

Chapter 1

Section 1.08

Ministry of Health

Virtual Care: Use of Communication Technologies for Patient Care

Follow-Up on Value-for-Money Audit, 2020 Annual Report

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		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable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				
Total	28	20	8	0	0	0
%	100	71	29	0	0	0

Overall Conclusion

The Ministry of Health (Ministry) and Ontario Health, as of October 19, 2022, have fully implemented 71% of actions we recommended in our *2020 Annual Report*. The Ministry and Ontario Health have made progress in implementing an additional 29% of the recommendations.

The Ministry and Ontario Health have fully implemented recommendations such as reviewing policies and structures related to delivery of and billing for virtual care to identify ways of expanding virtual-care options; evaluating the feasibility of allowing

physicians to bill for virtual care provided outside of the Telemedicine Network; developing a framework to monitor virtual-care visit and billing data continuously, and identify red flags that warrant further reviews; assessing whether Telemedicine Network and Telehealth Ontario services can be integrated; analyzing virtual-care usage and costs across the province to decide whether pandemic-related temporary changes (for example, to virtual-care billing codes) should be made permanent; and obtaining feedback from health-care providers on their experiences with virtual care during the pandemic.

The Ministry and Ontario Health have made progress in implementing recommendations such as evaluating the effectiveness of their measures to prevent, detect, and reduce inappropriate virtual-care billings; working with primary-care physicians and stakeholders to find solutions that enable all Ontarians to receive virtual primary-care services when they want and when clinically appropriate; continuously assess the effectiveness of Telehealth Ontario services on an annual basis using follow-up surveys of patients; and working with experts in other jurisdictions and/or private virtual-care providers to identify and implement metrics for measuring and evaluating patient and health-care system outcomes.

The status of actions taken on each of our recommendations is described in this report.

Background

Virtual care, unlike traditional in-person health care, uses technologies to enable remote communication between patients and health-care providers and between health-care providers. While many of the technologies required to deliver virtual care, such as smartphones, computers and email, have been around for decades, virtual care is still an emerging area of health care.

Although virtual care does not replace traditional in-person care, there has been a significant increase in the interest and importance of virtual care as an option, driven by a public demand for convenience and timely access to health-care services and by the COVID-19 pandemic. In our audit, we found that the number of virtual-care visits between physicians and patients through the Ontario Telemedicine Network (Telemedicine Network) increased by over 250% from about 320,000 in 2014/15 to over 1.2 million in 2019/20. Since our audit, virtual-care visits increased even further to 1.8 million in 2021/22.

The Ministry of Health (Ministry) primarily funds virtual-care services for Ontario patients in three ways: funding to the Telemedicine Network; payment of physician billings for virtual care; and payment to an

external service provider operating Telehealth Ontario, a 24-hour-a-day, seven-day-a-week telephone line that allows callers to ask health-related questions and receive information or advice from a nurse.

In 2021/22, the Ministry provided approximately \$26 million in funding (\$31 million in 2019/20) to the Telemedicine Network and spent almost \$131.3 million (almost \$90 million in 2019/20) on physician billings for care that was provided to patients virtually through the Telemedicine Network. The Ministry also paid approximately \$31 million (\$28 million in 2019/20) to the external service provider operating Telehealth Ontario.

Our audit found that although the Telemedicine Network had been operating for almost 15 years and the Ministry had initiated health strategies that focused on digital technology, Ontario's progress on integrating virtual care into the health-care system remained slow. For example, the Ministry had not established any long-term vision or goals and targets. It began allowing physicians to bill for virtual-care video visits outside of the Telemedicine Network only when necessitated by the COVID-19 pandemic. By comparison, other jurisdictions and private companies had adopted multiple technologies (such as phone calls and secure messaging) that had been working well and were more convenient for patients to access.

