Ottawa West Four Rivers ONTARIO HEALTH TEAM
ÉQUIPE SANTÉ ONTARIO Ottawa Ouest Quatre Rivières

Evaluation Matrix for IPCT Proposal Endorsement (Round 3)

OWFR OHT and PCN Proposal Evaluation Process

This evaluation matrix has been developed to support the OWFR OHT and PCN IPCT proposal endorsement decision. The objective of the evaluating process is to identify the strongest proposal(s) that will be endorsed by the OHT and PCN and submitted to Ontario Health for consideration. Our local evaluation process, supported by this matrix, is also intended to strengthen our collaborative proposal submission(s).

Conflict of Interest Declarations

The OWFR review panel is comprised of OHT Collaborative Leadership Committee members (or a delegate) and Primary Care Council (PCC) Executive members, each of whom will submit a conflict of interest (COI) declaration prior to the evaluation process. The OWFR review panel will be comprised of 5-7 members including:

- Primary care clinician
- Primary care administrator
- Lived experience partner
- CLC community sector partner
- CLC Co-Chair
- OHT Executive Lead (non-voting)

Proposal Submission and Endorsement Process

Proposal packages must be submitted to OWFR OHT by 5pm on Friday, November 6th including all required documents for Round 3:

- Completed proposal form
- Completed budget form
- Referenced letters of support

If required documents are missing, or if required sections are missing, proposals may be disqualified for review in this round.

The OWFR review panel will **complete their evaluation and provide feedback to the proposal leads by 5pm on Friday, November 13th** to support strengthening proposals. The OHT and PCN Context and Endorsement Form will be added to the final package prior to submission by the OHT to Ontario Health, no later than 5pm on Friday, November 20th.

This evolution process has been established in alignment with our collaborative decision-making arrangement.

Evaluation Matrix for IPCT Proposal Endorsement (Round 3)

PROPOSAL IDENTIFICATION - INFORMATION					
Proposal ID	TBD	assigned after submission for this round			
Name of proponent organizations:	Q3				
Proposal type	Q6	☐ Expand existing team	☐ Create new team		
Primary care model	Q7	☐ CHC	☐ FHT	☐ IPCHO	☐ NPLC
Proposal is targeting FSAs / ADAs / CSDs	Q9				
Proposed # of people that will be attached	Q12				
Total # unattached people in identified geography and HCC waitlist	Q15, OHT Data DB	Total population	Unattached	HCC Waitlist	Marginalization

PROPOSAL RATING OVERALL		200	EXCELLENT	GOOD	FAIR	POOR	TOTAL SCORE / 200
PRIMARY CARE ATTACHMENT PLAN		**60**	**30%**			**Section score:**	
Proportion of **net new attachment within** identified geographies	Calc = Q12/Unatt. PCAT data	20 Attaches ≥ 80% and/or overall volume high	20 Attaches 60-79% and/or overall volumes moderately high	10 Attaches 50-59% and/or overall volumes moderately low	5 Attaches <50% and/or overall volumes low		
Indicated commitment to using **Health Care Connect**	Q5	5 states commitment			0 does not state commitment		
Aligned with **OWFR OHT identified priority communities**	Q10	20 clear plan and commitment to attach from all Kanata Stittsville and additional communities	20 commitment is made but with exceptions and/or only partial plan to attach from Kanata Stittsville	10 commitment is vague and/or minimal plan to attached from Kanata Stittsville	5 does not address Kanata Stittsville		
Build on and **compliment existing** primary care	Q4, 11	10 includes existing primary care in communities identified and clear partnerships with existing health and community resources	7 includes partnership with existing primary care and one or a small number of existing health and community resources	4 limited use of existing partners, recognizes other health and community resources but not partnered, relies primarily on net new team development and primary care recruitment	1 no inclusion of existing primary care or health and community partners		
Attachment approach and - team-based model	Q13	5 clearly articulates who will have attachment responsibility, how scope of practice will be maximized in a team-based model	3 less clear who is responsible for attachment, limited team-based approach with vague links to scope of practice		1 attachment responsibility unclear, does not address scope of practice or does not leverage a team-based approach		

