Scoring Matrix for IPCT Proposal Endorsement May 2025 (Round 1)

OWFR OHT Proposal Review Panel

In the event that OWFR OHT receives more than one proposal for each of the 3 priority FSAs assigned to our OHT, this scoring matrix has been developed to support the proposal review panel. The objective of the review will be to identify the strongest proposal, per FSA, that we will submit to Ontario Health for consideration.

Conflict of Interest (COI) declarations will be submitted by all OHT Collaborative Leadership Committee (CLC) and Primary Care Council (PCC) Executive members. We may set up different review panels by FSA, based on COI declarations.

OWFR OHT is aiming for a review panel comprised of:

- Primary care clinician
- Primary care administrator
- Lived experience partner
- CLC community sector participant and/or Co-Chair
- OHT Executive Lead

This review process has been established in alignment with our collaborative decision-making arrangement (CDMA).

Proposal Identification (no points)

High Priority FSA	Proposal Type	Model
○ KOA ○ K2G ○ K2J	○ New team ○ Expansion of existing (additional staff, same location) ○ Expansion of existing (addition of satellite, mobile unit)	○ CHC ○ FHT ○ IPHCO ○ NPCL

Pass/Fail Elements (no points)

Governance (if applicable)

Board endorsement: Confirmation that the proposal is endorsed by the applicant's Board of Directors with supporting documentation.

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Documentation Requirements

Proposals must be submitted to OWFR OHT in full by 3pm on Tuesday, April 29th.

If there are missing required documents (completed proposal form, completed budget form) or if letters of support or additional documentation are referenced, those must be included in the submission to the OHT for review and prioritization. If required documents/sections are missing proposal will be disqualified.

Total Points Available: 165

1. Primary Care Attachment Plan (20 points)

Net new patient attachment in priority FSA (15 points): (Q13 and OHT Dashboard PCAT unattached volumes)

- 15 points: Attaches ≥80% of the postal code's unattached patients by 2027
- 10 points: Attaches 60–79%
- 8 points: Attaches 50-59%
- 5 points: Attaches <50%.

Total net new patient attachment across all FSAs identified (5 points): (Q13, Q11 and OHT Dashboard PCAT unattached volumes)

- 5 points: Attaches ≥80% of the postal code's unattached patients by 2027
- 3 points: Attaches 50–79%
- 1 point: Attaches <50%

Follow up question (if required): Q13. please provided the estimated attachment for the priority FSA(s) and for all FSAs (if more than one FSA is noted in your application and if this is not already clearly indicated.

2. Health Care Connect integration (5 points)

Proponent has indicated commitment to using Health Care Connect: (Q17)

- 5 points: clearly articulated commitment
- 3 points: commitment statement is vague
- 0 points: does not state commitment

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3. Readiness to Implement (30 points)

Attachment phasing plan weighted to up-front attachment (10 points): (Q14, 15, 16)

- Calculate attachment plan for all proposals submitted for the priority FSA
- Rank proposals by speed of attachment plan
- Assigned points based on ranking (10 points for fastest - 0 points for slowest)

Proposal	3 months	Mar 31, 2026	Mar 31, 2027
1	# (% of total)	# (% of total)	# (% of total)
2			
3 etc...			

Staffing/infrastructure (10 points): (Q18, 19)

- 8–10: Signed contracts or expressions of interest for integrated team
- 5–7: Roles identified but pending agreements
- 1–4: Unclear staffing plan

Follow up question (if required): Q18, 19. Are these new positions types for your organization or existing? What are your current staffing vacancies?

Timeline feasibility (10 points): (Q21, 22, 23, 24)

- 8-10 points: timeline is clearly laid out, indicates attachment beginning summer 2025 and feasible milestones to achieve this, timeline and milestone are aligned to attachment plan articulated (Q14, 15, 16) and move-in and start up dates. Recruitment milestones included in detailed project management plan.
- 5-7 points: timeline is clearly laid out, attachment beginning summer 2025 is less but by March is higher, timelines and feasible milestones to achieve this, timeline and milestone are aligned to attachment plan articulated (Q14, 15, 16) and move-in and start updates. Recruitment milestones are not as clearly laid out.
- 1-4 points: unclear timeline and feasibility of milestones unclear or inconsistent across questions

4. Adherence to Team Principles & Local Priority Alignment (100 points)

Principle 1: Community Wide (5 points)

Geographic coverage: for OHT prioritization, not considering province wide but more local

