SCORING MATRIX FOR INTERPROFESSIONAL PRIMARY CARE EXPANSION

Spring 2025
Round 1

SCORING MATRIX FOR INTERPROFESSIONAL PRIMARY CARE EXPANSION – ROUND ONE					
Proposal ID					
Name of Proponent(s)/Organization(s):	1. (Lead) 2. 3. 4. 5. 6. 7.				

ESSENTIAL CRITERIA				
Proposal is targeting priority FSA:	☐ K1G ☐ K1J ☐ K1K ☐ K1N ☐ K1T ☐ K1V ☐ K2B ☐ K4A	☐ K0A ☐ K0G ☐ K1B ☐ K1B ☐ K1C ☐ K1E ☐ K1H ☐ K1L	☐ K1R ☐ K1W ☐ K1S ☐ K1Y ☐ K1Z ☐ K2A ☐ K2C ☐ K2G	☐ K2J ☐ K2L ☐ K2P ☐ K2P ☐ K2S ☐ K4M
Primary Care Model being expanded or created:	☐ CHC	☐ FHT	☐ NPLC	☐ Other
Proposed # of people that will be attached:	Located in high-priority FSA -		Not located in high-priority FSA -	
Proposed % of people that will be attached:	Located in high-priority FSA -		Not located in high-priority FSA -	
Proposed Total Budget:				
Estimated Time for Implementation Including Recruitment:				

Criteria (Out of 90 points - 45%)	Excellent (15 points)	Good (10 points)	Fair (5 points)	Poor (1 point)	Score
STRATEGIC PRIORITIES					
Primary Care Attachment					
Net New Attachments	Clear plan to attach the highest possible proportion of unattached people within identified high-priority FSAs.	Plans to attach a significant proportion of unattached people within identified high-priority FSAs.	Plans to attach a moderate proportion of unattached people within attributed FSA (not located in high-priority area).	Plans to attach a minimal proportion of unattached people within attributed FSAs.	
Health Care Connect Waitlist	Clear plan to attach all people from the Health Care Connect waitlist within identified high-priority FSAs	Plan to attach most people from the Health Care Connect waitlist within identified high-priority FSAs	Plan to attach some people from the Health Care Connect waitlist within attributed FSA (not located in high-priority area).	No clear plan to attach people from the Health Care Connect waitlist.	
Readiness to Implement					
Infrastructure and Resources	Leverages existing infrastructure and resources effectively. Signed service agreements or expression of intent for new hires.	Leverages some existing infrastructure and resources. Some additional resources required.	Limited leverage of existing infrastructure and resources. A signficant amount of additional resources required.	Lacks leverage of existing infrastructure and resources. New resources required.	
Local Partnerships	Strong partnerships with local organizations and stakeholders.	Moderate partnerships with local organizations and stakeholders.	Limited partnerships with local organizations and stakeholders.	No partnerships with local organizations and stakeholders.	

Operational Plan	Detailed and feasible operational plan.	Moderately detailed operational plan.	Basic operational plan.	Incomplete or unclear operational plan.	
Timeline for Attachment	Demonstrates realistic timelines to begin attaching people by Summer 2025.	Timelimes to begin attaching people by Summer 2025 are moderately realistic.	Timelimes demonstrate some potential to begin attaching people by Summer 2025.	Lacks a clear timeline for attachment.	
					Total Score:
Criteria (Out of 60 points - 30%)	**Excellent (10 points)**	**Good (7 points)**	**Fair (4 points)**	**Poor (1 point)**	**Score**
MEETING PRIMARY CARE PRINCIPLES					
Province-Wide Attachment	Comprehensive plan for ongoing attachment of 100% of people within one or more high-priority FSAs. Clearly demonstrates relevancy and impact using HCC and FSA PC unattachment data.	Plan for ongoing attachment of most people within one or more high-priority FSAs. Demonstrates relevancy and impact using HCC and FSA PC unattachment data.	Plan for ongoing attachment of some people within one or more attributed FSA (not located in high-priority area). Demonstrates relevancy and impact using HCC and FSA PC unattachment data.	No clear plan for attachment.	
Connected Care	Strong interdisciplinary, team-based care approach. Ensures that team members are working to their full scope of practice to optimize attachment. Clear collaboration efforts with Ottawa OHT/PCN to enable coordinated and integrated delivery of care.	Moderate interdisciplinary, team-based care approach. Efforts to ensure that team members are working to their full scope of practice to optimize attachment. Collaboration efforts with Ottawa OHT/PCN to enable coordinated and integrated delivery of care.	Limited interdisciplinary, team-based care approach. Considerations for how to ensure that team members are working to their full scope of practice to optimize attachment. Some collaboration efforts with Ottawa OHT/PCN to enable coordinated and integrated delivery of care.	No interdisciplinary, team-based care approach. Team members will not be working to their full scope of practice. Minimal collaboration efforts with Ottawa OHT/PCN to enable coordinated and integrated delivery of care.	
Convenient Access	Comprehensive plan for timely access, including in-person and virtual care options. Uses access metrics to demonstrate rationale and plans to utilize wait times, service utilization, and patient satisfaction metrics to demonstrate impact.	Plan for timely access, including in-person and virtual care options. Uses some access metrics to demonstrate rationale and plans to utilize wait times, service utilization, and patient satisfaction metrics to demonstrate impact.	Basic plan for timely access, including in-person and virtual care options. Uses access metrics to demonstrate rationale.	No clear plan for timely access.	

