

Innovation Partnership
Procurement by Co-Design

Mount Sinai Fertility; Client
Management/Scheduling
Challenge Brief



Contact name

George Jewell

Response deadline

October 20, 2017

Phone number

416 586 4800 x2624

Challenge Brief reference #

SHS-002

E-mail

george.jewell@sinaihealthsystem.ca

Maximum procurement budget

\$ \$30,000

Note: this does not obligate provider to procure any solution

Project Team

Dipankar Nath - Administrative Manager
Alison Gilmour – Clinical Manager
George Jewell Senior Manager Sinai Solutions

All vendor responses must be made via completion of an “Innovator Brief” template and forwarded to the above contact via email by the response deadline, with a cc to designchallenge@marsdd.com.

The Challenge

Maximum of 1200 characters

In December 2015, MOHLTC launched a publicly funded program to improve access to fertility services in Ontario. The public response to this program was overwhelming and quickly led to long patient wait lists (20-24 months) at almost all clinics. Because of the large numbers of patients and the long time period involved, tracking patients, managing communication and changes in schedules is a complex and time consuming issue. Couple this with the anxiety that patients and their spouses face relative to trying to get pregnant and their information needs and you have a patient engagement and satisfaction challenge. This is a very fluid process with many factors driving a large percentage of appointments being cancelled or requiring postponement at short notice. These changes result in both single appointment changes but collective require batch changes to appointments being required. Ensuring all appointments are filled is critical to reduce wait time as much as possible maximizing patient satisfaction and clinic financials. Presently without the correct tools "slots" go unused. Automating much of this work may reduce risk of human error in areas such as creating email communication and therefore reduce potential privacy risks.

Good care is synonymous with both good clinical outcome and patient experience. Better management of the waitlist is likely to improve both by reducing patient wait times to access care, ensuring health equity, reducing turnaround time for patient communication, and empowering patients to access health information easily.

Automating communication should reduce chance of errors which could lead to privacy concerns.

To the best of our knowledge, all fertility clinics face this problem. At a recent conference of the Canadian Fertility and Andrology Society, most clinics expressed their need for a better patient waitlist management tool. Note any healthcare service with long waitlists would likely be potential users of this type of service.

In house tools have been developed over time but no single clinic has the resources to build a robust solution. Costs need to be spread across multiple provider customers.

Most solutions on the market currently, do not cater to the specific segment (fertility) and are not made to handle the scale and nuances required.

We think that the solution could be to allow patients to access and update their information through an App. This will allow more time for direct care to patients vs admin work.



Desired Outcomes

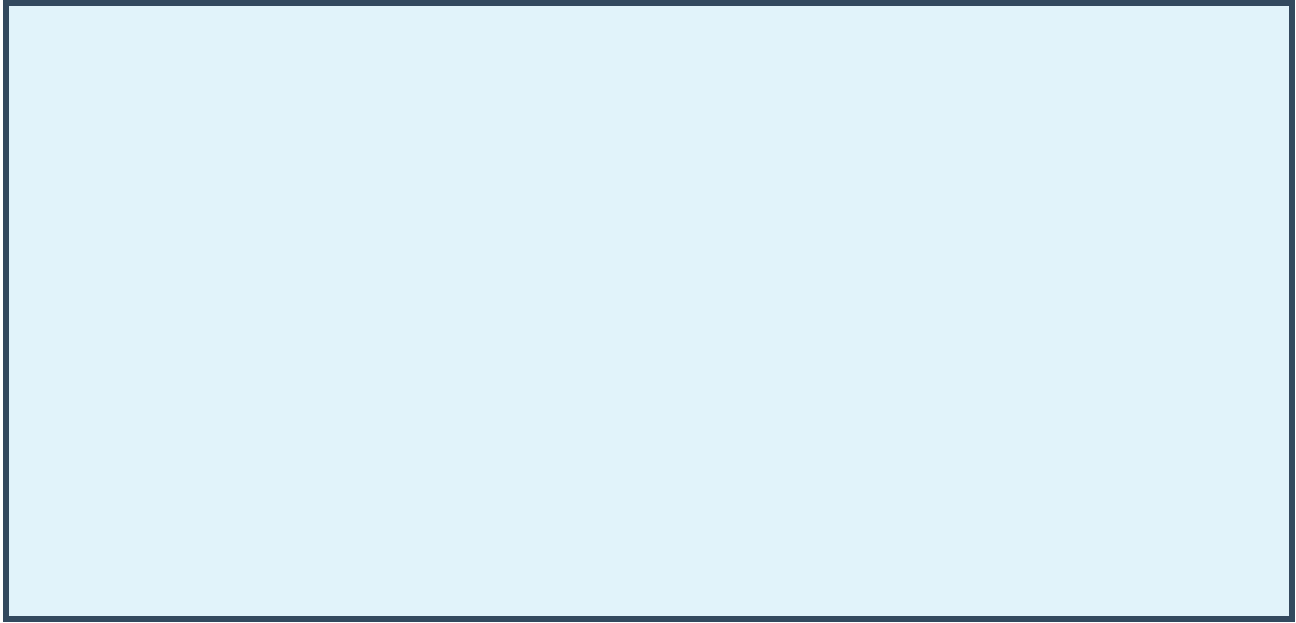
Maximum of 3 outcomes based specifications (OBS)

