eConsult BASE™ Champlain

Building on a BASE™ of Success

Improving equitable access to specialists through eConsult/eReferral

December 5, 2019

Welcome / Territorial Acknowledgement

Steve Slade

Director Health Policy and Advocacy
Royal College of Physicians and Surgeons of Canada

Faculty/Presenter Disclosure

- **Faculty:** Steve Slade
- **Relationships with financial sponsors:**
  - **None to Declare**

Housekeeping

Dr. Clare Liddy and Dr. Erin Keely
Ontario eConsult Centre of Excellence

Welcome to Ottawa

Planning Committee

- **Don Sturge**, Patient Partner, Newfoundland and Labrador
- **Katharina Kovacs Burns**, Patient Partner and member of Patients for Patient Safety Canada
- **Amir Afkham**, Digital Health Program Lead at the Champlain Local Health Integration Network
- **Doug Archibald**, Director of Research, Department of Family Medicine, University of Ottawa
- ***Lois Crowe**, Research Manager, Bruyere Research Institute
- **Alison Eyre**, Primary Care Lead, Ontario eConsult Centre of Excellence
- **Nancy Fowler**, Executive Director, The College of Family Physicians of Canada
- **Danielle Frechette**, Executive Director, Office of Research, Health Policy and Advocacy, RCPSC
- **Jodi Glassford**, Director Access Improvement, Alberta Health Services
- **Lori-Anne Huebner**, Benefits Realization Lead, System Coordinated Access Program, eHealth Centre of Excellence (Ontario)
- ***Erin Keely**, Co-Executive Director, Ontario eConsult Centre of Excellence
- **Clare Liddy**, Co-Executive Director, Ontario eConsult Centre of Excellence

* Co-chairs

The eConsult Team

A collaboration between:

- Champlain Local Health Integration Network
- The Ottawa Hospital
- Bruyère Research Institute
- Winchester District Memorial Hospital

Program Funding

- Champlain Local Health Integration Network
- Ontario Ministry of Health and Long-Term Care

Current Research Funding

- Canadian Institutes of Health Research
- Bruyère Research Institute
- Canadian Foundation for Healthcare Improvement

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Disclosure of Financial Support

- **This program has received financial support from** Champlain Local Health Integration Network, Ontario Ministry of Health and Long-Term Care, Canadian Institutes of Health Research, Bruyère Research Institute, and Canadian Foundation for Healthcare Improvement **in the form of** program and research funding
- **This program has received in-kind support from** The Royal College of Physicians and Surgeons of Canada **in the form of** venue and logistical support

- **<u>Potential for conflict(s) of interest</u>:**
  - None to declare

Thank You to Our Sponsors

- Royal College: Meeting space and logistic support
- CFHI: Sponsorship of patient partner
- CHI: Sponsorship of patient partner

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OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Canadian Foundation for
Healthcare
Improvement

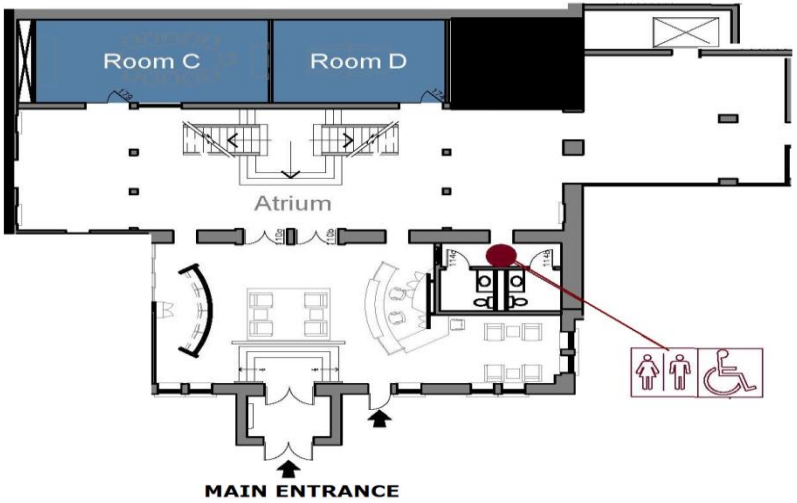
Canada Health **Infoway**
Inforoute Santé du Canada

Agenda

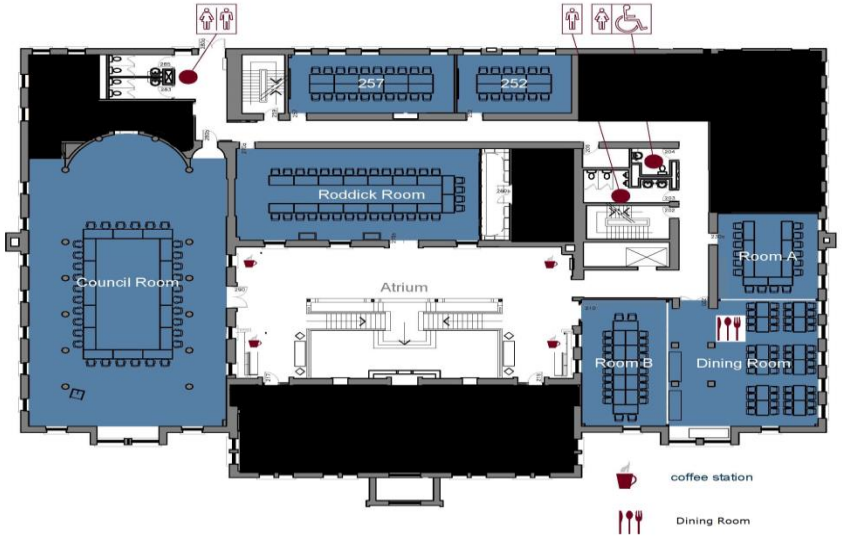
8:15	***Breakfast***
9:00	Welcome / Housekeeping / Territorial Acknowledgement – *Danielle Frechette*
9:15	Setting the Stage – *Clare Liddy and Erin Keely*
10:00	***Refreshment break and networking***
10:15	Panel – eConsult/eReferral Integration Models – Ensuring Equitable Access
11:15	Table Top Discussion
11:45	***Lunch and Networking***
12:30	Panel – Educational Standards for Health Care Providers
1:30	Table Top Discussion
2:00	***Refreshment Break and Networking***
2:15	Presentation: Developing recommendations for common approaches to national eConsult/eReferral service evaluation using the Quadruple Aim framework
2:45	Plenary Discussion
3:45	Wrap Up and Next Steps
4:30	Meeting Adjourned

Housekeeping

Ground floor

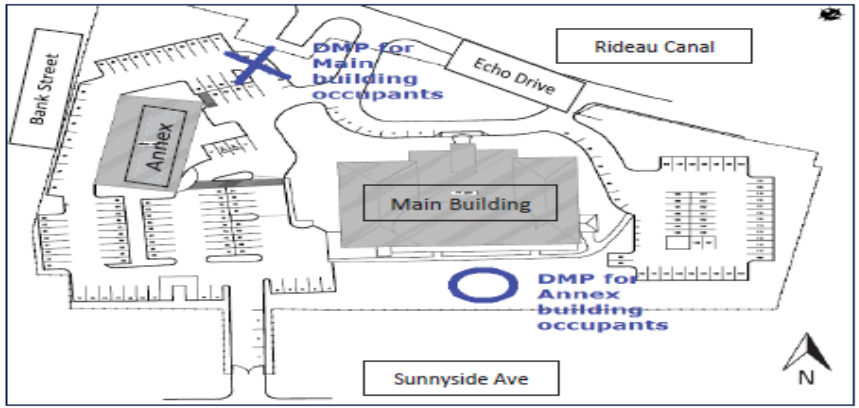


Second floor



In the Event of An Emergency

- Follow the instructions given to you by Royal College staff
- In the event of an evacuation, please proceed to the nearest emergency exit to exit the building. After exiting the building, please proceed to the designated meeting point
- During an evacuation, if you cannot safely evacuate to the designated meeting point, wait in the nearest exit stairwell and let a Royal College staff person know that you will remain there
- If you are the first to discover an emergency, please contact Reception or report it to a Royal College employee
- If emergency services are needed, call 911 (our address is 774 Echo Drive) and immediately inform Reception or a Royal College employee



Designated Meeting Point (DMP) during an Evacuation

Connect with us on online!

Twitter **@eConsultBASE**

#eConsultNationalForum2019

#eConsult
#eConsultBASE

Websites 

Ontario eConsult: https://econsultontario.ca/

Champlain BASE™ https://www.champlainbaseeconsult.com/

What to do with the 10 index cards?

1. PRINT your name (make it legible) on 9 cards (save one)
   - Over the breaks and lunch, share your card with 9 other people and get their card in return. Make sure you keep the cards you collect.

2. With the saved index card
   - Please take a moment and write down the most interesting/challenging/unusual summer job you ever had. We will collect these and read a few out.

Setting the Stage

Drs. Clare Liddy and Erin Keely
Ontario eConsult Centre of Excellence

Faculty/Presenter Disclosure

- **Faculty:** Drs. Clare Liddy and Erin Keely
- **Relationships with financial sponsors:**
  - **None to Declare**

eConsultBASE™ Champlain's 10th ANNIVERSARY!!

- From cup of coffee to innovation
- Simple, patient-centered solution

2009 Held initial meeting with PCPs and developed e-form

2010 Launched **proof of concept** with 5 specialties

2011 Launched **pilot** of eConsult

2012 Received infrastructure support from Champlain LHIN

2013 Solicited ongoing feedback and evaluation from users

2014 Collaborated with provincial organizations (MOHLTC, OTN, OMD)

2015 Collaborated with national organizations (CFPC, RCPSC)

2016 Received CIHR grant supporting knowledge to action

2017 Launched pilot in Mississauga Halton LHIN

2018 Partnered with CFHI for Connected Medicine Collaborative

2019 MOHLTC established eConsult COE to manage provincial rollout

Conducted Privacy Impact & Threat Risk Assessments, contacted CMPA

Funded by MOHLTC as **provincial program**

Now in expansion mode across Canada

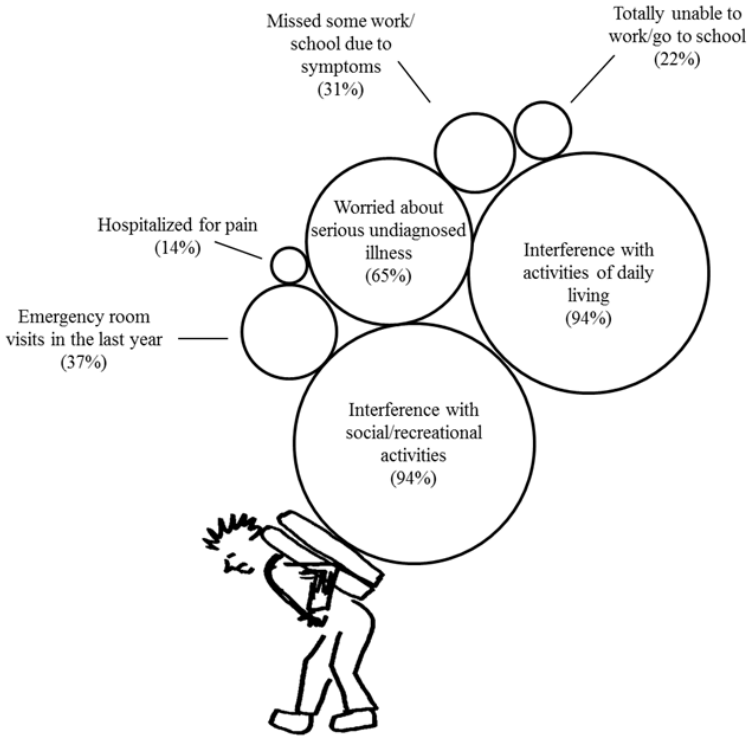
Key components of the eConsultBASE™* model

- **Managed service**: Specialists typically accessed under a specialty group
- **Strategic engagement of specialists and PCPs**: Use clinical champions to reach out and focus on PCPs who are keen
  - Add services based on need and interest. Participating specialists should be:
    - ✓ **Highly regarded clinicians**
    - ✓ **Committed to** response time expectations, value communication with PCP's, value improved patient access, find compensation satisfactory
- **High touch engagement**: Quick response to providers interest, questions, suggestions
- **Consistent evaluation**: Collect regular feedback and communicate it back to providers
- **Quality assurance**: Monitor, maintain, improve
  - Track key indicators and incorporate enhancement suggestions
- **Regional focus**, but not exclusivity:
  - Maintain communities of practice when possible


Why are we here?

People are suffering while waiting to see a specialist

- Wait times are associated with frustration, anxiety, and poorer health outcomes[1]
- Waiting room survey found heavy burden for patients waiting for care[2]
  - 94% reported interference with social/recreational activities
  - 31% missed work/school
  - 22% unable to attend work or school
  - 65% worried about having a serious undiagnosed disease



[1]Canadian Institute for Health Information. Health Care in Canada, 2012: A Focus on Wait Times. Ottawa: Canadian Institute for Health Information; 2012.
[2]Liddy C, Poulin P, Hunter Z, Smyth C, Keely E. Patient perspectives on wait times and the impact on their life: A waiting room survey in a chronic pain clinic. Scandinavian Journal of Pain 2017;17: 53-57.

In Their Own Words

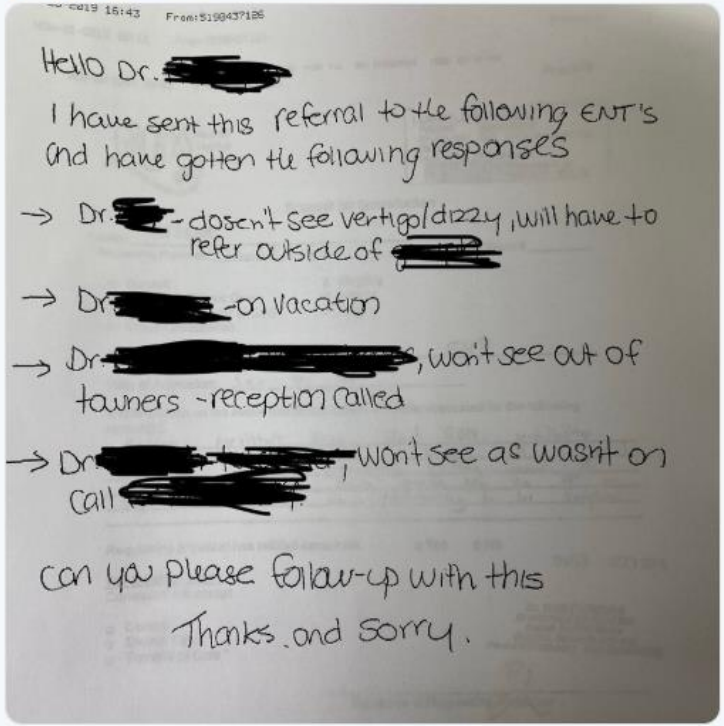
"I have patients who are special needs and the e-consult has dramatically improved the level of care I can provide because many times just getting those clients to an appointment is difficult or they won't cooperate with a new person so the e-consult has been excellent and allowed the patients to get access to the care they deserve."

In Their Own Words

"I love e-consult - so many questions in my day are too big to leave, too complicated to read about, but too small to require my patient to drive 500 km to the nearest specialist. Also, e-consult allows for specialist input now, not 10 months from now. Thanks."

Kate J Miller @DrKateJMiller · Nov 27

This is what we routinely face as PCPs. The staff time is huge. Delays in care can be long. #ConsultDiva @drlesleybarron @drfjgarcia @FamPhysCan @cpso_ca @rcpc @Royal_College



15 13 70

Jennifer Tran
@PCA_JenTran

Follow

Replying to @DrKateJMiller @drlesleybarron and 5 others

Frustrating! Have you tried eConsult? Here we are using it to quickly access recommendations from a multitude of specialty groups. It helps us manage patients while they wait to see a local specialist and often avoids the need for referral. @eConsultBASE

10:49 AM - 27 Nov 2019 from Mississauga, Ontario

1 Retweet **1** Like

1 1 1

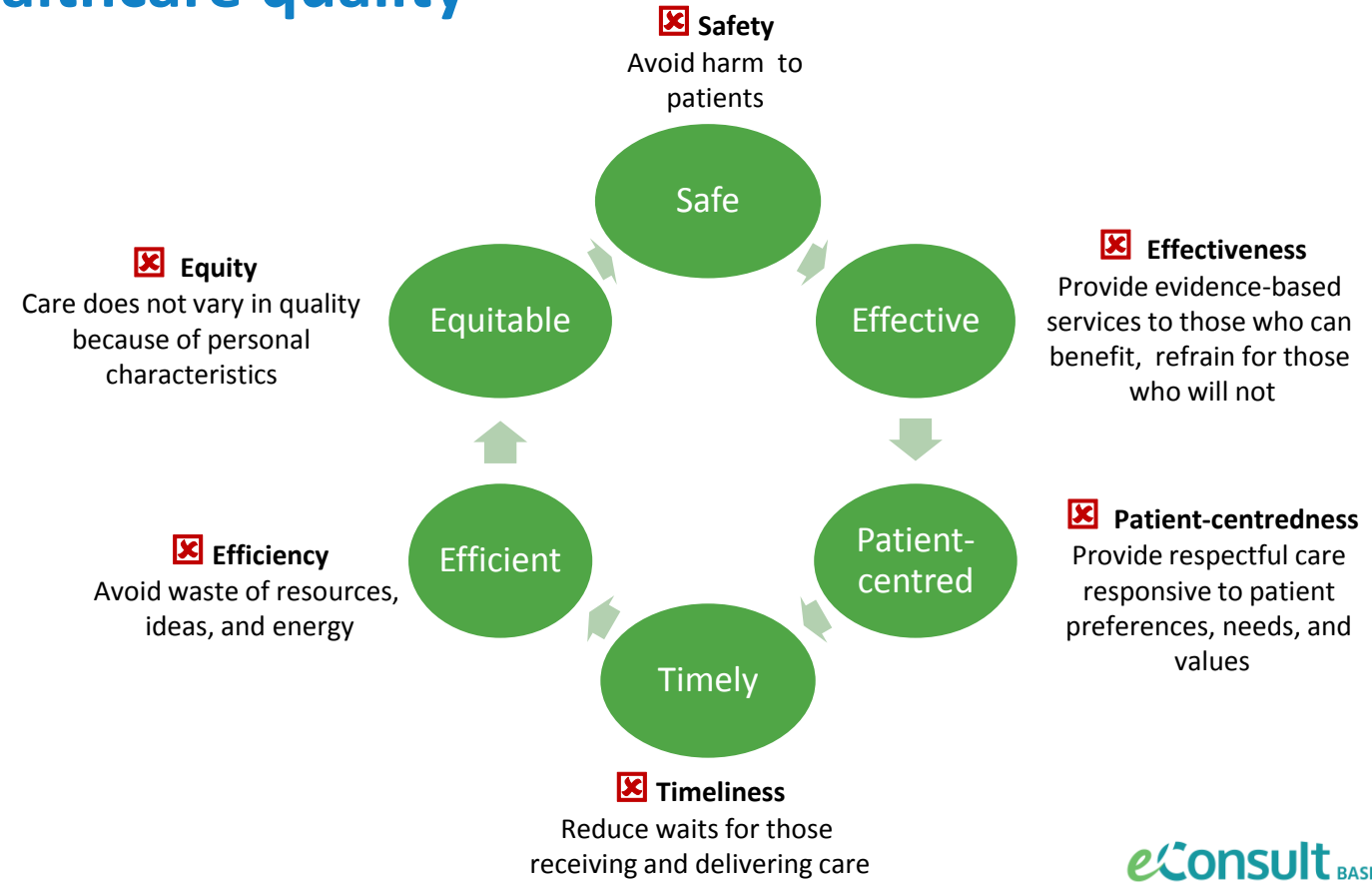
Kate J Miller @DrKateJMiller · Nov 27

Replying to @PCA_JenTran @drlesleybarron and 6 others

Use it all the time. But sometimes there is no substitute for a consult.

