

## Chapter 5

### Section 5.05

Ministry of Health

# Virtual Care: Use of Communication Technologies for Patient Care

## Standing Committee on Public Accounts Follow-Up on Value-for-Money Audit, 2020 Annual Report

On May 26, 2021, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2020 audit of Virtual Care: Use of Communication Technologies for Patient Care. The Committee tabled a report on this hearing in the Legislature in December 2021. A link to the full report can be found at [auditor.on.ca/en/content/standingcommittee/standingcommittee.html](http://auditor.on.ca/en/content/standingcommittee/standingcommittee.html).

The Committee made 13 recommendations and asked the Ministry of Health (Ministry) and the

Telemedicine Network within Ontario Health (Ontario Health) to report back by April 2022. The Ministry and Ontario Health formally responded to the Committee on April 14, 2022. A number of the issues raised by the Committee were similar to the audit observations of our 2020 audit, which we followed up on in 2022. The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 2022 and August 2022, and obtained written representation

**Figure 1: Summary Status of Actions Recommended in December 2021 Committee Report**

Prepared by the Office of the Auditor General of Ontario

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	4	2	2			
Recommendation 2	1	1				
Recommendation 3	2	2				
Recommendation 4	2		2			
Recommendation 5	5	4	1			
Recommendation 6	1	1				
Recommendation 7	1	1				
Recommendation 8	1		1			
Recommendation 9	2	2				
Recommendation 10	2	1	1			
Recommendation 11	1		1			
Recommendation 12	4	4				
Recommendation 13	2	2				
<b>Total</b>	<b>28</b>	<b>20</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>%</b>	<b>100</b>	<b>71</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>

from the Ministry and Ontario Health that effective October 19, 2022, they have provided us with a complete update of the status of the recommendations made by the Committee.

## Overall Conclusion

As of October 19, 2022, 71% of the Committee's recommended actions had been fully implemented, and 29% of the recommended actions were in the process of being implemented.

## Detailed Status of Recommendations

**Figure 2** shows the recommendations and status details that are based on responses from the Ministry of Health (Ministry) and the Telemedicine Network within Ontario Health (Ontario Health), and our review of the information provided.

**Figure 2: Committee Recommendations and Detailed Status of Actions Taken**

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p><b>Recommendation 1</b></p> <p>To achieve the virtual-care objectives in its Digital First for Health Strategy, the Ministry of Health should:</p> <ul style="list-style-type: none"> <li>specifically define what virtual care includes and how it fits into the provincial healthcare system in terms of technology and physician billing;</li> </ul> <p><b>Status: In the process of being implemented by December 1, 2022.</b></p>	<p>The Ministry has refreshed its virtual-care strategy. Its renewed virtual-care strategy is aligned with the existing Digital First for Health Strategy (2019), which now includes a refined definition of virtual care: "Virtual care is the use of technology (e.g., phone, video, secure messaging, remote monitoring) to deliver health care when patients and providers are not face-to-face." This refined definition specifically defines what virtual care includes compared with the broad definition of virtual care provided in the Digital First for Health Strategy in 2019: "Virtual care will allow patients to have more options to interact with the health care system. Providers can also benefit from innovative virtual care technologies to better serve their patients."</p> <p>The refined virtual-care strategy and definition also highlight the importance of ensuring the availability of private, secure, and integrated digital technologies. The Ministry is using various channels to recommend or require the use of virtual-visit solutions that have been verified by Ontario Health (see further details in <b>Recommendation 2</b>).</p> <p>The Ministry indicated that it did not include specific details related to physician billing for virtual care in the refined definition because it was expecting a new Physician Services Agreement that would affect virtual-care fees; this Agreement has since been ratified as of March 27, 2022. The Ministry plans to include payment parameters related to physician phone and video visits in the updated OHIP Schedule of Benefits once new virtual-care fee codes are implemented, which will take effect December 1, 2022.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>revisit its Digital First for Health Strategy in light of the COVID-19 pandemic and lessons learned;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry's Digital Health Program Branch has continued to refresh the existing Digital First for Health Strategy (Strategy) in light of lessons learned through the COVID-19 pandemic. For instance, the Ministry:</p> <ul style="list-style-type: none"> <li>began piloting (in collaboration with the Ministry of Government and Consumer Services and Ontario Health) a cyber security shared services model to improve health-care organizations' cyber capabilities and readiness while reducing the risks of health-care disruptions and large costs related to cyber incidents.</li> <li>created the Ontario Health Data Platform, which enables secure, accurate, and privacy-protective data transfers.</li> </ul> <p>As well, the Ministry funded the Centre for Digital Health Evaluation (CDHE) at Women's College Hospital to lead a national evaluation of virtual-care adoption during COVID-19. The Ministry then used the findings from this evaluation when updating its Strategy. For example, the Ministry:</p> <ul style="list-style-type: none"> <li>provided funding to Ontario Health Teams to use for various virtual-care delivery models (e.g., remote care monitoring and video visits) and made funding available for primary-care settings; and</li> <li>provided funding to Ontario Health to lead development of guidance to support clinically appropriate use of virtual care.</li> </ul> <p>Additionally, the Ministry has extended the temporary virtual-care fee codes for OHIP-insured phone and video visits until November 30, 2022, to support patients' continued access to health care as the government gradually reopened the province and rolled out the COVID-19 vaccine. The new Physician Services Agreement that was ratified as of March 27, 2022, includes fee codes for OHIP-insured physician phone and video visits that will replace the temporary virtual-care fee codes in the 2022/23 fiscal year. The new Physician Services Agreement also includes a proof-of-concept pilot of secure messaging to determine whether this delivery option can be implemented in the future. Furthermore, the Ministry has updated the provincial virtual-care strategy's focus from one of adoption to one that ensures patients have access to the right balance of virtual and in-person care, and to prioritizing virtual care that is appropriate, equitable and integrated.</p>
<ul style="list-style-type: none"> <li>identify annual and long-term targets for virtual care availability and use;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry's annual multi-year planning process has established funding to meet government direction on virtual care, and has defined results to be achieved and metrics to measure progress. The Ministry has also established a key performance indicator—that is, the percentage of Ontarians who have had a virtual visit (for example, through phone, email/website, video call, text/instant messaging) in the last 12 months—to capture long-term targets for virtual care adoption in 2019/20 with a three-year outlook to align with the government's multi-year planning process.</p> <p>As mentioned in the second action item of <b>Recommendation 1</b>, the Ministry has refreshed the overall focus of the provincial virtual-care strategy in response to lessons learned from the COVID-19 pandemic. The refreshed strategy has moved away from focusing on virtual-care adoption to focusing more on ensuring patients have access to the right balance of virtual and in-person care, and prioritizing virtual care that is appropriate, equitable and integrated.</p> <p>Included within the refreshed virtual-care strategy and in response to the broad adoption of virtual care during the pandemic, the Ministry has renewed the long-term target for 2022/23 and beyond: 40% to 50% of Ontarians have had a virtual visit in the last 12 months (as measured through the Healthcare Experience Survey). This target accounts for an appropriate balance between in-person and virtual care.</p>

## Committee Recommendation

## Status Details

- measure and report publicly on its results against these targets.

