May 13, 2022

Models of Care Initiative
Frequently Asked Questions

GENERAL QUESTIONS

1. **What is considered a model of care?**
   A model of care is defined as the way health services are designed and delivered for a person as they progress through the stages of a condition (e.g., cancer). These models may be enhanced by innovations in virtual care and digital health and patient navigation. Please refer to the Models of Care Toolkit webpage (Models of Care Toolkit) for information on models of care, with examples of models used in Canada and internationally.

2. **What are the key considerations the Partnership is looking for as partners develop project proposals?**
   - Projects must demonstrate a clear focus on advancing health equity for First Nations, Inuit, Métis **and/or** communities who have historically experienced disparities in cancer care within the jurisdiction (see question #3 under 'embedding health equity' for examples of equity-deserving populations). This must include partnering with and co-developing projects with one or more community partners or organizations that represent the interests of the population the project aims to serve.
   - Projects should advance one or more of the following areas of the cancer care continuum: early diagnosis, treatment, survivorship or palliative care
   - Projects must be innovative, meaning the project involves implementation of something new within the jurisdiction or a novel interpretation of an existing solution, policy or program
   - Consideration should be given to how the project can help improve quality and efficiency of care, as well as how it may help advance pandemic recovery

3. **The objectives of this funding opportunity are to address disparities affecting specific groups and implement models of care that make improvements towards equitable, high-quality, and efficient care. How are these being defined?**
   The definitions of health equity, quality, and efficiency are as follows:

   Equitable care:
   A focus on promoting equity in access, experience, and outcomes across the cancer continuum by removing barriers for those who have been systemically excluded[1] from the health system in Canada.

   Quality care:
   Cancer care delivery based on best available evidence[2] and cultural norms, values, traditions, and expectations that promotes better outcomes and experiences grounded in individual needs.

   Efficient care:
   Best use of available resources (e.g., human resourcing, funds, time, equipment, etc.) to deliver safe high-quality cancer care as defined by patients, caregivers, and families.

[1]Systemically excluded individuals may include, but are not limited to, those who identify as one or more of the following: First Nations, Inuit, and Métis, racialized, low-income, immigrants, LGBTQ2S+, low literacy, physical or mental challenges, rural and remote communities.
[2]Evidence may include information gathered from research in a systematic way (i.e., obtained in a manner that is replicable, observable, credible and verifiable), real-world contextual evidence which can come from a variety of local data sources offering a "snapshot" of measurable community characteristics (i.e., data, evaluations) and lived experience from those who have practiced or lived in a particular setting (i.e., patient experience, subject matter expertise, oral traditions).

4. **Will models of care projects be required to focus on <u>all three</u> objectives (equitable care, quality care and efficient care)?**
   All projects must have a health equity focus with accompanying outcomes and indicators. Projects are also highly encouraged to include quality and efficiency focused outcomes and indicators as applicable to the project.

PLANNING SURVEY

1. **What is the purpose of the Planning Survey?**
   The purpose of the Planning Survey is for the Partnership to gather preliminary information from partners to better understand jurisdictional priorities around implementation of models of care projects. In addition, to learn from partners what, if any, supports might be helpful for planning, proposal development, and/or co-development with community groups and organizations with patient population representatives over the next 1-3 years. The Partnership will use the information from the planning survey to help identify supports required to prepare jurisdictions for implementation and inform follow-up consultations with jurisdictions.

