MARKET SOUNDING AND CALL FOR INNOVATIVE SOLUTIONS:

SYSTEM COORDINATED ACCESS

Document Reference: MSIPSCA#1

WATERLOO
WELLINGTON
Coordinated Access

Contents

1 | Document Purpose

1.1. Document Purpose

The purpose of this document (the "Market Sounding Exercise") is to generally ascertain the range of market capacity, capability, readiness, and the level of interest to provide a solution or solutions to a proposed set of requirements using innovative procurement approaches. Waterloo Wellington Community Care Access Centre (WW CCAC) and the System Coordinated Access Initiative (SCA) seek to bring supplier perspectives to its thinking at an early stage in the procurement process. WW CCAC is using this Market sounding approach, which is increasingly used by public sector authorities around the world, to encourage vendors to participate in this open dialogue.

1.2. Not a Procurement/or Future procurement statement

This is not a call for tenders or a pre-qualification exercise. It is a market sounding exercise to provide advanced information of potential requirements and open a dialogue with the supply chain. The results may be used to inform continued open dialogue and possibly future procurement specifications and strategies.

A response to this document will not be used to pre-qualify a potential supplier and will not influence the chances of a participating supplier from becoming a successful proponent in a subsequent procurement opportunity.

TO BE CLEAR, AND NOTWITHSTANDING ANY OTHER TERM OF THIS DOCUMENT THAT MAY BE INTERPRETED OTHERWISE, IT IS NOT THE INTENT OF WW CCAC, NOR THE EFFECT OF THIS DOCUMENT, TO INITIATE CONTRACTUAL RELATIONS BY THE PROVISION OF A RESPONSE BY ANY VENDOR IN RESPONSE TO THIS DOCUMENT.

1.3. Procurement Scope

WW LHIN vision for system coordinated access is considered to be leading in the province. The other LHINs within the South West Ontario region, as well as the LHINs within the rest of the Province and other relevant provincial bodies have been informed of the SCA vision and plan to reach the desired future state. The LHINs within South Western Ontario have agreed to be closely involved in the project, and other LHINs have indicated their desire to pay close attention to the progress of the initiative.

1.4. System Coordinated Access Overview

The Waterloo Wellington SCA initiative is a transformative vision for improving access to primary care, institutional care, and home and community care in the region. Over the past several years, a variety of health care providers, councils and networks in the Waterloo Wellington region have implemented initiatives to streamline access to services by coordinating referral, scheduling and intake through a variety of mechanisms, including common referral forms and processes, centralized intake services, online health service provider directories, and online scheduling of intake appointments.

Until recently, the Waterloo Wellington's Coordinated Access initiatives have largely been developed independently of one another with no formal effort to promote coordination or collaboration across initiatives. While these individual initiatives have provided significant benefits, a coordinated system

approach provides additional opportunities to further improve the experience for referrers, residents and service providers, as well as opportunities to create organizational and system-wide efficiencies to optimize the use of health system resources.

In 2014, Waterloo Wellington CCAC became the system lead for the System Coordinated Access initiative, and in collaboration with regional stakeholders, established the SCA Steering Committee to identify and act on opportunities for improving coordination and integration of access to care and services for residents of the Waterloo Wellington region.

The approach for SCA recognizes that access and referral mechanisms are delivered and supported by a diverse array of health system stakeholders, and that these organizations have unique capacities, relationships and experiences to support specific access pathways. As such, the vision for SCA is not an amalgamation of existing access initiatives, but rather an exercise in collaboration between health system partners, and the coordination of multiple initiatives within a common framework. This will ensure a seamless and positive experience for residents and their primary care providers, while making effective use of health system resources.

The future state vision for SCA will require enabling information technologies to deliver an integrated and streamlined experience for residents, primary care providers, coordinated access service providers, and health and community service providers.

The purpose of this market sounding exercise is to engage vendors to better understand the current problem and opportunity, and to encourage the market to comment on innovation opportunities that will impact design of the future state.

1.5. Outcome Statement

The following are the key intended outcomes of the future state vision for System Coordinated Access:

1. **Referring to services is simple and easy for all stakeholders**
    - Easy to find “entry points”
        - A single point of entry available for all referral types
        - However, “every door is the right door.” All entry points have the ability to initiate a referral or perform a warm transfer
    - Finding and choosing appropriate services is supported by up-to-date information
        - For example: program and services descriptions, geographic location and service boundaries, wait-times
    - The referral process is streamlined and coordinated
        - Common standardized information requirements
        - Clearly defined referral pathways provided to referral source

- Where appropriate, a centralized referral management service is available to coordinate, validate and route referrals – improving the experience for residents, health care providers and service providers

2. **Resident-Centred**
    - Enables resident choices regarding access to services within the context of effective use of system resources
    - Residents provide information only once – information to support referrals flows through the system
    - Referral processes (entry points, scheduling, notifications) accommodate different needs and capacities of residents (e.g. capacity to use online tools, language, cultural diversity)
    - Timely intake and follow-up, regardless of wait-time for service
3. **Right information is available to the right person at the right time**
    - Residents, primary care providers and other members of the care team know current status, next steps and timeframes in the referral process at all times
    - Primary care and other health care providers know the outcomes of a referral
    - Centralized referral management services and service providers have the right information to support triage, assessment, scheduling and referral routing
    - Referral information contributes to the Electronic Health Record
4. **System Coordinated Access is efficient and adds value at every step**
    - No duplication of effort (e.g., no duplicate data entry, no duplicate intake processes)
    - All steps add value to the referral process for residents, health care providers and service providers
    - Contributes to effective use of health system resources
5. **System Coordinated Access is supported by an innovative technology platform and partnership that provides ongoing enhancement and support, constantly evolving to meet the needs of the residents and users**

2 | Market Sounding Process Description

2.1. Why "sound" the market

In the course of stakeholder consultations conducted to inform the SCA current state and develop the future state, it became clear that many vendors provide pieces of the functionality required to support SCA in the region. However, it does not appear that any single solution exists that would satisfy all requirements to reach the desired future state.

Therefore, WW CCAC wishes to sound out the market for a future state design for use in Ontario, early in the procurement process, to fully understand the current marketplace and to seek input from the market on our current thinking as outlined in this document.

2.2. Request of Vendors/Response Requirements

Vendors are asked to provide brief responses to the questions outlined in Appendix D and must complete and execute the Covering Form in the form set out in Appendix C, unamended, to indicate participation.

Vendors are asked to limit their total submission to 15 pages, and to not include any marketing or product description material.

Vendors are asked to submit their submission by 12:00:00 noon, August 21, 2015. (the "Closing Time"). , Late submissions may not be opened.

Vendors are to bear their own costs of participation.

2.3. What Vendors can expect from WW CCAC

Vendors can assume that WW CCAC may determine, at its discretion, to incorporate innovative or any other ideas, information or content presented in their responses into the System Coordinated Access future state description. No Vendor may incorporate into their submissions, any ideas, information or content that is confidential or proprietary in nature, or otherwise imposes any restriction on their use by WW CCAC in a manner reasonably contemplated by this document, including disclosure to third parties by WW CCAC without restriction.

