

## Models of Care Initiative Frequently Asked Questions

### GENERAL QUESTIONS

#### 1. What is considered a Model of Care?

A Model of Care is defined as the way health services are designed and delivered for a person as they progress through the stages of a condition (e.g., cancer). These models may be enhanced by innovations in virtual care and digital health and patient navigation. Please refer to the [Models of Care Toolkit](#) for information on Models of Care, with examples of models used in Canada and internationally.

#### 2. What are the key considerations the Partnership is looking for as partners develop project proposals?

- Projects must demonstrate a clear focus on advancing health equity for First Nations, Inuit, Métis **and/or** communities who have historically experienced disparities in cancer care within the jurisdiction (see question #3 under ‘embedding health equity’ on page 4 for examples of equity-deserving populations). This must include partnering with and co-developing projects with one or more community partners or
- Organizations that represent the interests of the population the project aims to serve.
- Projects should advance one or more of the following areas of the cancer care continuum: early diagnosis, treatment, survivorship or palliative care.
- Projects must be innovative, meaning the project involves implementation of something new within the jurisdiction or a novel interpretation of an existing solution, policy or program.
- Consideration should be given to how the project can help improve quality and efficiency of care, as well as how it may help advance pandemic recovery.

#### 3. The objectives of this funding opportunity are to address disparities affecting specific groups and implement Models of Care that make improvements towards equitable, high-quality, and efficient care. How are these being defined?

The definitions of equitable care, quality, and efficiency are as follows:

##### Equitable care:

A focus on promoting equity in access, experience, and outcomes across the cancer continuum by removing barriers for those who have been systemically excluded<sup>1</sup> from the health system in Canada.

##### Quality care:

Cancer care delivery based on best available evidence<sup>2</sup> and cultural norms, values, traditions, and expectations that promotes better outcomes and experiences grounded in individual needs.

##### Efficient care:

Best use of available resources (e.g., human resourcing, funds, time, equipment, etc.) to deliver safe high-quality cancer care as defined by patients, caregivers, and families.

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<sup>1</sup>Systemically excluded individuals may include, but are not limited to, those who identify as one or more of the following: First Nations, Inuit, and Métis, racialized, low-income, immigrants, LGBTQ2S+, low literacy, physical or mental challenges, rural and remote communities.

<sup>2</sup>Evidence may include information gathered from research in a systematic way (i.e., obtained in a manner that is replicable, observable, credible and verifiable), real-world contextual evidence which can come from a variety of local data sources offering a “snapshot” of measurable community characteristics (i.e., data, evaluations) and lived experience from those who have practiced or lived in a particular setting (i.e., patient experience, subject matter expertise, oral traditions).

**4. Will Models of Care projects be required to focus on all three objectives (equitable care, quality care and efficient care)?**

All projects will be required to demonstrate and measure how the project will contribute to advancing health equity and quality of care. Projects *will not* be required, but rather encouraged, to demonstrate and measure how they will contribute to improved efficiency of care.

## PLANNING SURVEY

**1. What is the purpose of the planning survey?**

The planning survey will help the Partnership gather preliminary information from partners to better understand jurisdictional priorities around implementation of Models of Care projects. In addition, to learning from partners what, if any, supports might be helpful for planning, proposal development, and/or co-development with community groups and organizations with patient population representatives over the next one to three years. The Partnership will use the information from the planning survey to help identify supports required to prepare jurisdictions for implementation and inform follow-up consultations with jurisdictions.

**2. Are there any resources or supports available to support project planning (including developing equity-focused Models of Care proposals)?**

The Partnership can provide funds to support project planning and proposal development. Allocation of planning funds will be determined as part of the survey assessment process and through individual consultations (and provided, as necessary).

The Partnership understands jurisdictions are at different levels of readiness for Models of Care project implementation, including partnering with equity-deserving organizations and/or community groups that will be engaged throughout the project. **Examples of supports the Partnership can provide to jurisdictions to support planning for Models of Care include:**

- Project planning funds (e.g., to enable partners to engage with priority populations, gathering evidence, developing the proposal and implementation plan)
- Project management support to develop proposals/project plans (e.g., deliverables, budgets, risk mitigation strategies)
- Capacity building supports to ensure an equity-focused design and engagement approach throughout the initiative
- Resources, tools and/or advisory support to develop and execute plans for implementation, performance measurement and evaluation, and sustainability

**3. How can jurisdictions receive planning funds?**

To receive planning funds, partners will need to first submit a planning survey and indicate that financial support is needed, along with the proposed action(s) these funds will be used towards (e.g., community engagement, proposal of ideas, etc.). Once the planning survey is received, the Partnership will review, discuss and engage the partner to confirm the project focus, further understand the supports required and reach agreement on how planning funds will be used in the jurisdiction. A purchase order will then be set up for the sharing of planning funds in jurisdictions.

