

Virtual Care in Canada



Appendix E: Virtual Care Barriers

Table 1: *Identified policy/regulatory barriers in depth*

Barrier	Additional Insights	Potential Facilitators
<p>Provider Compensation</p> <p>Many jurisdictions are challenged with how to compensate practitioners for virtual visits, especially in primary care. This is even more of a challenge in the case of text-based consults.</p> <p>Compensation models for physicians vary across Canada (fee-for-service, salary, retainers, capitation, target payments and mixed/blended models).</p>	<ul style="list-style-type: none"> • Most physicians in Canada are compensated by fee-for-service^[1] • The Chief Executive Officer of Joule acknowledged that one of the most significant challenges for the adoption of virtual care is the existing pay structures in Canada^[2] 	<ul style="list-style-type: none"> • Start with providers who are compensated through salary (several virtual care pilots intentionally used salaried providers) • Among their ten practical steps towards virtualization, Dr. R. Sascha Bhatia and William Falk argue that virtual care should be integrated into bundled payments for care (as piloted in Ontario)^[3]
<p>Lack of Centralized Coordination, Standards, Rules and Requirements for Virtual Care</p> <p>Canada’s healthcare system is fragmented by federal, provincial and interprovincial jurisdictional responsibilities, regulations and policies. In turn, there is no centralized coordination or national framework to facilitate mass adoption of virtual care.</p>	<ul style="list-style-type: none"> • Dr. R. Sascha Bhatia and William Falk believe Canada requires a comprehensive approach to virtual care addressing payment reform, access to electronic information and applying the IHI’s Quadruple Aim to virtualization^[4] • Announcing a new virtual care task force, CMA President Dr. Gigi Olser said “It is time for our policies and regulations to evolve to today’s available technology. Removing barriers can lead to improved access to care for all Canadians”^[5] 	<ul style="list-style-type: none"> • Increase collaboration and sharing of best practices across jurisdictions
<p>National Licensure</p> <p>Virtual care provides the opportunity for “anywhere-to-anywhere” care. However, practitioners are limited to practice only within those jurisdictions in which they are licensed. Canada does not have a national license.</p>	<ul style="list-style-type: none"> • In 2018, the CMA found 93% of its members supported a national license and 36% would likely take advantage of a national license to practice virtual care in other jurisdictions^[6] • The cost of licensing out-of-province practitioners for the Western Hospital pilot was about \$3,000 per practitioner^[7] 	<ul style="list-style-type: none"> • Advocate for national licensure

Table 2: *Identified technological barriers in depth*

Barrier	Additional Insights	Potential Facilitators
<p>Access to Patient Records (Electronic Medical Records and Hospital Management Information Systems)</p> <p>While conducting a virtual visit, physicians may not have direct access to patient records or the ability to easily reflect clinical notes back into the patient records. Though some virtual care platforms provide the ability to capture clinical notes and integrate with select EMRs, the market is fragmented.</p>	<ul style="list-style-type: none"> • Canada’s physicians have several Electronic Medical Record platforms (fragmented system) • By 2017, 85% of physicians used electronic medical records^[8] • Some virtual care solutions have been acquired by EMR companies 	<ul style="list-style-type: none"> • Build virtual care into EMR/HMIS platforms • Select virtual care platforms which integrate with EMR/HMIS platforms • “Copy and paste” from virtual care platforms into EMR/HMIS platforms • Use VPNs to provide remote access to EMR/HMIS (example use: telerounds)
<p>Internet Connectivity and Bandwidth Issues</p> <p>Virtual care is often positioned to target those in remote and rural locations who will benefit from reduced travel. However, these areas can be challenged with poor or non-existent internet connectivity.</p>	<ul style="list-style-type: none"> • 27% of patients in the Nova Scotia Health Authorities’ Medeo Pilot cited poor audio, and nearly 10% cited poor video quality in their first visit^[9] • In March of 2019, the Federal Government announced a plan to deliver high-speed internet to all Canadians by 2030^[10] • Charles Bighead of the Northern Inter-Tribal Health Authority explained at a telemedicine forum that the costs of bandwidth in the north are continuing to increase when they are already onerous and unreasonable^[11] 	<ul style="list-style-type: none"> • Take advantage of low data text-based virtual care (where appropriate) • Dr. Nina Desjardins recommends that care providers negotiate with their internet providers to avoid “throttle back” on bandwidth. She explains that after doing so, the quality of videoconferencing is “far superior”^[12] • When video/audio quality on a virtual visit is poor execute a contingency plan (example: switch to phone)
<p>Data Privacy and Security</p> <p>Those delivering care prioritize the privacy and security of patient health information. As a result, organizations and providers are cautious about using cloud-based virtual care platforms.</p>	<ul style="list-style-type: none"> • Physicians are obligated to meet the privacy and confidentiality laws defined in the Personal Health Information Protection Act • Software collecting/storing patient data must conform to the Personal Information Protection and Electronic Documents Act (PIPEDA) in addition to jurisdictional-specific Acts 	<ul style="list-style-type: none"> • Require virtual care platform vendors host and store patient data in Canada • Request security/privacy compliance program certificates from vendors • Evaluate a platform vendor’s Privacy Policies

