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VIRTUAL CARE IN CANADA:

LESSONS FROM THE COVID-19 PANDEMIC



AUGUST 24 | VIRTUAL EVENT



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**VIRTUAL CARE
IN CANADA:**
LESSONS FROM THE
COVID-19 PANDEMIC

Dr. Guylaine Lefebvre
MD, FRCSC, FACOG
Managing Director,
Safe Medical Care, CMPA



KEYNOTE



Mr. Seamus Blackmore

*Atlantic Canada
Health Consulting Leader
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PANELISTS



Dr. Heidi Oetter

*Registrar and CEO,
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and Surgeons of BC*



Dr. Darren Larsen

*Chief Medical Officer,
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*CMPA General
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Faculty / presenter disclosure

FACULTY:

Dr. Guylaine Lefebvre¹, Mr. Seamus Blackmore², Dr. Heidi Oetter³,
Dr. Darren Larsen⁴, Mr. Daniel Boivin⁵

RELATIONSHIPS WITH COMMERCIAL INTERESTS:

- Grants / Research Support: None
- Speakers Bureau / Honoraria: None
- Consulting Fees: None
- Patents: None
- Other: Mr. Blackmore actively sells services in the Virtual Health/E-Health Space

CONFLICT OF INTEREST:

Paid employees of: The CMPA (1), Deloitte Canada (2), The CPSBC (3), Ontario MD (4), Partner at Gowling WLG and General Counsel to CMPA (5)

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Faculty / presenter disclosure (*cont'd*)

FACULTY:

Mr. Seamus Blackmore

CONFLICT OF INTEREST:

I have an affiliation (financial or otherwise) with a for-profit organization (Deloitte Canada) and actively sell services in the Virtual Health/E-Health Space.

MITIGATING POTENTIAL BIAS:

The scientific planning committee has reviewed the declared conflict of interest and is confident that Mr. Blackmore will not make any specific product or service recommendations.

MITIGATING POTENTIAL BIAS:

- The Scientific Planning Committee (SPC) is comprised of Physician Advisors who are employees of the CMPA; its composition is common for all of the CMPA's Practice Improvement workshops or courses.
- The SPC has a process in place to manage identified conflicts of interests:
 - All SPC members have completed and signed conflict of interest disclosure forms.
 - The SPC was involved in the planning and development of the content of this program to ensure that the educational activity is evidence-based and has scientific validity, integrity, objectivity.
- The CMPA is a not-for-profit organization and this CPD activity has been developed without external support.

Please open your voting window:

- Click on the HOME button in the voting window to reveal the current active ballot.
- Click on Vote Now and then proceed through the submission of your vote until you see a green success message.
- Please vote now.
- Close vote window.

Session objectives

- Discuss the impact that COVID-19 has had on the implementation of virtual care
- Explain principles that guide the choice of a virtual health platform
- Appraise how practice might evolve as a result of advances in telehealth

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THE CMPA EXPERIENCE



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970 calls 2019 - May, 2020

- Limitations of telemedicine
- Inter-provincial and transborder care
- Consent, confidentiality, documentation
- Mental health
- Assessing without meeting patients in person

Medical-legal cases and virtual care (45 cases 2015-2019)

Who?

- Across all specialties
- Telephone, email, online platforms and social media

What?

- 91% College complaints
- In 74% of cases, experts critical of care provided
 - Diagnostic issues
 - Communication
 - Documentation



KEYNOTE

Seamus Blackmore
BEng

*Atlantic Canada Health
Consulting Leader at Deloitte*



Seamus Blackmore

Atlantic Canada Health Consulting Leader
Chief Architect – Product & Solutions team