The following were some of our significant findings:

- Although the Ministry had initiated digital health-care strategies between 2015/16 and 2019/20 and its 2019 Digital First for Health Strategy aimed to expand virtual care in Ontario, the Ministry had not identified specific long-term goals and related targets for what it wanted virtual care to look like in the future. As a result, it was difficult to evaluate the effectiveness of the Ministry's efforts in moving virtual care forward, and progress had remained slow.
- The Ministry provided funding specifically for virtual-care services only when physicians used the Telemedicine Network's platform to interact with their patients and it was the physician's choice of whether and when to offer patients virtual care. Therefore, in order to bill for

virtual-care services, physicians had to register with the Ministry and use the Telemedicine Network's platform. While the Ministry had increased access to virtual care by allowing physicians to bill Ontario Health Insurance Plan (OHIP) for virtual-care services provided through other platforms or by telephone during the pandemic, the changes were temporary. If these temporary changes are removed and a physician decides not to offer virtual care, patients who want virtual care may have to seek other options such as private companies offering virtual care at a cost.

- Gaps between virtual-care availability and demand provided an opportunity for private companies to offer virtual-care services to patients outside of the public health-care system. These private companies offered more timely and convenient access to virtual care for patients who were willing and able to pay, but created risks to patient continuity of care. These private companies operate outside the purview of the Ministry.
- The Ministry had not made adequate efforts to monitor and review questionable patterns of virtual-care usage through the Telemedicine Network and related billings by physicians. We identified numerous cases where physicians had significantly high virtual-care billings and reported seeing an unusually high number of patients in a single day. For example, a physician working in a primary-care practice had virtual-care billings of \$1.7 million in 2019/20 and saw as many as 321 patients virtually in a single day. This physician also billed the Ministry for another \$1.9 million for insured services (for example, in-person care) in 2019/20. The Ministry was unaware of billing discrepancies because it did not compare physician billing data with the Telemedicine Network's data to verify that physicians were using the Telemedicine Network appropriately for virtual-care billing purposes.

We made 13 recommendations, consisting of 28 action items, to address our audit findings.

We received commitment from the Ministry and Telemedicine Network that they would take action to address our recommendations.

Standing Committee on Public Accounts

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. In December 2021, the Committee tabled a report in the Legislature resulting from this hearing. The Committee endorsed our findings and recommendations. The Ministry of Health (Ministry) and Ontario Health reported back to the Committee in April 2022. The Committee's recommendations and our follow-up on its recommendations are found in **Chapter 3, Section 3.05** of our *2022 Annual Report*.

Status of Actions Taken on Recommendations

We conducted assurance work between April 2022, and August 2022. We obtained written representation from the Ministry of Health (Ministry) and Ontario Health that effective October 19, 2022, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Progress of Expanding Virtual Care Remains Slow in Ontario

Recommendation 1

To achieve the virtual-care objectives in its Digital First for Health Strategy (Strategy), we recommend that the Ministry of Health:

- *specifically define what virtual care includes and how it fits into the provincial health-care system in terms of technology and physician billing;*

Status: In the process of being implemented by December 1, 2022.

Details

In our 2020 audit, we found that the Ministry neither specifically laid out how virtual care fits into the future of Ontario's health-care system nor set any long-term goals and measurable targets for virtual care (such as requiring primary-care providers offer virtual care as an option for their patients).

In our follow-up, we found that in response to the changes seen during the COVID-19 pandemic, 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".

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 **Recommendation 2**).

The Ministry informed us 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.

- *revisit its existing Strategy in light of the COVID-19 pandemic and lessons learned;*

Status: Fully implemented.

Details

In our 2020 audit, we noted that while the Ministry initiated digital health-care strategies over the last five years, it did not incorporate virtual care into its strategy until late 2019.

In our follow-up, we found that 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:

- 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.
- created the Ontario Health Data Platform, which enables secure, accurate, and privacy-protective data transfers.

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:

- 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
- provided funding to Ontario Health to lead development of guidance to support clinically appropriate use of virtual-care.

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.

- *identify annual and long-term targets for virtual care availability and use;*

Status: Fully implemented.

Details

In our 2020 audit, we noted that although the Ministry included virtual care as part of its Digital First for Health Strategy in 2019, it still had not set long-term goals and measurable targets for virtual-care availability and usage in Ontario.

In our follow-up, we found that 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.

As mentioned in the second action item of **Recommendation 1**, 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.

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.

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.

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

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

Details

In our 2020 audit, we noted that the Ministry had not identified specific long-term goals and related targets for what it wanted virtual care to look like in the future. As a result, it was difficult to evaluate the effectiveness of the Ministry's efforts in moving virtual care forward.

In our follow-up, we found that 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%).
- 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).

