

# AHSC AFP Innovation Fund

Framework and Guidelines – Year 10 (2017-18)

Innovation Fund Provincial Oversight Committee

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## CHANGES SINCE YEAR 9:

- **L'Hôpital Montfort** has joined IFPOC
- **G3 required** this year for all GOs (even if there have been no changes)

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# AHSC AFP Innovation Fund Year 10 (2017-18)

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# AHSC AFP Innovation Fund Year 10 (2017-18)

## Background, Process and Framework

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**PREAMBLE:** This “Framework” document is intended to assist Governance Organizations draft their calls for applications and Project Leads to draft their proposals.

### Ontario AHSC AFP Innovation Fund

The Innovation Fund was created by the Alternative Funding Plan agreement between the Academic Physicians, the Ontario Medical Association (OMA) and the Ontario Ministry of Health and Long-Term Care (MOHLTC). Over \$10 million annually has been made available to Academic Physicians to support *the development of new and innovative approaches to health care delivery* and to provide *leadership in the dissemination of new knowledge across the healthcare system*.

All participating academic physicians are eligible to apply, and a competitive peer review process selects the most deserving projects at each Academic Health Sciences Centre (AHSC).

The Innovation Fund provides short-term (one- or two-year) seed funding to support innovative projects and to enable academic physicians to develop programs sufficiently to qualify for additional support and evaluate novel strategies to transform health care delivery in Ontario.

Projects would be particularly “innovative” if they:

- Have definite potential to **impact** health care delivery
- Are **implementable** (realistic project goals)
- Have clear **measurable** metrics for success
- Offer opportunities to **translate new knowledge** into medical practice
- Are **transferable** to other institutions or regions of the province

This year, with the participation of l’Hôpital Montfort, the amount available to AHSCs is now \$10,518,292, and will be available by March 31, 2018.

### 1.0 Oversight and Administration of the Innovation Fund:

The Provincial Academic Medicine Steering Committee, with the support of the AHSC AFP Governance Organizations, established the Innovation Fund Provincial Oversight Committee (IFPOC) to oversee the AHSC AFP Innovation Fund. The IFPOC includes representation from the research and innovation sector, academic medicine, government as well as the AFP Governance Organizations. Dr. Richard Weisel chairs the Committee, and Dr. Davy Cheng is Vice-Chair.

To support the dissemination of new knowledge across the healthcare system, IFPOC sponsors the Innovation Fund Showcase, held in November 2010, 2013 and 2016. The next Showcase is being planned for November 2019. The Showcase brings together Project Leads from around the province, fostering enhanced collaborations. IFPOC also sponsors Awards for the most innovative projects that have the potential for a substantial impact on health care delivery in Ontario in various categories. Beginning in 2015, the awards were added as an annual feature in November of each year.

## 1.1 Forms and Data Input

In 2014 IFPOC implemented a website and new forms for the submission of applications for funding. Each year IFPOC has provided new policy clarifications and earlier release dates intended to streamline the Grants Administration process. After three funding cycles with the new process and new forms, only **minor changes** have been made to address challenges and to better meet the needs of the Governance Organizations.

For Governance Organizations, the required elements are:

### FORMS FOR UPLOADING:

- G1 - Funding Request
- G2 - Substitution Request
- G3 - Policy Confirmation

Information which should be entered into the websites MANUALLY:

- P1/Project Summary - Key information from P1 into online system - Online "Project Summary" only for NEW projects – not for year 2 of existing projects.
- Annual Report - Key information is also requested in year two of two-year projects (known as Online "Annual Report" for two-year projects)
- P3/Final Report - Key information from P3 into online system - Online "Final Report"

For Applicants, the required elements are:

- P1 - Project Proposal
- P2 - Proposal Budget
- P3 - Final Narrative Report
- P4 - Final Budget and Financial Statement
- D - Declaration for Substitution (only if you are a contingency project being activated)

## 2.0 INNOVATION FUND 2017 –2018 Timeline

### ***June 1, 2017***

IFPOC issues “Framework” document to Governance Organizations, and all Forms are available at ifpoc.org

### ***November, 2017 - date TBD***

“Annual” Innovation Fund Awards are announced

### ***December 1, 2017***

AFP Governance Organizations upload G3 (information about guidelines and procedures) to IFPOC (required for all GOs in Year 10).

### ***January 12, 2018***

All AFP Governance Organizations upload G1. Those AFP Governance Organizations submitting funding requests for NEW (not renewal) projects (and any contingency project) will upload P1 and P2 for each new Year 9 project.

### ***January 12 - February 12, 2018***

IFPOC reviews proposals and submits to the GOs questions or concerns about eligibility or whether the proposals meet the requirements established by IFPOC or the individual Governance Organizations. The AFP Governance Organizations will respond to IFPOC with explanations or the submission of alternate proposals.

### ***February 12 - 28, 2018***

IFPOC makes recommendations to AMSC for distribution of 2017 - 2018 AHSC AFP Innovation funds.

