Office of the Auditor General of Ontario
Bureau de la vérificatrice générale de l'Ontario

Virtual Care: Use of Communication Technologies for Patient Care

2020 Value-for-Money Audit

Why We Did This Audit

- There has been a significant increase in interest and reliance on virtual care, which is an emerging area and involves using communication technologies such as telephone and video to deliver patient care.
- Ministry of Health expenditures on physician billing for virtual care increased almost 400% (from $18 million to $90 million) between 2014/15 and 2019/20 (this does not include virtual care using temporary billing codes introduced in mid-March 2020 during the pandemic).

Why It Matters

- Virtual care has the potential to improve access to and timeliness of care by enabling patients to connect with physicians regardless of where they live.
- The COVID-19 pandemic has changed the future of health-care delivery through a necessary reliance on virtual care, which enables patients to access care without leaving their homes to reduce the risk of disease transmission.

What We Found

- While the communication technologies necessary to deliver virtual care (such as telephone, video and emails) have been around for decades and the Telemedicine Network has been around for almost 15 years, the progress on expanding virtual care in Ontario has remained rudimentary and slow. Although the Ministry of Health (Ministry) initiated digital health strategies in recent years, it still has not outlined a framework for what virtual care should look like in Ontario, nor has it developed any measurable long-term goals and targets. As a result, Ontario was left to hastily respond to the virtual-care requirements demanded by COVID-19.
- While other jurisdictions and private companies have already adopted multiple means (such as telephone, email and text) prior to COVID-19 to allow patients to connect with physicians virtually, the Ministry began allowing physicians to bill for virtual-care video visits outside of the Telemedicine Network when necessitated by COVID-19.
- Gaps between publicly funded virtual-care availability and demand have provided an opportunity for private virtual care to expand in Ontario. However, these private companies will only offer services to patients for a fee, creating inequities between those who can afford it and those who cannot. They also operate outside the purview of the Ministry, raising concerns about the Ministry's lack of knowledge and oversight of their practices.
- The Ministry has limited oversight as to reasonableness of virtual-care visits and billings. It has not sufficiently reviewed questionable and unreasonable patterns of virtual-care usage and billings by physicians using the Telemedicine Network. Numerous physicians had unusually high virtual-care billings. For example, one physician working in a primary-care practice had virtual-care billings of $1.7 million in 2019/20 and reported seeing as many as 321 patients virtually in a single day. Another physician billed the Ministry almost $113,000 for 2,200 virtual care visits in 2019/20 but had no virtual-care visits recorded by the Telemedicine Network.
- Telehealth Ontario (a 24/7 phone line for health advice offered by a nurse) and the Telemedicine Network continue to operate in silos. Telehealth Ontario does not virtually connect callers with physicians when needed, although other jurisdictions like Australia, the United Kingdom, and Kaiser Permanente in the United States have this integration.
- The Ministry took actions to reduce restrictions on virtual care during COVID-19, such as allowing physicians to use and bill for virtual care over the phone or through a non-Telemedicine Network platform. However, barriers to virtual care have not been fully removed as the new virtual-care billing codes introduced by the Ministry are only temporary.
- While Telehealth Ontario increased staff by 214% (from about 200 staff pre-COVID-19 to about 600 staff) and the number of phone lines by seven times (adding 3,300 phones lines to the existing 450), callers continued to face long wait times to receive advice. In January and February 2020, the average wait time (including waiting for a call-back) was between 30 minutes and one hour. In March, wait times increased significantly to 21 hours for a COVID-19 call and 38 hours for a non-COVID call. In April 2020, it was still long, at about eight hours for a COVID-19 call and 17 hours for a non-COVID call.

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Conclusions

- The Ministry of Health, in working with the Telemedicine Network, does not have effective strategies, systems and procedures in place to offer patient-focused virtual-care services in a cost-effective manner to meet Ontarians' needs and in accordance with applicable standards and guidelines. The Ministry does not have long-term goals and targets for virtual care. As a result, progress has continued to be slow on successfully integrating the use of virtual care with the rest of Ontario's health-care system.
- The Ministry's oversight of physician billings for virtual-care services is limited with little ability to confirm that physicians are providing quality virtual-care services and billing for such services in accordance with billing policies. As well, limited work has been done to evaluate the impact of virtual care on patient outcomes and the health-care system in Ontario before and after the onset of COVID-19.

Read the report at www.auditor.on.ca