OBS specify the ultimate outcomes and performance desired by the end user, allowing for flexibility in determining how a specific need can be met. Here are some examples:

OBS #1; We are interested in reducing turnaround times to provide updated information on waitlist from the current 9-12 weeks to 2-3 weeks

OBS #2: Decrease patient drop-out (of a funded cycle) rate from current 25% to 30% to less than 10%

OBS #3: Decrease clinical administrative load as measure by time saved and/or increased efficiency by a minimum of 20% over a 3-month test period



Evaluation Criteria

Criteria to be used for vendor selection (NOT to evaluate solutions).

IMPORTANT: Below are evaluation categories for provider's use. Please modify according to your needs by adding any sub-criteria and weights if necessary.

Company – 20 % weight

Has the company demonstrated the competency to act as partner? Do they have an innovative vision? Do they have a strong leadership team? Do they have strong references?

Proposed approach – 30 % weight

Is the proposed approach to the challenge innovative? Do you agree that it can solve the challenge proposed? Will it have a significant impact on the end user (staff, patients, etc)?

Ability to execute- 25 % weight

Has the company demonstrated the ability to deliver a solution to other complex challenges? What has been the outcomes of solutions they have implemented?

Ability to produce validation data- 10 % weight

Has the company demonstrated their ability and expertise to produce validation data? Have they shared an example of data they have produced for any of their products or prototypes? Is the quality of that data sufficient enough to make a procurement decision?

Experience of project team - 15 % weight

Does the team have experience working on innovative solutions? Did the company propose the right type of project team to take on this engagement?

Key Dates

The following is a summary of key dates in the RFP process. Program sponsor (MaRS) and provider may change any of the dates below, in its sole discretion and without liability, cost, or penalty.

Key Dates	Milestones	Duration
Sept 28, 2017	Program launch, providers invited to download and complete a Challenge Brief	2 weeks
Oct 16 - 20	All challenges posted online, vendors begin to respond with Innovator Briefs	1 week
Oct 23 - 27	Vendors have all submitted Innovator Briefs. Providers shortlist vendor selection.	1 week
Nov 6	Dialog day. Each provider will hear their selected vendor pitches. Final vendor selection completed.	1 day
Nov 7 - 10	Teams prepare and submit co-design grant application.	1 week
Nov 13 - 17	External judging panel reviews grant applications. Meets on 17th to make final decision. Co-Design grant winners announced.	1 week
Nov 20	Co-Design Workshop #1: Discovery. Teams sign collaboration agreements.	1/2 to 1 day
Nov 20 - Dec 15	Teams work on discovery phase.	4 weeks
Jan 15, 2018	Co-Design Workshop #2: Ideation & Concept testing	1/2 to 1 day
Jan 15 - Mar 3	Teams work on ideation and concept testing phase.	8 weeks
Mar 5 - 8	Design review sessions. 1 - 2 hour sessions with each team to review learnings from discovery and concept testing results.	1 week
Mar 9	Co-Design Workshop #3: MVP prototyping and evaluation framework.	1/2 - 1 day
Mar 9 - Jun 15	Teams work on MVP development and evaluation phase.	14 weeks
Jun 18 - Jul 5	Teams make procurement decision and formalize agreements.	3 weeks
Jul 9 - 13	External judging panel conducts site visits.	1 week

