

## Application for Primary Health Care Transition Fund Projects 2003/04

The Ontario Ministry of Health and Long-Term Care (MOHLTC) invites applications from interested proponents for grant funding under the Primary Health Care Transition Fund (PHCTF).

The total amount of funding available for this grant process is approximately \$60million. Both large and small projects are invited to apply for funds. Costs covered by the PHCTF will be time-limited and transitional in nature. (For a complete description of eligible and ineligible costs, please see section 7)

### 1. Introduction

The Primary Health Care Transition Fund is an investment by the Government of Canada to support transitional costs of implementing primary health care renewal initiatives across the nation. The fund is made up of five funding envelopes.

- **Provincial/Territorial Envelope** - allocated on a per capita basis to provincial and territorial governments to assist them in broadening and accelerating primary health care initiatives;
- **National Envelope** - to support coordinated national efforts;
- **Multi-Jurisdictional Envelope** - to support collaborative initiatives between two or more provincial/territorial governments;
- **Aboriginal Envelope** - to support the integrated delivery of primary health care services to Aboriginal peoples, regardless of where they live in Canada; and
- **Official Language Minority Community Envelope** - to support improved access to effective primary health care services for French and English speaking minority communities across Canada.

This application concerns projects to be funded from Ontario's share of the **Provincial/Territorial Envelope**.

Current funding is available chiefly for the following project types:

- Inter-disciplinary Projects (Demonstration, Mental Health, Rehabilitation, Research and Evaluation)
- Accreditation Projects
- Leadership Training Projects

Please note that applicants may apply for more than one type of project. However, each project type that is applied for requires a separate application.

## **2. Background**

### **Working Definition of Primary Health Care**

- Meant to be the foundation of the health care system, with a sustainable, long-term relationship between the inter-disciplinary health care team and patient.
- Emphasizes health promotion and illness prevention, includes diagnosis and treatment and provides a link to more specialized care, such as that provided in hospitals or by specialists.
- Refers to the first level of care and the initial point of contact that a patient has with the health system.

### **Federal Objectives for the Five Envelopes of the PHCTF**

As stated by Health Canada (<http://www.hc-sc.gc.ca/phctf-fassp/english/>), the broad, national objectives of primary health care reform are to:

- “increase the proportion of the population having access to primary health care organizations accountable for the planned provision of a defined set of comprehensive services to a defined population;
- increase emphasis on health promotion, disease and injury prevention, and management of chronic diseases;
- expand 24/7 access to essential services;
- establish inter-disciplinary primary health care teams of providers, so that the most appropriate care is provided by the most appropriate provider and;
- facilitate coordination and integration with other health services, i.e. in institutions and in communities.”

### **Ontario’s Focus for the Provincial Envelope of the PHCTF**

In keeping with the federal government’s objectives, Ontario’s vision for the PHCTF is to ensure that there is flexibility in payment and delivery models for primary health care while ensuring that the goals of primary health care renewal are met. The goals are:

- Improved access to primary health care
- Improved quality and continuity of primary health care
- Increased patient and provider satisfaction and
- Increased cost-effectiveness of primary health care services

### 3. Ontario's Funding Priorities

- In keeping with Ontario's PHCTF focus, proposals falling into one of the categories below, while remaining congruent with the spirit of the federal government's objectives for the PHCTF, will be given priority.
- Projects should be specific to primary health care within the jurisdiction of Ontario. Projects with a scope broader than the jurisdiction of Ontario are ineligible.
- If available funding permits, there may be some flexibility in entertaining proposals outside of the scope defined below.
- The breadth of scope and size of proposals that will be funded is expected to vary considerably.
- The ministry may request that proponents of projects, which have a similar focus, consider collaboration on a joint project. Please note that proposals without developed methodologies will not be considered beyond the screening stage.
- Mental Health and Rehabilitation Reform projects described below are special kinds of Demonstration projects. Since mental health and rehabilitation reform are both priority areas for primary care renewal, a separate amount of funding has been earmarked for these projects.

#### a) Demonstration Projects

- Through the grant process the Ministry hopes to fund both small and large demonstration projects which focus on implementation and evaluation of **programs of care delivery**.
- Projects may be geared towards specific population groups (geographic or otherwise) within Ontario or may be province-wide in scope.
- Eligible demonstration project applications will focus on inter-disciplinary **primary health care service delivery involving various disciplines working collaboratively**.
- Demonstration projects are required to advance inter-disciplinary knowledge of primary health care.
- Proposals for demonstration projects currently running as a program or programs of care that have already been proven to be effective will be low priorities for funding.
- Demonstration projects should facilitate collaboration between health professionals as currently regulated by the various Colleges in Ontario or should have made arrangements for alternate practice agreements that are validated by the relevant Colleges and Professional Associations.
- Demonstration projects should not be a duplication of on-going programs currently funded by the Ministry.

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Outcomes of interest for demonstration projects include:

- effectiveness in encouraging inter-disciplinary collaboration
- effectiveness in improving access to inter-disciplinary care
- patient and provider satisfaction
- cost effectiveness
- patient outcomes (including patient access to care)

### **b) Mental Health Reform Demonstration Projects**

- Eligible projects, whether focussed primarily on mental health or with mental health as a component of a more broad primary health care initiative, will establish linkages and demonstrate the co-ordination and provision of mental health care for patients.

