LUNCH 'N' LEARN WEBINAR

Strategies and Tools to Support Equity, Safety, and Quality in Virtual Care Delivery

June 22, 2023 | 12:00 – 1:00 pm

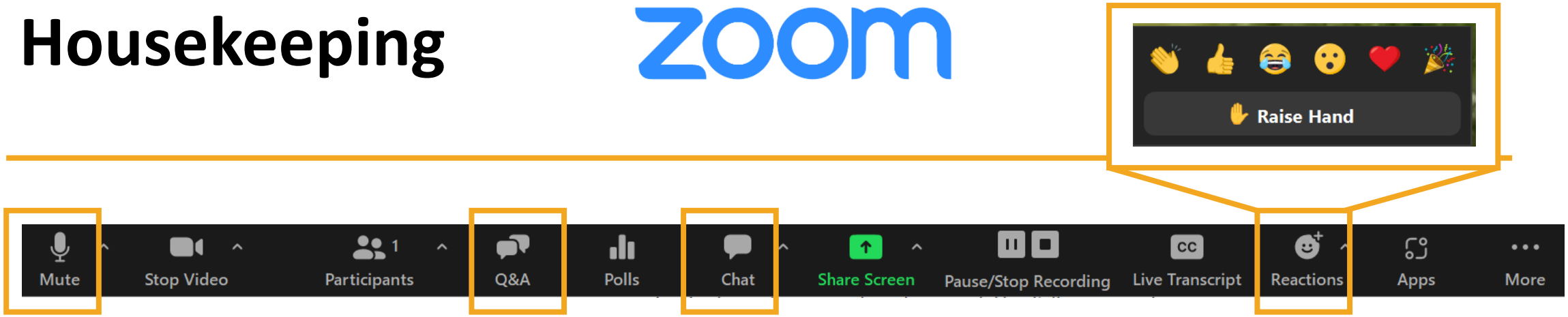
Canada Health Infoway

Healthcare Excellence Canada

Ontario Health | Santé Ontario

Alliance for Healthier Communities
Alliance pour des communautés en santé

Housekeeping



- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the Chat function for technical assistance.
- During the Q&A period, you may use the “raise hand” function (under “reactions”), and we’ll unmute you when we call on you.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and our members takes place across what is now called Ontario, on traditional territories of Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

Panelists

- **Dr. Jennifer Rayner** |Director of Research and Policy | Alliance for Healthier Communities
- **Morenike Akinyemi** | Senior Manager, Stakeholder Engagement | Canada Health Infoway
- **Jessie Checkley**| Sr. Program Lead | Healthcare Excellence Canada
- **Dr. Kevin Samson** | Family Physician | East Wellington Family Health Team
- **Dr. David Kaplan** | Vice President, Quality | Ontario Health (Clinical Institutes & Quality Programs)

Virtual Care Research at the Alliance for Healthier Communities

Jennifer Rayner, Director of Research & Policy

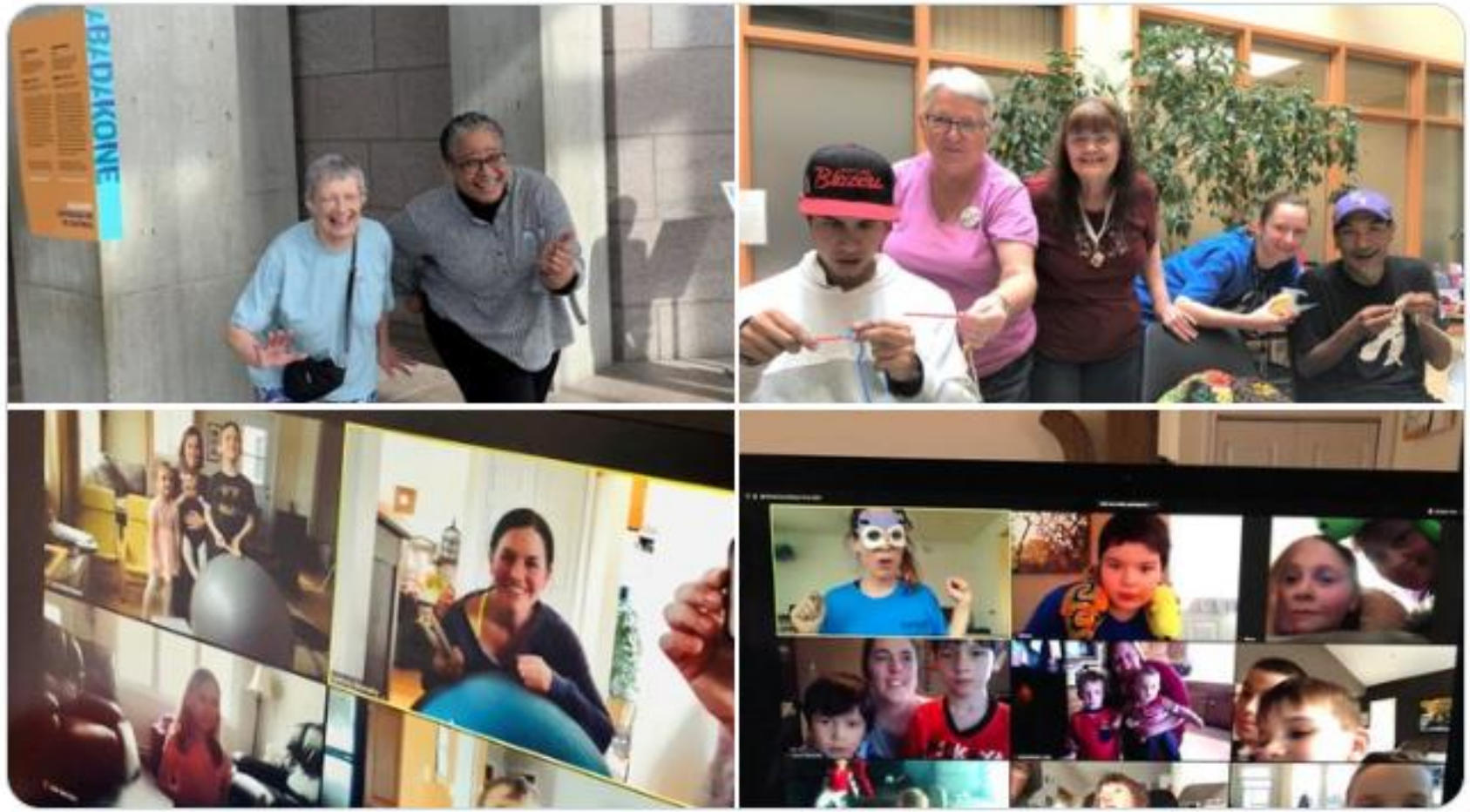
Ensuring on-going access to Primary Care

- Virtual care services for primary care and included:
  - Chronic disease management
  - Palliative care
  - Social work
  - Dietician and physiotherapy
  - ETC…
- Significant gaps were noted including:
  - People living in poverty
  - People without devices or data
  - Familiarity with technology
  - Lack of reliable internet access
  - Provider discomfort
- Many Alliance members continued to offer on-site access due to lack of digital access or appropriateness (e.g. harm reduction)

Conducting Wellness and Check-ins

- Regular check-ins
- Real-time risk assessment
- Social support and connections to programming and services

Promoting social engagement & access to health promotion programming



- Cooking, exercise, homework clubs
- Social support

Digital Equity and Research to Improve

- Virtual care was working well in some areas
- Significant equity gaps
- Providers varied in acceptance of using digital
- Rapid learning approach to understand what worked
  - How, with whom, what and when

Virtual Care Study

Objectives

1) Describe how virtual care was implemented for COVID-19.
2) Understand the provider's experiences with virtual care.
3) Understand the client experience with virtual care.
4) Make recommendations for continuing some virtual care post-pandemic.