2

The current referral process does not meet the dimensions of healthcare quality



Our 4th National Symposium

- First meeting (“Think Tank”) held on December 5th, 2016

2016 – Enabling eConsult Policy Think Tank

Objective
To articulate enabling policy recommendations to support the spread and sustainability of the BASE™ eConsult model of care

Themes
1) Delivery of Services & Standards
2) Payments
3) Equitable Access

Outcomes
- Established a national network

- Created **5 Policy briefs** discussing key issues for payment, privacy, interjurisdictional licensing, regulation, and quality assurance

- Wrote **2 Papers** for publication in peer-reviewed journals:
  1. Using an Integrated Knowledge Translation (IKT) Approach to Enable Policy Change for Electronic Consultations in Canada. Healthcare Policy 2018
  2. Enabling Patient-Centered Policy for Electronic Consultations: A qualitative study of discussions from a stakeholder meeting. Healthcare Policy [under review]

Image source: Liddy C, Moroz I, Joschko J, Horsley T, Kuziemsky C, Kovacs Burns K, Kossey S, Mitera G, Keely E. Using an integrated knowledge translation (IKT) approach to enable policy change for electronic consultations in Canada. Healthcare Policy 2018;14(1):19-29

We created policy briefs

Interjurisdictional licensing of eConsult services

POSITION STATEMENT

Clear interjurisdictional licensing agreements are needed to clarify rules regarding providers' ability to offer care advice for patients outside of their province/territory. Such agreements would maximize eConsult's ability to improve access to care for patients in remote or rural regions.

WHAT IS eCONSULT?

An eConsult service is an online application that supports prompt, secure communication between primary care providers (PCPs) and specialists (Figure A1). PCPs log on and submit a question concerning a patient's care. Specialists respond with advice, recommendations for referral, or requests for additional info.

FIGURE A1. Model depicting an eConsult case

THE IMPORTANCE OF INTERJURISDICTIONAL LICENSING

As an online platform, eConsult connects PCPs and specialists regardless of their geographic distance. However, ambiguity over licensing means that providers in one province/territory face barriers in accessing advice from providers in a different jurisdiction. This limits eConsult's ability to improve access for patients in less populous regions, who may need to travel thousands of kilometres for specialist care.

RECOMMENDATIONS

To support interjurisdictional eConsults and ensure patients across Canada receive equitable access to prompt specialist advice, several key objectives should be met:

- Identify and build on existing interjurisdictional agreements enabling providers to treat patients outside of their jurisdiction, which can provide a useful template for broader implementation of eConsult services (Figure A2).
- To avoid redundancies in licensing across multiple provinces, consider creating a distinct "virtual license" that would operate as a separate jurisdiction. Providers across Canada could seek licensing from this body in addition to their home province. A college from a more populous province could oversee this virtual jurisdiction.
- Establish clear accountability guidelines for advice given through eConsult. Specialists should ultimately be accountable for the advice they give, regardless of how that advice is delivered. Existing policies for hallway/telephone consults can provide a helpful guide.
- Work with colleges to streamline the process. Create a working group of officials from multiple colleges and organizations (e.g., Canadian Medical Protective Association).

FIGURE A2. Existing interjurisdictional licensing agreements between provinces/territories

2017 – Building on a BASE™ of Success: A Canadian Forum to Improve Access to Specialists through eConsultation

Objectives

1) Learn the latest research evidence
2) Share experiences with Canadian and international leaders
3) Influence the future of eConsult in Canada

Themes

1) Considerations for a national service
2) Integrating eConsult into clinic workflows
3) Sharing engagement and communication strategies
4) Leveraging eConsult for CPD/educational programs

Outcomes

- Identified **key factors** supporting eConsult's spread/scale-up across Canada: 1) address population care needs and access problems, 2) engage stakeholders, 3) build on current strategies and policies, 4) measure and communicate outcomes
- Refined and verified **5 Policy briefs** from 2016 Think Tank (https://www.champlainbaseeconsult.com/policybriefs)
- Submitted publication: Key factors for national spread and scale-up of an eConsult innovation. Health Research Policy and Systems [under review]

2018 – Building on a BASE™ of Success: Establishing Best Practices for eConsult /eReferral in Canada

Objective

Identify best practices for eConsult and eReferral services including the design, delivery and provision of service

Themes

1) eReferral/eConsult integration
2) Primary care adoption
3) Populations with complex circumstances
4) Integrating Workflows into EMRs
5) Specialist participation

Outcomes

- Created **two Best practice guidelines** for specialist participation, and ensuring equity of access for patients with complex circumstances
- Summarized discussions on EMR integration, eConsult/eReferral integration, PCP adoption

Priorities identified in 2018 through the 25 to 10 exercise

- **Single platform** with standardized processes and forms
- **EMR integration** and drive standards for vendors
- **Integrate it into Medical Education** – embed within university curriculum for residents
- **National standard of practice for physicians around Referral and Consultation**: 1) Referring—send quality referral, 2) Receiving—acknowledge referral(receipt), tell patient and doctor what is going on
- **One system for all medical services** for the patient (i.e. a single patient chart)
- **Single EMR** for PCPs with eConsult and eReferral elements built in
- One nationally funded **integrated eConsult/eReferral system** funded by Canada Health Infoway with provincial change management support
- **National working group** for spread and scale of eConsult and eReferral
- Measure/develop **metrics for Canada-wide** access to referrals for patients
- Ensure there is **fast/reliable internet service** in all areas of the Country
- Use eConsult feedback system on specialists advice for **quality improvement initiatives** (e.g. Uber ratings of physicians)
- To use eConsult/eReferral to leverage **National licensure**

eConsult/eReferral Community of Practice Established

- 2 meetings held (May and August)
- Survey in June to poll for priorities
- Terms of reference developed
- 3 working groups formed and will start meeting to advance their agendas:

Group 1: National Strategies

- Creating a national common evaluation framework with standardized metrics and evaluation tools
- Identifying and finding solutions to system-level barriers to equity across the waiting continuum
- Identifying best practices for eReferral/eConsult implementation on a national level to influence policy

Group 2: Strategies for Providers

- Identifying competencies for specialists to participate in eConsult and eReferral
- Creating educational and clinical decision support tools to drive clinical value and inform practice

Group 3: Influencing eConsult-eReferral Integration

- Identifying where eConsult and eReferral intersect and how they fit within the continuum of other digital health services

Canadian HealthcareNetwork

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Physicians » Technology

Why investing in high-speed internet is important for good patient care

WRITTEN BY DR. ERIN KEELY ON OCTOBER 9, 2019 FOR CANADIANHEALTHCARENETWORK.CA

Email | Print | Text size | Comment

Dr. Erin Keely

Ten years ago, a colleague of mine, Dr. Clare Liddy, referred a patient to our centre and was told that the patient would be seen in six to nine months. During this time, the family doctor would not receive any support or guidance from the specialist. Wait times are a major barrier to effective health care. We knew that this was a problem and decided to work together to find a solution.

The result is Champlain BASE (Building Access to Specialists through eConsultation) known as eConsult. This tool connects primary-care physicians and nurse practitioners with specialists to discuss patient needs in a more timely fashion. They can attach photos or video clips to help tell the patient's story. Sometimes it eliminates the need for the patient to travel to the specialist's office for a more formal referral. One family doctor sent a video of a toddler walking with their toes turned in. In a few days the family doctor had received advice from the orthopedic surgeon that it was nothing of concern and the child didn't need any further testing or treatment. The family was spared months of worry and the need to travel two hours to a specialist appointment.

COMMENTARY ■ HEALTH SERVICES

Transforming the specialist referral and consultation process in Canada

Erin Keely MD, Clare Liddy MD MSc

■ Cite as: *CMAJ* 2019 April 15;191:E408-9. doi: 10.1503/cmaj.181550

Canadians take pride in their universal, publicly funded health care system. However, lengthy wait times to see a specialist are a problem. A recent Ontario-based study found that that the median wait time between a patient being referred to a specialist and attending an appointment was 11.3 weeks for nonurgent referrals and 7 weeks for urgent referrals.[1] We lag behind other countries in this regard; a 2016 survey from The Commonwealth Fund ranked Canada last among 11 countries on its measure of wait times.[2] Our referral and consultation system is complex, time consuming and fragmented. Referrals can be refused, lost or overlooked, sometimes with tragic consequences for patients

KEY POINTS

- Electronic consultation and referral services are promising innovations to help address inequitable access occurring in a fragmented, inefficient system.
- Further development of these services is needed, including improved integration with clinical workflows, electronic medical records and health information systems.
- Patients and providers must be empowered to influence the design, implementation and evaluation of these services.

New processes – Specialist Reports

eConsult
Ontario eConsult Program

Champlain BASE™ eConsult Service

8,371
eConsults Provided

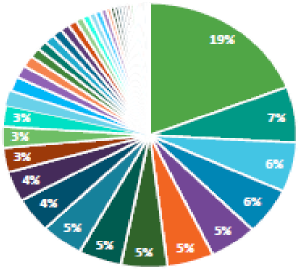
616 active primary care providers

182 active specialists

Active means participated in 3 cases in the past 6 months.

131 Specialties | **251** Specialists

Top Specialties



*Based on eConsults closed between January and June 2019.

Ontario eConsult Centre of Excellence | c/o The Ottawa Hospital, Riverside Campus

eConsult
Ontario eConsult Program

My eConsult Report

January-June 2019
Dr. John Smith

My Utilization Data

	My Data	Cardiology Data	Champlain BASE™ Service Data
Number of eConsults	44	83	8371
Percentage of eConsults provided within 7-day expectation	100%	69%	91%
Median self-reported billing time	15 minutes	15 minutes	15 minutes

Impact on Patient Care

Primary care providers (PCPs) complete a survey after completing each eConsult to evaluate the eConsults effect on the outcome for the patient and on the need for a referral.

Outcome for the Patient	My Data	Cardiology Data	Champlain BASE™ Service Data
PCP was able to confirm a course of action that they originally had in mind	39%	39%	39%
The PCP received good advice for a new or additional course of action	57%	59%	56%
The PCP did not find the response very useful	2%	1%	2%
None of the above	2%	1%	3%

Effect on Need for Referral	My Data	Cardiology Data	Champlain BASE™ Service Data
Referral was originally contemplated but now avoided at this stage	39%	37%	43%
Referral was originally contemplated and is still needed	27%	33%	22%
Referral was not originally contemplated and is still not needed	25%	20%	28%
Referral was not originally contemplated, but eConsult process resulted in a referral being initiated	5%	6%	3%
Other	5%	4%	4%

Effect on Patient Care	My Data	Cardiology Data	Champlain BASE™ Service Data
Question: How helpful and/or educational was this response in guiding the ongoing evaluation or management of the patient?			
Very helpful and/or educational	45%	57%	63%
Moderately helpful and/or educational	41%	35%	26%
Somewhat helpful and/or educational	7%	5%	9%
A little helpful and/or educational	5%	2%	1%
Minimally helpful and/or educational	2%	1%	1%

The Royal College of Physicians and Surgeons of Canada Section 3 eligible activities include those that "provide data with feedback to individual or groups of physicians related to their personal or collective performance across a broad range of professional practice domains". You may want to include your review of this feedback as a section 3 activity. You will receive 3 credits per hr spent.

*Based on eConsults closed between January and June 2019.

Priorities identified in 2018 through the 25 to 10 exercise

- **Single platform** with standardized processes and forms
- **EMR integration** and drive standards for vendors
- **Integrate it into Medical Education** – embed within university curriculum for residents TODAY
- **National standard of practice** for physicians around Referral and Consultation: 1) Referring—send quality referral, 2) Receiving—acknowledge referral(receipt), tell patient and doctor what is going on IN PART, THROUGH INTEGRATION DISCUSSIONS TODAY
- **One system** for all medical services for the patient (i.e. a single patient chart)
- **Single EMR** for PCPs with eConsult and eReferral elements built in
- One nationally funded **integrated eConsult/eReferral system** funded by Canada health Infoway with provincial change management support
- **National working group** for spread and scale of eConsult and eReferral IN PROGRESS
- Measure/develop **metrics for Canada-wide** access to referrals for patients IN PROGRESS, TODAY
- Ensure there is **fast/reliable internet service** in all areas of the Country ADOVCATED WITH PARTNERS
- Use eConsult feedback system on specialists advice for **quality improvement initiatives (**e.g. Uber ratings of physicians) QUALITY SCALE DEVELOPED, READY FOR BROADER USE, SPECIALIST REPORTS
- To use eConsult/eReferral to leverage **National licensure**

Forum Objectives

- Build on key learnings and strategies to continue the successful equitable implementation of eConsult and eReferral across Canada
- Identify and develop recommendations on how to use eConsult to inform the training of health care professionals
- Create a national common evaluation framework

Ontario eConsult Program

- Being led by the Ontario eConsult Centre of Excellence
- Incorporates 4 services
  - Ontario eConsult service (through OTNhub; province wide)
  - Champlain BASE™ service (through SharePoint; Champlain and MH LHINs primarily)
  - Teledermatology (province wide)
  - Teleophthalmology (province wide)

- Two options for initiating an eConsult using single service through the OTNhub effective June 29, 2018
  - BASE™ Managed Service: Provincial and regional specialty groups
  - Specific Provider or Group: Direct to specialist

Provincial eConsult Partners

Ontario eConsult Centre of Excellence

- Established at The Ottawa Hospital, in partnership with Bruyère Research Institute
- Provide clinical leadership and program oversight
- Enable spread and scale of eConsult
- Responsible for specialist onboarding and remuneration

Ontario Telemedicine Network

- Primary technology service provider
- Responsible for maintaining a stable, secure platform
- Provide technical and administrative support to end users
- Primary Care Adoption support in collaboration with regional partner sites in line with program plans
- Technical Onboarding and Provisioning for OTN Hub

OntarioMD

- Lead and manage EMR integration
- Provide primary care adoption and change management support in collaboration with regional partner sites inline with program plans
- Contribute to program oversight through governance

eHealth Ontario

- Support EMR integration with provincial HIAL assets
- Provide ongoing support for the provisioning of ONE ID accounts for eConsult users

MOHLTC

- Provide strategic direction
- Make policy decisions for implementation

Provincial digital health governance (e.g. Clinician Digital Health Council)

- Provide ongoing advice and input for some implementation decisions (e.g. EMR integration priorities, integration with eReferral, regional digital health models)

Regional eConsult partner sites

- Locally coordinate and administer program in their region
- E.g. of lead organizations: SEAMO, HITS, Transform, eHealth COE

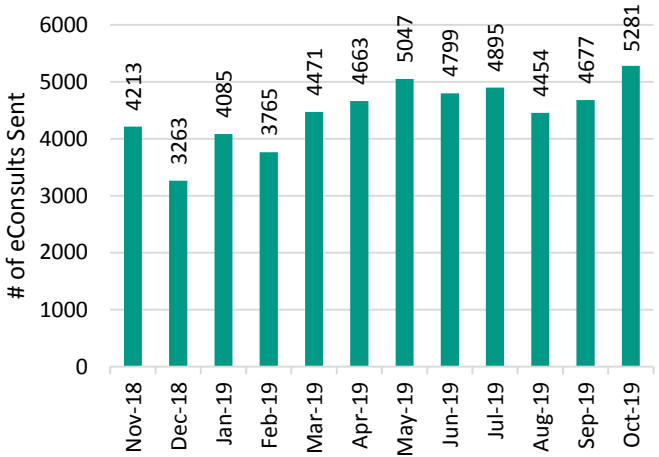
12 Month Snapshot – Ontario eConsult Program

November 2018 to October 2019

eConsult BASE™
Ontario eConsult Centre of Excellence

53,613
eConsults sent across all services

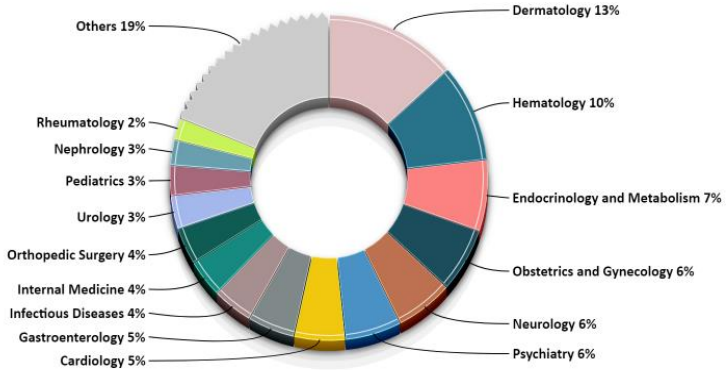
Growth Over Time
eConsults per month



2,561 active[1] primary care providers

729 active[1] specialists

Top Specialties [2]



$50.00
Median Cost Per eConsult[2]

1.1 Days
Median Specialist Response Time[2]

1. Active means participated in at least three cases in the past six months.
2. Based on Ontario eConsult Service only

Provincial BASE™ Managed Specialty Groups (n=93)

Addiction Medicine
- General
- Opioid

Allergy & Clinical Immunology
- General & Pediatrics

Anesthesiology

Cardiology
- General & Pediatrics
- Cardiac Surgery
- Electrophysiology
- Inherited Heart Rhythm Disorders
- Pediatrics General Cardiology
- Pediatrics Electrophysiology
- Pediatrics Inherited Heart Rhythm Disorders

Concussion

Dentistry
- Pediatric

Dermatology
- General & Pediatrics

Diabetes

Endocrinology
- General & Pediatrics
- Diabetes

Environmental Health

Gastroenterology
- General & Pediatrics

Genetics
- Medical Genetics
- Pediatric Medical Genetics

Geriatrics
- Care of the Elderly
- Frailty Management
- GeriMedRisk
- Medication
- Psychiatry

