OWFR OHT Master List of Q&A re Targeted Interprofessional Primary Care Team Expansion

The Ministry of Health (MOH) also released a **Frequently Asked Questions** document along with the call out. You can find that document here: MOH FAQ

Updates as of April 29 are in PURPLE

Updates as of April 25 are IN RED

Questions escalated by OH East to the provincial OH team – responses pending

Questions	Response Provided
Rostering Patients	
The FHT (Family Health Team) scenario provided refers only to physicians rostering patients. Can you confirm that if an FHT submits a proposal including NPs (Nurse Practitioners), that attachment by NPs (under an FHT model) would count towards overall attachment volumes for that proposal?	Yes, NPs who take a roster in a FHT would count towards the overall attachment.
What are reasonable numbers to expect clinics to roster? For nurse practitioners and physicians?	Based on feedback from our NP and physician partners, a reasonable roster size per clinician: NP: 800 – 1,000 Physician: 1,000-1,200 Numbers can vary depending on patient complexity and the amount of additional allied health support (Resources)

Questions	Response Provided
Are OHTs meant to prioritize attaching HCC patients vs patients who are unattached and who have been looking for attachment via other means? In the proposal package (pg 3. A) the attachment priority notes net new attachment for people in identified postal codes, including those on the HCC (Health Care Connect) waitlist. Can you confirm whether this means that the HCC waitlist must be the priority, and only then followed by additional attachment from within the priority FSA/other FSAs? OR… Can the total attachment volumes allow for local priority population attachment within the high priority FSA as long as it includes some level of HCC waitlist attachment?	This question was escalated to the OH Provincial Team for response - *"Given the Ontario government's commitment to attach everyone currently on the Health Care Connect waitlist to a primary care team over the next year, this will factor into the evaluation of proposals and whether they are recommended to receive funding."* We are awaiting further guidance on this question of "order". We know that attachment volumes for local priority populations can be included in the priority FSA(s) assigned to the OHT and can include other FSAs. We also know that attachment for unattached people on the HCC waitlist is a priority. We understand that every priority FSA has unattached patients on the HCC waitlist.
Is attachment of HCC waitlisted patients as of Jan 2025 the only attachment indicator or are there other attachment indicators that MOH/OH (Ministry of Health/Ontario Health) will evaluate? If there are other attachment indicators, please provide some direction, if available.	We are not aware of any attachment KPIs, at this time. Attachment is the goal in the application phase of the IPCT Expansion EOI. We do not have information on the scoring rubric by which IPCT expansion proposals will be evaluated.

Questions	Response Provided
Should it be assumed that people that are added to the HCC waitlist after Jan 2025 will not be attached by spring 2026? Is there a next deadline to register with HCC for attachment in future rounds? Should OHTs/partners be promoting HCC registration much more actively now in our local communities? Does the province have promotional materials that we can leverage for common messaging?	We do not have information on HCC waitlist attachment timelines or deadlines for HCC registration in future rounds. Updates on HCC information will not be available until after May 2nd. In the coming weeks, guidance will be provided to OHTs and PCNS around the transfer of this information. At this time, OHTs should focus on strategies to address the people currently on the HCC waitlist rather than developing strategies to encourage new sign-ups to HCC.
Inclusion of Multiple FSAs and Rostering Patients	
Can proposals be submitted that cover more than one FSA and/or more than one priority FSA?	Yes, proposals can include multiple FSAs as long as the high priority FSAs is included (Proposal Template Section D. 11). You are perfectly welcome to serve other FSAs in addition to the high priority ones in any proposal. You must commit to providing service to 1 (or more) of the high priority FSAs in an application for this targeted call. OWFR OHT request: if you are doing this, please indicate the estimated attachment volumes from the high priority FSA(s) as well as the overall estimated attachment volume (Proposal Template Section D. 13).

Questions	Response Provided
Currently, many providers may attach patients from the high priority FSAs and from multiple FSAs. Some of these providers may choose not to participate in Round 1. If they continue to attach people who live in K0A, how would this impact the K0A proposal metrics? Stated another way, would a successful K0A proposal require other providers to discontinue attaching people who live in K0A?	Articulate in the proposal how primary care providers and clinician partners may commit to continuing to work together on these issues via our PCN and consider letter of support. We assume not, as this would be counter to the provincial action plan but would like clarity from OH. K0A touches many OHTs in the Champlain region. We encourage continued collaboration between OHTs and PCPs to serve unattached patients in this and other priority FSAs. In other words, no changes to current PC practices have been communicated to OH regions.
Given this response above, and the collaboration between OHTs around proposal development. If a proposal for a different high priority FSA includes addressing one of our assigned high priority FSAs (e.g. K0A) – how/will this impact Ontario Health's evaluation of the OWFR submitted proposal for K0A?	It will not have any known impact on proposals submitted. As long as each proposal addresses one of the high priority FSAs (per identifier), it can also address additional FSAs (including one that is already submitted as a 'secondary' FSA). Rationale as to dual inclusion would be wise to include to inform those who are reviewing applications of why this has been identified twice (i.e., because teams in both applications already serve this FSA).

