

CANADIAN COLLEGE OF
HEALTH LEADERS



COLLÈGE CANADIEN DES
LEADERS EN SANTÉ



Rapid Innovation & Leadership in Virtual Care



CCHL National Conversation Executive Summary

**Prepared by Brenda Lammi
Vice-President, Professional & Leadership Development**



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National Conversation Executive Summary

Introduction

Aligned with the College's Strategic Priorities of having an informed national voice and fostering a connected community, on June 23, 2022, we launched a new initiative: **The CCHL National Conversation**. We gathered input from experts and College members on a topic of high relevance and importance to health leaders. Virtual care was selected to be the focus of our first National Conversation.

Purpose

The CCHL National Conversation is an opportunity for CCHL members from across the country to learn more about and contribute to advancing thought leadership on a priority topic facing health leaders.

We aim to achieve this by disseminating the Executive Summary through networks across Canada, which is also intended to support effective health leadership within and beyond the CCHL community.

Format

The National Conversation took place over two virtual webinars. The first webinar, with almost 200 registrations, hosted a panel of three experts on virtual care who shared their pre-pandemic status of virtual care, their pandemic experience of growth and adaptation to provide and support almost exclusive virtual care, and their visions for the future of virtual care in Canada. Within their visions, the panelists were asked to consider the following themes:

- equity, diversity, and inclusion
- the health human resource crisis
- the impact on the environment
- barriers to achieving the vision
- the role of health leaders

We were privileged to have as panelists:

Megan Stowe, Executive Director, Clinical Informatics and Virtual Health, Vancouver Coastal Health. Megan provided a clinical perspective from supporting a large health authority as they transitioned very quickly to delivering virtual care in a setting where before the pandemic, there was primarily in-person care.

Shelagh Maloney, Executive Vice President, Engagement and Marketing, Canada Health Infoway.

Shelagh provided the perspective from a pan-Canadian health organization's perspective, with a mandate to support and encourage the use of digital health solutions.

Alisa Simon, Executive Vice President, Chief Youth and Innovation Officer, Kids Help Phone.

Alisa provided the perspective of a national program, that was already providing services in virtual modalities, and that experienced exponential growth and demand during the pandemic.

The second webinar brought registrants back to further discuss and identify their visions for virtual care in Canada, and the leadership behaviours, framed in LEADS, required to achieve the visions. Participants used break-out rooms with small group facilitators who recorded thoughts and ideas on a shared platform to be used to inform this executive summary.

Part One: Expert Panel

The following is a synthesis of the panelists' key points.

Pre-Pandemic State of Virtual Care

All three panelists stated that foundations for virtual care were in place prior to the pandemic, which enabled them to accelerate its uptake and distribution when required. For example, **Vancouver Coastal Health (VCH)** had coincidentally within a matter of weeks prior to the pandemic, launched their implementation of virtual care. The launch included roll out and education plans and processes ensuring privacy and security needs were met for the introduction of Zoom technology. This coincidence set them up to be prepared for the quick and broad roll-out at the outset of the pandemic.

Kids Help Phone, a pre-pandemic virtual service provider, had deliberately built a culture of innovation to keep up with the constant changes in technology, as well as its use by young people. This mindset positioned them well to adjust quickly to the disruption of the pandemic in March 2020, when most mental health and child welfare services to youth were closed, creating an increased and immediate need for their services.

Virtual care was already on the mandate for **Canada Health Infoway (CHI)** as a tool to improve Canadian healthcare prior to the pandemic. CHI had worked with partners to implement foundational pieces of virtual care, such as telehealth, lab information systems, drug information systems, and patient portals, building the required infrastructure that was essential during the pandemic.

Pandemic State of Virtual Care

All three organizations experienced rapid and exponential growth in virtual care and their support of virtual care during the first year of the pandemic, which has continued to date.

Vancouver Coastal Health (VCH) had received eight requests for access to Zoom technology in the week prior to the pandemic being announced. By the end of the first week, the requests had sky-rocketed to over 2500 requests to access Zoom. At the height of the pandemic, on a weekly basis, VCH provided 4000- 6000 video visits, 400-500 e-prescriptions, and 3000-4000 minutes of virtual interpretation services. VCH embarked on a process to evaluate these virtual care services to ensure quality of care, to assess the impact on clinician and patient experiences, and to calculate costs. The findings showed that:

- the quality of care was unchanged,
- patients and clinicians had predominantly good experiences,
- patients saved money by attending virtual visits,
- wait times were reduced,
- the use of personal protective equipment was reduced,
- there was a need for some technical orientation for patients and staff,
- there was an average of 2-5 kg of CO2 saved per visit, and
- surprisingly, the cost of care increased.