Recommendation 2

To provide Ontarians with convenient virtual-care options, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health, 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.

Status: Fully implemented.

Details

In our 2020 audit, we found that virtual care was not always convenient or available for Ontarians in

Ontario's publicly funded health-care system. The Ministry provided funding specifically for virtual-care services only when physicians used the Telemedicine Network's platform to interact with their patients. While the Ministry increased access to virtual care by allowing physicians to bill Ontario Health Insurance Plan (OHIP) for virtual-care services provided through other platforms or by telephone during the COVID-19 pandemic, the changes were temporary.

In our follow-up, we found that both the Ministry and Ontario Health have been reviewing their policies and structures around virtual care. For example:

- The Ministry and Ontario Health brought new policies and proposed structures for discussion as part of their regular monthly priorities and planning meetings.
- 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.
- As mentioned in **Recommendation 1**, 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.
- 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 solutions is also a requirement for secure messaging services under the proof-of-concept pilot.

As mentioned in **Recommendation 1**, 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.

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.

Significant Gaps Exist between Virtual-Care Availability and Needs

Recommendation 3

To provide Ontarians with an opportunity to access care virtually through a reliable platform in a timely and convenient way, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network (Telemedicine Network) within Ontario Health:

- *engage physicians and other users who have used the Telemedicine Network, 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;*

Status: Fully implemented.

Details

In our 2020 audit, we found that prior to the Ministry's introduction of temporary billing codes during the COVID-19 pandemic, physicians wanting to provide virtual care and bill for those services had to use the Telemedicine Network platform. However, the uptake

and usage of virtual care remained low because the Telemedicine Network platform was not always reliable and user-friendly to meet physicians' needs.

In our follow-up, we found that 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.

Ontario Health has engaged with physicians and other users of virtual care to solicit feedback in multiple ways, including:

- 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;
- creating an on-line feedback form;
- directly engaging with individuals and groups of care providers who co-design or co-develop virtual-care solutions;
- engaging with organizations representing groups of care providers and other users to solicit their thoughts; and
- engaging with third-party vendors who work closely with care providers in developing their virtual-care solutions.

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.

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.

In our follow-up, we found 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 **Recommendation 2**. 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.

Apart from Ontario Health, as mentioned in **Recommendation 1**, 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) 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.

- *study virtual-care delivery models or practices in other jurisdictions to determine whether the Telemedicine Network's roles should be revisited or changed going forward given the evolution of virtual care since it was established.*

Status: Fully implemented.

Details

In our 2020 audit, we found that other jurisdictions in Canada did not have any government-funded virtual-care platform like the Telemedicine Network in place. Instead, they focused on supporting health-care providers with integrating virtual care into their services. For example, the Office of Virtual Health in British Columbia worked directly with health-care providers to help them integrate virtual health into their services. This included identifying and exploring virtual-care opportunities, sharing knowledge about information privacy, and providing project support and coaching during integration.

In our follow-up, we found that 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:

- As mentioned in **Recommendation 1**, 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 **Recommendation 2**), 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.
- 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.
- 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.

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:

- 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:
 - Centre for Digital Health Evaluation (CDHE) Oversight Committee;
 - Ontario Digital Health Collaboration Table together with Canada Health Infoway and the Ministry;
 - Telehealth International Community of Practice led by New Zealand;
 - International Telehealth Working Group; and
 - International Medical Informatics Association.
- 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.
- 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.

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.

Recommendation 4

To provide Ontarians with more options to access care virtually in a convenient way, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health:

- *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;*

Status: In the process of being implemented by March 31, 2023.

Details

In our 2020 audit, we found that Kaiser Permanente, one of the leading health-care providers in the United States, offered all common forms of virtual technology (such as video, telephone, email, text messages) to deliver physician care and that, prior to COVID-19, video and telephone accounted for approximately 15% of all scheduled visits between its physicians and patients.

In our follow-up, we found that 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:

- Person-Centred Virtual Cancer Care Clinical Guidance Version 2 was released in January 2022.
- 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.
- As mentioned in **Recommendation 1**, 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.

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.

As mentioned in **Recommendation 3**, 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.

Apart from the Ministry, engaging with other jurisdictions to learn about their practices has also been an ongoing activity for Ontario Health. For example:

- As mentioned in **Recommendation 3**, 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.

