

Indigenous Interprofessional Primary Care Teams

Application Form

June 2017

Primary Health Care Branch, Ministry of Health and Long-Term Care

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Introduction

The **Application Kit** for Indigenous Interprofessional Primary Care Teams consists of four documents:

- 1) Introduction to Indigenous Interprofessional Primary Care Teams
- 2) **Indigenous Interprofessional Primary Care Team Application Form**
- 3) Guide to Completing an Indigenous Interprofessional Primary Care Team Application Form
- 4) Indigenous Interprofessional Primary Care Team Development Funding Application Form (if applicable)

This application must be submitted if you wish to apply for approval to establish an Indigenous Interprofessional Primary Care (IPC) Team.

Please review the accompanying documents prior to completing this application, especially the *Guide to Completing an Indigenous IPC Team Application Form*.

The deadline for submission is 5:00 p.m. on August 21, 2017.

Completed applications received after this time will not be considered

Applications can be submitted by e-mail to **IIPCT@ontario.ca** and through Canada Post, or by courier to:

Primary Health Care Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1
Attention: Indigenous IPC Team

If you are submitting a hard copy of your application, you must include an electronic version of your application on a memory stick in PDF or Microsoft Word format. These electronic formats also apply if you are submitting your application by e-mail.

Please note that the application must be submitted in PDF or Microsoft Word format using the application form template. The boxes contained in the application will adjust to accommodate the length of your responses.

The application must be typed and can be in point or paragraph form. If you experience a technical difficulty with the form, please contact the Ministry of Health and Long-Term Care (ministry) using the e-mail listed above for assistance.

Applicants are encouraged to answer each of the questions clearly, completely and concisely. It is recommended that the applicants refer to the *Guide to Completing an Indigenous IPC Team Application Form* while completing the application. Incomplete applications will be evaluated according to the information provided as they stand. Applicants may resubmit their applications until the closing date, but it is the applicant's responsibility to ensure that the ministry is aware of the new submission to ensure the most up-to-date application is evaluated.

Applicants must:

- Ensure that the application is complete prior to submitting it to the Primary Health Care Branch;
- Affix any supporting or additional documentation in clearly defined appendices at the end of the application. Please scan all originally signed supporting documents to create electronic copies, and submit the original signed supporting documentation via Canada Post or by courier; and
- Ensure all supporting material must be submitted by the closing date. Supporting material received after the closing date will not be considered.

Disclaimer

It is the applicant's responsibility to ensure that all information provided by the applicant is up-to-date and correct to the best knowledge of the applicant, and that the application reaches the ministry on, or prior to, the application closing deadline. The ministry is not responsible for applications that are lost, delayed, misplaced or misdirected.

It is also the applicant's responsibility to ensure that the applicant has sought all necessary legal and financial advice needed to complete this application, if applicable.

By submitting an application, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry's sole and absolute discretion. In reviewing applications, the ministry reserves the right to discuss and disclose the contents of such applications within the broader public sector (*e.g.* Local Health Integration Networks) and the applicants, by submitting applications, expressly consent to such disclosure in addition to the following consent.

Consent

The ministry frequently receives requests for the release of contact information. The requestors for this information include individuals or organizations such as health care providers looking for a job in family care practice models and media enquiries.

Consistent with the ministry's desire to protect the privacy rights of Indigenous IPC Team applicants, contact information will not be released to the public during the application stage. Once successful applicants are announced, the ministry will only release the contact information of the successful Indigenous IPC Team applicants. The information will only be provided to individuals and organizations who have requested the same.

By submitting this application form, Indigenous IPC Team applicants consent to the release of the information contained in Question 1 to requesting individuals or organizations – in the event the group's application is successful. This consent includes permission to post such information on a ministry website.

Indigenous Interprofessional Primary Care (IPC) Team Application Form

SECTION 1: ABOUT YOU

This section provides the ministry with your business contact information, and confirms if the application is from, or affiliated with, an existing Indigenous-governed primary health care agency or funded Health Service Provider (HSP). The ministry may release this information about successful applicants to requesting individuals or organizations, with prior consent (as outlined in “Consent” section of page 4).

It also confirms if you are also submitting an application requesting development funding in order to develop and submit a Business Plan and Operational Plan as part of your Indigenous IPC Team implementation process.

