

Health Innovation Implementation and Spread Fund 3 Program Guide

PURPOSE:

The Health Innovation Implementation and Spread Fund (HIIS) was launched to advance innovations that have demonstrated significant impact through pilot testing in the Alberta context to ensure that all Albertans can benefit. The HIIS Fund provides funding to support the spread/scale* of proven innovations that have demonstrated a return on investment and improved health outcomes in previous Alberta projects.

Proven innovations are of limited value to Albertans and the health system, unless they address priority areas, are fully deployed, and are sustained long-term. Design, implementation, and evaluation of effective multiple component interventions in complex ecosystems is challenging, and typically takes decades¹. The HIIS Fund provides the opportunity to spread effective initiatives through the province while testing how to optimize implementation and to maximize the gains.

To be eligible for HIIS funding, there must be compelling evidence that the health innovation has improved health outcomes, quality of care, and provided an economic benefit (i.e., cost savings or avoidance) to the health system, by fostering more efficient or effective use of health care resources.

PROGRAM OBJECTIVES:

The HIIS Fund seeks to support the implementation of proven solutions that:

- Have a strong body of evidence of substantial improvements in health outcomes and health system performance, including evidence of successful adoption- at some level - in Alberta.
- Demonstrate a magnitude of improvement that justifies the investment needed to enable broad implementation.
- Have an informed strategy for implementation (feasible/adaptable) province-wide or across multiple zones that is led by a team with the demonstrated skills to deliver results.

To achieve the program objectives, all HIIS Fund proposals must:

- Focus on spreading an innovation that has successfully demonstrated clinical effectiveness, improving health outcomes in Alberta.
- Identify how implementation will improve health system efficiency and resource utilization.
- Demonstrate a clear patient-centred approach.
- Demonstrate relevant implementation outcomes that support the readiness for spread of the innovation (achieved through previous implementation at the pilot/test site).
- Achieve full deployment, as relevant.
- Include a strategy for implementation (feasible/adaptable) province-wide or across multiple zones.

1. Balas EA, Boren SA. Managing clinical knowledge for health care improvement. Yearbook of Medical Informatics. 2000; 9(1):65-70. doi:10.1055/s-0038-1637943

FOCUS AREAS:

- Improving access to care for rural and remote Albertans
- Integration of care, particularly between community and acute care (e.g., enabling transitions, integration across multiple providers to support individuals with multiple chronic conditions, continuing care integration, etc.)
- Right care/clinical appropriateness projects
- Leveraging technology to enhance workplace planning or innovative staffing models.

All other things being equal, preference will be given to projects that address management of, or secondary prevention related to, chronic diseases that affect a significant number of Albertans and/or place a significant burden on the health care system, such as cardiometabolic disease and neurologic conditions.

FUND DETAILS:

Project Proposals: Description of the Alberta-tested innovation primed for further spread, including problem/solution specification; relevance to the focus areas and to Albertans; proven impact and economic value; and feasibility.

Project proposals must demonstrate how spread of the proven solution will lead to improvement(s) across the province.

Please note, the project proposal should be proposed at full scope, not a step (or piece) of a larger implementation plan, and be submitted on the attached template.

Term: Project dependent; however, projects requiring a term longer than two years should provide a strong rationale to support the request. Preference will be given to projects that can demonstrate value and ROI within 24 months.

Funding: No maximum budget amount set for each project proposal. Budgets must be structured to achieve the deliverables in the timeframes proposed. Eligible costs include change management costs, including specific staffing (practice leads and clinician champions to spearhead the change), analysis, and evaluation. Operational expenses, including purchasing supporting technologies, may be eligible where appropriate. The HIIS fund only covers reasonable costs associated with scaling and change management that are incurred after funding is awarded. The HIIS Fund is not intended to be used primarily to cover technology or equipment purchases. Any costs incurred prior to and costs greater than market prices, are ineligible.

Proposals should indicate how operations will be sustained post-HIIS funding. Proposals should also indicate the availability of other funding contributions (e.g., internal AHS funding).

Lead and co-lead applicants may include:

- SCN staff and core committee members as part of the implementation study team or, if applicable, as a lead/co-lead. Core committee members must have SCN leadership support and endorsement. Financial oversight and accountability reside with the SCN leadership.
- Other collaborators and/or knowledge users from the broader SCN network, particularly operational leaders, are encouraged.

- A primary health care provider with the ability to engage provincial leadership tables must be identified as lead or co-lead if the project will specifically impact the work of primary health care providers.

The Chief Program Officer (CPO) and Associate Chief Medical Officer (ACMO) of the SCN and Integrated Provincial Program Leadership are not eligible to apply for this competition.

KEY DATES:

Milestone	Date
HIIS Fund Overview is released to SCNs	September 18, 2023
SCNs/Integrated Provincial Programs submit EOIs for HIIS-ready initiatives for internal SCN review	October 16, 2023
Notice of decision: selected initiatives invited to full application phase	November 15, 2023
Full application submission deadline	December 22, 2023
Based on Panel and Steering Committee review, relevant proposals are invited to present to the Adjudication Panel	February 12, 2024
Invited proposals present to the Adjudication Panel	March 12 – 13, 2024
Applicants are notified of outcomes	March 20, 2024

PROCESS:

Pre-Stage 1: SCN Internal Assessment (September 18 – October 16, 2023) and AH Program Area Review (November 15, 2023)

Collectively, the SCNs will determine which project proposals demonstrate a ‘readiness’ for spread and a connection to the focus areas. These projects will be invited to Stage 1.