- 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 **Recommendation 2**, 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.
- In February 2021, Ontario Health conducted a jurisdictional scan regarding secure messaging and submitted recommendations to the Ministry for consideration.
- *evaluate the feasibility of allowing physicians to bill for virtual-care services provided through multiple technologies outside of the Telemedicine Network (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.*

Status: In the process of being implemented by January 1, 2023.

Details

In our 2020 audit, we found that gaps between virtual-care availability and demand provided an opportunity for private companies to offer virtual-care services to patients outside of the public health-care system. While private companies offered patients timely and convenient access to virtual care, their existence also created other risks—for example, by interrupting patients' continuity of care with their regular primary-care physicians. Also, because these companies operate outside the purview of the Ministry, this also raised concerns about the Ministry's lack of knowledge and oversight of their practices.

In our follow-up, we found that the Ministry, in collaboration with Ontario Health, has taken the following actions to address this recommendation:

- The Ministry launched the Virtual Visits Verification Program (Program) as mentioned in **Recommendation 2**. 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.
- As mentioned in **Recommendation 3**, 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.
- As mentioned in **Recommendation 1**, 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 to 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.

- To monitor the reasonableness of billings for virtual care, as discussed in **Recommendation 5**, 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.

Limited Provincial Oversight on Virtual-Care Visits, Billings and Availability

Recommendation 5

To detect, deter, and reduce inappropriate billings for virtual-care services, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health:

- *develop a framework for monitoring virtual-care visit and billing data continuously as well as identifying red flags and risks that warrant further reviews;*

Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry conducted post-payment reviews on physicians to see whether they complied with billing policies. However, it did not sufficiently review questionable and unreasonable patterns of virtual-care usage and billings by physicians using the Telemedicine Network platform.

In our follow-up, we found that 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.

Apart from developing the Post Payment Review Framework, the Ministry has taken the following actions to address this recommendation:

- 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;
 - developed a draft educational letter to remind physicians of their OVCP billing obligations and requirements;
 - 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
 - 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.
- *conduct reviews when unreasonable or unusual trends are noted;*

Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry had no review process specifically for virtual-care billings. The Ministry selected physicians for review based on their overall billings, but did not take virtual-care billings into consideration when determining which physicians to review. Instead, the Ministry informed us that it may review virtual-care billing data after a physician had already been selected for a review. Of the 250 highest-billing virtual-care physicians over the last two years, we noted that about 15% had been selected for review in the last five years based on their overall billings. However, these reviews examined only their insured (in-person) services and none examined the approximately \$90 million physician billings for virtual care in 2019/20.

In our follow-up, we found that 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 **Recommendation 5**). 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.

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.

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.

Additionally, the Ministry has started reviewing 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.

- *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;*

Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry did not share virtual-care visit data with the College. As a result, the College was not able to identify physicians with unusually high virtual-care visits that warranted reviews on their own. The College was typically only made aware of a physician's virtual-care activity after the physician had already been selected by the College for review.

In our follow-up, we found that 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).

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 **Recommendation 5**, 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.

- *develop criteria for following up on cases of inappropriate billing and taking disciplinary actions to deter and prevent recurrences;*

Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry selected physicians for review based on their overall billings, but did not take virtual-care billings into consideration when determining which physicians to review. Most of those reviews resulted in educational letters being sent to the physicians because their billings were not following Ministry policy. Yet, these physician's virtual-care billings were not reviewed to see if they were also not following Ministry policy.

In our follow-up, we found that the Ministry has developed a Post Payment Review Framework to detect, deter and reduce inappropriate billings for virtual-care services (as detailed in the third action item in **Recommendation 5**). The Ministry has also set up a process, in collaboration with Ontario Health, to identify discrepancies between the billings submitted and the usage data for the Telemedicine Network.

As part of its Post Payment Review Framework, the Ministry has developed criteria to screen for evidence of a physician's inappropriate billing within the Ontario Virtual Care Program (OVCP), including:

- number of unique patients in a day over a fiscal year; and
- number of billings submitted compared to usage data from the Ontario Telemedicine Network platform to verify the accuracy of billings.