PROPOSAL RATING OVERALL			EXCELLENT	GOOD	FAIR	POOR	
READINESS TO IMPLEMENT		**40**	**20%**				**Section score:**
Staffing / infrastructure	Q4, 15 letters of support	15	signed contracts or EOIs included, clear recruitment plan and milestones, aligned to overall timeline, considers sustainable HHR approaches	10 roles identified but pending agreements, clear recruitment milestones, moderate alignment with overall timeline, HHR sustainability plan is moderate	5 roles identified, pending agreements, recruitment milestones unclear, only somewhat aligned with overall timeline, HHR sustainability unclear	1 unclear staffing plan	
Location / infrastructure	Q16 a) b) c) letters of support (Q18 as reference)	15	clear location identified, leverages existing space/ infrastructure, strong partnerships with local organizations with evidence included (e.g. MOU or LOI), location plan feasible to support attachment timelines	10 indicates some use of existing space / infrastructure, moderate partnership with local organizations, clear mitigation plan to meet attachment timelines	5 limited use of existing infrastructure or partnerships, new resources and set up required, plan is unclear to meet attachment timelines	1 no use of existing infrastructure, significant new resources required (proposal scope), plan is unclear to meet attachment timelines	
Timeline feasibility	Q18 a) b) (Q15, 16 as reference)	10	operational dates clearly laid out and aligned with HHR and infrastructure milestones to achieve attachment early in 2027/28	7 operational dates moderately clear and aligned with HHR and infrastructure plans to achieve attachment early in 2027/28	4 timeline is vague or milestones to achieve attachment are later in 2027/28	1 unclear timeline and feasibility of milestones unclear, or inconsistent across questions	
PROPOSAL RATING OVERALL			**EXCELLENT**	**GOOD**	**FAIR**	**POOR**	
MEETING PRIMARY CARE OBJECTIVES		**50**	**25%**				**Section score:**
Community (province)-wide	Q14 (1)	15	comprehensive plan to identify patients for attachment using HCC and other reliable unattached data sources, prioritizes equity in data sources for attachment	10 moderate plan to identify patients other than using HCC, references some local unattached data, considers equity to prioritize attachment	5 only some use of HCC or unattached data to demonstrate impact and identify patients, no equity considerations outlined	1 No clear plan to identify patients outside of using HCC	
Connected - collaborative partnerships	Q14 (2)	5	clear evidence of collaboration with local primary care teams/clinicians, non-primary care providers (e.g. community/social services), strong collaboration with OHT and PCN	3 evidence of collaboration with local primary care teams/clinicians OR non-primary care providers (e.g. community/social services) - NOT BOTH, moderate engagement with OHT and PCN		1 no evidence of collaboration or partnerships, little to no engagement with OHT and PCN	
Convenient - creative solutions to ensure timely access	Q14 (3)	5	clear comprehensive plan for timely access including in person, virtual and after hours, addresses patient barriers	3 basic plan for timely access and/or moderate plan to address patient barriers		1 no clear plan for timely access	

PROPOSAL RATING OVERALL		EXCELLENT	GOOD	FAIR	POOR	
MEETING PRIMARY CARE OBJECTIVES						
Inclusive - identify primary care needs of entire local population include specific marginalized groups (e.g. older adults, newcomers, un/under-housed, francophone, 2SLGBTQIA+, black, First Nations, Inuit, Metis, Urban Indigenous (FNIMUI).	Q14 (4)	15 clearly outlines approach to ensuring high priority and marginalized group attachment , including local data, needs and gaps identified in access to the type of care being sought, includes partnerships or support from those who work with vulnerable communities, leverages local community data to articulate impact. Proposals with higher francophone populations explicitly include French-language services and prioritize attachment to Francophone providers.	10 clearly outlines approach to ensuring high priority and marginalized group attachment, includes partnerships or letters of support from those who work with vulnerable communities, incorporates some local community data to articulate impact. Proposals with higher francophone populations includes plan to ensure access to French-language services.	5 basic plan with only some indication of approach to ensuring high priority and marginalized group attachment, limited use of partnerships, incorporates little community data to articulate impact. Plan to address access to French-language services is not clear.	1 Limited plan specifics and addressees only at a high level without supporting data about local community need.	
Empowered - access to personal health information with digital connections to providers and teams	Q14 (5)	5 Strong plan that indicates use of certified EHR and/or virtual care platforms, demonstrates knowledge of provincial and regional digital health plans related to primary care, considers digital health solutions that support cross-sector collaboration, clear plan to address patient tech barriers	3 Moderate plan indicates use of a certified EHR and at least one other solution but limited knowledge of provincial and regional digital health plans or tools for collaboration, limited plan to address patient tech barriers		1 Basic plan indicates use of use of a certified EHR with no clear plan for additional digital tools and services, or not plan to address patient tech barriers	
Responsive - to needs of community	Q14 (6)	5 Strong plan for measurement and response, demonstrates understanding of, and willingness to use primary care metrics, PREMS/PROMS, quintuple AIM elements, model for evaluation clearly outlined inclusive of community inputs	3 Moderate plan for measurement and response, demonstrates some willingness to include primary care related metrics / tools, and model for evaluation mentioned with community inclusion to design		1 Limited plan for measurement and improvement and no indication of community inclusion	