Data Collection

Organizational survey

- Characteristics of CHCs
- Services offered virtually
- Implementation challenges

EMR Data

- Sociodemographic data
- Services provided virtually
- Changes in appointment #’s

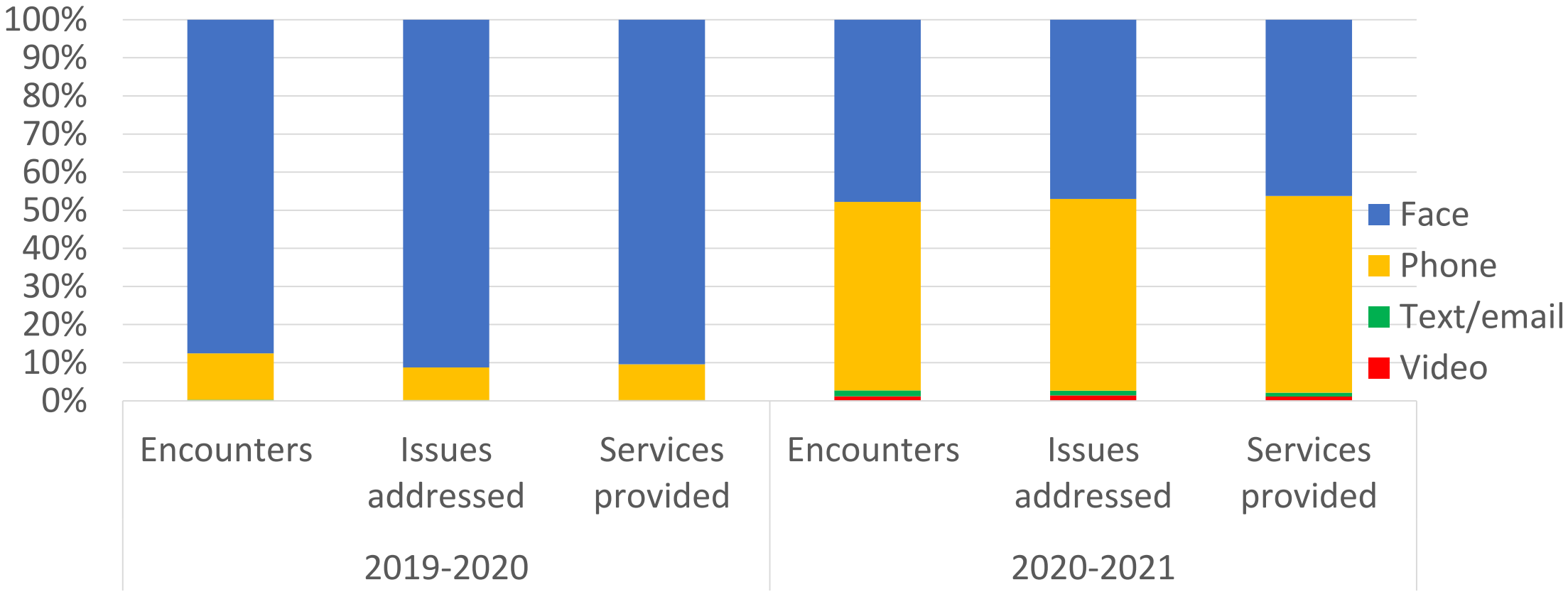
Interviews with Providers and Clients

- Experience with virtual care (e.g. technical difficulties, impacts on quality of care
- Limitations and benefits
- Preferred modality
- Interest in future

Organizational Survey

- ~ 50% of the organizations responded that they were reasonably prepared to offer virtual care
- Major implementation challenges:
  - Wi-Fi, IT capacity, security and privacy concerns
  - Funding for technology
  - Staff readiness
- Populations who experienced the greatest barriers
  - People with MH&A
  - People experiencing homelessness
  - Newcomers
  - People living in poverty

EMR Data: Distribution of Modality



What did we learn?

1) Phone was the most frequently used modality.
2) Video encounters were most frequently used by interprofessional team members i.e. Diabetes educator, Dietitian, Mental Health Therapists/Social worker.
3) Distribution of modality between rural and urban centres was insignificant.
4) Distribution of modality when looking at socioeconomic data of clients also insignificant.

Results – Interviews

Provider Experiences:

- Inability to read body language
- Privacy concerns and distractions
- Suggest they can provide at least 50% of their care virtually
- Majority would offer virtual but prefer the initial visit in-person for new clients

Client Experiences:

- Majority first time with virtual care
- Changes to access of care both positively and negatively
- Prefer phone over video because of technical issues
- Some prefer in-person but like having virtual as backup
- Prefer in-person for first appointment

How did we use the research findings?

- Published two journal articles
  - Virtual care in Ontario community health centres: a cross-sectional study to understand changes in care delivery (EMR and survey data)
  - Using the Quadruple Aim to understand the impact of virtual delivery of care within Ontario community health centres: a qualitative study on provider and client experiences (interviews)
- Created 2-page summaries on provider and client experiences
  - Created two versions, one for Alliance members/providers and one for clients which were shared with clients of the study

Healthcare Excellence Canada & Canada Health Infoway: Clinician Change Toolkit

Morenike Akinyemi, Sr. Manager, Stakeholder Engagement, CHI

Jessie Checkley, Sr. Program Lead, HEC

Kevin Samson, Family Physician, East Wellington FHT

Alliance for Healthier Communities
Alliance pour des communautés en santé

Strategies and Tools to Support Equity, Safety, and Quality in Virtual Care Delivery June 21, 2023

Clinician Change Virtual Care Toolkit

Canada Health Infoway

Healthcare Excellence Canada

Jessie Checkley, Healthcare Excellence Canada
Morenike Akinyemi, Canada Health Infoway
Dr. Kevin Samson, Family Physican

Canada Health Infoway
Inforoute Santé du Canada

Healthcare Excellence Canada
Excellence en santé Canada

Poll

Awareness of Clinician Change Virtual Care Toolkit

Canada Health Infoway's Virtual Care Workplan

Infoway was funded by Health Canada to support virtual care. Through a collaborative approach, Infoway will focus on the following priorities to 2022 to support jurisdictional partners in accelerating their local deployment or scaling of solutions:

Project Investments

A strategic investment program that will provide up to $2M to each PT, aligned to bilateral agreements

Interoperability, Architecture and Standards

Improve patient safety, and care coordination in two priority areas:

- cross-solution sharing of patient summaries
- cross-solution secure messaging

Change Management

In collaboration with key stakeholders accelerate:

- virtual care clinician change management
- digital health literacy for patients, families and caregivers

Procurement Support

Manage a vendor pre-qualification process for interested PTs to support with procurement efforts in key areas

Priority Areas Identified

Three priority topics were identified through research and stakeholder engagement and validated through interviews, focus groups and a national clinician and support staff survey. These areas were the focus of the Virtual Care Together Design Collaborative.

1	**Appropriate Use of Virtual Care**	Clinician and support staff need methods to determine when to use virtual care based on their capabilities as well as patients' needs/capabilities and their care requirements.
2	**Quality and Safe Virtual Care Interactions**	Clinicians and their support staff need support to enhance the quality and safety of virtual care communication skills (e.g., webside manner, virtual relationship building) and virtual care assessment skills (e.g., virtual diagnostic cues).
3	**Use and Optimization of Virtual Care Services**	Clinicians need ongoing support to troubleshoot and address common issues and challenges associated with virtual care, especially as they continue to adapt their workflows and technical setup (e.g., incorporating privacy, security, and informed consent).

Addressing Systemic Barriers: While not in scope for the toolkit, Infoway and Healthcare Excellence Canada recognize the critical importance of policy support to address health system challenges with virtual care. We plan to work with Health Canada and other partners to support activities in this area.

“Virtual Care Together” Design Collaborative

Infoway partnered with HEC to launch a Design Collaborative on October 18 2021. Project deliverables were completed in March 2022.

Objective

- Trial the preliminary clinician change toolkit.
- Gather learnings and identify gaps for supports needed in virtual care.
- Provide tailored learning supports for teams (e.g., coaching, peer-to-peer networks, workshops) and build their capabilities to provide safe and equitable virtual care.

Initial Focus

- Primary care in community based settings.

Post Collaborative

- Determine the appropriate strategy for scaling use and longer-term rollout and develop roadmap.
- Iterate the toolkit based on learnings and feedback from the design collaborative.
- Continue to support the delivery of safe and equitable virtual care; improving experiences and outcomes for patients and providers.