2.4. Next Steps

WW CCAC may choose to proceed to conduct further market assessment activities in order to ensure the best possible description of the problem. WW CCAC may engage in future dialogue with the market place, which may or may not include, open discussions, facilitated workshops, seminars, presentations or one-on-one meetings.

3 | Background Information

3.1. Current State Summary

While individual coordinated access initiatives have already delivered improvements to residents and primary care providers, there is more that can be done. Primary Care providers need better information to support effective referrals, such as a comprehensive directory of specialists with up-to-date wait time information to give patients choice about when and where they would like to receive care and services. Both patients and primary care providers need a more streamlined referral experience. Providers currently need to use a multitude of paper-based referral forms, completing individual forms for each service, with each form requiring different information. Patients must now frequently repeat their personal and clinical information across various organizations supporting the referral, and may not always know the next step in the process, or how long they need to wait until being contacted. If a referral request needs additional information, it is now often rejected by the service provider, leading to further delays in accessing care. Providers and their staff spend significant amount of time monitoring and tracking the status of referrals, with each service provider using a different approach to notify providers and patients about appointment and service outcomes.

The current system also presents challenges to service providers. Inappropriate referrals or referrals with incomplete information cannot be fully assessed and triaged, diverting already constrained resources to following up with providers and tracking down additional information. The lack of a comprehensive system view on the availability of services means that some providers are oversubscribed, while other may have much shorter wait-times.

As well, the health system lacks quality data on the patterns for referral and access to services in order to develop evidence-based strategies and policies that drive improvements, improve quality and optimize the use of system resources.

Appendix A provides a summary of current existing and planned coordinated access initiatives in the Waterloo Wellington region, as well as a comparative overview of their program structures, referral targets and sources, and information technology platforms.

3.2. Stakeholders

The table below provides an overview of key System Coordinated Access stakeholders and their primary interests or needs.

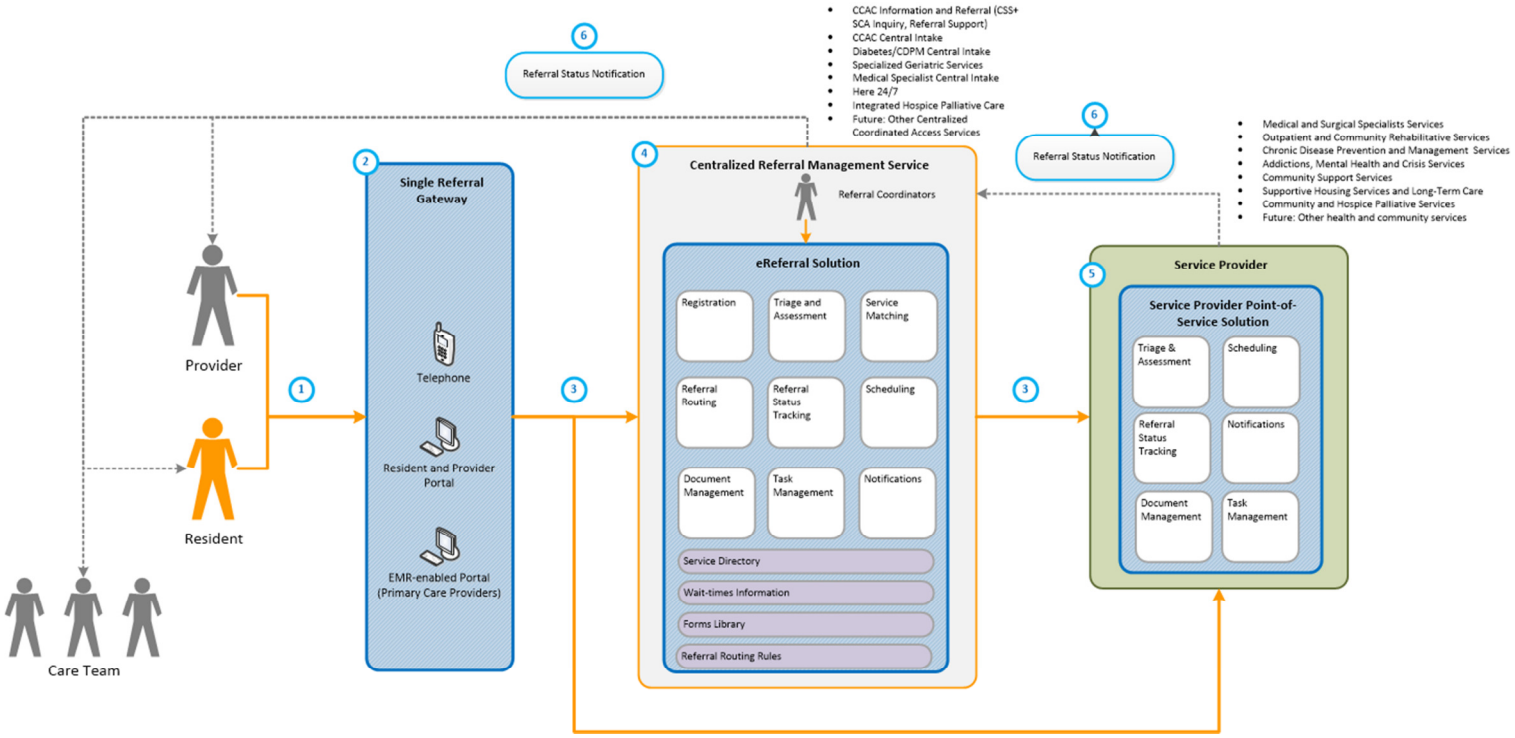
Stakeholder	Needs/Interests
Resident of Wellington Waterloo	▪ Streamlined referral experience, and improved access to care: ▪ More choice regarding the location and timing of services ▪ Faster access to services ▪ A positive experience: No need to repeat information, no redirection to other organizations, clear information on the next steps and expected wait-times, prompt follow up, notifications on referral status through preferred channels
Primary Care Providers	▪ Streamlined referral experience: ▪ Better information to support patients in their referral choices, including comprehensive information on available services and wait-times ▪ Streamlined processes and tools for initiating a referral integrated with existing clinical workflow and tools ▪ Better information on the status and outcome of referrals
System Coordinated Access Sponsor/Service Delivery Organizations	▪ Tools, solutions and technical guidance to support the referral management process, integrated with referral sources and referral targets ▪ Elimination of duplicate and manual processes ▪ Support for coordinated planning to ensure strategic alignment with system objectives, and process and standards alignment with other Coordinated Access initiatives ▪ Operational support to ensure sustainability, as well as support for shared services, such as privacy program management, project management, information technology support and management, service directory management, and stakeholder engagement and communications
Integrated Program stakeholders	▪ Alignment and support of regional strategic integrated program priorities

