Ontario

Call for Applications to License Community Surgical and Diagnostic Centres for Orthopedic Services in Ontario

Frequently Asked Questions

Ministry of Health

July 2025

Attention: The Ministry of Health (ministry) is requesting prospective applicants to indicate if they intend to apply for an ICHSC licence for Orthopedic services. This information will help to support ministry preparation for the evaluation process and more timely results.

Please note that this form is not mandatory or binding for applicants as part of the call for applications.

The intent to apply form has very minimal fields to complete and may be accessed at the link below:

Intent to Apply for Orthopedics Call for Applications

Please submit your intent to apply by August 11 at 11:59 PM EDT.

Application Process and Call for Applications

1. **How will unsuccessful applicants be informed of ministry decisions?**
   All applicants, including unsuccessful applicants, will receive written notice from the ministry about the decision on their application.

2. **Will the ministry issue standard templates for the Infection Prevention and Control (IPAC) Plan and Medical Device Reprocessing (MDR) policy? Or must applicants draft their own?**
   Beyond the application form itself, the ministry does not supply templates that applicants are to use for sections of the application.

3. **Does this Call for Applications prioritize specific regions or demographic groups to enhance access to orthopedic care?**
   Applications from across Ontario are invited and will be assessed based on their alignment with the ministry's broader health system goals. Regional need is one of the factors used in decision-making for licensure of an ICHSC providing Orthopedic services.

4. **Are decisions regarding successful applicants inclusive of health equity considerations and access?**
   Yes. Section 8 of the application form requires applicants to provide a description of how their proposed health facility will address the health equity needs of diverse, vulnerable, priority and underserved populations, and consider linguistic needs. Answers provided in Section 8 are factored into the evaluation of each application.

5. **Please confirm that Section 3.1 Certificate of Professional Conduct was omitted in error, as the final checklist refers to it.**
   Please note that there are no sections missing from the Call for Applications documents. Section 3.1 Quality Assurance Advisor can be found on page 21 of the application form. Full details explaining the role of the Quality Assurance Advisor and the criteria that must be met is included. There is a Final Checklist on page 70 of the application form that references Recent Quality Assessments/Inspections that corresponds to Section 3.1; however, this is to be provided by applicants, if applicable, as indicated in the checklist.

   Separately, per Section 4.2 CPSO Certificate of Professional Conduct, the Applicant should initiate an institutional request for a Certificate of Professional Conduct (CPC) to be issued by the College of Physicians and Surgeons of Ontario (CPSO) to the Director of ICHSCs, Ontario Ministry of Health for the Applicant, if registered with the CPSO, and any officer or director of the corporation or administrator who is

registered with the CPSO. The Institutional Request must be submitted for: a) the Applicant, if registered with the CPSO; and b) any officer or director or administrator of the corporation who is registered with the CPSO.

6. **What is considered to be an "endorsement" and a "partnership" with health system partners in the development of the application?**

   An endorsement from a health system partner would be supporting documentation such as a letter of endorsement or agreement.

Quality Assurance Advisor Requirements and Accreditation Canada

7. **May a single physician serve as QA Advisor for multiple sites? What minimum on-site presence is expected?**
   A Quality Assurance Advisor (QAA) can serve multiple sites as long as they are able to perform their duties including visiting the site a minimum of four times a year as per the ICHSC Surgical Standards. The QAA must be affiliated with the ICHSC and be providing services in the centre or in connection with the centre.

8. **Through what methods will the ministry monitor that applicants are adhering to the patient criteria?**
   The ICHSC Quality Assurance Program has established quality standards outlined in the ICHSC Surgical Standards, which includes policy and proof of implementation of documented American Society of Anesthesiologists (ASA) assessments on patient charts. The inspecting body, Accreditation Canada, will perform pre-licensing inspections as well as regularly scheduled inspections to ensure that the ICHSC is meeting all quality standards.

9. **Are applicants responsible for all Accreditation Canada inspection costs? What are the current fee ranges?**
   Yes, there are annual fees that ICHSCs are required to pay to the inspecting body named under the *Integrated Community Health Services Centres Act, 2023* (ICHSCA), which is Accreditation Canada as of April 1, 2024.

   New ICHSCs will enroll in the Accreditation Canada Quality Assurance Program by entering into an agreement with Accreditation Canada. The agreement will provide more information on the applicable fees, which are determined based on clinic-

specific information.

