November 20, 2020

REQUEST FOR PROPOSALS - RFP No. RP450-2020-01

FOR Patient Reported Outcomes (PROs) Evaluation and Early Integration of Palliative Care (EIPC)

CLARIFICATION – QUESTIONS & ANSWERS

Please see the answers below regarding any questions raised in relation to this RFP.

1. **Question:**

   Can you please provide the logic model for the program?

   Answer:
   Please refer to pages 16-18 which describe the interventions in detail and the intended outcomes. A logic model will be shared with the successful Proponent.

2. **Question:**

   Can you please confirm that Ontario is not included in the PROs and EIPC programs?

   Answer:
   Correct. Ontario is not in the list of funded projects.

3. **Question:**

   What are the expectations of the Partnership around analysis and reporting, in particular, capturing jurisdiction-specific results, project type results and/or aggregating results in a pan-Canadian narrative?

   Answer:
   Overall, we want the proponent to consider a pan-Canadian narrative when reporting on the impact of the projects. This is specifically relevant to the minimum dataset with the 13 pre-determined performance measures measured consistently and common tools used across projects. However, jurisdiction-specific briefs are a deliverable as noted in Schedule C. These briefs (1 per funded project) should capture some of the nuanced results or achievements of projects beyond what is captured in the minimum dataset.

4. **Question:**

With respect to the quantitative data being collected for the 13 pre-determined measures (as noted on pg. 20 of the RFP and expanded on pgs. 29-37 of the RFP), can you share additional details on how this data will be shared with the proponent:

- Will the quantitative data be available in a standard file type (e.g. Excel spreadsheet, SPSS data base, other)?

- Is the data being compiled in a standardized format (e.g. are all of the partners using an identical data entry template as provided by CPAC or have they been allowed to create their own data templates)?

- Will the data be presented in raw format or will it be cleaned in any way prior to being made available to the proponent (e.g. data entry errors identified and removed or corrected, data outliers identified and removed or adjusted, missing data defined as 'not collected' or 'non-response' – if applicable, data recoding – if applicable, etc.)

Answer:
Quantitative data will be made available to the Proponent in Excel with aggregated values from each project. Each team is being provided a standardized data entry template to report project results. However, some projects may not submit data on one or more indicators if they are not in scope for their project (e.g. functional assessments may not be in scope for projects focused on introducing ESAS-r screening). Teams will clean their own data and send the Partnership aggregate data only. Any additional data collected by the Partnership will be cleaned prior to sharing with the Proponent.

5. **Question:**

In Schedule C of the RFP (pg. 44) the duration for Phase 1 reads 'January 2021 – April 2022'. We are assuming that this should read 'January 2021 – April 2021'. Is this correct?

Answer:
Correct. Phase 1 is from January 2021-April 2021.

6. **Question:**

In Schedule C of the RFP (pg. 44) one of the deliverables under Phase 1 states 'Review feedback and presentation of final draft developed evaluation tools with partners (virtual)'. Can you elaborate on which evaluation tools this statement is referring to? It seems that sequentially, this activity should follow after the row that states 'Developed data collection tools', not before (i.e. the three tools would be developed and then reviewed and finalized in consultation with the partners).

Answer:
The deliverable that states "Review feedback and presentation of final draft developed evaluation tools with partners (virtual)" speaks to the necessary engagement of funded partners at the final draft stage of the following tools listed in Schedule C (1 - focus group questions/facilitation guide
2 - semi-structured interview guides incorporating engagement feedback
3 – health care provider survey). We believe it is essential to garner feedback from partners before the tools can be finalized and issued.

7. **Question:**

   Can you provide more detail about how improvement in patient QOL will be assessed? E.g., will partners be assessing change in EQ5D scores at the patient level over time, and how will partners report that change to CPAC?

   Answer:
   Improvement in patient QoL is being measured through patients experiencing a reduce in their symptom burden (using ESAS-r scores) and EQ5D. EQ5D is primarily being collected to inform the economic evaluation design. This process will be led by the economic evaluation vendor in collaboration with the Partnership. Currently, the perimeters around the collection of EQ5D are still being determined. Please note that not all partners will be able to collect EQ5D. The Proponent will be able to draw on findings from the economic evaluation as an input for the overall evaluation.

8. **Question:**

   Will CPAC do a quality check on the quantitative data they collect from partners before it is provided to the successful vendor?

   Answer:
   Yes. All quantitative data is collected by the Partnership's Data Integration and Analytics team. Any discrepancies will be reviewed and address prior to sharing with the Proponent. The Proponent will receive aggregated data only.

9. **Question:**

   For the LEAP training survey:
   a. Was the same survey used across all of the 10 projects? (Or some of the projects?)
   b. Can a copy of the survey tool be provide? Or an indication of the # of closed ended and open-ended questions.
   c. Is there a sense of the # of survey responses? Even a rough estimate would be helpful.
   d. What format will the data be provided in? (e.g., paper, electronic)
   e. When will the data be provided to CPAC? (approximate timing is fine)

Answer:
Only the projects focused on EIPC are using LEAP training as their primary education for interdisciplinary health care providers (4 out of 10 projects). We estimate between 300-500 health care providers will be trained using LEAP. The LEAP surveys will be the same across those projects. A copy of the survey can be provided to the successful Proponent during phase 1. The majority of survey questions are on a Likert scale. Survey data is provided in electronic format. The Proponent will receive aggregated data from the surveys only. The Partnership expects to receive this data in Q2/Q3 of 2021 (Phase 2 outlined in RFP).

