



## **Job Title: ECHO Lead Mentor and Facilitator**

### **Background:**

The Government of Jamaica has received two loans from the Inter-American Development Bank (IDB) to support the Health Systems Strengthening for the Prevention & Care Management of Non- Communicable Diseases (NCD) Programme.

The programme objective is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of Non-Communicable (Chronic) Diseases (NCDs) risk factors and improved access to an upgraded and integrated primary and secondary health network in prioritized areas with an emphasis on chronic disease management, that provide more efficient and higher quality care. This is a hybrid programme with a policy-based operation, a programmatic policy-based loan series (PBP) and an investment loan that will invest in the physical infrastructure and equipment of Jamaica's health sector.

The **Policy-Based Loan** will look at policies that will consolidate regulatory measures to address the preventable causes of NCDs and to reorient health systems to address prevention and control of NCDs through a people-centred primary health chronic care model.

The **Investment Loan**, in turn, will finance activities to consolidate integrated health networks and improve the management, quality and efficiency of health services. The Policy Based Loan will benefit the Jamaican population at-large, while the Investment Loan will have approximately 800,000 potential direct beneficiaries who reside in the catchment areas of the health services networks that will receive investments.

The Investment Programme being implemented by the Ministry of Health and Wellness (MHW) has two (2) major components and an allocation to support programme administration and evaluation:

### **Component 1 – Organization and consolidation of integrated health services networks**

This component will finance the purchase of medical equipment and the improvement of infrastructure for primary health care services in the catchment areas of three priority hospitals to increase their capacity in health promotion and disease prevention, especially regarding chronic, non-communicable diseases. The investments will focus on strengthening the diagnostic and screening capability as well as the clinical and resolute capacity of health clinics. This Component will further finance the upgrading and or expansion of three (3) hospitals selected on criteria relating to strategic role in the national hospital network, supply-demand gap analyses, and physical needs assessment. The hospitals will benefit from infrastructure upgrading and or expansion as well as modernization.

#### **Sub-Component 1.1 – Strengthening Primary Care**

1.1 The purpose of this subcomponent is to increase the physical capacity for service provision at the primary care level in three (3) priority geographical areas. Approximately ten (10) health centres have been identified to receive investments in medical equipment and infrastructure refurbishment and expansion. The subcomponent will finance: (i) the preparation of



building designs for the construction of new infrastructure on the sites of existing facilities (three centres), expansion of existing structures (four centres), and refurbishing (three centres); (ii) the physical works required for infrastructure improvement; (iii) the purchase of medical equipment including essential diagnostic and treatment items for NCDs, such as sphygmomanometers, electrocardiogram machines, pulse oximeters, defibrillators, computerized chemistry machines, etc.); (iv) engineering services for construction supervision; and (v) corrective and preventive maintenance of medical equipment

#### Sub-Component 1.2 – Increasing the Capacity and Efficiency of Hospital Services

This subcomponent will address urgent needs to enhance patient safety and services in three (3) hospitals whose catchment areas contain the health centres identified in subcomponent 1.1. Financing from this subcomponent will be allocated to:

- (i) the building and engineering designs for the infrastructure improvement and expansion;
- (ii) the construction in three hospitals according to contracted plans and designs;
- (iii) the purchase of medical equipment to raise clinical capacity to partially account for existing demand;
- (iv) the purchase of imaging equipment, including computerized tomography machines;
- (v) purchase of industrial style laundry machines;
- (vi) construction supervision services; and
- (vii) the design and implementation of a corrective and preventive equipment maintenance programme.

#### Component 2 – Improvement of Management, Quality and Efficiency of Health Services

This component will provide technical assistance to design and implement the Chronic Care Model (CCM) in the participating health services networks; to review and develop care pathways and protocols; and to prepare change management, continuous quality improvement and social media marketing for behaviour change strategies. It will also finance the implementation of the fourth Jamaica Health and Lifestyle Survey. This component will further support:

- (i) the creation of a strong foundation for a digital health ecosystem, including the adoption of standards for interoperability, system architecture, updated governance structure, and other key elements;
- (ii) the design and implementation of a sustainable Electronic Health Record (EHR) platform focusing on digitalization of key processes within the improved CCM;
- (iii) the strengthening of telehealth/telemedicine/telementoring capacity to include chronic care management, and the establishment of norms and processes for its institutionalization.
- (iv) the strengthening of telehealth/telemedicine capacity through the expansion of the ECHO model, the inclusion of chronic care in the platform, and the establishment of norms and processes for its institutionalization.

