



CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #6

August 25, 2020, 8:00-9:00 am

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

Conference ID: 374757732



Welcome

Karen Harkness

Agenda

| | Description | Purpose | Lead |
|---------|--|----------------------------|---|
| 8:00 am | <p>Welcome</p> <p>System/ CorHealth Updates Meeting Objectives</p> | Information | Karen Harkness Paul Oh |
| 8:10 am | <p>Program Activity Sharing – Virtual Care</p> <p>Guest Speaker: Kyle Baysarowich, Manager, Cardiovascular Rehabilitation, Thunder Bay Regional Health Sciences Centre</p> <p>Guest Speaker: Faith Delos-Reyes, Program Coordinator, Women’s Cardiovascular Health Initiative, Women’s College Hospital</p> | Information and Discussion | Dr. Paul Oh Kyle Baysarowich Faith Delos-Reyes |
| 8:35 am | <p>Virtual Care Initiatives</p> <p>An Update on Heart and Stroke Virtual Care Activities Guest Speaker: Natalie Gierman, Senior Manager, Health Systems, Research and Strategic Initiatives, Heart and Stroke</p> <p>Validation of Findings from CorHealth’s Virtual Care Initiative cardiac stakeholder interviews</p> | Information and Discussion | Dr. Paul Oh Natalie Gierman Ireena Soleas Karen Harkness |
| 8:55 am | <p>Next Steps</p> | Information | Karen Harkness |

System/ CorHealth Updates

- Meetings with Dr. Chris Simpson to discuss/inform the new report he and his team are working on. It will focus on **maintaining care** throughout the **phases of COVID-19**. Dr. Paul Oh participated in the meeting.
- Subsequent meetings with Dr. Simpson will be scheduled to get an update and provide support where possible.

Meeting Objectives

- To share experiences and facilitate dialogue on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in-person and hybrid)
- To share an update and findings from virtual care initiatives underway at Heart and Stroke and CorHealth Ontario



Program Activity Sharing Virtual Care

Dr. Paul Oh

TBRHSC Cardiovascular Rehabilitation

Kyle Baysarowich, Manager Cardiovascular
Rehabilitation, Interim Manager Vascular Services



Background

- 6 Month (48 exercise session) Program
- Monthly education sessions offered in person and via OTN
- Nutrition and Psychosocial counseling sessions primarily in person
- 12 Satellite programs (intake session in person and via OTN)
- Forced closure with 90% of staff redeployed March 16th
- Wellness checks for participants referred during closure





Virtual (Hybrid) Program

- 12 week (18 session) Program
- Nursing and Physician Intake (in person or virtual)
- Nutrition Counseling, Psychosocial Counseling, Smoking Cessation as needed on Individual basis (in person or virtual)
- 9 Virtual education sessions (Orientation, Cardiac Medications, Exercise, 4 Nutrition, 2 Psychosocial)
- 6 Virtual individual exercise prescription and progressions (Kinesiologists)
- 1 Resistance training session (Virtual group)



Virtual Group Exercise Classes

- Cohorted groups (up to 10 participants) attend in real time together
- All participants are given theraband
- Case manager (Kinesiologist) leads group through a series of exercises including warm up, resistance training, cool down/stretching
- Case manager is able to adapt exercises based on participant needs/history/challenges (musculoskeletal issues)



Success and Challenges

- Participants are able to participate in real time from home
- Participants across Northwestern Ontario are able to participate and not constrained to physical locations for programming
- Participants are able to participate together and continue to build comradery
- Recorded sessions can be sent out to participants for continued viewing
- Some participants do not have access to internet or phone to participate
- Level of ability can range greatly in cohorted group causing challenges for the Kinesiologist to instruct group and can cause frustration to the participant



Moving Forward

- Return to small group on-site exercise classes
- Return to pre and post testing (including XST and 6 min walk test where applicable)
- Expand virtual exercise class options (ie. Yoga)
- Increase non-mandatory education session offerings
- Increase patient accessibility of recorded programs and education sessions (launch of new website)
- Increase number of program streams offered to participants (ie: return to work program)



Thank You!