Stakeholder	Needs/Interests
Service Providers	▪ Streamlined referral experience: o Improved knowledge among Primary Care Providers, Residents and other referral sources of services o Appropriate referrals from target populations o Better quality information to support referrals o Elimination of duplicate or manual processes ▪ Tools, solutions and technical guidance to support the referral management process, integrated with referral sources and centralized referral management services
Program Management Office (WW CCAC)	▪ To support strategic alignment across system coordinated access initiatives and other regional health system priorities ▪ To coordinate planning and system investments across Coordinated Access Initiatives to further the strategic priority to "create a more seamless and coordinated health care experience." ▪ To ensure sustainability of System Coordinated Access, and individual Coordinated Access initiatives through shared services and operational support ▪ To create operational efficiencies and maximize the use of system resources
WWLHIN	▪ To deliver 2013-16 Integrated Health Service Plan strategic priority to "create a more seamless and coordinated health care experience." ▪ Strategic alignment across system coordinated access initiatives and other regional health system priorities ▪ More effective use of health system resources ▪ Better information to support evidenced-based strategy, policy and programme development
Connecting SouthWest Ontario	▪ Alignment and leveraging of regional ehealth infrastructure and assets
eHealth Ontario	▪ Alignment and leveraging of provincial ehealth infrastructure and assets

3.3. Future State Summary

3.3.1. Overview: System Coordinated Access Referral Pathways

The diagram and table that follows provides a high-level description of the proposed future state for System Coordinated Access referral pathways. A Functional Model that describes the intake and referral management functions included below can be found in **Appendix B.**



Future State Referral Pathways System Coordinated Access

Ref #	Description
1	▪ The future state model supports referrals that are initiated by Providers and Residents, where appropriate to the service. Primary Care Providers are a significant referral source, given their health system role as care coordinators and the gateway to health services. However, other health and community providers, such as CCAC coordinators, mental health service providers, and various types of community support service providers may also initiate referrals.
2	▪ Referral sources will typically initiate a referral through the System Coordinated Access Portal. The Portal will provide interfaces and user experiences specific to the referral source type (e.g., Resident, Primary Care Provider, Other Service Provider types). ▪ Primary Care Providers will also have access to an Electronic Medical record (EMR)-enabled portal gateway. The EMR-enabled Portal will support single sign-on access through the provider's local EMR, and integrate with EMR workflow, information and messaging. ▪ Both providers and residents can also initiate a referral request through the telephone by either calling a central System Coordinated Access number to reach an Information and Referral Specialist who can support the referral request, or by directly calling one of the centralized referral management services (i.e., Central Intake service), supporting the "every door is the right door" principal.
3	▪ The System Coordinated Access solution platform (or a Referral Management Specialist in the case of a telephone-based referral) will direct the referral request to the appropriate next step. A single referral request supports referrals to multiple services, routing referrals for each specific service to the next appropriate location. ▪ Referrals will be routed to one of the Coordinated Access centralized referral management services, or if appropriate to the service type, directly to the Service Provider. ▪ Information will only be entered once during entire referral process. Patient personal and demographic information, provider information and service request information will be entered through the EMR or Portal. Centralized referral management services (central intake) and Service Providers will be able to review, modify and add information as required to process the referral request.
4	▪ Referral requests that are processed by a centralized referral management service will review and process the referral according to the scope of their services and role. These functions will vary between the services according to the specific referral pathways and models designed for each Coordinated Access initiative. Functions may include Registration (if the referral has been initiated by telephone), Assessment and Triage, Service Matching, Referral Routing, Scheduling an intake or consultation appointment directly with the Service Provider, Referral Status Tracking, Document Management, Task Management and Notifications Management (See **Appendix C** for a high-level description of functional requirements). ▪ Centralized referral management services (Central Intake) may route referrals based on provider/patient choice, according to the outcomes of an assessment and triage, or to next available service, according to the business rules of each Coordinated Access initiative. ▪ Centralized referral management services are supported by key information assets, including service directories, service wait-time information, a forms library and referral routing rules.

Ref #	Description
5	▪ Service providers will electronically receive and process referral requests either directly from the referral source, or via a Centralized Referral Management Service. Service providers may perform a range of intake and referral management functions depending on the functions performed by the centralized referral management service. In the future state vision, these functions would be performed only once across the referral process.
6	▪ Residents, Primary Care and other Providers will receive electronic notifications regarding the status of the referral request throughout the process. Residents and Providers can view the status of referral requests through the System Coordinated Access Portal at any time, or elect to receive notifications via email or text. Residents who do not want to receive electronic notifications can also choose to be contacted by telephone when their appointments have been scheduled. ▪ Residents will be able to indicate Caregivers and other members of their Care Team to also receive notifications about their referral status and outcomes.

3.4. Future State Conceptual Technology Solution Architecture

3.4.1. Key Principles

The following are the key architecture principles for the Future State Technology Solution:

1. Design and build to optimize integration, leveraging existing provincial, regional and local technology solution assets, and provincial/regional standards where available using an open architecture model.
2. The future state architecture must support end-to-end communication of information across the referral process.
3. The technology strategy will be a mix of *mandated*, *supported* and *offered* solutions and integrations
    - *Mandated solution* – A regional solution that must be used by all System Coordinated stakeholders in order to participate in System Coordinated Access:
        - Regional Resident and Provider Portal
    - *Supported solution* – A solution that is provided and supported by the Region and is available for adoption by System Coordinated stakeholders (e.g. Coordinated Access Centralized Referral Management Services and Service Providers):
        - Regional eReferral Solution

- *Mandated integration* – An integration between a stakeholder technology solution and regionally mandated solution that must be implemented when a stakeholder chooses to use non-supported or non-mandated solution, for example:
    - Local eReferral Solution → System Coordinated Access Hub

- System Coordinated Access Hub → Regional CDR(s)

- *Supported integration* – An integration that is provided and supported between a mandated regional solution and a stakeholder solution
  - Regional Provider Portal → Primary Care and other EMRs
  - Primary Care and Other EMRs → System Coordinated Access Hub
- *Offered integration* – An integration between a mandated regional solution and a stakeholder solution that is available through a public open architecture specification but is not provided or supported directly by the region
  - System Coordinated Access Hub → Point-of-Service solutions (e.g., solutions used by Service Providers)

3.4.2. Conceptual Architecture Overview

The conceptual architecture captures the heterogeneous environment present in the Waterloo Wellington region. The intent is to support multiple vendors with an integrated approach that encourages inter-system referrals through a centralized broker service that is fully integrated with the provincial eHealth services. The following section describes the elements of the Waterloo Wellington solution at a conceptual level and presents them in relation to each other.