If evidence of inappropriate billing is found, the Ministry looks at whether disciplinary actions (for example, education or termination from the program)

are needed to deter or prevent reoccurrences, and also considers the following criteria:

- a history of inquiries and complaints received from the public (for example, through the ServiceOntario fraud hotline); and
 - the status and history of any investigations or referrals from the College of Physicians and Surgeons of Ontario.
- *evaluate the effectiveness of the above actions taken in preventing, detecting, and reducing inappropriate virtual-care billings.*

Status: In the process of being implemented by May 31, 2023.

Details

In our 2020 audit, we found that the Ministry did not make adequate efforts to monitor and review questionable patterns of virtual-care usage through the Telemedicine Network and related billings by physicians. We identified numerous cases where physicians had significantly high virtual-care billings and reported seeing an unusually high number of patients in a single day. We also found examples where physicians billed the Ministry for virtual-care visits through the Telemedicine Network, but their billings and visit counts did not match or exist in the Telemedicine Network's records.

In our follow-up, we found that the Ministry's Post Payment Review Framework includes steps to ensure that the framework is effective in reducing inappropriate virtual-care billings within the Ontario Virtual Care Program (OVCP). For example:

- The Post Payment Review Framework itself includes a "Re-evaluate and Review Framework" stage that revisits the billings of physicians who were subject to disciplinary actions for non-compliance. The Ministry informed us, however, that re-evaluation has not yet occurred because the only disciplinary actions issued to date were termination letters to three physicians identified in the 2020 audit report, and these physicians' billing privileges have been removed from the OVCP.

- Six months following the issuing of educational letters to physicians found to have inappropriate billing practices, the Ministry will review these same physicians' billings to assess whether their billing practices have improved. Educational letters for eight physicians were issued in May 2022. However, since video visit billings within the OVCP will be replaced by new codes within OHIP on December 1, 2022, these physicians' billings will not be re-evaluated until four months after this transition in order to capture the majority of their final billings for analysis. The review is expected to be completed in May 2023.

Recommendation 6

To make informed decisions on virtual care, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health, 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 the Ontario Telemedicine Network and the usage of such services across the province.

Status: Fully implemented.

Details

In our 2020 audit, we found that since the Ministry had not done any work to determine what forms of virtual care are being used outside of the Telemedicine Network, there was no way to know the full availability and use of virtual care across the province. There was also limited information on what percentage of virtual care in Ontario was provided through the Telemedicine Network and why physicians may be using other platforms and technology. As a result, the Ministry was unable to exercise adequate oversight of all virtual care in Ontario and was using incomplete information when making decisions related to virtual care.

In our follow-up, we found that 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:

- 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?
- 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?
- During the past 12 months, were your home care services provided virtually or in person?
- Overall, would you say the medical care that you received from this virtual health care provider was excellent, very good, good, fair, or poor?
- 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?

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.

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.

Virtual Care is Fragmented with Limited Integration with the Health-care System

Recommendation 7

To offer convenient virtual care access to Ontarians with a more integrated virtual health-care system, we recommend the Ministry of Health collaborate with the Ontario Telemedicine Network within Ontario Health and

Telehealth Ontario to assess the feasibility of integrating services.

Status: Fully implemented.

Details

In our 2020 audit, we found that while the services offered by both the Telemedicine Network and Telehealth Ontario constituted virtual care, they operated in silos with limited co-ordination and no integration of their services. There had been discussions between the Ministry, Telemedicine Network and Telehealth Ontario since 2017 on how their services could be integrated to support modernization. We also noted an opportunity to have Telehealth Ontario assist in connecting callers virtually with physicians when necessary, a practice that was available at the time in other jurisdictions such as Australia.

In our follow-up, we found that 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. The 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.

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 the HCO.

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.

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).

Recommendation 8

To improve patient access to virtual primary-care services, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health, 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.

Status: In the process of being implemented by January 1, 2023.

Details

In our 2020 audit, we found that while primary care accounts for most of the patient care in Ontario, the Ministry and the Telemedicine Network had made limited progress in incorporating virtual care into primary-care services even though the Telemedicine Network had been operating for almost 15 years. The Telemedicine Network noted a gap in access to primary-care services and began a pilot project in 2017 to enhance access to virtual primary care by allowing multiple technologies (video, phone call and secure messaging) to be used in the delivery of care.

In our follow-up, we found that 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.

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 **Recommendation 7**. 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.