### ***March 16, 2018***

IFPOC issues call for nominations for IF Awards 2017

### ***March 31, 2018***

MOHLTC distributes Innovation Fund allocations to each AHSC AFP Governance Organization, on the basis of proposals approved for funding by the IFPOC and AMSC

### ***May 18, 2018***

Deadline for submission of nominees for IF Awards 2018

### 3.0 Provincial Funding, Approval, and Accountability Processes

#### 3.1 Funding

Funding will be allocated on the following basis, as set out by the Academic Medicine Steering Committee (AMSC) and approved by the AHSC AFP Governance Chairs:

- Each AHSC AFP has been allocated a portion of the available Innovation Funds in fiscal 2017 - 2018, based on a minimum \$100,000 base allocation to each Governance Organization, with the remaining funds distributed to each Governance Organization (GO) based on the number of Full-Time Equivalents (total FTEs participating in AFP) at each AHSC
- AHSC AFP funding is allocated only for approved projects and cannot be employed for any other purpose. Carry-overs are not permitted. Funding may not be allocated by Governance Organizations for unspecified purposes and cannot be moved between projects.

##### 3.1.1 IFPOC Policy on Substitutions and Unspent Funds:

1. Each Governance Organization is invited to submit 0, 1 or 2 “contingency” projects for prior approval in case any of their priority projects do not get started in a timely fashion.
2. If no “contingency” projects have been previously reviewed by IFPOC, no substitutions may be made for that year in the future.
3. Funding for each accepted project begins from April 1<sup>st</sup> (after funds are forwarded to the institutions from the MOHLTC) and the project leaders have until March 31<sup>st</sup> of the following year to initiate their project and to begin to spend their funds.
4. Each project should be reviewed annually by their Governance Organization to determine whether (1) the project has made acceptable progress on its program and (2) the project spent any of its funds.
5. If a project did not make acceptable progress and has not spent any of its funds, the Governance Organization may request that IFPOC permit a substitution of that project with a “contingency project” which had been previously reviewed and approved by IFPOC.
6. To obtain approval for a substitution, the Governance Organization must submit Form G2 that describes the reason for the lack of progress of the unsuccessful project and Form D from the contingency project stating that it will be able to initiate its project immediately (within three months) and that it will be able to complete the project with the funds available from the unsuccessful project within the original timeframe (1 or 2 years from April 1<sup>st</sup>).
7. However, if funds have been spent by any project that the Governance Organization deems not to have made acceptable progress, then the project should be terminated and the remaining funds should be returned to the Government of Ontario.
8. Under exceptional circumstances, if a project is unable to proceed at any time during the granting period (1 or 2 years), and if the Governance Organization makes a compelling explanation to IFPOC, then the project may still be substituted with a contingency project provided the unsuccessful project has not spent any of its funds.
9. No substitutions may be made if any Innovation Fund money has been spent on an “unsuccessful” project.
10. If a “Project Lead” cannot continue to lead a project before the final report is submitted, a co-Lead, or another qualified AHSC AFP physician can be substituted after approval has been granted by IFPOC. If a Project Lead is unable to continue to lead a project, then another Project Lead can assume that position provided that the new Project Lead is either designated as participating in the original application, or has adequate qualifications. All substitutions must be approved by IFPOC.

## 3.2 Application, Review, and Reporting Process

- Individual AHSC AFP Governance Organizations will issue to their Participating Physicians a request for proposals along with the Year 9 Framework for projects seeking support through the AHSC AFP Innovation Fund.
- Each AHSC AFP Governance Organization, according to the Framework and Competitive Peer Review Process and Review Criteria set out below, will establish a common and transparent competitive peer review process to adjudicate and rank proposals being considered for support with Innovation Funds.
- Selection committees will choose the best proposals for their institution. From among those, IFPOC specifically requests that Selection Committees and Governance Organizations give priority to projects that could impact health care delivery beyond their institution and/or could be adapted across the province.
- Governance Organizations are asked to submit some information online. A **G3 Policy Confirmation is due this year**, but normally is only required every 3 years or if any of the relevant policies have changed.
- All Governance Organizations are required to submit a G1 form annually through ifpoc.org.
- If new projects are being submitted, the relevant P1 and P2 forms must also be uploaded. These must be submitted by each Governance Organization “as is” and not further copied, scanned or PDFed.
- Applicants are asked to fill in P1 and P2 for submission by their Governance Organizations – found at ifpoc.org.

### 3.2.1 Local budgetary and conflict of interest policies and guidelines: G3 (Required every three years)

This year, **all AFP Governance Organizations are asked to submit a G3 - Policy Confirmation** by December 1, 2017 for review and approval.

### 3.2.2 Existing Funding Confirmation: G1 (Required annually)

**Even if a Governance Organization is not submitting NEW projects for funding, we ask that they complete Form G1 annually** to indicate that previously approved projects are on track and eligible for second year funding according to the GO-approved guidelines. G1 will also confirm support for funding, and related policies. During this process, we recommend that GOs ascertain whether or not projects still in their first year have spent any of their funds.

### 3.2.3 Existing Funding Confirmation: Annual Report

**If a Governance Organization is not submitting NEW projects for funding, we ask that they fill out an “ANNUAL REPORT” online form** for each project being funded for Year 2 to indicate that each previously approved project is on track, has spent some of its money, and is eligible for second year funding.