The increase in the cost of care was due to bringing in siloed tools that were not integrated into the clinical infrastructure, to the increased need for support (education/orientation), and to administration. A significant learning was that virtual care is about integration around care and that technology is only a small part of this integration.

The year prior to the pandemic, **Kids Help Phone** proudly provided support 1.9 million times. In 2020, they provided support 4.6 million times... and have provided support over 11 million times to date since the beginning of the pandemic. Early in the pandemic, Kids Help Phone chose to continue their pre-pandemic mindset that included a laser focus on two priorities: scale and quality. They found that their mindset for continual change and improvement and their culture of innovation prepared them for the COVID disruption, since they had an imperative to act instead of a steady state. This imperative to act required an essential leap of faith to expand into the unknown by the Board of Directors as well as by the staff.

At **Canada Health Infoway (CHI)**, they made more progress in virtual care in one year of the pandemic than in the previous decade. In February of 2020, CHI conducted one of the largest national consultations on digital health. The findings were that Canadians both wanted and were ready for digital health transformation. Of the respondents, 96% wanted technology in health care to make their life more convenient, 86% agreed that technology could address problems in the health system, and 8 out of 10 Canadians who had used digital health had said that it had helped them manage their health.

Due to the pandemic, CHI shifted quickly by reallocating their resources to implement a rapid response fund. They approached their partners to find out what was needed and found that:

- clinicians needed digital tools to provide virtual visits,
- people needed quick and efficient access to COVID lab results,
- there was a need to ensure remote patient monitoring systems were in place in the homes of the high-risk populations, and
- they needed to accelerate access to e-mental health services.

In the first year of the pandemic, 3.5 million Canadians and over 91 000 health providers had logged more than 5 million uses of virtual care.

Shelagh Maloney, EVP at CHI, reflected that this rapid shift to virtual care was not due to an enormous innovation, but rather due to:

- unprecedented collaboration
- accelerated policy change and decision making
- a change in the remuneration of physicians for virtual consultations, and
- a change in mindset with a singular focus and sense of urgency.

Vision for Virtual Care in Canada

The expert panelists agreed on a vision for virtual care for Canada that saw an integrated system, one in which the term 'virtual care' doesn't exist, but rather that Canadians move through a digitally-enabled health system according to their needs.

At **Vancouver Coastal Health**, as a result of their evaluation of their pandemic virtual care experience, they have developed a direction forward that includes:

- Integrating dimensions of quality to assess whether virtual care is the most appropriate care for the patient at that moment (and have created a trigger tool for this process).
- An emphasis on digital inclusion and health equity. A risk for virtual care is creating a larger divide, and they must develop virtual care through a lens of inclusivity, accessibility, and equity.
- A focus on the transformation of the care process and system development as virtual visits are only 5% technology.
- Integration of virtual tools with electronic health records for a seamless experience for patients and clinicians.
- Investment in virtual care is a planetary health driver that makes a difference to the environment.