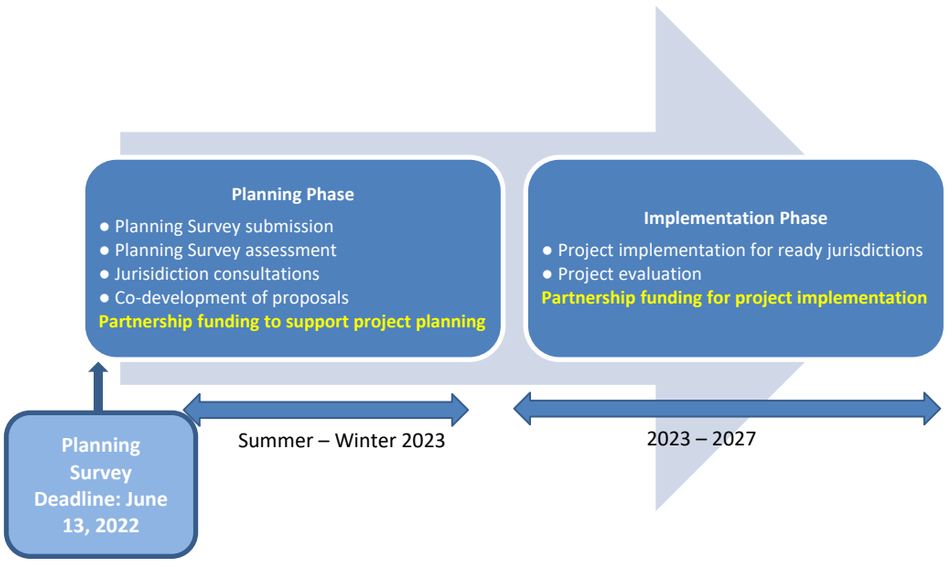
2. **Are there any resources or supports available to support project planning (including developing equity-focused models of care proposals)?**
   The Partnership can provide funds to support project planning and proposal development. Allocation of planning funds will be determined as part of the survey assessment process and through individual consultations (and provided, as necessary).

   The Partnership understands jurisdictions are at different levels of readiness for models of care project implementation, including partnering with equity-deserving organizations and/or community groups that will be engaged throughout the project. **Examples of supports the Partnership can provide to jurisdictions to support planning for models of care include**:
   - Project planning funds (e.g., to enable partners to engage with priority populations, gathering evidence, developing the proposal and implementation plan)
   - Project management support to develop proposals/project plans (e.g., deliverables, budgets, risk mitigation strategies)
   - Capacity building supports to ensure an equity-focused design and engagement approach throughout the initiative
   - Resources, tools and/or advisory support to develop and execute plans for implementation, performance measurement and evaluation, and sustainability

3. **How can jurisdictions receive planning funds?**
   After the submission of planning survey responses on June 13, the Partnership will engage an assessment panel consisting of clinical and health equity experts to assess project ideas and their alignment with the initiative's activities. Thereafter, the Partnership will consult jurisdictions to further understand supports required and confirm project focus. See Figure 1 for Models of Care initiative activities.

   Figure 1: Models of Care Activities Summary

May 13, 2022



EMBEDDING HEALTH EQUITY

1. **What resources are available to help partners address health equity in their projects?**
   The Partnership continues to strengthen its capacity to advance health equity with partners. Work is underway to develop the foundational resources described below, that will provide additional health equity-related supports for partners. The Partnership is committed to understanding the supports partners may need to advance health equity, explore how the Partnership can meet these needs and continue to work with partners to provide the required supports. More information will be shared with partners in the coming months about available supports once this assessment is complete.

   Examples of foundational work underway now at the Partnership related to building capacity and resources for advancing health equity include:
   - A Health Equity Framework to describe the Partnership's guiding principles to advance health equity. Once developed, the Health Equity Framework will be made available to partners to help inform project planning, design, implementation and evaluation
   - A repository of equity-focused groups/experts/networks
   - A case study to provide an illustrative example of how equity can be embedded into the design of Models of Care projects

   In the meantime, partners are encouraged to identify their health equity needs in their planning survey, and/or discuss any specific needs with the Partnership's Models of Care project team (DCC@partnershipagainstcancer.ca).

