated mitigation strategies identified?

- Has the applying organization demonstrated readiness to implement and/or scale up remote consult services? Have decisions been made about which primary care providers, specialty area(s) and remote consult platform will be the focus of this project? Has there been any effort to communicate and/or build off existing remote consult initiatives in applicant's jurisdiction? Are there existing networks between targeted primary care and specialist providers?

## Ethics

- It is the responsibility of each organization applying to participate in the Connected Medicine collaborative to determine if ethics approval from a research ethics board is required.
- Tri-Council Policy Statement (TCPS2) governs requirements pertaining to research ethics in Canada, distinguishes quality improvement and research, and advises when seeking ethics approval is required.

[Article 2.5](#): "Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of [research ethics board] review."

- Organizations should identify at the application stage if the nature of the improvement project will require ethics board approval. If applicable, plans to attain ethics approval must be described and factored into the timeline of the proposed improvement project.
- For more information, please consult the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (2014), the [Tri-Agency Framework: Responsible Conduct of Research](#) (2011), [TCPS: Section 6: Research Involving Aboriginal Peoples](#) and [First Nations Principles of OCAP™ \(ownership, control, access, and possession\)](#).

## Conflicts of interest

- By completing the expression of commitment, the organization and team members confirm that they have reviewed and understood [CFHI's Conflict of Interest Policy](#), including the rules regarding the eligibility of Foundation employees, directors, registrants and agents. Organizations from which any members of [CFHI's Board of Directors](#), or Foundation agents or employees receive remuneration are eligible to apply to this competition. Applicants must fully disclose any relationship with members of [CFHI's Board of Directors](#).

## Memorandum of Understanding (MOU)

- Organizations invited to join the Connected Medicine Collaborative will be asked to sign a [Memorandum of Understanding](#). The MOU outlines the program's commitments and expectations.

## Inquiries and information webinar

- To learn more about Connected Medicine collaborative, please join faculty and CFHI staff on an informational webinar March 8 from 12:00 to 1:00 p.m. ET. Please register online at <http://www.cfhi-fcass.ca/WhatWeDo/on-call/the-specialist-is-always-in>

For more information about the Connected Medicine collaborative, please contact:

Neil Drimer  
Senior Improvement Lead, CFHI  
[Neil.drimer@cfhi-fcass.ca](mailto:Neil.drimer@cfhi-fcass.ca)  
613-728-2238 Ext. 265

## Appendices

1. [Connected Medicine e-collaborative team abstracts](#)
2. [BASE™ Case study](#)
3. [RACE™ Case study](#)

## Glossary

**Remote consult:** A provider-to-provider advice and communication model through an electronic (eConsult), telephone and/or mobile application to facilitate communication between healthcare providers – typically between primary care providers and specialists, but also between primary care providers; not to be confused with a face-to-face consult visit between a specialist and a patient or remote visits by a physician with a patient.

**eConsult:** allows an asynchronous, remote consultation between two or more healthcare providers using a secure electronic communication platform to provide information about a client's health condition to a consulting provider for the purposes of providing a clinical assessment, opinion and/or recommendations and includes the consulting provider report back to the referring provide.

**Testing:** Try and adapt ideas to learn what works in your system

**Implementation or Spreading Improvement:** Make a change a permanent part of the day to day operation of the system

**Moving to scale or scale up:** Extending the reach to all who stand to benefit

- Have individuals (and providers) adopt the changes
- Overcoming the structural issues that arise when moving to scale

**Triple Aim and Quadruple Aim Framework:** The Institute for Healthcare Improvement has defined Triple Aim as the simultaneous pursuit of population health, care experience and per capita cost of care. An adaption of this framework calls for a fourth aim – provider experience or satisfaction, making the Quadruple Aim.



Canadian Foundation for  
**Healthcare  
Improvement**

**THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA**



**LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA**



Canada Inforoute  
Health Santé  
Infoway du Canada



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA

[cfhi-fcass.ca](http://cfhi-fcass.ca) | [@cfhi\\_fcass](https://twitter.com/cfhi_fcass) | [#AccessConnect](https://twitter.com/AccessConnect)