- 5 points: Serves entire priority FSA or serves areas with highest unattachment rates as per available unattached data (Appendix 1)
- 3 points: serves partial priority FSA, but also serves additional FSAs
- 1 point: serves partial priority FSA only

Principle 2: Connected (45 points)

Describes how they will maximize scope of practice in a team-based model (5 points)

- 5 points: clearly articulated
- 3 points: vague
- 0 points: does not address scope of practice

Extent of collaboration with existing services and with OHTs/PCNs (30 points)

- +10 points: clear evidence of collaboration with local primary care teams, clinicians
- +15 points: clear evidence of collaboration with non-primary care providers (e.g. community services, social services and partnerships)
- +5 points: evidence of partnership or coordination with another OHT/PCN's primary care teams, clinicians

Level of OHT and PCN engagement to-date (10 points)

- +5 points: actively engaged at OHT or PCN (PCC member) or participated in project, action team, committees
- +5 points: informed/supportive partner (receives communications from OHT or PCN
- 0 points assigned has not yet engaged with OHT or PCN previously or as part of this proposal development

Follow up question (if proposal submitted has not yet engaged with OWFR OHT but is associated with another OHT) to OHT/PCN leads and proponent.

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Principle 3: Convenient (20 points)

Demonstrates provision of after-hours services (10 points)

- 10 points: ≥20% of weekly hours outside regular business hours
- 5 points: 10-20% of weekly hours outside regular business hours
- 0 points: <10% of weekly hours outside regular business hours or not indicated

Demonstrates creative solutions including in person, virtual and after-hours considerations (10 points)

- 10 points: clearly articulated and multiple solutions incorporated
- 5 points: vague but at least one solution is incorporated
- 0 points: does not address

Principle 4: Digitally Integrated (5 points)

- 5 points: indicates use of certified EHR and/or virtual care platforms, demonstrates knowledge of provincial and regional digital health plans related to primary care, and may propose use of priority digital health solutions and platforms that support cross-sector collaboration
- 3 points: vague but at least one solution is incorporated
- 0 points: does not address

Principle 5: Equitable (20 points)

- +5 points: considers attachment model/plan that articulates approach to ensuring high priority and marginalized groups across the FSA may be attached
- +5 points: signed partnerships or letters of support with equity-seeking organizations and those who work with vulnerable communities
- +5 points: community board governance consideration is outlined to ensure programming meets community needs and is reflective of the communities served
- +5 points: ≥30% of capacity reserved and/or program design considers needs of specific marginalized groups, using local data sources (e.g. older adults, newcomers, un/under-housed, francophone, 2SLGBTQIA+, black, First Nations, Inuit, Metis, Urban Indigenous (FNIMUI). Proposals with higher francophone populations should explicitly include French-language services and prioritize attachment to Francophone providers.

Principle 6: Responsive (5 points) (and Q25)

- 5 points: demonstrates willingness to measure and use primary care metrics, PREMS/PROMS, identifies quintuple AIM elements/considerations, and governance model for evaluation
- 3 points: some elements identified
- 0 points: not clearly stated or not addressed

5. Risks and Mitigation Strategies (10 points)

Risk identification (5 points): Clear identification of risks related to staffing shortages, funding gaps, or infrastructure delays using a structured risk matrix approach.

Mitigation plans (5 points): Detailed strategies to address identified risks, such as contingency funding plans or backup recruitment pipelines.