Healthcare Excellence Canada | Excellence en santé Canada

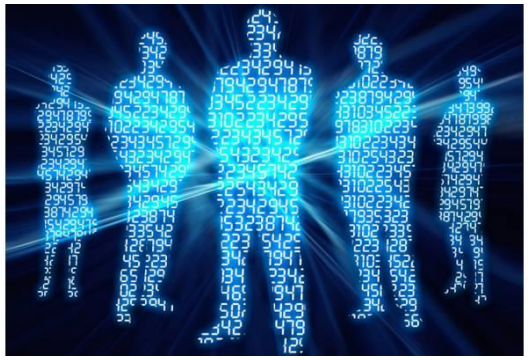
Canada Health Infoway | Inforoute Santé du Canada

Providing safe and high-quality virtual care: A guide for new and experienced users

Clinician Change Virtual Care Toolkit

VERSION 1.0

May 2022



Appropriateness

Use & optimization of virtual care services

Quality and safe virtual care interactions

Health and digital health equity

Virtual Care Evaluation Guide

Virtual Care Tools and Resources

Appropriateness

- Clinical considerations
- Patient and caregiver considerations
- Choosing the right virtual care modality

Use and optimization of virtual care services

Technology

Privacy

Workflow

Quality and safe virtual care interactions

Guideline recommendations for conducting virtual visits

Virtual care physical examination

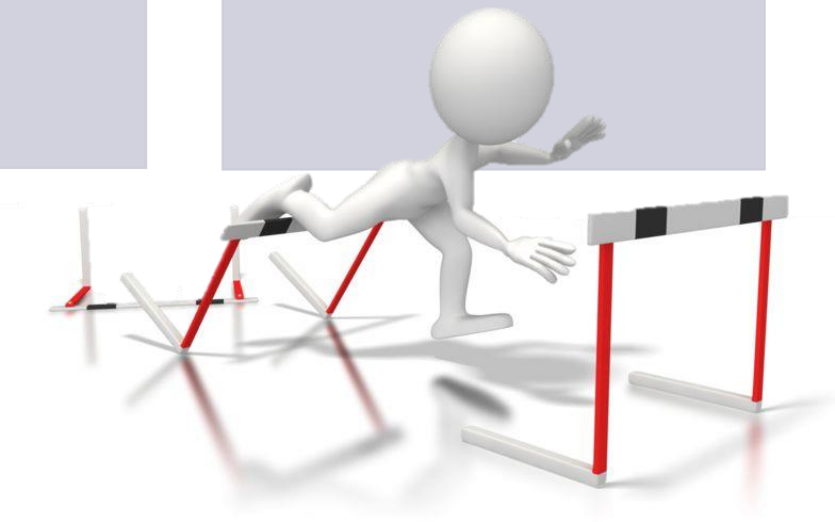
Safe medication management

Health and digital health equity

Determinants of Health and Digital Health Equity

Barriers to Virtual Care

Disabilities	Distrust	Lack of Access	Tech
• cognitive • hearing • vision • mobility • …	• healthcare providers • systems • technology	• technology • data services	• comfort • literacy



Strategies for Equitable Access to Virtual Care

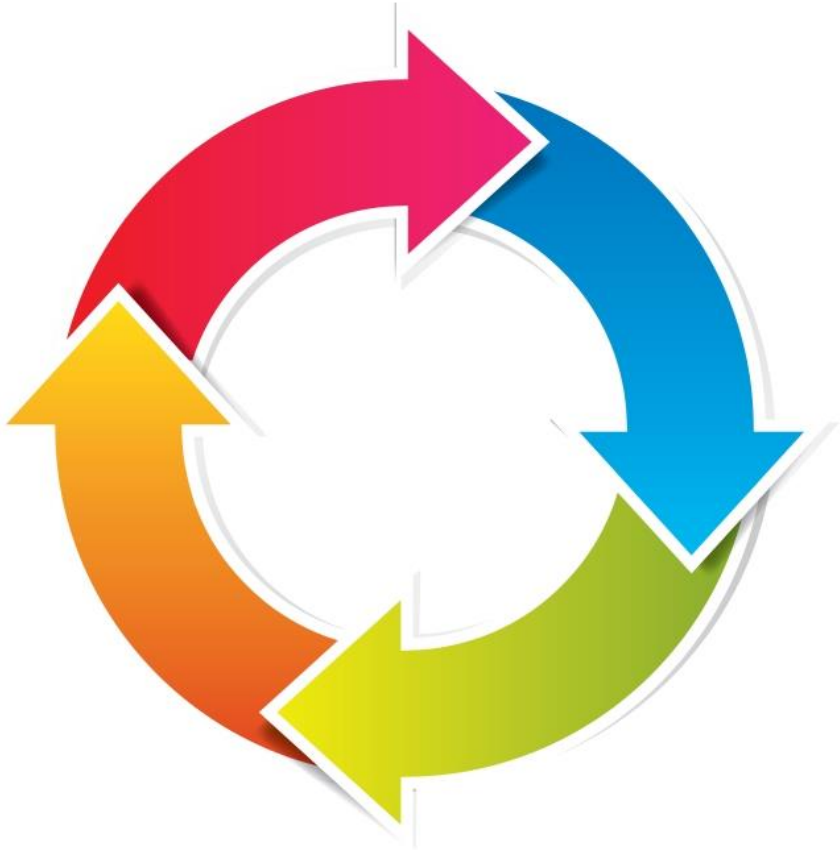
Individual

Technology

Health System

Social/Structural

Virtual Care Evaluation Guide



Include a range of perspectives

Equity in virtual care

Assessing Virtual Care Modalities

Measures and survey questions

Virtual Care Tools and Resources

- BC Patient Safety & Quality Council
- Canada Health Infoway
- Canadian Hearing Services
- Canadian Medical Association
- Canadian Medical Protective Association
- Canadian National Institute for the Blind Foundation
- Centre for Addiction and Mental Health
- Centre for Effective Practice
- College of Family Physicians of Canada
- Doctors of BC
- Hamilton Health Sciences
- Healthcare Excellence Canada
- Mental Health Commission of Canada
- Ontario College of Family Physicians
- Royal College of Physicians and Surgeons of Canada

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Providing safe and high-quality virtual care:
A guide for new and experienced users

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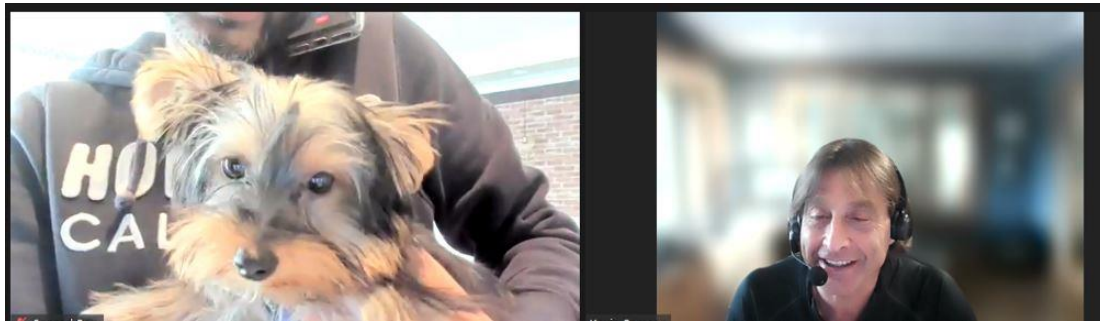
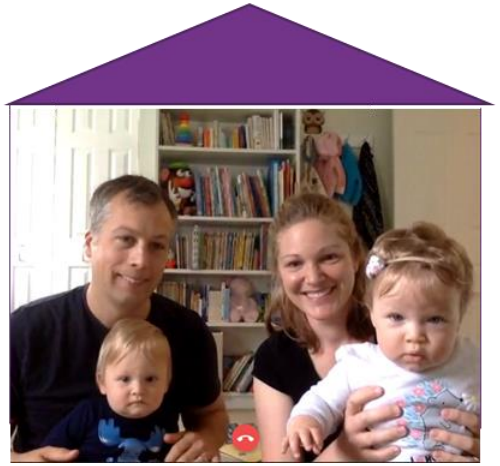
VERSION 1.0