Questions	Response Provided
Can OH Analytics or INSPIRE provide an additional breakdown of K0A data to support proposal development and/or prioritization?	OH Analytics: Unfortunately, the data we have available to us at the moment is already aggregated so we're not able to do further analyses. INSPIRE: There are several nuances in this request that require a deeper dive with our analytics team to produce this data cut. In addition, our queue has grown. Based on the above, we will be unable to provide the data in time for your May 2 deadline. OWFR OHT will follow up with INSPIRE later in May to plan data support for round 2 planning.
For the proposal associated with an identified FSA, is it to focus on attachment for the full geography of that area? That geography is very large, so understanding the expectations would help focus our decision-making.	There is no expectation to attach the full FSA geography. The proposal application/template asks the applicant to estimate the net new number of people that will be attached over time. Attaching the residents of an entire FSA, particularly large and/or highly populated identified FSAs, may take several years. Another IPCT Expansion call for proposal is expected in fall 2025.

Questions	Response Provided
Have we considered what angle to take to address Francophone needs? Plans for FSAs for Francophones?	We have provided recommended resources for proponents to consider, we have identified the proportion of Francophone population in the data packages provided, and we encourage partners to work with one another. The Réseau has offered to provide a letter of support for proposals that include the Francophone population (and solutions to meet their primary care needs). They will have a letter of support drafted for April 28th. We are aware that the priority FSA proposal from Great River OHT will include K0A with a focus on serving Francophone needs. If you'd like to be connected with that proposal, please reach out to: Tracy Crowder Project Manager - Great River OHT Tracy.Crowder@cornwallhospital.ca

Questions	Response Provided
Do the proposals have a focus on newborns, children and youth? If so, consider support offered by Kids Come First.	Kids Come First have offered their support as appropriate, particularly for proposals with a program or focus on newborn, children and youth. They have prepared a letter of support template, if you would like to consider it along with your submission and they have also provided data of unattached children/youth who have accessed 1Call1Click.ca without a primary care provider by postal code as well as overall data about the Vaccinate and Up-to-date unattached patients. This data is now posted with the data and resources. If you'd like to connect with Kids Come First, please reach out to: Josee Blackburn Director – Kids Come First Health Team jblackburn@cheo.on.ca
Proposal Template Related	
Section D. 12. What is your current practice size? Is this meant only for the lead organization or should it also include the practice size of all proponent organizations outlined in Section A. 3.	This means the total practice roster/panel of all proponent organizations, to serve as the base line number (#) from which to measure net new patients that will be attached (Question D. 13).

Questions	Response Provided
Signature Section. Is this meant to only be signed by the lead organization or should it also include signatures from all the proponent organizations outlined in Section A. 3. OR Are other proponent organizations just meant to include a letter of support or additional detail document?	The Lead or "governing" organization will be the organization that would receive IPCT Expansion funding (if successful) and govern the distribution and management of funds to other proponent organizations (e.g., via MOUs). The Signature Section should be signed by the Lead organization while proponent organizations should be clearly identified in the proposal. Though not a requirement, we suggest that other proponents provide a letter of support to the Lead or submitting organization.
The proposal template text boxes do not have a word limit and the font size just gets smaller automatically. Is there a word count or font size limit?	This is a known issue with the template. Do your best to keep to a readable and "standard font size" (10-12pt).
Section E. 19. Do we leave this question blank if we are not proposing a new team or not proposing that a new FHO affiliate with an existing FHT?	The consensus was that this section can be left blank for proposals that are not proposing a new team or a new FHO affiliation. Only complete "if applicable" to your application.
Budget-Related	
Will Round 1 funding be provided as base (sustainable) or one-time multi-year?	The funding will be rolled out annually and is intended to be ongoing.