10. **Can an ICHSC establish its own Medical Advisory Committee (MAC) to credential physicians and oversee quality of care, including quality assurance? Or is it expected that a hospital-based MAC would assume this responsibility, even for a standalone surgical centre outside its direct control?**
For ICHSCs licensed to provide Orthopedic services, a Quality Assurance Advisor must hold an independent practice certificate of registration and must be a healthcare professional who ordinarily provides services in or in connection with the ICHSC (e.g., Orthopedic surgery or anesthesia services) and whose training enables them to advise the licensee with respect to the quality and safety standards of services provided in the facility. An ICHSC is also required to establish an advisory committee to advise its Quality Assurance Advisor, which should consist of health professionals who provide health services in or in connection with the integrated community health services centre.

    Please see s. 7 and s. 8 of O. Reg 215/23 under the ICHSCA for details regarding the requirements and obligations of a quality assurance advisor and establishing an advisory committee.

    The requirement for physicians providing orthopedic surgery and anesthesia services at an ICHSC to have active privileges at a local hospital to the facility should not be interpreted to mean that the hospital Medical Advisory Committee and Board of Directors is responsible in any way for oversight of the physician’s clinical activity in the ICHSC.

    The ICHSC is responsible for ensuring quality oversight within the facility and should develop any necessary structure, policies, and procedures to meet this expectation, including the selection of health professionals working in the facility and monitoring of quality of care. The requirement for active privileges at a local hospital is to support the ongoing care of any ICHSC patients who may require hospital care, and to help limit any impact of an ICHSC on hospital local health human resources.

Operations

11. **What are the infrastructure and staffing requirements for approved facilities? Are there defined standards regarding the number of operating rooms, recovery areas or on-site diagnostic capabilities?**
There is no set requirement for the number of operating rooms, recovery areas or on-site imaging capacity. Applicants will have an opportunity to describe their

facilities in detail, and applications will be evaluated on their merit.

12. **Will there be a specific turnaround time between receiving referrals and booking procedures that ICHSCs will be expected to meet (e.g., number of days)?**
    There is no specific turnaround time required to book procedures once a referral has been received. However, within the quality assurance framework, it is expected that there is a clearly documented policy for booking procedures and monitoring turnaround times such that continuous quality improvement initiatives can be implemented if turnaround times are impacting clinic operations or patient wait times.

13. **If a licence is suspended or revoked, is a successor entity permitted to reapply to operate from the same premises?**
    As outlined in section 13(1) of the ICHSCA, the Director of Integrated Community Health Services Centres (ICHSCs) may revoke or suspend a licence. The Director shall serve notice of the decision, together with written reasons, to the licensee. While a new licensee may be able to operate at the location of a former ICHSC, please note that any new ICHSC licences are issued only through a Call for Applications process. There is also a transfer of licence process as set out in s. 11 of the ICHSCA, which would apply where there has not been a revocation and if a licensee wishes to transfer its licence to a successor entity, which could operate from the same location.

14. **Is the licence assigned to the facility or an individual?**
    The licence is held by the entity that applies for the licence, but individuals corporately associated with the facility (e.g. directors, officers) are set out in the Ministry's records for that licensee.

15. **In cases where the licensed corporation is acquired—whether through a share purchase or asset sale—does the licence automatically remain valid? Can an ICHSC licence be assigned, sold, or otherwise transferred?**
    As outlined in the ICHSCA, a licence is not transferable without the prior approval of the Director. Additionally, a licensee that is a private company as defined in the *Securities Act, 1990* shall not permit an issue or transfer of its voting shares except in accordance with the limitations and conditions of the licence. Further, per the ICHSCA, a licensee shall not relocate an ICHSC without the prior approval of the Director. Please review the requirements set out in ss. 25-28 of the ICHSCA, which sets out restrictions for the licensee applicable to this context.

16. Can a licensed ICHSC change physical location?

While a licensed ICHSC may request to change its physical location, applicants are strongly advised to submit their application using the address where they intend to operate. If a relocation becomes necessary after licensing, the centre must follow the established process and obtain ministry approval before moving to operate from a new site, in accordance with s. 10 of the ICHSCA. The timing and certainty around securing a proposed facility location will be a key consideration for those applicants who may be offered conditional approval for a licence following the evaluation process.

17. Will there be an opportunity for licence renewal following the initial licencing years? Is this automatic or does it require an application?

Licences for ICHSCs can be issued for up to a 5-year period and are typically issued for a 5-year term. Section 9 of the ICHSCA outlines the provisions governing the renewal process for ICHSC licensees. The renewal process includes Director review of a licensee's compliance with requirements under the ICHSCA. The renewal process is initiated by the ministry with existing licensees being notified six months in advance of the renewal date. The ministry sends the licensee a renewal application to review current contacts, services, affiliated physicians, and other operational details.