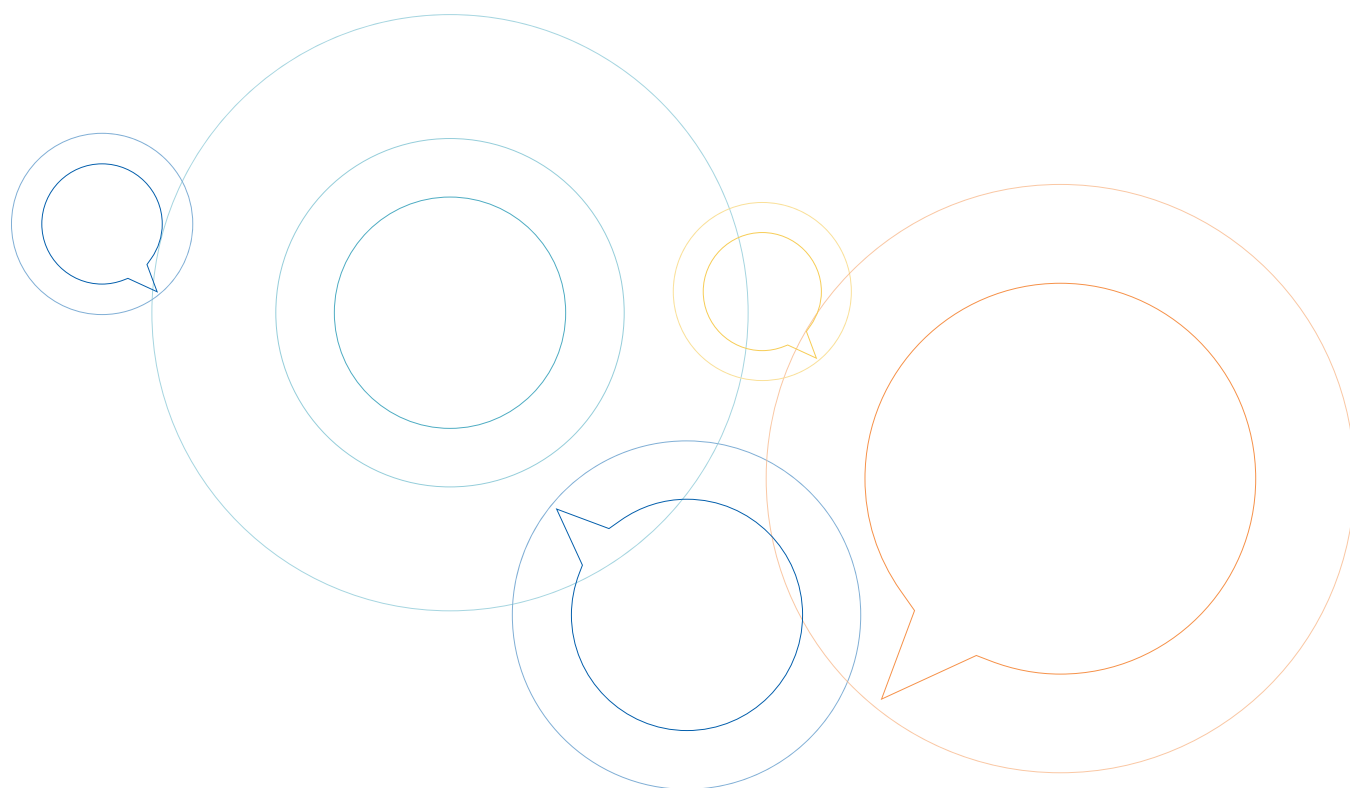
Alisa Simon at **Kids Help Phone** has a vision for continued investment and commitment to nationally accessible, co-created, and evidence-based virtual services and supports that are not duplicated, which meet the needs of Canadian youth across a wide spectrum. There is also a need to continue to build scalable virtual solutions as technology and the profile of youth change at an accelerated pace. A barrier to this vision is the siloed Canadian/Provincial health system that inherently creates unequal access to services depending on where you live. Alisa also emphasized the need for distinction-based approaches, which highlight the different needs by different groups and not combining people into one general category, such as Indigenous. This approach includes bringing representative members to participate in the service co-creation process.

Canada Health Infoway had launched a 'Beyond 2022' visioning exercise with stakeholders in 2019 to identify what the digital health landscape should be like in the next 5-10 years. This, and other research/consultations identified the following opportunities for digital health:

1. Health promotion and the continuum of care with Canadians at the core of design to create models of care that follow the patient and meet their needs
2. Health human resources issues, including creating a tech-savvy workforce that is skilled in working with different modalities of care and ensuring that clinicians have the required tools and technology
3. Virtual care can have a positive impact on the environment. For example, in 2020, virtual care reduced the carbon footprint equivalent to removing 70 000 cars from the road.
4. Virtual care can be a conduit for equitable access to health care
5. Virtual care can be a mechanism to address systemic barrier issues. For example, Indigenous groups reported that virtual care could be used to bring communities together, address mental health needs, and reduce travel burdens of the current system.

Shelagh Maloney explained that the barriers to achieving these opportunities are not new and include the inherent risk aversion in the health system, a lack of incentives, outdated policies, and our fractured health system.

She went on to share that to achieve the opportunities, leadership at all levels of the system is an imperative (health leaders, patient leaders, political leaders, and so on) along with a need to think differently. Collaboration is essential, as is the need to learn from one another. Moving away from the legal and procurement systems that currently run the system towards taking calculated risks and innovating. It will be uncomfortable, but we need to be okay with the discomfort.



