

**Open Call for Bids
Request for Proposals (RFP)
*North East Ontario Regional
Episodic Access to Virtual Care
Solution***

Final Version Sept 26, 2023_Amended
Deadline

Request for Proposals (RFP)

North East Ontario Regional

Episodic Access to Virtual Care Solution

The Maamwesying Ontario Health Team (OHT) is administering this RFP on behalf of the North East (NE) OHT Regional Collaborative (herein referred to as the "NE OHT Regional Collaborative" and NE Episodic Access to Virtual Care (EAVC) Working Group stakeholders including those stakeholder awaiting OHT approval) to submit proposals for a regional episodic access to virtual care solution. This will be in accordance with the specifications and requirements set out in this RFP.

The term of the agreement will be for a contract period ending March 31, 2024 with an option to extend for an additional three to four (3-4) years.

This initiative will be evaluated with other models being delivered in Ontario. The results of the evaluation may inform programmatic modifications that may influence program delivery. These modifications may influence the requirements described in this RFP.

Background

Northeastern Ontario communities face a shortage of primary care providers to meet community needs. Provincially, approximately 1.8M Ontarians are unattached to a family physician or alternative primary care provider and it is estimated that 10% of Northeastern Ontario residents (2021 Stats Can population of 509,771) are unattached. Additionally, Northeastern Ontario patients with primary care providers face challenges accessing timely primary care (often in clinic off hours or on weekends). An episodic access to virtual care (EAVC) program will be an opportunity to address the needs of this underserved population, and subsequently, decrease presentations to the emergency department for care best managed in the community.

General Requirements

Our vision for episodic access to virtual care (EAVC) is grounded in patient-centred care. Northeastern unattached patients and, where operationally feasible, patients who are unable to see their primary care provider in a timely manner will have access to virtual primary care without time off work, long waits, travel, and or visits to emergency departments. Patients will be able to access care to better manage their health when they need it. In addition, underserved populations, such as those in rural areas or with limited mobility can benefit from improved access and outcomes.

The immediate requirement is the establishment of:

1. A digital virtual visit platform that:
 - Features video with audio backup and secure messaging;
 - Is an Ontario Health verified solution (<https://www.ontariohealth.ca/verified-vendor-list>);
 - Supports online booking of appointments;
 - Leverages existing NE Electronic Medical Record (EMR)/s or Electronic Health Record (EHR);
 - Leverages existing EMR/EHR configurations with provincial assets such as Ontario Laboratories Information System (OLIS) for DI/Lab Orders, eConsult, Digital Health Drug Repository (DHDR) for Medications, PrescribeIT for Prescriptions, Health Report Manger (HRM) and ConnectingOntario ClinicalViewer for digital health records, and eReferral for electronic sending and receiving of referrals.

2. Clinicians and staff, consisting of nurse practitioners (NPs) and appropriate clinical and administrative professionals (such as, registered nurses, allied health and medical office assistants) to provide EAVC services.

Note: Proposals for the digital virtual visit platform requirement without the requirement for clinicians and staff will be accepted.

Eligibility for & Types of EAVC Appointments

NE EAVC appointments will be provided to NE patients with low acuity health concerns who either do not have a primary care provider (PCP) or cannot access their PCP in a timely manner (as determined by a standardized triaging tool/s used at Health811). NE EAVC appointments will enable patients to access timely urgent care virtually for appropriate lower acuity/non-emergent health issues or concerns with same day access to avoid unnecessary in-person ED visits.

As follow-up appointments to manage care have been identified as a need in the NE, a number of appointments per day (based on a metrics based indicator of need tracked at project launch) will be devoted to follow-up appointments.

Hours of Operation

The NPs will conduct EAVC appointments **Monday to Sunday, 7 days a week from 1pm – 9pm Local Eastern Time**. *We anticipate the demand in the North East will require additional shifts/hours. This may include expansion to 8 am- 8 pm EDT/EST and 7x24x365 virtual emergency room care service depending on need and increasing clinicians and staff to meet the demand.*

Human Resourcing

The clinicians and support staff will be located throughout the NE [region](#) (preferred) and province and work remotely from home. Proponents submitting responses to the optional Schedule D-Human Resourcing portion of the RFP must demonstrate ability to hire and onboard staff/clinicians and plan for HR expansion to meet demand associated with potential ramping up of services to an estimated 49,962 visits annually.