Table 3: *Identified organizational barriers in depth*

Barrier	Additional Insights	Potential Facilitators
<p>Organizational Readiness</p> <p>A significant amount of planning to prepare an organization for utilizing virtual care is necessary. Policies and protocols will need to be updated, team members consulted, and educational materials developed and delivered (for providers and patients). Technologies need to be selected and deployed. Depending on the virtual care solution, physical space may also be required.</p>	<ul style="list-style-type: none"> • Several interviewees for this scan explained how planning takes a significant amount of time and gaining buy-in can be challenging • In deploying virtual critical care in North Eastern Ontario, which required protocol and process changes at several hospitals, roll-out was phased in to ensure the program’s success 	<ul style="list-style-type: none"> • Involve all stakeholders when planning to deploy virtual care (administrators, clinicians, policy and privacy officers, information technology, clerical staff, etc.) • Involve patient and family advisory committees • Use Project Managers • Establish practical and achievable timelines • Use a phased deployment approach
<p>Clinical Workflows</p> <p>Clinicians have unique and well-established workflows for patient visits. Deploying virtual care may demand alterations to those workflows.</p>	<ul style="list-style-type: none"> • The most common barrier identified by interviewees for this scan was low or lack of integration/interoperability between virtual care technology and existing systems supporting workflows (examples: patient records and scheduling) 	<ul style="list-style-type: none"> • Build virtual care into existing workflows to support buy-in • Build virtual care technology into medical record software (EMR or HMIS)
<p>Scheduling of Virtual Visits</p> <p>Clinics and care providers manage their appointments through their own booking solutions (some of which are built into their EMRs). Lack of schedule visibility between clinics requires scheduling coordination.</p> <p><i>Note:</i> <i>Virtual care platforms also have scheduling capabilities though they are separate from a clinic’s primary booking solution.</i></p>	<ul style="list-style-type: none"> • Before restructuring their virtual care program to include a centralized scheduling tool, scheduling was a significant barrier for use in Nova Scotia^[13] • In Saskatchewan, the Telehealth Program Lead for eHealth Saskatchewan identified inflexible scheduling as one of four key challenges for their telehealth program^[14] 	<ul style="list-style-type: none"> • Establish or use a centralized mechanism for scheduling virtual visits (e.g., Ontario Telemedicine Network’s Ncompass or Nova Scotia Health Authorities’ iScheduler) • Encourage providers to schedule dedicated blocks of time for virtual visits

