

Disrupting Benefits Challenge Letter of Intent (LOI) Form

IMPORTANT! Please read all question instructions and prompts carefully. Some supporting materials are requested in the question and others are requested to be sent by email.

Submitting Requested Evidence and Supporting Materials:

Please submit any requested evidence to contact.hst@albertainnovates.ca with your Company Legal Name as provided in Question 3 as the subject line. Please label attachments with the corresponding question number/s.

* Required

Consent and Declaration

1. By submitting this Letter of Intent, including any supporting documentation, I, in my capacity as the authorized representative of the Applicant, legally represent for and on behalf of the Applicant that:

1. The Applicant provides its explicit consent to the disclosure of the information identified within the Application by Alberta Innovates in its sole discretion;

2. The Applicant Representative is legally authorized to submit this Application for and on behalf of the Applicant and has the requisite power to legally bind the Applicant;

3. The Applicant Representative has read and understands the Disrupting Benefits Challenge Program Guide Appendix;

4. The Applicant meets all the eligibility requirements for an investment as set out in the Program Guide Appendix;

5. All information contained in this Application including but not limited to the Project and supporting documentation, is true and accurate;

6. The Applicant acknowledges that failure to provide true and accurate information in this Application will result in automatic rejection of the Application; *

Yes

No

Challenge Statements

2. Which Challenge statement is your technology solution addressing?

*

Select **one** from drop-down list:

- Plan Sponsor #1: How might we address chronic conditions for our workforce and their families by changing or sustaining their wellness micro-habits, so they aspire to achieve their peak health and wellbeing?
- Plan Sponsor #2: How might we address rising rates of cardiovascular risks among our workforce by empowering them to make positive health changes to improve cardiovascular health?
- Plan Sponsor #3: How might we address obesity and weight related illnesses by shifting lifestyle management behaviours including readiness to change at the individual and organizational level?

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Company Information

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3. Company Legal Name *

4. Company Trade Name *

(if applicable)

5. Company Established Date *



6. Civic Address *

7. Website *

8. Entity Structure *

200 word limit

9. Jurisdiction of Incorporation/Entity Registration Province *

200 word limit

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10. What statement best reflects the Vendor’s current company development stage? *

Review the development stages: https://albertainnovates.ca/wp-content/uploads/2023/06/Alberta-Innovates-Client-Journey-and-Health-Innovation-Checklist_7JUNE20222.pdf

Discovering

Ideating

Concepting

Committing

Validating

Scaling

Establishing

Leading

Other

11. Identify the key members of the management team, board members, and advisory board, including their respective roles, relevant experience, and qualifications *

200 word limit

12. **Corporate Access Number** *

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Employee Capacity

Please indicate the number of employees currently employed by your company precising each category.

13. T4 full-time in Alberta *

14. T4 full-time outside Alberta *

15. T4 part-time in Alberta *

16. T4 part-time outside Alberta *

17. Non-T4 contract in Alberta *

18. Non-T4 contract outside Alberta *

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Disrupting Benefits Challenge Understanding

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19. Specification of the Problem *

Explain and quantify the seriousness of the problem/challenge, from a customer/end-user perspective, that this innovation aims to address. 200 word limit.

20. Specification of the Solution *

Provide a detailed description of the Innovation and how it may resolve the challenge outlined in the **Challenge Statement**. 200 word limit.

21. What differentiates you from other Technology Solution Providers that solve a similar challenge? *

200 word limit.

22. What types of healthcare providers are involved in delivering the services? *

If applicable, specify whether they are licensed in Canada and in the province of Alberta or in any other provincial jurisdiction. 200 word limit.

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Product Categorization

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23. Which **health condition** does your technology target? Select the relevant chronic disease. *

Select one unique answer.

- Anxiety
- Asthma & Allergies
- Attention Deficit
- Autism
- Bipolar Disorder
- Cancer
- Chronic Pain
- COPD (Chronic Obstructive Pulmonary Disease)
- Dementia
- Depression
- Diabetes
- Eating Disorders
- Epilepsy
- Gastrointestinal Issues
- Heart Conditions
- Hypertension
- Insomina
- Multiple Sclerosis

- Multiple sclerosis
- Obesity (weight loss / lifestyle changes)
- Schizophrenia
- Sleep Apnea

24. Which **features** does the technology offer? *

Select all that apply.