A Transfer Payment Agreement (TPA) will also be established with successful applicants for an ICHSC licence; the term and renewal of the TPA may not align with the ICHSC licence term.

18. When must a new ICHSC be operational?

On the application form, applicants are required to provide information on their proposed timeline to begin providing services upon issuance of an ICHSC licence, including the estimated date for beginning service delivery and an explanation and evidence of how this date would be feasible.

To be issued a licence, applicants that receive conditional approval will be required to have fully met all minimum eligibility requirements, including compliance with identified legislation, regulations, and the mandatory pre-licensing inspection conducted by Accreditation Canada, etc.

Please refer to the application guidelines and application form for additional information. The ministry will set timelines with successful applicants at the time of issuing an ICHSC licence.

19. **Do all surgeons working in approved facilities require full hospital staff privileges, or are courtesy privileges sufficient to meet the requirements?**
    All physicians proposed to be providing Orthopedic surgery and anesthesia at the ICHSC must have active hospital privileges at a hospital that is local to the ICHSC.

20. **Once staffing information has been submitted, are facilities required to report each new hire?**
    ICHSC licensees will be expected to report on various metrics, indicators, and business functions. Reporting requirements and expectations will be shared with successful applicants receiving an ICHSC licence.

21. **Is an applicant able to expand its original list of physicians after the licence has been issued?**

    Yes, it is possible to expand the list of physicians following the issuance of a licence. However, please note that all physicians must be licensed through the College of Physicians and Surgeons of Ontario (CPSO) and meet the requirements for the scope of practice of an Orthopaedic surgeon. Any new physician providing services at the ICHSC must also provide a copy of their declaration of standing to the Director, in accordance with s. 15 of O. Reg 215/23.

Funding

22. **How will coding and billing be structured under the licencing agreement?**
    The application guidelines list the Orthopedics services that, when performed at the ICHSC, are eligible for ICHSC facility cost funding. Facility costs are separate from physician professional fee payments paid directly to physicians under the Schedule of Benefits.

23. **Are one-time interface/build costs to connect with WTIS, NACRS, and future provincial systems reimbursable? Or must these costs be fully absorbed by the ICHSC?**
    Applicants who are issued an ICHSC licence will be required to connect, and remain connected, to the Ontario Wait Time Information System (WTIS) and National Ambulatory Care Reporting System (NACRS), and work with Ontario Health and the Canadian Institute for Health Information (CIHI) to establish and maintain this connection as required. ICHSC licence holders will be expected to establish connection with WTIS and NACRS and support the integration and data reporting

requirements, including the costs associated with integration and reporting.

24. **Will the hip ($6,530) and knee ($5,797) facility costs indicated in the Call for Applications documents remain fixed for the licence term, or will an escalation/indexation mechanism apply? Will the funding be reviewed in the future?**
    As noted in the application guidelines, the identified facility costs may undergo periodic review or rate refresh under the sole discretion of the ministry, at any time.

25. **What costs are included in the funded orthopedic services under the ICHSC program? Specifically, does the funding cover post-operative care, and what pre- and post-operative costs (such as diagnostic imaging or rehabilitation services) are expected to be covered by the clinic?**
    Facility cost funding under the ICHSC program is provided only for primary unilateral hip and knee replacement surgeries, at fixed rates of $6,530 for hip and $5,797 for knee procedures. This funding is a single lump-sum payment intended to cover the pre-operative, operative, and post-operative components of care, including diagnostic imaging and rehabilitation services. It applies equally to partial and complete replacements but does not cover revisions, bilateral procedures, or arthroplasty following prior fusion.

    Please note that physician professional fees are billed separately and are not included in the facility cost. For more details, refer to page 12 of the Application Guideline.

26. **If upgrades to the facility are required in the future, will the ministry help with financing?**
    Facility cost funding is the only funding that the ministry provides to an ICHSC under the ICHSCA. Funding for facility costs does not include and will not be provided for: the establishment of a new health facility; acquisition, installation, replacement of equipment; renovation or expansion of an existing health facility; or any other capital costs or leasehold improvements.

27. **Does the facility cost include support or incentives for other associated costs including the cost of implants, payment for physiotherapy follow-ups, payment for any other post-op visits required, payment for pre-op and post-op diagnostic imaging, and robotic surgeries?**
    The specified facility cost funding for the licensed joint replacement services is the only funding that the ministry provides to an ICHSC under the ICHSCA.

There is no additional facility cost funding or incentives provided for other aspects of the surgery, such as use of computer assisted planning or robotic surgery. As these are components of the insured surgical procedure when performed, the patient may not be charged any fee for these components of the surgery.