Stage 1: Full Application Submission (December 22, 2023) and Steering Committee Review (February 12, 2024)

Applicants are required to complete and submit the proposal template to Christie Lutsiak at hif@gov.ab.ca by December 22, 2023, at 4:00 pm (MDT). Please use the subject line “HIIS 3 Fund Project Proposal”.

Applications received by the submission deadline will undergo a pre-screening paper review for relevance and readiness, in addition to an economic and evidence assessment. Up to ten of the most relevant projects that have demonstrated a significant evidence base in the Alberta context, and that are well-positioned for success, will have their proposals undergo a more thorough paper review. On February 12, 2024, applicants will receive notice of decision and reviewer feedback. Selected

applicants will be invited to develop a presentation for the adjudication panel. Project leads will be asked to address any comments from the reviewers in their presentations.

Stage 2: Adjudication Panel (March 12 - 13, 2024)

Invited applicants will deliver a 10-15 minute virtual presentation to the adjudication panel. The adjudication panel will be comprised of executive-level positions at AH and AHS; health system leaders; an implementation scientist; entrepreneurs/innovation experts; and patient advisors.

The panelists will have read the application package, so the presentation should focus on the problem, the solution and the previous impact from initial implementation (proof of concept) in Alberta, including impact of the project on Albertans, evidence of implementation outcomes, readiness for provincial spread/scale, and the return on investment for the health system (hard savings, cost avoidance, and quantitative/qualitative returns).

Following each presentation, the adjudication panel will have an opportunity to ask each presenter any additional questions to clarify and/or gain additional information to support the evaluation of project proposals based on the competition criteria (see below).

After all proposals have been presented, the adjudication panel will rank projects based on their collective evaluation and discussion of the written submission, presentation, and answers to adjudication panel questions.

Following the adjudication panel, the rankings will be shared with the HIIS Fund Steering Committee for the final funding decision, after which, applicants will be notified of the results on March 20, 2024.

PERFORMANCE MANAGEMENT:

An active project management philosophy will be employed over the life of a project and involves regularly monitoring performance including tracking key performance metrics with the intent to support the initiative to achieve its' objectives. Quarterly and annual performance reporting will be required.

EVALUATION CRITERIA:

The HIIS Fund will not support research or pilot projects. It will support the spread/scale of proven (substantiating evidence) innovations into the health system.

- **Abstract**
 - Provision of a lay abstract of the project. This information is used by AH and AHS to inform the public and the Government of Alberta about the valuable research supported through public funds.
- **Problem/Solution Specification**
 - Identification of a priority need/performance gap within the Alberta health system for which a solution has demonstrated positive impact when implemented within Alberta. This includes quantification of the problem, and a description of the current reach of this solution, including how it has worked within the Alberta context.
 - Strength of evidence (in the Alberta context) supporting the solution: improved patient outcomes; efficacy, clinical effectiveness, quality of the solution; and superiority of the solution when compared to alternatives.

- **Relevance** – extent to which the proposal and planned implementation are relevant to
 - a) the HIIS Fund program requirements; and
 - b) the competition theme(s) outlined above.
- **Impact and Economic Value**
 - Strength of evidence (generated within the Alberta context) proving that the solution leads to significant and sustainable improvement in patient health outcomes, value for money (return on investment (ROI), and other aspects of the Quadruple Aim.
 - Strength of evidence demonstrating the economic value of the project, including forecasted net gain at full deployment of the solution and post-HIIS 3 funding, in terms of changes in health service utilization as well as impact on relevant populations (Table 1) and system resources (Table 2).
 - Clearly defined primary and secondary outcome measures (as applicable) that will demonstrate the impact of implementing the solution.
 - Clearly described plan for assessing and reporting patient, family, and other stakeholder experiences.

Clearly defined budget, including funds required to sustain the project post-HIIS funding.
- **Feasibility**
 - Strength of the plan to spread/scale the proven solution: this includes suitability of the implementation team (i.e., expertise and roles) and strategies for team collaboration, change management, and governance.
 - Extent to which key stakeholders (including patients, families, clinicians, leaders, champion, managers, staff, researchers etc.) have been engaged in scoping the problem, and identifying and developing the solution, its current level of implementation, and evaluation. Extent to which these key stakeholders will be involved in the spread/scale of the solution.
 - Evidence of awareness, knowledge, and readiness to change from the lessons learned during pre-spread test of implementation in Alberta.
 - Strength of the approach for implementation, including details and rationale for the approach for implementation and details on implementation phases.
 - Extent to which barriers, facilitators, and contextual factors were identified during the test of implementation with defined strategies for how this knowledge will be used to modify the solution during the spread/scale.
 - Strength of plans to evaluate ongoing operationalization through long-term planning and evaluation of implementation outcomes and quality of the spread/scale initiative.
 - Extent to which the project deliverables and timelines are realistic and reflect a good understanding of the resources and operational activities required.
 - Extent to which foreseeable risks (e.g., change management, FTE requirements, ongoing funding support, requirement for AHS IT services) have been identified and appropriate mitigation strategies outlined.
 - Strength of plan for sustained implementation post- HIIS funding: including the structures, processes, and mechanisms in place to maintain impact; analysis of resources required to sustain the project, potential resource pressures, and how the health system may accommodate those pressures; and ongoing monitoring of implementation and impact of the project.

DEFINITIONS:

- * Spread – taking a known or proven innovation and spreading it broadly. For example, the Enhanced Recovery after Surgery (ERAS) Colorectal Pathway was tested in the Alberta context in two early adopter sites and has now spread to nine sites in Alberta.
- * Scale – taking a proven innovation and scaling beyond the original innovation and applying a broader application. For example, while ERAS guidelines have spread within specific clinical surgical groups, the scale of ERAS would be the application of the key elements of the pathway to all surgical patients.

CONTACT INFORMATION:

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