Gynecology
- General & Pediatrics
- Gynecologic Oncology
- Gynecologic Reproductive Endocrinology & Infertility
- Urogynecology

Hematology
- General & Pediatrics

Hepatology
- General & Pediatrics

HIV
- General
- Psychiatry

Infectious Diseases
- General & Pediatrics

Internal Medicine

Nephrology
- General & Pediatrics

Neurology
- Epilepsy
- Headaches
- General & Pediatrics
- Neuromuscular
- Neuroradiology
- Neurosurgery
- Stroke

Obstetrics

Orthopaedics
- General & Pediatrics
- Spinal Surgery

Otolaryngology
- ENT
- Head & Neck Surgery

Pain Medicine

Palliative Care

Pediatrics
- General
- Allergy & Clinical Immunology
- Cardiology
- Dentistry
- Dermatology
- Electrophysiology
- Endocrinology
- Developmental
- Gastroenterology
- Hematology
- Hepatology
- Infectious Diseases
- Inherited Heart Rhythm Disorders
- Neonatal/Perinatal
- Medical Genetics
- Nephrology
- Neurology
- Oncology
- Orthopaedic Surgery
- Psychiatry
- Urology

Physical Medicine & Rehabilitation

Psychiatry
- General (English & French)
- Developmental/Behavioural
- Medically Complex
- Pediatrics
- Perinatal
- Sleep Medicine

Public Health

Psychiatry
- General (English & French)
- Developmental/Behavioural
- Medically Complex
- Pediatrics
- Perinatal
- Sleep Medicine

Respirology
- General
- Sleep Medicine

Rheumatology
- General
- Inflammatory Arthritis
- Osteoporosis

Sleep Medicine
- Psychiatric
- Respirology

Surgery
- General
- Head and Neck
- Neurosurgery
- Orthopaedic Surgery
- Pediatric Orthopedic Surgery
- Plastic Surgery
- Spinal
- Thoracic
- Vascular

Thrombosis

Transgender

Urology
- General & Pediatrics
- Male Fertility/Sexual Medicine
- Oncology
- Urogynecology

*as of Nov 14th, 2019

Enhancing eConsult to meet the needs of the end user

Ontario eConsult platform upgrade launched Nov. 1st, 2019 on OTN hub

User feedback:

1. Access to local specialty groups and specialists
2. Improved efficiency of case assignment
3. Ease of use
4. The ability to re-assign or re-direct cases

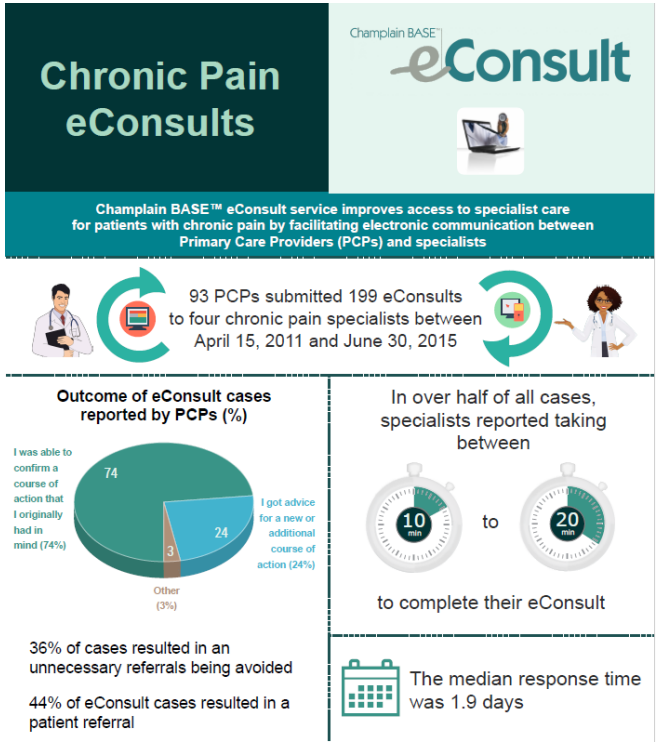
Components:

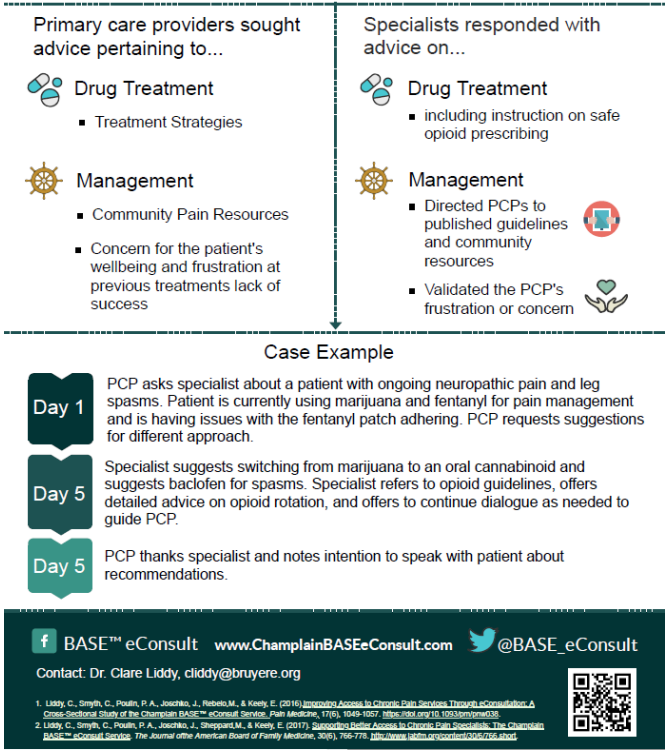
1. Improving access to regional communities of practice by enabling providers to identify their priority regions
2. Automation of case assignment within specialty groups
3. Improving visibility and functionality of eConsult settings
4. Enhancing assigner functionality to better respect specialist restrictions

Dissemination, Spread and Scale

- **15 peer-reviewed papers** published in 2019 (+4 more accepted) **73 in total**
- **23 presentations** at provincial, national, and international conferences
- PCP and specialist survey
- Launched/expanded a number of **innovative programs**
    - eConsult in long-term care
    - Optometry/Glaucoma Initiative
    - Chronic pain eConsult
    - Dementia and eConsult

Infographics

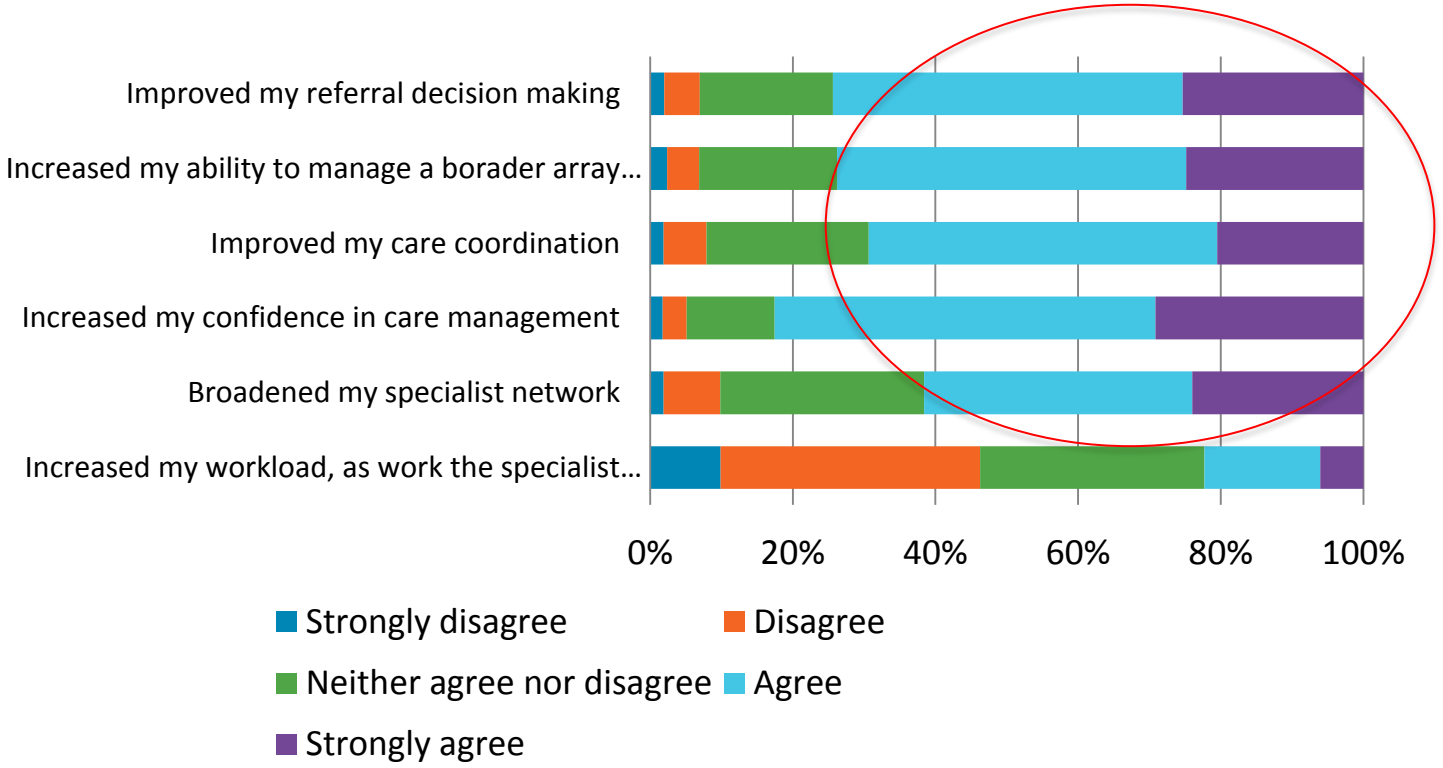




Ontario PCP Survey- summer 2019

- PCPs who access the Ontario eConsult Program to assess their perspectives and experiences
- Survey explored three key areas: 1) Experience with the service, 2) Remuneration, 3) Recommendations for service enhancements
- Non-users completed a 9-question web survey to understand why they have not used the service
- 1,247/7,718 PCPs (16%) completed the survey

PCP Survey



Very positive impact!

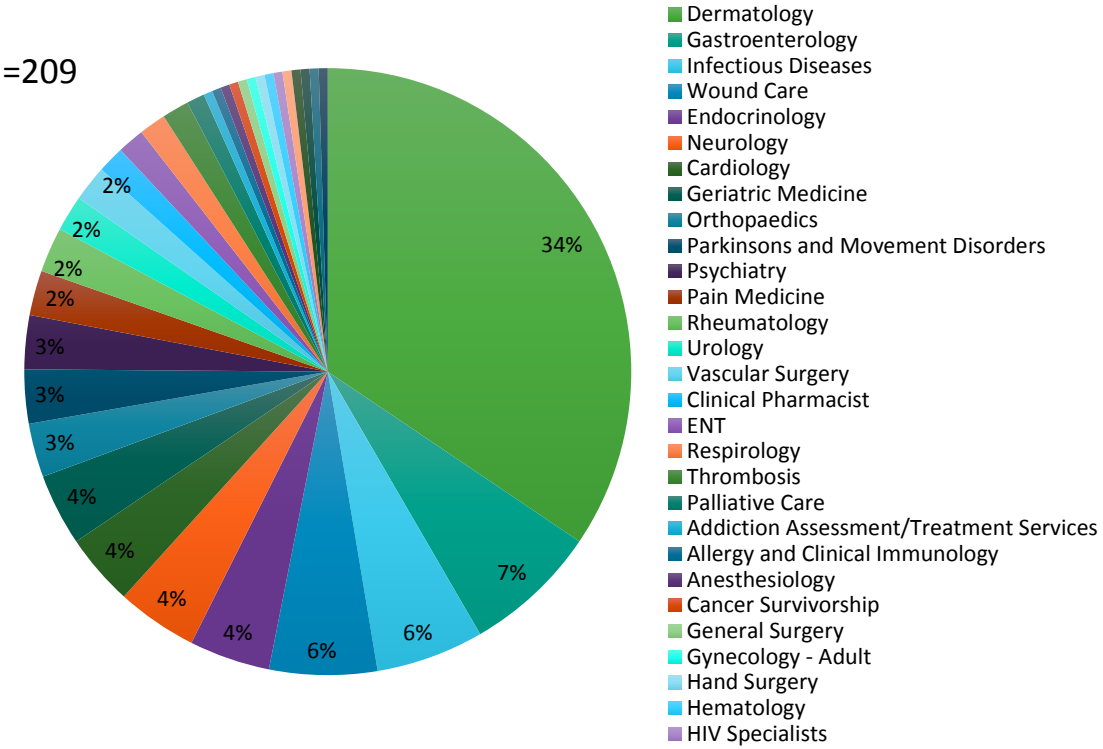
eConsult in LTC

- **656 LTC** eConsult cases across Ontario between January 1st 2017 and September 30th 2019
  - –447 eConsults submitted on the Ontario eConsult Service
  - –209 eConsults closed on the Champlain BASE™ Service
- Population rate of **6.4 eConsults per 1000 LTC residents***
- **93** physicians and nurse practitioners working in **36** long-term care homes across **5** LHINs have adopted eConsult

*Based on 12 month LTC eConsult volume (Oct. 2018 to Sept. 2019)

eConsult in LTC

n=209



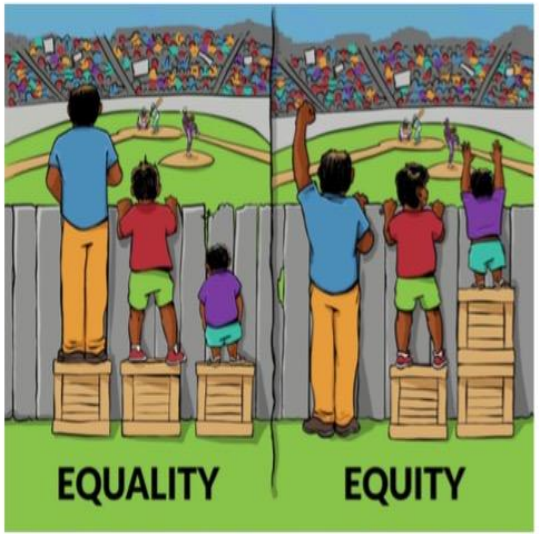
PCP Closeout Survey[1]

- **63%** of eConsults provided LTC providers with advice for a new or additional course of action[1]
- **46%** of cases were resolved without the need for a face-to-face specialist visit[1]

1. Cases closed between January 1st 2017 and September 30th 2019

eConsult for Patients with Complex Circumstances

- To examine how eConsult can be used to improve equity of access for patients with complex circumstances



Reproduced with thanks from Interaction Institute for Social Change | Artist: Angus Maguire. Original available from interactioninstitute.org and madewithangus.com

eConsult for Patients with Complex Circumstances

- Explored cases using a multiple case study design by Yin et al[1]
- Dataset of all 2017 cases scanned for keywords
- Selected 1 case each from 7 complex circumstance groups:

1. Patients with addiction
2. Elderly patients with frailty
3. Patients who were homeless
4. Patients in long-term care (LTC) facilities
5. Patients in rural/remote locations
6. Patients with developmental disabilities (“special needs”)
7. Transgender patients

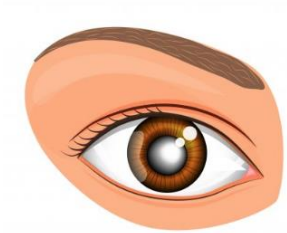
[1]Yin RK. How to do better case studies. The SAGE handbook of applied social research methods 2009;2:254-82.

eConsult for Patients with Complex Circumstances

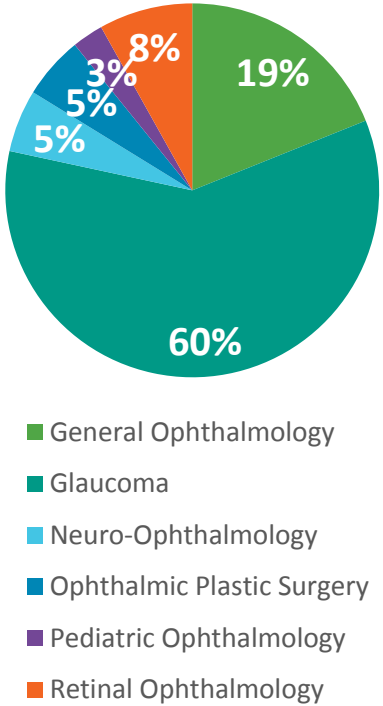
Key Messages:

- **eConsult empowers PCPs** to care for patients with complex circumstances through support from specialist advice
- **eConsult increases equity** for patients whose circumstances make travel to specialist clinics difficult
- eConsult allows patients to receive care from a familiar provider, **reducing fear or stigma** for marginalized groups

eConsult Optometry/Glaucoma Initiative



- Initiated by Health Quality Ontario in January 2019
- **13** optometrists
- **5** clinics (Kingston, Napanee, Belleville)
- **7** ophthalmologists
- Initially a **6 month** duration (Mar. 1 to Aug. 31, 2019) with extension approved until March 31st, 2020.
- **62** eConsults sent since beginning
  - 60% through BASE™ Managed specialty groups
  - 40% through Direct to Specialist