**Status:** In the process of being implemented by March 31, 2024.

Apart from the Ministry, Ontario Health has also worked with the Ministry to advance the Digital First for Health Strategy through various digital health solutions operated by Ontario Health. According to its 2021/22 Business Plan, Ontario Health's key deliverables with respect to virtual care in the next few years include:

- **2021/22:** expand and evaluate virtual-care programs (such as remote care monitoring, urgent virtual care, and home and community virtual care); support virtual-care initiatives that build long-term virtual capacity into the home and community system across the province; evaluate the impact of COVID-19 regional funded initiatives to guide planning and future funding of sustainable virtual-care models in alignment with Ontario Health Teams; and develop a plan to sustain and optimize virtual care after the pandemic.
- **2022/23:** support continued innovation in care at home, mental health and addictions care and primary care that aligns with regional and Ontario Health Team's priorities; and continue to support the Ministry's ongoing virtual-care policy development.
- **2023/24:** continue to implement the prior year's deliverables to enable patient-provider engagement from any location; and sustain virtual-care innovations in primary care, care at home and mental health and addictions care to ensure they align with regional and Ontario Health Teams' priorities.

The Ministry has established performance measures and will publicly report its results against the virtual-care targets it has set (as detailed in the third action item of **Recommendation 1**). For example:

- Ontario Health's 2022/23 Annual Business Plan sets out a three-year plan for publicly reporting performance measures specific to virtual care. The current plan sees public reporting occurring in March 2024.
- Ontario Health has measured performance metrics related to virtual care and reported them internally through the Ontario Health Corporate Scorecard. It has also reported these metrics publicly through its Annual Report. The 2020/21 Annual Report has yet to be approved for release.

Additionally, the Ministry has been working with the Canadian Institute for Health Information (CIHI) to report on virtual-care metrics as part of the federal government's support for Pan-Canada Virtual Care Priorities in Response to COVID-19. The metrics have been publicly reported in the Virtual Care in Canada: Strengthening Data and Information report released by the CIHI in April 2022, and will be included again in CIHI's spring 2023 report on virtual care. The agreed-upon metrics reported publicly by CIHI include:

- the percentage of Ontarians with a virtual visit (via any form of virtual-care delivery such as through phone, video call, email/website, and text/instant messaging) in the last 12 months (as measured through the Health Care Experience Survey, which is conducted regularly by the Ministry via a third-party contract, including the most recent one that showed cumulative results from June 2021 to February 2022); and
- the number of patients and volume of virtual-care services delivered through multiple projects in, for example, virtual urgent care, pre- and post-virtual surgical transition, and integrated virtual care.

The CIHI has also released the following recent data reports related to virtual care:

- **March 24, 2022—Virtual care: A major shift for physicians in Canada and Virtual care: A major shift for Canadians receiving physician services,** which included data from Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. The data analysis covered the period between April 2019 and March 2021. It showed the percentage of services that patients received virtually in Ontario increased significantly, from 2% in 2019/20 to 30% in 2020/21, which was higher than Alberta (24%) but lower than British Columbia (42%), Saskatchewan (34%) and Manitoba (33%).

