PRIHS Digital Health: 2022
Frequently Asked Questions

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1. **What are the main objectives and key outcomes of PRIHS Digital Health?**

   PRIHS Digital Health offers leaders in our health system the opportunity to assess Alberta's ability to deliver innovative models of care to individuals in Alberta through digital and data-enabled technologies. For PRIHS, digital health is defined as the application of technologies to support the delivery of innovative care models that empower patients, families, and their healthcare teams to improve quality of care.

   The objectives of the PRIHS Digital Health Program are to:

   • Translate research evidence that has been pilot tested, preferably in an Alberta health care and has strong evidence of clinical effectiveness to suggest that the solution will address a priority health system challenge in Alberta as articulated by the [SCNs and Integrated Provincial Programs in their Transformational Roadmaps](#).
   • Generate the evidence needed to identify and accelerate the spread and/or scale of evidence-based solutions that close care gaps to foster more efficient and/or effective use of health care resources.

   The key outcomes (i.e., measurable effects) the program will accomplish for the benefit of Albertans are:

   • Build capacity: Enhanced applied research and innovation, as well as absorptive and receptor capacity: in costing analysis and value assessment (in the use and generation of robust data and evidence for decision making), implementation science, stakeholder engagement and digital health literacy.
   • Fostering innovation through collaboration: Accelerated health research and innovation outcomes in areas of strategic priority and need, e.g. (co-)implementation and assessment of innovative models of care that leverage digital or data-enabled technologies, with potential to scale and spread successful solutions to other patient populations and/or areas in the health system (acute, primary/ambulatory, and/or community-based settings).
   • Improve health: Demonstratable health system benefits through the implementation and adoption of solutions that improve healthcare quality, health outcomes and overall value for Albertans.

2. **Does Connect Care qualify as a digital health technology?**

   For PRIHS, digital health is defined as the application of technologies to support the delivery of innovative care models that empower patients, families, and their healthcare teams to improve quality of care. Technologies include, but are not limited to, virtual and augmented reality, mobile-health applications, big data analytics, connected devices, sensors, wearables, 3D printing, and computer simulation and modelling. Digital health enables the health system to make data-informed decisions through the amalgamation, analysis, and application of highly complex information.

   Leveraging digital health tools afforded by Connect Care or those with the potential to integrate into Connect Care that *lead* to the development and delivery of innovative care models align with the objectives of PRIHS Digital Health. **Projects solely utilizing Connect Care as an EMR without augmenting its utility beyond a data repository will not satisfy the criteria of PRIHS Digital Health.**

3. What is meant by "innovative care model"?

Care models are comprised of multiple components (***people, processes, technology, methods, locations, information***), that when working synergistically, deliver *optimal value* for patients and stakeholders with which they serve. Digital health transformation will disrupt existing care models and their implementation will have a cascading effect on these other components. Innovative models of care will require clinicians to simultaneously address all (if not the majority) of these components if true breakthrough system changes can be realized, beyond what technology can do on its own.

4. What is meant by "vested interest"?

Vested interest refers to potential for immediate and direct material gain for a Primary Lead (Applicant Representative) and/or Co-Lead (Co-Applicant Representative). Per the program guide, individuals who have a vested interest can participate on the project team **as collaborators**. Project teams must disclose actual, potential, or perceived conflicts of interest and identify mechanisms for mitigation within their proposed project. Alberta Innovates and Alberta Health Services retain the right to request a conflict-of-interest mitigation strategy at any time throughout the project.

5. Why do projects need to be developed in collaboration with SCNs and/or Integrated Provincial Programs?

SCNs and Integrated Provincial Programs consist of networks of patients and families, academic partners, clinical leaders, and other stakeholders who are knowledgeable about specific areas of health and serve as enduring structures for setting Research & Innovation (R&I) priorities and driving clinical innovation within AHS. SCNs and Integrated Provincial Programs are key to the success of PRIHS. Developing PRIHS projects in partnership with SCNs ensures that:

• Project teams have access to key health system expertise, stakeholders, and leadership as early as possible in the PRIHS lifecycle;

• Generate evidence and results that will directly inform local knowledge users, including patients and families, about the adoption of the innovative care model after the study completes; and

• Only those projects with the appropriate line of sight to Alberta's health system priorities and sustainability are developed into full applications.

6. Can an applicant be a Primary Lead (Applicant Representative) or Co-Lead (Co-Applicant Representative) on more than one application?

There is no limit to the number of applications a Primary or Co-Lead can develop and submit to the PRIHS Digital Health Program.

7. When Identifying an SCN or Integrated Provincial Program Co-Lead, who qualifies as "Leadership"?

Co-Leads must consist of leadership from a respective SCN(s) and/or Integrated Provincial Program(s). "Leadership" refers to an individual who holds the title of Senior Provincial Director, Senior Medical Director, Executive Director, Manager, Scientific Director, or Assistant Scientific Director.

8. Can applications include organizations that are not Alberta-based?

    Applicants can partner with organizations outside of Alberta however patient enrollment would be limited to those receiving care within Alberta. The grant and allocation of funds would need to stay in Alberta (unless otherwise approved) and be administered by an individual that meets the Primary Lead (Applicant Representative) eligibility criteria per the PRIHS Digital Health Program Guide.

9. Can more than one Co-Lead be identified?

    Yes. Primary Leads (Applicant Representatives) must hold an academic or research appointment at an Alberta-based post-Secondary institution. All applications must also identify at least one Co-Leads (Co-Applicant Representatives) from the SCN or Integrated Provincial Program Leadership Team. A third Co-Lead not consisting of SCN, or Integrated Provincial Program leadership can subsequently be included as part of the project team. Roles of third Co-Leads must be explicitly described, including how their involvement contributes to the overall project governance.

10. Can a non-academic be the Primary Lead?

    No, Primary Leads (Applicant Representatives) must hold an academic or research appointment at an Alberta-based post-Secondary Institution. Non-academic members can participate as a collaborator.

11. How many applications will each SCN and/or Integrated Provincial Program advance?

    Each SCN and Integrated Provincial Program will review high opportunity Expressions of Interest (EOI) select **up to** two PRIHS-ready solutions to advance to Phase 2 (Full Application) of the PRIHS Digital Health Program. Decisions will be communicated May 6, 2022.

12. What is the Program funding details?

    The PRIHS Digital Health Program funding competition is $7 million. No maximum budget amount is set for each proposal. The term is up to three years (2023 to 2026), with studies of shorter duration encouraged, and budgets must be structured to achieve the deliverables in the timeframes proposed. Projects will be given an upfront, additional 6-months for project administration and funding setup.

13. What is the signature & approval requirements for respective post-secondary institutions?

    Specific institutional signature requirements and internal deadline(s) may also apply. It is recommended to contact your institution representative for specific requirements.