Requirements for hiring clinicians and staff will be that they provide their own computers, peripheral devices such as headsets and high-speed Internet access and have a private area to work from uninterrupted.

Nurse Practitioners

While the Proponent may propose a salary scale/s as part of the RFP response; the final NP salary scale will be determined based on parity to NP salaries offered within Northeastern Ontario to avoid competing with those practicing within the region.

Duties include assessment and care, diagnosis, treatment plan, referrals, prescriptions, diagnostic test/orders and providing follow-up care and communication with those in the circle of care.

To ensure program success:

- Each NP will be provided 1.5 hrs administrative and 30 mins break time within every 8 hr shift.
- Duration of appointments will be **20 min** for a maximum of **18 appointments per NP per 8 hr shift** (60 mins x (8 hrs - 2 hrs) 6 hrs= 360 mins, 360 / 20 mins =18)
- It is **preferred** that NPs should have at least 2-3 years of experience in primary health care working in the NE with exposure to working with Francophone and Indigenous patients.
- Clinician expectations would be consistent with direction from the North East that the active offer for French language services and indigenous language services would be available and clinicians would be trained in Indigenous cultural safety training.
- If retaining staff in the North East, the vendors will engage the North East EAVC working group to align wage expectations to address the health human resource needs of the region.

Non-solicitation of Nurse Practitioners practicing within the region

Considerations will be made to collaborate with North East regional organizations employing NPs and actively practicing NPs within the Northeast region, to ensure continued coverage for existing positions. For the purposes of this requirement, “actively practicing” means those who, at the time of engagement or attempted engagement:

- hold a license in Ontario and;
- are engaged in the practice of medicine in Northeastern Ontario

Notwithstanding the above, recruitment will be encouraged where the provision of such services by the nurse practitioner occurs outside the nurse practitioner’s normal hours of work (i.e. after hours, weekends) and does not impact the nurse practitioner’s duties and/or obligations to their current employer or the amount of service provided by the nurse practitioner through any arrangement or engagement, whether formal or informal, that the nurse practitioner may have (“Non-Competing Opportunities”).

Clinicians and Administrative Staff

Clinicians and support staff will work within the hours when services are provided.

Duties can include rescheduling missed EAVC appointments/appointment management, ensuring follow up orders are completed and flagged for review by NP, sending visit summaries to Primary Care Providers (where required), assisting patients with registration for HCNs, creating and maintaining regional directories of services for referrals, prescriptions, lab orders (through collaboration with NE OHTs or NE defined areas where an OHT has not yet been approved), collecting wait list information, and generating utilization reports.

It is **preferred** that clinicians and support staff should have at least 2-3 years of experience working in the NE with exposure to working with Francophone and Indigenous patients. Staffing expectations would be consistent with direction from the North East that the active offer for French language services and indigenous language services would be available and staff would be trained in Indigenous cultural safety training. If retaining staff in the North East, the vendors will engage the

North East EAVC working group to align wage expectations to address the health human resource needs of the region.

Accessing EAVC Appointments

This initiative is aligned with the Ministry of Health's/ Ontario Health's work to establish Episodic Access To Care Models through the provinces that are connected to Health811, the digital "front-door" for accessing healthcare needs in Ontario. Upon commencement of the solution, all triaging/ determination of suitability for EAVC appointments will be provided by the Health811 Triage Nurse using Health811 standardized guidelines/protocols. Those suitable for appointments in the region will be ideally booked by the Health811 Triage Nurse through a NE regional website and or toll free phone number or patients/caregivers will be directed to the website and toll free phone number to self book appointments (see Appendix A-NE Episodic Access to Virtual Care Ideal State Pathways for more details).

The focus and scope of this RFP *does not* include the Health811 intake and triaging processes. The Health811 processes are described/referenced in this RFP for background knowledge of the work that will take place by Health811 staff prior to booking the NE EAVC appointments. In scope for this RFP are the processes starting with booking a NE EAVC appointment onward.