28. **Will ICHSCs be required to collect Patient-Reported Outcome Measures (PROMs), like bundle holders are for the same types of cases?**
Licensed Orthopedic ICHSCs will be required to report on quality indicators, including patient reported quality metrics.

29. **Will the fees for multiple procedures performed through the same incision be paid differently than when a single procedure is performed?**
The facility cost is a single payment for a hip or knee joint replacement and is intended to cover the pre-operative, operative, and post-operative costs of overhead services. The physician professional fee is for insured services and is separate from the facility costs.

    The physician may claim professional fees for services rendered to complete the hip or knee joint replacement. It is recognized that surgeons may perform and claim insured physician services in addition to one of the above base Procedure Codes, which may be found in the OHIP Schedule of Benefits and fees.

30. **Will ICHSCs have access to the same implant pricing and procurement terms as their local hospitals?**
There is no current government-negotiated standardized pricing plan or vendor rebates in place for surgical implants. The ICHSCs are privately owned and would be expected to manage their business operations independently from the ministry or Ontario Health.

31. **Can a licensed facility be permitted to perform activity from the Transfer Payment Agreement (TPA) signed with the ministry as well as Quality-Based Procedures (QBP) activity with local hospitals through a separate agreement if agreeable to the facility and hospitals?**
Per the Call for Applications documents, hospital funding from the ministry, such as global funding, QBP, or any other source of overhead funding from the ministry should be used solely in support of patient care in a hospital. As a result, any resources the hospital acquires and maintains that use hospital funding (e.g., equipment, infrastructure, corporate service, personnel, etc.) should not be used at the proposed ICHSC.

This restriction exists to ensure that the ICHSC and its facility cost funding is completely separate from the funding the corporation receives for hospital purposes (e.g., global funding, QBP, etc.) and will be used solely in support of patient care at an ICHSC.

32. Will ICHSCs be permitted to perform other uninsured services at the facility?

Applicants should carefully review Sections 29 and 30 of the ICHSCA and its Regulation, which have provisions around uninsured services. It is a violation of Subsection 29(4) for a licensee to charge a patient or accept payment for a facility cost (which is in relation to an insured service) other than payment by the ministry or other prescribed person under the ICHSCA.

In addition, no centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades, and no patient can pay to receive insured services faster than anyone else at the centre.

Centres are required to post an up-to-date list of costs associated with all uninsured services and options on the centre's website, if applicable, and in a visible place within the centre.

Every licensee must also establish and maintain a process for receiving and responding to patient complaints. Under the ICHSCA and its Regulation, there are requirements for the patient complaints process including timelines for a response, components required to be included in communications to patients and a requirement to maintain a record of all complaints received. Each centre must also post a copy of the complaints process and the contact information for the Patient Ombudsman under the *Excellent Care for All Act, 2010* on the licensee's website, if applicable, and in the centre.

Please also review the *Commitment to the Future of Medicare Act, 2004* for additional restrictions around insured and uninsured services.

33. Are uninsured services permitted at ICHSCs, and what body and standards will have quality oversight for these services?

If the uninsured services are the same services that are licensed as the ICHSC services, then the quality and safety standards established by the inspecting body, Accreditation Canada, should also apply to the uninsured services. All uninsured service fees must be posted in the centre and on their website in compliance with the ICHSCA.

To provide surgical services in the community that are not ICHSC services, the physician(s) must apply to the College of Physicians and Surgeons of Ontario (CPSO) for an Out-of-Hospital Premises (OHP) registration regardless of whether the non-ICHSC services are insured or uninsured. The CPSO has quality assurance standards and an assessment process for all OHP procedures.

34. Can ICHSCs charge patients for upgrades on implants according to their individual needs?

It is a violation of subsection 29(4) of the ICHSCA for any person to charge a patient or accept payment for a facility cost for an insured service other than the payment accepted from the ministry or a prescribed person (e.g., Ontario Health) under the ICHSCA. No centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades, and no patient can pay to receive insured services faster than anyone else at the centre.

Procedures

35. In regions of Alternate Funding Plan (AFP) remuneration for physicians, can physicians perform services at these facilities on an out-of-scope basis?

Physician professional fees for insured services are separate from facility costs. For physician payments, physicians must submit claims to OHIP for the professional fee component of insured services provided in an ICHSC, as outlined in the "Schedule of Benefits: Physician Services" under the *Health Insurance Act, 1990*. If a physician's professional fees are paid through another entity or organization, such as an AFP, the physician would be expected to consult with the organization for fee payment rules and regulations as they pertain to service location and procedures.

