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Ontario virtual care clinic sees demand ‘go through the roof’

Another Ontario-based virtual care service that quickly ramped up in March when COVID-19 cases were peaking is Ontario Telemedicine Network (OTN), now part of the new Ontario Health government agency. An early provider of virtual care services, OTN has provided the opportunity for either direct-to-patient or hosted e-visits for many years.

Almost overnight, direct-to-patient visits surged from 350 concurrent events per day to 2,500 per day, said OTN vice-president Technology and Services Sharon Baker, eventually leveling off at about 2,000 per day.

“We had prepared but we just hadn’t estimated how significantly our volumes would increase and how quickly that would happen,” said Baker. “We had to do some significant and quick adjustments to add capacity in order to meet demand, but we were able to do that.”

According to OTN’s COVID update, 22,000 new account requests were made between March 1 and the end of May, with 740,000 virtual visits conducted. When hosted visits – where patients visit a medical site close to them to connect with a remote care provider – dropped off at the height of the pandemic due to lockdown restrictions, direct-to-patient consults “went through the roof,” said Baker, prompting several partners to join together to launch the Ontario Virtual Care Clinic (OVCC).

A collaboration between the Ontario Medical Association, OntarioMD, Ontario Ministry of Health and Ontario Health, with funding provided by Canada Health

Infoway, OVCC is staffed by roughly 200 licensed Ontario physicians.

Novari Health of Kingston, Ont., is providing the virtual waiting room capabilities through its eVisit virtual care software system, and quickly created a COVID-19 Emergency Response Team to work with OTN to design, build, test and deploy the virtual clinic.

In a statement, Novari Health president John Sinclair said: “Never in all my years have I witnessed a team come together with such a sense of purpose, drive and determination to improve access to care ... our

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team accomplished things in a few weeks that I previously would have thought impossible.”

OVCC is designed to treat non-urgent health concerns such as colds, cough, flu, allergies, women’s health issues, chronic disease management, pain, urinary tract infections, rash and medication questions. It is not intended to replace regular care, but to allow access to primary care physicians from the comfort of home at a time when everyone is being extremely vigilant about reducing public outings to stop the spread of coronavirus.

Patients who access the service at www.seethedoctor.ca require an Ontario health card, internet access, email address,

mobile phone number to receive text notifications, and a device with a camera and microphone. When they sign in, they enter a virtual waiting room and are advised on their estimated wait time to see a physician.

The speed with which the virtual clinic launched is a direct result of ongoing work to advance virtual care in Ontario. OTN had previously conducted five proof of concept projects across the province to evaluate virtual visits between patients and providers, including how to bill for virtual visits.

In March, the province introduced temporary virtual care billing codes, which apply to both telephone and video visits, and a more permanent policy change is being negotiated.

“It’s really about using integrated virtual care as one of the modalities, based on clinical appropriateness,” said Baker, adding that the telephone still has a role to play. “We’ve been saying for years that the future of healthcare is virtual care, but the future arrived on about March 2.”

Not all care providers who sign up with OTN are conducting virtual visits. Baker said there’s a significant cohort that have embraced it for the majority of their patient visits while others are conducting sporadic video visits, and a small group haven’t held any. Meanwhile, OVCC continues to grow.

“COVID was the burning platform to force people to try it, because what else was their option? Their option was not to have care,” said Baker, “and now that people have seen the look and feel, I think it will be very hard for us to go back.”