As mentioned in **Recommendations 1, 2 and 4**, 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.

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:

- Virtual Visits Verification Program—As noted in **Recommendation 2**, Ontario Health assesses and verifies third-party solutions for use by physicians when providing virtual care.
- 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.

- **Enhanced Access to Primary Care/eVisit Primary Care**— Allows patients to request care from their primary-care physicians using virtual means.

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.

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.

Evaluation of Financial Benefits and Tradeoffs Needed

Recommendation 9

To effectively estimate the financial savings resulting from virtual care, we recommend that the Ontario Telemedicine Network within Ontario Health, in collaboration with the Ministry of Health:

- *revisit its cost-saving metrics to ensure realistic assumptions are used in calculating the savings (such as savings from patient travel costs);*

Status: Fully implemented.

Details

In our 2020 audit, we found that realistic assumptions were not used to generate reliable results that could be used to inform decision-making. For example, in calculating the distance a patient could avoid travelling (that is, between the site where a patient accessed virtual care and the physician's clinic), the Telemedicine Network assumed that the patient would have had to travel to that specific physician to access in-person

care. However, in reality, the patient could have had access to in-person care with another physician that was closer to the patient (for example, at a walk-in clinic) if required.

In our follow-up, we found that 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.

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.

- *incorporate patients' Northern Health Travel Grant applications after receiving virtual care into its calculation methodology for savings.*

Status: Fully implemented.

Details

In our 2020 audit, we found that if a patient who was eligible for the Northern Health Travel Grant had a virtual-care visit, the Telemedicine Network assumed that the patient avoided travelling to visit a specialist and did not apply for the grant. As such, the Telemedicine Network included the grant amount that would have been claimed as a saving. However, neither the Telemedicine Network nor the Ministry follows the patient's journey and outcome after the virtual-care visit to see whether the patient avoided having to travel for the same care that was attempted virtually. If the patient did apply for and receive the grant (meaning the virtual-care visit did not result in avoided travel), the Telemedicine Network would not be aware of this application and reduce the savings accordingly.

As mentioned in the first action item in **Recommendation 9**, 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.

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.

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:

- 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.
- 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 informed us that there is no planned action to address the legislative or regulatory framework that prevents the data linkage.

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.

Recommendation 10

To effectively evaluate the impact of Telehealth Ontario services on patients and the health-care system, we recommend that the Ministry of Health:

- *develop performance metrics to measure patient responses after receiving advice provided by Telehealth Ontario;*

Status: Fully implemented.

Details

In our 2020 audit, we found that the Ministry had limited insight into the effectiveness of Telehealth Ontario services. While Telehealth Ontario offered health advice and suggestions on appropriate next steps to callers, the Ministry did not regularly review the service by following patients after their calls to see whether they followed the advice given and if it was effective in addressing callers' health concerns.

In our follow-up, we found that the Ministry led the procurement for a Health Care Navigation Service (HCNS), now called Health Connect Ontario (HCO), to offer convenient virtual-care access by creating an integrated virtual health-care system experience for Ontarians (as detailed in **Recommendation 7**). HCO will modernize and enhance the former Telehealth Ontario service, which was an exclusively telephone-based service. Ontario Health has supported the Ministry throughout the procurement process.

A key goal of modernizing the existing Telehealth Ontario service is to effectively evaluate the impact of the HCO on patients. In accordance with this, the HCO Request for Bid outlined specific requirements for bidders to demonstrate the ability to collect performance metrics on patient responses after interacting with the HCO service and to evaluate the effectiveness of the service on an ongoing basis (more frequently than on an annual basis). The HCO contract includes terms such as service credits tied to key performance indicators (KPIs). Examples of KPIs include:

- application response time and usage monitoring;
- service request fulfilment (service desk);
- time to respond;
- time spent on calls;
- customer satisfaction;

- service request response time and resolution time; and
- narrative report on corrective and preventative actions in response to service level misses.

The HCO contract was awarded in October 2021 and the initial HCO service was launched on April 1, 2022. The platform will gradually integrate an online symptom checker, chat, voice, and video as virtual-care delivery models, among other resources, to better meet the needs of Ontarians. The HCO vendor will share data on performance metrics with the Ministry and Ontario Health to ensure that service standards will be met.