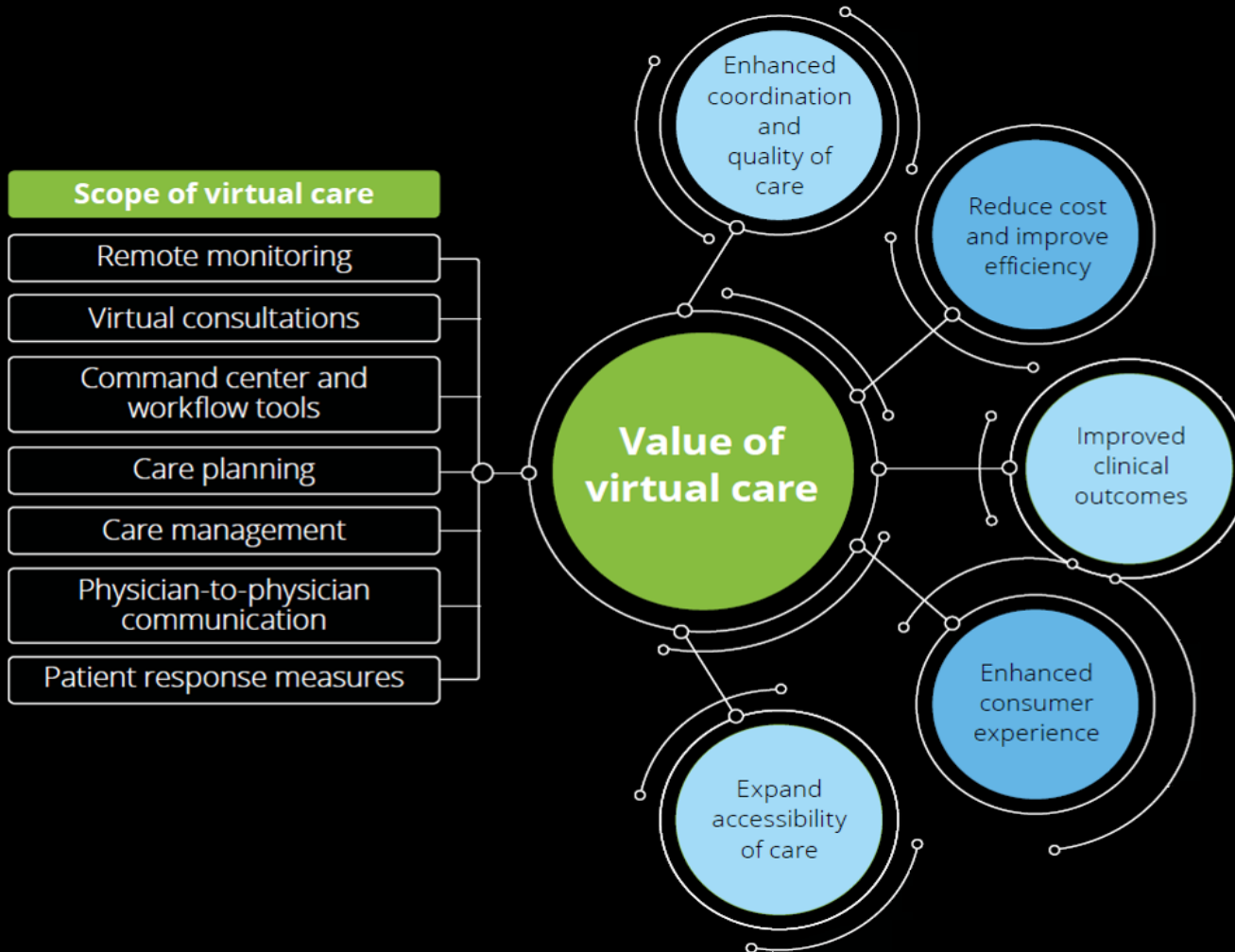
Computer Engineer
Entrepreneur
Technophile
Health Leader at Deloitte
Inspiration for the Weasley Family