Committee Recommendation	Status Details
	<ul style="list-style-type: none"> <li>• April 28, 2022—How Canada Compares: Results from the Commonwealth Fund’s 2021 International Health Policy Survey of Older Adults in 11 Countries, which included the proportion of respondents who reported having a virtual appointment with a doctor or other health-care professional, with a focus on the views and experiences of older adults (aged 65 and older).</li> </ul>
<p><b>Recommendation 2</b></p> <p>To provide Ontarians with convenient virtual care options, the Ministry of Health, in collaboration with OTN within Ontario Health, should review its policies and structures around physician delivery of, and billing for, virtual care to identify ways of expanding the availability of virtual-care options in Ontario as appropriate.</p> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry and Ontario Health have been reviewing their policies and structures around virtual care. For example:</p> <ul style="list-style-type: none"> <li>• The Ministry and Ontario Health brought new policies and proposed structures for discussion as part of their regular monthly priorities and planning meetings.</li> <li>• The Ministry set up, in conjunction with the Ontario Medical Association (OMA), a Virtual Care and Digital Health Table, which met regularly in 2019/20 to advance virtual-care policy priorities such as expanding the availability of non-Telemedicine Network solutions, and expanding other virtual-care delivery options under the provincial billing framework.</li> <li>• As mentioned in <b>Recommendation 1</b>, the new Physician Services Agreement has expanded OHIP-insured virtual-care delivery options to include phone and video visits. Additionally, the agreement includes a proof-of-concept pilot to publicly fund secure messaging services as another delivery option.</li> <li>• Ontario Health, which is the Province’s primary delivery and implementation partner, established the Virtual Visits Verification Program (Program) to identify a list of verified solutions, including many of the larger vendors that account for significant market share in Ontario’s virtual-care solution marketplace. The Program gives providers choices to select virtual-care delivery options that meet both their needs and provincial standards, such as for privacy, security, and interoperability. Physicians have been encouraged to use verified solutions when billing for virtual-care services using the temporary OHIP codes. Upon implementation of the new billing codes (expected in 2022/23), the new OHIP virtual-care billing codes may require physicians to use verified solutions for insured video visits to be eligible for payment under OHIP. The use of a verified solution is also a requirement for secure messaging services under the proof-of-concept pilot.</li> </ul> <p>As mentioned in <b>Recommendation 1</b>, the Ministry has refreshed the overall approach to its virtual-care strategy. The new strategy is focused more on ensuring patients have access to the right balance of virtual and in-person care, and prioritizing virtual care that is safe, equitable and integrated.</p> <p>Overall, the Ministry indicated that the review of policies and structures around physician delivery of and billing for virtual care is an ongoing activity. The Ministry also indicated that it will continue to collaborate with Ontario Health to perform this review and identify ways of expanding the availability of virtual-care options in Ontario.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 3</b></p> <p>To provide Ontarians with an opportunity to access care virtually through a reliable platform in a timely and convenient way, the Ministry of Health, in collaboration with OTN within Ontario Health, should:</p> <ul style="list-style-type: none"> <li>engage physicians and others who have used OTN and those who have chosen not to, to identify their specific concerns and issues with the platform, identify opportunities for improvement, and implement appropriate solutions;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>Ontario Health has partnered with physicians and other users to provide them with meaningful opportunities to share their concerns and issues with virtual-care solutions and associated processes in order to improve provider and patient experiences on an ongoing basis.</p> <p>Ontario Health has engaged with physicians and other users of virtual care to solicit feedback in multiple ways, including:</p> <ul style="list-style-type: none"> <li>administering a Customer Satisfaction Survey twice annually to physicians and care providers who have used Ontario Health’s virtual-care services, and conducting follow-up interviews;</li> <li>creating an online feedback form;</li> <li>directly engaging with individuals and groups of care providers who co-design or co-develop virtual-care solutions;</li> <li>engaging with organizations representing groups of care providers and other users to solicit their thoughts; and</li> <li>engaging with third-party vendors who work closely with care providers in developing their virtual-care solutions.</li> </ul> <p>Ontario Health has also included a general “contact us” email form on its website, through which any physician or other health-care provider that uses virtual care, or those who choose not to, can provide feedback on their issues or concerns with the platform. Ontario Health has a process for responding to those who provide input, analyzing feedback, and using that feedback to identify areas for improvements.</p> <p>Additionally, Ontario Health has routinely collected user experience data through the Voice of the Customer program. A general Customer Feedback Form is available at all times through Ontario Health’s website. Ontario Health has reviewed these forms and follows up directly with users to address the feedback.</p> <p>Ontario Health has analyzed the feedback it received from the various forms and surveys, as well as from telephone inquiries, to identify specific concerns and issues with the Telemedicine Network, such as technical problems and service availability. It was also able to identify opportunities for improvement and implement appropriate solutions, namely by introducing the Virtual Visits Verification Program (Program) as mentioned in <b>Recommendation 2</b>. Given the issues it identified with the Telemedicine Network and users’ desire for more delivery options, the Ministry established the Program to provide Ontarians with more opportunities to access care virtually through a reliable platform outside the Telemedicine Network platform. The Program gives care providers more choices to better meet their needs while also maintaining provincial standards, such as for privacy, security, and interoperability.</p> <p>Apart from Ontario Health, as mentioned in <b>Recommendation 1</b>, the Ministry was also able to understand the specific concerns and issues with virtual-care delivery and use of the Ontario Telemedicine Network platform through the Centre for Digital Health Evaluation’s (CDHE’s) findings on virtual-care adoption during COVID-19. The CDHE’s report outlined patient and provider preferences for alternative virtual-care delivery models or solutions.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>study virtual-care delivery models and practices in other jurisdictions to determine whether to revise the role of OTN.</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry has evaluated virtual-care delivery models or practices in other jurisdictions in order to provide Ontarians an opportunity to access care virtually in a timely and convenient way. For example:</p> <ul style="list-style-type: none"> <li>As mentioned in <b>Recommendation 1</b>, the Ministry funded the Centre for Digital Health Evaluation (CDHE) to lead a national digital evaluation of virtual-care adoption during COVID-19. Its findings identified which delivery models were effective and where gaps and challenges existed with the delivery of virtual care. The Ministry and Ontario Health used these findings to inform their approach to investing into Ontario Health Teams to support their use of digital health and virtual care solutions. These investments, along with Ontario Health's Virtual Visits Verification Program, which provides verified alternatives to the Telemedicine Network (as mentioned in <b>Recommendation 2</b>), have created an environment in which health-service providers have choice in their use of virtual-visit solutions. They also give the Ministry an opportunity to support the creation and expansion of innovative virtual-care delivery models.</li> <li>In addition to the CDHE's report, the Ministry has reached out to all other provinces and territories about their experiences with compensating physicians for virtual care. The Ministry has also commissioned a jurisdictional scan through its Research, Analysis and Evaluation Branch to collect information that supported policy and program development in Ontario.</li> <li>Additionally, the Ministry contributed to two major cross-jurisdictional reports on virtual care, which focused on the state of virtual care in Canada during the third wave of COVID-19, as well as the federal, provincial and territorial virtual-care strategy. These two reports have provided further insights into other jurisdictions' virtual-care initiatives and priorities, which the Ministry has used, as appropriate, to inform its strategic thinking on the future of virtual care in Ontario.</li> </ul> <p>Apart from the Ministry, Ontario Health has also continued to monitor and learn best practices in delivering virtual care, and to leverage a broad network of experts in other jurisdictions with experience in virtual care. Apart from learning and implementing best practices, the role and certain functions of the former Ontario Telemedicine Network remain relevant. Ontario Health has taken the following actions to keep abreast of emerging practices in other jurisdictions:</p> <ul style="list-style-type: none"> <li>Participated in formal and informal leadership and working groups and routinely liaised with peer organizations in other jurisdictions both within Canada and internationally. Ontario Health representatives have participated in the following groups: <ul style="list-style-type: none"> <li>Centre for Digital Health Evaluation (CDHE) Oversight Committee;</li> <li>Ontario Digital Health Collaboration Table together with Canada Health Infoway and the Ministry;</li> <li>Telehealth International Community of Practice led by New Zealand;</li> <li>International Telehealth Working Group; and</li> <li>International Medical Informatics Association.</li> </ul> </li> <li>Met with international organizations (including the Agency for Clinical Innovation at New South Wales in Australia; the Health Systems Innovation Branch of Queensland Health in Australia; and Digital Health and Care in Scotland) to exchange information.</li> <li>Retained a third party to conduct a jurisdictional scan to learn best practices in implementing virtual-care guidelines. It also continues to seek opportunities to liaise with other jurisdictions and gather information that could benefit virtual-care practice in Ontario.</li> </ul> <p>Based on the evaluation of various models and practices in other jurisdictions, the Ministry has revised and adjusted the roles and functions of the Ontario Telemedicine Network, and incorporated those functions that remain relevant to the current environment into Ontario Health. These functions include, but are not limited to, provincial leadership and support for virtual care programs, innovation and change management, infrastructure support and maintenance of provincial virtual care-related assets.</p>