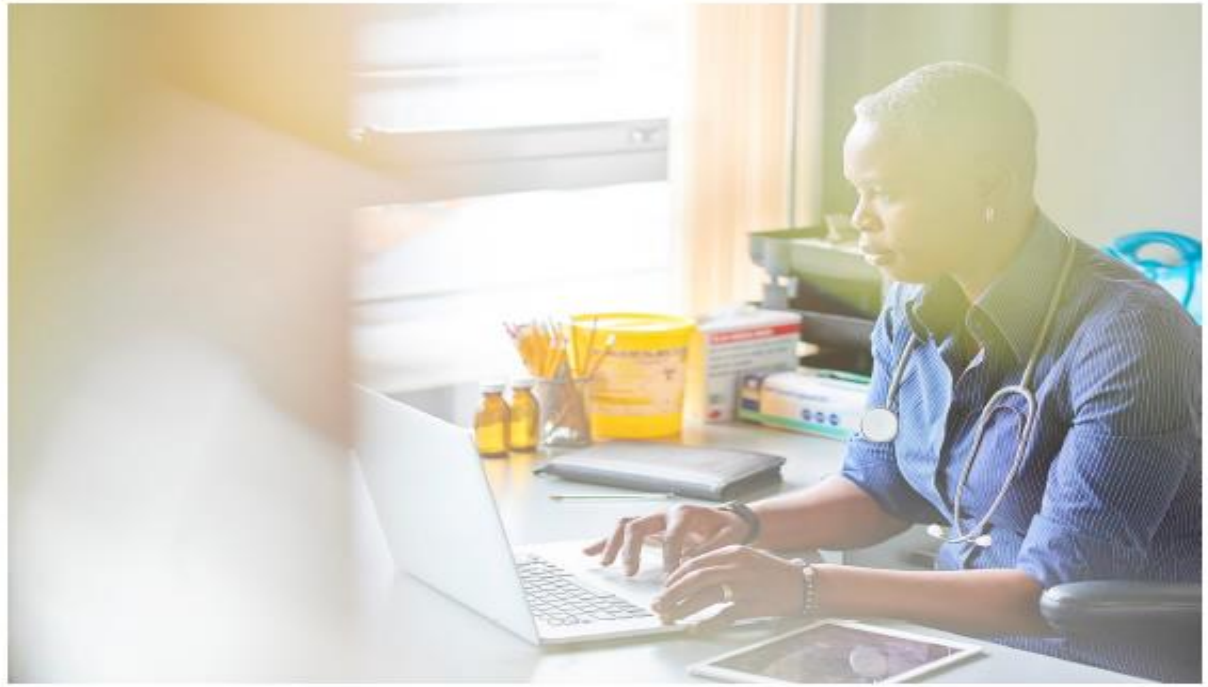
May 2022

Virtual Care is Care





Ontario Health



Clinically Appropriate Use of Virtual Care in Primary Care

Guidance Reference Document

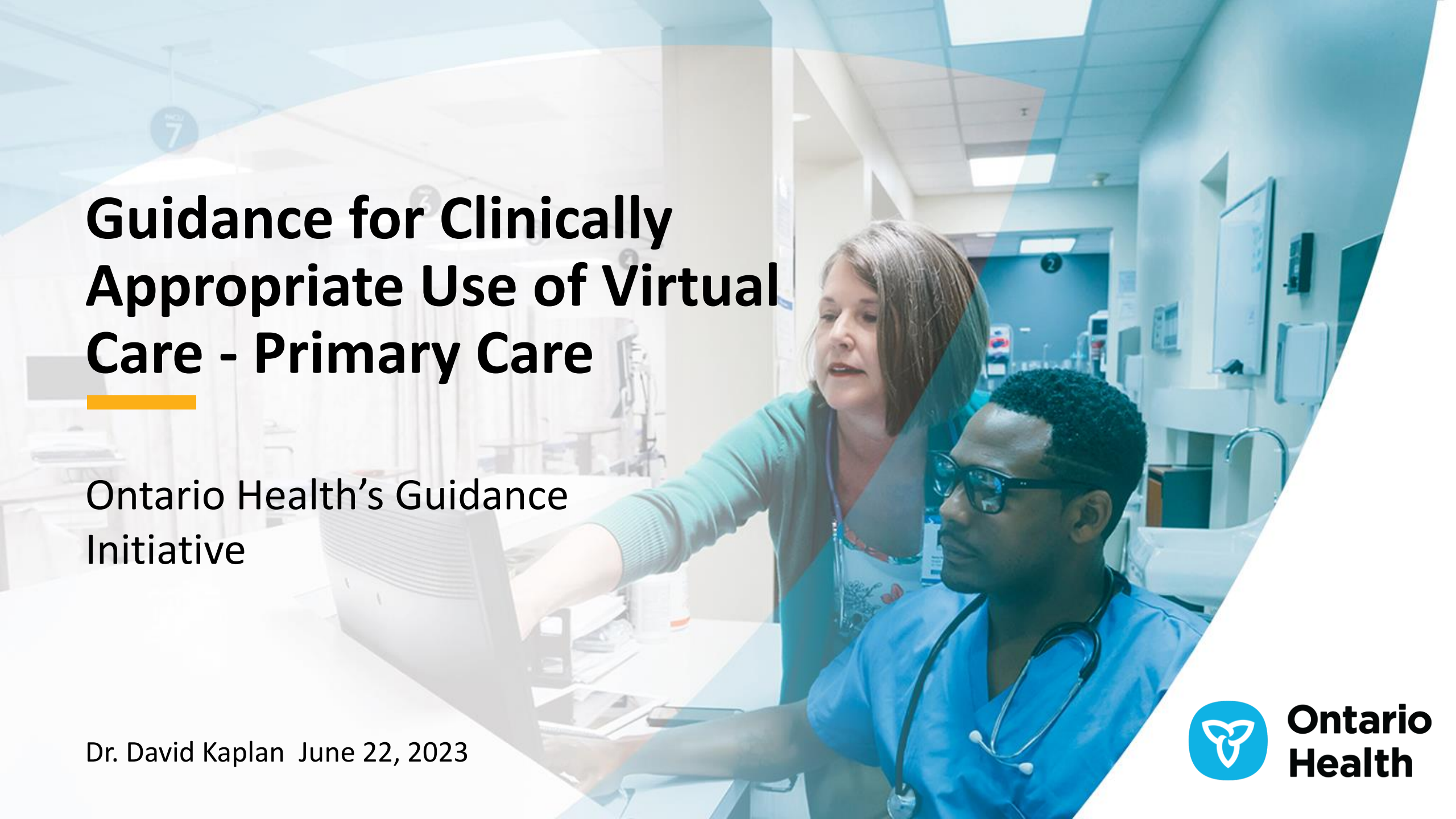
November 2022

Ontario Health Guidance for Clinically Appropriate Use of Virtual Care

David Kaplan, Vice President, Quality, OH

Guidance for Clinically Appropriate Use of Virtual Care - Primary Care

Ontario Health's Guidance Initiative



Dr. David Kaplan June 22, 2023

Ontario Health

Disclosures

Faculty: Dr. David Kaplan

Relationship with Financial Sponsors:

- Not Applicable

Disclosure of Financial Support:

- No External Support

Potential for Conflicts of Interest:

- Dr. David Kaplan receives salary support in his role as Vice-President, Quality with Ontario Health

Mitigating Potential Bias:

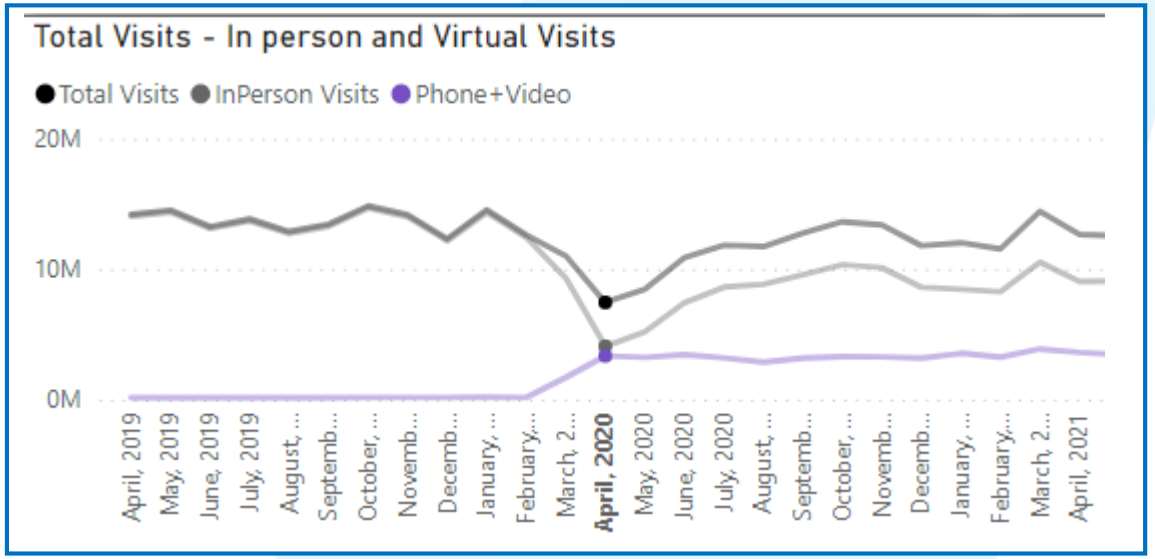
- The work described is the output of an Expert Panel

Poll

Awareness of OH Virtual Care Guidance

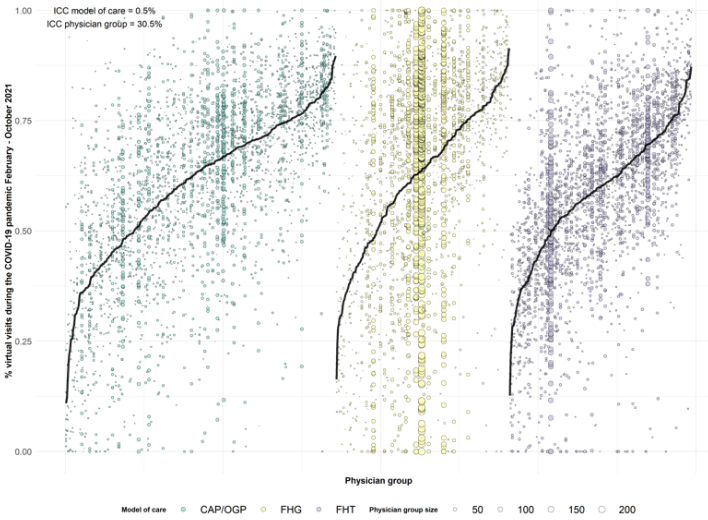
Why did we develop Ontario-based Guidance?

- significant change in care delivery - heavy reliance on use of telephone to deliver care
- Ministry of Health - Digital Health Program Branch funded OH to develop guidance for all modalities and specialties
- focused on primary care for impact
- worked with INSPIRE-PHC and investigated how virtual care was being delivered in primary care - demonstrated significant variation in use of virtual care



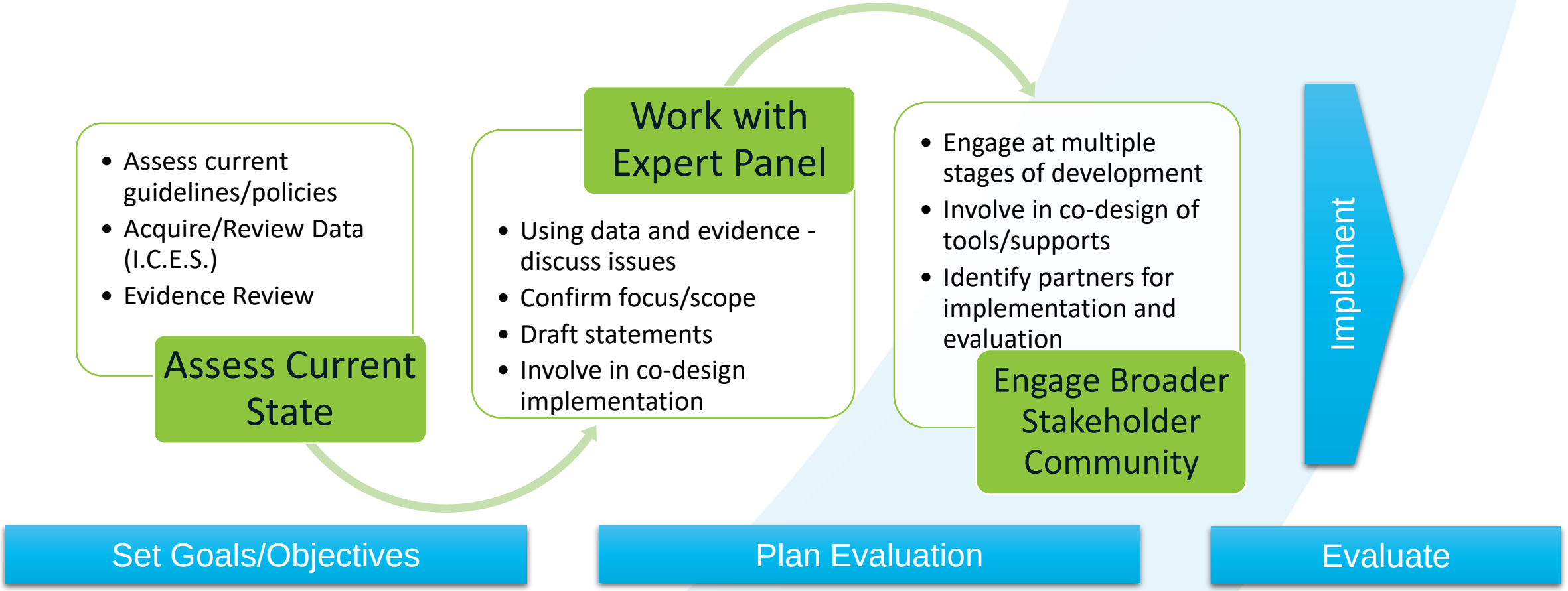
INSPIRE-PHC primary care data analysis found substantial variation in the proportion of visits that were virtual—both between groups and between physicians in the same group.

Note: The black line represents the mean ratio for the practice group. Each group can have 3 or more physicians. Each dot represents a physician. Physicians within the same practice group are represented on the same vertical line. We calculated an intraclass correlation coefficient from a three-level, intercept-only mixed linear model to understand how much of the total variance in virtual visits was attributable to physician group and practice type. We found the variation was not explained by model of care (ICC: 0.5%), whereas a high proportion of variation was explained by specific practice group the physician belonged to (ICC:30.5%).



Kiran, Green et al. for INSPIRE-PHC, March 2022

General Approach to Guidance Development

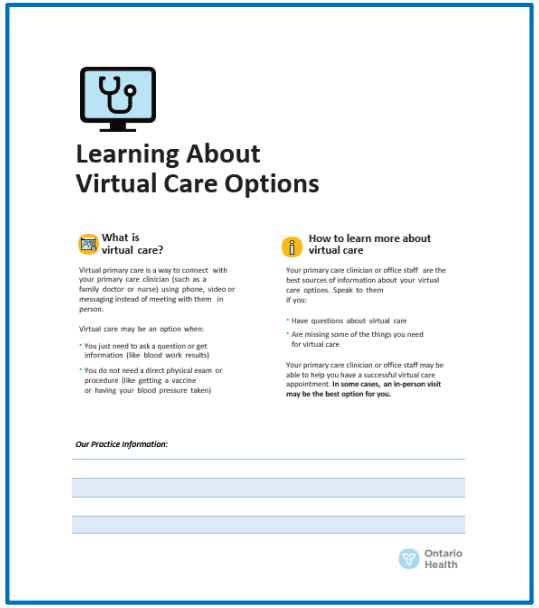


Process informed by Quality Standards process - Quality Standards the ‘what’, virtual care guidance the ‘how’. More work to be done to align across Ontario Health and align with ABP priorities and E2P.

Products: Guidance + Customizable Tools

- **Phase I** - Foundational Guidance - broadly applicable but not specific
- **Phase I** - Supporting tools - two patient facing tools (translated into 12 languages) and one clinician tool
- Tools customizable - can be pushed out to patients

Scan to view the Primary Care Guidance and Tools



Learning About
Virtual Care Options

What is virtual care?

Virtual primary care is a way to connect with your primary care clinician (such as a family doctor or nurse) using phone, video or messaging instead of meeting with them in person.

