



Couchiching

Family Health Team

Request for Expressions of Interest

For

Advanced Practice Provider (APP)

(Midland, Muskoka Area)

Submission Deadline: **June 17, 2019 [12:00 PM] local time.**

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PART 1 – INTRODUCTION

Introduction

This Request for Expression of Interest (“RFEI”), is issued by Couchiching Family Health Team (CFHT), for the purposes of identifying skilled clinicians responsible for delivering rapid patient assessment and education for specific populations of low back pain patients, from their respective practice location.

CFHT Contact

“CFHT Contact” means

Angela Munday
Clinical Program Manager
a.munday@cfht.ca

Any questions relating to this RFEI shall be directed to CFHT Contact, and should be submitted electronically via email by the end of business day not later than one week prior to the closing date.

[End of Part 1]

PART 2 – BACKGROUND INFORMATION

Objectives of this Request

Musculoskeletal (MSK) Rapid Access Clinics for Low Back Pain (RAC: LBP) are being implemented across the province of Ontario to help people with MSK pain access the right treatment faster. This work stems from the successful pilot program: Inter-professional Spine Assessment and Education Clinics (ISAEC) for low back pain.

The North Simcoe Muskoka (NSM) Local Health Integration Network (LHIN) Rapid Access Clinics (RAC) for Low Back Pain (LBP) program, in partnership with the Couchiching Family Health Team and Orillia Soldiers' Memorial Hospital (OSMH), is an innovative, upstream, shared-care model of care in which patients receive rapid low back pain assessment, education and evidence-informed self-management plans. It is designed to decrease the prevalence of unmanageable chronic low back pain, reduce opioid initiation, reduce unnecessary diagnostic imaging as well as unnecessary specialist referral and emergency department visits. The MSK RAC: LBP is specifically for patients with: (1) **persistent** low back pain and/or related symptoms (e.g. sciatica, neurogenic claudication) 6 weeks to 12 months post-onset; and (2) recurrent / episodic unmanageable low back pain and/or related symptoms of less than 12 months post-recurrence. The ISAEC model of care is being implemented across the NSM LHIN as part of the MSK CIAC implementation.

Couchiching Family Health Team is recruiting Advanced Practice Providers (APPs) in the North Simcoe, Muskoka area of the NSM LHIN for the RACs for LBP. As a member of MSK RAC: LBP, the APP acts as the first and primary point of contact for assessment and consultation of referred patients; provides a defined program of care to the patient with an emphasis on education, self-management and health promotion strategies; develops a collaborative care plan with the patient and their primary care provider and documents progress against the care plan; and identifies signs and symptoms requiring a change in the plan of care, diagnostic imaging/testing, or referral to a physician specialist.

The APP is a skilled clinician, with requisite entry to practice training in a regulated health discipline and will be responsible for delivering rapid patient assessment and education for this specific population of low back pain patients, from their respective practice location.

The APP will be connected to a Clinical Sponsor (physician specialist) and Practice Leader who will provide clinical guidance and advanced low back pain education. Additionally, all APPs will be connected through a centralized referral and case management system. Please note that

successful candidates must complete both theoretical (1 week self-learning online modules) and practical (in-person 8 days of training over 4 weeks) in low back pain topics. Travelling outside the NSM LHIN will be required to complete the in-person training components.

Key Responsibilities

1. Expert Practice

- I. Acts as the first and primary point of contact for consultation and assessment of referred patients with low back pain.
- II. Provides specialized care, education and counselling for patients.
- III. Performs a medical history, physical and health status for patients.
- IV. Conducts comprehensive assessment and communication of a diagnosis.
- V. Determines the suitability and eligibility of patients for surgical assessment.
- VI. Differentiates between inflammatory and non-inflammatory conditions.
- VII. Has a broad understanding of indications for different evidence-based treatments for low back pain.
- VIII. Identifies signs and symptoms of undiagnosed medical conditions requiring a referral to diagnostic imaging/testing and/or referral to a physician specialist in accordance with established ISAEC guidelines.
- IX. Initiates communication and appropriate surgical and non-surgical referrals based on established ISAEC assessment and referral guidelines.
- X. Establishes, communicates and documents clinical impressions/medical diagnoses within a defined scope of practice.
- XI. Develops plan of care in collaboration with the patient/family and primary care provider.
- XII. Documents plan of care according to established ISAEC guidelines.
- XIII. Communicates internally and externally to facilitate plan of care (i.e. other health care professionals).
- XIV. Evaluates and revises the plan of care in collaboration with patient/family and primary care provider.
- XV. Communicates specific medical diagnoses to primary care provider.
- XVI. Utilizes a patient-centered care approach consistent with patient goals, needs and values.

