



CorHealth COVID-19 Vascular Stakeholder Forum #10

August 12, 2020 8:00-9:00 am

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

Conference ID: 9295169#

Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
8:00	1. Welcome <ul style="list-style-type: none">• System Updates• Forum Objectives	Information	Cathy Cattaruzza
8:05	2. Vascular Activity Report <ul style="list-style-type: none">• Highlights / trends from current reporting period• Emergency Room activity for vascular issues	Information & Discussion	Mirna Rahal
8:15	3. Virtual Vascular Care Experience <ul style="list-style-type: none">• Virtual care experience from Trillium Health Partners perspective	Information & Discussion	Ms Terri Irwin & Dr. Christiane Werneck
8:35	4. CorHealth Ontario Virtual Care Initiative <ul style="list-style-type: none">• Overview and key deliverables and products	Information	Alex Iverson & Ireena Soleas
8:40	5. Virtual Care Needs in the Vascular System <ul style="list-style-type: none">• Key findings from virtual care interviews• Validation discussion	Information & Discussion	Mike Setterfield
8:55	6. Next Steps	Discussion	Mike Setterfield



Welcome

SHEILA JARVIS

COVID-19 System Planning Updates

- Met with Dr. Chris Simpson in late July to discuss the new report he and his team are working on. It will focus on maintaining care throughout the phases of COVID-19. Dr. Sudhir Nagpal participated in the meeting
- Subsequent meetings with Dr. Simpson will be scheduled later in August to get an update and provide support where possible

Meeting Objectives

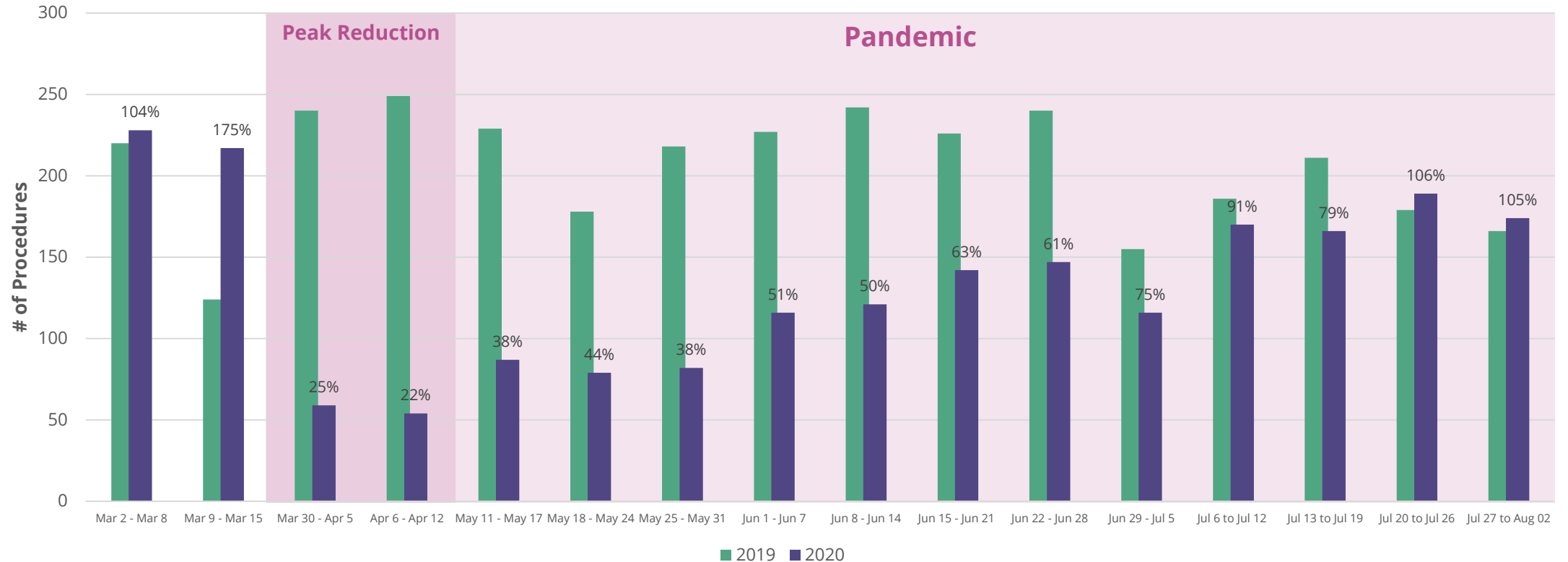
1. To review recent trends in vascular activity.
2. To provide an overview of CorHealth Ontario's virtual care initiative and describe key deliverables/products.
3. To provide a summary of the needs, barriers, and opportunities related to the delivery of virtual vascular care from stakeholder interviews, validate key findings and identify areas of that require further guidance.



