
PRIHS 8 - Digital Health (2023 – 2024)

Frequently Asked Questions (FAQS)

Contents

| | | |
|-----|--|---|
| 1. | What are the main objectives of PRIHS 8 - Digital Health? | 2 |
| 2. | What are the Program funding details? | 2 |
| 3. | Are there any intellectual property (IP) considerations for PRIHS? | 2 |
| 4. | What is meant by “vested interest”?..... | 2 |
| 5. | What is Digital Health? | 3 |
| 6. | Does Connect Care qualify as a digital health technology?..... | 3 |
| 7. | Can an applicant be a Primary Lead (Applicant Representative) or Co-Lead (Co-Applicant Representative) on more than one application? | 3 |
| 8. | When Identifying an SCN or Integrated Provincial Program Co-Lead, who qualifies as “Leadership”?..... | 3 |
| 9. | Can more than one Co-Lead be identified?..... | 3 |
| 10. | Can a non-academic be the Primary Lead? | 4 |
| 11. | Why do projects need to be developed in collaboration with SCNs and/or Integrated Provincial Programs? | 4 |
| 12. | Can applications include organizations that are not Alberta-based? | 4 |
| 13. | How many applications will each SCN and/or Integrated Provincial Program advance?..... | 4 |
| 14. | What are the signature and approval requirements for respective post-secondary institutions? | 4 |

1. What are the main objectives of PRIHS 8 - Digital Health?

PRIHS is designed to align the expertise of researchers to create new knowledge with the evidence needs of health providers. The program provides opportunities for researchers and clinicians to implement promising solutions that address priority health system challenges in collaboration with Strategic Clinical Networks (SCNs) and Integrated Provincial Programs. By fostering innovation through collaboration, PRIHS accelerates health research and innovation outcomes into areas of strategic priority and need, with the potential to scale and spread to other patient populations and/or areas in the health system.

The overall objectives of the PRIHS Program are to:

1. Translate research evidence into practice by testing the implementation of digital health solutions that:
 - i. have been pilot tested, preferably in an Alberta health care setting, and have strong evidence to demonstrate the solution is able to produce a measurable impact (improve or maintain) on patient health (i.e., clinical effectiveness) and results in a system benefit; and,
 - ii. address a priority health system challenge in Alberta as articulated by the [SCNs and the Integrated Provincials Programs in their Transformational Roadmaps](#).
2. 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.

2. What are the Program funding details?

Alberta Innovates and AHS are investing up to \$5 million in the PRIHS 8 Program. No maximum budget amount is set for each proposal. The term is up to three years (2024 to 2027), with studies of shorter duration encouraged. 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.

3. Are there any intellectual property (IP) considerations for PRIHS?

Alberta Innovates makes no claim to any IP generated as a result of its investment in the Project. Alberta Health Services (AHS) may require a non-commercial license from the successful Applicant to use any IP generated through the Project for research, education, and clinical purposes. During the 6-month period for project administration and funding setup, successful Applicants will be asked to contact innovation@ahs.ca to execute a separate agreement with AHS to provide this license. Ownership of any IP developed through the Project will follow applicable institutional policies, including company, University, and AHS IP Policies, and any pre-existing agreement(s). Applicants should contact their respective institutions if they have any questions related to their institutional IP Policies and ownership of IP.

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). 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 AHS retain the right to request a conflict-of-interest mitigation strategy at any time throughout the project.

5. What is Digital Health?

Digital Health is an opportunity to accelerate research, transform care models, and reimagine sociological behaviours and processes to create an inclusive, patient-centered future. Digital health transformation is critically dependent upon the human factor and is driven by the type of care being delivered and its desired outcome. Digital health technologies, include but are not limited to, 3D printing, artificial intelligence, robotics, additive manufacturing, machine learning, extended reality.

6. Does Connect Care qualify as a digital health technology?

Leveraging digital health tools afforded by Connect Care or those with the potential to integrate into Connect Care that **lead** to the development of insight at the point of care and increase adherence to evidence based pathways align with the objectives of PRIHS Digital Health. As do solutions that harness the predictive analytics of Connect Care and other electronic health records in Primary Care to transcend to new levels of safety, effectiveness and affordability of care.

Projects solely utilizing Connect Care as an electronic medical record without augmenting its utility beyond a data repository will not satisfy the criteria of PRIHS Digital Health.

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

Yes, there is no limit to the number of applications a Primary or Co-Lead can develop and submit to the PRIHS 8 - Digital Health Program.

8. 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.

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 (PSI). All applications must also identify **at least one** Co-Lead (Co-Applicant Representative) 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 PSI. Non-academic members can participate as a collaborator.

11. 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;
- Evidence and results generated 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.

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

Applicants can partner with organizations outside of Alberta, **however, patient enrollment and project delivery are limited to those receiving care within Alberta**. The award and allocation of funds **must** remain in Alberta (unless otherwise approved) and be administered by an individual that meets the Primary Lead (Applicant Representative) eligibility criteria per the PRIHS 8 - Digital Health Program Guide.

13. 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) and will select **up to two (2)** PRIHS-ready solutions to advance to Phase 2 (Full Application) of the PRIHS 8 - Digital Health Program. Decisions will be communicated **July 14, 2023**.

14. What are the signature and 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.