### **c) Rehabilitation Reform Demonstration Projects**

- Eligible projects, whether focussed primarily on rehabilitation or with rehabilitation as a component of a more broad primary health care initiative, establish linkages and demonstrate the co-ordination and provision of rehabilitative care for patients.

### **d) Research Projects**

- Funding will be targeted to practice-based research
- Priority areas for research include:
  - funding and delivery models for inter-disciplinary primary health care practice or
  - processes and outcomes of care linked to primary health care models

### **e) Evaluation Projects**

Eligible evaluation projects will evaluate currently existing inter-disciplinary practice models in a variety of settings including, but not limited to:

- Family Health Networks
- Community Health Centres
- Health Service Organizations
- Group Health Centre

Evaluation foci should include one or more of the following:

- effectiveness in encouraging inter-disciplinary collaboration
- effectiveness in improving access to inter-disciplinary care
- patient and provider satisfaction
- cost effectiveness
- patient outcomes (including patient access to care)

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### f) Leadership Projects

- Eligible projects will provide education opportunities to one or more of the following groups:
  - health care providers
  - health care educators
  - health care researchers
- Projects should describe how the Leadership Project will facilitate the movement of providers into inter-disciplinary primary health care models and help manage associated changes.

### g) Accreditation Projects

- Eligible projects will have the goal of developing a voluntary accreditation program for inter-disciplinary primary health care practices.
- Inter-disciplinary primary health care practices include the following key elements:
  - Group practice
  - Interdisciplinary care
  - 24/7 service delivery
- Priority areas for accreditation assessment include:
  - quality of care, linked to patient outcomes
  - inter-disciplinary integration.

## 4. Eligibility

### Deadline for Proposal Submission (Extended)

There are **two** deadlines for submission of proposals.

- The first deadline is **midnight, June 30, 2003**. Applications received by the first deadline will compete for approximately 70% of eligible funds.
- The second deadline is **5 p.m. EST, November 28, 2003**. Applications received for the second deadline will compete for approximately 30% of the funds.
- Unsuccessful projects from the first round of awards may apply for funding in the second round.

Electronic applications must be followed up with hard copies. Submit electronic versions in Microsoft Word, or PDF format to:

PHCTF@moh.gov.on.ca

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Send 10 hard copies to:

PHCTF Project Co-ordinator  
Alternative Payment Programs Branch  
3<sup>rd</sup> Floor, 5700 Yonge Street  
Toronto ON M2M 4K5

### Principal and Co-Principal Proponents

Individuals in decision-making organizations (health agencies, associations, service provider organizations), research organizations (universities, institutes, centres) and groups of practitioners are encouraged to apply. If projects are partnering with an entity/organization that is not named as a proponent for the submission, a signed letter of commitment from the entity/organization must be included with the application. Again, the Ministry may request that proponents of projects, which have a similar focus, consider collaboration on a joint project.

### Project Timelines & Accountability

Projects are to be completed, including the analysis and the dissemination of findings by March 31, 2006. All submissions are expected to incorporate milestones/key deliverable for interim, annual and final reporting both to the Ministry and to key stakeholders, including participating communities, partners, and decision makers. Reporting responsibilities will be outlined in greater detail in the contract agreement between the MOHLTC and sponsoring organizations.

## 5. Application Requirements

Only complete applications will be considered.

### Cover Pages

The application must include a cover page(s) that provides a **brief** descriptive title, clearly indicates the type of project (demonstration, research etc.), identifies the topic, and provides essential contact details for:

- Project team members

AND if applicable

- Administering organization
- Partners

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All necessary original signatures must be provided to confirm that team members, partners and the administering agency have explicitly agreed to their role and/or commitment to the proposed research.

A summary of the contributions (in kind or otherwise) provided by each source must be outlined in the cover pages. Resources in the budget should be under the control of the principal project proponent. All proponents and the designated official of the organization that will administer the funds should sign the application. The administering organization must have the capacity to properly administer and account for funds granted.

If the project proposes collaborative practice that is currently outside the scope of any professional group, a letter of support must be included from the relevant Colleges and Professional Associations.

### Format

- The page limit for the balance of the application is 10 pages

The following items are not included in the above page limit:

- Letters of commitment
- References to literature / bibliography
- Cover pages
- Description of project team (maximum of 3 pages)
- Curriculum Vitae of proponents (each CV is limited to a maximum of 4 pages)
- Budget
- Research materials such as questionnaires, health measurement scales, data collection sheets, consent forms

The items listed above are the only materials that are permitted to be appended to the 10 page application. No other materials may be appended.

Proposals that do not adhere to these limitations will not be reviewed.

To promote fair review, all applications must be on letter-size paper, type-written, regular single-spaced, have one-inch margins at the sides, top and bottom of each page and must use a 12-point font.

Applicants must submit **an original plus 10 copies** of their complete application, including the cover pages. Applicants are encouraged to back-print these documents in order to conserve paper.