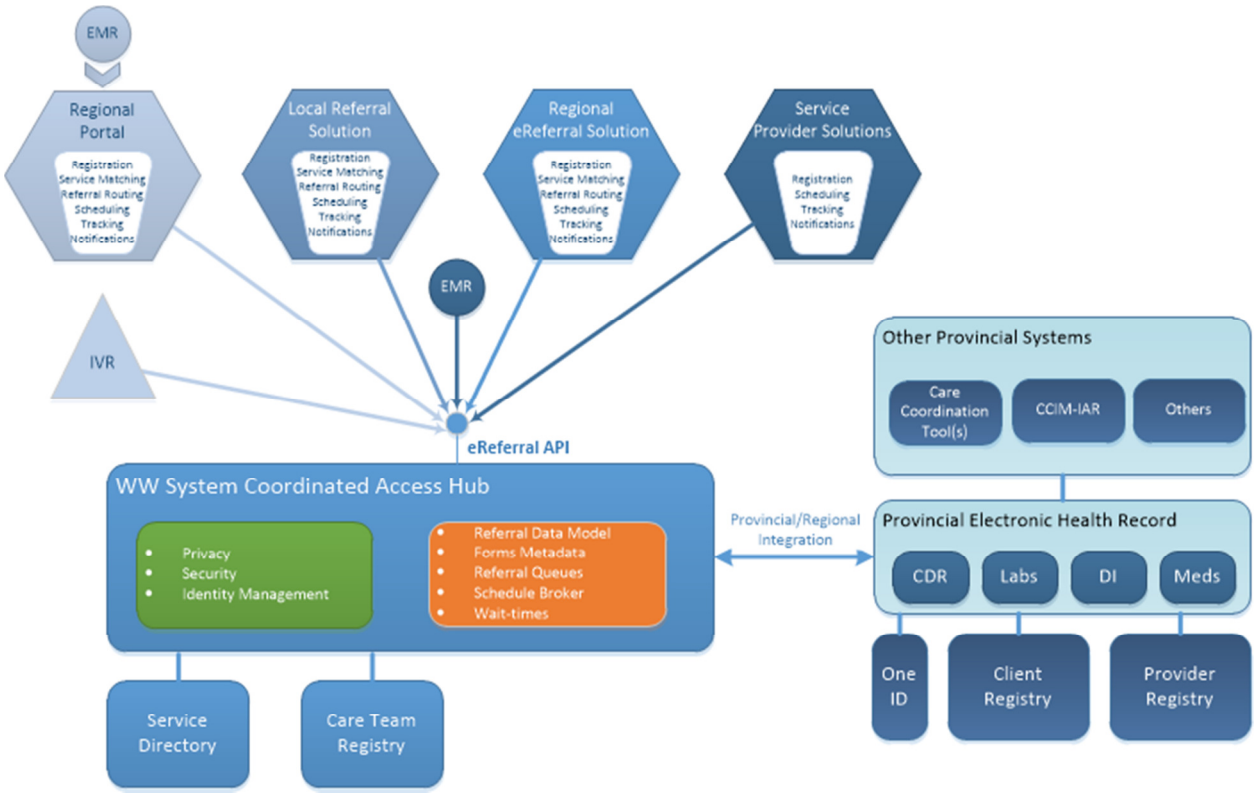
Support for multiple eReferral Solution Platforms

It will be important for the Waterloo Wellington region to find an approach that allows flexibility in the use of existing and future applications fostering collaboration in sharing referral information. In order to achieve that goal the following concepts will be applied:

- A broker based regional referral solution supports a heterogeneous model which enables many participating independent stakeholders to leverage their technology investments while still fully participating in the broader regional strategy
- Regional stakeholders are able to use their preferred referral solution to meet internal functional needs, as long as their preferred referral solutions support participation in the regional solution through integration with the central broker
- The brokered solution will allow participating solutions to share information and collect information
- The implementation will build upon a regional 'minimal baseline' for eReferral using a pragmatic approach by extracting the list of required capabilities from existing solutions and the eHealth Provincial Reference Model
- The brokered solution should be able to participate in broader provincial services
- The brokered solution must authenticate, authorize and audit all transactions

3.4.3. The Conceptual Model

The following diagram and table describes at a high level the components of the envisioned System Coordinated Access technical solution.



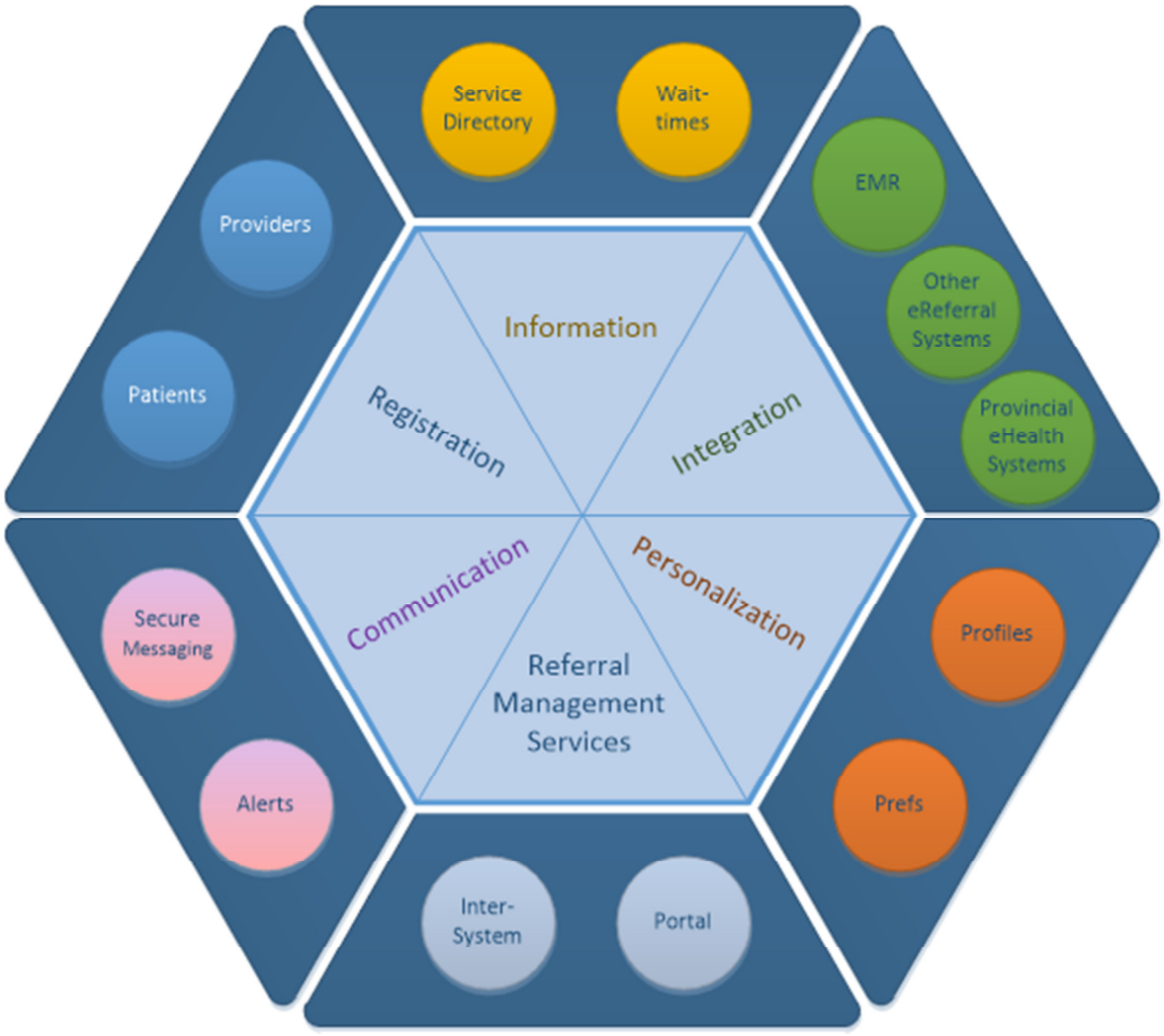
System Coordinated Access Conceptual Architecture