### 3.2.4 New Funding Requests: Form G1 (Only as required)

Project Leads must submit their project proposals to their AHSC AFP Governance Organization using the Forms **P1 and P2 (available at the bottom of the home page: <https://ifpoc.org/>. Scanned, copied, or PDFed documents are not acceptable.**

- Governance Organizations may only submit funding requests to IFPOC for 1 or 2 years. **Any requests for funding additional years of any projects will be declined.**

- **Governance Organizations may only submit funding requests to IFPOC that add up to their maximum amount allowable** in any single funding year. The **total funding request on G1** for all projects in any year may not be an amount higher than the allocation allowable from the Ministry (but the amount may be lower). The online forms will calculate the amounts, and reject any G1 that requests funding beyond that which is allowable from the Innovation Fund. At an individual project level, it is essential that the project budgets and financial reports (P2 and P4) are clear about how much funding is provided by IFPOC, and how much of that funding is spent.
- Governance Organizations are invited to submit **0, 1 or 2 additional projects**, in their order of preference (which will not be included in the calculation of “allowable funding”), as “contingency” projects, for pre-approval by IFPOC. These will not be funded immediately, but could step in to take the place of a previously approved and funded projects from that same funding year should the recommended projects not be successful for any reason (such as unable to receive ethics or other approvals). This movement of funds will only be allowed if a) the projects are from the same funding year, and b) **if NONE of the Innovation Fund monies have been spent**.
- Governance Organizations are asked to indicate on G1 that they have reviewed and approved all NEW proposals submitted to the IFPOC for funding according to the provincial framework and according to the process they had previously submitted for approval by IFPOC.
- AFP Governance Organizations will submit individual Project Proposals (P1 and P2) recommended for funding to the IFPOC in January. The IFPOC will then evaluate each proposal recommended for funding and will ensure that all proposals are consistent with the provincial framework and locally defined guidelines.

### 3.2.5 Innovation Fund Provincial Oversight Committee Review

- The IFPOC may ask for further details and/or clarification regarding any proposal at its discretion.
- The IFPOC may not delay the transfer of funds from the MOHLTC to Governance Organizations, but may request that funds not be released by Governance Organizations to support a particular proposal until the IFPOC is satisfied with the clarification sought.
- Governance Organizations will monitor and be accountable for funding received through the AHSC AFP Innovation Fund. Governance Organizations are required to review all funded projects annually to ensure that they are on track and worthy of continued funding (where appropriate). Governance Organizations are particularly encouraged to review previous year’s projects to ensure they have begun their work and to see if any funds have been spent. This is especially important in view of the March 31 deadline for substitutions, which can only take effect if no funds have yet been spent.

### 3.2.6 Reporting: P3 and P4

- Project Leads are required to submit Forms P3 (Final Report) and P4 (Final Budget) to their own Governance Organization for review and if approved, the Governance Organizations are required to submit them to IFPOC. Each final report is due the sooner of either a) within 60 days of the end of the project, or b) within two years of the funding term of the project.
- The Governance Organization should first complete the ONLINE FINAL REPORT Summary by answering five questions for each project: the amount provided by the IF, spent, and unspent (if any); approval by Governance Organization; and a project abstract which must be inserted for each project. Then upload each P3 and P4.



- Since Year 5, Project Leads and Governance Organizations have been required to submit their FINAL REPORTS to IFPOC within 2 years of the end of the term of their project funding period (e.g. 1-year projects funded in March 2013 must submit final reports by March 2016, and 2-year projects funded in March 2013 must submit final reports by March 2017). Unfinished projects are required to submit reports at the end of this two-year period and any unspent funds must be returned to the Ontario Government. The Governance Organizations will be asked to provide an explanation to IFPOC and the Ministry for any projects that have not provided a report, and the funds for those projects will be subject to return to the Ministry. For projects funded in Years 1 and 2, final reports are due and unspent funds should be returned unless the Governance Organizations can provide IFPOC with compelling reasons for short-term continuation of the funding. Any such requests for extensions will be considered on an individual and exceptional basis by IFPOC, and should be made via email to Richard Weisel (rweisel@uhnresearch.ca) and Sarah Garson (sgarson@garsonconsulting.com).
- For projects reporting before the end of their term date (within the first year for one-year projects, and within the first two years for two-year projects), Governance Organizations are asked to contact the system administrator at the IFPOC.ORG website for special instructions for uploading “early” reports.
- IFPOC is implementing a new internal reporting system that will generate reports automatically using data gathered through our website and portal. We will use these to update Governance Organizations periodically on the status of their projects, and in particular, those projects whose Final Reports are soon due.

### 3.3 Intellectual Property and Project Information

The Innovation Fund Provincial Oversight Committee has established the following policy for the dissemination of Innovation Fund information:

- i. Ownership of the Intellectual Property will remain with the Institution and/or Project Lead.
- ii. Once a project has been **approved** for funding, **the name and contact information of the Project Lead, the total amount of Innovation Fund funding, as well as the abstract (located on page 2 of Form P1) will be made public** either by IFPOC or the Government of Ontario.
- iii. Once a project is **complete** and its final report has been submitted and approved, **the name and contact information of the Project Lead, the final amount of Innovation Fund funds spent, as well as the abstract (located on page 2 of Form P3) will be made public** by IFPOC or the Government of Ontario.
- iv. Any further details regarding a project will be released to interested parties only with the agreement of the Project Leads.