2. Teaching and Learning

- I. Participates in MSK RAC: LBP sponsored regional and central education and training events.
- II. Collaborates with the MSK RAC: LBP team to identify learning needs of patients and primary care providers.
- III. Provides formal and informal education internally and externally to MSK RAC: LBP team members and primary care providers.
- V. Facilitates knowledge transfer and evidence-based practice.

3. Organization Responsibilities

- I. Acts as an active member of MSK RAC: LBP.
- II. Accountable to align activities and performance with strategic goals and objectives of MSK RAC: LBP.
- III. Adheres to the MSK RAC: LBP standards, policies and procedures, including centralized referral and clinic management system processes.
- IV. Participates in quality and performance management activities.
- V. Participates in policy and procedure development.

4. Program Evaluation

In collaboration with MSK CIAC colleagues, enables, implements and conducts evaluation of clinical services related to the program.

5. Performs other duties consistent with the APP role, as assigned or requested.

APP Onboarding by NSM Sub Region

APP onboarding and training will be implemented in a phased strategy (Table 1) allowing for a focused scaling up of sub-regions. May wish to include estimated timelines – e.g. throughout winter-spring of 2019.

Table 1 – NSM LHIN APP On-Boarding and Training Phasing Plan by Sub-Region

Phase/Sub-Region	APP Full-time Equivalent Estimate
Muskoka	0.5
North Simcoe	0.5

APP Fee for Service Rate

The MSK RAC: LBP APP per patient fee for service rate is \$89 for an initial MSK RAC: LBP assessment, and \$52 for a follow-up assessment. Follow-up includes up to a maximum of 4 appointments per ISAEC guidelines.

[End of Part 2]

PART 3 – RESPONSE REQUIREMENTS AND RFEI PROCESS

Response Requirements

Respondents should include the following in their response to this
FEI:

APP QUALIFICATIONS

- I. At least 4 years of clinical experience following completion of an accredited, entry-to- practice program in a regulated health profession, required; and
- II. Including, at least 1 year of clinical experience in the musculoskeletal-spine area, required.

PROFESSIONAL AFFILIATIONS/MEMBERSHIPS

- I. Member in good standing of respective professional/legislative college at the provincial level, required; and
- II. Member of related national/provincial professional association preferred.

COVER LETTER AND RESUME

The cover letter should describe how your professional background and personality will contribute to the success of this exciting program. **IMPORTANT:** Please specify the precise address (including postal code) from where you will be providing low back pain MSK RAC: LBP assessment and education services in your Cover Letter.

RESPONDENT SUBMISSION FORM

Submissions should include a completed and signed Respondent Submission Form (attached as Appendix A), that acknowledges, among other things, that this RFEI and any respondent submissions shall not create a legal relationship or obligation regarding the procurement of any good or service.

[End of Part 3]

PART 4 – SUBMISSION INSTRUCTIONS

Submission of RFEI

Responses must be submitted by email to:

careers@cfht.ca

Responses by other methods will not be accepted.

If your RFEI is received after the date and time specified, CFHT will have the option to either accept or reject your submission.

Submission Date and Forms

Respondents are asked to submit their information by **June 17, 2019 [12:00 PM] local time.**

Submissions should include a completed and signed Respondent Submission Form (attached as Appendix A), that acknowledges, among other things, that this RFEI and any respondent submissions shall not create a legal relationship or obligation regarding the procurement of any good or service.