About Health811

Health811 is a free, secure and confidential service Ontarians can currently access by calling, chatting online or visiting the service's website 24 hours a day, seven days a week. Through the service, Ontarians can receive health advice from qualified health professionals, such as registered nurses, locate local health services and find trusted health information. Health811 is for non-emergent issues only. For emergencies, call 911 immediately.

Health811 does not provide medical diagnoses, renew or order prescription medications and is not a substitute for touch points with a health care provider. The service is also available in French, which includes the phone service, online chat and the website. Translation support is available for Health811's phone service and can be requested in more than 200 languages.

Clinical Escalation Pathways/Use Cases

(Proponent is encouraged to provide any additional use cases their solution offers):

- A. Health811 Caller: A Patient has been assessed via Health811 service and is recommended to follow up with their primary care provider within specified timeframe. A patient cannot see their primary care provider within the timeframe. Health 811 Triage Nurse books NE EAVC appointment for the patient. Dependent on timing of solution launch, implementation of Triage RN and local NE Navigation to take place at the local level prior to integration with Health811.
- B. Health811 Caller: A Patient has been assessed via Health811 service and has indicated no attachment to a family physician or nurse practitioner. Health 811 Triage Nurse books NE EAVC appointment for the patient. Dependent on timing of solution launch, implementation of Triage RN and local NE Navigation to take place at the local level prior to

integration with Health811.

- C. For future consideration: NE Emergency Room Visit CTAS 4 & 5: Patient presents at an emergency department with CTAS 4 or 5 seeking care. The patient is offered an appointment and transferred to the NE EAVC clinicians and staff for a virtual NP appointment within the current facility and/or offered home based appointment.
- D. Short term and Chronic Care Follow-up escalation pathways: Patient is seen by a provider on the NE EAVC clinicians and staff and additional follow-ups are required. Coordination of follow-ups are completed by the NE EAVC clinicians and staff.
- E. Acute escalation pathway: Patient is seen by a NE EAVC NP virtually and further care requirements are determined. Coordination of patients to the nearest Emergency Department is completed by the NE EAVC clinicians and staff via access to regional emergency 911 dispatch. Facilitate and track (for reporting purposes) patients who are referred for an in-person ED visit or transfer.
- F. Support continuity of care through a “warm hand-off” to the patient’s primary care provider or most responsible provider that includes a discharge summary report of the virtual visit back to the provider

Digital Platform Considerations & North East EMR/EHR Landscape

- Hospitals of the NE utilizing Meditech across the region are part of a larger [Meditech Collaborative](#) of hospitals using the Meditech Electronic Health Record (EHR) across the province.
- The [ONE initiative](#) has brought three NE hospitals under one instance of Meditech Expanse in 2019: Sault Area Hospital, West Parry Sound Health Centre and the North Bay Regional Health Centre
- Work is underway to bring [20 additional hospitals](#) in the region onto one instance of Meditech Expanse.
- It is important to consider leveraging outgoing NE Meditech Expanse integrations (that may exist currently or in the future):
 - PrescribEIT for Prescriptions;
 - eConsult;
 - Digital Health Drug Repository (DHDR) for Medications;
 - Health Report Manger (HRM) and ConnectingOntario ClinicalViewer digital health records/ Ontario Laboratories Information System (OLIS) for DI/Lab Orders
 - eReferral for electronic sending and receiving of referrals
 - SeamlessMD for remote monitoring and patient engagement
 - Others
- The most frequent Electronic Medical Record (EMR) systems used in primary care across the NE are:
 - Telus PSS> future: Telus Collaborative Health Record
 - QHR Accuro
 - Well Health Oscar Pro
 - Epic (enterprise level EHR with primary care functionality built in)
 - Mustimuhw

Many users of these EMRs are on a single instance of the software platform (i.e. that holds the data for the patients they manage) and integrations must be configured for each instance (ex. approx. 36 NE Family Health Teams (FHTs) may be on any one of the EMRs listed above and each one of those (36) may conceptually require configuration for integration with a solution (note that in some cases groups of FHTs/clinics may share one instance of an EMR).

