CorHealth Ontario
Advancing cardiac, stroke and vascular care

CorHealth COVID-19 Vascular Stakeholder Forum

April 1, 2020 9:00-10:00 am

Teleconference: (647) 951-8467 / Toll Free: 1 (844) 304-7743

Conference ID: 9295169#

Agenda

Description	Presenter	Time
1. Welcome • Recap of March 25th Meeting • COVID-19 System Planning Updates • Meeting Objectives	Sheila Jarvis	09:00
2. CorHealth COVID-19 Vascular Memo #1 – Recommendations for an Ontario Approach to Managing Vascular Surgery During COVID-19 (March 27, 2020)	Dr. Sudhir Nagpal	09:10
3. Capacity Planning During & Post COVID-19 • Impact of COVID-19 on hospital bed utilization • Program level reporting	Mirna Rahal	09:20

4. Telehealth / Virtual Care Resources and Supports
• **Changes to the Schedule of Benefits for Physician Services in response to COVID-19 pandemic**
• **Virtual Care Resources**
   • General resources
   • Disease specific resources
	Alex Iverson	09:30

5. SVS Townhall Update (March 27, 2020)	Dr. Tom Forbes	09:40
6. Questions	Mike Setterfield	09:45
7. Next Steps	Cathy	09:55

Welcome

SHEILA JARVIS

Recap of March 25th Meeting

- Urgent and emergent vascular procedures are still being performed across vascular centres in Ontario

- Vascular programs will need to balance vascular procedures requiring ICU, prolonged intubation and admission with the availability of ventilators, as well as hospital bed resource allocation to maximal safety for patients and medical personal.

- EVAR and endovascular therapy may be a preferred option due to reduced post-operative resources required.

- Repatriation should be a significant priority away from tertiary care centers to allow the preservation of resources in receiving hospitals.

- Meeting summary notes can be found on our website: COVID-19 Vascular Stakeholder Forum Meeting Notes (March 25, 2020)

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COVID-19 System Planning Updates:

Physician cross-credentialing - OHA feedback

- There are provisions in hospital By Laws for cross-credentialing of physicians. Hospitals will have policies which typically identify the role of the Medical Advisory Committee and the hospital's Board of Directors in implementing cross-credentialing and awarding of hospital privileges.

- Hospitals are encouraged to anticipate the need for cross credentialing of certain physicians, to be in place during COVID 19, and implement such policies.

- The OHA is seeking legal approval for a plan to expedite cross-credentialing, during COVID 19.

- Information from the OHA should be forthcoming later this week. CorHealth will share asap.

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COVID-19 System Planning Updates:

Ontario Health - Critical Triage Protocol for Major Surge in COVID Pandemic

- Released March 28, 2020

- Development led by Dr. James Downar (The Ottawa Hospital) under the Ethics Table of the Ontario COVID Command Structure

- Describes surge and scale up of levels of triage protocol for acute and critical care services guided by ethical principles

- Use of triage protocol should be considered as last resort

- Document can be found on our website: OH Guidance - Clinical Triage Protocol for Major Surge in COVID Pandemic (March 28, 2020)

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CorHealth COVID-19 Resource Centre

- Accessible from the <u>CorHealth homepage</u>

- Updated twice a day at 10:30am and 5:30pm

- Includes:

  - General COVID-19-related documents

  - CorHealth Guidance Documents

  - **Presentations & Summary notes from Cardiac, Stroke, and Vascular Forums**

  - Cardiac-, Stroke-, and Vascular-specific COVID-19-related documents

- Organized from most recent resources at the top to oldest at the bottom of each page

- **Coming Soon:** CorHealth will be hosting a stakeholder forum to discuss issues related to the provision of cardiac, stroke and vascular rehabilitation during COVID-19 and resources / updates will be posted to the Resource Centre

COVID-19 Resource Centre Sections

COVID-19 Resource Centre
CorHealth Guidance Documents
CorHealth Stakeholder Forum Meetings
General Cardiac Resources
General Stroke Resources
General Vascular Resources

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Meeting Objectives

1. Review CorHealth COVID-19 Vascular Memo #1 – *Recommendations for an Ontario Approach to Managing Vascular Surgery During COVID-19 (March 27, 2020)*

2. Discuss vascular capacity planning during and post COVID-19

3. Review Telehealth / Virtual Care options and resources

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CorHealth COVID-19 Vascular Memo #1:

Recommendations for an Ontario Approach to Managing Vascular Surgery During COVID-19

DR SUDHIR NAGPAL

Vascular Memo #1 Highlights

- In light of the evolving COVID-19 outbreak, the Ministry of Health has requested that all hospitals ramp down non-essential services, elective surgeries and other non-emergent clinical activity.