	Excellent	Good	Fair	Poor	
Digital Integration	Strong plan to leverage and expand the use of digital solutions in alignment with provincial digital health strategy, incorporating utilization and integration metrics into evaluation planning.	Moderate plan to leverage and expand the use of digital solutions in alignment with provincial digital health strategy, incorporating some utilization and integration metrics into evaluation planning.	Basic plan to leverage and expand the use of digital solutions in alignment with provincial digital health strategy, incorporating minimal utilization and integration metrics into evaluation planning.	No clear plan for digital tools and services.	
Equitable Care	Comprehensive plan for culturally and linguistically responsive care that meet the needs of the local population, incorporating SDD data and linkages to high priority areas. Includes clear plan to ensure access to French language care.	Plan for culturally and linguistically responsive care that meet the needs of the local population, incorporating some SDD data and linkages to high priority areas. Includes a plan to ensure access to French language care.	Basic plan for culturally and linguistically responsive care that meet the needs of the local population, incorporating minimal to no SDD data and linkages to high priority areas. Plan to ensure access to French language care is unclear.	No clear plan for culturally and linguistically responsive care. Does not iunclude a plan to ensure access to French language care.	
Responsive Care	Strong plan for measuring and evaluating continuous quality improvement and learning, along with a clear strategy for co-designing services that includes representation from the PFAC.	Moderate plan for measuring and evaluating continuous quality improvement and learning, along with a working strategy for co-designing services that includes representation from the PFAC.	Basic plan for measuring and evaluating continuous quality improvement and learning, along with a some consideration for co-designing services that includes representation from the PFAC.	No plan for continuous quality improvement or co-design with PFAC.	
				Total Score:	

Criteria (Out of 10 points - 5%)	Excellent (8 points)	Good (6 points)	Fair (4 points)	Poor (2 point)	Score
GOVERNANCE					
Governance Model	Strong governance model with clear tracking and reporting mechanisms.	Moderate governance model with some tracking and reporting mechanisms.	Basic governance model with limited tracking and reporting mechanisms.	No governance model or unclear tracking and reporting mechanisms.	
Endorsed by application's board	☐ YES (2 points)		☐ NO (no points)		
				Total Score:	

Criteria (Out of 20 points - 10%)	Excellent (10 points)	Good (7 points)	Fair (4 points)	Poor (1 point)	Score
RISKS & MITIGATIONS					
Risk Identification	Comprehensive identification of risks, contingencies, issues, and circumstances that may be encountered.	Moderate identification of risks, contingencies, issues, and circumstances that may be encountered.	Basic identification of risks, contingencies, issues, and circumstances that may be encountered.	Identification of risks contingencies, issues, and circumstances that may be encountered is weak.	
Mitigation Strategies	Strong and feasible mitigation strategies.	Moderate mitigation strategies.	Basic mitigation strategies.	Mitigation strategies are weak.	
				Total Score:	

Criteria (Out of 20 points - 10%)	Clear alignment with proprosal (20 points)	Moderate alignment with proposal (15 points)	Some alignment with proposal (10 points)	Alignment with proposal is unclear (5 point)	Score
BUDGET					
Human Resources	The budget is clearly aligns with the proposal's goals and objectives, with all proposed costs strategically supporting the intended outcomes. Cost estimates are realistic and based on reliable data or past experiences. Necessary resources are available or can be reasonably acquired within the proposed timeline. The budget includes a reasonable buffer for unexpected costs.	The budget aligns well with the proposal's goals and objectives, with most proposed costs effectively supporting the intended outcomes. Cost estimates are realistic and has some data to support rationale. Most of the resources are available or can be reasonably acquired within the proposed timeline. The budget includes a buffer for unexpected costs.	The budget somewhat aligns with the proposal's goals and objectives, with some proposed costs supporting the intended outcomes. Cost estimates are somewhat realistic. Has mininal data to support rationale. A considerable amount of resources are not available or cannot be acquired within the proposed timeline. The budget includes a limited buffer for unexpected costs.	The budget does not align with the proposal's goals and objectives, with few proposed costs supporting the intended outcomes. Cost estimates are unrealistic, either too high or too low. There is insufficient data to support the estimates. Necessary resources are not available or cannot be acquired within the proposed timeline. The budget lacks a buffer for unexpected costs.	
Specialist Sessionals/Collaborating Physician(s)					
Physicians FTE Salaries (CHC, BSM, IPHCO)					
Operational Overhead					
One-Time Startup Costs					
					Total Score:
PROPOSAL TOTAL SCORE:	*/200*				