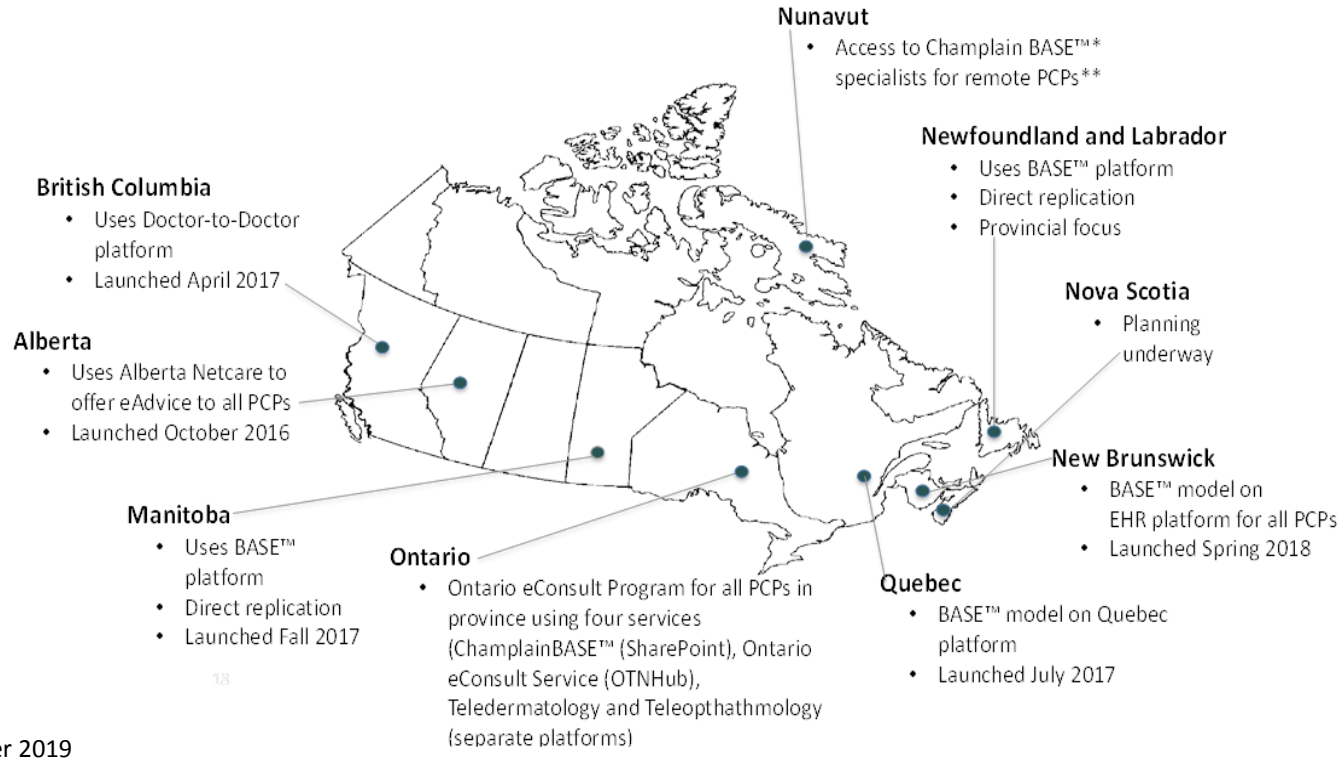
Ontario Health Teams

- Significant structural changes coming to Ontario Health Care
- Current 14 Local Health Integration Network is being replaced with 5 interim and transitional geographical regions reporting to the Ontario Health Board
- 11 Ontario Health Teams have been announced and more to come
- eConsult is well-positioned within digital health tools for OHTs
  - We have Ministry endorsement
  - We have a regional as well as provincial system

Standing is good for your wealth

Update on National Landscape

National Updates (>75,000 eConsults)*



*Updated October 2019

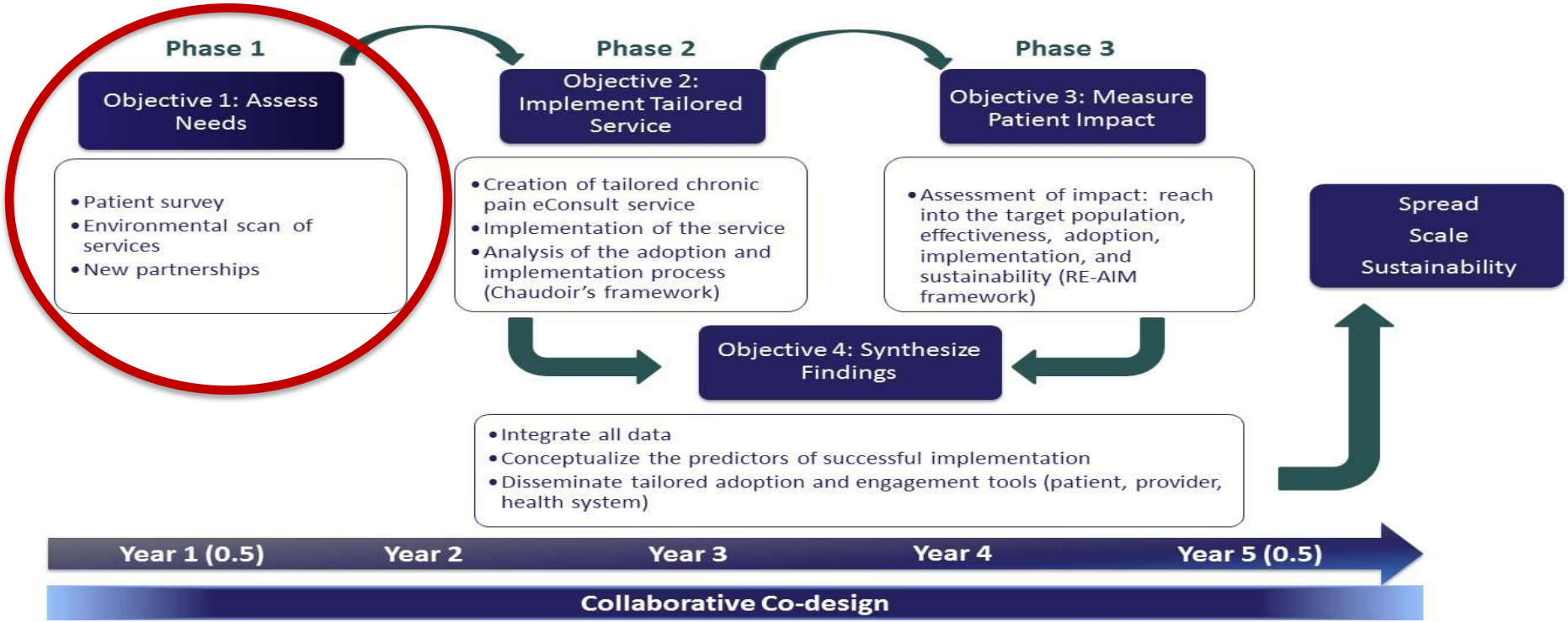
National Updates

>75,000 eConsults completed nation-wide!

Province	eConsults sent	PCPs Enrolled	Specialists Enrolled	Specialty Services
British Columbia	>1,000	621	102	19
Alberta	14,672	1,448	249	23
Manitoba	797	182	45	35
Ontario	52,346	2,042	694	228
Quebec	2,463	197	54	26
New Brunswick	314	84	23	8
Newfoundland and Labrador	3,980	404	66	35

Note: reporting periods for data vary

Chronic Pain Grant



eConsult for Dementia Care

- An innovative opportunity to ***optimize dementia care*** by connecting family doctors, nurse practitioners, specialists (potentially social workers, personal support workers and therapists) to provide excellent care
- A means to improving the ***coordination of care*** by:
  - Building strong partnerships between primary, specialist and community care providers that are critical to help people with dementia live well
  - Addressing (and minimizing) the burdens of travelling great distances to access specialty care by rural and/or complex needs patients

B R E A K

eConsult/eReferral Integration Models – Ensuring Equitable Access

Panel Discussion

Chair

- Amir Afkham

Panelists

- Amir Afkham – ON
- Mohamed Alarakhia – ON
- Jodi Glassford – AB
- Alex Singer – MB
- Maxine Dumas-Pilon – QC
- Gerard Farrell – NL

Learning Objectives

- Participants will be able to describe models that integrate eConsult and eReferral and explain what is needed to ensure patients have equitable and timely access to specialist advice as eConsult/eReferral integration spreads across Canada.

Faculty/Presenter Disclosure

- **All presenters have no relationships with financial sponsors**

Opportunities To Maximize eConsult's Impact Through eReferral Integration

Amir Afkham
Champlain Local Health Integration Network

Where We Are

- eConsult service in operation for 10 years and counting…
- Excellent growth and utilization
  - Active PCPs
  - Rich menu of specialties
  - Increasing # of eConsults per PCP
- However…
  - Many specialists still tell us a significant portion of their referrals could/should be eConsult
    - Rheumatology research: 41% of traditional referrals
    - Endocrinology research: 25% of traditional referrals
  - On average, PCPs make 250 referrals/year, but only 10-12 eConsults

Where We Want to Be

- Integrate eConsult within the broader referral process, enabling specialists to include eConsult as an option at "triage" stage:
  - UCSF/SFGH: 38% of referrals handled as eConsult
  - LA County Safety-Net: 25% of all referrals handled as eConsult (led to 17% drop in wait times)
- Leverage eReferral:
  - Richer, more complete, more appropriate referrals
  - Existing built-in communication features/tools

How We Are Going to Get There

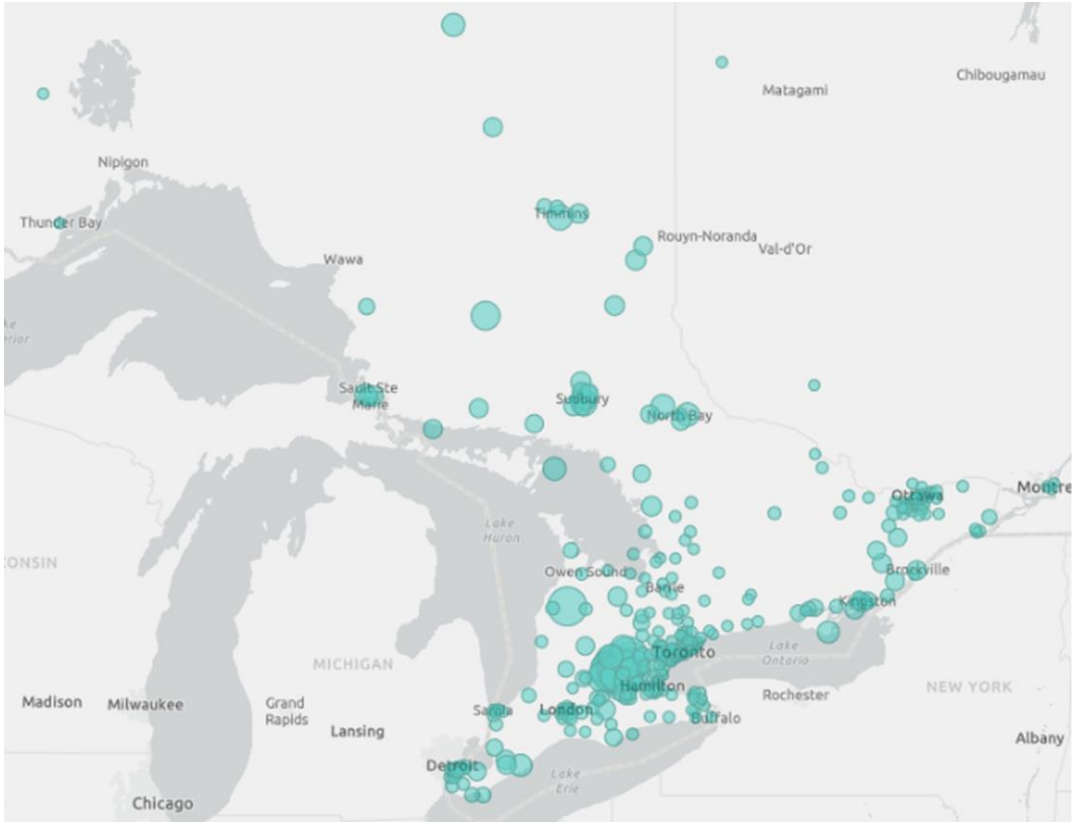
- Many many considerations
  1. Prioritize “must-have’s”, and get started (develop basic guidelines, ease adoption, remuneration, etc.)
  2. Prioritize and tackle “nice-to-have’s” (Integration into EMR/HIS, process/workflow/feature tweaks based on initial deployment experience, etc.)
- Spread and scale…

We can unleash eConsult’s benefits through eReferral integration, Driving systemic reduction in unnecessary in-person visits and overall wait times!

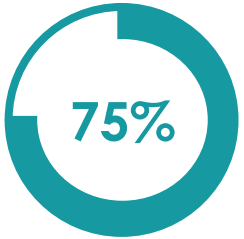
Ontario

Mohamed Alarakhia, MD
eHealth Centre of Excellence

Where We Are – System Coordinated Access



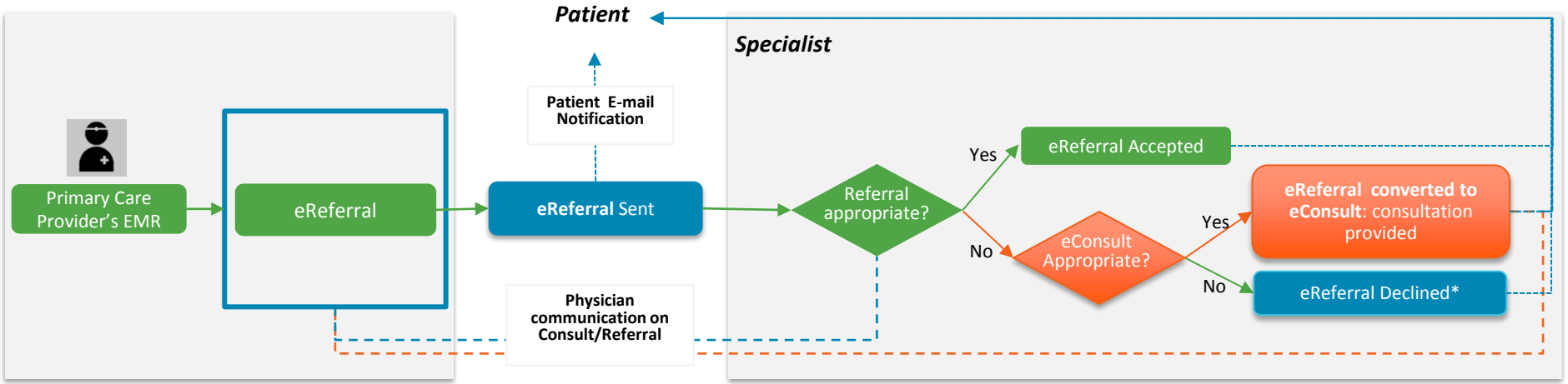
eReferral notifications improve the patient experience



eReferral process improves communication between providers

Reduced wait time by 52 days for orthopedic referrals

Where We Want to Be



*eConsult/eReferral Declined with a reason for a decline, as per existing clinical workflows

How We Are Going to Get There

- Patient and clinician feedback
  - Patient survey generated from the system (patients voluntarily participate)
  - Patient and caregiver working groups
  - Clinician / user surveys and ongoing input
  - All of the above drive system enhancements
- Evidence-based approach
  - Formative and summative evaluation
  - Focus on clinical pathways
- Expansion of a vendor ecosystem with participation from all partners

Alberta

Jodi Glassford
Alberta Health Services

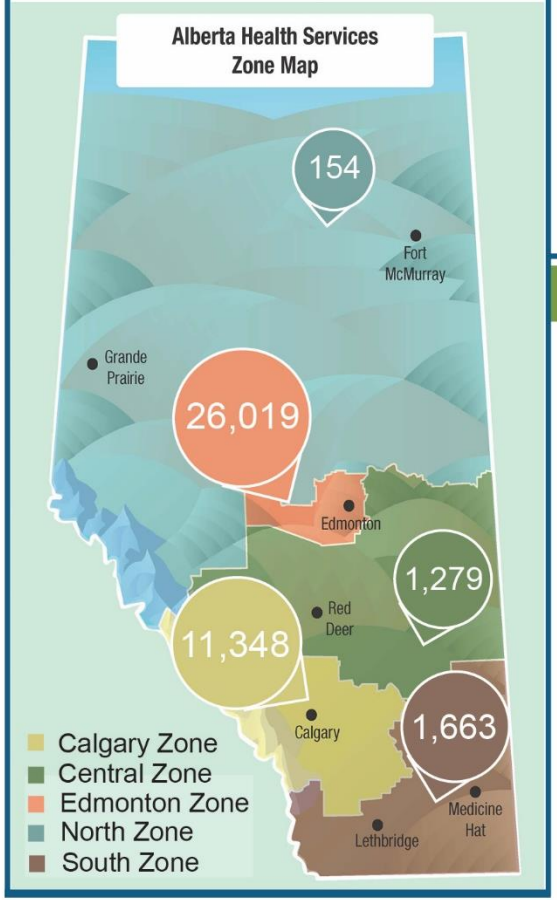
Alberta Netcare eReferral

Jodi Glassford
Provincial Director, Access Improvement
Alberta Health Services

Contact: access.ereferral@ahs.ca

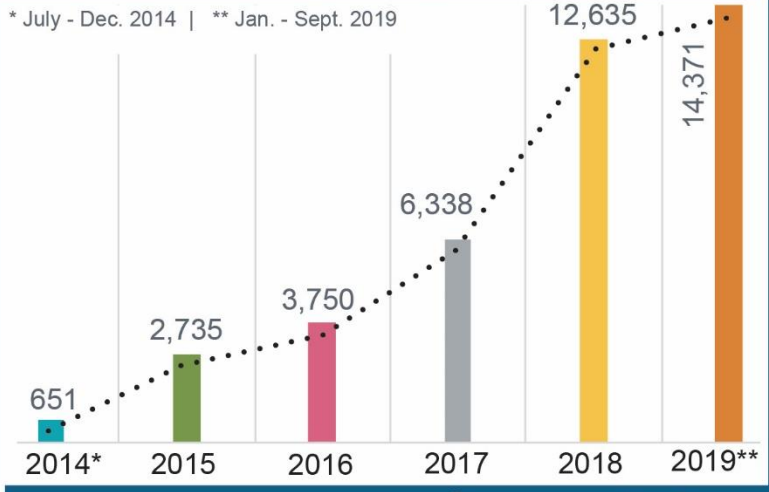
Alberta Health Services

Submitted eReferral Requests by Zone



Receiving Specialist	Referring Provider	Support Staff
474	3,429	986 Referring ~160 Receiving

Yearly Requests



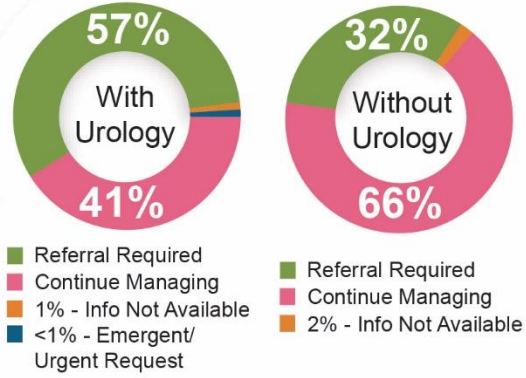
155 Advice & Consult Request Reasons for Referral

72 Active Advice & Consult Request Facilities

23 Advice Request Specialties

12 Consult Request Services/Programs

Advice Request Outcomes



eReferral Snapshot

Where We Want to Be

- Reduce wait times for surgery through Advice Request

- Ensure that patients receive the right care by the right provider at the right time

- Improved user experience and metrics

How We Are Going to Get There

- Roll out eReferral Advice Request broadly across surgery

- Roll out Consult Requests broadly across surgery
  - Support central access and intake models
  - Create consistent referral experience for patients and providers