Questions?



Cardiac Rehab Virtual Groups



Women's Cardiovascular Health Initiative

Faith Delos-Reyes R.Kin, Program Coordinator

August 25, 2020



Overview of WCHI pre-COVID

Gender-specialized Cardiac Rehab and Primary Prevention

Individual

- Initial assessment (NP, APN) including stress test, 6-minute walk test +ECG
- Exercise consult including goal-setting and cardiac risk factor profile (PT, R.Kin)
- Dietitian, Social work, Pharmacy counseling
- Mid-term, discharge, 6-month, 12-month follow-up re-assessments

Group

- Cardiac Rehab exercise sessions 2 x week up to 6 months
- Primary Prevention exercise sessions 1-2 x week up to 3 months
- Education and Self-management, 1 x week, rolling 12-week series
- CBT, Mood Matters 8 weeks (quarterly)
- Healthy weight bootcamp (1 full day work-shop, quarterly)
- Dysautonomia/POTS self-management peer support, 4-week program (quarterly)

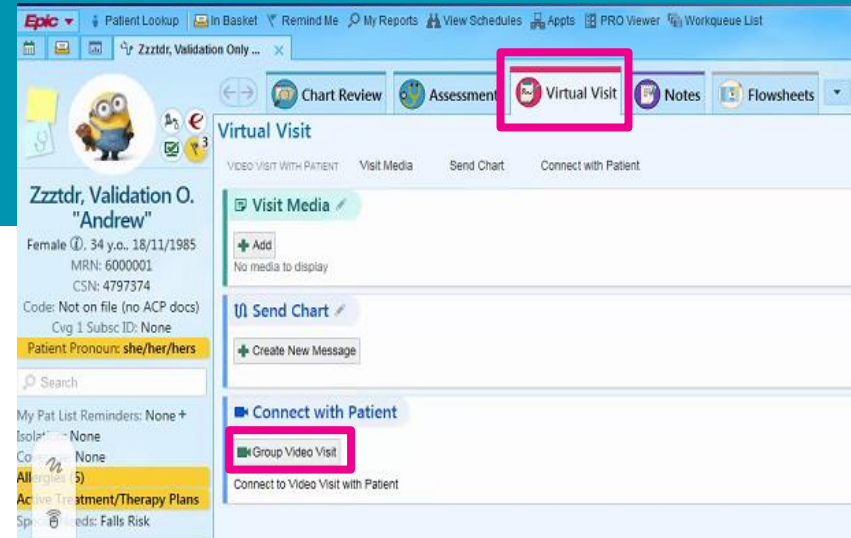
Home Program

- Scheduled weekly phone/monthly sessions or OTN (telemedicine/video)

Changes in response to COVID

- On-site individual/group programs were closed mid-March, staff were redeployed.
- Transitioned quickly to virtual care (phone calls and video visits) for essential patients.
- Leveraged online resources (H&S, BHF, Cardiac College, YMCA Thrive@ Home, etc.), home monitoring (BP, glucometer, exercise tracking devices).
- Individual and group video visits; Zoom technology integration into *Epic* EMR and myHealthRecord patient portal.
- Phased on-site approach (*September 2020 and beyond....*)
 - Referral triage, initial assessment and exercise consult virtually (phone, video)
 - Bring on-site if patient deemed to need cardiac testing (i.e. stress test)
 - Continue virtual care (individual and group education/self-management)
 - On-site group exercise (only those that require medical monitoring), transition to virtual care
 - Hybrid model, virtual patients integrated into on-site group exercise

Group Video Visits



Format:

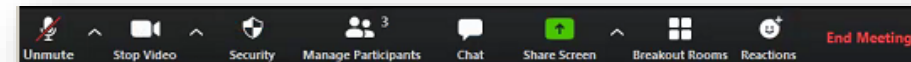
- Self-management and peer support group
- Synchronous live group interaction (vs didactic)
- 6 patients (new, same cohort each week)
- Once a week, 60 - 90 minutes, 6 weeks (various topics)

What worked well:

- 1 Moderator focus on IT, patient questions, group dynamics, body language/facial expressions of patients
- 1 Facilitator (changed weekly depending on topic, PT/R.Kin, RD, SW, MD, APN), focus on motivational interviewing, goal-setting, self-management action planning
- Dress rehearsal 1 week prior with IT/*Epic* elbow-support on go-live day
- Patients were sent “participant guide for virtual groups” and education materials prior to first session
- First session focused on Zoom tutorial and “meet and greet”, reinforcing security, privacy, & confidentiality
- Leveraged Zoom functionality (break out rooms, chat/reactions, share screen etc.)

Feedback from patients:

- Formal focus group and evaluation results pending
- Convenient, accessible, myChart functionality
- Group cohesion, sharing lived experience, feeling supported, self-efficacy, confidence
- Challenge with returning completed questionnaires/surveys (no printer/scanner)



More than just digitizing existing processes: The **Women's Virtual** model of care



Enhanced Access

Providing patients with tools to educate themselves about their health and navigate their treatment with greater ease.



Connected Expertise

Connecting providers with specialist advice to match patients with the right healthcare services quickly and effectively.



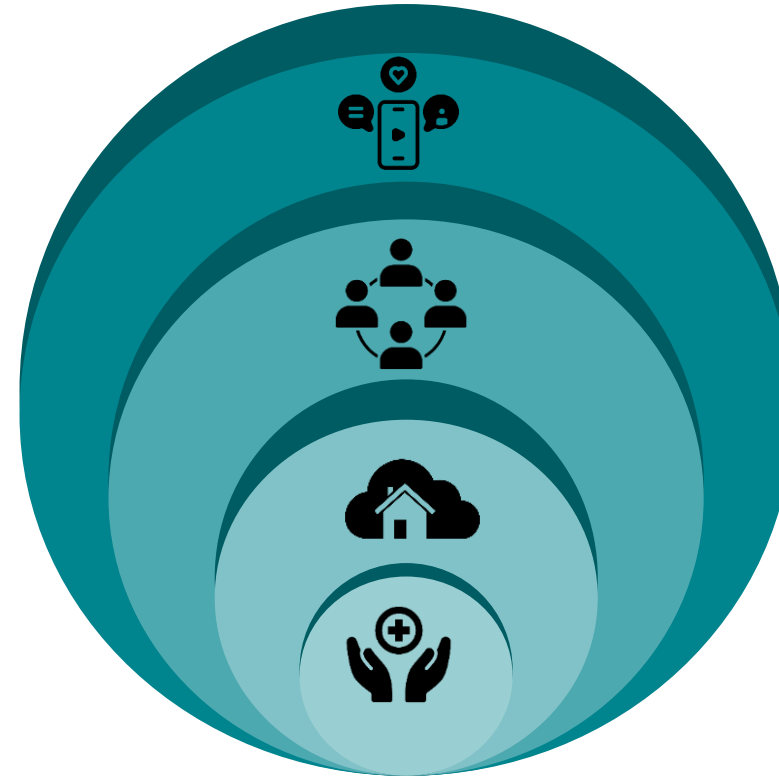
Care at a Distance

Virtual services to provide care and improve health outside the hospital setting.



In-Person Care

Face-to-face healthcare for patients inside the hospital.



Care at a Distance



Digital questionnaires

Digital health questionnaires that can be linked to a patient's EMR



Video visits

Video visit between a patient and their provider scheduled and launched within Epic



Virtual healthcare groups

A secure platform that allows providers to offer group counselling, education and coaching



Integrated apps and wearables

Apps and wearables integrated with WCH's EMR, allowing providers to make care decisions based on a patient's personal health data

Thank you. Any Questions?

email: womenshearts@wchospital.ca



[@WCHwomenshearts](https://twitter.com/WCHwomenshearts)

Discussion

- What other experiences have you had with virtual CR delivery?
- Is your program considering or have you implemented any other innovative virtual care programming?
- How are CR programs preparing in anticipation of future waves of COVID-19?