1. Applicant Contact Information

Organization / Band or Tribal Council Contact Information

Name of Applicant / Organization / Band or Tribal Council	
Location of Indigenous IPC Team	
Name of Indigenous IPC Team	
Name of Primary Contact/Lead	
Title	
Mailing Address of Primary Contact	
City/Town	
Postal Code	
Phone	
E-Mail Address	

Development Funding Request

2. Are you requesting financial assistance through a development funding application to assist with the development and submission of a Business Plan and Operational Plan, with this Application Form:

No, we do not require financial assistance to prepare and submit a Business Plan and Operational Plan because we have the resources and existing system and infrastructure in place to do so, and are in an advanced state of readiness to implement the proposed Indigenous IPC Team. We are not submitting an application for development funding.

Yes, we are submitting an application for development funding with this Application Form, to assist with the development and submission of a Business Plan and Operational Plan in order to implement the proposed Indigenous IPC Team. I understand that, by submitting an application for development funding, the funding request is not automatically approved.

DISCLAIMER

By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for funding shall be made at the ministry’s sole and absolute discretion.

3. Describe the Governance Structure for the Indigenous IPC Team including the reporting structure and relationship with an existing Indigenous primary health care agency, funded HSP and the local Indigenous community, if applicable.

4. Describe the role of community members in leading the development of the Indigenous IPC Team and the related Indigenous governance structure, and how local Indigenous community and Indigenous-governed primary health care agencies or funded HSPs conceived and will govern and manage the Indigenous IPC Team. Please also describe the role of Elders, Traditional Healers, clinicians and/or youth in the proposed governance structure.

SECTION 2: ABOUT YOUR COMMUNITY

This section describes the community(ies) in which your proposed Indigenous IPC Team will be located, and provides the ministry with information on your region and the availability of existing population based health information, Indigenous-governed health care services, and the rationale for establishing an Indigenous IPC Team.

5. The ministry is inviting applications to establish Indigenous IPC Teams from Indigenous organizations across Ontario, however priority will be given to applications from the following Local Health Integration Networks (LHINs) that have been identified as geographic areas of high need for primary care services for Indigenous populations:
- Erie St. Clair Local Health Integration Network
 - South East Local Health Integration Network
 - North Simcoe Muskoka Local Health Integration Network
 - North East Local Health Integration Network
 - North West Local Health Integration Network

Please identify in which LHIN your proposed Indigenous IPC Team will be located. As LHINs are Ontario's health system managers, and now have a broader role in supporting primary health care as legislated through the *Patients First Act, 2016*, it is strongly recommended that your application include a letter of support from your LHIN.

Please check the LHIN that applies. You can use the ministry's LHIN Locator to help you, which can be found at: <http://www.lhins.on.ca/>

- Erie St. Clair Local Health Integration Network
- South West Local Health Integration Network
- Waterloo Wellington Local Health Integration Network
- Hamilton Niagara Haldimand Brant Local Health Integration Network
- Central West Local Health Integration Network
- Mississauga Halton Local Health Integration Network
- Toronto Central Local Health Integration Network
- Central Local Health Integration Network

- Central East Local Health Integration Network
- South East Local Health Integration Network
- Champlain Local Health Integration Network
- North Simcoe Muskoka Local Health Integration Network
- North East Local Health Integration Network
- North West Local Health Integration Network

6. What is the geographic catchment area of your proposed Indigenous IPC Team? Use as much detail as possible to delineate the area (*e.g.* the road boundaries), including specific targeted communities. If possible, include a map of the proposed catchment area.

7. Please describe the health status of the community population your proposed Indigenous IPC Team will be serving. Include data about population size and demographics, including specific needs of the population and social determinants that contribute to the health status of clients in your communities.

8. Please describe the existing Indigenous primary care services and other community-based health care services available in your catchment area (*e.g.* Nursing Stations, Health Centres, Family Health Teams (FHTs), Aboriginal Health Access Centres (AHACs), Nurse Practitioner-Led Clinics (NPLCs), Community Health Centres (CHCs), hospitals, family practices/physicians, mental health and addictions services, community support services, Public Health Units (PHUs) etc.), and indicate if the application is an expansion of an existing primary health care team.

9. Please describe any gaps in primary health care and other services in your community, including culturally safe health care provision and access to Indigenous traditional healers and medicine people. (*e.g.* shortage of culturally appropriate providers, access/waiting time, transportation issues). Which of these services do you consider to be priorities for your population and why?

10. Please describe any consultation done in the community that demonstrates your application is “Indigenous-informed” and has the support of local stakeholders. Have traditional Indigenous healers and culturally safe healthcare providers been involved in the primary care team design?

SECTION 3: ABOUT YOUR TEAM

This section provides the ministry with information about your proposed Indigenous IPC Team and the healthcare providers who will support your program.