- Optimize use of platform and relevant data

Manitoba

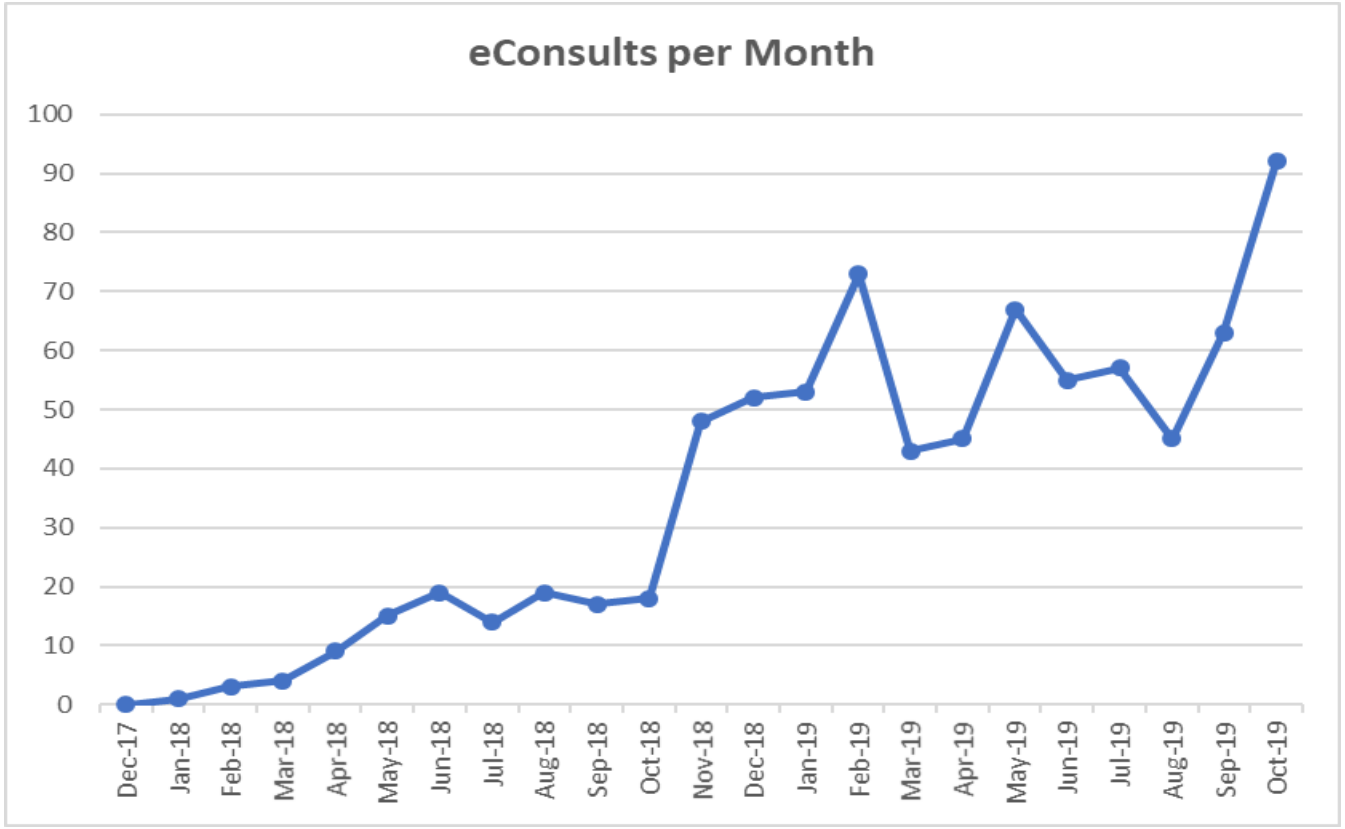
Alexander Singer
Department of Family Medicine
University of Manitoba

Faculty/Presenter Disclosure

- **Faculty: Alexander Singer**
- **Relationships with financial sponsors:** I hold a grant funded by IBM and Calian, administered by the Canadian Institute for Military and Veterans Health Research

Where We Are

Total eConsults= +1,000



Where We Are

- eConsult mentioned in the Manitoba Clinical Preventative Service Plan press release!
- eConsult/eReferral (and Telemedicine) discussed in recently concluded negotiation between Doctors Manitoba and Manitoba Health – decision to set up committee to decide allocation of funds to initiate and scale these services
- Briefings have been made to key stakeholders at Manitoba's newly established Shared Health Services entity, which includes Digital Health (formerly eHealth), Manitoba Health and University department heads
- Recently established eConsult user group (inaugural meeting in November).
  - 36 Specialty services participating, exponential PCP growth (192) in nearly all regions

Where We Want to Be

- Solve remuneration issues with viable long-term solution
- Host and upgrade eConsult server in Manitoba (likely under the auspices of Shared Health, but not managed by Digital Health)
- Launch integrated platform with API link for certified EMRs that hosts eConsult eReferral and eRequisition
- Iteratively expand available specialty services starting with services that currently have provincial scope (most service delivery located in Winnipeg) and have existing central intake processes (i.e. HIV, psychiatry, hip/knee orthopedics, nephrology, chronic pain, spinal surgery, pediatric endocrinology)

How We Are Going to Get There

- Continue engagement with new Digital Health funding/planning committee to establish process for vendor selection, project planning
- Establish clear clinical governance for eConsult/eReferral expansion and offerings leveraging best practices from other jurisdictions
- Continue to embed improvement measures directly into expanding service offerings to direct spread and scale, including:
  - PROMs, PREMs, service related outcome/process/balance measures

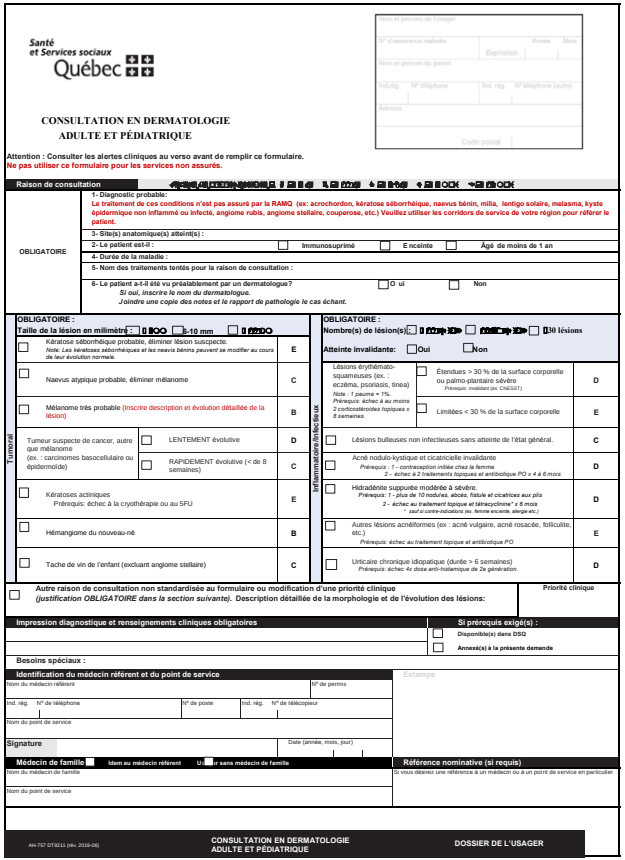
Quebec

Maxine Dumas-Pilon
Department of Family Medicine, McGill University
Direction générale adjointe de l'accès, des services de proximité et des effectifs médicaux (DGAASPEM), MSSS

onsult
Québec

Where We Are

- Context: Bill 20, 2014 (APSS and CRDS)
- eConsult (pilot) →Conseil numérique (provincial)
  - Within APSS Action plan in 2017
  - Top priority in early 2019
- Scale up within pilot project 2019-2020
- Conseil numerique: April to September 2020



Santé et Services sociaux Québec

CONSULTATION EN DERMATOLOGIE
ADULTE ET PÉDIATRIQUE

Attention : Consulter les alertes cliniques au verso avant de remplir ce formulaire.
Ne pas utiliser ce formulaire pour les services non assurés.

Raison de consultation

OBLIGATOIRE

1- Diagnostic probable:
Le traitement de ces conditions n'est pas assuré par la RAMQ (ex: acrochordon, kératose séborrhéique, naevus bénin, milia, lentigo solaire, melasma, kyste épidermique non inflammé ou infecté, angiome rubis, angiome stellaire, couperose, etc.) Veuillez utiliser les corridors de service de votre région pour référer le patient.

3- Site(s) anatomique(s) atteint(s) :

2- Le patient est-il : Immunosupprimé Enceinte Âgé de moins de 1 an

4- Durée de la maladie :

5- Nom des traitements tentés pour la raison de consultation :

6- Le patient a-t-il été vu préalablement par un dermatologue? Oui Non
Si oui, inscrire le nom du dermatologue.
Joindre une copie des notes et le rapport de pathologie le cas échant.

Tumoral

OBLIGATOIRE :
Taille de la lésion en millimètre : 5-10 mm

Kératose séborrhéique probable, éliminer lésion suspecte. Note: Les kératoses séborrhéiques et les naevis bénins peuvent se modifier au cours de leur évolution normale.	E
Naevus atypique probable, éliminer mélanome	C
Mélanome très probable (Inscrire description et évolution détaillée de la lésion)	B
Tumeur suspecte de cancer, autre que mélanome (ex. : carcinomes basocellulaire ou épidermoïde) — LENTEMENT évolutive	D
Tumeur suspecte de cancer, autre que mélanome (ex. : carcinomes basocellulaire ou épidermoïde) — RAPIDEMENT évolutive (< de 8 semaines)	C
Kératoses actiniques Prérequis: échec à la cryothérapie ou au 5FU	E
Hémangiome du nouveau-né	B
Tache de vin de l'enfant (excluant angiome stellaire)	C

Inflammatoire/Infectieux

OBLIGATOIRE :
Nombre(s) de lésion(s): 30 lésions
Atteinte invalidante: Oui Non

Lésions érythémato-squameuses (ex. : eczéma, psoriasis, linea) Note : 1 paume = 1%. Prérequis: échec à au moins 2 corticostéroïdes topiques x 8 semaines. — Étendues > 30 % de la surface corporelle ou palmo-plantaire sévère Prérequis: invalidant (ex: CNESST)	D
Lésions érythémato-squameuses (ex. : eczéma, psoriasis, linea) Note : 1 paume = 1%. Prérequis: échec à au moins 2 corticostéroïdes topiques x 8 semaines. — Limitées < 30 % de la surface corporelle	E
Lésions bulleuses non infectieuses sans atteinte de l'état général.	C
Acné nodulo-kystique et cicatricielle invalidante Prérequis : 1 - contraception initiée chez la femme 2 - échec à 2 traitements topiques et antibiotique PO x 4 à 6 mois	D
Hidradénite suppurée modérée à sévère. Prérequis: 1 - plus de 10 nodules, abcès, fistule et cicatrices aux plis 2 - échec au traitement topique et tétracycline* x 6 mois * sauf si contre-indications (ex.: femme enceinte, allergie etc.)	D
Autres lésions acnéiformes (ex : acné vulgaire, acné rosacée, folliculite, etc.) Prérequis: échec au traitement topique et antibiotique PO	E
Urticaire chronique idiopatique (durée > 6 semaines) Prérequis: échec 4x dose anti-histamique de 2e génération.	D

Autre raison de consultation non standardisée au formulaire ou modification d'une priorité clinique (justification OBLIGATOIRE dans la section suivante). Description détaillée de la morphologie et de l'évolution des lésions:

Priorité clinique

Impression diagnostique et renseignements cliniques obligatoires

Si prérequis exigé(s) :
Disponible(s) dans DSQ
Annexé(s) à la présente demande

Besoins spéciaux :

Identification du médecin référent et du point de service

Nom du médecin référent | N° de permis
Ind. rég. N° de téléphone | N° de poste | Ind. rég. N° de télécopieur
Nom du point de service
Signature | Date (année, mois, jour)

Estampe

Médecin de famille Idem au médecin référent Un sans médecin de famille

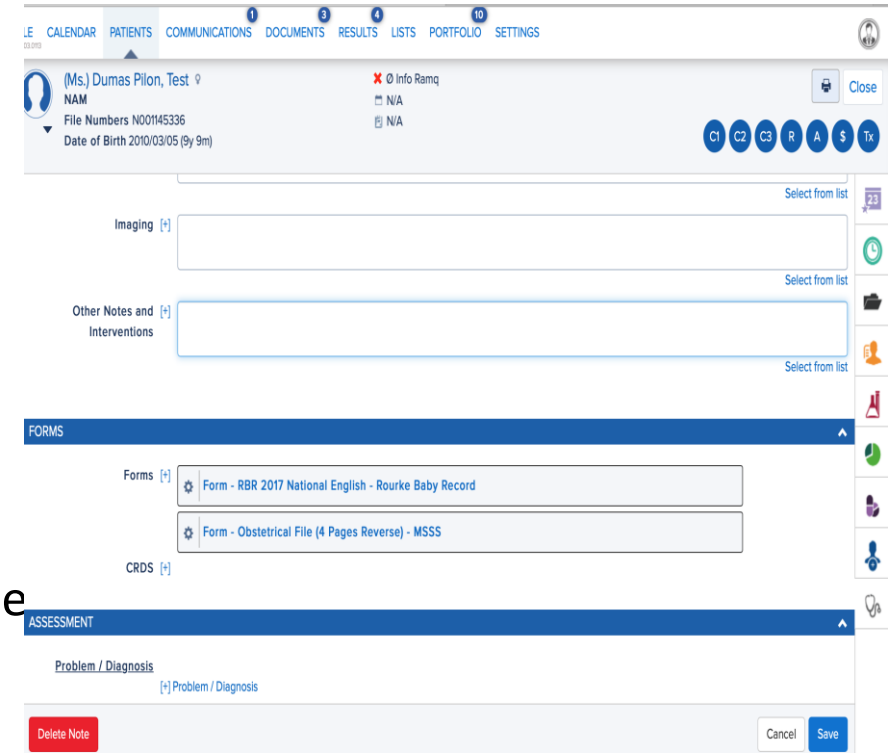
Nom du médecin de famille
Nom du point de service

Référence nominative (si requis)
Si vous désirez une référence à un médecin ou à un point de service en particulier

AH-757 DT9211 (rév. 2019-06) CONSULTATION EN DERMATOLOGIE ADULTE ET PÉDIATRIQUE DOSSIER DE L'USAGER

Where We Want to Be

- Working coordination model within the CRDS, parallel to the eReferral process
- IT :
  - Interim 2020-2023
    - Integration to EMR
  - APSS Cible 2023-2025
    - Long-term platform will most likely be acquired, integrating eConsul, eReferral and maybe Telehealth



How We Are Going to Get There

- KT tool of the pilot project: Guide d'orientation pour le MSSS
- Training regional teams
- Legal aspects: CMQ, ACMP
  - Confidentiality, consent, ownership and access of the data on the plateform
- Remuneration: Federations (FMOQ/FMSQ)
- IT development & appel d'offre

How We Are Going to Get There

- Answering different logistical questions
  - Transmitting eConsult if referral occurs
  - Should patient be notified if specialist recommends a face-to-face visit and the PCP decides to not follow the advice?
  - Recruitment? Open bar vs selection?
  - Should referrals be kept in the same region wherever possible?

- NEW PILOT PROJECT with the data extractor PARS3

Newfoundland and Labrador

Gerard Farrell
Department of Family Medicine, Memorial University

Where We Are

- We are working on bringing eConsult into our HER/EMR to improve availability within existing workflows and to make the product of eConsult part of the health record.
- eConsult is relatively straightforward; I have relatively simple question, I need an answer but not immediately.
- Referral is a different thing with many more factors to be considered. There is also the issue of what the consultant wants supplied by the PCP to consider the referral (which can be different between disciplines but also within individuals within a discipline).
- Taming the referral piece without besmirching the work being done by eConsult (and having a baby/bathwater happening) is a challenge that, if not handled adeptly, could bring both houses down.
- We also don't want to lose momentum (or participants) during the migration.

Where We Want to Be

- Our aim is to build the capacity for cross-pollination between eReferrals and eConsult, such that a process initiated in either stream could be redirected to the other.
- Having eConsult as a visible part of the patients EHR in the same way that more traditional points of information (lab, DI, etc.) are now.
- Operationalizing eConsult means we have to view the care and feeding of it a little differently (and having it play nicely with eReferral).

How We Are Going to Get There

- Platform integration testing (with EHR) starts Jan 1.
- Soft launch with key clinicians Jan/Feb (we are hoping to do this concurrently with bullet above is at all possible)
- Migration begins March 1
- Next stop - eReferral
- We have warned the local partners in this effort that we also want to develop a Rapid Access Stream; that's usually the part of the meeting where they put their fingers in their ears and start humming. Loudly.

