





## Health Care Unburdened Grant Program

\$10 million in grants for initiatives that reduce the administrative burden facing physicians.

An estimated 18.5 million hours are spent annually on unnecessary administrative tasks. The Canadian Medical Association, MD Financial Management, and Scotiabank® are offering \$10 million in grants through the Health Care Unburdened Grant program. You could receive between \$500,000 and \$1 million to implement an idea that helps physicians reclaim lost time and improve patient care.

Before you start your application, please review the checklist to ensure you are fully qualified.

Have questions? Visit our FAQs or contact us: funding@cma.ca

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Welcome to the application form to the Health Care Unburdened Grant Program. We appreciate your interest!

In this application, we will gather essential information to better understand your initiative and its alignment with the program's objectives.

The application period is from October 24 – December 12 (6 pm ET).

#### **Terms & Conditions**

Before you begin filling out the application form, you must agree to the program's Terms & Conditions.  The Terms & Conditions can be found HERE.
Yes, I agree to the Terms & Conditions.

### 2. Eligibility Questions

Please take a moment to answer the following questions to determine your eligibility for this grant program. Your responses will help us ensure that your initiative aligns with the program's objectives. If you respond 'no' to any of the questions below, your application will be declined.

If you are unsure about any of your responses, please reach out to <a href="mailto:funding@cma.ca">funding@cma.ca</a>

Is this application being submitted on behalf of a non-profit organization or registered charity in Canada? *
Yes
No
Is the primary aim of your initiative to make a measurable reduction in the administrative burden facing physicians? *
Yes
No

Does your initiative take a team-based approach? *
A team-based approach is described in the <u>program's FAQs</u>
Yes
□ No
Does your initiative team include a physician and/or medical learner? *  Yes
□ No
Please describe your initiative in 1000 characters or less.
3. Contact Information  Please provide the following details about your non-profit organization and the primary point of contact for your grant application. Your responses will help us better understand your organization and facilitate communication throughout the application process.  A. Lead Organization
Name of Organization*
Organization Description*
Website*

# **B. Social Media Accounts** LinkedIn Facebook Instagram Other Street address\* City\* Province/Territory\* Postal code\* C. Point of Contact for Grant Application First Name\* Last Name\* Title Department (If applicable) Organization (If different from the lead organization stated above.) Email address\* Phone number\* D. Proof of non-profit status Is your organization a Canadian-based non-profit? \* Yes No If applicable, what is your registration number? Is your organization a registered charity? \* Yes No If yes, what is your charitable status number?

4. Initiative Overview
Initiative title*
What is/are the primary implementation setting(s) for your initiative? *  Please select all that apply.  Ambulatory Care Centre
Community Health Centre
Health Authority
Home Healthcare
Hospital
Long-Term Care Facility
Primary Care Clinic
Specialized Clinic
Other (please specify)
Please provide a brief overview of your proposed initiative. *  Your overview should articulate the problem it is seeking to solve, the proposed solution, and the approach the initiative will take.
How much funding are you requesting? *  Applicants to this program may request a minimum grant amount of \$500,000 and a maximum grant amount of \$1,000,000.

proposed initiative:
One of the defining features of administrative burden is that many of the tasks are not the result of physician inefficiency; instead, they are the result of circumstances, decisions, and requirements outside of a physician's control.
System challenges (ex. data sharing is not streamlined)
Technology challenges (ex. outdated electronic health record systems)
Workforce challenges (ex. shortage of medical billing specialists)
Patient expectations (ex. quick access to medical records online)
Human factors (ex. data entry mistakes/miscommunication)
Other (please define)

Please choose up to three root causes of administrative burden that best align with your

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#### Criteria: Overview

This funding program will support initiatives that aim to:

- Streamline or reduce required documentation or administrative work;
- Improve efficiencies to processes and practices; and/or
- Reimagine resourcing (including human resources) and teaming to reduce the administrative burden on physicians and other primary care providers.

The following questions will ask you to articulate the details of your initiative with respect to the five grant criteria by which your initiative will be assessed: evidence of need, impact, feasibility, scalability and sustainability, and collaboration. Responses should demonstrate how your initiative is evidence informed.

Across all criteria, you should articulate if/how reconciliation, anti-racism, equity, diversity and inclusion have been integrated into your initiative and approach.

#### 5. Criteria: Evidence of Need

#### **Evidence of Need (10%)**

Refers to the clear recognition and substantiation of the problem or issue that the proposed initiative seeks to address. To demonstrate evidence of need, applicants need to provide compelling and data-supported reasons for why the reduction of administrative burden for physicians is necessary and significant within their setting.

Please provide compelling evidence or data that clearly describes the extent and nature of the physician administrative burden in your specific setting or context. \*

lease share relevant statistics, research findings, or real-world examples that support the existence and gnificance of this problem.	