**4. If a jurisdiction has submitted more than one project idea through the planning survey, how will projects be prioritized?**

Projects will be prioritized through consultations between the Partnership team, Partnership Council members, Regional Leads and the jurisdiction to identify mutual agreement regarding the most promising projects to move forward with that align to strategic priorities of the jurisdiction.

**5. What are the community engagement expectations for the funded projects?**

The Partnership acknowledges that community engagement will look different across jurisdictions, regions and communities. The community engagement goals and approaches of the project should be tailored to the self-identified needs and cultural preferences of the

community. Jurisdictions should also consider their own resources, capacity, and experience to support and deliver on the community engagement goals of the project, and plan accordingly. We encourage jurisdictions to review the [IAP2 Spectrum](#), developed by the International Association for Public Participation, for guidance on community engagement.

**6. Can a partner submit a proposal if they do not complete a planning survey?**

The Partnership kindly asks for jurisdictions to complete and submit a planning survey first to help us understand jurisdictional priorities and readiness around implementing new/existing Models of Care before proceeding to the development of proposals.

**7. Can a proposed Model of Care project idea cross over areas of the cancer care continuum (e.g., early diagnosis and treatment)?**

Yes, we recognize that Models of Care should be integrated and consider interconnections between areas of the cancer continuum, therefore it is acceptable if projects overlap different areas of care. Please indicate the area(s) of focus across the cancer care continuum your proposed Model of Care project best fits in the planning survey.

**8. Is the process of assessing the needs of equity-deserving communities and populations appropriate for Models of Care planning?**

A needs assessment phase to engage with equity-deserving populations during early stages of project planning would be appropriate to inform jurisdictional objectives and scope of proposed Models of Care work. The Partnership also recognizes that jurisdictions may need funding support during this planning phase. Please refer to our 'Resources & Funding' section below for information regarding funding assistance. Following project planning, the Partnership aims to support an implementation phase for proposed Models of Care solutions.

## EMBEDDING HEALTH EQUITY

**1. What resources are available to help partners address health equity in their projects?**

The Partnership continues to strengthen its capacity to advance health equity with partners. Work is underway to develop the foundational resources described below, that will provide additional health equity-related supports for partners. The Partnership is committed to understanding the supports partners may need to advance health equity, explore how the Partnership can meet these needs and continue to work with partners to provide the required supports. More information will be shared with partners in the coming months about available supports once this assessment is complete.

Examples of foundational work underway now at the Partnership related to building capacity and resources for advancing health equity include:

- A Health Equity Framework to describe the Partnership's guiding principles to advance health equity. Once developed, the Health Equity Framework will be made available to partners to help inform project planning, design, implementation and evaluation
- A repository of equity-focused groups/experts/networks
- A case study to provide an illustrative example of how equity can be embedded into the design of Models of Care projects

In the meantime, partners are encouraged to identify their health equity needs in their planning survey, and/or discuss any specific needs with the Partnership's Models of Care project team ([DCC@partnershipagainstcancer.ca](mailto:DCC@partnershipagainstcancer.ca)).

**2. What communities and populations might be characterized as being equity-deserving?**

The Partnership requires partners to specify the communities and populations that are being underserved by the health care system, and how this Model of Care will help to achieve health equity. Examples of communities and populations that are being underserved by the health care system include but are not limited to:

#### Examples of Equity-Deserving Communities and Populations

- People living on low-income
- Recent immigrants and refugees
- Racial or ethnic minorities
- Sexual and gender minorities
- Specific cultural groups
- People with co-morbidities or chronic illness
- People with mental illness
- People with physical disabilities
- People living in rural/remote communities
- People experiencing food or housing insecurity
- People without a primary care provider
- People whose first language is neither English nor French

### 3. Do projects need to include a focus on First Nations, Inuit and Métis populations or can the project focus on another population that is systemically excluded from the health system?

Models of Care projects do not necessarily need to focus on First Nations, Inuit, or Métis peoples or communities. Aligning with the vision of an equitable cancer system for all people in Canada outlined in the refreshed Strategy, projects must demonstrate a focus on health equity. The Models of Care work will be grounded in the Partnership's commitment to advancing health equity in cancer care by addressing the needs of people who are systemically excluded from the health system and the commitment to reconciliation with First Nations, Inuit and Métis.