Updates from our Absent Partners

Although they couldn’t be here, our partners in two provinces sent us their updates. We want to thank:

- Karla Faig, New Brunswick
- Margo Wilson, British Columbia

New Brunswick

eConsult

Where We Are

- eConsult proof of concept went live May 7, 2018
- Platform was embedded within the provincial electronic health record, which is accessible to all physicians across the province
- During the proof of concept: 7 specialties (5 available in both official languages)
- Opioid Dependence Management added a specialty Nov 2018
- Platform upgrade based on feedback from physicians and specialists June 2019
- Nurse Practitioners given access to eConsult late October 2019
- Addition of three specialties as of November 1, 2019

Where We Want to Be

- All primary care providers with active EHR usage
- Expansion of eConsult to include more specialties and full coverage in language of choice
- Stability of physician remuneration for eConsult
- Stability of program and structure for eConsult, eReferral and other access initiatives

How We Are Going to Get There

- Innovation and eHealthNB branch within the Department of Health is moving forward with a focus on community based solutions which include technology to support eConsult and eReferral
- Lessons learned from the CFHI collaborative with regards to physician engagement and change management are being employed for all new initiatives

British Columbia

electronic Consultative Access to Specialist Expertise

Has spread across BC despite limited marketing

- 723 users
  - 538 GPs
    - ~9% of BC GPs
    - ~25% of Vancouver GPs
    - ~10% of Yukon GPs
  - 83 NPs (18% of BC NPs)
  - 102 specialists from 19 specialties
- Over 1,000 e-consults since April 2017

Where We Want to Be

Appropriate physician remuneration that enables financial sustainability

Interoperability with EMRs to streamline the e-consult process

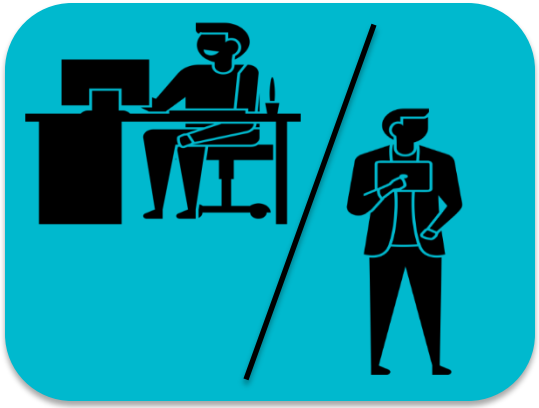
Widespread adoption throughout British Columbia

E-consultation will become a mainstream option to access specialist care

Ensure the right care at the right time in the right place

Referral for in-person or virtual visit

Phone consultation



E-consultation

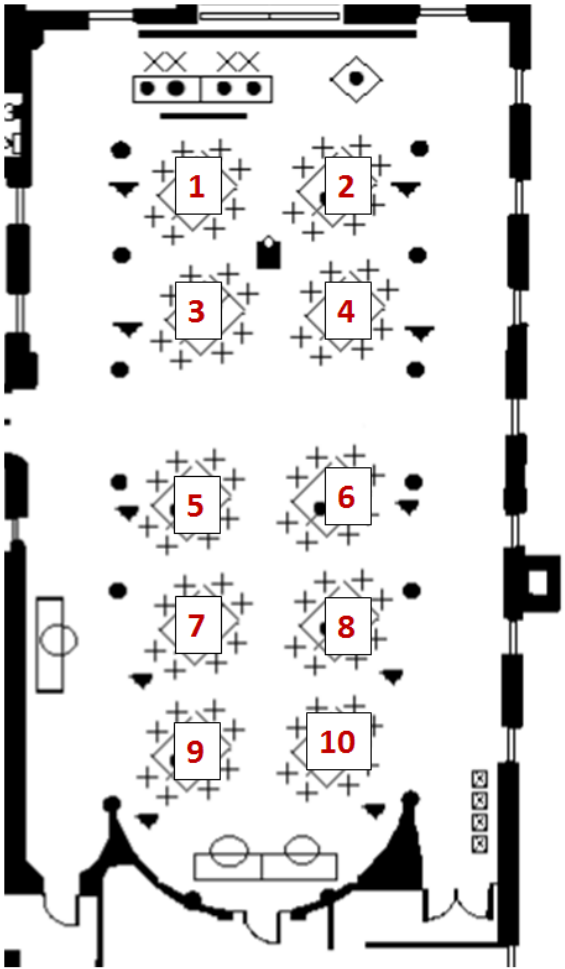
How We Are Going to Get There

- Working on integrating eConsult into EMRs for PCPs and specialists
- Advocating with Doctors of BC and the MoH on appropriate physician remuneration
- Continuing to add specialties
- Continuing to spread the model of care

Table Top Discussion

Session 1
eConsult/eReferral Integration Models - Ensuring Equitable Access

Table Number	Facilitator
1	Jodi Glassford
2	Alex Singer
3	Mohamed Alarakhia
4	Amir Afkham
5	Maxine Dumas-Pilon
6	Gerard Farrell
7	Lori-Anne Huebner
8	Kathy Kovacs Burns
9	Lirije Hyseni
10	Lynn Cooper



Activity – Table Top Discussion

Question

As the variety of eConsult/eReferral systems grow and integration options are developed, how can we best apply the benefits of eConsult to the broader “traditional” referral process and further improve timely access to specialist advice?

Outcome

- Each table will discuss what the panel presented and identify the **top three ideas/ recommendations** to help guide our activities in 2020.
- Please summarize the top three ideas on the flip chart and leave up so people can check out the answers during lunch (there is no formal report back session)

- The discussion results need to be pragmatic, concrete and specific
- Focus on ideas that are actionable
- Avoid acronyms

Reporting on Sessions

- We ask all facilitators to leave the top three recommendations visible on your flip chart
- We encourage participants to circulate around the room to review the decisions of different groups

Be back at 12:30

Educational Standards for Health Care Providers

Panel Discussion

Chair

- Erin Keely

Panelists

- Erin Keely (specialist perspectives)
- Doug Archibald (primary care perspectives)
- Alexis Near (nurse practitioner perspectives)
- Geneviève Moineau (Virtual Care Task Force)
- Nancy Fowler (CFPC perspectives)

Learning Objectives

- Participants will be able to explain the current educational standards used by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the College of Nurses of Ontario and describe how providers obtain these competencies

Outline

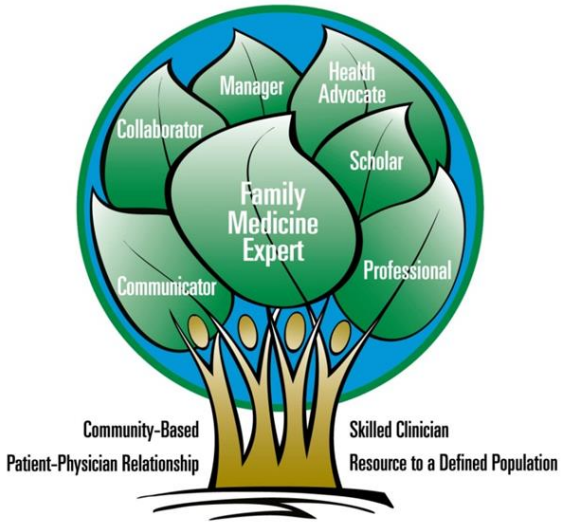
- Training requirements for family physicians, specialist physicians and nurse practitioners
- Standards of education and certification
- CMA Virtual Care Task Force approach to identify the educational needs for providing virtual care and preliminary recommendations
- What is unique about eConsult and eReferral
- What research activities have been happening within education

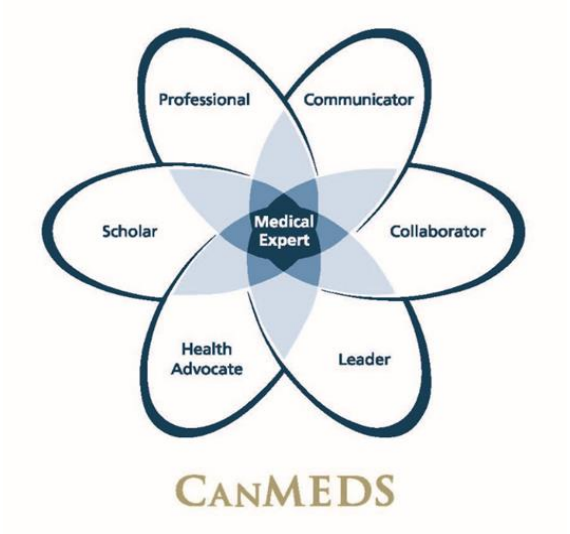
Training requirements for physicians

- **Medical School (undergraduate)**
  - 3-4 years, last 1-2 years are in clinical settings
- **Residency (postgraduate)**
  - Family medicine: 2 years (+1)
  - Specialty training (e.g. dermatology, Internal medicine, neurosurgery, neurology, psychiatry, pediatrics, obstetrics, surgery)
  - Clinical rotations (rotation through services, longitudinal experience), role modelling, simulation, lectures, small groups, presentations, attending conferences, self directed reading, etc.
- **Certification (CCFP or FRCPC)**
  - Formative evaluation: In training assessment (i.e. as you go)
  - Final examination(s)
- **Post certification (in practice)**
  - Mandatory to keep credentials

CanMEDS: better standards, better physicians, better care

- A framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve
- A competent physician seamlessly integrates the competencies of all seven CanMEDS Roles:
  - Medical expert
  - Communicator
  - Collaborator
  - Scholar
  - Leader
  - Advocate
  - Professional





Key competencies: Medical Expert

Family Physician

- Defines family physician as the personal physician in a long-term relationship of trust with patients and families

- Highlights include
  - The patient-centred clinical method
  - Comprehensive, continuing care
  - Management of complex situations
  - Coordinating care and collaboration

Specialist

- Practice medicine within their defined scope of practice and expertise

- Perform a patient-centred clinical assessment and establish a management plan

- Plan and perform procedures and therapies for the purpose of assessment and/or management

- Establish plans for ongoing care and when appropriate, timely consultation

- Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of healthcare quality and patient safety

Key competencies: Communicator

Family Physician

- Centrality of the patient–physician relationship
- Understanding patients' experience of illness
- Effective use of oral and written communication
- Empowering patients to "take charge" of their own health
- Communication with different type of patients and challenging situations

Specialist

- Establish professional therapeutic relationships with patients and their families
- Elicit and synthesize accurate and relevant information
- Share health care information and plans with patients and their families
- Engage patients and their families in developing plans that reflect the patient's health care needs and goals
- Document and share written and electronic information to optimize clinical decision-making, patient safety, confidentiality, and privacy

Key competencies: Collaborator

Family Physician

- Participating in collaborative team-based models of care and interprofessional health care teams
- Engaging patients and families as active participants in care
- The family physician as community-based
- Work with consulting professionals and community agencies
- Management of scarce resources and understanding of the health care system

Specialist

- Work effectively with physicians and other colleagues in the health care professions
- Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
- Hand over the care of a patient to another health care professional to facilitate continuity of safe

Key competencies: Leader/Manager

Family Physician

- First-contact nature of family medicine
- Coordinating patient care and FP as a resource to one's patient population
- Contributing to effectiveness in health care systems
- Working in different primary care models
- Practice and career management, and effective use of resources
- Serving in administrative and leadership roles

Specialist

- Contribute to the improvement of health care delivery in teams, organizations, and systems
- Engage in the stewardship of health care resources
- Demonstrate leadership in professional practice
- Manage career planning, finances and health human resources in a practice

Key competencies: Scholar

Family Medicine

- Self-directed learning
- Critical appraisal
- Educating others
- Contributing to new knowledge and approaches

Specialists

- Engage in the continuous enhancement of their professional activities through ongoing learning
- Teach students, residents, the public, and other health care professionals
- Integrate best available evidence into practice
- Contribute to the creation dissemination of knowledge and practices applicable to health

Key competencies: Health Advocate

Family Physician

- Respond to patients' needs
- Respond to community needs
- Identify determinants of health
- Identify means of promoting health of patients and communities

Specialist

- Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment
- Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

Key competencies: Professional

Family Physician

- Commitment to patient well-being
- Integrity, commitment and ethical practice
- Respecting colleagues and team members
- Demonstrating reflective practice
- Physician self-care
- Using evidence-based medicine and critical appraisal
- Participating in profession-led regulation

Specialist

- Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
- Demonstrate a commitment to society by recognizing and responding to social expectations in health care
- 3Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation
- Demonstrate a commitment to physician health and well-being to foster optimal patient care

Specialists – RCPSC Maintenance of Certification Program

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | MOC PROGRAM enhancing learning, advancing care

Framework of Continuing Professional Development Activities

SECTIONS	CATEGORY	EXAMPLES	CREDIT RATING
Section 1: Group learning	**Accredited group learning activities** Conferences, rounds, journal clubs or small-group activities that adhere to Royal College standards. Accredited group learning activities can occur face-to-face or online.	• *Accredited rounds, journal clubs, small groups* • *Accredited conferences*	*1 credit per hour*
	Unaccredited group learning activities Rounds, journal clubs, small-group activities or conferences that have not been submitted for accreditation and have no industry sponsorship.	• *Unaccredited rounds, journal clubs, small groups or conferences*	*0.5 credits per hour (maximum of 50 credits per cycle)*
Section 2: Self-learning	**Planned learning** Learning activities initiated by a physician (independently or in collaboration with peers or mentors) to address a need, problem, issue or goal relevant to their professional practice.	• *Fellowships* • *Formal courses* • *Personal learning projects* • *Traineeships*	*100 credits per year* *25 credits per course* *2 credits per hour* *2 credits per hour*
	Scanning Learning activities used by a physician to enhance their awareness of new evidence, perspectives or discoveries that are potentially relevant to their professional practice.	• *Reading a book* • *Reading a book chapter* • *Reading a journal volume* • *Reading a journal article* • *Bulk journal reading with transcript* • *Bulk online reading/scanning with transcript* • *Podcasts, audio, video* • *Internet searching (Medscape, UpToDate, DynaMed)* • *POEMs*	*10 credits per book* *2 credits per chapter* *2 credits per volume* *1 credit per article* *1 credit per article* *1 credit per hour* *0.5 credits per activity* *0.5 credits per activity* *0.25 credits per activity*
	Systems learning Learning stimulated by participation in activities such as setting practice standards, patient safety, continuous quality improvement; curriculum development; assessment tools and strategy development; examination board membership; or peer review.	• *Clinical practice guideline development* • *Quality care/patient safety committee* • *Curriculum development* • *Examination development* • *Peer review*	*20 credits per year* *15 credits per year* *15 credits per year* *15 credits per year* *15 credits per year*
Section 3: Assessment	**Knowledge assessment** Programs approved by Royal College accredited CPD provider organizations that provide data with feedback to individual physicians regarding their current knowledge base, enabling the identification of needs and development of future learning opportunities relevant to their practice.	• *Accredited self-assessment programs*	*All assessment activities are 3 credits per hour*
	Performance assessment Activities that provide data with feedback to individual physicians, groups or interprofessional health teams related to their personal or collective performance across a broad range of professional practice domains. Performance assessment activities can occur in a simulated or actual practice environment.	• *Accredited simulation activities* • *Chart audit and feedback* • *Multi-source feedback* • *Direct observation* • *Feedback on teaching* • *Annual performance review* • *Practice assessments*	

This table summarizes the learning sections under the MOC Program framework.
Activities submitted via MAINPORT ePortfolio are automatically converted into credits.

Required to complete a minimum of

- 40 credits in each year of a cycle
- 400 credits during a five-year cycle
- 25 credits in each MOC Program section during their five-year cycle.

eConsult BASE™ Champlain

Family Physicians Mainpro+

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

- Mainpro+® credit reporting: Program used by family physicians to document and monitor personal CPD progress

  Three key functions:

  – To provide CPD participation guidelines and standards for Canadian family physicians
  – To enable family physicians to conveniently track and monitor their CPD participation
  – To ensure high-quality, ethical CPD programming through a rigorous peer-review certification process
- Self Learning™: CME program enabling physicians to evaluate their knowledge of current topics in the medical literature; published six times annually; available online and in print; eligible for Mainpro credit
- Linking Learning to Practice, and Pearls™: Self-directed, evidence-based practice reflection exercises that facilitate the integration of new knowledge and skills into practice; eligible for Mainpro credit
- ALARM: Evidence-based, interactive, multidisciplinary program focusing on the effective management of obstetrical emergencies; eligible for Mainpro+ credit
- Family Medicine Forum (FMF): Annual CFPC event offering a wide variety of CPD opportunities; eligible for Mainpro+ credit
- Mainpro+ certified programs/events: Peer-reviewed to ensure content is educationally and scientifically valid, and that programs are developed and delivered in accordance to ethical standards

Training Requirements for NPs

- Nursing Degree (undergraduate)
  - 4 years; 1-2 days a week in clinical settings
- Nurse Practitioner (masters required)
  - must have 4,500 hours of practice/two years nursing prior to applying
  - Program duration: 12 months full time or 24 months combined with Master of Nursing
  - 700-950 clinical hours
  - Coursework, group tutorials, self-directed learning, special lectures
- Certification
  - Formative evaluation
  - Final examination

Nurse Practitioner Education/Courses

- Year One
  - Advanced Health Assessment and Diagnosis I
  - Advanced Health Assessment and Diagnosis II
  - Pathophysiology

- Year Two
  - Therapeutics I
  - Therapeutics II
  - Roles and Responsibilities
  - Integrated Practicum

CAN Canadian Nurse Practitioner Core Competency Framework

- Goal: Designed to be used by regulatory bodies to develop NP entry-level core competencies
- Core competencies:
  - required for safe, competent and ethical nurse practitioner practice
  - transferable across diverse practice settings and client populations
  - developed with a collaborative approach involving provincial/territorial nursing regulators to promote consistency of NP registration requirements across the country

CNO: Nurse Practitioner Referral Competencies/Standards

Competencies

- Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations
- Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

Practice Standard

- consult other health care professionals when encountering client care needs beyond the legal scope of NP practice, their individual competence, or when the client would benefit from the expertise of the other health care professional(s).

Nurse Practitioner Referrals Training: Classroom

- Assignment (first year)
  - Expectations:
    - Clear statement regarding reason and goal of referral
    - Accurate summary of relevant data (HPI, PMHx, psychosocial hx, review of systems, physical exam, test results)
    - Presents information in clear and concise format

- On the job practice

Questions?

Virtual Care Task Force – Education Working Group

VIRTUAL CARE TASK FORCE

The Virtual care Task Force (VCTF) was created by the Canadian Medical Association, College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada to develop strategies and recommendations **for promoting a pan-Canadian approach to the delivery of publicly insured medical services** by the Canadian medical community to all regions of the country **through virtual means**

VIRTUAL CARE DEFINITION

Virtual care was defined as including; virtual communications between patient and physician (via email, text, phone, video, and other electronic means)**:** electronic referral and consultation (eReferral and eConsult) communications between physicians; and remote patient monitoring tools (e.g. wearables)

VCTF Medical Education Group

In order to organize its activities, the Task Force created four working groups:

1. Interoperability and Governance
2. Licensure and Quality Standards
3. Payment Models
4. **Medical Education**

VCTF Medical Education Group (Initial Considerations)

Principles

Establishing Principles of Virtual Care in medical education are an essential first step and should include, at a minimum, overarching considerations of the clinical, medicolegal, pedagogical and the social realms.

Virtual Care principles should always reflect the foundational and ethical principles of medical practice itself: beneficence (do good) and non-maleficence (do no harm) and be included in Virtual Care Medical Education along the continuum of UG, PG and CPD programs.

VCTF Medical Education Group (Initial Considerations)

Competencies

Increasingly, physicians in training and in practice will require the competencies to deliver healthcare to diversely distributed populations supported by rapidly changing technology. Understanding how to best utilize virtual technology to improve patient care has become essential.

The CanMEDS consortium should be engaged in incorporating and updating virtual care competencies for undergraduate, postgraduate and CPD learners.

VCTF Medical Education Group (Initial Considerations)

Learning Environment

The learning environment for virtual care has the same general requirements as for any other area of medical training within an interprofessional environment. These include an experienced teacher who is familiar with best practice, appropriate support infrastructure at the location of the encounter and patients who have one or more health concerns that permit a learning opportunity.

Medical Education programs should ensure that learning environments in virtual care include three foundational requirements: An experienced teacher, a suitable support infrastructure and patients with health concerns that can be safely assessed and treated via virtual care

VCTF Medical Education Group (Initial Considerations)

Learners and Patient Safety

In a distributed medical education environment, the essential patient safety issue relates to the geographic location of the supervisor relative to both the learner and patient and the ability of the supervisor to properly oversee patient assessment and care decisions.

Patient Safety and effective education should be core tenets of Virtual Care. Clinical Supervisors should understand that they are responsible to determine whether the patient requires an in-person assessment for safe care. Learners require, depending on their level of training, a supervision model that allows for verification of physical findings if these findings are an essential patient care. ‘On-site supervision’ where supervisor and learner are together with the patient at a distance is the safest supervision model and the one that provides the best educational focus on the process of care and decision-making.