Vascular Activity Report Highlights

MIRNA RAHAL

Overall Scheduled Vascular Surgery Volumes 2020 vs 2019 – Ontario



Notes: Data are from Access to Care WTIS, CY 2019 and 2020

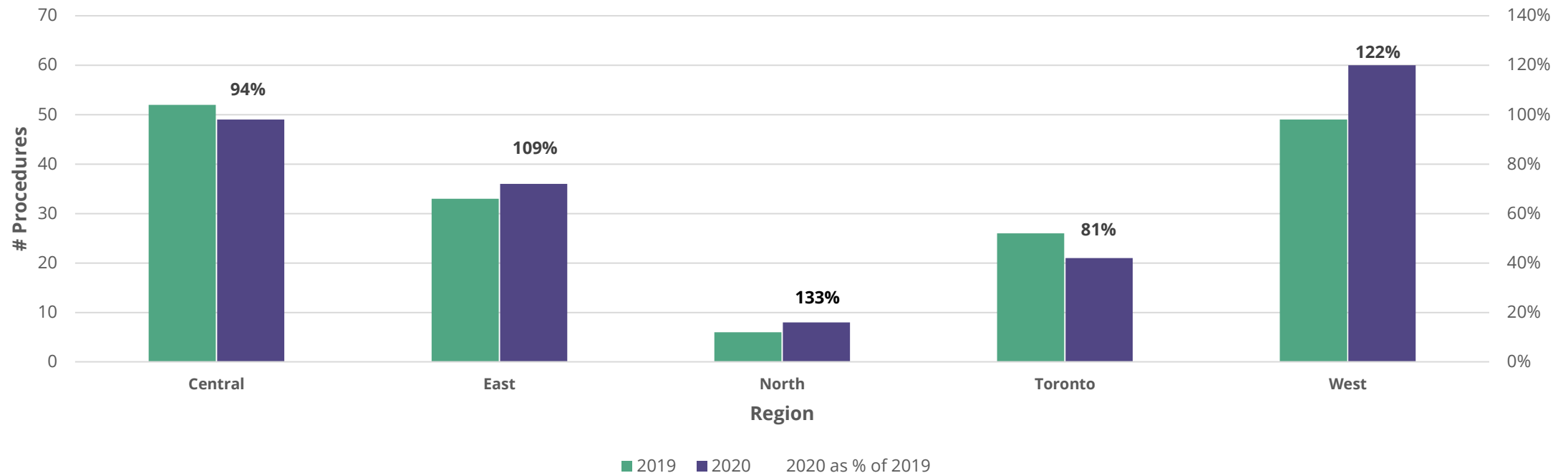
Each 2020 week is shown on the horizontal axis; 2019 volumes represent volumes from the equivalent Monday to Sunday week in 2019

Percentage value above each bar is the 2020 volume as a percentage of the 2019 volume, or ≤5 for volumes ≤5.

In 2020, March Break occurred from March 16-22, 2020. It was a week earlier in 2019, from March 11-17, 2019.

