Clinical Stabilization Fund
Primary Care Reform
Proposal Guidelines and Criteria

Clinical Stabilization Fund

The Memorandum of Agreement between the Newfoundland and Labrador Medical Association (NLMA) and the Government of Newfoundland and Labrador (NL) outlines the establishment of a Clinical Stabilization Fund (CSF). This funding is segmented across priority areas, including primary care reform. A joint management committee of the NLMA and the Department of Health and Community Services (DHCS) oversees the CSF.

The CSF supports projects and initiatives that inform and advance primary health care (PHC) reform in NL and establish new patterns of practice. It is expected that the projects funded through the CSF will align with the goals and principles of the provincial PHC reform partnership including:

- Greater PHC continuity/attachment between patients and their PHC providers
- Improved access to PHC services and supports within a reasonable time frame
- A more collaborative team-based approach to service delivery and care
- Increasingly connected and coordinated services across the health and social sector
- Engaged communities playing an active role in improving health outcomes
- A renewed focus on early intervention, prevention and self-management
- Enhanced accountability and transparency

Presently, the CSF Management Committee is seeking proposals that focus on the effective management and care of ambulatory care sensitive conditions (ACSC) within the context of primary care processes and/or delivery mechanisms in addition to other frequently occurring chronic conditions including mental health and addictions. The ACSCs of interest include, but are not limited to:

- Chronic obstructive pulmonary disorder (COPD)
- Diabetes
- Heart failure
- Hypertension
- Angina
- Asthma
- Epilepsy

Other chronic conditions may include:

- Cancer
- Inflammatory bowel disease
- Chronic kidney disease
- Chronic liver disease
- Mental health
- Chronic neurological disease
- Ischemic heart disease
- Peripheral vascular disease (PVD)
- Cerebral vascular accident/trans ischemic attack (CVA/TIA)
- Complex chronic infection
- Chronic immune deficiency (including HIV)
- Chronic pain
- Complex endocrine disease
- Connective tissue disorder
Consideration will be given to projects that are seeking funding to inform the management and care of these conditions within the PHC setting and/or reduce or prevent hospitalizations due to ACSCs or other chronic conditions. Potential project focus areas include:

- Training
- Research
- Evaluation
- Capital investment

Please note projects are only eligible for one-time CSF funding and project sustainability must not be dependent on additional CSF funding. Preference will be given to projects that have the potential to be replicated in more than one region of the province and have taken into consideration how the project can be sustained long-term.

The remainder of this document outlines the proposal requirements and scoring criteria.

Proposal Requirements

1. Project Rational

Outline how the proposed project will positively contribute to the effective management and care of patients with ambulatory care sensitive conditions within the primary care setting and/or reduce hospital rates.

2. Project Team Qualifications

Provide an overview of the project team’s qualifications and describe their role in the project. The use of multi-disciplinary teams is not mandatory, but encouraged.

3. Methodology and Approach

Clearly state the project goals and objectives and outline the proposed methodology. Identify potential barriers to success and detail the steps that will be undertaken to mitigate these risks. Outline the metrics that will be used to measure the extent to which the goals and objectives were realized.

At the conclusion of all projects a final report must be submitted to the CSF Committee. This report should outline the following:

- Project goals and objectives
- Methodology
- Project findings
- Conclusions and recommendations
4. Work Plan and Budget

Provide a project schedule and work breakdown structure, which identifies timelines, major milestones, resource allocations and project phases, including reporting. The project schedule should clearly identify the tasks necessary to achieve the goals and objectives.

Evaluation Criteria

Proposals will be evaluated using the following criteria:

<table>
<thead>
<tr>
<th>CRITERIA &amp; WEIGHTING SCHEME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Clarity & Quality 25%       | ▪ Well-written and structured submission with clearly stated goals and objectives that align with the CFS mandate  
▪ Addresses at least one of the following areas:  
  o Training  
  o Research  
  o Evaluation  
  o Capital investment  
▪ Demonstrates insight and a clear understanding of the issues  
▪ Articulates how the project will contribute to the effective management and care of ambulatory care sensitive conditions in primary care and/or hospitalization rates  
▪ Demonstrates the project’s scalability  
▪ Outlines how the project/initiative outcomes’ will be sustained long-term |
| Methodology/Approach 40%    | ▪ Identifies the research methods/approach to be used and the rational behind the selection process  
▪ Identifies potential barriers and how they will be mitigated  
▪ Identifies the intended outcomes and how they will be measured |
| Project Management 20%      | ▪ Work plan details are clear, thorough and reasonable (e.g., timelines, project team responsibilities, reporting structure, methods of communication are clearly demonstrated, etc.) |
| Cost 15%                    | ▪ Identified costs are necessary and realistic  
▪ All significant costs are noted  
▪ Cost breakdown is detailed |