Committee Recommendation	Status Details
<p><b>Recommendation 4</b></p> <p>To provide Ontarians with more options to access care virtually in a convenient way, the Ministry of Health, in collaboration with OTN within Ontario Health should:</p> <ul style="list-style-type: none"> <li>engage virtual-care providers in other jurisdictions and in the private sector to learn about and apply best practices in the delivery of expanded virtual care in Ontario;</li> </ul> <p><b>Status: In the process of being implemented by March 31, 2023.</b></p>	<p>The Ministry has established relationships with digital health and virtual-care providers in other jurisdictions to learn from their experiences in collaborating with the private sector. The Ministry plans to use the lessons learned and best practices from other provinces with similar health-care systems to inform its approach to virtual care on an ongoing basis. For example:</p> <ul style="list-style-type: none"> <li>Person-Centred Virtual Cancer Care Clinical Guidance Version 2 was released in January 2022.</li> <li>Phase 1 of Primary Care Clinical Appropriateness Guidance will be implemented in the third quarter of 2022/23, and Phase 2 Guidance will be implemented in the fourth quarter of 2022/23.</li> <li>As mentioned in <b>Recommendation 1</b>, the Ministry plans to include payment parameters related to physician phone and video visits in the updated OHIP Schedule of Benefits once new virtual-care fee codes are implemented.</li> </ul> <p>By participating in the Federal, Provincial, and Territory Virtual Care Table and through jurisdictional information sharing, the Ministry has learned about various virtual-care delivery frameworks and the role of the private sector, which it will consider incorporating into future virtual-care policies in Ontario. The Ministry has continued to work closely with Canada Health Infoway, the federal government's lead agency for advancing national digital health priorities, to further Ontario's virtual-care modernization effort and align it with other jurisdictions, and to share lessons learned.</p> <p>As mentioned in <b>Recommendation 3</b>, the Ministry has reached out to all other provinces and territories about their experiences with compensating physicians for virtual care. The Ministry has also commissioned a jurisdictional scan through its Research, Analysis and Evaluation Branch to collect information that supports policy and program development in Ontario. Additionally, the Ministry contributed to two major cross-jurisdictional virtual-care reports, which focused on the state of virtual care in Canada during the third wave of COVID-19, as well as the federal, provincial and territorial virtual-care strategy. These two reports have provided further insight into other jurisdictional virtual-care initiatives and priorities, which the Ministry has used, as appropriate, to inform its strategic thinking on the future of virtual care in Ontario.</p> <p>Apart from the Ministry, engaging with other jurisdictions to learn about their practices has also been an ongoing activity for Ontario Health. For example:</p> <ul style="list-style-type: none"> <li>As mentioned in <b>Recommendation 3</b>, Ontario Health has been an active member on Health Canada's federal, provincial and territorial work in virtual care. For example, Ontario Health has collaborated with the state of New South Wales, Australia, to compare the two jurisdictions' approaches to virtual care. Ontario Health will continuously monitor and learn about best practices in virtual-care delivery, and leverage a broad network of experts in other jurisdictions with experience in virtual care.</li> <li>Ontario Health has demonstrated a commitment to work with and learn from the private sector through multiple initiatives. For example, it established the Virtual Visits Verification Program (Program), as discussed in <b>Recommendation 2</b>, to assess third-party vendors against a provincial standard in order to verify they can be used by the broader health sector. Through its implementation of the Program, Ontario Health will continue to gain insights into private sector best practices.</li> <li>In February 2021, Ontario Health conducted a jurisdictional scan regarding secure messaging and submitted recommendations to the Ministry for consideration.</li> </ul>



Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>evaluate the feasibility of allowing physicians to bill for virtual-care services provided through multiple technologies outside of OTN (for example, secure messaging, or phone calls) and implement changes that protect data security and privacy, and enable the Ministry to monitor the reasonableness of billings.</li> </ul> <p><b>Status: In the process of being implemented by January 1, 2023.</b></p>	<p>The Ministry and Ontario Health have taken the following actions to address this recommendation:</p> <ul style="list-style-type: none"> <li>The Ministry launched the Virtual Visits Verification Program (Program) as mentioned in <b>Recommendation 2</b>. The Program assesses virtual-care delivery solutions to ensure they meet provincial standards, such as for data security, privacy, and interoperability, and maintains a list of verified solutions that care providers can choose from. The Program has identified over 35 verified virtual-visit solutions; they include solutions from many of the larger vendors that account for a significant market share in the Ontario virtual-care solution marketplace. By presenting alternatives to physicians who want to offer virtual services through solutions other than the Telemedicine Network, the Program provides a competitive landscape that is both responsive to market needs and ultimately improves the patient and provider experience.</li> <li>As mentioned in <b>Recommendation 3</b>, the Ministry has conducted multiple jurisdictional scans to understand how different virtual-care delivery models are remunerated and structured to inform its strategy for introducing different methods of delivering virtual care.</li> <li>As mentioned in <b>Recommendation 1</b>, the new Physician Services Agreement includes virtual-care fee codes for phone and video visits. Physicians may be required to use a verified solution from the Virtual Visits Verification Program to be eligible for payment by OHIP for insured video visits. The new Agreement also allows physicians to conduct virtual visits through a proof-of-concept pilot on secure messaging, as long as they use a verified solution from the Program. Changes to the OHIP claims system are under way reimburse physicians for virtual care according to the terms in the new Physicians Services Agreement. Implementation of the new OHIP funding model for insured phone and video visits will be implemented on December 1, 2022, and the secure messaging services under the Ontario Virtual Care Program is tentatively planned for January 1, 2023.</li> <li>To monitor the reasonableness of billings for virtual care, as discussed in <b>Recommendation 5</b>, the Ministry has implemented a Post Payment Review Framework to identify unusual billing volumes and evaluate for compliance with the requirements of the Ontario Virtual Care Program (OVCP), which administers virtual-care programs in the province. Virtual-care billing for the three physicians identified in the 2020 audit report have been assessed, and these physicians have been removed from the OVCP.</li> </ul>

Committee Recommendation	Status Details
<p><b>Recommendation 5</b></p> <p>To detect, deter, and reduce inappropriate billings for virtual-care services, the Ministry of Health, in collaboration with OTN within Ontario Health, should:</p> <ul style="list-style-type: none"> <li>develop a framework for monitoring virtual-care visit and billing data continuously as well as identifying red flags and risks that warrant further reviews;</li> </ul> <p><b>Status: Fully implemented.</b></p> <ul style="list-style-type: none"> <li>conduct reviews when unreasonable or unusual trends are noted;</li> </ul> <p><b>Status: Fully implemented.</b></p> <ul style="list-style-type: none"> <li>collaborate with the College of Physicians and Surgeons of Ontario to evaluate the quality of virtual care being provided by physicians with an unreasonable number of virtual-care visits;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry has developed a Post Payment Review Framework to detect, deter and reduce inappropriate billings for virtual-care services. This framework has been implemented within the Ontario Virtual Care Program (OVCP) to identify unusual billing volumes and evaluate for compliance with program requirements. The Ministry has also set up a process, in collaboration with Ontario Health, to identify discrepancies between the billings submitted and the usage data from the Telemedicine Network.</p> <p>Apart from developing the Post Payment Review Framework, the Ministry has taken the following actions to address this recommendation:</p> <ul style="list-style-type: none"> <li>consulted with the Ministry's OHIP Division and Legal Services Branch on existing and plausible post-billing review options and on the legal authority to conduct reviews;</li> <li>developed a draft educational letter to remind physicians of their OVCP billing obligations and requirements;</li> <li>worked with the Ontario Medical Association (OMA) to review its draft educational letter and to develop the next steps for addressing reoccurring inconsistent billing practices; and</li> <li>reviewed the top billing physicians identified by the 2020 audit, and analyzed virtual-care billing claims against usage data from the Ontario Telemedicine Network platform.</li> </ul> <p>The Ministry has developed a Post Payment Review Framework to detect, deter and reduce inappropriate billings for virtual-care services (as detailed in the first action item in <b>Recommendation 5</b>). The Ministry has also set up a process, in collaboration with Ontario Health, to identify discrepancies between the billings submitted and usage data from the Ontario Telemedicine Network.</p> <p>As part of the Post Payment Review Framework, the Ministry has reviewed and assessed the OVCP billing of three physicians identified in the 2020 audit report. The Ministry has also taken actions against these physicians, including the termination of claim submissions.</p> <p>The Ministry has also completed further reviews of the top-billing physicians for virtual care (that is, for those physicians who saw over 100 patients virtually in a single day) in 2019/20. In their reviews, the Ministry compared billing data to time spent conducting the virtual visits; reviewed the type of fees submitted, services provided and the specialty of the physician; and reviewed the location of the patients.</p> <p>Additionally, the Ministry has started reviewing the Ontario Virtual Care Program's (OVCP's) virtual-care billing claims data for 2020/21; it will continue to monitor this data to identify ongoing occurrences of unusual claims.</p> <p>The Ministry has collaborated with the College to evaluate the quality of virtual care being provided by physicians with an unusual number of virtual-care visits in the Ontario Virtual Care Program (OVCP).</p> <p>The Ministry received information from the College, including the status and history of investigations into physicians' virtual-care billing in the OVCP, which it also took into account when considering what action to take as part of the Ministry's Post Payment Review Framework. For example, as mentioned in the second action item in <b>Recommendation 5</b>, the Ministry took actions against the three physicians identified in the 2020 audit report, including terminating their claim submissions for virtual care, in order to reduce and deter inappropriate billing practices.</p>