### Content

Applicants are expected to use the headings below to organize the application:

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- (i) *Project*: This section should describe the objectives and question(s) addressed, based on an assessment of the existing literature and practice, the methods and approach to be employed, the likely generalizability and validity of the results, and the project timeline.

*Additional questions you may wish to consider:*

- How does the project address a pressing need within your community or within the wider health care system?
- Does the project involve collaboration with other health care providers? If yes, how?
- Describe the benefits of the project to each of the following groups (if applicable): clients/patients, care providers, the health care system.
- Why is your project a good investment? How will it help to build a renewed primary health care system?
- How does the project relate to the PHCTF national interests as well as Ontario's PHCTF priority interests?
- What will the project achieve and how will this be demonstrated? What are the performance indicators that will be measured? How will the data be collected and evaluated? Will you need support from other agencies to gather data about your outcomes? Could your project be expanded to include a broader scope or audience or the involvement of other disciplines of care providers, could it be replicated in another setting?

- (ii) *Project team*: This section should include the names and affiliations of the project team members, with a brief statement of their roles (e.g. Project lead, decision-maker partner and other partners), experience, time commitment and planned contributions to the project. Include a description of your team's experience in project implementation and primary health care leadership. Describe the involvement of your team members, as well as other agencies or providers that will work with your team, in the planning and implementation of your project. Describe how the project team has consulted or collaborated with others in developing this proposal. **Note this section is limited to 3 pages of description. Proponents may attach relevant CVs. Each CV is limited to a maximum of 4 pages.**

- (iii) *Communication plan*: This section should include the identification of the audiences/stakeholders the project is relevant to, as well as a description of the approaches that will be taken to reach these groups. The more sensitive the plan is to communication needs of relevant managers and/or policy makers, the higher it will be rated.

- (iv) *Budget*: This section must include:
- a brief description and justification of the main budget expenditures with sufficient detail to allow for an assessment of the eligibility of these contributions for PHCTF funding;



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- a statement regarding how the project may be adapted if it was to receive less funding (For instance, might it work in phases, or is it possible to access funds from other sources?) and;
- a proposed total budget in the **template format** (Appendix A, available electronically from PHCTF@moh.gov.on.ca). Attach separately a summary of other sources of funding for this project and the nature of these contribution (cash and/or in-kind contributions).

## 6. Competition Process

### Eligibility Screening

Each application will be screened for eligibility by Ministry staff who will determine whether:

- the project is congruent with the goals of the PHCTF (refer to background and funding priorities);
- proposed expenditures are eligible; and
- the application complies with format requirements and includes all appropriate documentation.

If, on the basis of review, an application appears ineligible, or is considered grossly incomplete, it will be referred to the chair of the evaluation committee to determine whether it should be accepted for review. If an application is deemed ineligible, it will be returned without panel review, and the principal proponent will be provided with a brief explanation of the decision. All inquiries should be directed to PHCTF Project 416-314-5931.

### Application Review and Assessment Criteria

All eligible applications will be reviewed by the evaluation committee to assess the potential impact of the project upon the health system, the scientific merit of the project, as well as its' applicability to the Objectives of the PHCTF (see Section entitled, Ontario's PHCTF focus).

#### Potential Impact

Assessment criteria will include at least the following:

- adherence to the requirements listed in Section 3
- the significance of the project for decision makers;
- the extent and appropriateness of the communication and dissemination plans

#### Scientific/ Methodological / Systemic Merit

Assessment criteria will include at least the following:

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- the clarity of project objectives;
- the appropriateness of the methods and analytical framework;
- the generalizability, validity and/or trustworthiness and applicability of the results;
- the experience and skills of the project team; and,
- the institutional environment and administrative capacity.

### 7. Budget Guidelines

Proposals will be funded by the Primary Health Care Transition Fund (PHCTF). Costs covered will be time-limited and transitional in nature. These will be costs associated with introducing or expanding primary health care reform initiatives consistent with the common objectives of the Fund. Projects should highlight how the financial needs are transitional, and how the project will be financially sustainable at the termination of PHCTF funding.

Eligible expenses include:

- Salaries and benefits of additional staff, staff hours used specifically for the work associated with the proposal
- Costs of Information and communication equipment
- Capital costs
- Communications costs
- Transportation costs
- Training/Continuing Education costs
- Reporting costs
- Audit costs (for non-government organizations only)
- Operational expenditures
- Materials and supplies
- Other such costs as are clearly demonstrated to be transitional and which are consistent with the objectives of the PHCTF

Ineligible expenses include at least:

- Salaries of principal proponents who are employed as researchers by a university or other research organization are ineligible for funding
- Costs already incurred by the proponents prior to the proposal submission
- Funding for regular on-going service delivery, either before or after the term of the proposal, including provider salaries/fees, raises from pay equity settlements

### 8. Considerations

- Proposals may only be submitted in English or French.

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- Groups of practitioners are encouraged to apply for funds. Applicants with limited project experience are encouraged to partner with those with experience (such as researchers at universities).

For further information regarding the PHCTF Fund Application please contact the PHCTF Project 416-314-5931.