Component	Description
Regional Portal	▪ The System Coordinated Access portal solution participates in the exchange of referral information by providing an interface for patient self-referral and health care providers that are not participating in any other referral solutions.
EMR	▪ A local Electronic Medical Record solution that may be used by a referral source (e.g., Primary Care Provider), or Service Provider (e.g. Medical Specialist) ▪ A local EMR can integrate with the System Coordinated Access eco-system through an integration with the Regional Portal or directly to the System Coordinated Access Hub
Local Referral Solution	▪ A solution that supports the referral management functions used by centralized coordinated management services (i.e. Central Intake Services of the various Coordinated Access Initiatives) – See Appendix A for an overview of the current local referral solution in use across Waterloo Wellington Coordinated Access initiatives.

Component	Description
Regional eReferral Solution	▪ A regional referral solution that supports referral management functions that can be made available to any Coordinated Access Initiative.
Service Provider Solutions	▪ Service Providers may use a range of point-of-care solutions to support their client intake and service delivery functions.
IVR	▪ Integrated Voice Response solution that would support Residents or Providers inquiries on referral status or access to referral support by a live referral management specialist at any Coordinated Access Initiative.
Coordinated Access Hub	▪ A broker for exchanging referrals between participating solution providers, and for integrating with provincial and regional eHealth information systems and assets. ▪ Broker functions include hosting and managing the regional eReferral data model structure, forms metadata, managing referral queues, calculating wait-times and providing a scheduling broker to exchange scheduling messaging between various participating solutions.
Service Directory	▪ Electronic directory of service available across the region, including services provided, locations, hours, contact information, eligibility, etc.
Care Team Registry	▪ A local registry of care providers that could be designated to view or receive notification on referral information.
Provider Register	▪ Provincial provider registry that identifies participating providers in the provincial EHR
Provincial eHealth Record Repositories	▪ Integration with regional/provincial electronic health records repositories to support referral requests and to contribute referral events and outcomes to the EHR.
Client Registry	▪ Client identifiers should be linked to the provincial Client Registry to support integration with the provincial EHR.
OneID	▪ Provincial authentication services for both federated identity and enrolled authentication to allow Providers to access the Portal or other eReferral service using their ONE ID accounts or through single sign-on with their current eHealth integrated health information systems.
Other Provincial or Regional Systems	▪ Integration with relevant other provincial or regional information systems (for example regional Coordination Tools or CCIM-IAR) that contribute to the Electronic Health Record.

3.4.4. System Coordinated Access Resident and Provider Portal

The System Coordinated Access portal provides a single online access point to initiating and tracking electronic referrals. The diagram and table below describe the key features and functions of the Portal.



Features and Functions of the WW SCA Portal

Feature	Description
Information Services	▪ Service directory (Providers, services offered, locations, hours, eligibility requirements) ▪ Wait-times
Referral Management Services	▪ Registration ▪ Triage and Assessment ▪ Service Matching ▪ Referral Routing ▪ Client and Referral Status Tracking ▪ Scheduling ▪ Notifications Management
Registration Service	▪ Provider, resident and service provider registration for access to the portal and application of permissions for participation in referral services
Communication channels for referral clarification and status notification	▪ Provider and patient communications through secured in-portal messaging. External email alerts cannot contain Personal Health Information, but it may be used to provide links back to the regional Web application ▪ Provider to provider communications can occur through secure in-portal messaging and notification services
Personalization	▪ Setting preferences, for example: • Accessibility in alignment with Access for Ontarians with Disabilities Act • English or French language preferences • Content selection to restrict the interface experience to include only those aspects of the solution that apply to the user • Participation in programs associated with patient-clinician feedback and monitoring ▪ Profile configuration • Clinical profile • Needs profiles • Others as needed

Feature	Description
Integration	**EMR** ▪ Single-sign on to Portal through local EMR solution ▪ Messaging integration with local EMR solution ▪ Workflow integration with local EMR solution ▪ Information integration (e.g., patient personal and clinical information) with local EMR solution **Other eReferral Platforms** ▪ Interaction with other eReferral platforms through the regional broker **Provincial eHealth Systems** Interaction with provincial and regional eHealth system through regional broker: • Provider Registry • Patient Registry • Regional CDR • ONEID

Privacy and Security Implementation

The portal is focused on delivery of health services to residents and providers. Consequently, privacy and security are core elements of the solution and must be built in to all facets of the solution. All communications to and from the portal must be encrypted at a level commensurate with the risk of disclosure of PHI.

The portal hosting service must be capable of maintaining personal health information in compliance with the Personal Health Information Protection Act (PHIPA) and both regional and provincial policy.

User authentication must be secure and carefully managed. Integration with provincial services such as ONE ID will ensure strong security and registration practices.

4 | Response Process

4.1. Vendor Questions

Questions with respect to this Market Sounding Exercise may be submitted by Vendors in writing via email to the Administrator of WW CCAC by no later than July 31 at 2:00 pm

Administrator
Sharon Baker
sharon.baker2@ww.ccac-ont.ca.

All questions are to be sent to the Administrator. A confirmation email will be returned to the sender acknowledging receipt of each written inquiry.

Questions and their responses will be addressed without identifying the originator of the question, where practicable. We ask that the question itself not identify the Vendor to facilitate posting to all Vendors.

All responses to questions will be posted by the Administrator as a numbered addendum MERX™.

Vendors shall not make verbal inquiries associated with this document. A verbal response provided by WW CCAC staff or the Administrator in connection with this document will not be binding on WW CCAC nor will it be considered to change the requirements of the document, in any way.

4.2. Format of Response

The following describes the format and requested content of each Vendor's response:

- Responses to be submitted in **English**.
- Responses should be clearly marked with the Vendor Name-Market Sounding IPSCA#1 in the subject line of the email, in the following format **VENDORNAME-MSIPSCA#1**
- Responses are requested in electronic format as follows:
    - In a single unlocked Adobe Acrobat file in the following order:,
        i. **Completed and SIGNED Appendix C form**
        ii. **Completed Appendix D form**

- Responders are asked to provide their response in 15 pages or less of concise written material and illustrations that enable a clear understanding of the response to the Market Sounding Exercise. Legibility, clarity, and completeness are encouraged.

4.3. General Terms and Conditions

- Submissions, which are received after the Closing Time at the Delivery Address, will be returned unopened at Vendor's cost.