11. To help the ministry understand your proposal’s state of readiness, please complete the table below identifying interprofessional primary care providers, as well as any specialists if appropriate, that will be affiliated with your Indigenous IPC Team, including their role(s). FTE is based on 40 hours per week (7.25 hours + 0.75 hour break per day). Attach a letter from the IHP/team and any individual specialists confirming their commitment to join your Indigenous IPC Team.

Interprofessional Primary Care Provider Type	Existing and Committed # FTE	Proposed New #FTE	Role and Level of Indigenous Cultural Safety Training and Experience working within Indigenous communities/populations (e.g. consultation, program delivery)	Letter of Commitment Attached (Yes/No)
Indigenous Traditional Healer and Helper				
Physician				
Nurse Practitioner				
Registered Nurse				
Indigenous or Registered Midwife				
Registered Practical Nurse				
Pharmacist				
Mental Health/Addictions Worker				
Psychologist				
Social Worker				
Dietitian				
Care Coordinator / Client Navigator				
Other (please describe)				

Specialist Type	Letter of Commitment Attached (Yes/No)	Role (e.g. transfer of care/consultation)
Specialist		
Specialist		
Other (please describe)		

12. Please describe your plans to partner with any other individuals, groups or organizations (including other Indigenous groups, LHIN, home and community care providers, educational institutions or health service agencies) in your community to integrate the delivery of culturally safe services to your community. Please complete the following table for each service partner.

Please provide original letters for any partners listed. Each letter should clearly describe the roles that each group will play in the partnership. The letters should also detail other elements such as shared funding arrangements. Each letter must be signed by the service partner.

Name and Contact Information of Partnering Organization	Describe the Planned Collaborative Service Delivery	Letter of Commitment Attached (Yes/No)

SECTION 4: ABOUT YOUR CLIENTS AND PROGRAMS

This section will provide the ministry with information about the services your Indigenous IPC Team proposes to provide in order to meet the traditional and culturally appropriate healthcare needs of your community.

Indigenous IPC Teams will provide enhanced access to culturally safe and appropriate primary care services with a focus on an interprofessional model of holistic health and well-being.

13. Briefly describe the priority population(s) your team plans to serve and quantify where possible. (e.g. clients without a primary care provider, clients with chronic diseases, mental health or addiction issues, elderly, young families, people in supportive care/long-term care).

What is the projected number of clients your proposed Team is planning to serve?

14. How will the Indigenous IPC Team provide and enhance the long-term health and wellness of Indigenous clients in a culturally safe and appropriate manner? Please describe the proposed programs and services your Indigenous IPC Team and communities will provide and how they will address the unique health care needs of these populations. How will your team address any gaps (see Question 9) in Indigenous traditional health services, including issues surrounding housing, travel costs and/or mobile teams, if applicable?

15. For Indigenous primary care services and programs provided in coordination with other organizations on reserve, a signed letter of support is required from your Band Council. Please indicate if you have engaged your Band Council, discussed your application, your proposed Indigenous primary care services and programs, and attached a letter of support:

Band Council Name	The Band Council has been engaged or consulted and a signed letter of support is attached	
	Yes	No

Please complete the following table, indicating the services that your Indigenous IPC Team will provide either directly or in coordination with others. (Add additional rows as needed)

Services to be Provided	Yes		No
	Services Provided directly	Services Provided in Coordination with Other Organizations (Please list)	If you do not plan to offer a service, please provide rationale.
Traditional Healing			
Health assessments			
Community Healing Services			
Diagnosis and treatment			
Primary reproductive care			
Primary mental health care			
Primary palliative care			
Support for hospital, home, public health, community mental health and addiction agencies, and long-term care homes			
Service coordination and referral, including home and community care			
Telemedicine Services			
Client education			

Access to pre-post-natal care, and obstetrical care			
Specialized Programs			
<i>Examples of Chronic Disease Management Programs</i>			
Diabetes			
Asthma			
Fetal Alcohol Spectrum Disorders (FASD)			
Chronic Obstructive Pulmonary Disease (COPD)			
Congestive Heart Failure			
Hypertension			
Mental Health and Addiction			
Other			
Other			
<i>Examples of Health Promotion and Disease Prevention Programs</i>			
Cancer Screening (mammography, colorectal, pap smear, etc.)			
Immunization (childhood/adult)			
Smoking cessation			
Nutritional counselling			
Family/individual therapy			
Other			
Other			

16. Please describe how your proposed programs and services will align and integrate with other provincial and federal Indigenous Health Investments where possible, in efforts to correct system-wide service fragmentation, such as the Northern Fruit and Vegetable Program, expansion of home and community care services for Indigenous communities across the province (*e.g.* on-reserve enhanced supports, including trauma response teams, suicide prevention training, youth recreation/cultural programs and mental health workers in schools), increased access to telemedicine to help connect individuals in crisis with appropriate clinical supports or Health Canada initiatives, such as the Non-Insured Health Benefits Program and First Nations and Inuit Health Facilities and Capital Program.