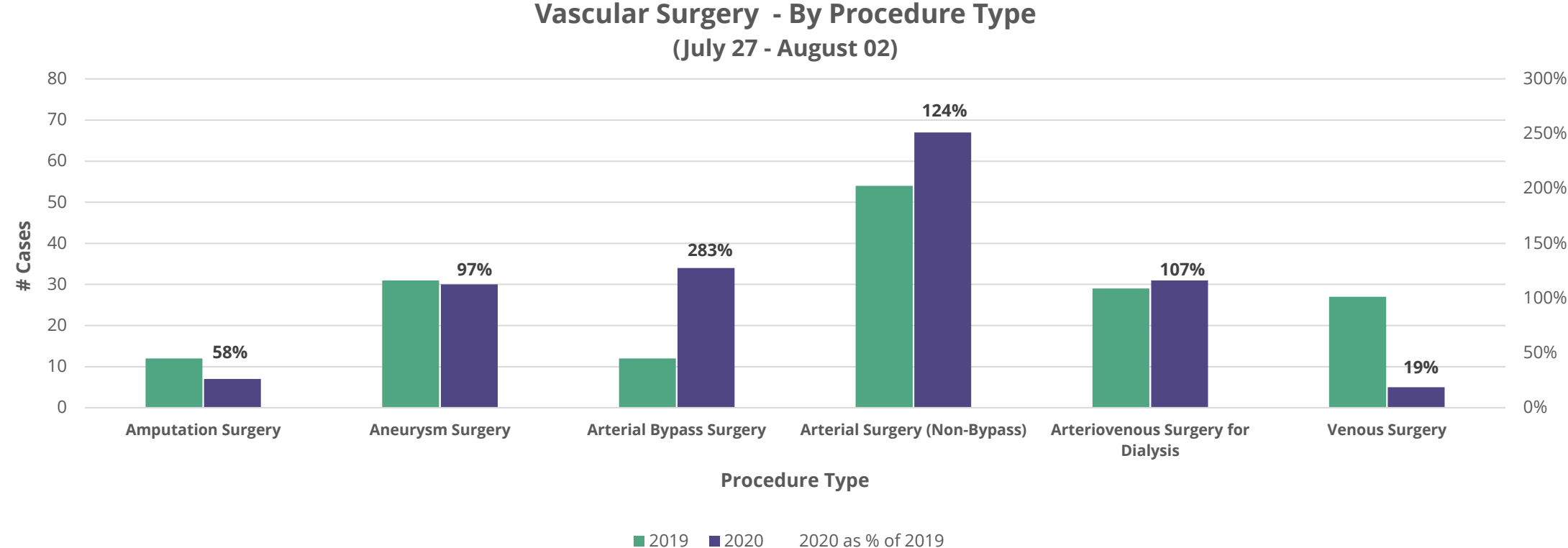
Overall Scheduled Vascular Surgery Volumes 2020 vs 2019 – By Region

Overall Vascular Surgery - By Region
(July 27 - August 02)