Virtual care may be an option when:

- You just need to ask a question or get information (like blood work results)
- You do not need a direct physical exam or procedure (like getting a vaccine or having your blood pressure taken)

How to learn more about virtual care

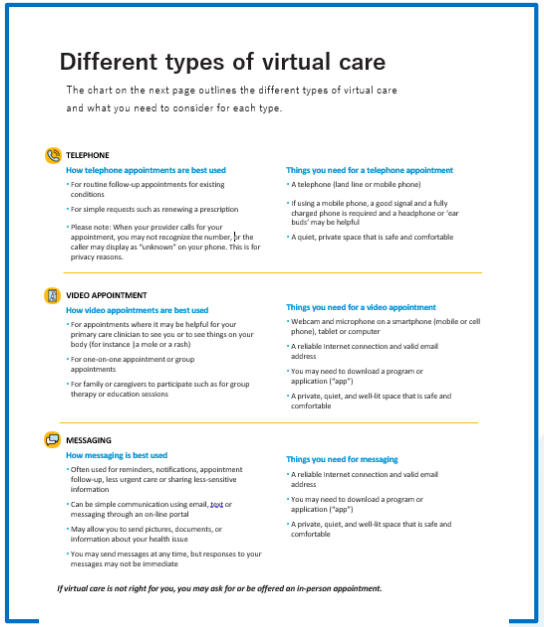
Your primary care clinician or office staff are the best sources of information about your virtual care options. Speak to them if you:

- Have questions about virtual care
- Are missing some of the things you need for virtual care

Your primary care clinician or office staff may be able to help you have a successful virtual care appointment. **In some cases, an in-person visit may be the best option for you.**

Our Practice Information:

Ontario Health



Different types of virtual care

The chart on the next page outlines the different types of virtual care and what you need to consider for each type.

TELEPHONE

How telephone appointments are best used

- For routine follow-up appointments for existing conditions
- For simple requests such as renewing a prescription
- Please note: When your provider calls for your appointment, you may not recognize the number, or the caller may display as "unknown" on your phone. This is for privacy reasons.

Things you need for a telephone appointment

- A telephone (land line or mobile phone)
- If using a mobile phone, a good signal and a fully charged phone is required and a headphone or 'ear buds' may be helpful
- A quiet, private space that is safe and comfortable

VIDEO APPOINTMENT

How video appointments are best used

- For appointments where it may be helpful for your primary care clinician to see you or to see things on your body (for instance [a mole or a rash)
- For one-on-one appointment or group appointments
- For family or caregivers to participate such as for group therapy or education sessions

Things you need for a video appointment

- Webcam and microphone on a smartphone (mobile or cell phone), tablet or computer
- A reliable internet connection and valid email address
- You may need to download a program or application ("app")
- A private, quiet, and well-lit space that is safe and comfortable

MESSAGING

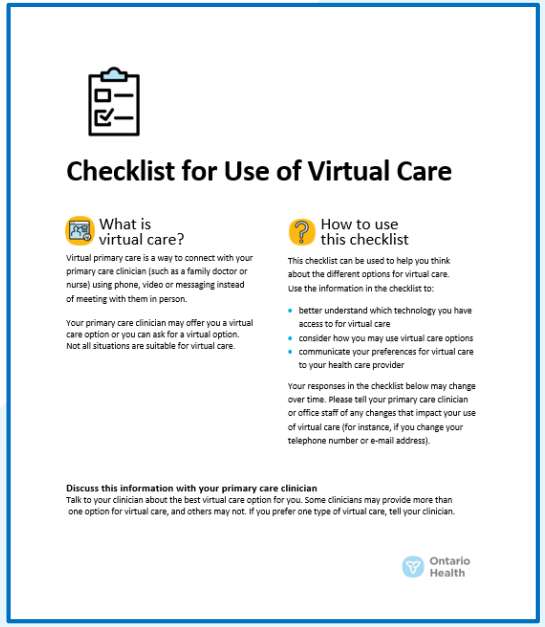
How messaging is best used

- Often used for reminders, notifications, appointment follow-up, less urgent care or sharing less-sensitive information
- Can be simple communication using email, text or messaging through an on-line portal
- May allow you to send pictures, documents, or information about your health issue
- You may send messages at any time, but responses to your messages may not be immediate

Things you need for messaging

- A reliable internet connection and valid email address
- You may need to download a program or application ("app")
- A private, quiet, and well-lit space that is safe and comfortable

If virtual care is not right for you, you may ask for or be offered an in-person appointment.



Checklist for Use of Virtual Care

What is virtual care?

Virtual primary care is a way to connect with your primary care clinician (such as a family doctor or nurse) using phone, video or messaging instead of meeting with them in person.

Your primary care clinician may offer you a virtual care option or you can ask for a virtual option. Not all situations are suitable for virtual care.

How to use this checklist

This checklist can be used to help you think about the different options for virtual care. Use the information in the checklist to:

- better understand which technology you have access to for virtual care
- consider how you may use virtual care options
- communicate your preferences for virtual care to your health care provider

Your responses in the checklist below may change over time. Please tell your primary care clinician or office staff of any changes that impact your use of virtual care (for instance, if you change your telephone number or e-mail address).

Discuss this information with your primary care clinician
Talk to your clinician about the best virtual care option for you. Some clinicians may provide more than one option for virtual care, and others may not. If you prefer one type of virtual care, tell your clinician.

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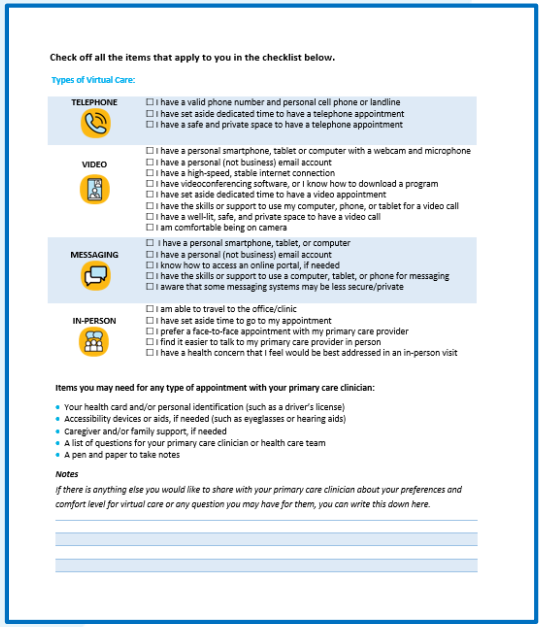


Check off all the items that apply to you in the checklist below.

Types of Virtual Care:

TELEPHONE
- ☐ I have a valid phone number and personal cell phone or landline
- ☐ I have set aside dedicated time to have a telephone appointment
- ☐ I have a safe and private space to have a telephone appointment

VIDEO
- ☐ I have a personal smartphone, tablet or computer with a webcam and microphone
- ☐ I have a personal (not business) email account
- ☐ I have a high-speed, stable internet connection
- ☐ I have videoconferencing software, or I know how to download a program
- ☐ I have set aside dedicated time to have a video appointment
- ☐ I have the skills or support to use my computer, phone, or tablet for a video call
- ☐ I have a well-lit, safe, and private space to have a video call
- ☐ I am comfortable being on camera

MESSAGING
- ☐ I have a personal smartphone, tablet, or computer
- ☐ I have a personal (not business) email account
- ☐ I know how to access an online portal, if needed
- ☐ I have the skills or support to use a computer, tablet, or phone for messaging
- ☐ I aware that some messaging systems may be less secure/private

IN-PERSON
- ☐ I am able to travel to the office/clinic
- ☐ I have set aside time to go to my appointment
- ☐ I prefer a face-to-face appointment with my primary care provider
- ☐ I find it easier to talk to my primary care provider in person
- ☐ I have a health concern that I feel would be best addressed in an in-person visit