SECTION 5: ABOUT YOUR COMMUNITY FUNDING PARTNERSHIPS

This section will provide the ministry with information about planned collaboration with community partners, integration of services and their financial support for your proposed Indigenous IPC Team.

17. In the table below please identify any funding partners, including “in-kind” donations (e.g. municipality, community agency, business, etc.) that may contribute towards:

- One-time or on-going infrastructure and capital for your Indigenous IPC Team; and/or
- On-going operating costs (including Human Resources (HR) and other in-kind support) for your Indigenous IPC Team.

Please attach an original and signed letter of commitment from **each** identified partner, including a description of the nature of the proposed support(s), the specific term(s), and amount(s) of the planned contribution(s).

Funding Partner	One-time / On-going Infrastructure and Capital (Yes /No)	On-going Operating Costs (including in-kind support) (Yes /No)	Letter of Commitment Attached (Yes /No)

SECTION 6: ACCOUNTABILITY

This section will provide the ministry with information about the Indigenous IPC Team’s accountability structure that will ensure high quality and culturally safe primary care services. It will also advise the ministry if your organization has become accredited and developed the special skills and knowledge to work effectively within Indigenous communities by providing professionally certified, and culturally safe, care that honours traditional Indigenous culture and healing philosophies.

18. Please describe how your team will foster transparency, accountability and quality improvement in the health care system (e.g. Indigenous Cultural Safety Training, Quality Improvement Plans (QIPs), Primary Care Client Experience Survey). Also please advise the ministry if your organization is accredited, and provide the name of the accreditation body and the date of accreditation.

19. The ministry will require regular reporting on the activities of the program and clinical outcomes. How will your Indigenous IPC Team track and evaluate clinical data. Will technology enhancements be required?

20. How will activities/programs identified in Questions 15 and 16 (outside of clinical data) be tracked in a respectful manner that can be meaningfully reported to the ministry?

21. What Indigenous IPC Team Client Management System will be used by your Team? Is all patient information on Electronic Medical Records? Please describe your current and/or planned use of an electronic information system in your proposed Indigenous IPC Team.

22. How will you define and measure success of your Indigenous IPC Team, including service provision as well as leadership and decision-making that will:

- Build capacity;
- Eliminate disparities; and
- Reduce or compensate for barriers.

Describe the intended outcomes of the programs and how they will be meaningfully tracked, measured and monitored.

SECTION 7: READINESS TO OPERATE

This section will help the ministry determine the length of time that would be required for your proposed Indigenous IPC Team to become operational and whether space and human or other resources for your Indigenous IPC Team have been identified.

23. Has a location(s) been identified to provide Indigenous IPC Team services? In the box below please provide an exact address (es) if your location has been identified and indicate which staff will be operating at the/each site(s). As well, describe any renovations the location(s) will require before being fully operational and the approximate time it will take for your proposed site to be “move-in” ready following approval. For each site, please ensure to identify or reference the contributions towards capital or infrastructure (if any) described in your answer to Question 17.

24. Clinical Liability Insurance is required for all funded staff providers. Please include a Letter of Intent from the proposed insurer or insurance broker in your application.

25. Please identify the key factors that will ensure your readiness to get started (e.g. timelines for physical and human resources).

Please complete the following timelines table based on the example provided in the *Guide to Developing an Indigenous IPC Team Application*.

Phase	Implementation	Key Factors

26. Is there any other information pertinent to the application that you would like to add?

Checklist for Indigenous IPC Team Application Form

<input type="checkbox"/>	Completed Document #2 – <i>Indigenous IPC Team Application Form</i>
<input type="checkbox"/>	<p>If application(s) e-mailed to the ministry:</p> <ul style="list-style-type: none">➤ Application(s) to be sent in PDF or Word format;➤ Scan and attach all commitment letters as identified in the application; and➤ Mail or courier original signed letters.
<input type="checkbox"/>	<p>If application(s) mailed or couriered to the ministry:</p> <ul style="list-style-type: none">➤ Include original signed commitment letters as identified in the application; and➤ Include an electronic copy of the application form and scanned commitment letters on a memory stick in PDF or Word format.