VCTF Medical Education Group (Initial Considerations)

Faculty Development

Although clinicians may have experience with Virtual Care and may be experienced teachers, Faculty Development resources will be required in order to support physicians who are providing virtual care and who are teaching and evaluating learners to ensure understanding of the particular principles and competencies to be considered.

The AFMC Faculty Development Network should be engaged to undertake an environmental scan to identify existing resources available to support clinical teachers in Virtual Care environments and asked to proceed to develop a national Virtual Care Faculty Development plan.

VCTF Medical Education Group (Initial Considerations)

Assessment of Learners

As Virtual Care cases and then exposure to Virtual Care should take place throughout medical school and residency, as appropriate, so should the assessment of Virtual Care Principles and Competencies. Assessment methods should include but not be limited to written examinations, clinical evaluations, OSCEs and simulation.

Knowledge and skills related to Virtual Care principles (e.g. medicolegal) and competencies (e.g. determining a patient's suitability for Virtual Care, communication skills,) should be evaluated along the continuum of medical education using, as appropriate, formative and/or summative written examinations, clinical observations, simulation and OSCEs.

VCTF Medical Education Group (Initial Considerations)

Program Evaluation

Effective measurement is the necessary precursor to evaluating educational programs. Evaluation allows us to make quality assertions and answer questions about the program's effectiveness. Not only does evaluation enable us to demonstrate a program's success or impact, but also, through periodic assessment, evaluation can help to identify areas for improvement and ultimately help realize program goals more efficiently. Changes to Medical Education Programs to incorporate Virtual Care should be evaluated.

Given the value of implementing evaluative processes, a comprehensive program evaluation framework should be developed that can be applied across dimensions of Virtual Care in Medical Education.

VCTF Medical Education Group (Initial Considerations)

Accreditation

The aim of medical education accreditation is to ensure the quality of medical education such that it prepares future physicians to meet the health care needs of their patient population. Current accreditation requirements for Canadian undergraduate, post-graduate, and continuing medical education do not explicitly mention virtual care, but nor do they preclude the inclusion of virtual care in curriculum. Standards regarding resources, settings, and patient encounters are general enough to apply to both virtual and 'traditional' care environments and could be interpreted in that way.

The current standards can easily be interpreted to include virtual care as meeting a need of the patient population. However, more explicit instruction may be required to incentivize change. In order to support programs to introduce new curriculum, we suggest explicitly introducing requirements *within existing standards,* such that virtual care is introduced as another modality for delivering patient care, and not a separate subject in itself.

VCTF Medical Education Group (Initial Considerations)

Further Evidence Needed

Several members raised the issue that although some research has been undertaken in Virtual Care and Medical Education, much more work is required to enable a fully informed, evidence-based approach. The Education Working Group supports any efforts to advance scholarly work in this area.

VCTF Medical Education Group (Initial Considerations)

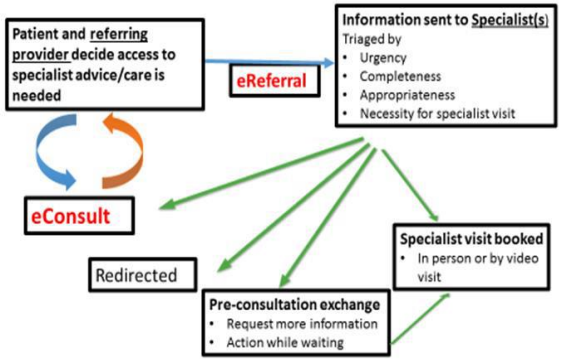
If the benefits of virtual care are to be fully realized within the health care system, virtual care must be incorporated into the medical curriculum and continuing professional development.

Recommendations set out how the current education system can incorporate virtual care in principles, competencies, learning environment, learners and patient safety, faculty development, learner assessment, program evaluation and accreditation

What impact do eConsult and eReferral have on the education requirements?

What's different compared to traditional consultations?

- **Participation**
  - Awareness
  - Ability to use the technology
  - Decision to participate – voluntary vs mandatory
- **Decision to initiate** a referral
- Effective **referral questions**
- **Information to send** with referral
  - Four words, one sentence, 35 pages
  - Do new shared electronic resources mean more or less should be sent?
- **Organization of specialists**
  - participation in central triage, eConsult services
  - **Consensus on care pathways**
- Triaging of consults
- Components of **high quality reply**



What activities have we undertaken within medical education? Resident level

Academic half days

- Family Medicine McMaster (Dr. Eyre)
- PGY4,5 Internal Medicine (“Communicating like a Consultant”)

Simulation

- TRUE platform

Cases used for learning by individual providers

What activities have we undertaken within medical education? Practicing providers

Journal of Continuing Education in the Health Professions. 38(1):41–48, JANUARY 2018
DOI: 10.1097/CEH.0000000000000187, PMID: 29351133
Issn Print: 0894-1912
Publication Date: January 2018

Print

Using Clinical Questions Asked by Primary Care Providers Through eConsults to Inform Continuing Professional Development

Douglas Archibald;Clare Liddy;Heather Lochnan;Paul Hendry;Erin Keely;

- **Included eConsult cases into CME events**
  - Local (Family Medicine Refresher Course)
  - Provincial (e.g. Ontario Renal Network, Ontario Rheumatology)
  - National (e.g. Diabetes Canada)

Research Activities in Medical Education

Reflective Practice Tools

Harnessing Practice Based eHealth Technologies and Assessments to Improve Feedback and Promote Reflection

THE EDWARD J. STEMMLER, MD
MEDICAL EDUCATION RESEARCH FUND

Study Objectives:

1. Develop two tools to assess reflective learning in eConsult services
2. Ensure the tools allow clinicians to document their learning
3. Pilot the tools
4. Identify elements and processes to inform how learning from eConsults may be incorporated into MOC programs

Project Team

Principal Investigator:

Douglas Archibald, uOttawa, BRI

Project Manager:

Rachel Grant, uOttawa, BRI

Research Assistant:

Sheena Guglani, BRI

Champlain BASE eConsult

eReferral SFGH·UCSF

Co-Investigators:

Craig Campbell, RCPSC

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Clare Liddy, uOttawa, BRI

David Price, ABMS

Justin Sewell, UCSF

Scott Shipman, AAMC

Jeffery Sisler, CFPC

Delphine Tuot, UCSF

Timothy Wood, uOttawa

Methods

1. Subject Matter Experts Meeting

2. Delphi Method

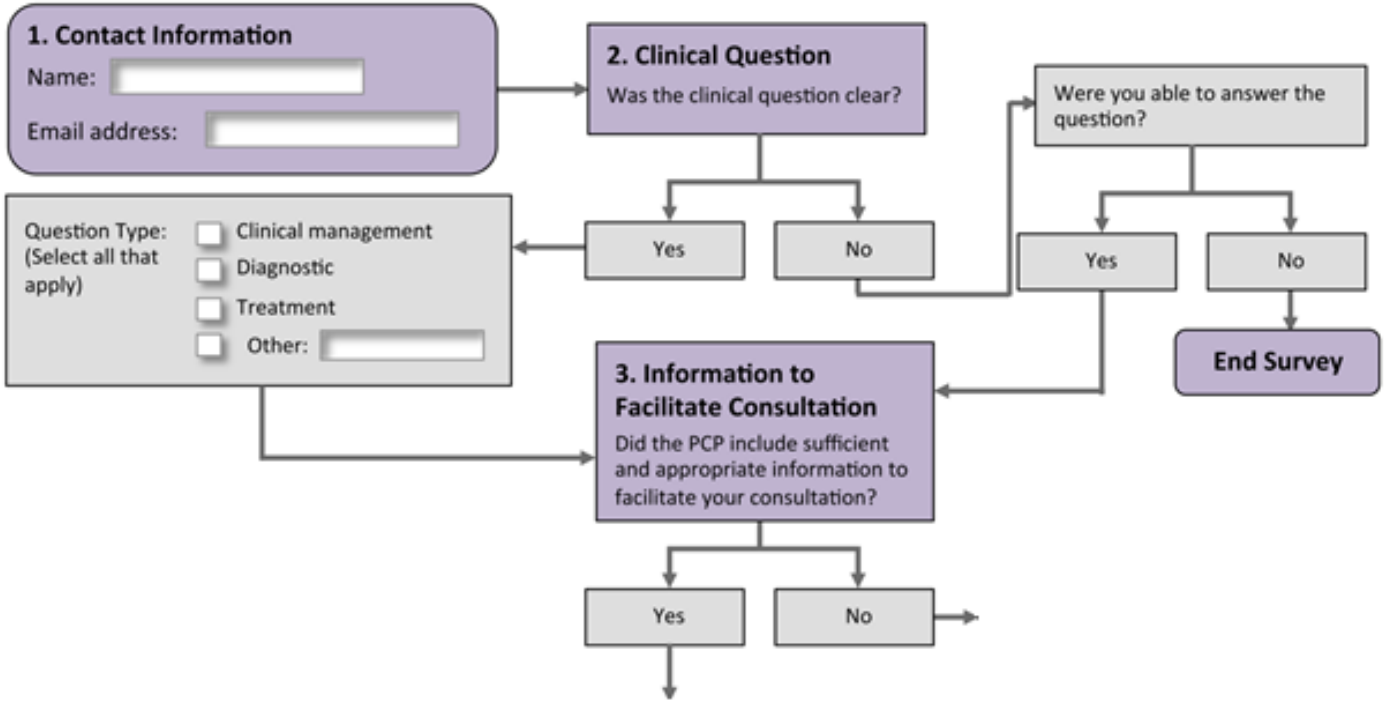
3. Testing

4. Pilot

Overview of the PCP Learning Tool			
No.	**Item**	**Question**	**Rationale**
1	Clinical Question	What was your clinical question?	Documentation of the nature of the eConsult for practice improvement.
2	Learning	How did the special's response to this eConsult impact your knowledge or understanding?	To indicate how the eConsult impacted PCP's knowledge for practice improvement purposes.
3	Improvement to the Specialist's Response	How could this response have been improved?	To provide feedback to specialists on how they can improve the quality of their eConsult responses. This is a benefit to PCPs because it can help improve future eConsult responses.
4	Application to Patient Care	Will you use this eConsult information for your patient?	To capture how the PCP intends to use (or not use) this information in their practice.
5	Anticipated Benefits	Do you expect any benefit(s) to the patient as a result of applying this eConsult information?	Captures the perceived benefits of the learning/information provided by the specialist to the patient and clinical practice.
6	Sharing Patient Outcomes	If you and this patient are willing to share the patient outcomes with the specialist, please click here.	Sharing patient outcomes with the consultant closes the loop, allowing the specialist to see if their response was helpful or if a different course of action was required. They could use this information to improve subsequent eConsult responses.
7	Send Feedback to the Specialist	Are you willing to share a copy of this survey with the specialist?	Allows PCPs to determine whether they want to share their RLT with the specialist. The specialist can then see what information was valued by the PCP, and ultimately improve their eConsult responses.

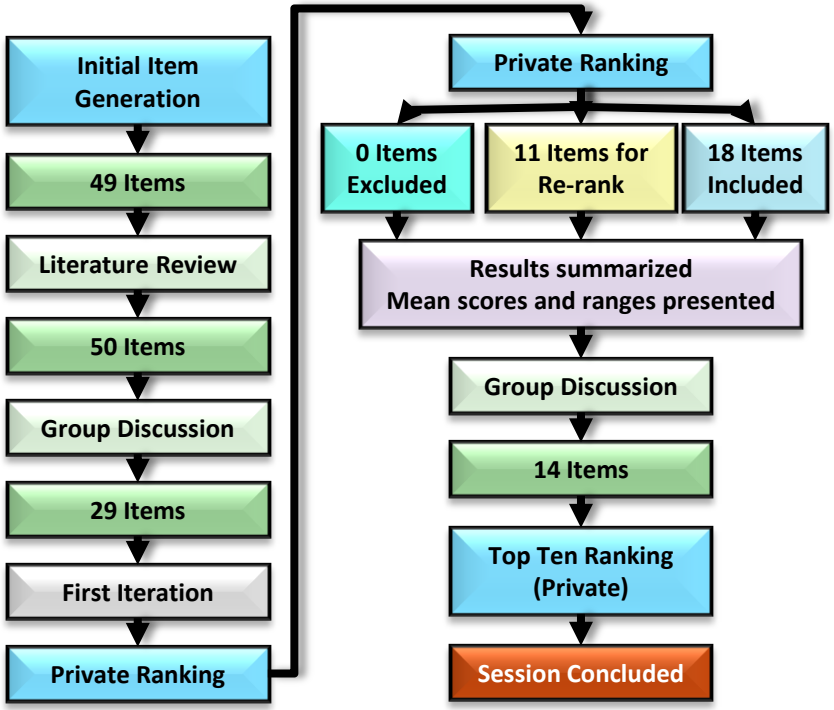
Overview of the Specialist Learning Tool			
No.	**Item**	**Question**	**Rationale**
1	Clinical Question	Was the clinical question clear?	Documentation of the nature of the eConsult for practice improvement.
2	Information to Facilitate Consultation	Did the PCP include sufficient and appropriate information to facilitate your consultation?	Allows specialists to reflect on whether they had access to the information they required to write a high-quality eConsult response.
3	Resources Consulted	What resources did you use to answer the PCP's question other than personal knowledge/experience?	Providing information about any resources consulted helps provide proof of learning for practice improvement purposes.
4	Additional Information from PCP	Did you seek additional information from the referrer?	This information can help improve the quality of PCP's eConsult requests.
5	Learning & Application of Learning*	Did you learn anything from this eConsult request? How are you planning to use this information in your practice?	To reflect on and document learning for practice improvement, and how they can use this new knowledge or understanding in their practice and/or teaching.
7	Sharing Patient Outcomes	Would you like the PCP to share the patient outcomes with you?	Allows PCPs to determine whether they want to share their reflective learning tool with the specialist. The specialist can then see what information was valued by the PCP, and ultimately improve their eConsult responses.

Specialist Learning Tool Algorithm



Development of a Rating Scale to Assess the Quality of Specialist Advice via Electronic Consultation (eSQUARE)

- Nominal Group Technique
- 8 PCPs, 3 specialists
  - Above-median eConsult users
- **What items should be included in a tool to measure the quality of an eConsult?**



What makes a high-quality electronic consultation (eConsult)? A nominal group study

Christopher Tran, Douglas Archibald, Susan Humphrey-Murto, more...

Show all authors

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https://doi.org/10.1177/1357633X18822885

J Telemed Telecare 2019

1. **Current -** Up-to-date, evidence-based
2. **Helpful** and/or **educational -** Provides **rationale**
3. **Patient-specific advice,** not general statements
4. **Addresses each question**
5. **Anticipatory** guidance
6. When a **F2F referral is indicated**
7. **Specific** recommendations - Dose, titration, cost, availability
8. Action items are **doable**, local resources
9. **Clear** and organized
10. **Professional**, supportive tone

Future project (for the Spring of 2020)

Using AI to classify questions

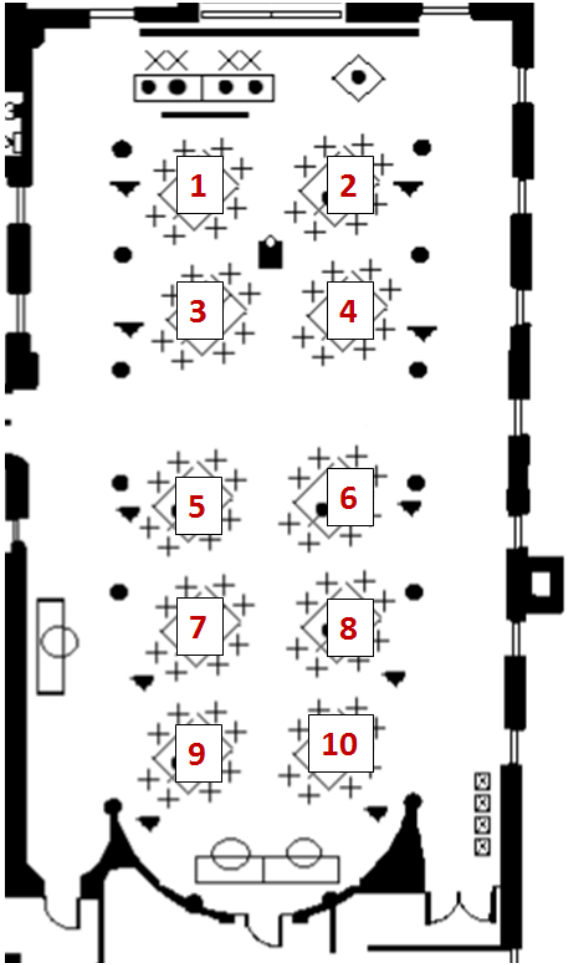
Bring together a range of experts to explore the potential for applying AI/NLP to eConsult clinical questions and specialist replies to inform CPD activities in real time

- Build a new interdisciplinary research partnership with expertise in eConsult, CPD, and AI/NLP;
- Determine the feasibility of applying NLP to eConsult data;
- Identify organizations that would benefit from accessing the data and may be interested in partnering;
- Explore processes for reporting and disseminating the data obtained through NLP that are directly applicable to CPD planning.

Table Top Discussion

Session 2
Educational Standards for Health Care Providers

Table Number	Facilitator
1	Mohamed Alarakhia
2	Maxine Dumas-Pilon
3	Alison Eyre
4	Nancy Fowler
5	Celeste Fung
6	Douglas Heddon
7	Lillian Lai
8	Steven Vail
9	Rob Williams
10	Clare Liddy



Activity – Table Top Discussion

Question

What opportunities are there to impact the knowledge and skills needed for physicians or nurse practitioners to effectively participate in eConsult/eReferral models of care on a local, regional or national level?