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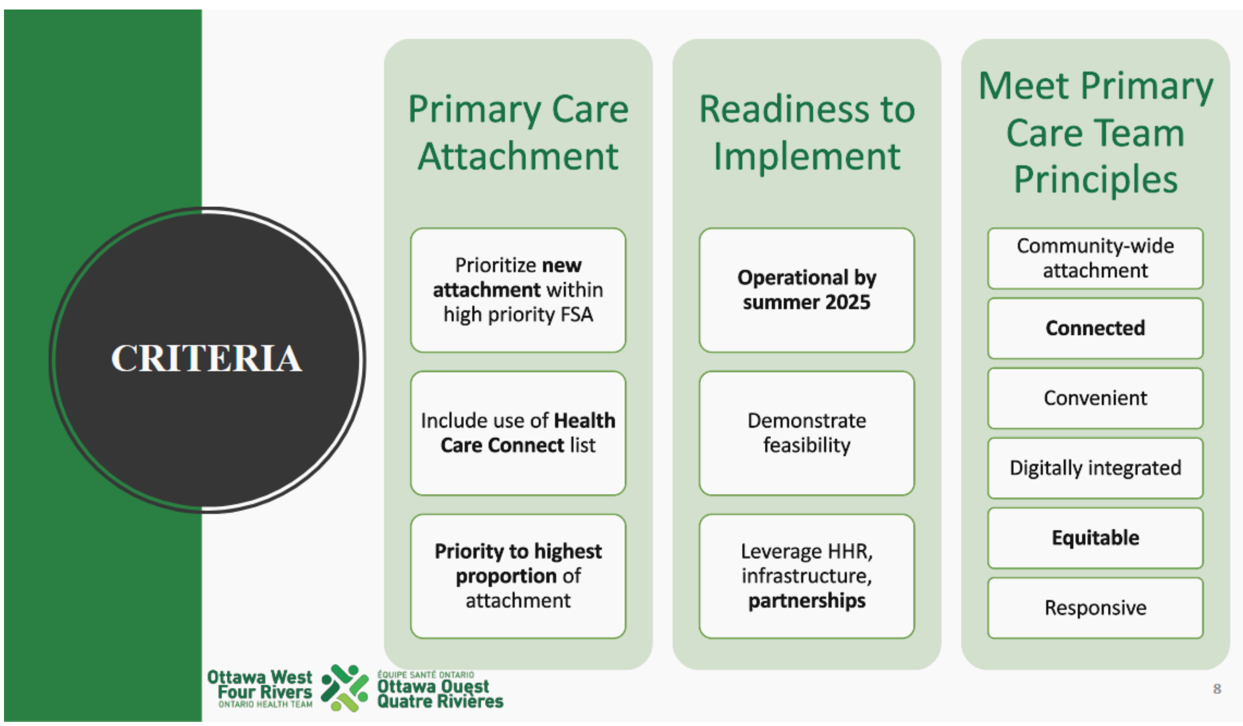
Appendix 1

High Priority FSA	Total Population	Unattached (%)	Pending Health Care Connect Referral (%)
K0A	125,792	10,431 (8.3%)	2,105 (1.7%)
K2G	53,778	8,024 (14.9%)	1,521 (2.8%)
K2J	98,622	13,343 (13.5%)	3,236 (3.3%)

PCAT Data Package (OHT Dashboard)

Preliminary Criteria Flagged – OWFR OHT Information Session (April 16th)



Scoring Matrix for IPCT Proposal Endorsement

May 2025 (Round 1)

Uncertainly attached patients attributed
to Ottawa-West Four Rivers OHT
(Local View)

1 dot represents 10 patients
Main hospital
Health Interim and Transitional Region
Area of shortest driving
time to main hospital

Arnprior Regional Health
Queensway-Carleton Hospital
East
Kemptville District Hospital

INSPIRE 2022 data.

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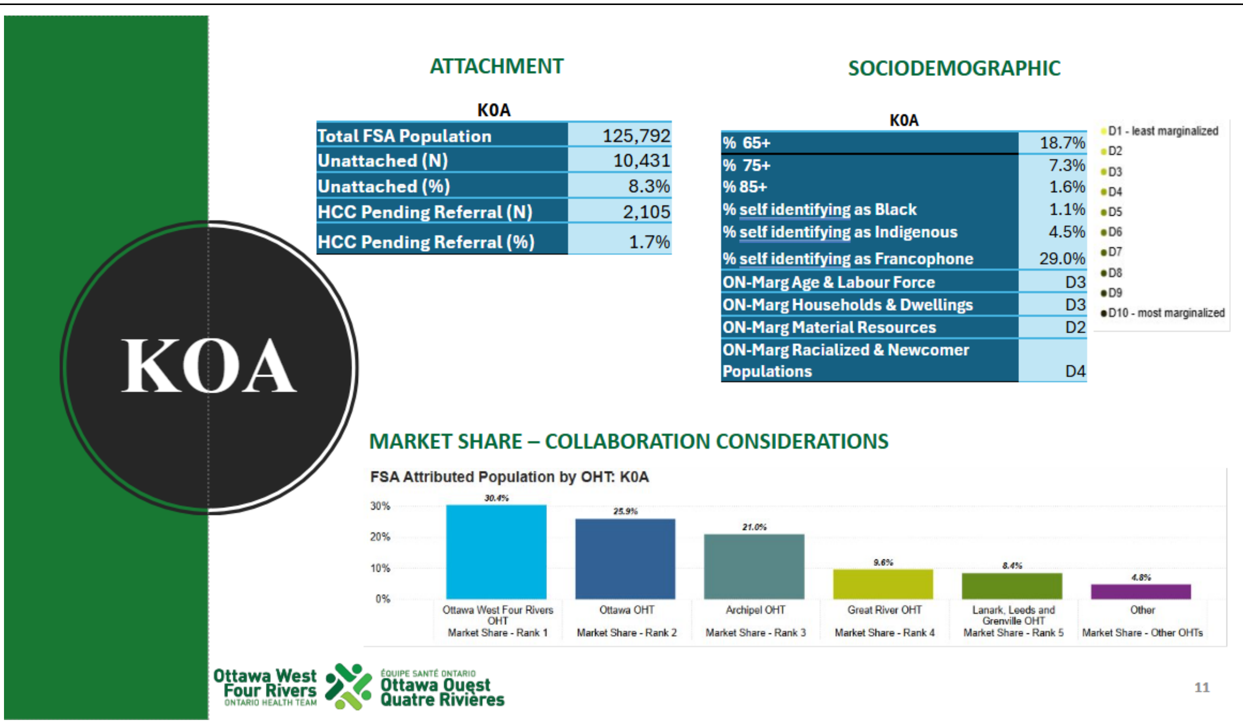