Committee Recommendation	Status Details
<p><b>Recommendation 6</b></p> <p>To make informed decisions on virtual care, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with stakeholders (such as the College of Physicians and Surgeons of Ontario and the Ontario Medical Association) to collect information on the availability of virtual care provided outside of OTN and the usage of such services across the province.</p> <p><b>Status: Fully implemented.</b></p>	<p>Ontario Health has conducted the provincial Health Care Experience Survey regularly, and has shared the data with the Ministry quarterly. The most recent Health Care Experience Survey includes cumulative results from June 2021 to February 2022. New data collection is currently under way through this survey, which includes additional questions about Ontarians' experience with the use of virtual care. Examples of these questions include:</p> <ul style="list-style-type: none"> <li>• For your last appointment, why did you not use any of these virtual methods such as video call, email or text message to communicate with your specialist?</li> <li>• If you had not been able to communicate with the specialist virtually, would you have needed an appointment with a different specialist, visited a walk-in clinic, or visited an emergency department?</li> <li>• During the past 12 months, were your home care services provided virtually or in person?</li> <li>• Overall, would you say the medical care that you received from this virtual health care provider was excellent, very good, good, fair, or poor?</li> <li>• Would you say the length of time from when you first made the appointment for this virtual visit until you had the appointment was about right, somewhat too long, or much too long?</li> </ul> <p>Following receipt of the survey results, both the Ministry and Ontario Health will be able to gauge how much virtual care is being used across the province.</p> <p>Additionally, the Ministry has made changes to enhance its data collection related to the temporary virtual-care fee codes under OHIP. For example, it now requires that physicians submit claims with a modality tracking code to differentiate between video and phone visits.</p>
<p><b>Recommendation 7</b></p> <p>To offer convenient virtual care access to Ontarians with a more integrated virtual healthcare system, the Ministry of Health should collaborate with OTN within Ontario Health, and Telehealth Ontario, to assess the feasibility of integrating services.</p> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry has led the procurement for a Health Care Navigation Service (HCNS), now called Health Connect Ontario (HCO), aimed at modernizing and enhancing Telehealth Ontario, which is currently an exclusively telephone-based service. HCO will introduce new, digitally based access channels and will ultimately provide users with connections to virtual-care services as part of the overall strategy. Ontario Health has supported the Ministry throughout the procurement process.</p> <p>The HCO Request for Bids was issued February 8, 2021, and closed on March 29, 2021. The Ministry and Ontario Health jointly evaluated the bids and selected a top bidder, and then conducted contract negotiations over the course of August 2021. The Ministry entered into a contract with the top bidder, which was executed as of October 1, 2021. The contract has been assigned to Ontario Health to ensure appropriate clinical and technical oversight of the implementation of HCO.</p> <p>Ontario Health has worked closely with the successful proponent. The launch of the initial HCO platform took place on April 1, 2022. The platform will gradually integrate an online symptom checker, chat, voice, and video to better meet the needs of Ontarians.</p> <p>Ontario Health has also established the Patient Access and Navigation Program to focus on integrating and aligning virtual-care programs such as internet-based cognitive behavioural therapy (iCBT), Breaking Free (an evidence-based wellbeing and recovery program for alcohol and drugs), and AccessMHA (a web-based service that provides a point of entry for Ontarians to access mental health and addictions services).</p>

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<p><b>Recommendation 8</b></p> <p>To improve patient access to virtual primary-care services, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with primary-care physicians and stakeholders to identify and implement solutions that enable all Ontarians to receive virtual primary-care services when requested by patients and deemed clinically appropriate by primary-care physicians.</p> <p><b>Status: In the process of being implemented by January 1, 2023.</b></p>	<p>The Ministry has committed funding to Ontario Health to support virtual primary-care initiatives led by Ontario Health Teams in 2020/21 and 2021/22. Funding has been provided for responding to the COVID-19 pandemic and for developing and implementing new digital health and virtual-care programs.</p> <p>Ontario Health Teams are the Province's new way of organizing and delivering care that is more connected to patients in their local communities and focuses on access to primary care. The Ministry has funded new programs that, for example, support Ontario Health Teams in establishing the technology, licences, infrastructure, and training needed to implement and enhance their virtual-care offerings. Other new programs are helping Ontario Health Teams develop local virtual-care pathways and pilot their integration with the Health Care Navigation Service (HCNS), now called Health Connect Ontario (HCO), as mentioned in <b>Recommendation 7</b>. The Ministry is currently evaluating the newly funded programs to determine their effectiveness. These evaluations will inform the future of virtual primary-care models led by Ontario Health Teams.</p> <p>As mentioned in <b>Recommendations 1, 2 and 4</b>, the new Physician Services Agreement that was ratified as of March 27, 2022, includes virtual-care fee codes for phone and video visits. The new Physician Services Agreement also covers virtual visits using secure messaging through a proof-of-concept pilot that will be launched in the Ontario Virtual Care Program (OVCP). These virtual-care fee codes are accessible by all physicians, including those in primary care. Changes to the OHIP claims system are also under way to allow physicians to be compensated for virtual care according to the terms in the new agreement. The Ministry plans to implement the new OHIP funding model for insured phone and video visits on December 1, 2022, and the secure messaging services under the OVCP is tentatively planned for January 1, 2023.</p> <p>Apart from the Ministry, Ontario Health has been working closely with primary-care physicians and stakeholders to improve access to virtual care in primary-care services when requested by patients and clinically appropriate. To this end, Ontario Health, with the support of the Ministry, has launched the following initiatives:</p> <p>Virtual Visits Verification Program—As noted in <b>Recommendation 2</b>, Ontario Health assesses and verifies third-party solutions for use by physicians when providing virtual care.</p> <ul style="list-style-type: none"> <li>• Ontario Virtual Care Clinic—A new 24/7 service offered during the COVID-19 pandemic, the Clinic can direct patients who call Telehealth Ontario to physicians for virtual primary-care services.</li> <li>• Enhanced Access to Primary Care/eVisit Primary Care— Allows patients to request care from their primary-care physicians using virtual means.</li> </ul> <p>Ontario Health will continue to work closely with primary-care providers and stakeholders and, in collaboration with the Ministry, to assess the degree to which these initiatives are meeting the needs of Ontarians and whether modifications to these services would better meet these needs.</p> <p>Additionally, Ontario Health has been funded by the Ministry to lead the development of Guidance for Clinically Appropriate Use of Virtual Care. To achieve this, Ontario Health has established a Primary Care Expert Panel with primary-care physicians, nurse practitioners and patient partners to provide advice on when virtual care can be used appropriately. It is also consulting more broadly with patient advisors and provincial primary-care-related stakeholders to better understand their needs. Also, it has contracted with a third party to extract and analyze data related to the use of virtual care in primary care through the pandemic period.</p>