36. Can a licensed ICHSC receive facility cost funding for patients with an American Society of Anesthesiologists (ASA) score greater than 2?

No. Patient safety is a key priority for new ICHSC facilities providing Orthopedic surgery. At this time, facility cost funding is only provided for low-risk patients as defined in the application guidelines, which includes patients with an ASA score of 1 or 2.

37. ICHSCs performing Orthopedic services will frequently require the use of imaging, including x-ray, fluoroscopy, and ultrasound modalities. Will the ministry include provisions for procuring and operating imaging modalities for Orthopedic surgery licensees?

Facility cost funding provided to ICHSCs for Orthopedic services is considered a

bundled payment and is inclusive of any diagnostic imaging performed at the ICHSC during, or following, the licensed Orthopedic surgical procedure. No additional funding is provided by the ministry for diagnostic imaging, and the ministry will not be issuing licences for diagnostic imaging services as part of the Call for Applications for Orthopedic services.

Any diagnostic imaging performed as part of the surgery and/or post-operatively is considered a necessary adjunct to the insured Orthopedic service, and therefore a patient cannot be charged a fee for that service.

Where an ICHSC incorporates relevant diagnostic imaging modalities into an ICHSC providing Orthopedic services, the ICHSC must comply with all requirements under the *Healing Arts Radiation Protection Act, 1990* and its regulations, and the *Regulated Health Professions Act, 1991* and its applicable regulations.
In the application, applicants should provide a plan for obtaining any appropriate diagnostic imaging, as applicable.

38. **Regarding total joint replacement, is it permissible to bill for "robotic assisted joint replacement"? This procedure utilizes technology designed to improve implant placement accuracy and is a tool requested by some patients.**
The facility costs are set for hip and knee arthroplasty. The physician can select the surgical approach that they feel is best suited for the patient based on current accepted standard of care.

Rapid Access Clinics (RACs) & Regional Intake and Assessment

39. **Will ICHSCs be required to pay a fee to the regional intake program or Rapid Assessment Clinics (RACs)?**
No. Regional intake programs and Rapid Assessment Clinics (RACs) are currently funded by the ministry. The addition of ICHSCs licensed to provide hip and knee replacement surgeries will expand the surgical capacity within Ontario’s publicly funded health care system. ICHSCs will provide another option where the surgical procedure can be performed following patient assessment at an RAC. Consequently, the ICHSC will not be required to pay a fee for patients who are identified by an RAC as being appropriate for having Orthopedic surgery at an ICHSC.

40. **What is the regional intake referral process and assessment through RACs? Is it necessary to have formal partnerships with RACs?**

All patients receiving funded Orthopedic services at ICHSCs are required to be referred to the centres from respective regional intake programs through Rapid Access Clinics (RACs) following a medical determination that the patient is appropriate for the ICHSC setting. Applicants should describe how the regional central intake program/RAC and the proposed facility will determine that a patient is medically appropriate for surgery in the ICHSC setting.

The application should provide documentation of this relationship, which should include letters of endorsement/agreement from the RACs or the regional intake program, along with a list of all RACs from which the ICHSC may receive referrals, including the addresses of these clinics.

The ICHSC cannot establish its own RAC as that would be considered a self-referral and pose as a conflict of interest. Centres are expected to receive a referral and then perform specific patient services once the patient is referred. ICHSCs are not to screen the community like RACs do. Some communities may not have a RAC but may have something that is established and similar, such as a regional intake service.

41. **If more cases are done in the province, additional resources will be required within the regional programs for intake and pre-surgeon assessment for physiotherapists. Will the ICHSCs be paying for the addition of resources?**
Currently, all patients who may require hip or knee replacement surgery are referred to a Rapid Access Clinic (RAC) through the regional intake system. Orthopedic ICHSCs will provide additional capacity and another option where an individual can receive hip and knee replacement surgery in Ontario (for those individuals that are appropriate for the community setting) following an assessment at a RAC. Consequently, ICHSCs licensed to provide orthopedic surgical services are not expected to increase overall volume demand on regional intake programs and RACs.

42. **What is the triage process of determining ASA 1 & ASA 2 patients? Is this done as part of the centralized intake?**
The usual assessor for determining the patient classification on the ASA Physical Status Classification Scale is a health professional specialized in surgical anesthesiology (e.g., anesthesiologist, anesthesiology assistant, GP anesthetist). Applicants can determine where this service will take place within their local health care services. The ASA level should be determined prior to a patient being confirmed for surgery in an ICHSC.