Virtual Health a blurry definition

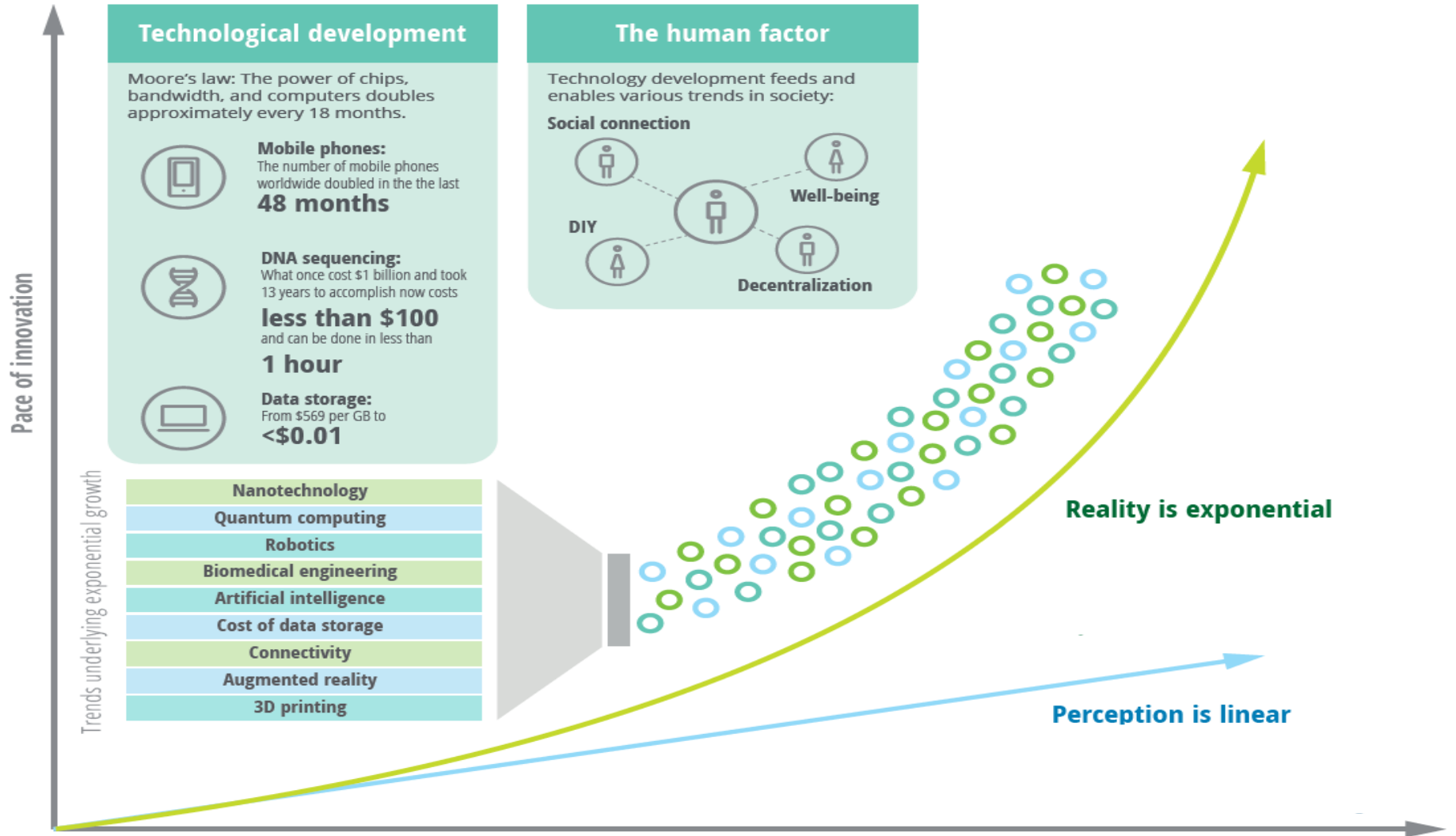
More than just a trend: the value of virtual care:





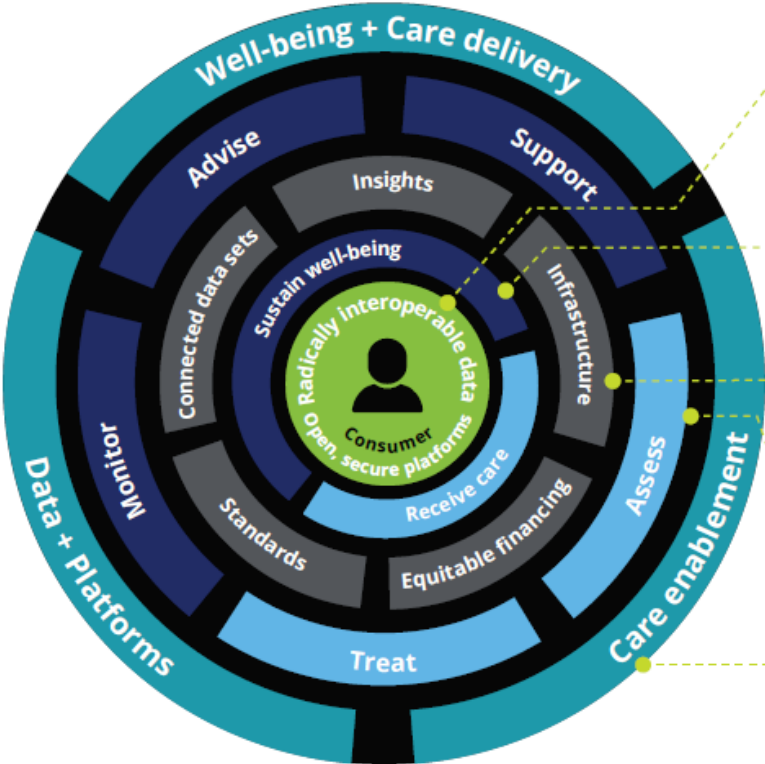
Disruption Prediction Before COVID-19

Exponential change will accelerate the pace of disruption



The future of health will be driven by digital transformation enabled by radically interoperable data and open, secure platforms

Always-on sensors that capture data and platforms that aggregate, store, and derive insights from individual, institutional, population, and environmental data will catalyze the transformation.



