Patient Visits Reimagined by COVID-19

Making the most of Virtual

Darren Larsen, Chief Medical Officer, OntarioMD

Zainab Abdurrahman, Specialist Peer Leader, OntarioMD

Today's Learning & Discussion Objectives

Re-imagine the future of patient visits in a virtual care world.

That's all.

Do you know OntarioMD?

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OMA — Ontario Medical Association

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CMPA — The Canadian Medical Protective Association

otn.

eConsult BASE™ — Ontario eConsult Centre of Excellence

HITS eHealthOFFICE — Innovating & Transforming eHealth Solutions

UHN — Toronto General, Toronto Western, Princess Margaret, Toronto Rehab

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A Proactive Approach to Clinician and Patients' Future Needs

Medicine and its business are digitizing

The Health System is Transforming
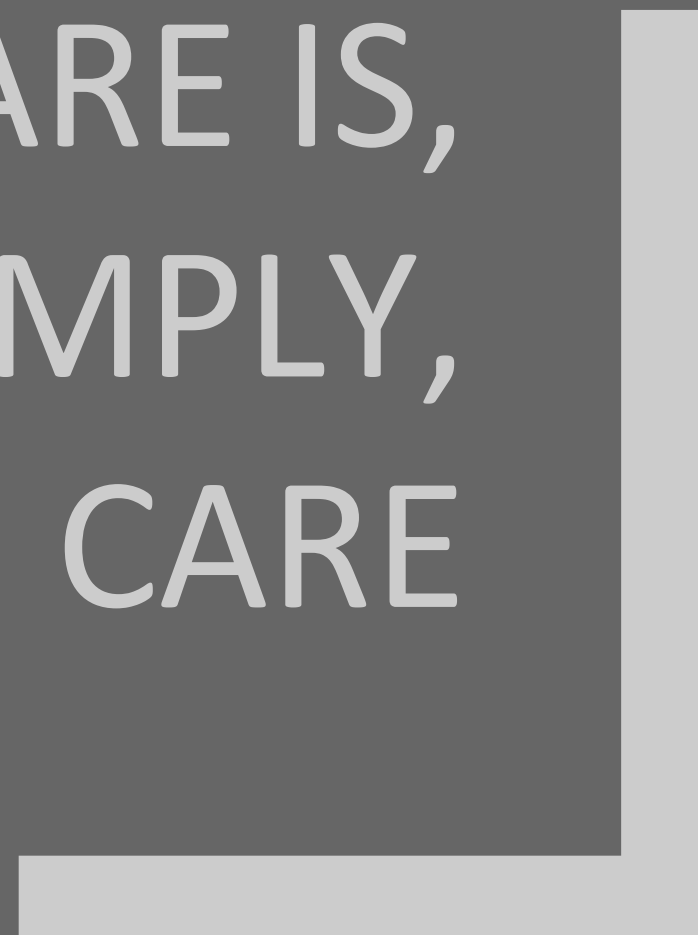
Data needs to integrate and move

Patients are activating

We thought we knew the path.

And then, suddenly, nothing was the same.

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VIRTUAL CARE IS, SIMPLY, CARE

For you, the doctor... or for our patients

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COVID-19 helped OntarioMD move clinicians to Virtual Tools QUICKLY

- Quick lists and available virtual tools (OntarioMD.news)

- Clinician How-to-do Virtual Webinars

- Ontario Care Virtual Clinic

- COVID-19 results through OLIS/HRM

- Increased uptake of all digital health tools

- Augmented change management support for clinicians

- Certification of virtual care

- Development of national standards, and more

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But as we do, we kept going.

We went virtual almost overnight.

We were ready.

All we needed was a burning platform and a billing code (or four)

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Surveys suggest Canadians have had massive uptake in virtual care

- 47% of Canadians have used "virtual care" such as calls, email , texts or video during the pandemic; of these, 91% said they were very satisfied with the experience.

- Before the pandemic was declared, about 4% of primary care visits in Canada were done virtually (by phone, video, text or app), according to Canada Health Infoway.