PROPOSAL RATING OVERALL			EXCELLENT		GOOD		FAIR		POOR	
GOVERNANCE & RISK		**20**	**10%**						**Section score:**	
Governance model	Q17	5	Partnership model is clearly reflected in governance plan, including representation and decision-making; community board governance or PFAC terms of reference or engagement policy noted; clear decision-making framework and agreement structure between noted partners	3	Moderate governance model outlined but may not reflect partnership model, inclusion of community is less clear, partner representation in decision-making is less clear with limited information about agreement structures			1	Governance model is unclear or not aligned with partnership model and/or does not address listed partners	
Endorsement by lead organization's board	Sign off form	2	Yes / not applicable					0	No	
Risk identification	Q19	5	Clear identification of risks related to staffing shortages, funding gaps, or infrastructure delays using a structured risk matrix approach.	3	Risks identified with only limited linkages to implementation plan elements for success			1	No clear linkage of risks identified or limited risks noted	
Mitigation plans	Q19	8	Detailed strategies to address identified risks, such as contingency funding plans or backup recruitment plan	5	Mitigation strategies are moderate and/or some linkages are made to how they will address the risks outlined	3	Mitigation strategies are vague and/or unclear how they will address the risks outlined	1	No clear linkage between mitigation plan and risks or limited plans noted	

PROPOSAL RATING OVERALL			EXCELLENT		GOOD		FAIR		POOR	
BUDGET		**30**	**15%**						**Section score:**	
Human resources Specialist sessional / collaborating physicians Physician FTE salaries Operational overhead One-time start up costs Partner involvement	Budget Form (refer to Q4, 15, 19) Cost/att pt (base) Cost/FTE (base)	30	Budget clearly aligns with proposal goals and objectives, all proposed costs support strategic objectives and FTEs referenced. Mitigation strategies clearly outline an approach to ensure scalability of plan based on approved funding amounts. Cost estimates are realistic and based on reliable data or past experience. Start up costs aligned with direction. Necessary resources are available or can be reasonably acquired within proposed timeline, mitigation strategy addressed	20	Budget aligns well with proposal goals and objectives, most proposed costs support intended outcomes and FTEs referenced. Some mitigation strategies proposed to adjust plan based on approved funding amount. Cost estimates are realistic and has some data to support estimates. Most resources are available or can be reasonably acquired within the proposed timeline, some mitigation strategy offered.	10	Budget somewhat aligns with proposal goals and objectives, some proposed costs support intended outcomes, FTE alignment less clear. Limited mitigation strategies proposed to adjust plan based on approved funding. Cost estimates are somewhat realistic, minimal data to support estimates. Considerable amount of resources are not available or unlikely to be acquired within the proposed timeline, limited mitigation plan.	5	Budget not aligned with proposal goals and objectives, few proposed costs support intended outcomes, FTE plan not aligned. No mitigation strategies proposed to adjust plan based on approved funding. Cost estimates are unrealistic (too high or too low), insufficient data to support estimates. Start up costs are not aligned with direction. Necessary resources are not available or unlikely to be acquired within the proposed timeline, not mitigation plan.	