Note, there will be dedicated funds for Indigenous-led Models of Care projects. A separate, but parallel process will be developed to inform the approach for these projects in partnership with Indigenous partners and the Partnership's First Nations, Inuit and Métis strategy team. Indigenous-led Models of Care projects will begin based on partner readiness (see question #4 'what is the Indigenous-led Models of Care approach/process?' below).

It will be important to understand populations or communities that do not have the same experience in access, experience or outcomes and then bring in these populations or communities as beneficiaries of this work into the Models of Care implementation co-design. For example, a Model of Care project may focus on engaging with rural communities that do not necessarily include First Nations, Inuit and Métis communities.

### 4. What is the Indigenous-led Models of Care approach/process?

To recognize the importance of Indigenous-led initiatives and support self-determination and self-governance, there will be a separate dedicated program and funding for Indigenous-led Models of Care projects. Indigenous-led means ownership and leadership by Indigenous communities and/or governments over the development, implementation, and evaluation of these Models of Care projects.

A separate advisory structure will be convened to develop the approach for these projects in partnership with the Partnership First Nations, Inuit and Métis strategy team and Indigenous advisors. This program and funding will be rolled out later to align with readiness of partners and the work they are doing to identify their community's and nation's priorities that will inform their implementation.

### 5. Understanding there will be a subsequent, but parallel stream of Indigenous-led Models of Care projects, how will these be identified?

Indigenous-led Models of Care projects are projects which have been identified by an Indigenous organization, community, or government and project lead, as opposed to a government or cancer agency.

## RESOURCES & FUNDING

### 1. How much money will be available for Models of Care implementation?

The Partnership intends to fund at least one project per jurisdiction up to \$500,000 per project exclusive of support needed during the planning stage, such as proposal development. Some jurisdictions may be at different stages of readiness for implementation. Therefore, the Partnership has allocated up to \$25,000 per jurisdiction to support project planning, should financial resources be needed. Allocation of funds will be determined as part of the planning survey assessment process and consultations with the jurisdiction.

### 2. Can jurisdictions receive funding for more than one project?

The Partnership aims to fund **at least one** Model of Care per jurisdiction. The planning phase funding can be used by jurisdictions to gather information and develop plans/proposal for an implementation phase, which may include supporting engagement with community partners to co-design the work. Decisions about the appropriate funding amounts for the implementation phase will be made based on the review of the project proposals and the alignment of resources.

### 3. What is meant by proposal co-development?

Co-development means collaboratively working with partners including community partners to jointly develop and agree upon the design of the Model of Care project through to implementation and evaluation considerations. Through co-development, all partners have an equal opportunity and accountability to influence and participate in shared ownership and commitment to the work.

Also, members of the Partnership's Models of Care team will support partners and provide advice and guidance in the completion of the proposals ensuring alignment to the Models of Care project requirements.

### 4. Since proposals will be co-developed, will project accountability be shared between the Partnership and jurisdiction?

The project accountability and achieving outcomes rests with the jurisdiction. However, the Partnership will provide oversight through contractually agreed upon touchpoints and provide support to jurisdictions as needed.

### 5. What activities cannot be applied towards Models of Care funding?

The following are activities which cannot be applied towards Models of Care funding:

- Capital projects (e.g., real property, construction)
- Patient service delivery costs
- Activity costs funded by Provincial/Territorial/Municipal government budgets OR activity costs funded by operating budgets by Partner's organization
  - e.g., healthcare provider and support staff salaries already paid by Provincial/Territorial/Municipal government budgets or operating budgets by Partner's organization, daily administration expenses, daily direct patient care expendables, rental costs, utilities etc.

***If you are not sure whether a cost is eligible for funding, please reach out and we would be pleased to confirm whether the cost is eligible.***

### 6. Would the Partnership be able to fund the salary of a front-line health care worker as part of implementation funding?

The Partnership aims to support projects that can be operationalized and sustained once funding is completed. With this consideration, the Partnership will not be able to fund the salary for a front-line health care worker.

**7. What is the funding period for the implementation of Models of Care projects?**

Partnership funding for project implementation aims to span three to four years, starting at latest in fall 2023 until March 2027 (in alignment with our business plan for 2022-2027), depending on time needed to engage community members and design a Model of Care project.

**8. Is Models of Care funding open to inter-provincial applications?**

The MOC funding opportunity was intended to support catalyzing health equity and new models of care in specific jurisdictions (provinces and territories). From an administrative perspective, we have designed this funding to be jurisdictional, and as such, provinces and territories have identified their own MOC priorities and may not have capacity to directly lead/support others. That said, we have provinces in the country that are taking advantage of this funding opportunity, leading the design and implementation of the model, but partnering and collaborating with jurisdictions where care is shared. In these cases, there is one jurisdictional holder of funds.