The **catalyst for change**: Radically interoperable data will empower hyper-engaged consumers to sustain well-being and receive care only in the instances where well-being fails.

Two **jobs to be done** for consumers to holistically address their health (overall state of well-being encompassing mental, social, emotional, physical, and spiritual health).

Five **enablers** for consumers to accomplish their jobs to be done.

Five **tasks** that ecosystem players will perform on behalf of consumers.

Three categories of **business archetypes** in the future of health environment.

Source: Deloitte analysis.



**Canadian
Landscape
a turning point**



Continuous investment

***The health care industry is
at an inflection point.***

60 percent of visits are now virtual

How people access the health care system: biggest COVID-19 – related change

CANADA

Canada to invest \$240M in online health care amid coronavirus, Trudeau says



By [Emerald Bensadoun](#) · Global News

Posted May 3, 2020 12:09 pm · Updated May 3, 2020 1:45 pm



Breaking down the barriers

Public Policy
Risk
Privacy
Status Quo
Infrastructure
Technology



Conclusions

Thank you.

Seamus Blackmore

Contact: sblackmore@deloitte.ca

A 3D maze with a red path leading to an exit. The maze is made of grey walls on a white surface. A thick red path starts from the left side, winds through the maze, and ends in a red arrow pointing towards the right side of the maze.

POLL RESULTS:

1. Providing virtual care?
2. Reason for attending?

PANELIST

Heidi Oetter
MD

*Registrar and CEO,
College of Physicians and
Surgeons of BC*



Virtual Care and Medical Regulation

*Canadian Medical
Protective Association
2020*

*Dr. Heidi Oetter
Registrar, CPSBC
and
Chair, FMRAC WG on
Streamlined Registration*



Federation of
Medical Regulatory
Authorities of Canada

Fédération des
ordres des médecins
du Canada



FMRAC

Mission

To advance medical regulation on behalf of the public through collaboration, common standards and best practices.

- FMRAC is not a regulatory authority
- FMRAC has no authority over its members

Members

13 provincial and territorial medical regulatory authorities

- With delegated, statutory authority
- Must exercise their duties in the best interest of the public

Virtual care

- COVID-19 accelerated things beyond anybody's expectations
- Virtual care is here to stay
- Until we have a vaccine, virtual first care can effectively screen patients and prioritize those who need an in-person assessment

Expectations of MRAs

- 1) Comply with licensing requirements
- 2) Comply with standards and guidelines for virtual care
- 3) Quality of care = quality of care

Concerns

- 1) Virtual care should, in most instances, be attached, or an adjunct, to a setting where patients can be assessed in person.
- 2) How are physicians being taught virtual skills?
 - UGME/ PGME/ CPD

Licensure issues

- 1) Most of the virtual care is likely to be within the jurisdiction.
- 2) Ability to provide telemedicine into any other Canadian jurisdiction being explored
 - N.B.: this does not address remuneration...



2019 FMRAC Telemedicine Framework

The FMRAC Board has expedited the review of this recent policy, in view of the recent developments:

<https://fmrac.ca/fmrac-framework-on-telemedicine/>

Thank you



Federation of
Medical Regulatory
Authorities of Canada

Fédération des
ordres des médecins
du Canada

PANELIST

Darren Larsen

BSc, MD, CCFP, MPLC

*Chief Medical Officer,
OntarioMD*



A pair of hands is shown from the wrist up, holding a string of warm white lights. The hands are positioned as if they are gently cradling or presenting the lights. The background is a soft, light blue gradient. The lights are small, round, and emit a warm glow, creating a sense of care and connection.

Patient Visits Reimagined by COVID-19

Dr. Darren Larsen, Chief Medical Officer,
OntarioMD

All this and Covid too!