It is important to consider leveraging outgoing NE EMR integrations. Not all integrations are currently available to all EMRs. List of OntarioMD EHR integrations:

<https://www.ontariomd.ca/emr-certification/omd-certified-emr-offerings/integrated-ehr-products>

Right to Accept or Reject Proposals

The Selection Committee may choose to award the RFP either in whole or in part to a successful Proponent and may choose to award the digital platform/technology component to one Proponent and the Human Resource component to another. The Selection Committee reserves the right to reject any or all Proposals or to accept any Proposal should it be deemed in the interests of the Selection Committee to do so and if only one Proposal is received, the Selection Committee reserves the right to reject it.

Notwithstanding the foregoing, in the event that a preferred Proposal does not exactly and entirely meet the Selection Committee requirements, the Selection Committee reserves the right to enter into negotiations with the selected Proponent to arrive at a mutually satisfactory arrangement with respect to any modifications to the Proposal. The highest or any Proposal will not necessarily be accepted.

Schedule of Events

| | |
|---|---|
| Issue Date of Request for proposals (RFP) | September 26, 2023 |
| Deadline for Questions | 72 hours prior to submission deadline |
| Submission Deadline | November 03 2023 @ 5:00 pm Local Eastern Time |
| Finalists notified (for Interviews) | If required |
| Oral Presentations | If required |
| Proposal evaluation | Nov 10, 2023 |
| Award of Contract | TBD |
| Solution Go-Live | January 15, 2024 |

*** The timetable is tentative only and may be changed by the selection committee at any time.**

Submission Guidelines

All proposals must be sealed in an envelope or package properly marked as to contents (“**Proposal for NE EAVC**” and delivered to:

473B Highway 17 West, Cutler, ON P0P 1B0 A n: Jennifer McKenzie

By the following date and time:

Date: **November 03 2023**

Time: @ 5:00 pm Local Eastern Time

or send by email to: Jennifer.McKenzie@nmninoeyaa.ca CC:michelle.courneene@algomaht.ca

Late Proposals will not be accepted and may be returned unopened at the Proponent's expense. Please take into consideration document file size prior to submitting proposals via email.

Errors, Omissions, Clarifications

The Contact Person for this RFP is Jennifer McKenzie Email: Jennifer.McKenzie@nmninoeyaa.ca; CC: michelle.courneene@algomaht.ca

It will be the Proponent's responsibility to clarify any questions before submitting a Proposal. A written addendum issued by the insert name is the only means of changing, amending or correcting this RFP. In the process of responding to this RFP, the Proponent should not utilize any information obtained outside this protocol.

Response Format

All proposal submissions should be a **maximum of 60 pages** and must be submitted in the format provided by the RFP:

- **Executive Summary**
- **Schedule A- Non-Functional Requirements**
- **Schedule B- Functional Requirements (excel sheet)**
- **Schedule C- Financial Proposal**
- **Schedule D- Human Resourcing (optional)**
- **Schedule E- Unfair Advantage and Conflict of Interest Statement**
- **Schedule F- References (minimum of 2)**

Responses to each section must not exceed specified word counts. Proposals that fail to meet these requirements in full will not be considered for further evaluation.

Questions

During the period for Proposal preparation, any questions concerning the requirements or intent of the statements contained herein should be addressed (by email only) to Jennifer.McKenzie@nmninoeyaa.ca; CC: michelle.courneene@algomaht.ca

Evaluation Criteria

| EVALUATION CRITERIA | WEIGHT (%) |
|---|-------------------|
| Mandatory Requirements (Submission of all required documents) | Pass/Fail |
| Schedule A- Non-Functional Requirements | 40% |
| Schedule B- Functional Requirements | 40% |
| Schedule C- Financial Proposal | 20% |

| | |
|---|--|
| Maximum Possible Score | 100% |
| Orals/Interview (if applicable) To include review of functionality, aesthetics, ease of use, and portability | Score Adjustment |
| Optional Schedule D- Human Resourcing (including Non-Competing Opportunities) Note* | Optional and Evaluated Separately |
| Schedule F- References | Score Adjustment |

**Note: Points will be awarded to Proponents that demonstrate Non-Competing Opportunities, as defined in the Human Resourcing section of this RFP, for nurse practitioners practicing within the region.*

Schedules for Submission

Proponents shall provide responses to each of the following requirements presented below. Proposals that combine responses for multiple items, fail to provide a response to an item, submit general information sheets or submit responses in a manner otherwise inconsistent with the schedules below may not be considered further.