Going forward, the Ministry plans to identify and implement enhancement opportunities, such as improving the existing service based on user feedback and adding new functionality (for example, access to health records or service provider results by wait time).

- *continuously assess the effectiveness of Telehealth Ontario services on an annual basis using follow-up surveys of patients.*

Status: In the process of being implemented by December 31, 2022.

Details

In our 2020 audit, we found that limited work had been done to evaluate the impact of virtual care on patient outcomes and the health-care system in Ontario. While the Telemedicine Network had measured the financial impacts of virtual care on the health-care system, it had very limited access to data on patient interactions with the health-care system to determine whether patients had to seek additional care (such as visiting an emergency department) after a virtual-care visit.

In our follow-up, we found that the Ministry led the procurement for a Health Care Navigation Service (HCNS), now called Health Connect Ontario (HCO), to create an integrated virtual health-care system experience for Ontarians (as detailed in **Recommendation 7**). The Ministry outlined specific requirements for the HCO vendor to collect performance metrics on patient responses after interacting with the HCO service and to evaluate the effectiveness of the service

on an ongoing basis (more frequently than on an annual basis).

The HCO contract was awarded in October 2021 and initial service was launched on April 1, 2022. The platform will gradually integrate an online symptom checker, chat, voice, and video as virtual-care delivery models, among other resources, to better meet the needs of Ontarians. The HCO vendor will share data on performance metrics with the Ministry and Ontario Health to ensure service standards are being met. It will also document patient survey results and provide evidence on how patient survey results are being used to improve the effectiveness of the HCO.

The Ministry and Ontario Health received the first monthly performance report from the HCO vendor at the end of May 2022; it contained reporting on the metrics outlined in the Service Reporting, Monitoring and Evaluation Plan, which includes the following components:

- reporting requirements and identification of the data source to produce the reports, with a view to assess and evaluate program and service performance;
- an overview of service information available to support decision-making on service improvement and service investment;
- a benefits-realization plan that identifies key performance indicators (KPIs);
- performance management plan; and
- a data dictionary.

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.

Recommendation 11

To adequately evaluate the effectiveness of virtual-care services, we recommend that the Ontario Telemedicine Network within Ontario Health, in collaboration with the Ministry of Health, work with experts in the area of patient health outcomes and virtual care to identify

and implement metrics that have proven successful in other jurisdictions and/or private virtual-care providers for measuring and evaluating patient and health-care system outcomes.

Status: In the process of being implemented by January 2023.

Details

In our 2020 audit, we found limited indicators that measured whether patients received appropriate virtual care or what impact virtual care had on patients and on the health-care system in Ontario. In contrast, we noted that Kaiser Permanente in the United States was ahead of Ontario in measuring the effectiveness of virtual-care services. For example, Kaiser measured the effectiveness of its Chat with a Doctor program (which allows patients to go online and begin a virtual chat with a physician) by following patients after their virtual visit to see if they had to seek additional in-person or virtual care.

In our follow-up, we found that 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:

- 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.
- 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.
- 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.

- 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.
- 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.

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 **Recommendation 1**, 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:

- 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

- 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.

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.

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.

COVID-19 Pandemic Accelerated the Expansion of Virtual Care, but Also Created Data Security, Patient Privacy and Physician Billing Risks

Recommendation 12

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, we recommend that the Ministry of Health, in collaboration with the Ontario Telemedicine Network within Ontario Health:

- *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;*

Status: Fully implemented.

Details

In our 2020 audit, we found that in response to the COVID-19 pandemic, the Ministry implemented temporary billing codes that allow physicians to bill for virtual-care services provided to their patients over the phone and through video visits also using non-Telemedicine Network platforms. These services were ineligible for billing prior to the COVID-19 pandemic. We found that physician billings for the temporary virtual-care billing codes were significant at approximately \$142 million per month between March 2020 (the first month they became available) and August 2020.

In our follow-up, we found that 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 **Recommendation 1**). 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.

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).

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.

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 **Recommendation 1**, 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.

- *engage health-care providers, both who had and had not previously used virtual care in their practice before the pandemic, to obtain feedback on their experience of offering virtual care during the pandemic;*
Status: Fully implemented.

Details

In our 2020 audit, we found that 86% of physicians we surveyed would likely offer more virtual care to their patients than they did prior to COVID-19 if the Ministry continued to allow billing for virtual care using telephone or any videoconferencing platform, even if the risks from COVID-19 lessened.