- System services (Health apps that improve health system efficiency. Unlikely to have direct and measurable individual health outcomes.)
- Educate about health and disease
- Diagnose a condition
- Monitor a condition
- Prevent a condition
- Treating a condition
- Facilitate communication between patients and health care professionals
- Self-manage a condition
- Research
- Calculate (Health apps that perform calculations that are likely to affect health care decisions. Includes for example, apps for use by health professionals or users to calculate parameters pertaining to care, such as early warning system software)
- Other

25. **If applicable, what types of connected devices (e.g. peripherals, phone, computer etc.) or technologies are required by the solution? How are they involved? ***

200 word limit

26. **Outline the various end-user groups that will be utilizing or impacted by this technology? ***

Include whether patients and families and/or care providers will be using the solution. 200 word limit.

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27. Identify the Technology Readiness Level (TRL) of the technology. *

Select one from Drop Down.

Review the Technology Readiness Level table: <https://albertainnovates.ca/wp-content/uploads/2018/05/Technology-Readiness-Levels-4.pdf>

- 1 - Basic principles observed
- 2 - Technology concept formulated
- 3 - Experimental proof of concepts
- 4 - Technology validated in lab
- 5 - Technology validated in relevant environment
- 6 - Technology demonstrated in relevant environment
- 7 - System model or prototype demonstration in operational environment
- 8 - System complete and qualified
- 9 - Actual system proven in operation environment

28. **If applicable, is the technology currently available on web or app stores? ***

If not applicable, please specify in "Other" option.

- Yes
- No
- Not Applicable
- Other

29. **Does the solution require integration with other systems? ***

If yes, please describe integration with existing systems or devices in the "Other" option box.

- Yes
- No
- Other

30. **Does your solution support Single Sign On? ***

- Yes
- No

31. Describe any evidence of end-user satisfaction with the technology.

*

For example, If the solution is an app available on the App Store, what is the reported rating? List any other apps you have available in different app stores. Include exemplar customer reviews or testimonials. 200 word limit.

Please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

32. Describe any resources/supports available to support Alberta Blue Cross and end-users in understanding, onboarding, utilizing and troubleshooting the technology.

*

200 word limit. Please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

33. Outline your service delivery standards.

*

200 word limit. Please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

Reporting

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34. **Do you have the necessary capabilities and processes in place to share program data with Alberta Blue Cross for the purpose of verifying aggregated patient reported outcomes? ***

If yes, please specify in the "Other" option box.

- Yes
- No
- Other

35. **Will there be specific, tangible reports available to Alberta Blue Cross to track utilization or other Patient Reported Experience Measures? ***

If yes, please list all reports in the "Other" option box.

- Yes
- No
- Other

36. **Outline how reports are delivered, at what frequency and in what formats (e.g. Interactive Dashboards, Dynamic Reports, Excel Reporting, PDF reporting, Data API)? ***

200 word limit.

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Marketing and Customer Engagement

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37. **Outline what supports (e.g. marketing and information materials) are available to Alberta Blue Cross to facilitate Plan Sponsor engagement.** *

Include whether customization and co-branding of marketing materials is possible. 200 word limit.

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Clinical Robustness

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38. **Is there evidence of acceptability or feasibility in at least one peer-reviewed study? The evidence may take the form of a clinical trial, a feasibility study, a review, a survey, or other published evidence. ***

If yes, please describe evidence in the "Other" option box and submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Other

39. **Has clinical value been demonstrated by a peer-reviewed study supporting the digital health solution that was generated through an Alberta pilot or in another jurisdiction, in the form of a clinical trial or other published clinical evidence? ***

If yes, please describe evidence in the "Other" option box and submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Other

40. **Has economic value been demonstrated by a peer-reviewed study, in the form of an economic study such as a cost-effectiveness analysis?**

*

If yes, please describe evidence in the "Other" option box and submit evidence via email (see submitting requested evidence and supporting materials instructions above).

Yes

No

Other

41. **Was a health professional involved in the development of your technology?** *

If yes, please submit proof of involvement, such as mention on the website, presence in the organization chart, work carried out on technology development, etc. via email (see submitting requested evidence and supporting materials instructions above).

Yes

No

42. **Has your technology been both adopted and recommended by another organization (e.g. INESSS, CADTH, mHealthBelgium, Alberta Health Services, Ontario Health, Quebec MSSS, BfArM (DiGA), NICE, ICER, Wellness Together Canada, Haute Autorité de Santé)? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Other

43. **If applicable, is your technology licensed by a regulatory organization (e.g. Health Canada, FDA)? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Not Applicable

44. **Who are the current types of clients that have purchased or are subscribed to the technology (e.g. patients, plan sponsors, insurers, and/or broker/consultants, etc.)? ***

200 word limit.