Outcome

- Each table will discuss what the panel presented and identify the **top three ideas/ recommendations** to help guide our activities in 2020
- Please summarize the top three ideas on the flip chart and leave up so people can check out the answers during the break (there is no formal report back session)

- The discussion results need to be pragmatic, concrete and specific
- Focus on ideas that are actionable
- Avoid acronyms

Reporting on Sessions

- We ask all facilitators to leave the top three recommendations visible on your flip chart
- We encourage participants to circulate around the room to review the decisions of different groups

B R E A K

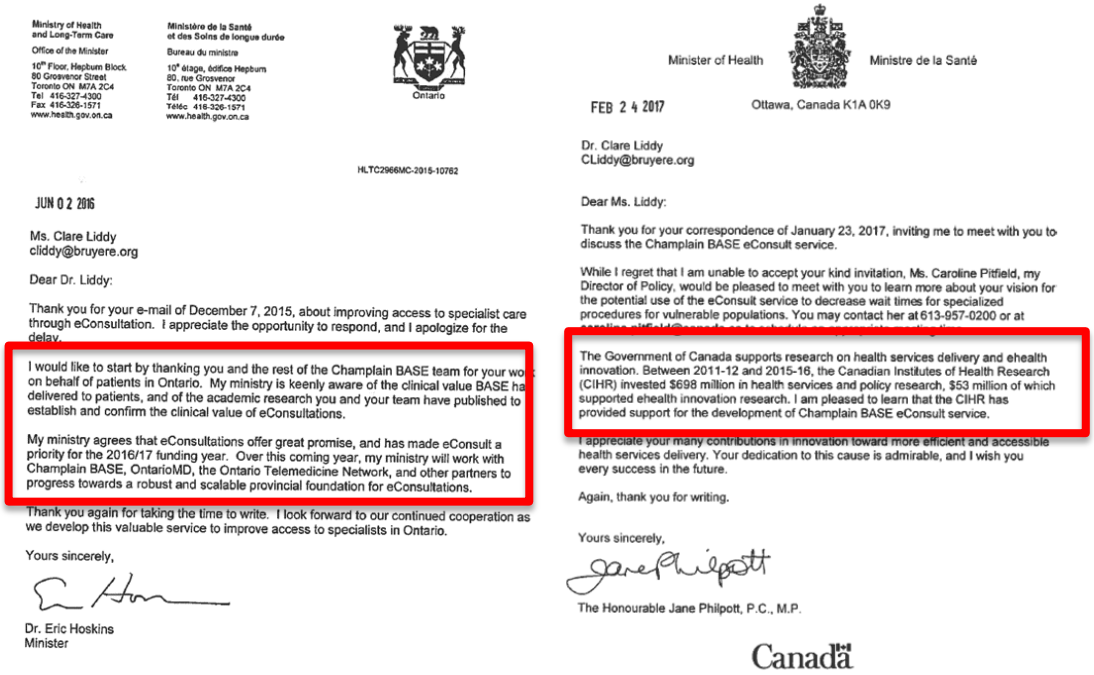
Developing recommendations for common approaches to national eConsult/eReferral service evaluation using the Quadruple Aim framework

Learning Objectives

Participants will be able to describe the quadruple aim framework commonly used to evaluate eConsult/eReferral services in Canada and will identify key approaches to national evaluation approaches for eConsult/eReferral Services

Why is evaluation important?

- To inform and support eConsult and eReferral spread and scale
- To enable continuous quality improvement
- To make a compelling case to funders



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Ontario

HLTC2966MC-2015-10762

JUN 0 2 2016

Ms. Clare Liddy
cliddy@bruyere.org

Dear Dr. Liddy:

Thank you for your e-mail of December 7, 2015, about improving access to specialist care through eConsultation. I appreciate the opportunity to respond, and I apologize for the delay.

I would like to start by thanking you and the rest of the Champlain BASE team for your wo on behalf of patients in Ontario. My ministry is keenly aware of the clinical value BASE ha delivered to patients, and of the academic research you and your team have published to establish and confirm the clinical value of eConsultations.

My ministry agrees that eConsultations offer great promise, and has made eConsult a priority for the 2016/17 funding year. Over this coming year, my ministry will work with Champlain BASE, OntarioMD, the Ontario Telemedicine Network, and other partners to progress towards a robust and scalable provincial foundation for eConsultations.

Thank you again for taking the time to write. I look forward to our continued cooperation as we develop this valuable service to improve access to specialists in Ontario.

Yours sincerely,

Dr. Eric Hoskins
Minister

Minister of Health
Ministre de la Santé

FEB 2 4 2017

Ottawa, Canada K1A 0K9

Dr. Clare Liddy
CLiddy@bruyere.org

Dear Ms. Liddy:

Thank you for your correspondence of January 23, 2017, inviting me to meet with you to discuss the Champlain BASE eConsult service.

While I regret that I am unable to accept your kind invitation, Ms. Caroline Pitfield, my Director of Policy, would be pleased to meet with you to learn more about your vision for the potential use of the eConsult service to decrease wait times for specialized procedures for vulnerable populations. You may contact her at 613-957-0200 or at

The Government of Canada supports research on health services delivery and ehealth innovation. Between 2011-12 and 2015-16, the Canadian Institutes of Health Research (CIHR) invested $698 million in health services and policy research, $53 million of which supported ehealth innovation research. I am pleased to learn that the CIHR has provided support for the development of Champlain BASE eConsult service.

I appreciate your many contributions in innovation toward more efficient and accessible health services delivery. Your dedication to this cause is admirable, and I wish you every success in the future.

Again, thank you for writing.

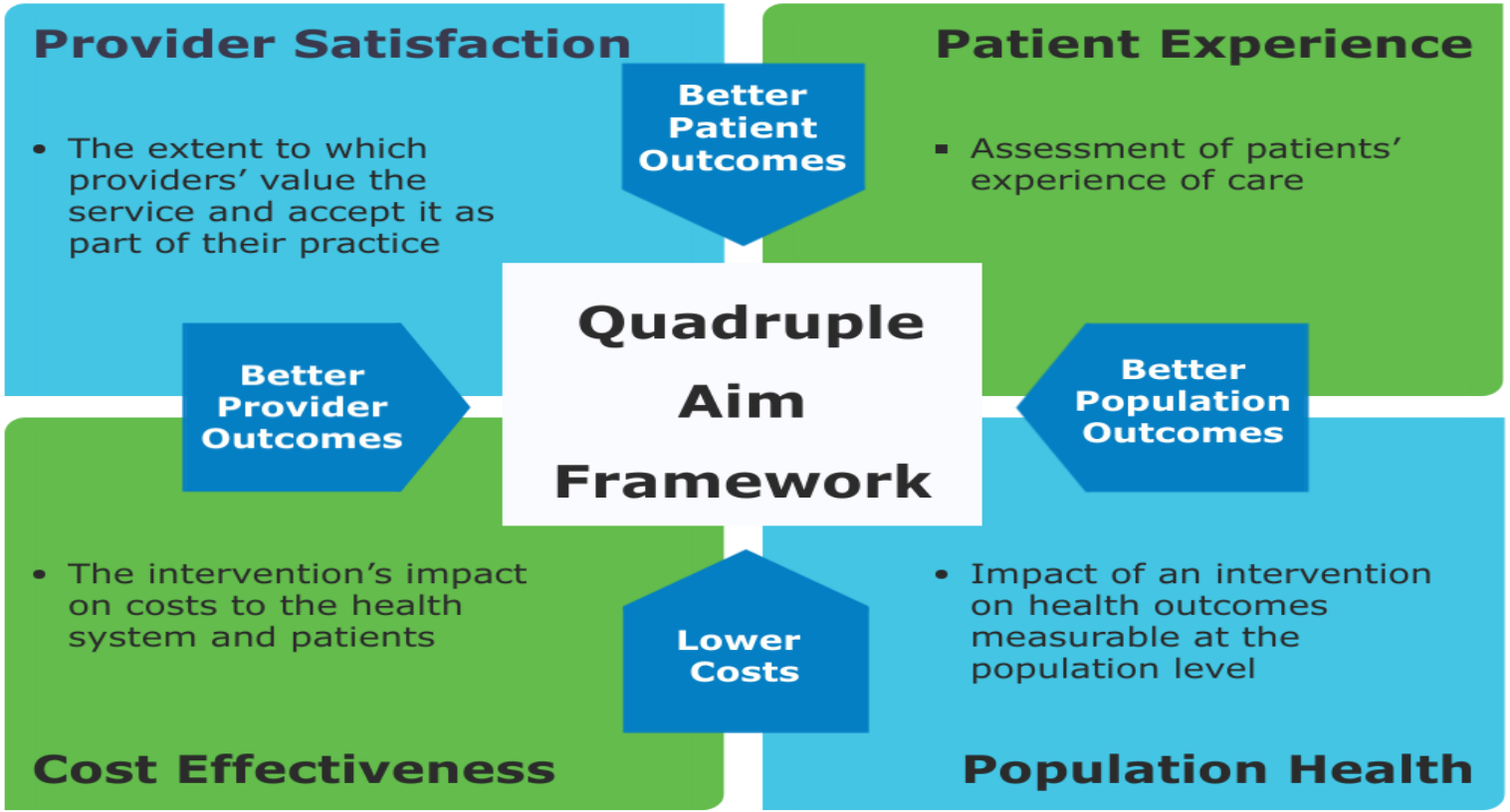
Yours sincerely,

The Honourable Jane Philpott, P.C., M.P.

Canada

Evaluation approaches in eConsult

- Imbedded a simple mandatory survey (4 provinces now collecting similar data)
- Review of feedback with continuous quality improvement approach
- Ongoing research, publications, scientific meetings
- Other dissemination strategies- infographics, you tube, website, briefing notes
- Adopted the Quadruple Aim framework



[1]Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med.2014;12(6)573-6.

Champlain BASE™ Quadruple Aim Evaluation

- Use data collected automatically by the service during each exchange
- Requesting provider responses to a mandatory closeout survey completed at the end of every case (varies by service)
- Qualitative research – i.e. surveys and interviews to assess provider and patient perspectives
- Costing data – direct specialist costs and indirect data

Evidence that Supports eConsult

Better Population Health

- eConsult cuts response times from months to days (0.9 days median)[1]
- Two-thirds of cases did not require a face-to-face specialist referral[1]
- 8% decrease on referral rate for PCPs who use eConsult[2]

Improved Patient Experience

- eConsult responds to previously articulated patient dissatisfaction with wait times[3]
- Interviews with patients reveal high satisfaction with eConsult's impact on access, care quality, and continuity of care[4]

Lower Costs

- Across specialty groups, the service cost a weighted average of $47.35/case versus $133.60/case for traditional referrals[1]
- Accounting for societal factors nets additional savings of ~$11/ case[5]
- Impact of other indirect costs are being explored

Improved Provider Experience

- PCPs rank eConsult as high/very high value in over 90% of cases[6]
- 94% of specialists report eConsult improves communication with PCPs[7]
- eConsult provides a powerful teaching tool for PCPs[8]

Exploring Policy/Implementation Issues

- eConsult services remain relatively uncommon in Canada
- Implementation of a successful service requires adherence to key steps
- Legal and policy challenges must be addressed to support implementation of eConsult services

[1]http://www.jabfm.org/content/31/3/445.full; [2]https://doi.org/10.1093/fampra/cmy020; [3]http://www.dx.doi.org/10.1016/j.jcjd.2014.12.010; [4]https://doi.org/10.1093/fampra/cmx073;
[5]http://bmjopen.bmj.com/content/6/6/e010920; [6]http://www.jabfm.org/content/28/3/394; [7]http://ebooks.iospress.nl/publication/39209; [8]http://dx.doi.org/10.22454/FamMed.2019.407574

eConsult/eReferral Community of Practice

This community of practice was created to provide an opportunity to connect on a regular basis, speak about the ongoing and emerging issues, and guide the direction for eReferral and eConsult. A round of introductions followed during which all attendees were asked to specify what they are hoping to get out of their participation in this group. The following themes were articulated:

- Creating a national common evaluation framework with standardized metrics and evaluation tools
- Regular sharing of practical issues arising during implementation and engaging in pragmatic problem solving
- Identifying best practices for eReferral/eConsult implementation on a national level to influence policy
- Creating educational and clinical decision support tools to drive clinical value and inform practice
- Identifying and finding solutions to system level barriers to equity across the waiting continuum
- Advocating for vulnerable populations (e.g. Long Term Care residents and families) and engaging these populations in active planning
- Identifying where eConsult and eReferral intersect and how do they fit within the continuum of other digital health services
- Identifying competencies for specialists to participate in eConsult and eReferral

How do we create a national common evaluation framework with standardized metrics and evaluation tools ?

Reach consensus in the four areas below to enable services to build their services to allow for inter-jurisdictional comparison and to develop a policy brief(s) post-forum

- Adoption of the quadruple aim framework as the preferred evaluation framework for eConsult/eReferral services
- Agree on the recommended data elements and important data elements that services should employ
- Recommend that evaluation be incorporated into the programmatic funding of each service
- Support the ongoing dissemination of evaluation as we embrace the learning health system approach to service delivery and evaluation

Getting to a national set of indicators

- What matters to patients?
- What matters to funders?
- What are we missing?
- What is feasible to collect?

Common Data Elements – National

- From a recent, informal survey of the national services, we have identified common data elements collected by each service. Other data elements are potentially available, and some are unique to each service.
- Common data elements include:
  - Number of eConsults sent by PCP
  - Location of PCP practice
  - Number of PCPs with an account on the platform
  - Specialty that PCP submitted case to
  - Total number of available specialties on the service
  - Number of specialists with an account on the platform
  - Calculated interval from assigned to first/latest response
  - Date/Time PCP created the case

Population health – Impact on Referral Rates

- Based on close out surveys
  - 68% of patients do not require a specialist visit
  - In 40% of cases PCP was planning to refer prior to eConsult (referrals avoided)
  - In 4% of cases, eConsult prompted a medical referral (patient safety)
- Based on a cross-sectional study[1]
  - PCPs who use eConsult consistently referred (face-to-face) fewer patients on average compared to their matched controls
  - 8% decrease on referral rate for PCPs who use eConsult
  - potential total of 342,044 fewer referrals and cost savings of $4,104,528.

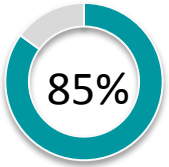
[1]C Liddy, I Moroz, E Keely, M Taljaard, A Mark Fraser, C Deri Armstrong, A Afkham, C Kendall. The use of eConsult is associated with lower specialist referral rates: A cross sectional study using population-based health administrative data. Fam Pract 2018 [epub ahead of print]

Population Health

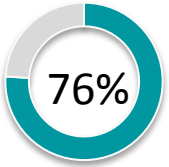
What	How
Health outcomes (mortality, morbidity, health status) Provider adoption Population served/not served Patient safety • Prompted referrals	Health administration data, RCTs Usage data Case closure surveys

Specialist Perspectives

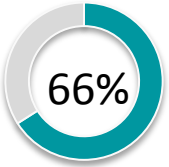
Impact on Relationship with Primary Care



eConsult results in **improved communication** with providers



it is **important/helpful** for them **to receive feedback** from the PCP after the eConsult



they have **confidence** that the primary care provider will follow through on their advice

they often get questions asked through eConsult that are not appropriate

Keely E, Williams R, Epstein G, Afkham A, Liddy C. Specialist perspectives on Ontario provincial eConsult services. J Telemed E Health. 2019 25(1):3-10

eConsult BASE™ Champlain

Experience of Providing Care

What	How
Provider satisfaction • requesting provider • specialist/specialty service Improved workflows Educational value	Case closure surveys Intermittent surveys (random case selection, periodic in time) Focus groups

Patient experience

- eConsult responds to previously articulated patient dissatisfaction with wait times
- Recently conducted patient interviews showed:
  1) 87% of patients felt the eConsult service was useful in their situation
  2) 100% of patients thought eConsult was an acceptable way to access specialist care
  3) 96% of patients considered eConsult an acceptable alternative to face-to-face specialist visits
- Patients appreciated eConsult's impact on access, care quality, and continuity of care

Joschko J, Liddy C, Moroz I, Reiche M, Crowe L, Afkham A, Keely E. Just a click away: exploring patients' perspectives on receiving care through the Champlain BASE™ eConsult service. Family Practice 2018 Jan;35(1):93-98.

Patient Experience of Care

What	How
Wait times Patient Satisfaction Response time Referral avoidance	Utilization data captured through platform Intermittent surveys of patients (random case selection, periodic in time) Patient portal for feedback

Lower costs

- Across specialty groups, the service cost a weighted average of $47.35/case versus $133.60/case for traditional referrals
- Accounting for societal factors (e.g. cost of avoided referrals, reduced patient travel/lost wages) nets additional savings of $11/eConsult[1]

[1]Liddy C, Drosinis P, Deri Armstrong C, McKellips F, Afkham A, Keely E. What are the cost savings associated with providing access to care through the Champlain BASE eConsult service? *BMJ Open* 2016 Jun;6(6):e010920

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Cost effectiveness

What	How
Total system costs	Cost data of running service
Per capita cost	Surveys
Direct and Indirect savings	Estimate of patient costs
Provider costs	Impact on utilization of other services – emergency department, other specialists, diagnostic tests, medications

The Winning Cards

- Please place the index cards with other participant names on them (not your own!) and put them in the buckets being circulated.
- We will have a draw and three people will win a small prize, and one person will win the grand prize….

Wrap Up and Next Steps

Question: As the variety of eConsult/eReferral systems grow and integration options are developed, how can we best apply the benefits of eConsult to the broader "traditional" referral process and further improve timely access to specialist advice?

1. Create simple easy to use platforms, well integrated into workflows (Ex: integration into EMR & EHRs, low # of clicks, Integrating eReferral/eConsult/Telehealth/EMRs, Clinical pathways)
2. Evaluate the value of central intake models vs. direct to provider models vs. a combination of both.
3. Create a collaborative approach to choosing the eReferral or eConsult pathway – i.e. a collaborative decision between PCP, Patients and Specialists
4. Keeping the patient informed (patient input in the office, communications check points, patient input on pathway chosen
5. Should collect lessons learned and perspectives from many types of stakeholders and providers, across jurisdictions and types of roles (Ex: health economists, clinicians, patients, policy makers, medical office assistants)
6. Developing incentives for PCPs and Specialists to leverage eServices (Ex: making the system mandatory, but not prescribing how they use it, mobilizing patients to ask for eConsults/eReferrals)

Question: What opportunities are there to impact the knowledge and skills needed for physicians or nurse practitioners to effectively participate in eConsult/eReferral models of care on a local, regional or national level?

1. Ensure digital tools are clinically informed and established as a standard of practice – clinicians are expected to use it
2. Training of educators/preceptors so they can train students **AND** Utilizing students digital literacy to have students train and drive usage by educators/preceptors
3. Update curriculums to meet to current context/digital literacy, emphasizing experiential learning
4. Establish a certificate of digital health for trainees and CME for MDs (recognition of their involvement/use of digital health tools)
5. Develop best practices and core competencies for use of eConsult/eReferral including the development of decision making tools and checklists (when to send eConsult vs. eReferral, what to include, how to answer consult, how much information is appropriate, use case examples)
6. Provide better support and training to end users informed by change management principles (more contractual support from vendors, single point of contact engagement support/change management digital health experts/organizations)
7. Connect with key partners and stakeholders (AFPC, MD Briefcase, Canada Health Infoway,

Thank you!

Reminders:

Please fill in your evaluations

- What works, what doesn't
- Should we be planning a 5th?
  - If so, what topics, who are we missing as a partner

On the way out, please leave a card/paper with your social media info ie website, twitter handle so we can link together and help promote each others work

Connect with us on online!

Twitter **@eConsultBASE**

#eConsultNationalForum2019

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Websites 

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