Part Two: Participant Workshop

Participants in Part 1 were invited to participate in Part 2, which was a dialogue-based session. In small groups, participants described and discussed their visions for virtual care and the leadership actions and key capabilities required to achieve these visions. Participant contributions were captured by the small group facilitators using an online collaboration tool.

The Visions

Participants identified visions themed within the experience, the system, and the impact of virtual care.

The Virtual Care Impact

Virtual care will:

- Provide quality services that are equivalent across populations and geography with
 - Improved access to care
 - Improved and equitable access to Wi-Fi bandwidth
 - Have supports in place to address equity barriers
- Demonstrate new partnerships and collaboration
- Demonstrate the sharing of best practices and knowledge mobilization
- Reflect best-practices

The Virtual Care Experience

Patient Experience

Virtual care will:

- Be people-/patient-centred, demonstrated by using a distinction-based model for co-creation
- Provide seamless patient experiences
- Be efficient

Clinician/Provider Experience

Virtual care will:

- Support the clinician/provider experience with
 - Confidence in technology and connection
 - Flexibility
 - Skills to deliver care in mixed modalities
- Explore inter-provincial and inter-jurisdictional service delivery policies
- Be efficient

The Virtual Care System

Technology

Virtual care will:

- Use innovative technology and infrastructure
- Ensure privacy
- Be adaptable and adjusted through evaluation and assessments

Continuum of Care

Virtual care will:

- Provide flexibility through a balance of in-person and virtual services led by patient choice
- Be integrated across the continuum of care and electronic health records

Health Human Resources

Virtual care will:

- Support Health Human Resources
 - by including new ways of staffing, such as artificial intelligence
 - by encouraging innovation
- Require appropriate compensation

Turning Vision to Action

CCHL member participants identified the following leadership capabilities and behaviours required to reach the visions for virtual care, framed in the LEADS in a Caring Environment health leadership capabilities framework.

Lead Self

Self-Awareness

- Be aware of your own biases
- Be aware of your approach to complexities

Develop Self

- Identify your knowledge gaps

Manage Self

- Define your leadership style to lead this transformation
- Be flexible to overcome barriers

Demonstrate character

- Be vulnerable: learn from your mistakes to inform future planning
- Have conviction to see this through

Engage Others

Foster the development of others

- identify what skills, knowledge, and abilities are needed to create a seamless virtual care experience from all points of view (patients from all communities and demographics and their families, clinicians, providers, HHR)
- Foster and initiate the development of others to be comfortable with technology and virtual care systems

Contribute to the creation of healthy organizations

- Seek collaboration and scaling of ideas

Communicate effectively

- Define which 'voices' to hear (many, vs self, vs experts)
- Assess people's comfort and support familiarization

Build teams

- Leverage people's strengths and allow people to actively choose how they want to engage
- Co-create solutions identified through dialogue with multiple partners
- Use demonstration projects to create momentum

Achieve Results

Set direction

- Demonstrate value for investment, including results and value for patients
- Develop a system that allows for emergency diversion of services
- Prioritize the quadruple aim: improved patient experience, improved clinician/provider experience, better outcomes, lower cost

Strategically align decisions with vision, values, and evidence

- Create virtual health for/with a purpose
- Define where, how, and when services are provided and keep the patient at the centre

Take action to implement decisions

- Secure the software and tools necessary to standardize and build a cohesive secure system
- Create a streamlined integrated system including administration and record-keeping needs
- Create safe access to virtual care

Assess and evaluate

- Analyze trends to connect with demographics who prefer virtual services and listen to what they are saying (i.e., youth)
- Evaluate virtual care from the outset to demonstrate results, don't wait until the end
- Include evidence in decision-making: environmental scans, literature reviews, experiences (patient, provider, administrative), research

Develop Coalitions

Purposefully build partnerships and networks to create results

- Engage and build relationships with service-users: patients, families, providers, clinicians, and community groups to ensure equity and accessibility
- Strategically partner and create networks across organizations and virtual care vendors

Demonstrate a commitment to customers and service

- Co-create with stakeholders inside and outside of the system
- Navigate barriers for better access

Mobilize knowledge

- Share learning across settings to build collaboration and raise awareness

Navigate socio-political environments

- Use patient experiences to convey value of virtual solutions and build collaboration
- Build connections across provinces and territories to consider care paths and access

Systems Transformation

Demonstrate systems/critical thinking

- Integrate systems for data and workflows
- Demonstrate system-wide value proposition
- Conduct a system level analysis of pros and cons
- See things through a different lens, be curious