## 4.0 Eligibility Criteria

- The “Project Lead” for each proposal must be a Participating Physician, as defined in the AHSC AFP Agreement.
- Innovation Funds should be used to support the human resources and infrastructure necessary to implement, test and/or evaluate new concepts and modes of health care delivery. In general, the funds are not intended for equipment; however, the innovative use of equipment could form the basis of a project. Funding may not be used to defray the cost of implantable medical devices or drug trials. While this funding is clearly intended to support innovative clinical care to patients, it is not intended as a substitute for perceived inadequacies in either the OHIP fee schedule or individual institutional funding.
- The Innovation Fund was intended to support projects for **up to 2 years**.
- Each AHSC should **provide either a clear definition of “innovation” for their institution on G3**, or indicate that the IFPOC definition is being used. Each individual proposal should reference that definition and indicate why the project is innovative for that institution and each Governance Organization should indicate that each project conforms to its definition of innovation.
- The IFPOC will review each application. Those projects that do not conform to the Provincial Framework or do not meet the criteria established by the Governance Organization will be returned to the Governance Organization for revision, or the Governance Organization will be invited to replace that project with another application during the review process that year and no later than the end of March.

### 4.1 Applicants and Governance Organizations

- The Project Lead for each proposal should be a Participating Physician or New Participating Physician, as defined in the AHSC AFP Agreement.
- The Governance Organization should review all projects being funded for a second year even if the project was approved as a two-year project. Project Leads should provide evidence to their Governance Organization that the project has been initiated and is working towards its goal before second year funds are approved. Governance Organizations, through G1, are asked to confirm that they have reviewed each project after its first year, and must confirm this yearly, whether or not they are seeking funding for NEW projects. They are also asked to fill in an online “Annual Report” for each two-year project at the conclusion of year one.
- Project Leads are required to provide a detailed final narrative report (P3) that includes a project summary and a detailed separate budget and financial statement (P4). The Project Leads requesting funding for more than one year are required to provide an annual progress report to their own Governance Organization which may then report the progress to IFPOC. Project Leads must submit P3 and P4 through their Governance Organization to IFPOC at the completion of the funding agreement – within 60 days of completion of the project, and no more than two years beyond the end of the funding term.
- When submitting P3 and P4 for each project, Governance Organizations are required to fill in the online “Final Report”.
- Governance Organizations may recommend any level of AHSC AFP Innovation funding for individual projects, with the proviso that the total level of funding from the Innovation Fund for such projects may not exceed the per annum allocation of AHSC AFP Innovation Funds to their own Governance Organization. Supplementary funding may be provided for each project from other sources, but the Governance Organization must ensure that such funds are available before the project is recommended for funding.
- Use of Innovation Funds for physician remuneration may not exceed current OMA per Diem rates (see Appendix I) whether or not this remuneration is for actual clinical activity.

- If Innovation Funds are being used to support physician remuneration, and if any changes to these policies are being made, Governance Organization should provide this information to the IFPOC using G3.
- On Form G1, Governance Organizations are asked to confirm that the budget of each project submitted for funding has been carefully reviewed and is in compliance with their Governance Organization policies and guidelines.

#### **4.2 Scope of Projects Eligible for Funding**

Innovative, promising and deserving projects are eligible to receive funding through the Innovation Fund across a wide scope of areas of focus including but not limited to:

- Patient education and enablement
- Continuity of care
- Process improvement models to improve efficiencies, patient safety and quality of care
- Support/collaboration from AHSCs to community hospitals, LHINs and other services in their region
- Remote access to care
- Knowledge transfer across AHSCs and the broader health care system

In order to facilitate IFPOC's ability to provide "leadership in the dissemination of new knowledge", the Innovation Fund particularly encourages projects that address the current health system priorities including: mental health and addictions; patient safety; effectiveness of health care delivery; home and community care; indigenous health; quality improvement; sustainability; social determinants of health; health system funding reform; better care pathways for pregnant women; and, cost– benefit comparisons.

For 2017 - 2018, based on experience in the first nine years of this Fund, the following are examples of projects that were judged to be less innovative by IFPOC and have not been approved:

- Stand-alone databases
- Drug or other industry related projects
- Projects designed to evaluate a new device / drug in which there is significant industry sponsorship

## 5.0 Evaluation of Project Proposals

### 5.1 Competitive Peer Review Process

Each AHSC AFP Governance Organization will establish a competitive peer review process that invites expressions of interest from across the AHSC and results in funding recommendations that are based on demonstrated merit, not equity. For example, the allocation of Innovation Funds on a per FTE basis at individual AHSCs would not be supported. Governance Organizations are encouraged to include one or more representatives on their peer review committee from outside of their AHSC Governance Organization, to support an objective review process.