Proponents must use Headings that list the requirement number and detail. (example Heading: R1. Please fill out the following table to include with submission, naming one person to be the Proponent’s contact for the RFP process and for any clarifications or communication that might be necessary). Responses to each item should contain sufficient detail for the selection committee to evaluate Proponents’ expertise, capabilities and procedures. Proponents should be advised that information collected through reference checks may be used to refine the scores assigned to pertinent rated criteria.

| Schedule A- Non-Functional Requirements | |
|--|--|
| General (Word limit for this section [1000] words) | |
| R1. Please fill out the following table to include with submission, naming one person to be the Proponent’s contact for the RFP process and for any clarifications or communication that might be necessary. | |
| Full Legal Name of Proponent: | |
| Any Other Relevant Name under which Proponent Carries on Business: | |
| Street Address: | |
| City, Province/State: | |
| Postal Code: | |
| Phone Number: | |
| Fax Number: | |
| Company Website (if any): | |
| Proponent Contact Name and Title: | |
| Proponent Contact Phone: | |
| Proponent Contact Fax: | |
| Proponent Contact Email: | |

| |
|---|
| <p>R2. Describe the Proponent’s demonstrated experience with the digital virtual visit platform, including but not limited to:</p> <ol style="list-style-type: none"> 1. Compliance with OH as a OH Validated Virtual Visit Solution (or timeline to complete) 2. Corporate capability (Proponent(s) or proposed resources experience in relation to the work to be performed), plan for growth, scalability and to also include years in service |
| <p>R3. Provide an overview of the Proponent’s digital virtual visit platform.</p> |
| <p>Implementation Plan (Word limit for this section [3000] words)</p> |
| <p>R4. The Proponent is to provide a detailed description of its typical implementation plan (with timelines) and demonstrate its capacity to meet timelines on past projects.</p> <p>Proponents must propose a detailed project and implementation plan including time to implement, training, change management, communication plan and a support model for health care clinicians/staff and patients and their caregivers.</p> <p>Plans must include timelines and hours associated with each component of the project including dedicated time required by any customer (clinical/technical/support services) resources for implementation. Timelines to be established based on dedicated resources for the project.</p> <p>Dedicated resources must be assigned to support project management, clinical and technical education, as well as change and communication management.</p> |
| <p>Support (Word limit for this section [1500] words)</p> |
| <p>R5. Reliability: Proponent to describe service level agreements (SLA) related to unplanned outages/service interruptions in a month and how this is maintained.</p> <p>R6. Availability: Proponent to provide standard up time/availability to users except approved maintenance windows/planned outage and how this is maintained.</p> <p>R7. Monitoring and Reporting: Proponent to describe health check, service monitoring and operational report generation capabilities</p> <p>R8. Incident Resolution Time: Proponent to describe issue resolution time SLA for high priority incidents and how this is maintained</p> <p>R9. Support Responsiveness: Proponent to describe how Help Desk functions, including Responsiveness SLA to customer reported issues, to include plans for ongoing support and maintenance.</p> <p>R10. Support Structure: Proponent to describe support structure and services available, with response targets.</p> <p>R11. Issue escalations: Proponent to describe escalation procedures available for operational issues.</p> <p>R12. Training: Proponent to describe training resources pre and post go-live.</p> |

Schedule B- Functional Requirements (excel sheet)
 (note: includes some non-functional privacy and security requirements for response)

Instructions: provide responses in Schedule B- Functional Requirements document (Excel spreadsheet Columns F and G) to include with RFP submission.

Schedule C- Financial Proposal (Word limit for this section [1500] words)

Instructions: Provide details of costing for review in a document labeled Schedule C-Financial Proposal

Proponents are to separately identify within their financial proposal any one time costs versus annual sustainment costs.

Proponents are required to provide separate pricing for each of the technology and human resourcing service components and shall provide a comprehensive breakdown of all costs (in Canadian funds and shall include all applicable duties, tariffs), clearly indicating the basis for each cost element, such as labour, materials, overhead and profit margin. This breakdown shall be submitted along with the proposal and shall form an integral part of the contract.

The Proponent shall provide a guaranteed pricing structure for a specified period of time and agree to maintain the pricing levels specified in their proposal regardless of any changes in market conditions , exchange rates or other factors that may affect the cost of goods and services.