Encourage and support innovation

- Innovate and create new possibilities
- Advocate for both governance and coordination across the system

Orient strategically to the future

- Strengthen oversight mechanism across organizations to create a greater purpose
- Challenge the notion of 'we've always done it this way'
- Prioritize sustainability of a hybrid system from the outset

Champion and orchestrate change

- Encourage and advocate for innovative use of resources (e.g., virtual care centres in libraries)
- Cultivate centralized and provincial approaches across continuums of care
- Make strategic choices of technology that enable system level integration
- Build connections across provinces and territories to consider care paths and access

Conclusion

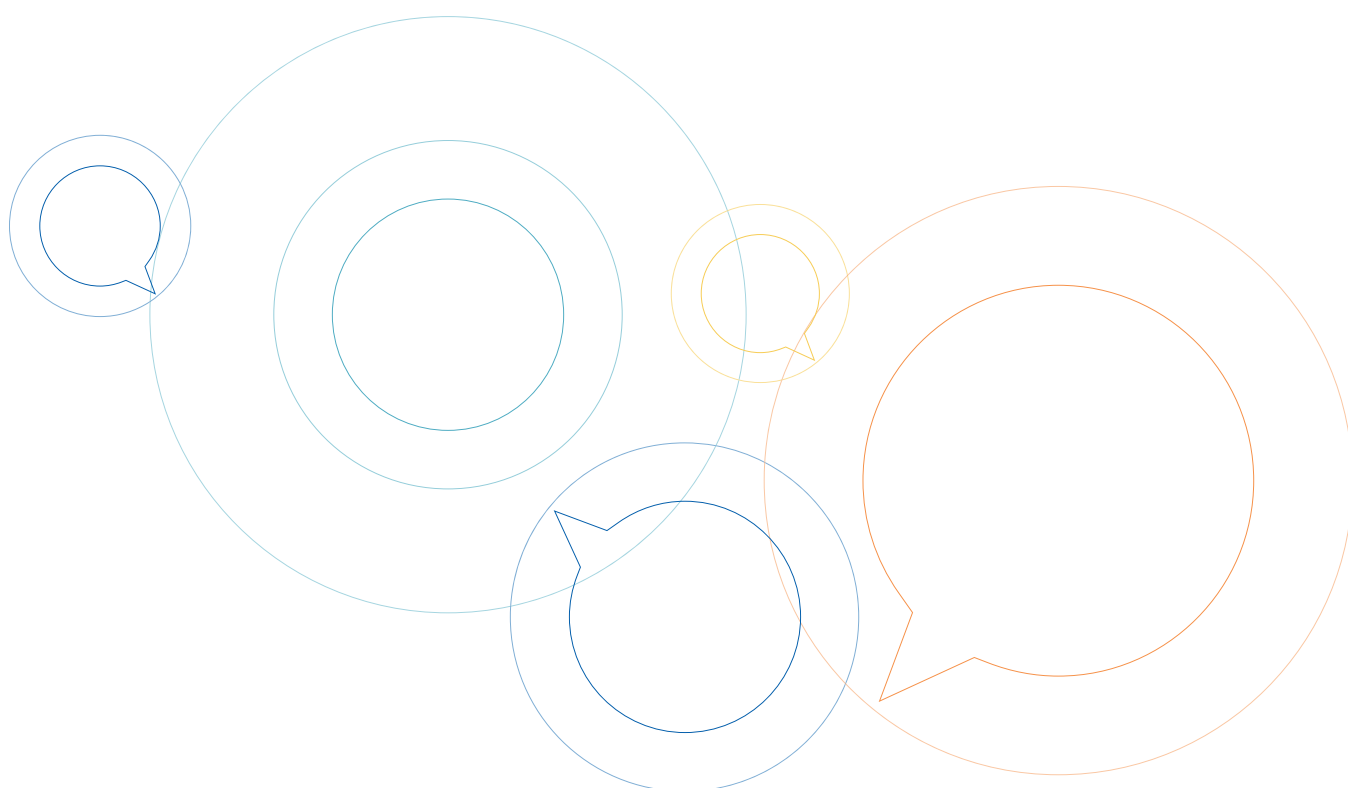
This Executive Summary offers health leaders' visions for virtual care in Canada with the required leadership actions to reach these visions. There was consensus throughout the National Conversation on virtual care becoming an essential part of the continuum of care, one in which it is fully accepted and not considered a distinct form of care delivery nor referred to as virtual, just 'health care'. The expert panelists agreed that the rapid innovation seen during the pandemic was a consequence of a pre-pandemic mindset of flexibility and growth, along with an existing foundation of digital support which facilitated the rapid growth and innovation due to the pressing demand. The challenge upon health leaders is to maintain the mindset of opportunity and priority to ensure the full and appropriate integration of virtual care into our health system and ensuring equitable access for all Canadians and health system users, regardless of geography and socio-economic demographic.