In the context of your proposed initiative, describe in detail the impacts of physician administrative burden on various audiences. *
Audiences include physicians, health care workers, patients, individuals with lived experience, and the broader health care system. Please provide specific evidence supporting the impacts.
6. Criteria: Impact REFERENCE Impact (30%)
Refers to the potential measurable outcomes and changes that the funded initiatives are expected to achieve in reducing administrative burden for physicians and related stakeholders.
Describe your initiative's desired outcomes, approach to achieving these outcomes, and the anticipated timing of when they will be achieved. *
Explain how these outcomes are both realistic and measurable within the proposed timeline.

Describe how your initiative will bring tangible benefits to physicians, health care workers, patients, individuals with lived experience, and health care systems. *
Please provide examples of the expected positive impacts on each of these stakeholders incorporating quantitative data if possible.
In what ways does your initiative incorporate innovation in its approach to addressing the issue at hand? *
Please elaborate on any new, unique or creative elements of your solution.
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Explain the methods and tools you plan to use for measuring and evaluating the outcomes and impacts of your initiative. *

How have/will you ensure(d) equity, diversity, inclusion, reconciliation, and anti-racism is incorporated within your initiative? $^{*}$
How will you proactively address and mitigate potential disparities that may arise in the outcomes and impacts of your project? Applicants are encouraged to reference specific and relevant frameworks, strategies or approaches such as Gender Based Analysis+, PROGRESS+, etc.
7. Criteria: Feasibility Feasibility (20%)
Refers to the practicality and likelihood of successful implementation of the proposed initiative to reduce administrative burden for physicians. It involves assessing whether the initiative is realistic, achievable, and supported by evidence of effectiveness and usability.
In bullet form, please outline the project plan, including key project milestones, and deliverables, and how they are tailored to the capabilities and expertise of your project team.*
How will you ensure that these milestones are both appropriate and attainable for your team?

Provide an overview of the current status of your initiative. *
Specifically, where does it stand in terms of readiness for implementation, and how prepared is your team to execute the project and achieve results within the intended setting and timeframe?
What are the top 2 –3 risks, barriers, or challenges you foresee with the implementation of your initiative and how will these be mitigated? *
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Using the table below, please provide a breakdown of the project budget, detailing how it aligns with the project milestones and deliverables.

Please be sure to scroll in order to view the entire budget table.

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Please outline your plans or strategies for scaling or sharing the lessons learned and outcomes of your nitiative beyond the initial project scope. *
How do you envision extending the impact to different settings or regions, and what might you need to cale your initiative? *
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Detail the sustainability plan you have in place to ensure that the impact of your initiative continues beyond the grant period and benefits all relevant stakeholders equitably. What supports or resources night you need to sustain your initiative? *

#### 9. Criteria: Collaboration

#### Collaboration (20%)

Refers to the cooperative and mutually beneficial approach taken by the project team responsible for the initiative. Collaboration involves working together with appropriate and diverse stakeholders, organizations, and individuals who are in alignment to develop, implement, and sustain the initiative. It prioritizes reconciliation, diversity, equity and inclusion throughout the team and processes.

Please provide an overview of the composition of your project team, highlighting the diversity of perspectives and roles represented. \*

How do these team members contribute to the overall alignment with the initiative's scope and objectives?

FOR REFERENCE
Initiative team members  A. Initiative lead
First Name *
Last Name *
Email address *
Organization *
Title *
Role* Healthcare worker
Medical Learner
Patient
Person with Lived Experience
Physician
Policymaker
Researcher
Other (Please define)

In more detail, w	hat will this team	member contribu	te to the project?	*	
B. Additional Tea					
Maximum of 15 ac funding@cma.ca.	dditional team mer	nbers. If you have	more than 15 team	members, please	contact us at:
randing (werna.ea.		ı			
Name	Email	Organization	Title	Role	Contribution to the project
	project team, wh will they be engag			re required for the	e success of this

Beyond the project team, will your initiative require additional personnel or supporting functions (ex. evaluation support)? *
Yes
□ No
If yes, please describe
Please explain how your collaboration approach has actively incorporated principles of reconciliation, anti-racism, diversity, equity, and inclusion. *  What specific steps have you taken to ensure these principles are integrated into your project's approach to teamwork and collaboration?

10. Supporting Documentation
Does your initiative require ethics approval by your respective organization/institution? *
Yes
No
If yes, please attach the relevant documentation with the application
Do you have any third-party proprietary rights to disclose, as outlined in the Program's Terms and Conditions?
Yes
No
If yes, please disclose *
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Please indicate whether your initiative has secured alternate sources of funding, and if so, how much, from where and for what duration?

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