K0A

ATTACHMENT

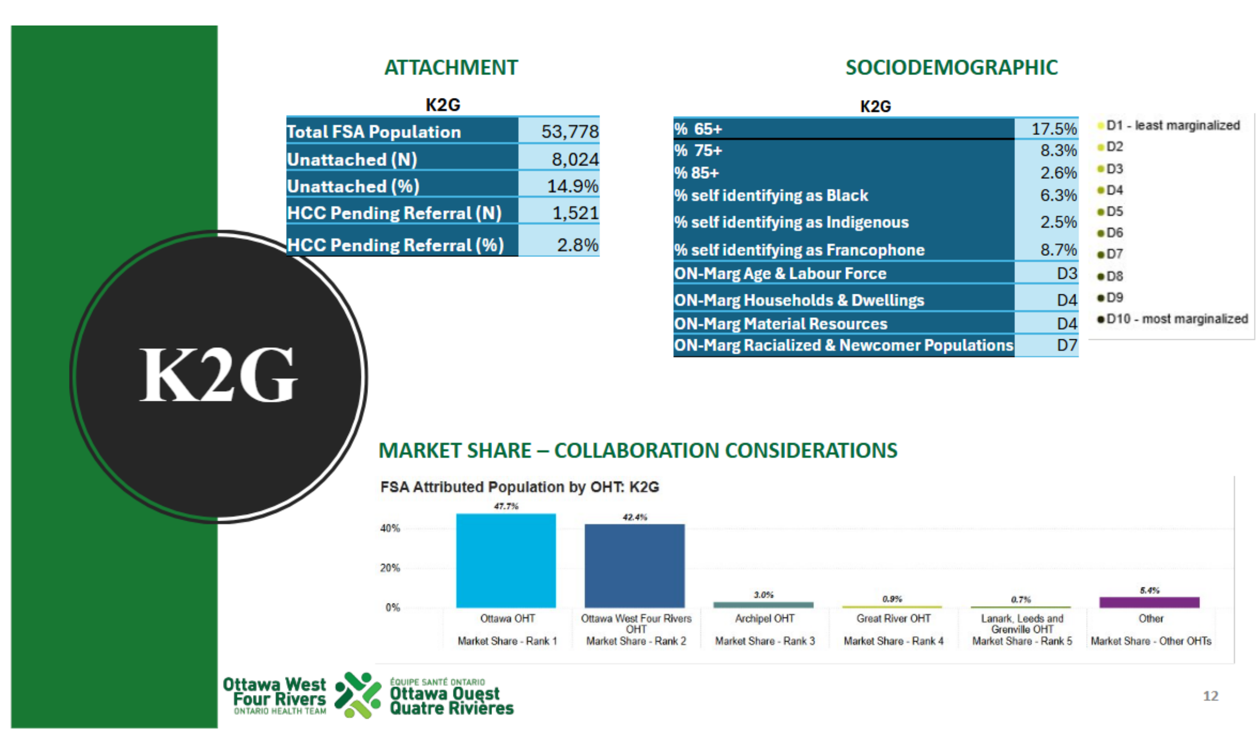
K0A

Total FSA Population	125,792
Unattached (N)	10,431
Unattached (%)	8.3%
HCC Pending Referral (N)	2,105
HCC Pending Referral (%)	1.7%