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<p><b>Recommendation 9</b></p> <p>To effectively estimate the financial savings resulting from virtual care, OTN within Ontario Health, in collaboration with the Ministry of Health, should:</p> <ul style="list-style-type: none"> <li>revisit its cost-saving metrics to ensure realistic assumptions are used in calculating the savings (such as savings from patient travel costs);</li> </ul> <p><b>Status: Fully implemented.</b></p> <ul style="list-style-type: none"> <li>incorporate patients' Northern Health Travel Grant applications after receiving virtual care into its calculation methodology for savings.</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>Ontario Health convened an expert panel to review the recommendation and current methodologies for calculating cost-saving metrics. The expert panel consisted of representatives from Ontario Health and representatives from the Ministry's Digital Health Division, Primary Health Care Branch and Northern Health Travel Grants, as well as an external expert in the area of telehealth evaluation.</p> <p>Ontario Health and the expert panel have explored various options for analyzing the data to address this recommendation. The expert panel concluded to retain the current methodology because alternative assumptions and methodologies would introduce further inaccuracies in calculating the estimated financial savings resulting from virtual care.</p> <p>As mentioned in the first action item in <b>Recommendation 9</b>, Ontario Health convened an expert panel to review the recommendation and current methodologies for calculating cost-saving metrics. The analysis performed by the panel indicated that patient care pathways, specifically for specialists, generally require multiple visits. Some of these visits can be done virtually, while some are best performed in person. For example, an initial surgical consultation is often appropriately handled with a virtual visit, while the surgical procedure would of course need to be conducted in person. The analysis also showed that some patient-care pathways can be performed quite successfully using a combination of virtual and in-person care, which delivers a better patient experience when they do not need to travel for every visit.</p> <p>Therefore, the panel determined that given the geography involved, it may be reasonable for a patient living in the north to have a virtual visit followed by an in-person visit to prevent unnecessary travel. Altering the current assumptions and methodology may result in further inaccuracies in calculating the estimated financial savings resulting from virtual care.</p> <p>Regarding the possibility of linking Telemedicine Network data to the Northern Health Travel Grant database to identify cases of subsequent travel claims by individual patients, the panel found that data linkage is unfeasible due to the following factors:</p> <ul style="list-style-type: none"> <li>A health card number is not retained on most virtual visits, and no patient identifiers are available to enable a linkage between Telemedicine Network data and the Northern Health Travel Grant database.</li> <li>Privacy restrictions, and the legislative authority granted under the Health Information Network Provider status, prevent linkage of Telemedicine Network data with other datasets. The Ministry indicated that there is no planned action to address the legislative or regulatory framework that prevents the data linkage.</li> </ul> <p>Therefore, according to Ontario Health's current authority related to personal health information, Ontario Health is not able to receive and link Northern Health Travel Grant and usage data on the Telemedicine Network.</p>





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	<ul style="list-style-type: none"> <li>• Reporting requirements and identification of the data source to produce the reports, with a view to assess and evaluate program and service performance.</li> <li>• An overview of service information available to support decision-making on service improvement and service investment.</li> <li>• A benefits-realization plan that identifies key performance indicators (KPIs).</li> <li>• A performance management plan.</li> <li>• A data dictionary.</li> </ul> <p>By December 31, 2022, the HCO vendor will implement a quality-improvement framework and report back to the Ministry and Ontario Health on a monthly basis. At the end of the first year of implementation, the Ministry will implement a value-based incentive framework to provide the vendor with further incentive to improve performance and outcomes.</p>
<p><b>Recommendation 11</b></p> <p>To adequately evaluate the effectiveness of virtual-care services, OTN within Ontario Health, in collaboration with the Ministry of Health, should work with experts in the area of patient health outcomes and virtual care to identify and implement metrics that other jurisdictions and/or private virtual-care providers have found successful in measuring and evaluating patient and healthcare system outcomes.</p> <p><b>Status: In the process of being implemented by January 1, 2023.</b></p>	<p>Ontario Health has taken the following actions to identify and implement metrics that have proven successful in other jurisdictions and/or with private virtual-care providers for measuring and evaluating patient and health-care system outcomes:</p> <ul style="list-style-type: none"> <li>• Met with other jurisdictions including Queensland and Western Country Health Services in Australia and with telehealth managers in New Zealand to determine whether they have implemented patient outcome measures related to virtual care. Findings from these meetings noted that linking patient outcomes to virtual-care encounters is still in the nascent stage.</li> <li>• In response to the COVID-19 pandemic, Ontario Health designed and implemented a new virtual-care patient experience survey to allow patients and caregivers to share feedback about their last virtual visit. Responses will be used to inform providers and health system planners on opportunities to improve the patient experience.</li> <li>• Using its proprietary data-collection tool, the Interactive System Assessment and Collection (ISAAC) system, Ontario Health has prioritized its focus on enhancing patient reported measurements, which can be completed in-person and/or virtually through equipment such as mobile devices and desktops.</li> <li>• Starting in 2021, Ontario Health has conducted focus groups with health system stakeholders to capture their requirements for enhancing the usefulness of the data. Beginning December 2022, Ontario Health will engage survey design experts and health system stakeholders to redesign in-person and virtual-care patient experience surveys and reporting to address both current shortcomings and future enhancements; this redesign is targeted for implementation by October 2023.</li> <li>• Work is under way on a performance-evaluation framework for Ontario Health Teams, with a target implementation date of January 2023. Ontario Health is in the process of determining patient reported experience measures (PREMs) and outcome measures (PROMs) across the health system. Work has begun on hip and knee replacement PREMs and PROMs and for Chronic Heart Failure patients.</li> </ul> <p>Apart from Ontario Health, the Ministry has been working with the Canadian Institute for Health Information (CIHI) to align virtual-care reporting across all Canadian jurisdictions. Through this work, the Ministry is able to learn about which metrics have been effective in measuring patient and health-care system outcomes in other jurisdictions, and has used it to improve the types of metrics it uses to track progress in virtual-care services. For example, as mentioned in <b>Recommendation 1</b>, the Ministry has been working with CIHI to report on virtual-care metrics as part of the federal government's support for the Pan-Canada Virtual Care Priorities in Response to COVID-19. The agreed-upon metrics reported publicly by CIHI include:</p>