Vascular Surgery Volumes

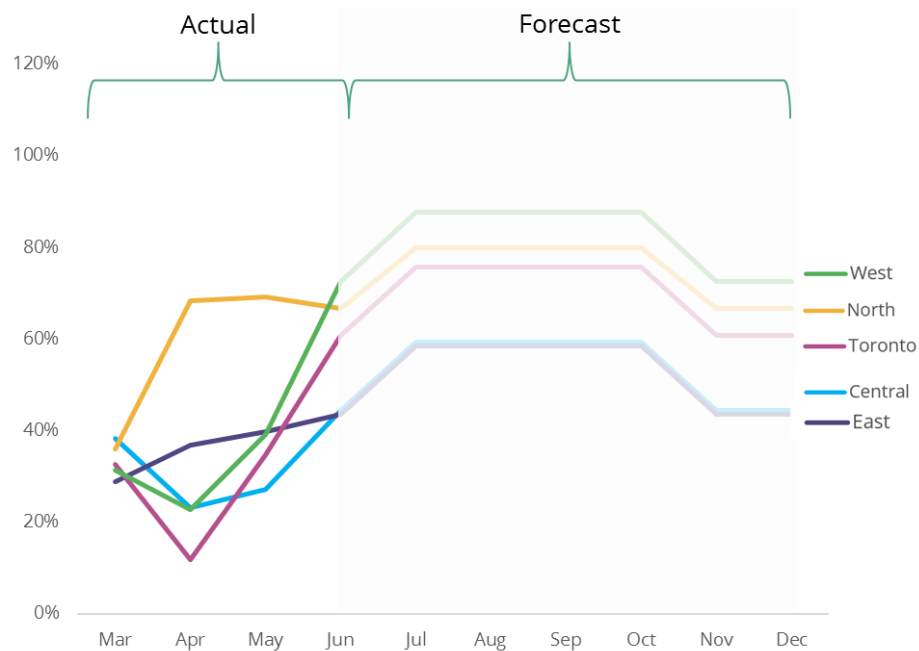
2020 vs 2019 – By Procedure Type



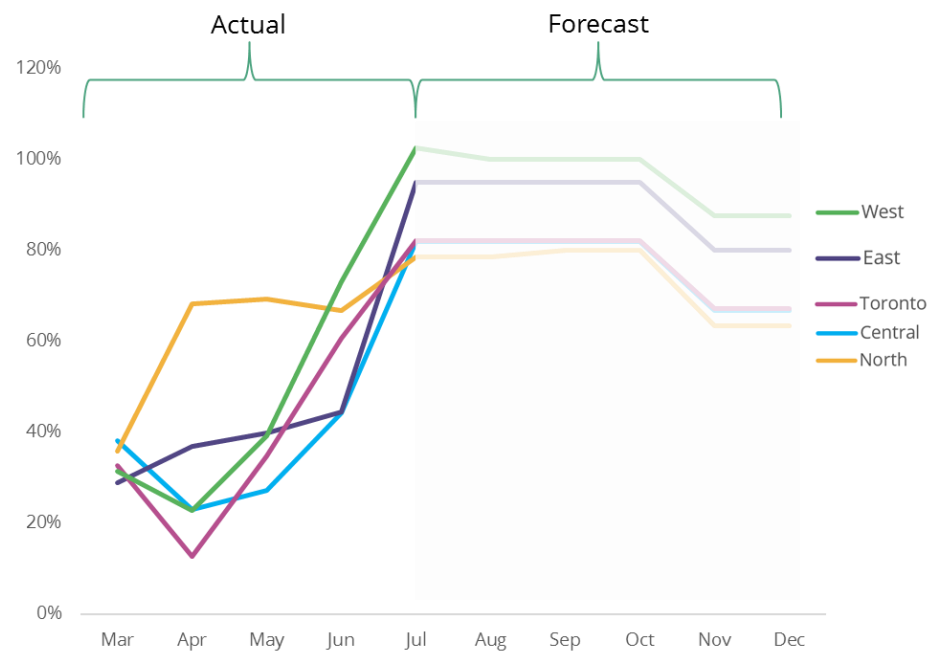
Slowdown by Region

% of historical P2-4 vascular volumes

Previous Forecast (Jul 5 data)



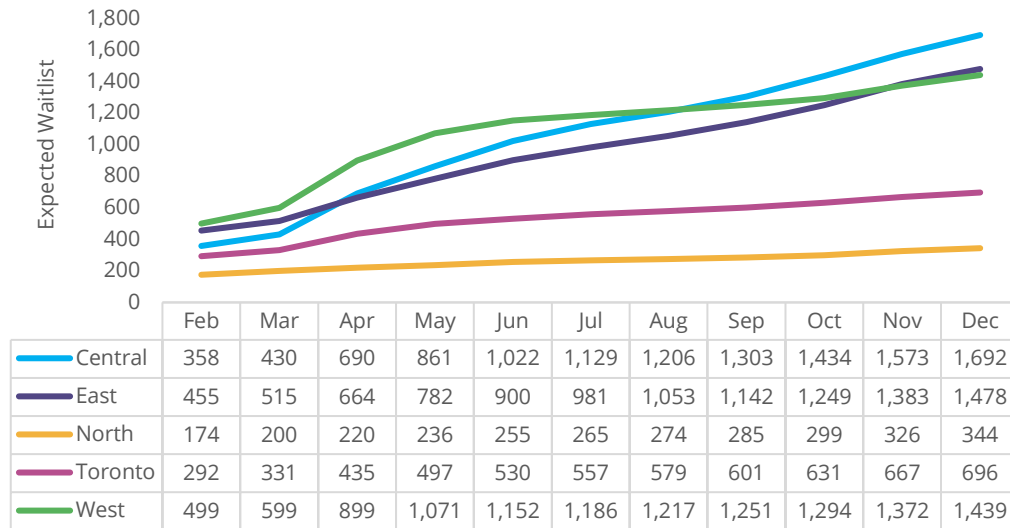
Updated Forecast (Aug 2 data)