SOCIODEMOGRAPHIC

K0A

% 65+	18.7%
% 75+	7.3%
% 85+	1.6%
% self identifying as Black	1.1%
% self identifying as Indigenous	4.5%
% self identifying as Francophone	29.0%
ON-Marg Age & Labour Force	D3
ON-Marg Households & Dwellings	D3
ON-Marg Material Resources	D2
ON-Marg Racialized & Newcomer Populations	D4



K2G

ATTACHMENT

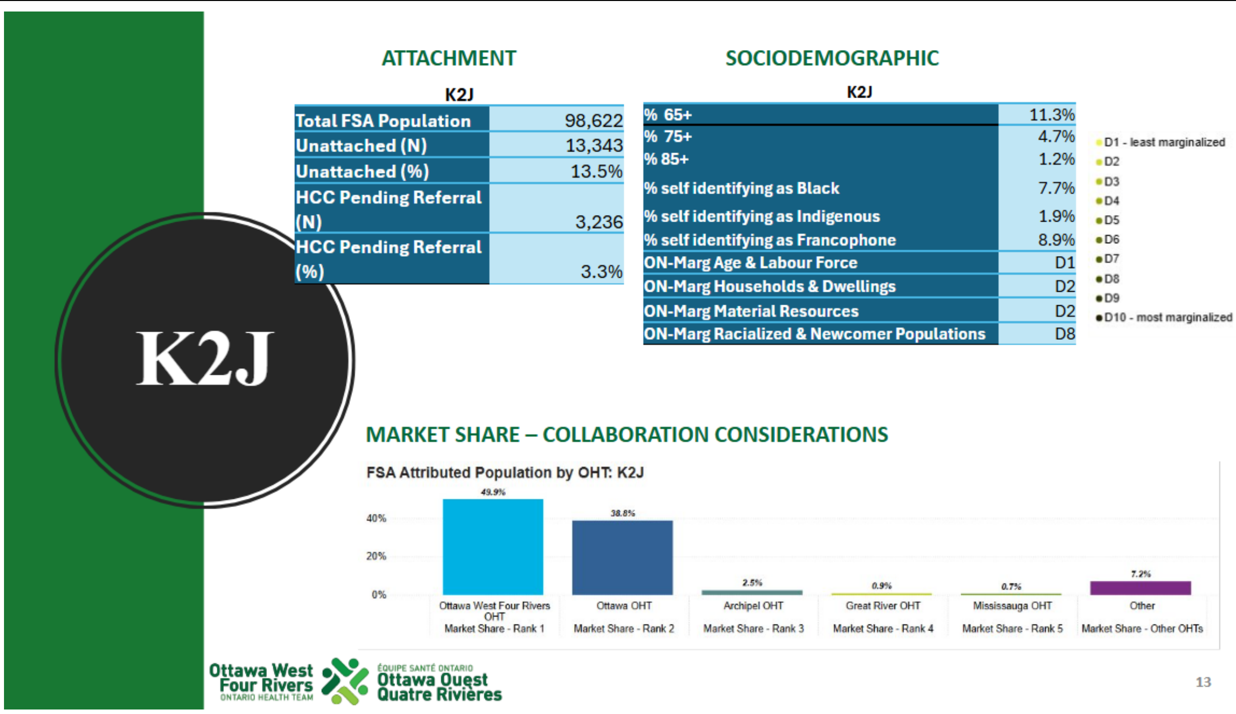
K2G

Total FSA Population	53,778
Unattached (N)	8,024
Unattached (%)	14.9%
HCC Pending Referral (N)	1,521
HCC Pending Referral (%)	2.8%

SOCIODEMOGRAPHIC

K2G

% 65+	17.5%
% 75+	8.3%
% 85+	2.6%
% self identifying as Black	6.3%
% self identifying as Indigenous	2.5%
% self identifying as Francophone	8.7%
ON-Marg Age & Labour Force	D3
ON-Marg Households & Dwellings	D4
ON-Marg Material Resources	D4
ON-Marg Racialized & Newcomer Populations	D7



ATTACHMENT

K2J	
Total FSA Population	98,622
Unattached (N)	13,343
Unattached (%)	13.5%
HCC Pending Referral (N)	3,236
HCC Pending Referral (%)	3.3%

SOCIODEMOGRAPHIC

K2J	
% 65+	11.3%
% 75+	4.7%
% 85+	1.2%
% self identifying as Black	7.7%
% self identifying as Indigenous	1.9%
% self identifying as Francophone	8.9%
ON-Marg Age & Labour Force	D1
ON-Marg Households & Dwellings	D2
ON-Marg Material Resources	D2
ON-Marg Racialized & Newcomer Populations	D8