43. **Will the ministry and/or Ontario Health supply a standard electronic referral workflow from RACs, or must each ICHSC build its own?**
    The ministry will not be developing a standard electronic referral form to facilitate coordination between the RAC/regional intake and the ICHSC. The applicant is expected to develop a working relationship with its local RAC(s), including coordination and communication of referrals.

44. **Will the regional RAC provide a minimum number of referrals per year to ensure the centre's sustainability? Will the government guarantee a minimum number of funded cases for each centre?**
    The RACs will continue to perform their services under their current terms of reference. A working relationship between the applicant and the RAC should be established, and evidence of the partnership should be included in the application. There is no requirement for a RAC to ensure a specific referral volume. Successful applicants will be provided with a contract from the ministry, which will include the funded surgical volumes per year.

45. **Do RACs have to be located within the catchment zone? Or can potential referring RACs outside the local region be included?**
    The regional RACs are important to the integration of the ICHSC into the local health care system. If RACs outside the region are important to the applicant's referral network, these partnerships should be described and justified.

Hospitals

46. **Can a hospital open an ICHSC in a separate building on hospital property? When is a hospital eligible to apply for an ICHSC licence?**

    A public hospital corporation is currently eligible to apply for an ICHSC licence for Orthopedic services provided that the proposed ICHSC will not be located at or within the same building, premises or place where a public hospital site is operated under the *Public Hospitals Act, 1990* (PHA).

    As noted in the Call for Application materials, this is to ensure that funding provided to an ICHSC licensee to support facility costs for eligible insured services is completely separate from the funding the corporation receives for hospital purposes (e.g., global funding, QBP, etc.) and that ICHSC facility cost funding will be used solely in support of overhead costs for patient care at an ICHSC.

    ICHSCs and hospitals are subject to different regulatory, quality assurance and funding model requirements and are under separate legislative authorities.

Maintaining a clear delineation of hospital and ICHSC operations ensures regulatory clarity, financial transparency, and accountability.

If a hospital seeking to apply for the Call has plans to add a building or a facility for an ICHSC on a property that is an existing hospital site, the hospital should note that there may be a requirement to obtain ministry approval to add a building or facility under subsection 4(3) of the PHA.

Where a hospital is proposing to dispose of any interest in any land, a building, or other premises that were acquired or used for the purposes of a hospital, the hospital would need to obtain approval under subsection 4(4) of the PHA.

47. What does it mean to have a "formal partnership" with a hospital? Are there additional requirements other than physician privileging? What is the purpose and scope of the partnership, and what is the purpose/intent of the local hospital credentialing requirements?

As described in the application guidelines, all Orthopedic ICHSCs will be required to establish and maintain formal partnerships with at least one local hospital as a minimum eligibility requirement.

At a minimum, the proposed ICHSC must be geographically located in the catchment area of a local hospital that has an established Orthopedic surgery program that offers hip and knee replacement. The local hospital must have the ability to provide emergency and in-patient care for ICHSC patients, if required.

Applicants should demonstrate that the local hospital and the ICHSC have, or will develop, protocols and other arrangements that will ensure a seamless transition of the patient to the hospital in the event any hospital services are required. A formal partnership will also address issues related to health human resource (HHR) planning and utilization (for physicians, nurses, and other staff) to minimize the risk of HHR disruption at the local hospital. Other potential partnership opportunities may include sharing of health information, standardized care tools, education, research and purchasing opportunities. There may be other opportunities for partnership based on local circumstances.

All details of the partnership, including supporting documentation, should be included in the application. A letter of endorsement without evidence of the above level of integration and collaboration would not be considered sufficient to demonstrate a formal partnership.

48. Do all physicians operating at the ICHSC need to be privileged with a hospital with a formal partnership, or can they be privileged at a different hospital?

All physicians providing Orthopedic surgery and anesthesia at the ICHSC must have active hospital privileges at a hospital local to the ICHSC. The requirement for active

privileges is to support the ongoing care of any ICHSC patients who may require hospital care, and to help limit any impact of an ICHSC on local hospital HHR. See the application guidelines for further details.

49. Can ICHSCs collaborate with public hospitals across the region and province, instead of only having partnerships with local hospitals?

All Orthopedic ICHSCs will be required to establish and maintain partnerships with at least one local hospital prior to delivering ICHSC services. For a hospital to be classified as “local,” the proposed ICHSC must be geographically located in the catchment area of the hospital to receive emergency cases. The hospitals that are eligible for this partnership must also be a hospital that has an established orthopedic surgery program that offers hip and knee replacements and has the ability to provide emergency and in-patient care, if required. Given the partnership requirement with at least one local hospital is fulfilled, there are no restrictions on ICHSCs’ collaboration with other non-local public hospitals.