The Proponent must confirm that the pricing information provided is accurate. The Proponent acknowledges that any inaccurate, misleading or incomplete information, including withdrawn or altered pricing, could adversely impact the acceptance of its proposal or its eligibility for future work.

All prices shall be quoted exclusive of applicable taxes. Taxes if applicable, should be stated separately. The Proponent should provide the total cost of ownership as part of their pricing Proposal, including all anticipated costs related to the deliverables as identified in the RFP as well as other costs that may include but not be limited to transition costs; cost of installation; hourly rates and estimated hours required to perform the work; certification/testing costs; user training and education costs; discounts associated with volume increases; etc.

Schedule D- Human Resourcing (Optional) (Word limit for this section [1500] words)

Instructions: Answer all of the following questions and provide them in the submission. Must list questions as headings with responses.

R13. The Proponent is to describe its demonstrated experience with provision of virtual care as it relates to human resourcing, including but not limited to:

1. Corporate Capability (Proponent(s) or Proposed Resources experience in relation to the work to be performed), to also include corporation legal name and years in service

R14. The Proponent is to describe its staffing plan, including but not limited to:

1. Staffing model, and workforce locations;
2. Personnel categories, including qualification and experience, roles and responsibilities;
3. Organization chart;
4. Virtual care orientation, training, and ongoing education; and,
5. Oversight and performance management.

R15. The Proponent is to describe how it will increase staffing levels to provide for short term, unanticipated increases in appointment volume and will describe how it sets and meets service levels

Schedule E- Conflict of Interest and Unfair Advantage Statement

Instructions: Find attached, sign, date and include in submission

Schedule F- References (2 minimum)

Instructions: provide names, titles and contact details (email address and phone number) of three current customers. If submitting Schedule D- Human Resourcing, please ensure references can speak to your performance in human resource delivery.

Schedule E- Conflict of Interest and Unfair Advantage Statement

The undersigned Proponent acknowledges and agrees that by submitting a response to this Request for Proposal (RFP), it is obligated to disclose any potential conflict of interest and unfair advantage that may exist. We understand that the purpose of this statement is to ensure fairness, transparency, and equal opportunity for all participating Proponents.

Conflict of Interest:

- a. The undersigned Proponent warrants that it has no existing or potential conflicts of interest that may compromise the integrity or impartiality of the selection process, evaluation, or subsequent contract execution.
- b. In the event that a conflict of interest arises or is discovered during the course of this RFP process, the Proponent will promptly notify the issuing entity in writing, providing full disclosure of the conflict and proposing appropriate measures to mitigate or eliminate it.
- c. The Proponent understands that failure to disclose a conflict of interest may result in disqualification from consideration or termination of any resulting contract.

Unfair Advantage:

- a. The undersigned Proponent confirms that it has not taken any action or engaged in any behavior that would provide an unfair advantage over other participating Proponents, including but not limited to:
 - i. Accessing privileged or confidential information related to this RFP or its evaluation process.
 - ii. Influencing the RFP specifications, evaluation criteria, or selection process through unethical or prohibited means.
 - iii. Collaborating with individuals or entities involved in the RFP process in a manner that could compromise fairness and impartiality.
- b. The Proponent acknowledges that any unfair advantage gained or attempted during the RFP process may lead to disqualification or other appropriate actions determined by the issuing entity.

By signing below, the undersigned Proponent affirms that it has carefully reviewed and understood the Conflict of Interest and Unfair Advantage Statement and agrees to comply with its provisions. The Proponent further acknowledges that any misrepresentation, failure to disclose, or violation of this statement may result in the rejection of the Proponent's response or termination of any subsequent contract.

Signature of Witness

Signature of Proponent Representative

Name of Witness

Name of Proponent Representative

Title of Proponent Representative

Date

I have the authority to bind the Proponent.

