News Release

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Auditor General Says Expansion of Virtual Care Is Too Slow

(TORONTO) Until the COVID-19 pandemic, Ontario's progress toward the expansion of virtual patient care was slow, despite the existence of the necessary technology platforms and the Telemedicine Network for almost 15 years, Auditor General Bonnie Lysyk said in her *2020 Annual Report*.

The Auditor found that the Ministry of Health does not have long-term goals and targets for virtual care, adding progress has continued to be slow in integrating virtual care into Ontario's health-care system. The audit found that the Ministry's billing rules around virtual care were relaxed earlier this year because of COVID-19 and the growing need for remote care. However, post-COVID, additional work will be needed to plan for fully integrating virtual care services into Ontario's health-care system.

"Our audit concluded the Ontario Telemedicine Network and the Ministry of Health do not have effective systems and procedures in place to offer virtual care services more long term in a cost-efficient manner to meet Ontarians' needs," said Lysyk.

The audit also identified numerous cases where physicians had significantly high virtual-care billings. "In one case, a doctor had virtual-care billings of $1.7 million in 2019/20 while having reported seeing as many as 321 patients virtually in one day. That was on top of that doctor billing another $1.9 million for in-person services," said Lysyk.

Meanwhile, the report concluded that the Telemedicine Network and Telehealth Ontario, which is a 24/7 free phone line for people to obtain health-related advice, need to identify opportunities for co-ordination and integration of services between the two organizations, while evaluating the impact of virtual care on patient outcomes.

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Read the report at www.auditor.on.ca

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Background and Other Findings:

- Over the past five years, the number of publicly funded virtual-care visits between physicians and patients through the Ontario Telemedicine Network has increased by over 150 per cent, from about 320,000 visits in 2014/15 to over 800,000 visits in 2019/20. Recently, the COVID-19 pandemic has significantly accelerated the increase in demand for virtual care.

- Private virtual care has proliferated to fill gaps but has also created inequity for Ontarians. While these private companies offer more timely and convenient access to virtual care for patients who are willing and able to pay, their existence has created risk of unequal access to health care, as well as oversight risk given that they operate outside the purview of the Ministry.

- As a result of the COVID-19 pandemic, the Ministry implemented temporary billing codes that allowed physicians to bill for virtual-care services provided through telephone video visits, in addition to the virtual visits through the Telemedicine Network platform. Although this was an important step to providing virtual patient care during the pandemic, it increased data security and privacy concerns, which both the Ministry and Telemedicine Network cited as reasons for not allowing non-Telemedicine Network platforms before the pandemic.

- Telehealth Ontario experienced long wait times and technical issues despite expanded capacity and resources. In March 2020, the first month of the COVID-19 pandemic, Telehealth Ontario received 46,000 calls (with about half related to COVID-19), an increase of 24 per cent from February 2020. In January and February 2020, the average wait time was between 30 minutes and one hour. In March, the average wait time, including time spent waiting for a call-back from Telehealth Ontario, increased significantly to 28 hours for a COVID-19-related call and 33 hours for a non-COVID-related call.