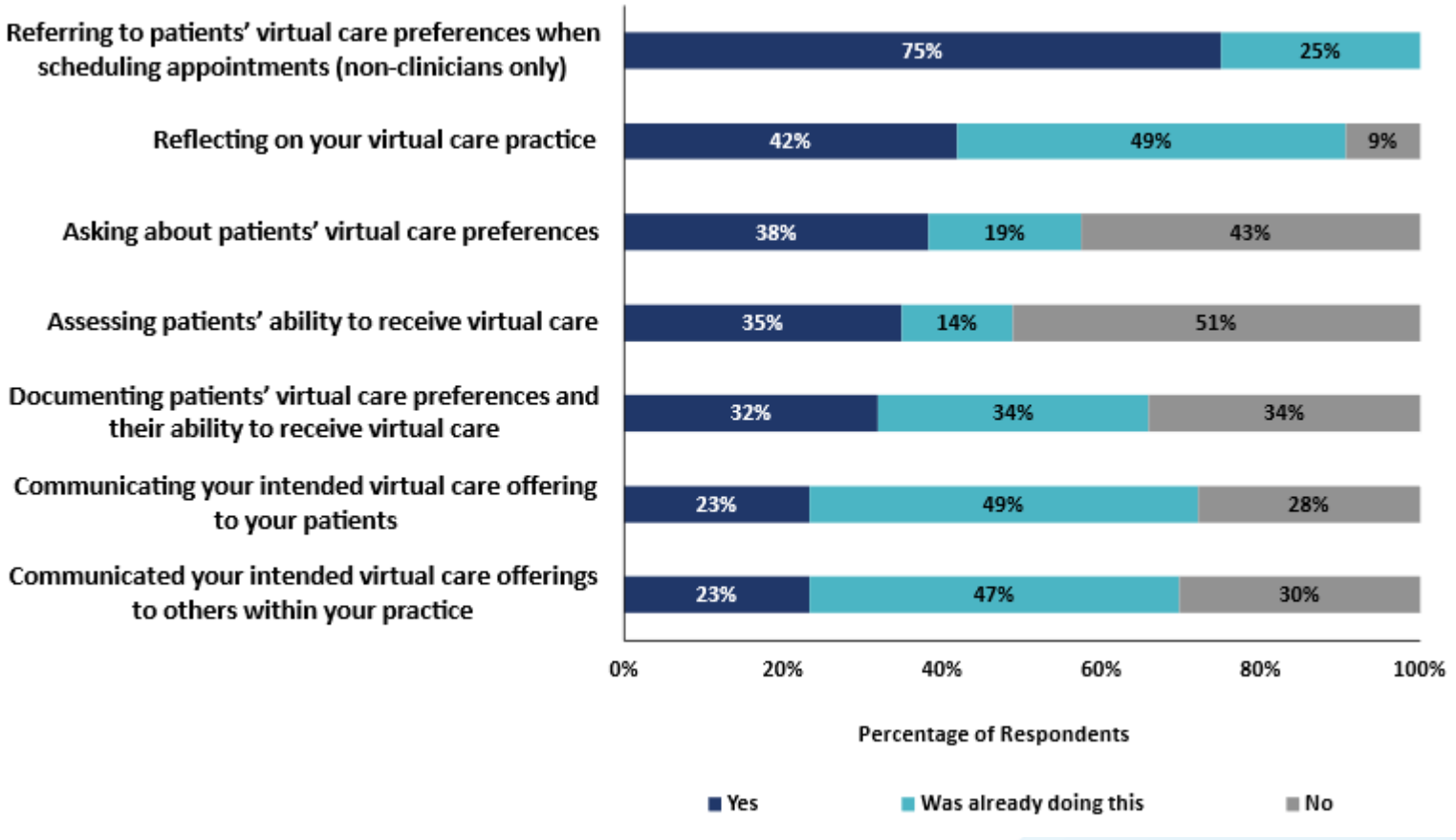
Items you may need for any type of appointment with your primary care clinician:

- Your health card and/or personal identification (such as a driver's license)
- Accessibility devices or aids, if needed (such as eyeglasses or hearing aids)
- Caregiver and/or family support, if needed
- A list of questions for your primary care clinician or health care team
- A pen and paper to take notes

Notes

If there is anything else you would like to share with your primary care clinician about your preferences and comfort level for virtual care or any question you may have for them, you can write this down here.

Phase I Evaluation Findings - Excerpt

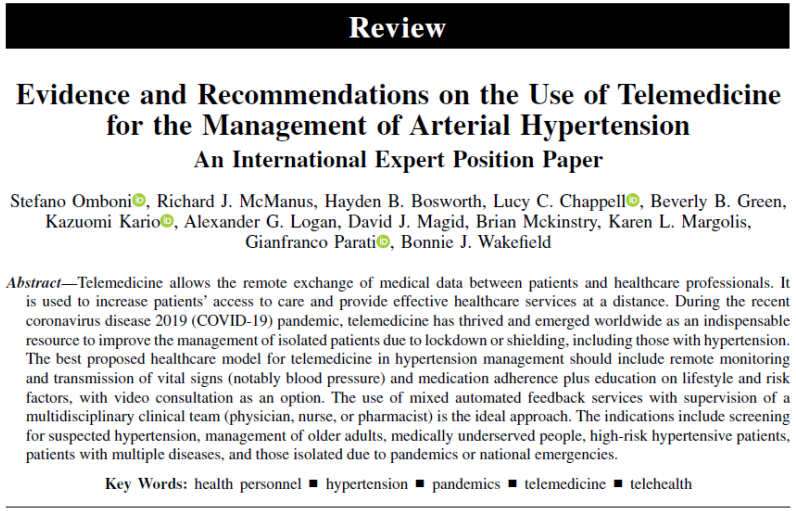


- 42% of respondents indicated that they reflected on their virtual care practice after reading the Guidance
- 38% of respondents indicated that they asked about patients' preferences after reading the Guidance

Release of Guidance late November - just before PSA in effect Dec 1, 2022. Very early implementation evaluation conducted Jan - Mar 2023. Questions at left correspond to recommendations.

Phase II - Specialties + Hypertension

- Ministry Digital Health Program Branch expected Guidance for additional specialties
- More specific guidance had been requested during Phase I Guidance development phase
- 2 Mental Health Specialties - Eating Disorder and Depression and Anxiety-related Conditions were prioritized
- Reconstituted Primary Care Expert Panel deliberated on format/focus of more detailed Guidance - landed on using hypertension management - as an example



Review

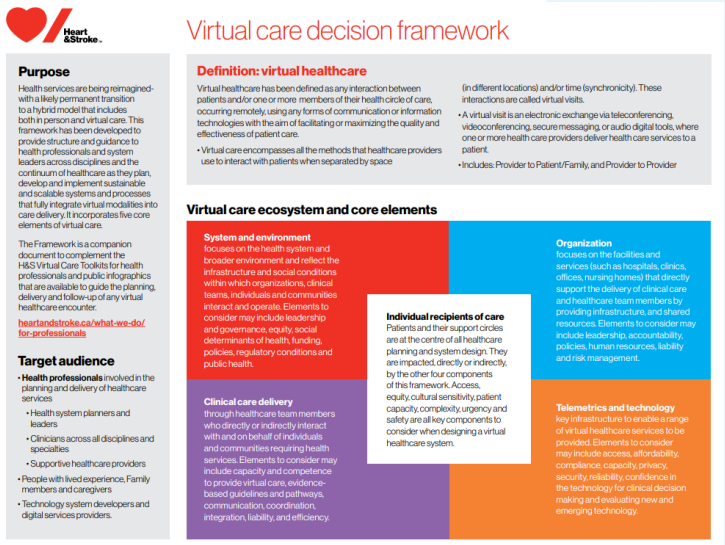
Evidence and Recommendations on the Use of Telemedicine for the Management of Arterial Hypertension

An International Expert Position Paper

Stefano Omboni, Richard J. McManus, Hayden B. Bosworth, Lucy C. Chappell, Beverly B. Green, Kazuomi Kario, Alexander G. Logan, David J. Magid, Brian Mckinstry, Karen L. Margolis, Gianfranco Parati, Bonnie J. Wakefield

Abstract—Telemedicine allows the remote exchange of medical data between patients and healthcare professionals. It is used to increase patients' access to care and provide effective healthcare services at a distance. During the recent coronavirus disease 2019 (COVID-19) pandemic, telemedicine has thrived and emerged worldwide as an indispensable resource to improve the management of isolated patients due to lockdown or shielding, including those with hypertension. The best proposed healthcare model for telemedicine in hypertension management should include remote monitoring and transmission of vital signs (notably blood pressure) and medication adherence plus education on lifestyle and risk factors, with video consultation as an option. The use of mixed automated feedback services with supervision of a multidisciplinary clinical team (physician, nurse, or pharmacist) is the ideal approach. The indications include screening for suspected hypertension, management of older adults, medically underserved people, high-risk hypertensive patients, patients with multiple diseases, and those isolated due to pandemics or national emergencies.

