CorHealth Ontario
Advancing cardiac, stroke and vascular care

COVID-19 Vascular Stakeholder Forum #8

MEETING SUMMARY NOTES

DATE: June 30, 2020, 8:00-9:00am

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

GROUPS REPRESENTED: Vascular Leadership Council, Clinical Advisory Committee (vascular members), Vascular Surgery Program & Medical Leadership from 20 hospitals with vascular programs, Vascular Interventional Radiology Program & Medical Leadership from 20 hospitals with vascular programs, CritiCall Ontario, Heart & Stroke Foundation, Ministry of Health, CorHealth Ontario

HIGHLIGHTS

Meeting Objectives

1. To review and discuss Ontario Health Recommendations for Outpatient Care, Primary Care, and Home and Community Care
2. To enhance CorHealth's understanding of your needs and priorities related to virtual care and identify barriers, gaps and opportunities related to virtual care

Vascular Activity Report

- Discussed changes to the *Current Vascular Activity Report* that has been presented bi-weekly to the forum, as there has been an update to the ATC-WTIS data that CorHealth receives for scheduled vascular surgeries
    - Previously, reported completed volumes included cancellations; as of this week's Vascular Activity Report, cancellations are excluded from the number of completed cases being reported. Exclusion of cancellations from the number of completed cases has been applied to all weeks of reported data
- The *Current Vascular Activity Report* will continue to be provided as a supplementary file with the material for each Vascular Forum. It can be found attached to the Forum invitation

Ontario Health Memo: (*Guest Speaker: Dr. Chris Simpson)*
Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic Outpatient Care, Primary Care & Home and Community Care

- These recommendations are a follow up document **to 'A Measured Approach to Planning**

for Surgeries and Procedures During the COVID-19 Pandemic' (released May 7th)

- The document outlines high-level principles that should underpin decision-making, regardless of setting, during the COVID-19 pandemic (focus on outpatient care, primary care, and home and community care)
- Recognizes that these settings differ in their oversight and accountabilities, and in the approaches to the provision of patient/client care
- Aimed to support resumption of services following the amendment of **Directive #2**
- Aligned with the guidance provided in the Ministry of Health
    - '*COVID-19 Operational Requirements: Health Sector Restart*'
    - '*COVID-19 Guidance: Primary Care Providers in a Community Setting*' and '*COVID-19 Guidance: Home and Community Care Providers*'

- <u>Recommendations Include:</u>
    1. **Maximize virtual care** services that appropriately reduce in-person visits
    2. Conduct an organizational risk assessment and take a **comprehensive approach to infection prevention and control** where care is provided in-person
    3. Ensure appropriate **personal protective equipment is available** to all staff wherever there is risk of exposure to an infection
    4. Assess the **health human resources** required to increase care activity
    5. Work with organizations in the community to **ensure delivery of services that support patient/clients' full continuum of care**, and work to avoid unintended community-wide consequences of resuming care
    6. **Communicate regularly** with patients/clients and caregivers
    7. **Monitor the level of COVID-19** disease burden in your community
    8. Apply an **ethical strategy to the prioritization** of patient/client care activities

<u>Discussion:</u>

- Question: *What is your definition of Virtual Care?*
- Response:
    - any care episode delivered that is not face to face / in-person
    - there has been a substantial acceleration in the development of products to help support virtual care
    - Examples:
        - triaging ER patients by phone in the car prior to entry
        - primary care and use of virtual care solutions embedded within EMR

- Question: *Do you have a sense of how billing for telephone consultation might proceed in the future?*
- Response:
    - No official MOH position on this currently but there is a sense that this will likely be incorporated into the schedule of benefits in the future.
    - Could imagine that there may be some limits on use (similar to other practice within the schedule of benefits) but overall, I think everyone would like to see this practice continued in the future

- Question: *Are there patients that do not want virtual care and prefer to be seen in person?*
- Responses:
    - Several programs mentioned that patients seem to prefer virtual care visits, as they don't have to travel / get support to travel to clinics but that virtual care solutions can be difficult for patients and providers to manage from a technology perspective and virtual care is not always accurate when it comes to a patients ability to self-assess.
    - It was noted that much of medical school training has to do with physically seeing a patient and that there is a bit of a learning curve / adjustment with the transition to virtual care.