- Open questions include whether people who did not access health care virtually during COVID-19 in fact didn't need to or didn't know how to do so.

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But many Canadians still prefer in person visits

- Of those surveyed who needed advice during the pandemic, 34% reached their doctor by phone. About 10% saw a doctor face to face, 6% went to a walk-in clinic and 5% to an emergency department.

- Another 7% used their provincial telehealth service, 6% used videoconferencing, 5% used a <u>private virtual health provider</u> and 4% used text or email.

- Looking ahead to when the COVID-19 crisis is resolved, about 58% said they'd prefer to initially reach a doctor in person compared with 20% who would prefer a phone call, 14% who would choose a video conference and 8% for email or text.

Source: CMA Survey: https://www.cbc.ca/news/health/virtual-care-cma-survey-1.5603713

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Tools for use in virtualizing your practice

- Office Website
- Triage tools
- Secure email systems in your EMR
- Online scheduling
- Telephone
- Video visits
- Remote monitoring

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Seeking care has changed

Goal of triage

Sorting

Right provider for the right problem in team environment

Patient needs = provider availability

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Examples

Babylon

OCEAN patient surveys

Zen Desk - Virtual front desk

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Secure messaging

Portal based

Access rules built in

Asynchronous to at your discretion

Allows for clinic blasts and individual emails

Can hold PHI so safe for results and conversations

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Booking a visit online

Patient portals linked to EMR schedules

Some appointments blocked for specific care needs (well baby, prev health exam etc.)

Flexibility for visit type and time

Allows for spacing of patients in an office, temporally and physically

More than 20 online scheduling systems now

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Examples – most EMR specific

Medeo (QHR: Accuro)

Juno (Oscar)

Health Myself/Pomelo

Chronometriq

miDash

OCEAN

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The in-person visit "new normal"

- PPE
- Limit the time
- Create space physically and temporally
- Histories from the parking lot
- Patient inputted data
- Patient generated data

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The virtual visit

Secure patient email portal

Telephone

Video visit platform

- Secure
- Private
- Consented
- Patient friendly
- Clinician friendly

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VIRTUAL CARE IS HERE TO STAY

Virtual care has become an accepted additional way to deliver care to patients efficiently and effectively. OntarioMD and the Ontario Medical Association are committed to helping raise awareness to physicians and their practices about tools to consider for virtual care delivery. While OntarioMD has not evaluated these tools and does not endorse one tool over another, we believe there is value in curating a list of tools to which OntarioMD has visibility based on our relationships and/or engagements with various provincial and national stakeholders. We encourage all practices to contact vendors directly for product-specific questions.

VIRTUAL CARE IS JUST CARE

Digital follow *through*

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Certification of Virtual Care Tools

- Ontario Health Digital standards-based certification
- Phased implementation
- Attestation to PIA/TRA
- Communication standards (HL7 FHIR etc)
- Integration to other POC products like EMR and EHR

- Opens up other vendors to Virtual Care Funding Program (B-codes)

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What else is on the horizon?

- Automated scribes
- Contact tracing app
- AI based chat bots
- Collaborative care records
- Auto coding
- Data visualization
- Data movement to follow the patient

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Pre-engagement issues

Staff – can take consent for virtual appointment, explain timing, if applicable explain private/blocked number, get preferred contact #

Consider add on services to get information ahead of time eg registration form – PMHx, Medications, Allergies (Medeo, Ocean, etc)

If photos are important – can get these submitted ahead of time (secure message platforms, secure website forms, etc

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Engagement issues

Optimize your space – headset, better chair, fluids

Have a plan if no answer, do you call back one more time

Remind the patient which specialist you are

Remind timing

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Post-engagement issues

Secure messaging for labs, educational materials

Email can be used for non-patient specific handouts etc

Prescriptions – can be done during or after – through EMR- fax, prescribing platforms

Message to front staff re: follow up – appointments, imaging, etc

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Now you....

- What have we missed?

- How has your office or organization changed because of COVID-19?

- What new tools, technologies or ways of thinking are you now part of?

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Darren.Larsen@OntarioMD.com

OntarioMD.ca

OntarioMD.vc