#### Programme Administration and Evaluation:

This allocation will support the MHW in terms of strengthening its institutional capacity for project implementation. It will finance, inter alia, the consultants of the Project Execution Unit (PEU), specialized technical services, independent auditing, as well as surveys and studies regarding the implementation of the programme and evaluation of its impact. The PEU is structured to



provide additional capability in the areas of project management, procurement, financial management, infrastructure upgrading, medical equipment specification, and health information technology. Technical and fiduciary staff from the MHW will work closely with the PEU specialists so that the MHW benefits from knowledge transfer and capacity strengthening

**Under Component 2 (IV), the Project will support the hiring of an ECHO Lead Mentor and Facilitator** . Information systems for health are critical to primary health care and the CCM, as well as complex care. The WHO recognizes the need for information systems for health as part of the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings [25]. Additionally, research shows that digital tools can make important contributions to the provision of chronic care when patients and providers are connected to share information, compare this information to knowledge found in evidence-based standards, and monitor results through regular feedback and interaction [26]. Adoption of health information technology has produced mortality rate reductions for complex patients whose diagnoses require cross-specialty care coordination and extensive clinical information management in hospital settings [28] and improvements in resource allocation efficiency [29]. Health information systems, along with information sharing, have the potential to improve clinical practice by reducing staff errors, improving automated harm detection, monitoring infections more effectively, and enhancing the continuity of care during physician handoffs. A significant number of opportunities exist for the Hospital Information Management System (HIMS) to contribute to savings for both the health system and the Jamaican economy.<sup>1</sup>

Telemedicine<sup>2</sup> and mobile health (mHealth) present possibilities to improve the effectiveness and efficiency of NCD management, which can occur principally in the outpatient setting [31]. For example, blood pressure control consultations by way of 10-15 emails and/or phone calls can occur across weeks and the cost is approximately 29% of the cost of in-person acute care [32]. mHealth tools, such as text messages, medication reminders, symptom monitoring, educational resources, and facilitated patient-provider communication to increase adherence targeting low-income, elderly, and minority groups were found to lessen the burden of travel to a care provider. They have also facilitated better management and improved patient confidence to monitor chronic diseases [33]. Telehealth, or the remote diagnosis and treatment of patients by means of telecommunications technology, has been especially effective in the management of chronic diseases, and has demonstrated improvement in outcomes (diabetes), empowerment and self-management (diabetes and high-risk dialysis patients) [33]. As mobile-cellular subscriptions are high in Jamaica (115 per 100 inhabitants) [34] mHealth and telemedicine may provide an opening to improve patient adherence and aid in follow-up. Given Jamaica's experience using ECHO's tele-mentoring portal for HIV, this platform could be expanded to support chronic illness, and use-cases could be developed to pilot the use of mHealth and telemedicine for chronic care.

PAHO has also been supporting MHW/GOJ to strengthen information systems for health (IS4H) in Jamaica. IS4H is a key strategy in the efforts of the MHW/GOJ improve planning, decision-making, policy formulation, and health equality in Jamaica. MHW/GOJ has embarked on a renewed effort to strengthen and expand its use of information technology to improve the

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<sup>1</sup> Conservative estimates suggest if the United States healthcare system were interoperable, at least US\$77 billion would be saved annually [37].

<sup>2</sup> Telemedicine allows patients, providers and other health care system players to overcome geographical barriers by connecting users who are not in the same physical location [30].



efficiency, efficacy and safety of both clinical and business processes, and to improve the availability of quality information to support clinical, program and policy decision-making.

### **Objective of Consultancy**

The primary objective of this consultancy is to plan and develop a tele-mentoring clinic for Jamaica based on the ECHO model. The tele-mentoring clinic will strengthen the knowledge and awareness of primary care providers on good practices and clinical guidelines on diagnosing and managing chronic illnesses. The successful candidate will also be responsible for facilitating the tele-mentoring clinics with primary care providers. Note that this engagement will be supported by a coordinator responsible for performing administrative duties related to tele-mentoring (e.g., enrolling users, establishing conference call facilities).