Questions	Response Provided
Can rent and leasehold improvement costs be included in the budget submission?	Yes, these costs are in-scope (operational overhead and one-time start-up costs). For other budget scope questions 13, 14: MOH FAQ Refer to the Community Financial Policy (pg.5-6) for details: Community Financial Policy For Ontario Health - Health Service Providers (HSPs)
Is there any guidance on the proportion of the total budget for one-time start-up costs?	Refer to the Community Financial Policy (pg.5-6) for details: Community Financial Policy For Ontario Health - Health Service Providers (HSPs)

<table>
<tr><th>Questions</th><th>Response Provided</th></tr>
<tr><td>Is there a max amount of funding or can one be provided so OHTs can set reasonable parameters?</td><td>This question has been escalated to the OH Provincial Team for response

OWFR OHT: based on provincial announcement numbers only, this does not indicate what funding is available (see note above from OH East) and if offered only to provide a some level of guidance for partners to consider
<table>
<tr><td>Total Funding Available</td><td>$213,000,000.00</td></tr>
<tr><td>Number of Proposals to be Approved</td><td>80</td></tr>
<tr><td>Number of Patients per FSA (average)</td><td>8,000</td></tr>
<tr><td>Dollars per FSA</td><td>$2,662,500.00</td></tr>
<tr><td>Dollars per patient
(including one-time)</td><td>$332.81</td></tr>
</table>

Three primary care team successes are outlined in the primary care action plan:
- Hamilton Family Health Team ($2.2 million)
- Lakehead Nurse Practitioner-Led Clinic ($900,000)
- Midtown Kingston Health Home ($4.2 million)</td></tr>
<tr><td>The budget offers 25% overhead admin (typically higher than most) – within that are they expecting supplies, professional development, etc. to be covered? What else?</td><td>This question has been escalated to the OH Provincial Team for response</td></tr>
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Questions	Response Provided
The rates in the budget template do not match those shared with Ontario Health in the Ecklers Compensation Planning Report. Is there any advice from OH on how proponents should address this in their budget submissions?	Funding for new or expanded IPCTs is based on the funded rates for human resources that are auto calculated in the template provided. OH recognizes the need to grow, recruit, support and retain the primary care workforce needed to care for the people of Ontario. The Ministry of Health continues to look at ways to support the recruitment and retention efforts of the primary care workforce, including primary care teams. OHTs are free to attach proposed costs to their IPCT EOI submission(s). If this option is chosen, we suggest that you make a note of this within the proposal so that reviewers can clearly identify where this information can be found.
General Questions about Targeted Call	
Can we ask for an extension on this May 2nd deadline because of Primary Care End of the Year Reporting?	The May 2nd deadline for the IPCT proposals has not changed, at this time. If it changes we will be sure to communicate this broadly. If you would like to request an extension on your year-end reporting, please contact Arron Service Arron.Service@ontariohealth.ca OH East contact for Primary Care End of Year reporting

Questions	Response Provided
Can OH provide OHTs with a high-level summary of successful proposals from 2023? For example: - Proposal type/model - MIN/MAX/AVERAGE budget proposed/approved - MIN/MAX/AVERAGE attachment/volumes proposed	Unfortunately, and at this time, this information cannot be provided due to embargoes on certain pieces of information related to past investments. This includes budget information and target attachment volumes proposed.
MOH FAQ Question 10 states: OH regions will work with OHTs to identify strong proposals submitted through the 2023 EOI to help identify potential proponents. Are there any such proposals that OH East can provide us, either from our OHT or others (considering full scope of K0A)?	Most OHTs do have access to, or can request access to, 2023 EOIs submitted by their PC partners. The names of the providers within K0A, K2J, and K2G and who submitted proposals in 2023 were provided to OWFR OHT. All those noted, also participated in our April 16th information session.

Questions	Response Provided
We are seeking clarity on who can apply and how (refer to MOH FAQ Questions 8, 15, 16). The responses are vague and we are looking for clearer direction to help support proposal development and prioritization.	A FHO or FFS physician cannot be a Lead organization in the current round of IPCT Expansion proposals. One of the four approved IPCT models is identified as the Lead organization. As stated in the Appendix, FHOs can propose to create a new FHT. Ontario Health manages and supports the FHO to FHT transition and understands that becoming a new FHT can take many months. Nevertheless, this scenario would qualify as an eligible component of a proposal. Please consider that "Readiness to Implement" is one of the priority areas that will be assessed by evaluators.
Can clinicians (e.g. FHO or FFS) who are not part of a team be a proponent to a Round 1 application by an existing primary care team to access team supports?	Yes, as long as one of the four approved IPCT models is identified as the Lead organization for attaching patients in the priority FSA .
Will there be any information about the next round before May 2 deadline?	This question has been escalated to the OH Provincial Team for response
Can an FHO affiliate with more than one FHT?	A FHO cannot affiliate with more than one FHT. A FHT can have more than one affiliated FHO but cannot mix types of physician group models. FHOs can have service agreements or MOUs with more than one FHT.