Virtual Care Initiatives

Dr. Paul Oh



An Update on Heart and Stroke Virtual Care Activities

Natalie Gierman

**Senior Manager, Health Systems, Research and Strategic Initiatives,
Heart and Stroke Foundation**



Updates for CorHealth Provincial Cardiovascular Rehab Forum

Natalie Gierman August 25, 2020

System change priorities

System planning for next 18 months or beyond

Recovery and resetting of systems of care for heart conditions, stroke and vascular cognitive impairment

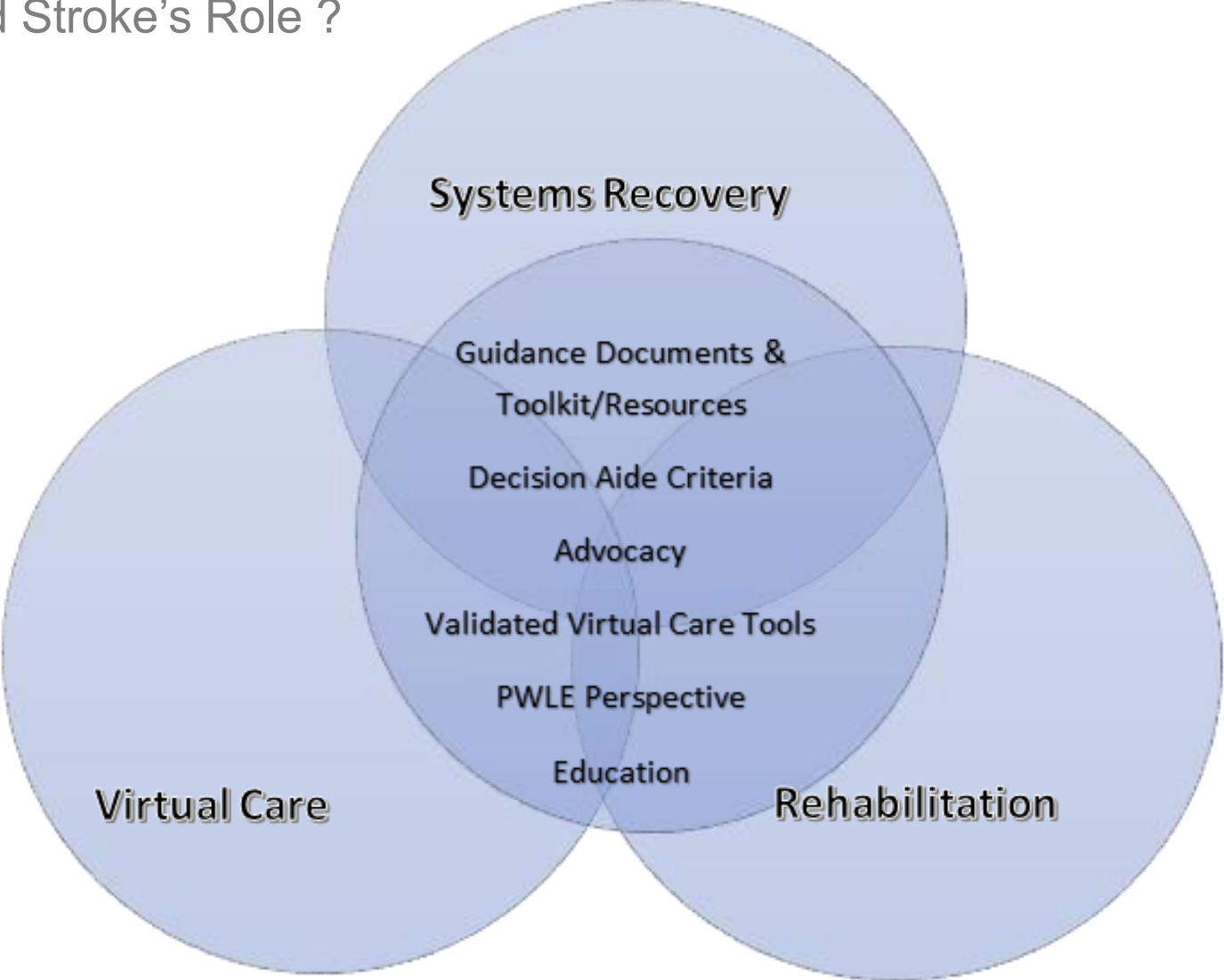
Rehab models post pandemic

Sustainability and quality of virtual health care across the continuum heart conditions, stroke and vascular cognitive impairment