Medicine and its business are digitizing




The Health System is Transforming



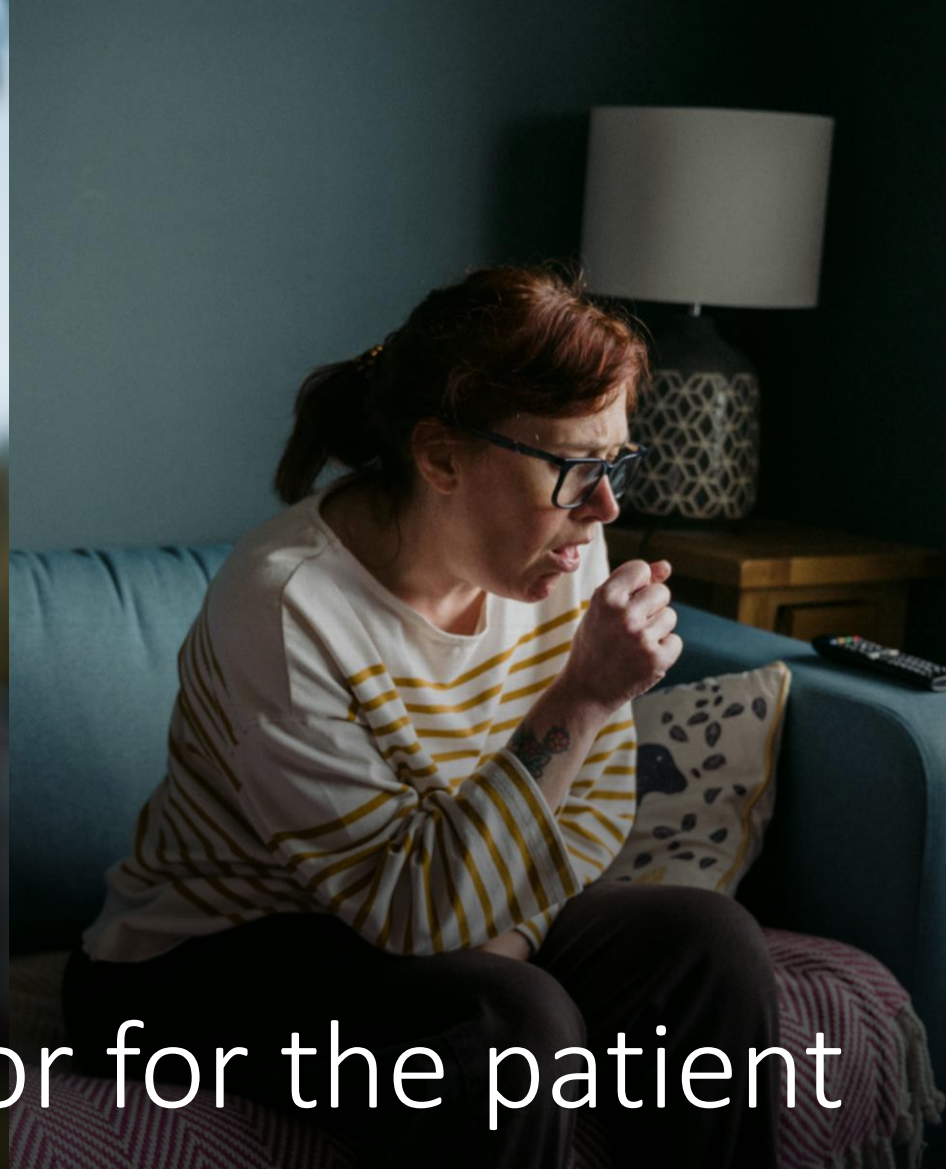
Data needs to integrate and move



Patients are activating



Nothing is the same.



For the doctor... or for the patient

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

The virtual visit

Secure patient email portal

Telephone

Video visit platform

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

What else is on
the horizon?

Collaborative records

Contact tracing apps

AI based chat bots

Automated triage

Online bookings

Remote monitoring

Data movement to follow the patient

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

PANELIST

Daniel Boivin

LL.B.

*CMPA General Counsel,
Partner, Gowling WLG*



- Privacy and Information
 - Confidentiality of patient encounters
 - Privacy issues with respect to medical records
- Regulatory
 - Jurisdiction issues
 - Applicable regulatory framework

- Standard of practice
 - Consent
 - Establishing an acceptable patient-physician relationship
 - Quality of the information available to the physician
 - Proper follow-up

- Billing issues

KEYNOTE



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QUESTIONS?



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CMPA COVID-19 Hub:

www.cmpa-acpm.ca



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