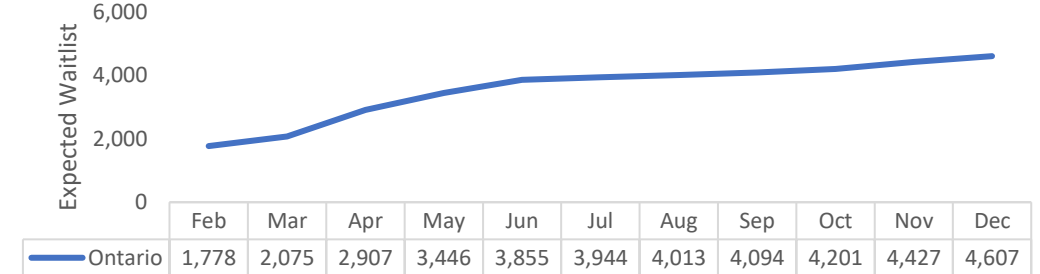
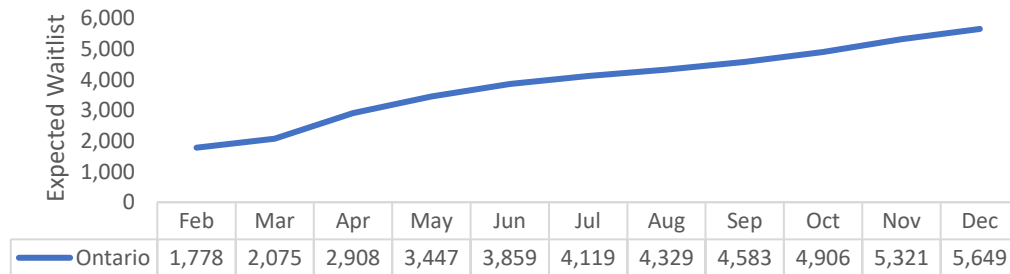
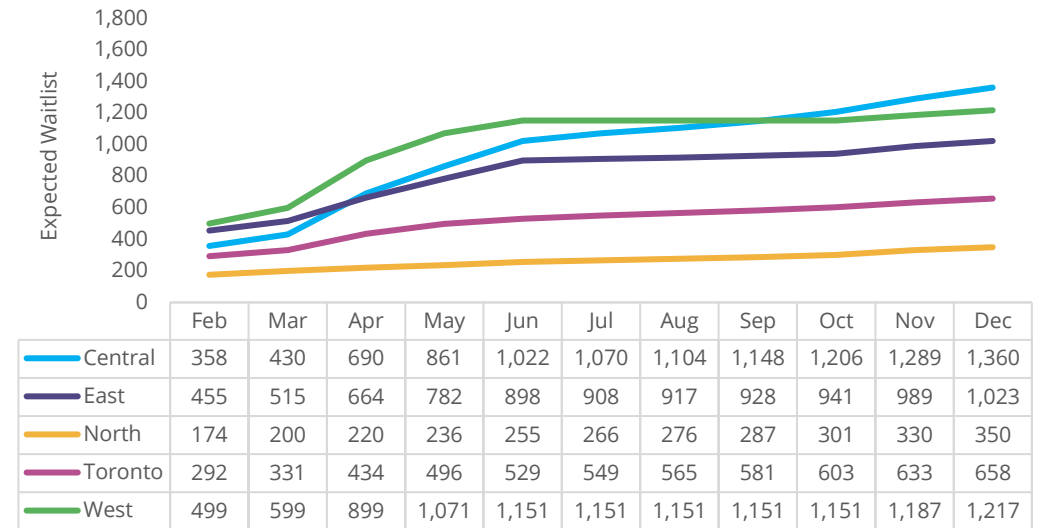
Region	Jul-Forecast	Jul-Actual
Central	59%	82%
East	59%	95%
North	80%	78%
Toronto	76%	82%
West	88%	103%
Ontario	71%	91%

Expected Wait List Volumes

Previous Estimates (Jul 5 data)



Updated Estimates (Aug 2 data)





Virtual Vascular Care Experience

Trillium Health Partners

TERRI IRWIN AND DR. CHRISTIANE WERNECK



Vascular Virtual Care

CorHealth Vascular Forum

Terri Irwin and Dr. Christiane Werneck

August 12, 2020

Overview

- Transition (quick flip!) to virtual care
- Consultation and follow-up clinics
 - Successes and opportunities
- Pre-operative assessment clinics
 - Successes and opportunities
- Patient Experience
- Future vision

Transition to Virtual Care

- Pre-Covid
 - 3 half day clinics per week
 - In-person
 - Consultation and follow-up
 - No virtual care

- Current State
 - No in-hospital vascular consultation
 - Follow-up clinics restricted to patients with wounds
 - Overall reduction of in-person visits by 60%
 - Surgeon's office or virtual means

Vascular Consultation and Follow-Up

- Successes:
 - Less exposure to staff and patients (increase safety)
 - Cost effective for patients (particularly regular F/U)
 - Increase capacity of clinic
 - Patient likely to comply when scheduled
 - Flexibility with hours
 - Opportunity to change old practice patterns
 - Potential to create new processes and services (homecare)
- Opportunities for Improvement:
 - Elderly pts are less familiar with technology or no technology available
 - Less personal (lack of medical relationship and loss of nonvisual cues with calls). Mitigated with V/C
 - Some pts are less likely to show up (more No-show visits)
 - Elderly pts and difficulty understanding (hearing loss, dementia, language barriers)
 - Flexibility of hours (increased working hours)
 - Patient confidentiality issues (contact family member not present, privacy of calls)
 - Inability to examine patient (important for wounds, large aneurysms, etc)