**Reality is we cannot do multiple full-scale actions on all of these.
What is priority and what are the possible actions?
Who should we collaborate with?**

System change priorities

What is Heart and Stroke's Role ?



Virtual Care Toolkit

- *Stroke Virtual Care implementation Toolkit* is currently being adapted for Cardiac broadly. We are working with CCS, CHFS, CACPR as well as others to have this ready in the next month or so. We may call on some of you as reviewers pre-launch.
- As a reminder, the accompanying *Patient Virtual Care Checklist* is ready to use now. It was co-created with patients and caregivers. Our vision for the checklist is that it would be sent out in advance of virtual care sessions (by the provider) to assist people with lived experience prepare for their upcoming virtual session.

Download Patient Checklist here:

<https://www.heartandstroke.ca/-/media/1-stroke-best-practices/resources/patient-resources/csbp-infographic-virtual-healthcare-checklist.ashx?rev=52fc18b0280c4b3d88c27b7ca497d3d2&hash=4C0B0FAE6D09D61B2579DB103E67AC68>





Validation of Findings from CorHealth's Virtual Care Initiative cardiac stakeholder interviews

Ireena Soleas, Karen Harkness

Supporting Access to Virtual Care

In response to stakeholder feedback, CorHealth embarked on a new initiative to explore virtual care opportunities across its three clinical domains.

DESCRIPTION:

A provincial approach supporting high-quality virtual care for cardiac, stroke, and vascular providers and patients across the care continuum, including establishment of standards/guidance, recommendations, and measurement of impact, developed in collaboration with our stakeholders and partners

BENEFITS / OUTCOMES

- Standards and guidance on virtual care in cardiac, stroke and vascular will support equitable access to patients and providers across the province
- Provincial summary of needs and priorities, as well as leading practices, strategies, resources and innovations associated with the use of virtual care in cardiac, stroke and vascular will help promote knowledge sharing, spread and uptake across clinical programs and providers (e.g., via CorHealth Provincial Forums)
- Identified priorities can help inform targeted recommendations to support provincial partners address virtual care needs (e.g., Ontario Health, Ministry, Heart and Stroke)
- Measurement and reporting will enable assessment of the impacts of virtual care on quality and outcomes in cardiac, stroke and vascular care

Supporting Access to Virtual Care

Updated Key Deliverables & Products

Virtual Care in Cardiac, Stroke & Vascular: A Summary Report of Strategies & Resources in Ontario

A succinct & use-oriented document that summarizes the needs, barriers, gaps and opportunities in Virtual Care, and *shares innovative strategies & resources to promote knowledge sharing, spread and uptake* across clinical programs & providers.

FALL 2020

Strategies, Resources & Tools to be vetted through key experts/stakeholders

Focused Clinical Practice Considerations for Virtual Care

Clinical practice considerations around patient populations where virtual care may / may not work well in focused areas of clinical practice, to support equitable access to patients & providers across the province, and beyond COVID-19

WINTER 2020

Clinical practice considerations to be vetted through key experts/stakeholders

Virtual Care Measurement & Reporting Framework

An approach to measure the impacts of virtual care on quality and outcomes in cardiac, stroke, and vascular care. This is critical to guide our collective understanding of the impact of this transition in care modality.