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	<ul style="list-style-type: none"> <li>the percentage of Ontarians with a virtual visit (delivered via any model, including phone, video, email, etc.) in the last 12 months (as measured through the Health Care Experience Survey); and</li> <li>the number of patients and volume of virtual-care services delivered through multiple projects in, for example, virtual urgent care, pre- and post-virtual surgical transition projects, and integrated virtual care.</li> </ul> <p>These metrics, along with data from other jurisdictions, have been included in a number of virtual-care reports released in March and April 2022 by CIHI. The reports provide insight into the impact of virtual care on patients and providers in other jurisdictions, and allow the Ministry to revise its current metrics accordingly.</p> <p>The Ministry has also collaborated with Ontario Health by providing funding for virtual-care initiatives led by Ontario Health Teams to collect patient experience and health outcomes. For example, funding for virtual urgent care requires Ontario Health to collect data such as percentage of patients satisfied (collected through patient surveys) and emergency department avoidance or diversion. In addition, evaluations for remote patient-monitoring initiatives and virtual urgent-care sites are under way and will identify high-impact projects by looking at patient outcomes.</p>
<p><b>Recommendation 12</b></p> <p>To evaluate the impacts of the COVID-19 pandemic on virtual care availability and usage in Ontario and apply lessons learned for decision-making going forward, the Ministry of Health, in collaboration with OTN within Ontario Health, should:</p> <ul style="list-style-type: none"> <li>conduct a comprehensive analysis of virtual-care usage and costs across the province during the pandemic and decide whether the temporary changes (such as new billing codes) should be made permanent;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry commissioned the Centre for Digital Health Evaluation (CDHE) to complete a comprehensive evaluation of virtual care in March 2021 to assess the impact of the COVID-19 pandemic on virtual-care availability and usage in Ontario (as detailed in <b>Recommendation 1</b>). Ontario Health played a key role in shaping the evaluation and participated in multiple evaluation streams. As part of that evaluation, administrative data for two chronic disease patient populations (congestive heart failure and chronic psychotic illness) was segmented by high and low virtual-care use. Hospitalizations, emergency room visits, diagnostic tests, labs, and primary-care visits were then tracked to measure patient outcomes.</p> <p>Reductions were observed across all categories, except for primary-care visits for individuals with chronic psychotic disorder, which increased for high virtual-care users. The increase in primary-care visits was paired with a significant decrease in emergency room utilization, suggesting that increased access to primary care (likely virtual) was offset by a decrease in care delivered in more costly settings (for example, emergency departments).</p> <p>The Ministry has used the findings from this evaluation report to inform its approach to virtual health-care policy in a number of areas, which included advancing the use of various virtual-care delivery models across the health-care system and continuing to support virtual-care adoption in primary-care settings.</p> <p>Following the comprehensive analysis of virtual-care usage and costs, the Ministry determined that access to medically necessary physician virtual-care services should be enabled. Therefore, as mentioned in <b>Recommendation 1</b>, the new Physician Services Agreement that was ratified as of March 27, 2022, includes fee codes for OHIP-insured physician phone and video visits. The virtual-care fee codes are accessible by all physicians, including those in primary care. Changes to the OHIP claims system are under way to reflect the new Physician Services Agreement.</p>

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<ul style="list-style-type: none"> <li>engage healthcare providers to obtain feedback on their experience of offering virtual care during the pandemic;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>Ontario Health has partnered with physicians and other users to provide meaningful opportunities to share their concerns and issues with virtual-care solutions and associated processes to improve provider and patient experiences on an ongoing basis (as detailed in <b>Recommendation 3</b>).</p> <p>Ontario Health has engaged with physicians and other users of virtual care to solicit feedback in multiple ways, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>administering a Customer Satisfaction Survey twice annually, and conducting follow-up interviews;</li> <li>creating an online feedback form;</li> <li>directly engaging with individuals and groups of care providers who co-design or co-develop virtual-care solutions;</li> <li>engaging with organizations representing groups of care providers and other users to solicit their thoughts; and</li> <li>engaging with third-party vendors who work closely with care providers in developing their virtual-care solutions.</li> </ul> <p>Ontario Health has also included a general “contact us” email form on its website, through which any physician or other health-care provider that uses virtual care, or those who choose not to, can provide feedback on their issues or concerns with the platform. Ontario Health has a process for responding to those who provide input, analyzing feedback, and using that feedback to identify areas for improvements.</p> <p>Additionally, Ontario Health has routinely collected user experience data through the Voice of the Customer program. A general Customer Feedback Form is available at all times through Ontario Health’s website. Ontario Health has reviewed these forms and followed up directly with users to address the feedback.</p> <p>Ontario Health has analyzed the feedback it received from the various forms and surveys, as well as from telephone inquiries, to identify specific concerns and issues with the Telemedicine Network, such as technical problems and service availability. It was also able to identify opportunities for improvement, and implement appropriate solutions, namely by introducing the Virtual Visits Verification Program (Program) as mentioned in <b>Recommendation 2</b>. Given the issues it identified with the Telemedicine Network and users’ desire for more delivery options, the Ministry established the Program to provide Ontarians with more opportunities to access care virtually through a reliable platform outside the Telemedicine Network platform. The Program gives care providers more choices to better meet their needs while also maintaining provincial standards, such as for privacy, security, and interoperability.</p>