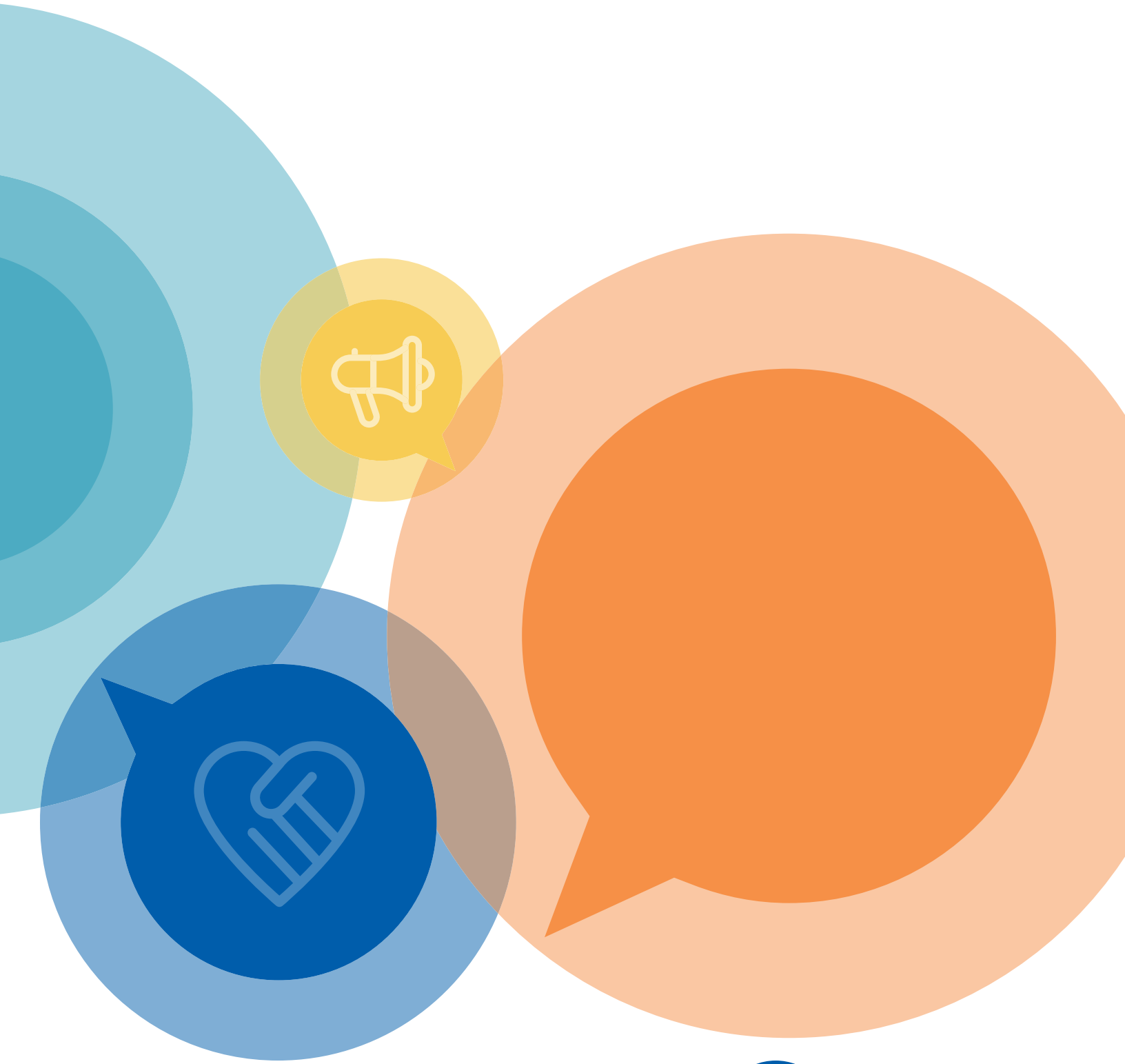
“Lead with an uncertain future, the sky is the limit” **– Participant comment**

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