Key Words: health personnel ■ hypertension ■ pandemics ■ telemedicine ■ telehealth



Heart & Stroke

Virtual care decision framework

Purpose

Health services are being reimagined with a likely permanent transition to a hybrid model that includes both in person and virtual care. This framework has been developed to provide structure and guidance to health professionals and system leaders across disciplines and the continuum of healthcare as they plan, develop and implement sustainable and scalable systems and processes that fully integrate virtual modalities into care delivery. It incorporates five core elements of virtual care.

The Framework is a companion document to complement the H&S Virtual Care Toolkits for health professionals and public infographics that are available to guide the planning, delivery and follow-up of any virtual healthcare encounter.

heartandstroke.ca/what-we-do/for-professionals

Target audience

- **Health professionals** involved in the planning and delivery of healthcare services
  - Health system planners and leaders
  - Clinicians across all disciplines and specialties
  - Supportive healthcare providers
- People with lived experience, Family members and caregivers
- Technology system developers and digital services providers.

Definition: virtual healthcare

Virtual healthcare has been defined as any interaction between patients and/or one or more members of their health circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care.

- Virtual care encompasses all the methods that healthcare providers use to interact with patients when separated by space (in different locations) and/or time (synchronicity). These interactions are called virtual visits.
- A virtual visit is an electronic exchange via teleconferencing, videoconferencing, secure messaging, or audio digital tools, where one or more health care providers deliver health care services to a patient.
- Includes: Provider to Patient/Family, and Provider to Provider

Virtual care ecosystem and core elements

System and environment
focuses on the health system and broader environment and reflect the infrastructure and social conditions within which organizations, clinical teams, individuals and communities interact and operate. Elements to consider may include leadership and governance, equity, social determinants of health, funding, policies, regulatory conditions and public health.

Organization
focuses on the facilities and services (such as hospitals, clinics, offices, nursing homes) that directly support the delivery of clinical care and healthcare team members by providing infrastructure, and shared resources. Elements to consider may include leadership, accountability, policies, human resources, liability and risk management.

Individual recipients of care
Patients and their support circles are at the centre of all healthcare planning and system design. They are impacted, directly or indirectly, by the other four components of this framework. Access, equity, cultural sensitivity, patient capacity, complexity, urgency and safety are all key components to consider when designing a virtual healthcare system.

Clinical care delivery
through healthcare team members who directly or indirectly interact with and on behalf of individuals and communities requiring health services. Elements to consider may include capacity and competence to provide virtual care, evidence-based guidelines and pathways, communication, coordination, integration, liability, and efficiency.

Telemetrics and technology
key infrastructure to enable a range of virtual healthcare services to be provided. Elements to consider may include access, affordability, compliance, capacity, privacy, security, reliability, confidence in the technology for clinical decision making and evaluating new and emerging technology.

RESEARCH ARTICLE

Changes in the top 25 reasons for primary care visits during the COVID-19 pandemic in a high-COVID region of Canada

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What's Next?

we are here

- Assess current guidelines/policies
- Acquire/Review Data (I.C.E.S.)
- Evidence Review

Assess Current State

Work with Expert Panel

- Using data and evidence - discuss issues
- Confirm focus/scope
- Draft statements
- Involve in co-design implementation

- Engage at multiple stages of development
- Involve in co-design of tools/supports
- Identify partners for implementation and evaluation

Engage Broader Stakeholder Community

Implement

Set Goals/Objectives

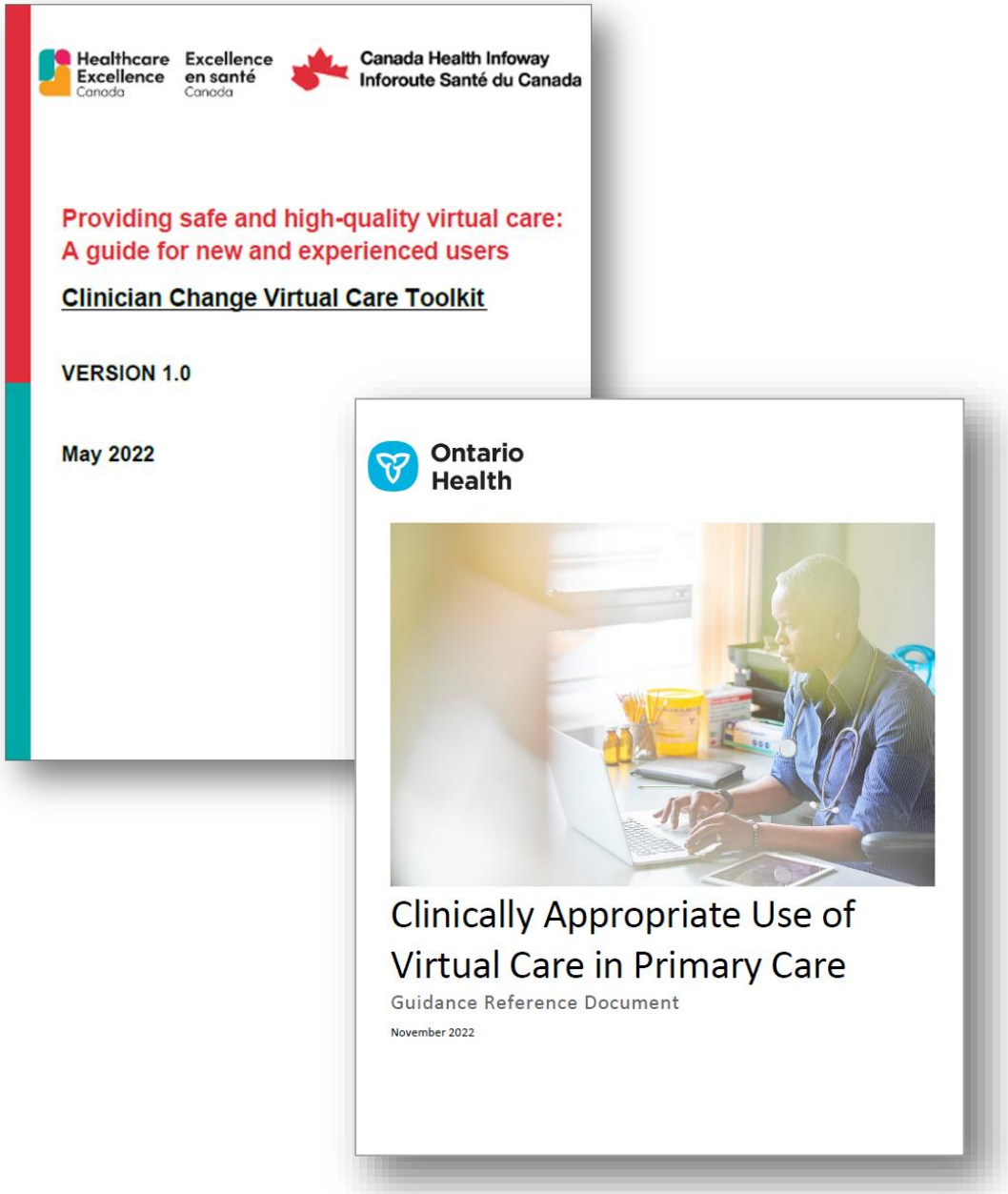
Plan Evaluation

Evaluate

4 sets of Guidance: Hypertension, Eating Disorders, Depression and Anxiety Related Conditions, Outpatient Neurology - concussion, epilepsy and headache types.

Clinical Perspective

Kevin Samson, Family Physician



patient-centred

timely

safe

inclusive

efficient

appropriate

equitable

effective

Q&A

Please enter your question in the Q&A panel, and we'll read it out for you.

Yoraise your hand and we'll call on you to speak.

Don't forget to mute yourself afterwards.

Thank You!

More info & links

Evaluation survey