Table 4: *Identified individual barriers in depth*

Barrier	Additional Insights	Potential Facilitators
<p>Additional Work Responsibilities</p> <p>Enabling virtual care requires educating patients, scheduling appointments and setting up hardware/software in advance of a visit.</p>	<ul style="list-style-type: none"> • Clerical overhead has impacted mass adoption of BC Cancer-Victoria’s virtual care program • Paul Ainslie of Espanola Regional Hospital and Health Centre believes that having a Telemedicine Coordinator to support scheduling and use of technologies has been a major contributor to their success in adopting virtual care • Keltie Jamieson of the Nova Scotia Health Authority explained “virtual care is not without manpower, but it is a better use of manpower.” 	<ul style="list-style-type: none"> • Consider hiring Virtual Care Coordinators • Work within existing workflows
<p>Awareness and Willingness of Practitioners</p> <p>As a solution which demands changes to well-established practices, virtual care requires buy-in from practitioners. In some cases, providers have low awareness of virtual care and its benefits.</p>	<ul style="list-style-type: none"> • Some providers feel virtual care results in a loss of control over their therapeutic environment • Changing perceptions of “best practices” and the adoption of new protocols can be difficult 	<ul style="list-style-type: none"> • Identify champions and support them in advocating for the change • Provide clinical evidence to providers who challenge the change • Work with regulatory bodies to advocate for virtual care (practices and benefits)
<p>Technology Capabilities of those Deploying or Using Virtual Care</p> <p>For virtual visits to be successful, those using it must have the technical skills to set up and execute those visits. This can include completing audio and video checks and troubleshooting when there are problems.</p>	<ul style="list-style-type: none"> • Providers do not have time to troubleshoot problems with a virtual visit • In some remote communities, the technical skills required to install/set up virtual care solutions are not available, resulting in unused systems 	<ul style="list-style-type: none"> • Educate providers and patients before their first visit • Utilize Virtual Care Coordinators to provide support for scheduling and troubleshooting • Evaluate usability of virtual care platforms when considering technology solutions • Consider using a virtual care platform which provides first-tier technical support to patients

Endnotes

- 1 Association of Faculties of Medicine of Canada (2019). "AFMC Primer on Population Health: Chapter 12 - The Organization of Health Services in Canada" [Online]. Available: <https://phprimer.afmc.ca/en/part-iii/chapter-12/> [2019, March].
- 2 L. David (2018). "Virtual Care by 2020 – bring it on" [Online]. Available: <https://www.linkedin.com/pulse/virtual-care-2020bring-lindee-david/> [2019, March].
- 3 Dr. R. S. Bhatia and W. Falk, "C.D. Howe Institute E-Brief: Modernizing Canada's Healthcare System through the Virtualization of Services."
- 4 Ibid.
- 5 Canadian Medical Association, "National medical organizations come together to examine how virtual care can improve access and quality", <https://www.newswire.ca/news-releases/national-medical-organizations-come-together-to-examine-how-virtual-care-can-improve-access-and-quality-816420055.html>.
- 6 Canadian Medical Association (2018). "e-Panel Survey Summary: National Licensure" [Online]. Available: <https://www.cma.ca/e-panel-survey-summary-national-licensure> [2019, March].
- 7 P. Young, personal communication.
- 8 Canada Health Infoway (2017). "Canadian Medical Association 2017 Workforce Survey Results" [Online]. Available: <https://infocentral.infoway-inforoute.ca/en/news-events/infocentral-news/3400-cma-workforce-survey-2017> [2019, March].
- 9 Nova Scotia Health Authority, "Virtual Care Pilot Using Medeo Final Report", 11.
- 10 CBC News (2019). "Federal budget to target Canada-wide high speed internet by 2030" [Online]. Available: <https://www.cbc.ca/news/politics/budget-2019-internet-speed-1.5060457> [2019, March].
- 11 University of Saskatchewan College of Nursing, "Telehealth in Northern and Indigenous Communities", <https://nursing.usask.ca/documents/telehealth/2017telehealthreport.pdf>.
- 12 Ontario Telemedicine Network (2013). "Case Study: Personal Videoconferencing, a tool for building a mentoring network for the delivery of mental health care" [Online]. Available: <https://support.otn.ca/sites/default/files/otn-pcvc-case-study-desjardins.pdf> [2019, February].
- 13 C. Cruz (personal communication, 2019, March 27). Webinar: Virtual Care Restructure Project"
- 14 University of Saskatchewan College of Nursing, "Telehealth in Northern and Indigenous Communities", <https://nursing.usask.ca/documents/telehealth/2017telehealthreport.pdf>.