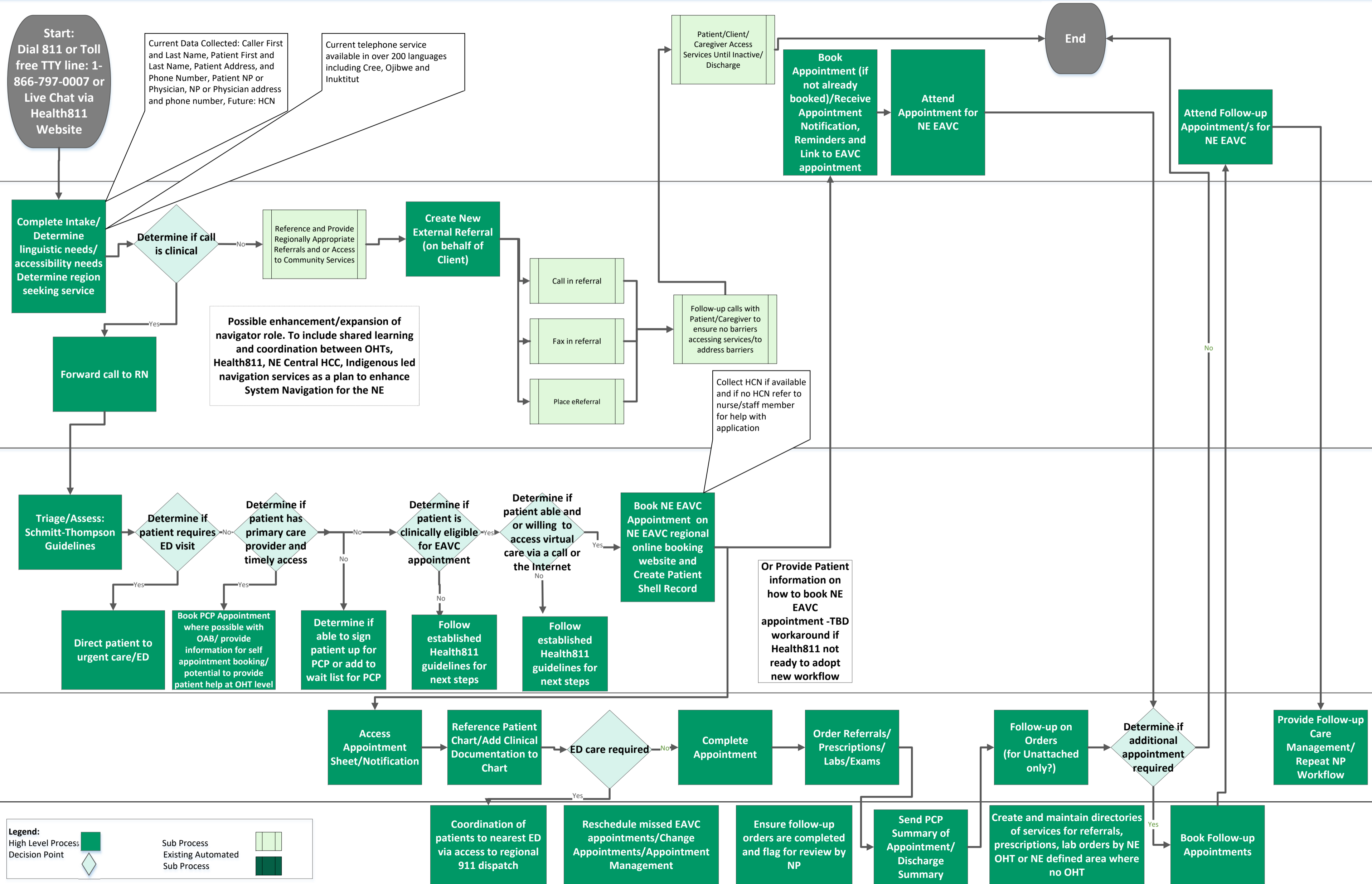
Patient/Client and or Caregiver

Health811 Health Care Navigator

Health811 Triage RN

Nurse Practitioner

Nurse/TBD



Possible enhancement/expansion of navigator role. To include shared learning and coordination between OHTs, Health811, NE Central HCC, Indigenous led navigation services as a plan to enhance System Navigation for the NE

Follow-up calls with Patient/Caregiver to ensure no barriers accessing services/to address barriers

Collect HCN if available and if no HCN refer to nurse/staff member for help with application

Or Provide Patient information on how to book NE EAVC appointment - TBD workaround if Health811 not ready to adopt new workflow