50. May an ICHSC work with physicians who are credentialed at non-partner hospitals?

All physicians providing Orthopedic surgery and anesthesia at the ICHSC must have active hospital privileges at a local hospital to the ICHSC. It is not a requirement that this local hospital is also a partner of the ICHSC. The requirement for active privileges is to support the ongoing care of any ICHSC patients who may require hospital care, and to help limit any impact of an ICHSC on hospital local health human resources. See the application guidelines for further details.

51. If a public hospital applies for an ICHSC license for Orthopedic services, is the hospital accountable for the staffing model and financial funding oversight and flow?

The ICHSC and its facility cost funding is completely separate from the funding the corporation receives for hospital purposes (e.g., global funding, Quality Based Procedures) and will be used solely in support of patient care at an ICHSC. Hospital funding from the ministry, such as global funding, QBP or any other source of overhead funding from the ministry should be used solely in support of patient care in a hospital. As a result, any resources the hospital acquires and maintains using hospital funding (e.g., equipment, infrastructure, corporate service, personnel, etc.) should not be used at the proposed ICHSC.

52. What level of formality will satisfy the requirement to have "at least one hospital partnership"? A letter of intent, MOU, or signed agreement?

Applicants are required to provide supporting documentation of efforts to establish partnerships with all identified hospital partners in the form of letters of intent, commitment or agreements or similar documentation as prescribed in Section 7.1 of the application form. If applicants have been unsuccessful in establishing hospital partnership to date, applicants will be asked to demonstrate and provide evidence of efforts to establish these hospital partnerships as prescribed in Section 7.1 of the application form.

53. Is there a set distance parameter or travel-time threshold that determines the eligibility of "local" hospital partnerships?

For a hospital to be classified as "local," the proposed ICHSC must be geographically located in the catchment area of the hospital to receive emergency cases. The hospitals that are eligible for this partnership must have established orthopedic surgery programs that offer hip and knee replacements and have the ability to provide emergency and in-patient care, if required.

54. What happens if a patient initially assessed as "low risk" requires unplanned hospital admission post-surgery? Who bears the cost and liability of that care?

The applicant is required to identify at least one local hospital partnership that includes the ability to transfer care for a patient requiring admission. ICHSC services are funded for insured services, and the bundled payment would include any services within the ICHSC for post-operative care. Ambulance service payment procedures would apply to a transfer to a hospital. Patients' OHIP coverage would cover the cost of hospital services. For information related to physician professional liability, please contact the Canadian Medical Protective Association.

55. Can ICHSCs pay a hospital in an agreement where the hospital ensures a pre-op clinic, post-op clinic, and rehab care for the ICHSC's patients? Or do these services also need to be done off-site at the ICHSC location?

Formal partnerships between ICHSCs and hospitals do not preclude the possibility of a hospital potentially providing some services to patients receiving a licensed Orthopedic surgery at an ICHSC. As part of an agreement between the ICHSC and hospital, the ICHSC may utilize part of its facility cost funding to purchase selected services from the hospital, such as pre-operative clinic, post-operative clinic, or rehabilitation services.

However, the proposed ICHSC must not be located at or within the same building, premises, or place where a public hospital site is operated under the *Public Hospitals Act.* Facility cost funding provided to an ICHSC must be completely

separate from hospital funding (e.g., global funding, QBP) and will be used solely in support of patient care at an ICHSC.

Rehabilitation Services

56. Is post-operative rehabilitation funded for patients who will be receiving hip or knee replacement surgery at an ICHSC? Will the ICHSC be responsible for paying for the post-operative rehabilitation care? Or will patients be expected to pay for rehab and/or have insurance?

Facility cost funding is a bundled payment that includes funding for clinically appropriate post-operative rehabilitation. Patients are not to be charged any fee for their post-operative rehabilitation. The ICHSC is responsible for ensuring appropriate post-operative rehabilitation care for all patients, including arranging and fulfilling payments to all appropriate health system partners at no additional cost to the patient.
Applicants may wish to consult the Rehabilitative Care Alliance's best practices for total joint replacement as a guide when identifying rehabilitation parameters and preparing the application. See also the Call for Application guidelines and application form.

57. Are patients of these clinics eligible for one or more Episodes of Care (EOC) under the Community Physiotherapy Clinic program?

ICHSCs are responsible for all rehabilitative services for ICHSC patients receiving funded Orthopedic services, including physiotherapy. ICHSC patients should not be referred to the Community Physiotherapy Clinic program, as ICHSC patients would not be eligible for an Episode of Care through the Community Physiotherapy Clinic program.