Pre-operative Assessment Clinic

- Successes:
 - 'One stop shop' for patients- same day testing, online pre-op education
 - Recovery of physical in-hospital space
 - Flexibility with hours
 - Opportunity to align two distinct processes and ensure consistency with the evidence (ex. Choosing wisely)
 - Decrease inappropriate pre-operative testing
- Opportunities for Improvement:
 - Longer appointments
 - Challenges with same day testing- ex. Group and Screen, ECG
 - Change management- process change
 - Alignment of pre-operative COVID 19 and other testing

Future Considerations

- Funding model will dictate practice
- Culture shift for clinicians and patients
- Accessibility of more advanced virtual care platforms that support videoconferencing and virtual physical assessment
- Integration of home care services to allow for in-home videoconferencing with physician
- Potential financial efficiency- FTE's, supplies (including PPE), decrease in inappropriate pre-operative testing
- Security and privacy are paramount



Overview of CorHealth Ontario's Virtual Care Initiative

Alex Iverson and Ireena Soleas

Supporting Access to Virtual Care

In response to this 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: Vascular Stakeholder Engagement Key Findings

MIKE SETTERFIELD

Stakeholder Engagement

- Across the three clinical domains (cardiac, stroke and vascular), CorHealth stakeholders identified virtual care as a key area of focus
- In response to this feedback, CorHealth is embarking on a new initiative to explore virtual care opportunities across its three clinical domains
- To support this work, CorHealth Ontario undertook a series stakeholder consultations aimed at better understanding:
 1. **how virtual care is currently being leveraged within** our clinical domains and across the continuum of care
 2. the **unique barriers experienced by CorHealth stakeholders** related to the use of virtual care.
 3. **key priorities and opportunities related to virtual care** within each clinical domain across the continuum
 4. Stakeholder views on **CorHealth's role** in addressing opportunities identified

Vascular Stakeholder Engagement

- Twelve interviews conducted with a diverse group of stakeholders, including:
 - Vascular Interventional Radiologists
 - Vascular Program Administrators
 - Vascular Surgeons
 - Wound Care Nurse Specialists
- Representation from academic and community hospitals as well as across 4/5 Ontario Health Regions
- Virtual Care was defined as delivery of health care services, where patients and providers are separated by distance.*

Foundational Learnings and Key Considerations

General Characteristics of Virtual Vascular Care in Ontario

- Virtual care adoption is at different stages across the province
- Virtual care has been used well before COVID. The pandemic has created an environment where virtual care is now seen as a necessity
- Virtual care is not a replacement for in-person care and is best utilized through a hybrid model
- Access to technology and supporting infrastructure is fundamental to the delivery of virtual care
- The type of technology required may vary depending on the type of care being provided
- Virtual care is a privilege and disparities exist with respect to socioeconomic and psychosocial status
- Virtual care is a tool that requires training and competency to be used effectively
- There is a learning curve associated with virtual care; therefore requires additional time and effort from both the provider and patient for virtual care delivery to become comfortable, efficient and effective
- Sometimes virtual care is not appropriate

- **Do the above statements resonate with your experience in the delivery of virtual care?**
- **Are there other critical 'general characteristics' of virtual care that are not represented here?**

Foundational Learnings and Key Considerations

Patient Characteristics and Virtual Vascular Care in Ontario

- Certain conditions and/or patient characteristics may **inhibit the use of virtual care, such as:**
 - Language barriers
 - Hearing impairment
 - Cognitive impairment/cognitive decline
 - Patient frailty
 - Lower socioeconomic status and psychosocial factors
- Certain conditions and/or patient characteristics **require considerable reliance on caregivers/support persons to enable the use of virtual care:**
 - Support with technology and equipment set-up
 - Language barriers
 - Cognitive impairment/cognitive decline
 - Wound care & wound management

- **Do the above statements resonate with your experience in the delivery of virtual care?**
- **Are there other patient characteristics that require consideration when providing virtual care?**

Virtual Vascular Care in Ontario

How is virtual care being used?

Vascular Surgery & Interventional Radiology

- High utilization of virtual care for lower acuity patients, for on-going management, pre & post-operative care and follow-up.
- Initial consultations*
- Ambulatory clinic visits – estimations of 60% to 90% of ambulatory clinic activity is being provided using virtual care. In-person visits reserved for patients who require a physical/visual exam
- Post-imaging – to review and discuss imaging results
- Post discharge follow-up
- On-going surveillance

*Conflicting messages

- **Do the above statements resonate with your experience in the delivery of virtual care?**
- **Are you using virtual care for other interactions with your patients?**

Virtual Vascular Care in Ontario

How is virtual care being used?