### 5.2 Review Criteria

The assessment of proposals by each Governance Organization competitive peer review committee should continue to be guided by the above, and should be based on the following criteria:

**a. *Potential impact***

- Potential impact within and beyond the local institution and the academic community: the likely significance of the project in generating and transferring new knowledge and beneficial results beyond the project participants.
- Potential to improve understanding in the project's subject field: presence of a documented and coherent knowledge translation strategy for exchanging information generated by the project beyond the project participants.

**b. *Proposal merit***

- Innovative and original idea(s)/objectives
- The applicants should indicate why the proposal is innovative for their institution or constituency
- Well-written and focused proposal
- Comprehensive relevant performance metrics that can be used at the end of the first year (and any subsequent years) of funding
- Appropriateness and relevance to scope of Innovation Fund
- Feasibility and viability of project, including consideration of budget costs

**c. *Team strengths***

- Experience and skills of the project team - track record; historical productivity and impact; likelihood that this team can complete the Innovation project being proposed; time and availability to commit to the project; and, collaborative arrangements with colleagues if applicable

**d. *Assessment***

- What are the metrics for evaluation?
- What are the timelines and when do you expect to see progress?
- What kinds of progress do you expect?
- How will you judge whether or not your project has been a success?

**e. *Priority***

- IFPOC requests that review committees and Governance Organizations give priority to projects which have the potential to impact health care delivery in multiple institutions or across the Province
- If two projects otherwise have equal priority, the Selection Committees and Governance Organizations are asked to give priority to projects that could impact health care delivery beyond their institution and/or could be adapted across the province.

IFPOC Members will consider the proposals submitted for funding based on a number of guiding criteria:

- *Assessment*: clear and measurable outcomes indicating that the project will improve health care delivery
- *Merit*: distinctly “innovative”
- *Potential impact*: the project can be translated to clinical practice and impacts health care delivery
- *Strength*: quality of proposal and participants
- *Scope*: the potential to impact health care delivery in multiple institutions across the Province

### 5.3 Common Scale for Evaluation

Each Governance Peer Review Committee should use a single evaluation scale for evaluating, rating and ranking its proposals. The CIHR Merit Review Scale is one such example.

### 5.4 Relevance Review

Governance Organization Competitive Peer Review Committees may evaluate proposals for relevance in relation to previously identified health care priorities for their particular institution (if applicable, as entered on G3).

### 5.5 Process Integrity

The integrity of the Innovation Fund competitive peer review process, like others, will be dependent on shared principles of confidentiality and conflict of interest.

#### **Confidentiality:**

- All information contained in expressions of interest should be considered strictly confidential. The applications and any discussions related to them may not be used for any purpose beyond that for which they were originally intended. Outside of their group deliberations, peer review committee members must not discuss expressions of interest with other parties.

#### **Conflict of Interest:**

- Governance Organizations, review committees, and Project Leads are expected to be aware of, and to manage, any conflict of interest situation within the peer review committee.
- AFP Governance Organizations are being asked to confirm with IFPOC how potential conflicts of interest will be managed at their institution (G3).
- Governance Organizations must make every effort to ensure that the decisions of its peer review committee are fair, objective and transparent, and that the peer review process is communicated broadly to practice plans and Participating Physicians. Peer review committee members may be assessed to have a conflict of interest if they, or an individual Participating Physician they represent, submit an Innovation project proposal for consideration by the peer review committee. Peer review committee members deemed to have a conflict of interest on this basis shall be excused from discussions and decisions of the peer review committee as they pertain to project proposals for which the conflict of interest exists. Each member should attempt to avoid adversely influencing competing applications.

## 6.0 Acknowledgements and Contacts

Should Project Leads (or Governance Organizations) wish to acknowledge Innovation Fund as the source of funding for their projects at conferences, on posters, in publications, or on websites, the correct acknowledgement is as follows:

***“... was supported by the Innovation Fund of the Alternative Funding Plan for the Academic Health Sciences Centres of Ontario.”***

For information about IFPOC, the Innovation Fund, its framework and/or process, please visit IFPOC.ORG to download forms, for FAQs and to use contact links, or to contact us directly:

**Richard D. Weisel**

Chair, Innovation Fund Provincial Oversight Committee

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# AHSC AFP Innovation Fund Year 10 (2017-18)

## Appendices

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Please find attached **within this Framework** the following related documents:

For Governance Organizations:

Appendix A: AFP Governance Organization Process Details regarding:

- a) Policies and Procedures
- b) Funding Confirmation and new Funding Requests
- c) Reporting
- d) Substitutions

For Innovation Fund Applicants:

Appendix B: Applicant Process Details regarding:

- a) Proposals and Budgets
- b) Reports and Budgets
- c) Declaration for Substitution

For Governance Organizations and Innovation Fund Applicants:

Appendix C: OMA per diem Guideline

Please find **located at IFPOC.ORG** by clicking on <https://ifpoc.org/> the following 8 related documents:

FUNDING REQUEST:	G1
SUBSTITUTION REQUEST:	G2
POLICY CONFIRMATION:	G3
PROJECT PROPOSAL:	P1 (one for HAHSO, one for NOAMA, one for AMOSO, and a generic one for all the others)
PROJECT BUDGET:	P2
FINAL REPORT:	P3
FINAL BUDGET:	P4
DECLARATION FOR SUBSTITUTION:	D

## AHSC AFP Innovation Fund Year 10 (2017-18)

### AHSC AFP Governance Organization Process Details

Each project, once approved by IFPOC, is assigned a unique identifier. This coding system allows IFPOC and the Project's Governance Organization to track all projects and document their progress to date, funding allocated, and reporting. **In any communications with IFPOC regarding a specific project, please use this IFPOC identifier so that we can quickly identify the project in question.**

In order to most efficiently fill in any of our forms, we recommend you use Adobe Reader. If you don't currently have Adobe Reader, speak to your IT manager, or it can be downloaded for free at [adobe.com](http://adobe.com) or:

Windows: <http://www.adobe.com/support/downloads/product.jsp?platform=windows&product=10>.

Mac: <http://www.adobe.com/support/downloads/product.jsp?platform=macintosh&product=10>.

#### FORMS:

##### G1 – Funding Request

##### G2 – Substitution Request

##### G3 – Policy Confirmation

These forms are intended as tools to support the management and administration of the Innovation Fund. Each of these forms is now provided to you online at IFPOC.ORG. We ask that you submit these by filling out a few selected online fields and then uploading each to the Innovation Fund website.

### 1.0 About Funding Request Form G1

The Funding Request Form has two purposes:

- a) To confirm that previously funded projects are on track and should receive their second year funds
- b) To confirm that projects selected by the Governance Organization have been reviewed and approved by the relevant hospital and university.

We ask that you please upload this form by **January 12, 2018** at the same time as you upload your project proposals P1 and P2. If you are also submitting "contingency" projects, we ask that you upload these project proposal files at the same as well. Please note that a G1 is required annually from EACH Governance Organization, regardless of whether or not they are submitting new projects for funding.

#### 1.1 Notes About Project Proposals P1 and P2

Based on our past experiences, when projects contain significant information technology components, the Chief Information Officers (CIOs) of their institution can facilitate the activity of the projects. Therefore, **we encourage Project Leads to advise their CIOs if their projects are deemed to have significant IT components** (integrated into proposal P1 for applicants). Likewise, Governance Organizations are requested to ensure that their institutional IT staff review and approve proposals before sending project proposals to IFPOC for funding (integrated into G1).

Based on our mandate and goal to disseminate knowledge, at the time of submission of Final Reports, we encourage Project Leads to consider registering with and applying for inclusion in the U.S.-based AHRQ Innovation Exchange website (<http://www.innovations.ahrq.gov/submit/submit.aspx>).



## 2.0 About Policy Confirmation Form G3

Policy Confirmation **Form G3 is required this year**, and confirms a Governance Organization's: selection process, conflict of interest guidelines, definition of innovation (if different or more specific than those of IFPOC), and health care priorities (if you have any for Innovation Fund). Please upload the G3 **by December 1, 2017**.

## 3.0 About Project Final Reports P3 and P4

Governance Organizations are responsible for oversight of projects within their own institutions. Forms P3 and P4 should be sent by Project Leads to their Governance Organization for review before submission to IFPOC. Once approved by the Governance Organization, a short ONLINE FINAL REPORT Summary should be completed by the Governance Organization that includes: indication of approval of P3 and P4 by Governance Organization; amount of Innovation Fund funding received, spent and unspent (if any); a project abstract, copied and pasted from page 2 of FORM P3. Once this step has been completed, the project P3 and P4 will be able to be uploaded.

## 4.0 About Substitutions, G2, and D

Although substitutions may be made, we anticipate that they will be rarely implemented. The rules for substitutions are as follows:

### 4.1 Project Lead Substitutions

If a "Project Lead" cannot continue to lead a project before the final report is submitted, a co-Lead, or another qualified AHSC AFP physician can be substituted subject to approval by IFPOC. A physician might be deemed qualified should they: be designated as participating in the original application, or have adequate qualifications, and they must be a Participating Physician, as defined in the AHSC AFP Agreement.

#### Process:

- Governance Organizations are asked to fill out a G2 and submit directly to IFPOC.
- IFPOC will review the request within two weeks, and if approved, will ask the Governance Organization to update the project files with the relevant personal information for the new Project Lead.

### 4.2 Project-for-Project Substitutions

Each Governance Organization is invited to submit up to 2 "contingency" projects annually to IFPOC for prior approval in case any of their priority projects do not get started in a timely fashion.

Substitutions will **not** be permitted:

- a) If no "contingency" projects have been previously reviewed by IFPOC,
- b) If any Innovation Fund money has been spent

#### Process:

- Once Form G2 and the corresponding Form D have been uploaded to the system, Governance Organizations may expect to receive a decision from IFPOC within two weeks regarding the substitution.
- After approval by IFPOC, and if Governance Organizations have directed IFPOC to do so, IFPOC will list the old project as inactive and the new project will be listed as active.