- The entire content of the Vendor's response is to be in a fixed form and the content of Vendor web sites or other external documents referred to in the Vendor's response will not be considered to form part of its submission. Vendors may make references to case studies or other literature that is directly related to the design of System Coordinated Access. WW CCAC is under no obligation to seek out information not contained in the submission.

- The submission and any accompanying documentation provided by a Vendor in connection with this Market Sounding Exercise will become the property of WW CCAC and will not be returned.

- Should a Vendor wish to alter or amend its submission, it shall be withdrawn by letter and a new submission submitted in the approved form **prior to the Closing Time**.

- WW CCAC shall not be liable for any expense incurred by the Vendor resulting from a response to this or any Request.

- If erasures or other changes appear in the submission, each erasure and change must be initialled by the person signing the submission.

- This Market Sounding Exercise process will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein, and the parties' attorn to the exclusive jurisdiction of the Courts of Ontario located in the City of Toronto for any dispute.

4.4. Declaration of Conflict

Vendors must set out any actual or potential conflict of interest or any other type of unfair advantage in submitting its submission. Vendors must also declare any potential conflict that may arise with respect to the provision of this submission.

4.5. General Reservation of Rights by WW CCAC

WW CCAC reserves the right to:

i) Make public the names of any or all Vendors;

ii) Request written clarification or the submission of supplementary written information in relation to the clarification request from any Vendor and incorporate a Vendor's response to that request for clarification into the Vendor's submission;

iii) Waive formalities and accept submissions which substantially comply with the requirements of this Market Sounding Exercise;

iv) Verify with any Vendor or with a third party any information set out in a submission;

v) Reject any Vendor whose submission contains misrepresentations or any other inaccurate or misleading information;

vi) Disqualify any Vendor or the submission of any Vendor who has engaged in conduct prohibited by this Market Sounding Exercise;

vii) Make changes, including substantial changes, to this Market Sounding Exercise provided that those changes are issued by way of addenda in the manner set out in this Market Sounding Exercise;

viii) Cancel this Market Sounding Exercise process at any stage;

ix) Cancel this Market Sounding Exercise process at any stage and issue a new Market Sounding Exercise for the same or similar goods and services; or

x) Reject any or all submissions in its absolute discretion;

and these reserved rights are in addition to any other express rights or any other rights which may be implied in the circumstances and WW CCAC and its respective representatives shall not be liable for any expenses, costs, losses or any direct or indirect or punitive damages incurred or suffered by any Vendor or any third party resulting from WW CCAC exercising any of its express or implied rights under this Market Sounding Exercise or otherwise, whether in contract, tort (including gross negligence) or under any equitable or other principle available at law or otherwise.

Appendix A: Current State Overview

System Coordinated Access Initiatives

The table below describes the current and planned Coordinated Access initiatives in the Waterloo Wellington Region. The sections that follow provide a comparative overview of current state program management, referral management, and information technology and information management capabilities.

Access Initiative	Description	Lead/Owner	Status	Year Established
Diabetes Central Intake	▪ Receives, triages and directs referrals from health care providers and patients to Diabetes Education Programs and Diabetes Specialists throughout the region ▪ Provides a mentoring program to support health care providers in enhancing their diabetes knowledge, skills and care	Langs Community Health Centre	Operational	2011
Chronic Disease Prevention and Management (CDPM)	▪ Supports residents in seeking support and clinical services for the primary and secondary prevention of chronic disease ▪ Pilot scope limited to prevention and self-management programs focused around: hypertension, diabetes, arthritis, asthma, cardiovascular disease, chronic pain, COPD and osteoporosis ▪ Future phases will consider inclusion of clinical programs	CDPM Physician Advisory Group	Planned	Pilot FY2015-2016
Medical Specialists	▪ Centralized service that provides non-clinical coordinated management of referrals for medical specialists ▪ In scope for pilot phase includes: orthopedics, cardiology, and psychiatry ▪ Future phases may include a clinical intake function	To be identified	Planned	Pilot FY2015-2016
Here 24/7	▪ Intake, assessment, referral and crisis support for addictions, mental health and crisis services through a centralized service	CMHA WWD	Operational	2014

Access Initiative	Description	Lead/Owner	Status	Year Established
Community Support Services (CSS)	▪ Supports residents and health care providers access clinical and non-clinical community support services either directly or through a centralized service	WW CCAC	Operational	2010
Specialized Geriatric Services (SGS)	▪ Centralized service that assesses, triages and matches referrals to Specialized Geriatric Mental Health assessment teams, Specialized Geriatric Medicine assessment teams, or Community Responsive Behaviour teams	St Joseph's Health Centre Guelph	Operational	2013
Outpatient and Community Rehabilitation	▪ Streamlines the referral process for outpatient rehabilitative care for cardio-pulmonary, MSK, frail elderly/medically complex, and stroke/neurology clients ▪ Working is currently underway to re-launch the program as a coordinated access initiative	WW CCAC	Partially Operational	Re-launch 2015-2016
CCAC Resource Matching and Referral (RM&R)	▪ Streamlined assessment and matching of patients to appropriate clinical programs/services across 5 pathways, including: inpatient rehabilitation, home care, complex continuing care, long-term care and community support services ▪ CCAC care coordinators are situated within health care organizations in order to deliver this service	WW CCAC	Operational	1996 (LTC, CCAC) 2012 (CCC) 2013 (Rehab)
Integrated Hospice Palliative Care	▪ Supports the identification, assessment and matching of individuals with life limited or life threatening health conditions to appropriate community/in-home palliative care programs and residential hospices ▪ Currently in planning phase to broaden engagement and coordination with community hospice and palliative care programs	WW CCAC	Partially Operational	Re-launch 2015-2016

Program Management

The following provides an overview of program management characteristics across all current coordinated access initiatives using the following legend:


Fully established governance/PMO


In transition to fully established governance structure/PMO


Governance structure/PMO in place, but not fully formalized


Informal governance/PMO


No governance structure or PMO in place

					Community Support Services					
Dimension	**Diabetes**	**CDPM**	**Specialists**	**Here 24/7**	**CSS**	**ER**	**SGS**	**Rehab**	**RM&R**	**Hospice/ Palliative**
Operational Status	Operational	Planning	Concept	Operational	Operational	Operational	Operational	Partially Operational	Operational	Partially Operational
Program Owner	Langs CHC	TBD	TBD	CMHA	WWCCAC	WWCCAC	SJHCG	SJHCG	WWCCAC	WWCCAC
Governance			TBD							
PMO		TBD	TBD							
Staffing	2.5 FTEs (1 clinical) 1 Director	Planning phase: Shared 1 FTE 0.2 FTE Physician Lead	TBD	46 FTE 2 FTE Manager 1 FTE Director	1.5 FTEs + I&R staffs Resource Centre	I&R and Central Intake Teams	3 FTE (2 seconded) 1 Director	1 FTE WWCCAC Mgr 1 Director	No dedicated staffing – CCAC resources	13 FTE
Budget	$390K	1x $240K ($44K p.a.)	TBD	$3M	$270K For 2 years	Unknown	$350K	Unknown	No dedicated budget	Unknown
Sustained Funding	Yes	TBD	TBD	Yes	Yes	Yes	Yes	Unknown	No dedicated funding	Yes
Total Annual Referrals	5,600	Not operational	Not operational	15,060 (in 9 mths)	4,200	Unknown	1,950	Unknown	23,000 across all pathways	Not available
Mandated	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes

Referral Management

Capabilities

The following provides an overview of key referral management capabilities across all coordinated access initiatives, using the following legend:

- Full capability is available
- Capability is available for some referral source types or referral target types only
- Capability is available via public CareDove site – but not currently in use for any services

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
Central Intake	●	● Proposed	● Proposed	●	●	●	●	--	●	◑
Clinical Intake	●	◑ Proposed	● Proposed	●	--	●	●	--	●	●
Direct to Service Option	--	◑ Proposed	--	--	●	--	◒	◑	--	◑
Provider/ Client Notifications	●	◑ Proposed	● Proposed	◑	◑	◑	◑	◑	●	◑
Warm Transfers	●	● TBD	● Proposed	●	●	●	--	--	●	--
Standardized Assessments	●	TBD	● Proposed	●	--	●	--	●	●	●
Common Referral Forms	●	● Proposed	TBD	●	●	●	●	--	●	◑
Common Processes	●	● Proposed	TBD	●	●	◑	--	--	●	--
Patient Navigator Role	●	TBD	TBD	--	--	--	--	◑	●	--

Referral Sources

The following provides an overview of key referral source types across all coordinated access initiatives.

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
Acute Care	●	--	●	●	--	●	●	●	●	●
Primary Care	●	● Proposed	●	●	●	●	●	●	●	●
Specialists	●	● Proposed	●	--	--	--	●		--	●
Allied Health	●	● Proposed	--	●	●	--	--	--	--	--
Rehab / CCC / LTC	●	--	--	●	●	●	●	●	--	●
Other Service Providers	●	● Proposed	--	●	●		●	●	●	●
Residents	●	● Proposed	--	●			●			
Emergency Services	●	--	--	●	--	--		--	--	--
Justice Services	--	--	--		--	--	--	--	--	--

Referral Targets

The following provides an overview of key referral targets across all coordinated access initiatives.

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
CCAC	--	--	--		--		●	●	●	●
Medical Specialists	●	● Proposed	●	--	--	--	●	--	--	--
CCC/Rehab	--	--	--	--	--	--	--	--	●	--
LTC	--	--	--	--	--	--	--	--	●	--
Residential - Community	--	--	--	●	--	●	--	--	--	●
Mental Health Services	--	--	--	●	--	--	●	--	--	--
Clinical Outpatient Services	●	● Proposed	--	●	--	--	●	●	--	--
Community/ Home Support Services	--	--	--	--	●	--	--	●	●	●
Prevention Wellness Self-Mgmt Support Education	●	● Proposed	--	●	●	--	●	●	--	--

Referral Channels

The following provides an overview of the communication channels used for receiving referrals from referral sources across all coordinated access initiatives, using the following legend:


Channel is available for all referral types


Channel is available for some referral target types only


Capability is available via public CareDove site – but not current in use for any services

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
Channels										
Telephone	●	● Proposed	● Proposed	●	●	●	●	●	●	●
Fax/eFax	●	● Proposed	● Proposed	●	●	●	●	●	●	●
Mail	●	● Proposed	● Proposed	●	●	●	●	--	●	--
Online	● Future	● Proposed	● Proposed	In development	●	--	◑	◒	--	--
In-person	●	--	--	●	--	●	--	--	●	--

Information Technology

The following provides an overview of information technology platforms, support and integration capabilities across all access initiatives.

Platforms

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice Palliative
Platform	MS Access (current) (Future system in develop.)	CareDove (developed but not live)	TBD	CaseWorks	CareDove CHRIS/HPG	CareDove CHRIS/HPG	CaseWorks	CareDove	CHRIS/HPG	CHRIS CareDove
End User Support	Langs Vendor	TBD	TBD	CMHA/ Vendor	*CareDove* – WWCCAC/ Vendor *CHRIS/HPG* - WWCCAC/ OACCAC	*CareDove* – WWCCAC/ Vendor *CHRIS/HPG* - WWCCAC/ OACCAC	CMHA/ Vendor	WWCCAC/ Vendor	WWCCAC/ OACCAC	*CareDove* – WWCCAC/ Vendor *CHRIS* - WWCCAC/ OACCAC
Integration	EMR forms	EMR forms (planned)	TBD	No	*CareDove* – EMR forms CHRIS → HPG	CHRIS → HPG	EMR forms	No	CHRIS → HPG	CHRIS → HPG

Functionality

The following provides an overview of the key functionalities of supporting information systems across all access initiatives, using the following legend:

Functionality available

Functionality available for some client types (i.e. CCAC vs. non-CCAC clients)

					Community Support Services					
Dimension	Diabetes **	CDPM*	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
Case management	●	TBD	TBD	●	◐	◐	●	--	●	●
Referral tracking	●	TBD	TBD	●	◐	◐	●	--		
Queue/Task management	●	TBD	TBD	●	◐	◐	●	--	●	●
Scheduling	--	●	TBD	●	●	●	●	●	●	●
Assessments	●	TBD	TBD	●	--	●	--	--	●	●
Document management	●	TBD	TBD	●	●	●	●	--	●	●
Service directories	●	●	TBD	●	●	●	●	●	●	●
Waitlist management	●	●	TBD	●	●	●	--	●		
Reporting	●	●	TBD	●	●	●	●	●	●	●
Email/e-fax notification	●	●	TBD	--	●	●	--	--	●	●
User management	●	●	TBD	●	●	●	●	●	●	●
Service Provider self management	●	●	TBD	In development	●	●	●	●	--	--

* As currently designed and developed – not yet implemented

** Health ePartner solution not yet implemented

Information Management

The following provides an overview of the scope of information collected and managed by coordinated access initiatives, using the following legend:

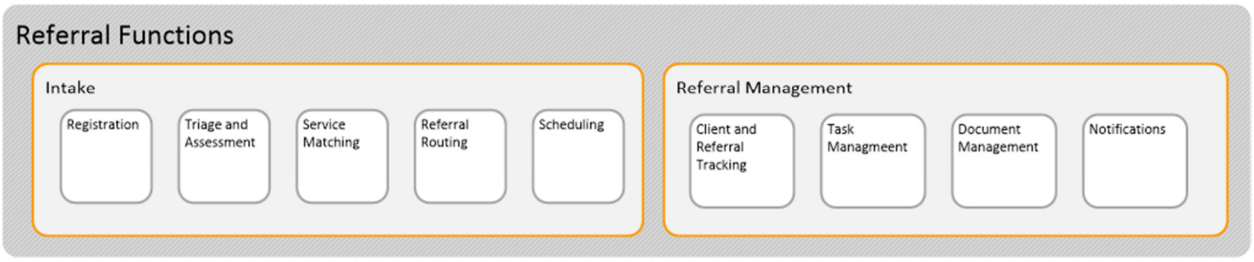
- Information collected and managed
- Information collected and managed for some client types