Wound Care

- Provider to patient & provider - communication with patients when there is an allied health care provider (e.g. LTC nurse, home care nurse, community nurse) with the patient to provide hands on care
- Telephone only has been less successful. Photo sharing or video capability really should be a requirement
- Direct communication with patients via wound care specific apps
- Email communication between health care providers and directly with patients
- One respondent estimated that up to 90% of wound care visits have been conducted virtually, reserving in-person visits for patients that require debridement, physical exam, wound cleaning and when no family member or health care provider can be with the patient in their home location

- **Do the above statements resonate with your experience in the delivery of virtual care?**
- **Are you using virtual care for other interactions with your patients?**

Patient and Provider Response to Virtual Vascular Care

How do patients and providers feel about virtual care?

PATIENT FEEDBACK (AS REPORTED BY PROVIDERS)	PROVIDER FEEDBACK
<ul style="list-style-type: none">• Like the convenience, avoidance of travel, parking and other expenses associated with going to appointments• Feedback from patients has been mostly positive• Preference seems to be for telephone because of its simplicity. For the few who prefer to “see” the doctor, Zoom chats have worked well and satisfy the patients request	<ul style="list-style-type: none">• Preference for telephone because of its simplicity. For the few patients who prefer to “see” the doctor, Zoom chats have worked well and satisfy the patients request• Feelings of missed opportunity to observe non-verbal queues about patient well-being• Virtual care can be provided in very simple ways that patients seem to appreciate (e.g. telephone follow-up 1-2 days post discharge following a short hospital stay)• Highly sensitive conversations are challenging to do using virtual care modalities (e.g. end of limb or end of life)
<ul style="list-style-type: none">• Do the above statements resonate with your experience in the delivery of virtual care?• Do the above statement align with feedback from your patients regarding virtual care?	<p>Specific to wound care:</p> <ul style="list-style-type: none">• Works very well when there is an allied HCP with the patient who can do the hands-on assessment• Great educational opportunity for allied HCP that is attending to the patient as many of the allied HCP’s do not have formal wound care training. Have observed increased confidence in home care nurse’s treatment of wounds after virtual care contact with wound care specialists.

Barriers, Opportunities and Needs of Virtual Vascular Care

What we heard

BARRIERS	OPPORTUNITIES	NEEDS
<ul style="list-style-type: none"> • Complex platforms: The simpler the better (i.e. telephone vs complicated platforms) • Access to technology • Stability/reliability of platforms • Personal preference (provider and patient) • Lack of patient engagement/ lower adherence to appointments • Privacy and consent regulations • Lack of clarity on regulations for sharing of PHI between providers • Lack of Data Collection Infrastructure • Additional clerical support needed to arrange some virtual care appointments (e.g. OTN) • Lack of education and training requirements 	<ul style="list-style-type: none"> • Potential to reduce LOS with increased utilization of virtual care follow-up 1-2 days post discharge. • Uptake of remote monitoring (e.g. wound care apps such as How2Trak) • Access to rural and remote areas of the province • Encouraging hybrid models of care (both in-person care and virtual care depending on patient needs) • Expansion of locations where patients can go to access technology in private settings • Selection of a common integrated platform that all providers in the circle of care are using. Will help with consistent sharing of information and reduce duplication of information sharing 	<ul style="list-style-type: none"> • Strategies to support virtual care uptake and culture change (i.e. communities of practice) • Guidance/Standards (e.g. appropriateness, when/how virtual care should be offered) • Resources/Tools (e.g. education tools, work-flow, decision aids) • Considerations/Tips on what to look for when choosing a virtual care platform/ questions to ask platform vendors • Measurement and Evaluation (i.e. economic evaluation, clinical effectiveness evaluation) <div data-bbox="1658 1158 2466 1410" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> • Do the above statements resonate with your experience in the delivery of virtual care? • Are there other key opportunities/needs/strategies that should be leveraged to drive & optimize the use of virtual care? </div>