- Memo #1 summarizes guiding principles and recommendations to preserve health care capacity under these current circumstances.

- Principles and recommendations were developed by CorHealth through engagement with vascular experts and stakeholders across the province.

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Vascular Memo #1 Highlights

Guiding Principles:

1. Keeping front line health care providers healthy and patients protected is vital.

2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients with vascular disease is a priority.

3. Aligning with province- and hospital-specific infection prevention and control policies and protocols that exist is important.

4. Promoting clinical activities aimed at preserving hospital resources (i.e. health care human resources, personal protective equipment, procedure rooms, Intensive Care Units, Emergency Departments) is a priority.

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Vascular Memo #1 Highlights

Recommendations:

1. ## Vascular Surgery Procedures:

    Hospitals performing vascular procedures should defer all procedures with the exception of emergent/urgent procedures. Key patients requiring urgent procedures include those with:

    i.   Large aortic aneurysms

    ii. Symptomatic carotid artery stenosis

    iii. Chronic Limb Threatening Ischemia or Critical limb ischemia

2. ## Vascular Surgery Wait Lists:

    Regular triage by vascular physicians and/or designates to ensure patients are informed and deferred cases are reviewed regularly and as appropriate. Consider initiating regular follow-up with patients (using telemedicine) who have had their procedure deferred.

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Vascular Memo #1 Highlights

Recommendations:

3. Vascular Surgery (VS)/ Vascular Interventional Radiology (VIR) health human resources:

    Hospitals should maintain communication with other vascular centres in the province in the event that supports need to be shared with other centres. Support could include cross-credentialing of physicians and/or transfer of patients between hospitals.

4. Outpatient Clinics:

    a. Hospitals should implement remote consultation practices (telemedicine or virtual clinics) for routine or other non-urgent issues.

    b. Hospitals should continue to pre-screen patients prior to being seen in a clinic in alignment with OMA or other COVID-19 screening protocols

Telehealth / Virtual Care

ALEX IVERSON

Resources and Supports to Enable Virtual or Remote Monitoring, Management and Care

1. **Changes to the Schedule of Benefits for Physician Services in response to COVID-19 influenza pandemic effective March 14, 2020**

   - Providers are being encouraged to use virtual care whenever appropriate, and Ontario's Ministry of Health has introduced temporary billing codes and procedures in support of this effort.
     - Information on the temporary billing codes
     - Information on billing for virtual physician services and technical guidance

2. **Virtual Care Resources**

   - Major sites hosting virtual and remote monitoring and care tools and resources available in Ontario
     - Ontario Telemedicine Network (OTN)
     - OntarioMD
     - Association of Family Health Teams of Ontario (AFHTO)
     - eHealth Centre of Excellence (eCE)
   - Disease specific virtual and remote monitoring can care tools and resources available in Ontario
     - MEDLY (heart failure)
     - The Ottawa Heart Institute's Telehome Monitoring Program (heart failure)
     - OTN Telehomecare for COPD and Heart Failure
     - Community Paramedicine Remote Patient Monitoring Program (heart failure)

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Resources and Supports to Enable Virtual or Remote Monitoring, Management and Care

Page 1

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Repository of Resources & Supports to Enable Virtual or Remote Monitoring, Management and Care Across Stroke, Vascular and Cardiac Patients During COVID-19

DISCLAIMER: This document represents a dynamic, central repository of resources for the enablement of virtual or remote monitoring and is not an exhaustive list of all existing resources. The resources included in this central repository will continue to be updated as applicable.