Facility cost funding is a bundled payment that includes funding for clinically appropriate post-operative rehabilitation, including the option of partnering with local physiotherapy clinics, for which patients are not to be charged any fee. Applicants are responsible for identifying rehabilitation pathways for patients receiving funded Orthopedic surgery and for funding these partnerships from the bundled payment. The rehabilitation pathways may include local physiotherapy clinics, and funding will still come from the bundled payment.

Applicants should explore establishing local partnerships with rehabilitation clinics, providing self-education resources to patients as well as any additional virtual/telehealth rehabilitation resources.

Applicants will be required to provide supporting documentation of formal partnerships with all identified rehabilitation partners in the form of letters of commitment or agreements which should address concerns around confusion. See the application guide for further details.

Service Delivery

58. Does the centre need to perform a certain number of the four listed Orthopedic procedures in a given quarter to maintain eligibility of funding?

The ministry has not prescribed a minimum service volume for Orthopedic service delivery that can take place in a proposed ICHSC.

Applicants are required to provide an approximation of both the projected minimum and maximum number of each licensed orthopedic service that could be provided annually at the proposed ICHSC. Additionally, applicants are required to provide details on the required volumes of insured licensed services delivery annually to be viable for at least the next five years.

While the ministry has not set fixed minimum thresholds at this time, this information is essential for assessing the proposed capacity, funding **allocations**, operational planning, and alignment with system needs. Applicants should ensure that their volume estimates are realistic and supported by their business model, staffing plan and facility capacity.

Note that under a Transfer Payment Agreement, a licensed ICHSC would be allocated a maximum amount of funding for facility costs that the Ministry can pay the licensee over the term of the agreement.

59. Will there be a process where approved licensed centres will be offered to do procedures beyond hip and knee replacement? What is the expected time frame for this?

At this time, there are no plans to issue further Calls for Applications to license new surgical procedures. However, the Minister of Health may issue a Call for Applications in accordance with s. 5 of the ICHSCA in the future to license new diagnostic and/or surgical services.

Please note that with respect to adding other ICHSC services to an existing licence (i.e. licence expansion), under s.14 of the ICHSCA, the Director may at any time add or eliminate a service from the list of services in respect of which an integrated community health services centre is licensed. A licensee would need to submit an application to the Director to add a service to their list of licensed services.

60. If an ICHSC wishes to expand its services by opening an additional facility, is it necessary to apply for another licence?

Yes, ICHSCs wishing to expand their services by opening an additional facility must submit a separate application for each location under a current Call for Applications.

Each facility's application is evaluated independently based on its own merits, including its proposed service model, partnerships, infrastructure, and alignment with ministry priorities. A licence is specific to the approved site and cannot be transferred, relocated, or applied to another location without going through the formal application and prior approval process under the ICHSCA.

61. If a patient at an ICHSC requires additional recovery time beyond the 23-hour, 59-minute limit, will compensation be available to support overnight stays?

All ICHSC Orthopaedic surgical patients must be discharged as a same-day surgery patient. If, for any reason, a patient cannot safely be discharged on the same day that their surgery occurred, then transfer to a local hospital must be arranged by the ICHSC. There is no additional payment to the stated facility cost structure.

62. What does "organizing appropriate pre-operative planning and assessment" mean?

Applicants should describe in the application form the pre-operative planning and assessment of patients who are identified as appropriate for the ICHSC setting and ensure that these components are consistent with current quality and safety standards, and the current standard of care.

Examples of the components of pre-operative care may include, but are not limited to patient education, appropriate clinical assessment of the patient, prehabilitation, planning for peri-operative management of medications, and post-operative rehabilitation planning in accordance with current standards.

These components are included in the facility cost funding provided to the ICHSC as part of a bundled payment.

63. What does "ensuring that their patients receive appropriate post-operative care" mean?

Applicants should describe in their application the post-operative care of patients who are identified as appropriate for the ICHSC setting and ensure that these

components are consistent with current quality and safety standards and the current standard of care.

Examples of the components of post-operative care may include, but are not limited to providing immediate post-operative care within the facility, patient education, discharge from the ICHSC (including organizing any home-based care and rehabilitation care as appropriate), ensuring there is appropriate follow-up organized with the Orthopedic surgeon (including indicating the location where post-operative assessments will be performed) and any other providers, organizing any necessary post-operative diagnostic imaging, etc.

These components are included in the facility cost funding provided to the ICHSC as part of a bundled payment.