Next Steps

1. 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

2. Develop A Document of 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

3. 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



Wrap Up & Next Steps

MIKE SETTERFIELD

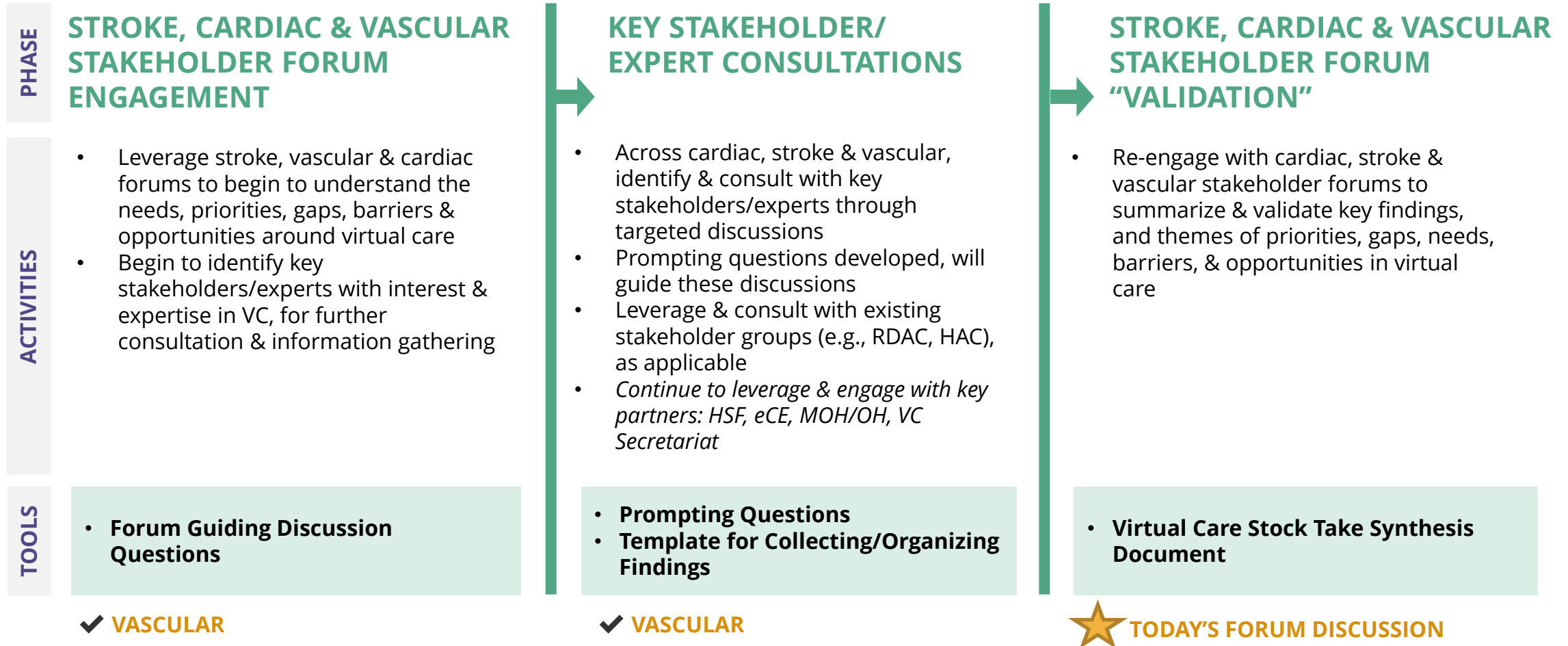
Wrap Up & Next Steps

- Next COVID-19 Vascular Forum Meeting:
 - **TBD – September 2020**
- Please send your requests for agenda topics to mike.setterfield@corhealthontario.ca



Appendix

Virtual Care Stock-Take Engagement Approach



Supporting Access to Virtual Care

Guiding Principles

- **Experience-centered:** Ensure that we incorporate the needs and experiences of persons with lived experience, caregivers, and frontline providers into our work
- **Equitable:** Ensure that our work supports and prioritizes equitable access to virtual care across the continuum of care and across diverse geographies
- **Flexible & Nimble:** Ensure that we are flexible, nimble, and responsive to the external environment given the novelty of virtual care and the evolving landscape
- **Action Oriented:** Ensure that our recommendations are feasible, actionable, and easy to use and apply
- **Future-oriented:** Ensure that we focus on sustainable, long-term solutions vs. quick fixes
- **Collaboration and Engagement:** Ensure that we leverage the expertise and knowledge of our partners/stakeholders to ensure that our efforts are aligned, comprehensive and meaningful
- **Resourceful:** Ensure that we build on the creativity and innovation that has already occurred and that we do not reinvent the wheel
- **Iterative and Transparent:** Ensure that we continually validate our findings and/or recommendations with key stakeholders and that we use the feedback to progressively build upon what we know
- **Continual Evaluation:** Ensure that we continually seek opportunities to evaluate the impact of virtual care through the 4 dimensions outlined by the Quadruple Aim (continual improvement)