APPENDIX A

Respondent Submission Form

1. Respondent Information

- a) Respondent's registered legal business name and any other name under which it carries on business:

- b) Name, address, telephone and e-mail address of the contact person(s) for the respondent:

- c) Name of the person who is primarily responsible for the submission:

- d) Whether the respondent is an individual, a sole proprietorship, a corporation, a partnership, a joint venture, an incorporated consortium or a consortium that is a partnership or other legally recognized entity:

2. Terms of Reference

In responding to this RFEI each respondent should submit a completed and signed Respondent Submission Form that, among other things, acknowledges its acceptance of the RFEI Terms of Reference as contained hereunder:

Request for Information Not A Formal Competitive Bidding Process

This RFEI is issued for information gathering purposes and is not intended to be a formal legally binding "Contract A" bidding process. Without limiting the generality of the foregoing, this RFEI will not necessarily result in any subsequent negotiations, direct contract award, invitational tendering process or open tendering process and does not constitute a commitment by CFHT to procure any goods or services. Any pricing figures submitted by respondents shall be for general information purposes and will not be binding.

RFEI Shall Not Limit Pre-Existing CFHT Rights

This RFEI shall not limit any pre-existing CFHT rights. Without limiting the generality of the foregoing, CFHT expressly reserves the right, at its discretion:

- ✓ to seek subsequent information or initiate discussions with any supplier, including suppliers who did not respond to this RFEI;
- ✓ to initiate direct negotiations for the procurement of any good or service with any supplier or

suppliers regardless of whether the supplier or suppliers responded to this RFEI;

- to contact a limited number of suppliers, which may be limited to those who responded to this RFEI, or may include suppliers who did not respond to this RFI, for the purpose of a competitive procurement for the procurement of any good or service;
- to elect to proceed by way of open tender call where all potential suppliers, including those who did not respond to this RFEI, are eligible to compete for the award of a contract for the supply of any good or service; or
- to elect not to procure the good or service that is the subject of this RFEI.

These expressly reserved rights are in addition to any and all other rights of CFHT that existed prior to the issuance of this RFEI.

Pricing Information For General Information Purposes Only

Any pricing information provided by respondents is for general information purposes and is not intended to be binding on respondents. Any legally binding pricing or purchasing commitments will only be established where specified by the express terms of a subsequent tender call process or where established through the execution of a written agreement.

Information in RFEI Only an Estimate

CFHT and its advisors make no representation, warranty or guarantee as to the accuracy of the information contained in the RFEI or issued by way of addenda. Any quantities shown or data contained in this RFEI, or provided by way of addenda, are estimates only provided as general background information.

Parties Shall Bear Their Own Costs

CFHT shall not be liable for any expenses incurred, including the expenses associated with the cost of preparing responses to this RFEI. The parties shall bear their own costs associated with or incurred through this RFEI process, including any costs arising out of or incurred in: (a) the preparation and issuance of this RFEI; (b) the preparation and making of a submission; or (c) any other activities related to this RFEI process.

Accuracy of Responses

The respondent acknowledges that the information provided is, to the best of its knowledge, complete and accurate.

Submissions Property of CFHT

Except where expressly set out to the contrary in this RFEI or in the respondent's submission, the submission and any accompanying documentation provided by a respondent shall become the property of CFHT and shall not be returned.

Confidential Information of CFHT

All information provided by or obtained from CFHT in any form in connection with this RFEI either before or after the issuance of this RFEI: (a) is the sole property of CFHT and must be treated as confidential; (b) is not to be used for any purpose other than replying to this RFEI; (c) must not be disclosed without prior written authorization from CFHT; and (d) shall be returned by the respondents to CFHT immediately upon the request of CFHT.

A respondent may not at any time directly or indirectly communicate with the media in relation to this RFEI without first obtaining the written permission of CFHT.

The respondent hereby agrees to the terms set out in the Terms of Reference and in the RFEI.

Signature of Witness

Signature of Respondent Representative:

Name of Witness:

Name and Title:

Date of Signature:

I have authority to bind the respondent.