- Question: *Do you have a sense of what ramp-ups / downs might look like in the future?*
- Response:
    - Currently developing guidance on what future ramp downs may look like
    - There have been some lessons learned from the initial ramp-down, for example, we notice that this happened asymmetrically (different interpretations of elective, urgent etc.), which can lead to in equities for patients
    - In the future, we would like to see more of a dimmer switch approach rather than an all-out stop of elective procedures, as we may be dealing with COVID-19 for months or years moving forward and would like to minimize the impact to patients and programs

Open Discussion – Virtual Care

- Question: *Given that CorHealth has hosted these discussions with cardiac / stroke care providers has there been any key takeaways from those conversations to date?*

  Discussion:

    - Among cardiac providers, there has been a strong uptake of virtual care for outpatient activities, especially cardiovascular rehabilitation. Feedback from cardiovascular rehab stakeholders is that, in general, virtual care is viewed positively by patients, and by staff. Uptake of virtual care across other cardiac lines has been variable.
    - *For stroke there has been an uptake of virtual care in the secondary prevention and rehab space.*
    - *Providers have noted that patients need to be carefully selected as candidates for virtual care, especially for stroke rehab, as many patients will still require face-to face rehab care*

- Comment: *Ottawa noted having issues with OTN, as it requires a strong internet connection on both ends, as well as good hardware, which may be an issue for patients. Zoom, which is embedded within their EMR system, is currently being used with good success by some divisions at the Ottawa Hospital.*

  Discussion:
- UHN

- *COVID has disrupted the UHN implementation timelines for EPIC so are not able to embed virtual care solutions within their EMR as Ottawa has done; however, some staff are using Microsoft teams or other platforms to provide virtual care*
- *they also struggle with OTN and often resort to telephone consultations when other virtual care options are not functioning optimally, which works well for things like test results but is not optimal for assessing patients physically*
- *there is a growing concern about work creep with Virtual Care, as there is really no limitation on "office hours" therefor access to individual physicians can become almost 24/7*

- Peterborough
  - *also noted challenges with OTN, mostly from the patient's perspective.*
  - *Conducted a survey amongst patient population and found that the majority do not have a laptop / smart phone, so are heavily reliant on telephone consultations.*
  - *Have been screening patients that may be poor self-assessors and those who have active open wounds to come for in-person visits*
  - *Have also been getting patients to send pictures in (e.g. of wounds) to help with the self-assessment process*

- The Ottawa Hospital
  - *Compared to OTN, telephone consultations and zoom virtual care embedded in the EMR have less admin time*
  - *The patient can also launch a visit from their mychart account*

- Kingston
  - Has adopted a virtual care solution but have similar issues in terms of patient access, so have also reverted to mostly telemedicine.
  - A large number of providers are using some form of virtual care solution

- OH West (primary care)
  - Primary care seems to have taken 3 potential approaches:
    - 1) shut down entire practice
    - 2) all virtual care
    - 3) hybrid of virtual care and select in-person visits (largely FHTs)
  - Think it would really benefit primary care if they knew which patients should be referred for in person visits with specialists vs. virtual care
  - Primary care is also experiencing work creep, as there has been a large increase in

the use of emails and are trying to ramp this back down.

NEXT STEPS

- Next meeting will be held on **Wednesday July 15, 2020 from 8:00 – 9:00am.** Please note that this will be the regular meeting time moving forward.

Please submit your requests for discussion topics, questions and concerns for inclusion in the next forum to Leah Justason at leah.justason@corhealthontario.ca