45. **How many active users are using the technology? ***

Please state your answer as a number.

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Secure Data

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46. **Is a privacy statement readily available to potential customers and users of the technology?** Provide the link to the privacy policy. *

If yes, please submit the link to the privacy policy in the "Other" box below OR submit privacy policy via email (see submitting requested evidence and supporting materials instructions above).

Yes

No

Other

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47. Which Canadian information privacy legislation(s) does your technology comply with? *

Please select all the privacy legislation you are compliant with.

- ARPIPPS (Quebec)
- FIPPA (Alberta)
- FIPPA (Ontario)
- FOIPPA (British Columbia)
- HIA (Alberta)
- PHIA (Newfoundland)
- PHIA (Nova Scotia)
- PHIPA (Ontario)
- PIPEDA (Canada)
- Private Sector Act (Quebec)
- Other

48. Does your company have a privacy officer (PO) assigned and is the contact information available in your privacy policy? *

- Yes
- No

49. **Does your technology store any client Personal Identifiable Information (PII) or Personal Health Information? ***

Yes

No

50. **Does the technology transmit and store all PII with adequate encryption (e.g. SL/TLS for data transmission and AES for data storage)? ***

Yes

No

Not Applicable

51. **Is an appropriate retention policy established to erase or review the data stored? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

Yes

No

Not Applicable

52. **Are contracts in place with all processors and controllers of PII of the technology and associated services to ensure the level of security controls and privacy protection are as communicated to the user? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Not Applicable

53. **Are security-incident response procedures in place-that include reporting PII breaches to the user and relevant authorities? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Not Applicable

54. **Are organizational measures in place to ensure PII is processed in a manner that is compatible with the explicit, legitimate purposes specified in the privacy statement? ***

If yes, please submit evidence via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No
- Not Applicable

55. **Is your data hosted in Canada? ***

- Yes
- No

56. **Do you have a recent SOC 2 Type 2 compliance or equivalent (ISO27001, HITRUST) certificate that you are able to share? ***

If yes, please submit the certificate via email (see submitting requested evidence and supporting materials instructions above).

- Yes
- No

57. Outline how end-users access the service or technology. *

200 word limit

58. Outline what language options are available. *

200 word limit

59. Outline who will be able to access client/member/dependent information and data. *

200 word limit

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Accessibility

Accessibility Definition: Accessibility refers to the practice of designing and developing digital services in a way that ensures they are usable to all individuals, including those with disabilities. This encompasses all interactions a person may have, in any environment and includes all communications channels. Accessibility is essential for ensuring that individuals with disabilities, such as those with visual, auditory, motor, neurological or cognitive impairments have equitable experiences.

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60. Is your solution compliant with any of the following accessibility standards:

- WCAG Level AA 2.1
- ISO 9241-171:2008
- ISO 9241-210:2019
- ISO 9241-220:2019
- ISO/TR 16982:2002
- ISO/IEC 40500:2012
- WCAG 2.0 A
- WCAG 2.0 AA
- WCAG 2.0 AAA
- WCAG 2.1 A
- WCAG 2.1 AAA
- WCAG 2.2 A
- WCAG 2.2 AA
- WCAG 2.2 AAA
- WCAG 3 A
- WCAG 3 AA
- WCAG 3 AAA
- WAI-ARIA 1.1
- ADA
- AODA
- Section 508
- Section 504
- EN 301 549
- California Civil Rights Unruh Act
- New York Human Rights Law

*

If yes, please submit a certificate of compliance via email (see submitting requested evidence and supporting materials instructions above).

Yes

No

61. **Do you report on the accessibility of your product? ***

If yes, please specify in the "Other" option box.

Yes

No

Other

62. Do you optimize for a broad range of assistive technologies, apart from screen readers (e.g. eye tracking or sip and puff, etc.). *

If yes, please specify in "Other" option.

Yes

No

Other

63. **Do you actively test the efficacy of your solution with a range of demographically diverse people for cross-cultural inclusion? ***

If yes, please specify in the "Other" option box.

Yes

No

Other

64. **Is the content presented in a way that can be comprehended by individuals below an 8th-grade school level, according to the Automated Readability Index (ARI) readability tool? ***

Yes

No

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