2. **What communities and populations might be characterized as being equity-deserving?**
   The Partnership requires partners to specify the communities and populations that are being underserved by the health care system, and how this model of care will help to achieve health equity. Examples of communities and populations that are being underserved by the health care system include but are not limited to:

Examples of Equity-Deserving Communities and Populations		
• People living on low-Income • Recent immigrants and refugees • Racial or ethnic minorities	• People with co-morbidities or chronic illness • People with mental illness	• People experiencing food or housing insecurity • People without a primary care provider

- Sexual and gender minorities
- Specific cultural groups
- People with physical disabilities
- People living in rural/remote communities
- People whose first language is neither English nor French

3. **Do projects need to include a focus on First Nations, Inuit and Métis populations or can the project focus on another population that is systemically excluded from the health system?**
Models of care projects do not necessarily need to focus on First Nations, Inuit, or Métis peoples or communities. Aligning with the vision of an equitable cancer system for all people in Canada outlined in the refreshed Strategy, projects must demonstrate a focus on health equity. The models of care work will be grounded in the Partnership's commitment to advancing health equity in cancer care by addressing the needs of people who are systemically excluded from the health system and the commitment to reconciliation with First Nations, Inuit and Métis.

   Note, there will be dedicated funds for Indigenous-led models of care projects. A separate, but parallel process will be developed to inform the approach for these projects in partnership with Indigenous partners and the Partnership's First Nations, Inuit and Métis strategy team. Indigenous-led models of care projects will begin based on partner readiness (see question #4 'what is the Indigenous-led models of care approach/process?" below).

   It will be important to understand populations or communities that do not have the same experience in access, experience or outcomes and then bring in these populations or communities as beneficiaries of this work into the models of care implementation co-design. For example, a model of care project may focus on engaging with rural communities that do not necessarily include First Nations, Inuit and Métis communities.

4. **What is the Indigenous-led models of care approach/process?**
To recognize the importance of Indigenous-led initiatives and support self-determination and self-governance, there will be a separate dedicated program and funding for Indigenous-led models of care projects. Indigenous-led means ownership and leadership by Indigenous communities and/or governments over the development, implementation, and evaluation of these models of care projects.

   A separate advisory structure will be convened to develop the approach for these projects in partnership with the Partnership First Nations, Inuit and Métis strategy team and Indigenous advisors. This program and funding will be rolled out later to align with readiness of partners and the work they are doing to identify their community's and nation's priorities that will inform their implementation.

RESOURCES & FUNDING

1. **How much money will be available for Models of Care implementation?**
The Partnership intends to fund at least one project per jurisdiction up to $500,000 per project exclusive of support needed during the planning stage, such as proposal development. Some jurisdictions may be at different stages of readiness for implementation. Therefore, the Partnership has allocated up to $25,000 per jurisdiction to support project planning, should financial resources be needed. Allocation of funds will be determined as part of the survey assessment process and consultations with the jurisdiction.

2. **Can jurisdictions receive funding for more than one project?**
The Partnership aims to fund **at least one** model of care per jurisdiction. The planning phase funding can be used by jurisdictions to gather information and develop plans/proposal for an implementation phase, which may include supporting engagement with community partners to

co-design the work. Decisions about the appropriate funding amounts for the implementation phase will be made based on the review of the project proposals and the alignment of resources.

3. **What is meant by proposal co-development?**
   Co-development means collaboratively working with partners including community partners to jointly develop and agree upon the design of the model of care project through to implementation and evaluation considerations. Through co-development, all partners have an equal opportunity and accountability to influence and participate in shared ownership and commitment to the work.

   Also, members of the Partnership's Models of Care team will support partners and provide advice and guidance in the completion of the proposals ensuring alignment to the models of care project requirements.

4. **Since proposals will be co-developed, will project accountability be shared between the Partnership and jurisdiction?**
   The project accountability and achieving outcomes rests with the jurisdiction. However, the Partnership will provide oversight through contractually agreed upon touchpoints and provide support to jurisdictions as needed.