In our follow-up, we found that 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 **Recommendation 3**).

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:

- administering a Customer Satisfaction Survey twice annually, and conducting follow-up interviews;
- creating an on-line feedback form;
- directly engaging with individuals and groups of care providers who co-design or co-develop virtual-care solutions;
- engaging with organizations representing groups of care providers and other users to solicit their thoughts; and

- engaging with third-party vendors who work closely with care providers in developing their virtual-care solutions.

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.

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.

In our follow-up, we found that 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 **Recommendation 2**. 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.

- *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;*
Status: Fully implemented.

Details

In our 2020 audit, we found that the number of video visits between a physician and a patient through the Telemedicine Network platform increased by over 80%, from an average of 104,000 per month in January and February 2020 to an average of about 190,000 per month between March and August 2020.

In our follow-up, we found that 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:

- 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.
- The Group has collected information about the experiences of those who used virtual care for school-based mental health consultations.
- Patient and family advisors actively participated in the ongoing development of virtual-care oncology guidelines.
- Patient and family advisors were recruited to participate as evaluators for the Health Care Navigation Service (HCNS) proposals, as mentioned in **Recommendation 7**.

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 **Recommendation 8**.

- *develop performance metrics for measuring the experience of both health-care providers and patients with virtual care during the pandemic and identifying areas for improvements going forward under pandemic and non-pandemic circumstances.*

Status: Fully implemented.

Details

In our 2020 audit, we found that 86% of physicians we surveyed would likely offer more virtual care than they did prior to COVID-19 if the Ministry continued to allow billing for virtual care using telephone or any videoconferencing platform, even if the risks from COVID-19 lessened.

In our follow-up, we found that 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.

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 **Recommendation 3**. Some of the indicators Ontario Health tracks through this program include:

- number of people accessing online virtual care supported by Ontario Health;
- percentage of Ontarians who had a virtual visit in the last 12 months;
- number of mental health enrolments for virtual care supported by Ontario Health;
- number of Indigenous Access Points, where indigenous people can connect with physicians and health-care providers virtually;
- number of primary-care providers providing virtual visits; and
- system cost savings related to virtual care.

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.

Apart from Ontario Health, the Ministry has developed performance metrics for measuring health-care providers' and patients' experiences. As mentioned in **Recommendation 3**, the Ministry funded the Centre for Digital Health Evaluation's (CDHE) report on the experiences of patients and providers with virtual-care

adoption during COVID-19, which identified areas of improvement. Specifically, the report:

- 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).
 - Through its data analysis, 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.
- Explored what helped virtual care grow rapidly during the COVID-19 pandemic, and what deterred it.
 - 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.

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.

Recommendation 13

To evaluate the impacts of the COVID-19 pandemic on calls to Telehealth Ontario and apply lessons learned to decision-making going forward, we recommend that the Ministry of Health:

- *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;*

Status: Fully implemented.

Details

In our 2020 audit, we found that Telehealth Ontario experienced long wait times despite expanded capacity and resources. Despite increasing staff by 214% (from about 200 staff pre-COVID-19 to about 600 staff) to assist with call volumes and increasing the number of phone lines by over seven times (adding 3,300 more phone lines to the existing 450 phone lines), callers continued to face long wait times to receive advice. While the average wait time decreased in April 2020, it was still significantly long, at about 8 hours for a COVID-19-related call and 17 hours for a non-COVID-related call.

In our follow-up, we found that 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 **Recommendation 10**, 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.

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:

- Increased staffing by 33% from the incumbent baseline to meet the needs of the new service and the COVID-19 surge.
- 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.

- 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.
- *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.*

Status: Fully implemented.

Details

In our 2020 audit, we found that increasing call volumes and wait times for Telehealth Ontario prompted the Ministry to introduce an online self-assessment tool on March 23, 2020. The Ministry's website instructed individuals who thought they may have COVID-19 to take the online self-assessment before calling Telehealth Ontario. However, despite additional resources provided by the Ministry, call volumes and related wait times for Telehealth Ontario were still significantly high in April 2020.

In our follow-up, we found that 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 **Recommendation 13**). 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 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 **Recommendation 13**. 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.