					Community Support Services					
Dimension	Diabetes	CDPM	Specialists	Here 24/7	CSS	Expanded Role	Geriatric	Rehab	RM&R	Hospice/ Palliative
Demographic										
Client Information	●	●	●	●	●	●	●	●	●	●
Alternative Contact Information	●	●	●	●	●	●	●	●	●	●
Clinical										
Diagnosis	●	◐	●	◐	--	●	◐	◐	●	●
Diagnostics	●	◐	●	◐	--	◐	◐	◐	●	◐
Medical/Family History	●	◐	●	◐	--	◐	●	◐	●	●
Assessment	●	◐	●	●	--	●	-	●	●	●
Referral										
Referral Management	●	●	●	●	●	●	●	●	●	●
Referral Outcome	●	TBD	TBD	In development	--	◐	●	--	●	◐
Referral History	●	--	--	--	--	◐	●	--	●	◐

Appendix B: Referral Functional Domain Model

The functional domain model was developed through a review of leading referral management practices, and has been adapted from the eHealth Ontario Provincial Reference Model for Resource Matching and Referral, with the expansion of intake and referral functions to address specific challenges and opportunities for alignment within the Waterloo Wellington Coordinated Access system. The functional model provides a common framework for understanding the type and scope of referral functions that should be supported across coordinated access functions, as well as the functions that could be enabled by information technology solutions.

The following diagram provides a graphic view of the proposed System Coordinated Access Referral Functional Domain Model. A brief description of each of the functions can be found in the following table.



Function	Description
Intake	
Registration	▪ Creation of client record and documentation of client information in local information system
Triage and Assessment	▪ Review of client status and needs, and assignment of service priority ▪ Assessment of client needs to determine eligibility and support service matching
Service Matching	▪ Identification of appropriate service(s) for client based on needs, priority/urgency, geographic location and client preferences
Referral Routing	▪ Routing of the referral request and support information to the appropriate service
Scheduling	▪ Scheduling of intake appointment with referral target, or scheduling of service delivery
Referral Management	
Client and Referral Tracking	▪ Ongoing tracking of client information, referral status and referral history
Task Management	▪ Assignment and tracking of tasks associated with individual referrals to ensure continuity, completion and quality of referral

Function	Description
Document Management	▪ Management of supporting referral documentation to ensure compliance with record management policies, and to support efficient storage and retrieval of supporting documentation
Notification	▪ Automated and manual notifications to referral sources, referral targets and client on the status and outcomes of referrals

Appendix C: Covering Form

Note: completing and submitting this form as part of the Vendor's submission is a mandatory requirement to having the submission considered by WW CCAC.

Market Sounding Exercise

Vendor's registered legal business name and mailing address:

_____

_____

Vendor's representative's full name, telephone number, facsimile number, and email address:

_____

_____

Vendor hereby represents, agrees, declares and/or acknowledges that:

(a) The information that is submitted is, to the best of the Vendor's knowledge, complete, accurate and up-to-date;

(b) It consents to the disclosure and use of its information contained in its submission by WW CCAC for any disclosure, use or purpose reasonably contemplated by this Market Sounding Exercise, including use in a subsequent procurement by WW CCAC;

(c) The Market Sounding Exercise does not create any legal obligation on the part of WW CCAC or restrict WW CCAC's rights regarding the procurement of any good or service;

(d) It consents to WW CCAC performing checks with any customer references provided and with any other relevant references;

(e) Subject to any disclosures it may make in Exhibit "A" within this Appendix, it is not in a position of a conflict of interest in respect to responding to the Market Sounding Exercise and providing the submission. Subject to the disclosure in Exhibit "A" within this Appendix, the Vendor has no unfair advantage, including access to confidential information (other than confidential information that may be disclosed to all Vendors as part of the Market Sounding Exercise engagement process), in responding to this Market Sounding Exercise.

(f) The Vendor acknowledges and agrees that WW CCAC shall have no liability to Vendor or its sub-contractors in respect of the conduct of the future procurement process relating to this Market Sounding Exercise by WW CCAC, whether in contract or tort or otherwise, and including, without limitation, for costs that the Vendor or its sub-contractors incur with respect to the procurement process or for any loss of profit the Vendor or its sub-contractors incur as a result of not being awarded a contract under this procurement process. The limitation of liability shall apply whether or not based on an allegation, whether in whole or in part, true or not, that WW CCAC has conducted an unfair procurement process.

(g) The Vendor acknowledges and agrees that this Proposal Covering Form is paramount in the event of any inconsistency or conflict with any other aspect of Vendor's submission.

[Name of Vendor]:

_____

Per:

_____

I have authority to represent and bind the Vendor.

Name:

Title:

Date:

Telephone:

Appendix D: Submission Form

Questions	Response Y/N/NA	Comment
General Questions (for this section, please provide a responses for each member		
Is the response provided by a Consortia		
Company Name/Prime Name if a Consortia (a consortia must identify a Prime)		
Consortia Members - List		
Annual Revenue (2014 and 2013)		
Research and Development Budget (2014 & 2013)		
Years In Business		
# of Staff		
# of Health Care Clients		
Head office location (Prime)		
Market Sounding Questions – (based on information provided in this document) **Please provide a <u>single</u> response to each question**		
1. Are the vision and objective of the project as described realistic and achievable?		
2. Is the Project attractive to you? i.e. Could you make a reasonable return from it?		
3. Do you think a public-private partnership—where a private sector partner assumed additional risk for a reasonable return (i.e. financing or operations)—is a reasonable model for this type of project?		
4. Do you have any public private partnerships experience that would be applicable to this project? a. Would you consider any past experiences positively or negatively?		
5. Would you be interested in bidding on this project alone or as a member of a consortium?		
6. What barriers to entry (e.g., prevent your company from participating in the procurement process) do you perceive may exist?		
7. What is your firm's experience with partnering or managing a consortium? a. Have those partnerships resulted in successful outcomes?		
8. Alternatively, do you feel your firm has the capability to address the entire project alone?		

9. Given your understanding of the project, are you aware of any alternative solutions that you feel are feasible or worth considering?		
10. Would you consider participating in a competitive process? If not, why?		
11. What challenges would you expect to face if you entered a competitive process?		
12. Are you aware of new or emerging technologies the application of which could fundamentally change the approach to solving the problem we have described in this document? Please describe.		
13. Are there any concerns or issues you would like to raise that we have missed?		
14. What approaches to pricing or charges do you normally consider?		
15. Do you have minimum acceptable profit margins, typical pricing structures, etc.?		
16. Would you consider providing additional capital funding for the project if required?		
17. What experience do you have with public sector clients? How have you found those experiences?		
18. What significant risks do you perceive with this project? What suggestions do you have for managing these risks, based on your experience?		
19. With the information provided to you in this document, do you believe the total capital cost would vary significantly from $2 Million?		
20. With the information provided to you in this document, do you believe the annual operating cost would vary significantly from $1 Million?		