### **Scope of Work**

#### ***Leading development of ECHO in Jamaica***

- Collaborate with MHW representatives and other health system stakeholders to identify the goals and objectives for the ECHO program
- Evaluate, identify, and recommend care models to support chronic care priorities in Jamaica
- Develop an educational curriculum to train primary care providers on appropriate chronic care models via weekly or bi-weekly virtual training sessions
- Develop and deliver a participant survey to benchmark awareness and education attending the tele-mentoring clinics, and satisfaction with the tele-mentoring clinics
- Create training and other support materials for training on chronic care models
- Develop and execute awareness activities to encourage clinician participation in ECHO
- Report on status to EHR / Telehealth Lead

#### ***Facilitate tele-mentoring clinics***

- Plan and develop a tele-mentoring clinic for Jamaica based on the ECHO model.
- Prepare presentation materials with support of the ECHO Coordinator
- Facilitate weekly tele-mentoring clinics following the approved curriculum
- Share expertise regarding clinical guidelines and good practices in chronic care
- Address case questions from primary care providers attending the tele-mentoring clinic

#### ***Deliverables (to be completed within the first 6 months)***

- Product 1: Chronic Care Curriculum – A curriculum to train clinicians on chronic care models incorporating both didactic presentation and case-based learning
- Product 2: Training Materials and Supports – Training materials and supports that can be distributed to primary care providers participating in the tele-mentoring clinics to use as guides in their practices
- Product 3: Participant Survey – A participant survey evaluating their knowledge and awareness of chronic care models and their perspective on the efficacy of the tele-mentoring clinic



- Product 4: Summary Report – A brief report at contract end evaluating the success of the tele-mentoring clinics and making recommendations for next steps
- Other products – Other deliverables to be defined in consultation with and under the direction of the IS4H Project Lead.

### **Education and Experience:**

**Education:** A medical degree with specialty or advanced training in internal medicine or the management of chronic non-communicable diseases.

#### **Experience:**

- Minimum of 5 years of experience in chronic disease management;
- Experience developing clinical training and developing mentoring;
- Experience with ECHO is desirable

### **Core and technical competencies:**

- Expertise in chronic care models;
- Experience working in an international context is highly desirable;
- Strong organization skills;
- Ability to work independently without direct supervision
- Advanced writing, communication, and presentation skills in English

### **Opportunity Summary:**

- Length of contract: 120 days over 24 months with the possibility of two additional contract renewals of 24 and 12 months each pending satisfactory performance
- Starting date: July/ August 2019
- Location: Kingston, Jamaica
- Reporting to: EHR/Telehealth Lead, Ministry of Health and Wellness, Government of Jamaica
- Eligibility: You must be a citizen of one of the IDB's 48-member countries. The successful individual is required to obtain a Tax Compliance Certificate (TCC) from Tax Administration Jamaica, Government of Jamaica upon contract award.



**MINISTRY OF HEALTH AND WELLNESS  
REQUEST FOR EXPRESSIONS OF INTEREST  
INDIVIDUAL CONSULTANT**

**ECHO LEAD MENTOR AND FACILITATOR**

**JAMAICA**

**Support for the Health Systems Strengthening for the Prevention and Care  
Management of Non-Communicable Diseases Programme**

**Loan No: JA-L1049**

**Assignment Title: ECHO Lead Mentor and Facilitator**

The *Government of Jamaica* has received financing from the Inter-American Development Bank (IDB) toward the cost of the Support for the Health Systems Strengthening for the Prevention and Care Management of Non- Communicable Diseases Programme, and intends to apply part of the proceeds for consulting services.

The consulting services (“the Services”) will be responsible for planning and developing tele-mentoring clinic for Jamaica based on the ECHO model. The tele-mentoring clinic will strengthen the knowledge and awareness of primary care providers on good practices and clinical guidelines on diagnosing and managing chronic illnesses. The assignment is for a duration of 120 days over a twenty- four month period.

The Ministry of Health and Wellness now invites eligible individual consultants to indicate their interest in providing the Services. The requirements are:

- A medical degree with specialty or advanced training in internal medicine or the management of chronic non-communicable diseases;
- Minimum of 5 years of experience in chronic disease management;
- Experience in developing clinical training and developing mentoring;
- Experience with ECHO

The attention of interested Consultants is drawn to paragraph 1.9 of the IDB’s: *Policies for the Selection and Contracting of Consultants financed by the Inter-American Development Bank GN-2350-9, March 2011*, setting forth the IDB’s policy on conflict of interest. A Consultant will be selected in accordance with the *Selection of Individual Consultants* method set out in the IDB’s Policies.

Expressions of interest in the form of an Application letter and Curriculum Vitae must be delivered to the address below (in person, or by mail, or by fax, or by e-mail) by **July 9, 2019**. The detailed Terms of Reference for the Consultancy Service is available on the website of the Ministry of Health and Wellness and Wellness at [www.moh.gov.jm](http://www.moh.gov.jm).

**THE PROCUREMENT MANAGEMENT SPECIALIST**

**SUPPORT FOR THE HEALTH SYSTEMS STRENGTHENING FOR THE PREVENTION AND CARE  
MANAGEMENT OF NON-COMMUNICABLE DISEASES PROGRAMME**

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We thank all applicants however please note only shortlisted candidates will be contacted.