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<ul style="list-style-type: none"> <li>collect feedback from patients across the province on their experience of using virtual care during the pandemic to gather and incorporate patient views into future decisions related to providing and funding virtual care tools;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>As part of its COVID-19 response planning, Ontario Health has collected feedback regarding the virtual-care approach from its Patient and Family Advisory Group (Group). For example:</p> <ul style="list-style-type: none"> <li>The Group has provided insights on its experiences during the pandemic and has been called upon to provide input to assist Ontario Health in developing an online appointment-booking standard.</li> <li>The Group has collected information about the experiences of those who used virtual care for school-based mental health consultations.</li> <li>Patient and family advisors actively participated in the ongoing development of virtual-care oncology guidelines.</li> <li>Patient and family advisors were recruited to participate as evaluators for the Health Care Navigation Service (HCNS) proposals, as mentioned in <b>Recommendation 7</b>.</li> </ul> <p>Ontario Health has also consulted third-party researchers who have conducted a qualitative and quantitative study with over 550 primary-care patients from across the province, and is using these insights to help develop Guidance for Clinically Appropriate Use of Virtual Care for Primary Care, as mentioned in <b>Recommendation 8</b>.</p>
<ul style="list-style-type: none"> <li>develop performance metrics for measuring the experience of both healthcare providers and patients with virtual care during the pandemic and identifying areas for improvements going forward in both pandemic and non-pandemic contexts.</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>Ontario Health has monitored the virtual-care experience of patients by building in experience and satisfaction measurement into virtual-care offerings and programs. For example, a survey offered to oncology patients at the end of their virtual appointments includes questions meant to measure the patient's experience with virtual care during the pandemic.</p> <p>Ontario Health has also continued to collect feedback from both care providers and patients about their experiences with virtual care through its Voice of the Customer program, as mentioned in <b>Recommendation 3</b>. Some of the indicators Ontario Health tracks through this program include:</p> <ul style="list-style-type: none"> <li>number of people accessing online virtual care supported by Ontario Health;</li> <li>percentage of Ontarians who had a virtual visit in the last 12 months;</li> <li>number of mental health enrolments for virtual care supported by Ontario Health;</li> <li>number of Indigenous Access Points, where indigenous people can connect with physicians and health-care providers virtually;</li> <li>number of primary-care providers providing virtual visits; and</li> <li>system cost savings related to virtual care.</li> </ul> <p>In addition, Ontario Health indicated that measurement and reporting that captured experiences of patients with cancer or hip and knee replacements will be leveraged for other conditions such as congestive heart failure.</p> <p>Apart from Ontario Health, the Ministry has developed performance metrics for measuring health-care providers' and patients' experiences. As mentioned in <b>Recommendation 3</b>, the Ministry funded the Centre for Digital Health Evaluation's (CDHE's) report on the experiences of patients and providers with virtual-care adoption during COVID-19, which identified areas of improvement. Specifically, the report:</p>

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	<ul style="list-style-type: none"> <li>• Evaluated the impact of virtual care on patient outcomes and health-care utilization during the pandemic within a select group of patient populations (congestive heart failure and chronic psychotic illness).               <ul style="list-style-type: none"> <li>• Through its data analysis, the CDHE found that patients who used virtual care more frequently (for example, chronic disease patients) required more in-person care, while less frequent virtual-care users were likely more stable and physicians were able to delay their in-person care until pandemic risks decreased. While patients' preferences for the method of virtual-care delivery varied, perceptions were more positive when a long-standing relationship with the health-care provider was established.</li> </ul> </li> <li>• Explored what helped virtual care grow rapidly during the COVID-19 pandemic, and what deterred it.               <ul style="list-style-type: none"> <li>• For example, with respect to clinical appropriateness, providers felt both phone and video visits were acceptable ways to deliver patient care under certain circumstances. Most providers agreed that virtual care allowed them to maintain strong patient relationships, provide patient-centred care, and engage patients similarly to in-person visits.</li> </ul> </li> </ul> <p>The Ministry was able to use these findings from the CDHE's report to incorporate performance metrics into the structure and funding for virtual-care initiatives. For example, virtual-care initiatives led by Ontario Health Teams are required to capture patient experience survey information and patient outcomes.</p>
<p><b>Recommendation 13</b></p> <p>To evaluate the impacts of the COVID-19 pandemic on calls to Telehealth Ontario and apply lessons learned to decision-making going forward, the Ministry of Health should:</p> <ul style="list-style-type: none"> <li>• continue analyzing Telehealth Ontario call volumes and wait times to ensure that adequate capacity and resources will be available if Ontario faces subsequent waves of COVID-19;</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>Telehealth Ontario transitioned call centre operations to a new vendor on April 1, 2022, coinciding with the sixth wave of the COVID-19 pandemic. To ensure that adequate capacity and resources would be available if Ontario faces subsequent waves of COVID-19, the new vendor has developed a surge-mitigation strategy to address call volume surges related to COVID-19. As mentioned in <b>Recommendation 10</b>, the Ministry and Ontario Health received the first monthly performance report from the vendor at end of May 2022; the report included the metrics outlined in the Service Reporting, Monitoring and Evaluation Plan, such as volumes and wait times.</p> <p>Apart from continuously analyzing Telehealth Ontario call volumes and wait times, the new vendor has also taken the following actions to ensure that adequate capacity and resources would be available if Ontario faces subsequent waves of COVID-19:</p> <ul style="list-style-type: none"> <li>• Increased staffing by 33% from the incumbent baseline to meet the needs of the new service and the COVID-19 surge.</li> <li>• Implemented a warm-transfer protocol for patients that may be eligible for Paxlovid, an oral antiviral drug that is the latest COVID-19 treatment to help keep high-risk patients from getting so sick that they need to be hospitalized. Warm transfer occurs when one staff member answers a call and then transfers the call to another staff member, but passes on any relevant information so that the caller does not have to repeat themselves. Eligible patients are warm-transferred to a virtual urgent-care program for assessment and prescription of Paxlovid.</li> <li>• Implemented a COVID-19 option in the interactive voice response for callers that require assistance with COVID-19 and tracked the volume of COVID-19-related callers.</li> </ul>



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<ul style="list-style-type: none"><li>• explore options or solutions (such as creating a separate phone number for calls related to COVID-19) that help distinguish the nature of calls and reduce wait times for non-COVID-19 calls going forward in response to potential subsequent waves of COVID-19.</li></ul> <p><b>Status: Fully implemented.</b></p>	<p>Telehealth Ontario transitioned call-centre operations to a new vendor on April 1, 2022, coinciding with the sixth wave of the COVID-19 pandemic (as detailed in the first action item in <b>Recommendation 13</b>). To ensure that adequate capacity and resources would be available if Ontario faces subsequent waves of COVID-19, the new vendor has developed a surge-mitigation strategy to address call volume surges related to COVID-19.</p> <p>As part of the surge-mitigation strategy, the new vendor included a COVID-19 option in the interactive voice response for callers that require assistance with COVID-19, and tracks the volume of COVID-19-related callers, as noted in the first action item in <b>Recommendation 13</b>. This will help distinguish the nature of calls and reduce wait times for non-COVID-19 calls going forward in response to potential subsequent waves of COVID-19.</p>