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Jul 20

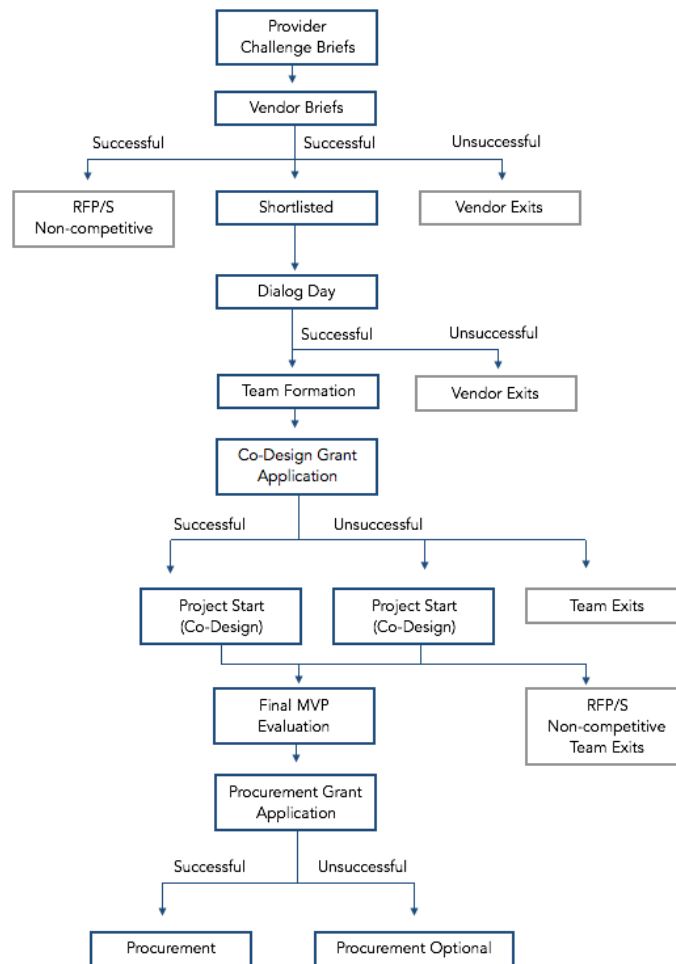
Final solutions day. Judges award up to \$50k for procurement.

1 day

Terms and Conditions

1. The “Innovation Partnership: Procurement by Co-Design” program may or may not lead to a procurement. There is no requirement for procurement at the end of the program, and procurement is at the discretion of the Provider. There are a number of potential outcomes from participation in this program (see figure below).
2. This Design Challenge document is issued to invite vendors who are able to develop solutions within the program timelines or have existing solutions that require refinement or validation, to respond and partner with the Provider to solve the proposed challenge.
3. The process will be in four phases:
 - a. Phase 1: Challenge Brief
 - i. Proponents prepare a submission in response to OBS
 - ii. Providers evaluate submissions based on evaluation criteria published in Challenge Brief, and generate a short list of qualified proponents
 - b. Phase 2: Dialogue Day
 - i. Short listed proponents are invited to present on submissions
 - ii. Providers evaluate presentation/discussion based on published criteria (to be made available to short listed proponents) and a proponent is selected. There are now two possible outcomes:
 1. Proponent may find an ideal solution and decide to pursue an RFP/S or non-competitive procurement strategy
 2. Proponent may form a team to pursue co-design
 - c. Phase 3: Co-Design
 - i. Selected proponent and provider form a team to co-design a solution and evaluate a minimum viable product, and decide whether to apply for the co-design grant. There are now three possible outcomes:
 1. Co-design moves forward with grant funding
 2. Co-design moves forward without grant funding
 3. Co-design does not move forward
 - d. Phase 4: Procurement
 - i. Providers evaluate success of the minimum viable product based on published desired outcomes
 - ii. Providers determine whether to move forward with a procurement, and whether to request the additional grant from IPPCD. There are now three possible outcomes:
 1. Procurement moves forward with grant funding
 2. Procurement moves forward without grant funding
 3. Procurement does not move forward

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4. Questions related to the Challenge being proposed must be directed to the Provider, and questions that modify the Challenge will be posted publicly for all potential proponents. Questions related to the Innovation Partnership: Procurement by Co-Design Program must be directed to MaRS (designchallenge@marsdd.com)
5. Submission requirements (mandatory requirements; proponents who do not meet the mandatory requirements will be disqualified)
 - a. Interested proponents must respond via submission of an Innovator Brief document, available online on <https://www.marsdd.com/systems-change/procurement-co-design>
 - b. The Innovator Brief document must be submitted directly to the Provider by the due date listed on the cover page of this document, with a cc to designchallenge@marsdd.com.
 - c. The submission must include proof of necessary licenses.
6. Bid disputes must be directed to the Provider, and will be managed according to the Provider's published bid dispute resolution process.

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