# AHSC AFP Innovation Fund Year 10 (2017-18)

## Applicant Process Details

Proposals should be submitted electronically to your own Governance Organization using the P1 and P2 forms that can be located at <https://ifpoc.org/>. All elements are required in order to be eligible for consideration.

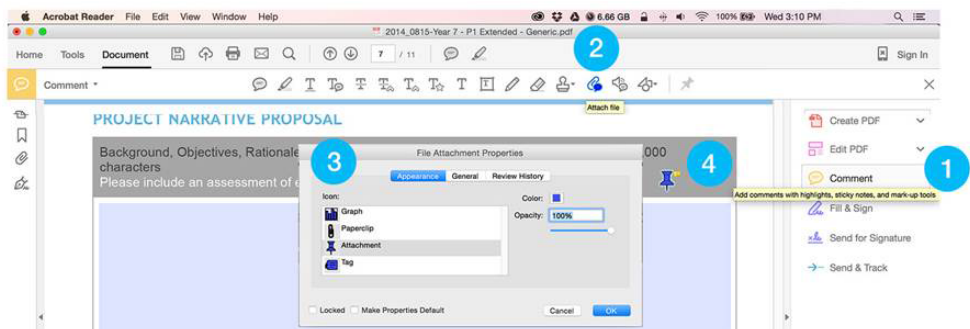
### 1.0 About Project Proposals

A complete Project Proposal consists of two documents: the Project Proposal P1 and the Project Budget P2. In order to be eligible for funding, both elements must be included in the submission to your Governance Organization.

You may include up to 2 pages of support documentation (including references or letters of support) on the P1 Form. Should you wish to include these, up to 2 pages may be copied and pasted into the P1 Form. Each Governance Organization will be asked to submit P1 and P2 to IFPOC no later than January 12, 2018. Governance Organizations will not be permitted to upload projects that do not include both elements.

If you wish, you may include tables and figures in the P1 and P3. However, there are strict character limitations on all sections of the forms, and the use of tables and figures will reduce the space available for text. To add tables and figures, please first download the appropriate form and save as a PDF. Then,

### IFPOC ATTACH FILE INSTRUCTIONS



- 1 Click the "Comment" button on the right side menu to attach file
- 2 Click the "Attach file" button and place it on your document
- 3 Browse and select your file. Click OK.
- 4 Right-click "Attach file" icon to "Save embedded file to disk" or double-click to open

## 2.0 Form P1

Form P1 will ask you:

- **How much funding is being requested** from the Innovation Fund for the project each year, and in total?
- What is the **full value of funding** required (if different than above) for the project?
- What is the **length of the project** (one year or two years)?
- Identify projects with a **significant IT component** (we encourage applicants to advise or seek input from their CIO or IT representative as early in the proposal preparation stage as possible. This can provide welcome support and advice to applicants before they receive funding, as well as support afterwards).
- Provide a **brief summary** of the proposed project in **non-technical language** – which will become the abstract for your project available on the public Innovation Fund website
- Identify 5 key words that define your project, in order of importance. Please select from among the list of indicators for focus, methodology and outcomes. This will be used to identify your project in the searchable Innovation Fund database.
- Provide a narrative proposal that includes objectives of the project, collaborators, approach and work plan, timelines, metrics to measure success, and project funding.

### 2.1 About the Narrative Proposal

(5 pages of space will be available in P1)

#### 2.1.1 Pages 1 and 2

#### ***Background, objectives, rationale, significance, and justification for the innovative nature of the project and an assessment of outcomes***

This section should provide a concise description of the objectives and question(s) to be addressed **that will allow reviewers without technical or specialty expertise in that area** to understand the importance, feasibility and relevance of the project. This section should also address: existing research, knowledge and practice in this area; importance and likely outcome of the research; and, relevance to patients and the health care system in general. For example:

- Describe the “Innovation” and why it is innovative for your institution
- What issue does the proposed research address within the eligible areas of scope?
- What evidence is there that this issue is important from a broad system perspective?
- How will the research results be used and to whom will they be applicable?
- How broadly relevant will they be? Will the results of the project potentially lead to sustainable changes in practice, process and/or education?
- What are the plans or opportunities for knowledge translation or dissemination of the project outcomes and to improve health care in Ontario?
- To what extent does this proposal support leadership in the dissemination of new knowledge across the healthcare system?

#### 2.1.2 Page 3

#### ***Team***

This section should include the names and affiliations of the team members, with a brief statement of their roles, experience, area(s) of expertise, time commitment and planned contributions to the project.

**Approach and work plan**

This section should provide a description of the approach to be used as well as a detailed project work plan.

2.1.3 Page 4**Timeline**

This section should provide a target start date, target completion dates for significant steps (milestones) leading to the proposed outcomes, and target finish date for the project.

**Metrics to evaluate outcome of the project**

This section should outline in detail what the anticipated outcomes would be and how the outcomes will be measured. It should provide a list of measurable milestones (outcomes) upon which the team will periodically report (at the end of the project if a one-year project, and annually if the funding is for two years). How will the Project Leaders determine if the project was successful?

Please indicate:

- What will you measure to determine success?
- How will you measure it?
- What is the expected benefit and how will it be measured?