Changes to the Schedule of Benefits for Physician Services (Schedule) in Response to COVID-10 Influenza Pandemic, effective March 14, 2020

Providers are being encouraged to use virtual care whenever appropriate, and Ontario's Ministry of Health has introduced temporary billing codes and procedures in support of this effort. Information on the temporary billing codes, can be found here: http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx
Information on billing for virtual physician services and technical guidance, can be found here: http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4746.aspx

Virtual Care Resources

1. **Ontario Telemedicine Network**
   OTN is a provincial platform that enables virtual care through two-way videoconferencing to provide access to care for patients in hospitals and hundreds of other health care locations across the province. For information on virtual care options and guides to support clinicians to use OTN-supported tools to deliver virtual care safely and effectively, refer to: https://otn.ca/

2. **OntarioMD**
   OntarioMD has curated a list of tools that they have visibility to, in order to raise awareness to physicians and their practices regarding tools they might consider in supporting their patient community during the COVID-19 pandemic. Information regarding digital tools, video visit platforms, and other virtual care resources can be found at the link below:
   https://ontariomd.news/?utm_source=link.cep.health&utm_medium=urlshortener&utm_campaign=covid

1

Page 2

COVID-19 [clinical domain] Stakeholder Meeting
[Month Day, 2020]

4. **Association of Family Health Teams of Ontario (AFHTO)**
   AFTO has developed a repository of virtual care and digital health resources that is updated regularly, in order to assist teams to accommodate care for patients virtually as much as possible. The suite of resources includes, but is not limited to: clinical guidance for adopting and integrating virtual visits into care, telephone and virtual care fee codes FAQ. Refer to link below: https://www.afhto.ca/news-events/news/virtual-care-digital-health-and-covid-19

5. **eHealth Centre of Excellence**
   eCE organization offers support to healthcare professionals and organizations related to the deployment, adoption and appropriate use of digital heath tools. Their current suite of digital health tools include, but are not limited to: eConsult, virtual visits, tablets, tools and coaching for electronic medical records (EMRs), eReferral, and tools of intelligent automation. Information regarding the full suite of digital health tools can be found here: http://ehealthce.ca/Services.htm

Heart Failure-Specific Virtual Care Resources

6. **Medly**
   Medly is a digital program that allows heart failure patients to manage symptoms from home. Medly reduces hospitalizations and improves self care and quality of life. Medly provides heart failure patients with individualized self-care and coordinated clinical support. Patients record and store physiological measurements and symptoms via the Medly app. Medly runs this data through a clinically-validated algorithm which provides instant feedback and push instructions including diuretic dosing tailored to the patients and their clinicians. The model of care delivery incorporates 1 Medly nurse coordinator providing care for up to 350 HF patients. Additional information on Medly can be found at: medly.ca

7. **Ottawa Heart Institute's Telehome Monitoring Program (THM)**
   The Heart Institute's Telehome Monitoring Program (THM) is a nurse-run, intensive, post-discharge home health program designed to improve patient outcomes and reduce hospital readmissions. It is part of the Telehealth Programs run by the Cardiac-Telehealth department. For more information, please visit the website:
   https://www.ottawaheart.ca/healthcare-professionals/regional-national-programs/telehome-monitoring

2

Page 3

COVID-19 [clinical domain] Stakeholder Meeting
[Month Day, 2020]

8. **Telehomecare for COPD and Heart Failure**
   A free, six-month health coaching and remote monitoring program for your patients with chronic obstructive pulmonary disease (COPD) and congestive heart failure. Not all areas in Ontario provide this service. For more information, please visit the OTN website: https://otn.ca/providers/telehomecare/

9. **Community Paramedicine Remote Patient Monitoring (CPRPM) Program**
   The CPRPM program is an initiative of Community Paramedics across Ontario to keep patients with chronic illness, such as HF and chronic obstructive pulmonary disease (COPD), safe at home and out of the hospital. A unique feature of this program is the addition of highly mobile community paramedics who are able to respond, in real time, to alerts generated by built in program logic. Costs for the system are roughly $70/month per patient. For more information please contact the program lead, Rick Whittaker at rick@wwcf.ca.

3

Questions

- What has changed within your hospital/program over the last week related to COVID-19?

- Are there other issues we should be considering/discussing?

- Are these meetings still helpful?

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Next Steps

Wrap Up

- Next COVID-19 Vascular Forum Meeting: TBD

- CorHealth activities

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