10. **Question:**

   For the patient self-management experience survey:
   a.   What format will the data be provided in? (e.g., paper, electronic)
   b.   When will the data be provided to CPAC? (approximate timing is fine)

   Answer:
   In the event that patient self-management/experience surveys are used in the evaluation design, aggregate results will be collected in electronic format from participating partners. The Partnership will work in collaboration with the Proponent and funded partners to determine the most appropriate timeline to share survey results for synthesis.

11. **Question:**

   a)   Will this project require data collection or communication in French?
   b)   If yes, can you describe what aspects of the project this will apply to? (e.g., all data collection, reporting, ongoing communication with projects)
   c)   If yes, will CPAC coordinate and cover costs for translation?

   Answer:
   It is very unlikely that any translation will be needed for this evaluation. However, should that change, the Partnership will provide translation services in-house.

12. **Question:**

   For the economic evaluation, when will the findings be available for the program evaluation vendor to use?

   Answer:
   Please see the response to question 22.

13. Question:

The review of project documentation is often an important step in understanding the intent and context of each project. What sort of documentation does CPAC have related to each project? (e.g., proposal, notes from calls with projects, workplan/budget updates, documents that describe the progress or intent of the projects)

Answer:
The Partnership will ensure that the successful Proponent has access to comprehensive documentation about all funded projects including but not limited to;

- **Partner Handbook which outlines high level summary of projects**
- **Original project proposals**
- **Deliverables from contracts**
- **Project presentation decks**

Additionally, there will be opportunities to speak with Partnership Staff, and funded partners to gather insight on the intent and context of projects during phase 1.

14. Question:

How many staff/healthcare providers are expected to receive inter-professional palliative care education and training through these projects?

Answer:
We estimate that nearly 3000 healthcare professionals will receive some type of palliative care education, of which 300-500 healthcare providers trained in LEAP.

15. Question:

How would you describe CPAC's involvement for the 10 projects? What sort of support has been offered? (e.g., resources offered, cross-project meetings, status meetings, etc)

Answer:
Aside from the funding provided to the 10 jurisdictions, the Partnership has six-week status calls with each project team to discuss deliverables, budget and risks to project delivery. As the steward of the Canadian Strategy for Cancer Control, the Partnership takes great pride in mobilizing knowledge and evidence among its partners and stakeholders and leading pan-Canadian convenings to share progress and learnings. As an example, the Partnership has quarterly funded partner convenings (currently virtual) and has recently facilitated webinars on emerging issues/challenges related to the PROs and EIPC work.

16. **Question:**

We understand that it is anticipated that all projects will end by March 2022. What are the current anticipated end dates for each of the ten projects?

Answer:
Based on funded contracts, all funded projects are scheduled to end March 31st 2022. It's possible that projects may be extended due to COVID-19. More information will be available in 2021.

17. **Question:**

Are there currently any cross-project meetings scheduled with partners in 2021 or 2022? If not, is there an expectation that these will occur? (e.g., quarterly)

Answer:
The Partnership typically schedules meetings with funded partners each quarter. These meetings are in place to bring partners together to support learning and sharing of progress. It is expected that these convenings (now virtual) will be an opportunity to discuss and engage partners in the evaluation design, implementation and sharing of results.

18. **Question:**

Can a logic model or theory of change for this initiative be provided?

Answer:
Please see response to question 1.

19. **Question:**

Given that patient interviews will be a part of the evaluation, will an ethics review be required?

Answer:
No. Our projects and this evaluation falls under the categorization of quality improvement. The Tri-Council Policy Statement 2 governing research ethics in Canada states: *"Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of REB review."*

20. Question:

How has COVID-19 influenced these projects and/or the initiative overall? (e.g., delayed or stopped implementation, transition to virtual assessments or virtual advance care planning)

Answer:
COVID-19 has both negatively and positively impacted projects. Teams had to overcome the reduction of in-person clinical services and adapting to virtually/remoting monitoring palliative patients. Furthermore, some projects saw their staff be redeployed to assist with COVID-19 which resulted in some delays in project implementation. Conversely, the pandemic has provided an opportunity to highlight the importance of palliative care and advance care planning. More health care professionals have been interested in being trained to have these difficult conversations.

21. Question:

We notice that the RFP abbreviates early integration of palliative care as EIPC in some instances and EPIC in others. Can you please clarify which is preferred?

Answer:
EIPC is the correct abbreviation. Both the abbreviation and formal title are acceptable for use.

22. Question:

Regarding the "Economic Evaluation" sub-heading in Schedule A, can you please provide more detail about the expected level/extent of collaboration between the Proponent and commissioned economic evaluation vendor? For example, is there opportunity or expectation to provide input on the methodology and/or reporting format?

Answer:
The economic evaluation is considered a complementary but parallel project to the overall evaluation. While the Partnership is open to thoughts on the approach, the economic evaluation Proponent has been procured to provide expertise in this area, and already has a design in place. The Proponent is not expected to weigh-in on the economic evaluation methodology. The Partnership is relying on both Proponents to drive each of the designs and be informed of each other's work. It is expected that the successful Proponent have access to preliminary economic evaluation results and align on language that reflects the evidence from the economic evaluation into the final evaluation report. Final economic evaluation results are expected to be available before June 2022; but, may be delayed.

As well, we expect the successful Proponent to have at least 3 touchpoints with the economic evaluation vendor, as listed in Schedule C.