WINTER 2020





Virtual Care: Cardiac Stakeholder Engagement Results

Ireena Soleas, Karen Harkness

Virtual Care Cardiac Stakeholder Engagement

CorHealth Ontario undertook a series of cardiac stakeholder consultations aimed at better understanding:

- **How virtual care is currently being leveraged** across the continuum of cardiac care
- The unique **barriers** specific to the delivery of virtual cardiac care
- Key priorities and **opportunities** related to virtual care within each clinical domain across the continuum
- Stakeholder views on **CorHealth's role** in addressing needs and opportunities identified

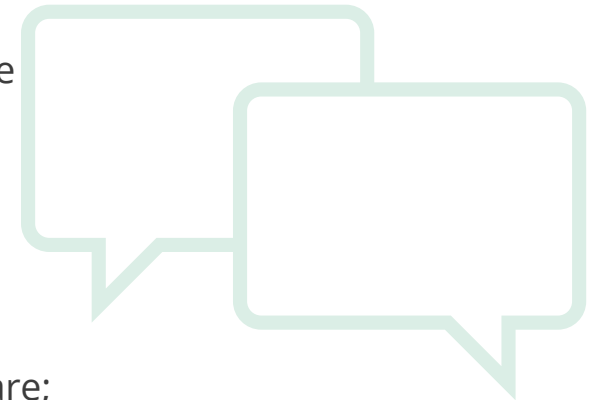
20 interviews conducted with a diverse group of stakeholders, including:

- Frontline Clinicians (e.g. cardiologists, RNs, pharmacists)
- Cardiovascular rehab coordinators
- Palliative care leads
- Hospital program administrators & Hospital Medical Program Directors
- Chief Information Officer

Representation from **across the continuum of care** (cardiac diagnostics, acute care, post-acute care, rehabilitation/community/outpatient care) **and across diverse geographies**

Key Messages from Stakeholder Engagement

- Unanticipated **impact to provider wellness**; professional identity/job satisfaction;
- Virtual care is in **different stages of adoption** across the province- telephone easiest to use and accessed for the majority of interactions;
- Different opinions for 'universal tool' vs multiple tool options for visual virtual communication;
- Requirement for **additional coordination resources** / administrative resourcing (strong admin support enabled clinical efficiency);
- **Access to technology tools and infrastructure** is fundamental to the delivery of virtual care;
- Virtual care is a privilege, **disparities exist** with respect to **geography** and **socioeconomic status**;
- Virtual care is a tool that **requires training and competency** to be used effectively;
- In the context of COVID-19, clinicians have heard that patients **felt connected to their clinician using virtual care as an option**; patients have also voiced the benefit of virtual care with respect to **avoiding travel, and associated costs**;
- While there are common variables to support in-person/virtual/hybrid care delivery, it is the **interplay of these variables** that guides individual appropriateness for care delivery options;
- **Sometimes virtual care is not appropriate...**



Virtual Care Cardiac Interviews: Summary

Barriers, Opportunities and Needs

| BARRIERS | OPPORTUNITIES | NEEDS |
|---|---|---|
| <ul style="list-style-type: none"> • Access to technology • Stability/reliability of platforms & ease of set up • Communication challenges & anxiety • Resistance to adoption (patient and provider) • Regulations (e.g. privacy) • Funding of infrastructure • Remuneration and sustainability of billing codes/payment models • Lack of human resource support / coordination resources • Education/training/experience • Time commitment | <ul style="list-style-type: none"> • Access to rural and remote areas of the province & broader reach of patients • Promotion of more team-based & integrated care • Use of multiple virtual platforms or universally available platforms • Virtual innovations to support patient self-monitoring at home for chronic conditions • Virtual platforms to view diagnostics / imaging (e.g., ECHO, CATH images, 12-lead ECG) • Knowledge sharing and spread • Easier facilitation and involvement of family members / group visits • Leveraging PFACs and volunteers to act as champions of virtual care & peer-support | <ul style="list-style-type: none"> • Advocacy & knowledge sharing (e.g., COVID-19 forums, community of practice) • Resources / Tools (e.g., for patient preparedness, defining basic elements of virtual care, work-flow) • Guidance & training (e.g., appropriateness criteria, skill-building training) • Funding • Platforms & interfaces • Development of hybrid models of virtual & in-person care |

Cardiac Virtual Care: What We Heard

Certain conditions and/or patient characteristics may:

A. *Inhibit the use of virtual care, such as:*

- Communication / bi-directional communication challenges (e.g., cognitive, sensory issues, language barriers)
- Complex clinical scenarios / encounters / some diagnostic testing (e.g., where a physical examination is required to support clinical decision making)
- Where overlapping symptoms make a diagnosis difficult / patients with multiple comorbidities
- Patients requiring specialized exercise equipment (e.g., patients with several musculoskeletal issues)

B. *Require considerable reliance on caregivers/support persons to enable the use of virtual care:*

- Patients without access to a telephone or internet
- Communication challenges (e.g., language and/or cognitive barriers, sensory impairments)
- Where difficult / complex clinical conversations are required (e.g., providing a patient with bad news); this may also require a certain provider level of training / skill set
- Patients who require additional support (e.g., psychosocial, motivational) for engaging in healthy behaviors (e.g., smoking cessation, exercise adherence)

Cardiovascular Rehabilitation

Cardiovascular Rehabilitation Forums in May and June focused on developing provincial guidance for virtual care and the gradual resumption of in-person services.

[CorHealth COVID-19 Cardiac Memo #12 - Recommendations for an Approach to the Provision of Cardiovascular Rehabilitation during COVID-19 in Ontario \(May 12, 2020\)](#)

- This document aims to provide guidance on how the delivery of CR can strive to meet the Standards for the Provision of Cardiovascular Rehabilitation in Ontario in a virtual based environment during the COVID-19 pandemic.

[CorHealth COVID-19 Cardiac Memo #14 - Recommendations for an Approach to Resuming In-Person Outpatient Cardiovascular Rehabilitation Services in Ontario \(June 17, 2020\)](#)

- This document aims to provide guidance on how programs can plan for resuming some in-person services as provincial directives gradually lift restrictions in response to the pandemic.

Assumptions within the Cardiovascular Rehab Guidance Memos

- Where applicable, **virtual care should continue to be the cornerstone** model of delivery cardiovascular rehab (CR).
- The delivery of CR rehab will need to include both virtual care and in-person care options. Delivery models continue to evolve.
- Local cardiac programs and providers are in the **best position to determine which clinical services are best delivered virtually or in-person**, assuming the necessary provincial, regional, local and applicable health regulatory college requirements are met.
- The delivery of cardiac clinical services will need to accommodate to the potential ebb and flow of care delivery restrictions along the COVID-19 pandemic trajectory.

Discussion

- Do these findings resonate with you and your experience in the delivery of CR virtual care?
- Do these findings align with feedback you have heard from your CR patients regarding virtual care?
- Are there other ideas or thoughts on CR virtual care that are not represented here?
- Are there any other key opportunities/needs/strategies that should be leveraged to drive & optimize the use of virtual care in CR?

Please consider the chat box to share any feedback as well as verbally during the Forum today.

Next Steps

- **Develop a Summary Report of Strategies & Resources in Ontario to Support Virtual Care in Cardiac, Stroke & Vascular**
 - Including strategies & resources to promote knowledge sharing, spread and uptake of virtual care across clinical programs & providers
- **Take a more focused look at clinical practice considerations for virtual care**
 - Clinical practice considerations around patient populations where virtual care may/may not work well in focused areas of clinical practice, to support equitable access to patients & providers across the province, and beyond COVID-19
- **Develop a virtual care measurement & reporting framework**
 - An approach to measure the impacts of virtual care on quality and outcomes in cardiac, stroke, and vascular care



Next steps

Karen Harkness

Next Steps

1. Cardiac Forum- Cardiac results of Virtual Care Initiative: Thurs. Aug. 27th , 8 am
 - Please email Karen Harkness if you would like to be added to the invitation list
2. Cardiac Forum- WEDNESDAY (not Thursday as in past) Sept 16th , 8 am
 - Dr. Chris Simpson scheduled to present
 - An invitation email will be sent to CR Forum members
3. Next COVID-19 CR Forum – Stay tuned!
 - Please send agenda ideas for future CR Forum topics to Karen Harkness karen.harkness@corhealthontario.ca



Thank You!