2.1.4 Page 5**Project funding**

The project team should identify all current sources of additional funding for the proposed Innovation Fund project, as well as applications for funding currently in progress.

**Any other relevant information**

The project team should identify any other relevant information.

2.1.5 Pages 6 and 7 (optional)**List of References and/or Support from Partners**

A brief list of references and/or support from other partners may be included.

**Note regarding priority:** Project Leads are reminded that IFOPC has requested review committees and Governance Organizations to give priority to projects which have the potential to impact health care delivery in multiple institutions or across the Province. If two projects otherwise have equal priority, the Selection Committees and Governance Organizations are asked to give priority to projects that could impact health care delivery beyond their institution and/or could be adapted across the province.

**3.0 Form P2**

Form P2 will ask you to describe and justify all requested budget expenditures, and:

- To include sufficient detail to allow for an assessment of the eligibility of these budget expenditures, including remuneration levels for physician and non-physician costs (such as compensation for non-physician team members).
- To specify the contributions (cash, in-kind, other) of any other funders/contributors.
- How much funding are you requesting from the Innovation Fund for the project each year, and in total?
- What is the **full value of funding** required (if different than above) for the project?

**Please note:** If permitted in your institution, physician compensation is eligible for funding based on the time involved at a rate no higher than the OMA per diem rates whether or not remuneration is for actual clinical activity (see attached Appendix “C”)

**Use of funds:** Innovation Funds may be used to compensate participating physicians for evaluating the quality of existing or new health care services, to enable the development of new models of health care delivery, and to optimize health care delivery within the framework of the current health care system.

#### 4.0 Forms P3 and P4

A complete Final Report consists of two documents: the Final Narrative Report P3, and the Final Budget and Financial Statement P4. Both elements must be included in the reporting to your Governance Organization.

This final report should be submitted within 60 days after completion of the project first to your AHSC AFP Governance Organization and after their approval to IFPOC. All Final Reports must be received by IFPOC within 2 years after the end of the term of Innovation Funding (e.g. Projects receiving one year of funding in March 2013 must report by March 2016, and Projects receiving two years of funding in March 2013 must report by March 2017). At the end of this period, regardless of status of the project, a report is required and unspent funds must be returned. If no report is received, an explanation should be provided to IFPOC and the Ministry and ALL remaining Innovation Fund funding for the project will be **returned**.

Please note that the reporting requirement includes both the Final Narrative Report (P3) and the Final Budget and Financial Statement (P4). Governance Organizations will not be permitted to upload final reports that do not include both elements.

#### 5.0 Form D

D is a declaration by Project Leads whose projects were selected as “alternates” during the initial round of any given competition. If these Projects Leads are later invited to proceed with their project, they must first fill in Form D for review and approval by their Governance Organization and by IFPOC.

The declaration itself is intended to demonstrate to the IFPOC that the Project Lead is:

- **Ready to begin** the project within the next three months
- Prepared to complete the project within the **same timeframe** as the project being replaced
- Able to complete the project **using the Innovation Fund money available** from the project being replaced

## Appendix C

# AHSC AFP Innovation Fund Year 10 (2017-18)

## OMA per Diem Guidelines<sup>1</sup>

### 5.1.3 Honoraria

#### 5.1.3.1 Honoraria for time spent in meetings

Honoraria payments are based solely on time committed to “IFPOC” business. The same rates and rules will apply for all members including students and residents.

- Honoraria for time spent in meetings will be paid at a full-day rate of **\$760** or the equivalent of **\$108** per hour. These rates apply to both face-to-face meetings and to teleconferences.
- The daily meeting rates will be tiered to reflect additional meeting days of service during the calendar year, as follows:

Meeting Days Served (Calendar Year)	Daily Rate	Hourly Rate
0.0 – 15.0	\$760	\$108
15.5 – 25.0	\$930	\$133
More than 25.0	<b>\$1095</b>	\$156

- A member will be paid at the highest tier achieved for all days served during the calendar year. A retroactive payment will be made if necessary.
- Meeting time is normally payable in half-day increments. For this purpose, a single date may have three half-days – morning, afternoon and evening.
- Face to face meetings may be paid by the hour when appropriate. Teleconference meetings will normally be paid by the hour. In both cases the minimum meeting duration is one half-hour and payment is in half-hour increments.
- This policy will normally be implemented as follows:

Meeting Duration	Basis for Honorarium
0.5 to 2.0 hours	Hourly
2.5 to 4.5 hours	1 Half-day
5.0 to 8.5 hours	1 Full day
9.0 hours or more (on the same calendar day)	3 Half-days

- Face to face meetings will be paid at the greater of scheduled or actual meeting duration. However the member has a duty to mitigate his loss of practice time to the extent possible.
- In cases where two eligible meetings take place simultaneously, a member will be paid for the actual time he/she spends, and not for the total duration of the meetings.

<sup>1</sup> ONTARIO MEDICAL ASSOCIATION POLICY ON FINANCIAL MATTERS – Council, Board and Committees’ Expenses, Effective: February 2012. Section 5.1.3: Honoraria, Subsection 5.1.3.1 Honoraria for time spent in meetings (pages 4, 5)