Ontario Association of Cardiologists

34 Eglinton Ave. West, Suite 410
Toronto, Ontario M4R 2H6

Tel: 416-487-0054
Toll-Free: 877-504-1239
Toll-Free Fax: 866-554-4347
admin@ontac.ca

Patient Access to Virtual Care Services in Ontario
Threatened Effective December 1, 2022

Issue

In February 2022, the Ontario Medical Association and the Ministry of Health signed a physician services agreement (PSA) that makes virtual care - i.e. the provision of quality medical care without in-person contact - a permanent part of Ontario's healthcare landscape. A close examination of the PSA's virtual care provisions, however, reveals a fatal flaw. These provisions require that all new patient virtual visits be conducted by videoconferencing, not by telephone. These provisions also significantly reduce the already very low fees paid for follow-up patient virtual visits if they are conducted by telephone.

These measures will dramatically restrict virtual care services for patients without access to video conferencing technology. This includes some of Ontario's most vulnerable populations: the elderly who are uncomfortable with video conferencing technology; those who cannot afford it; and those who live in rural and remote areas that have insufficient internet access or bandwidth to support it.

Background

Virtual Care Experience

For more than two years, Ontario physicians have embraced virtual care as a way of providing quality patient care without in-person contact. This strategy, which was done in an effort to limit the spread of COVID, has proven to be very effective. While only 1.3 per cent of Ontario residents had participated in virtual care prior to the pandemic, by the second quarter of 2020 utilization had exploded to 29.2 per cent, with 85.9 per cent of Ontario physicians participating.

Temporary Fee Codes

This virtual care activity was supported by the Ministry of Health via the addition of temporary fee codes in the OHIP Schedule of Benefits. Under the temporary codes, fees paid for specialist consultations and assessments provided by telephone or video conferencing were equivalent to the fees provided for an in-person consultation or visit. Under the new PSA however, new patient visits provided by telephone are prohibited and fees paid for follow-up visits provided by telephone are cut by 15%.

Telephone vs. Video Conferencing

There is no medical, financial, or clinical reason to prohibit new patient visits or discount follow-up visits provided by telephone. The same staff time, chart preparation, advance patient interaction (i.e. booking and confirmation) is required regardless of the virtual care visit format.

Experience during COVID has shown that video often adds very little to a virtual visit over that which can be accomplished by telephone alone. Patients are very comfortable talking on the phone, and often give more detailed histories. Often one or several family members become part of the call. This enriches the information available to the physician and can often take more time.

OAC Concerns

Patients who do not have access to, or are uncomfortable with, video conferencing technology will be forced to go to their physician's office to receive care that they can easily get via telephone. In so doing, the OAC is concerned that:

Health: Patients will be exposed to the transmission of infectious diseases in the physician's office or other places on their way to and from the in-person visit.

Economic: Patients and their families will be hit in the pocketbook e.g. cost of fuel, parking, etc. by driving to unnecessary in-person medical appointments.

Environment: More people will be forced to use personal vehicles, which are a major cause of global warming and climate change, to get to their in-person medical appointments.

Increased Government Expenditures: Government spending will increase on such programs as the Northern Health Travel Grant, which helps patients and their families pay for transportation and hotel costs when going to other regions for in-person medical care.

Digital Divide Blind Spot: The new requirements do not acknowledge the current "digital divide" i.e. inequality in patient access to technology in Ontario, and force patients with limited digital literacy or without access to technology to obtain care differently and at greater expense than other patients.

Timing

The PSA's virtual care provisions come into effect on **December 1, 2022**. In the meantime, the existing temporary virtual care fee codes remain in effect.

Proposed Solution

Ontario's cardiologists call on the Ministry of Health to postpone the implementation of the PSA's virtual care provisions to allow for further negotiations on a new virtual care framework aimed at preserving patient access to telephone-based consultations and follow-up virtual visits if medically appropriate and it is their preference.

For more information, contact:
Tim Holman, Executive Director
Ontario Association of Cardiologists
Tel: 1-877-504-1239
E-mail: tholman@ontac.ca

Appendix: OAC Position Statement on Virtual Care

Ontario's cardiologists strongly support virtual care and believe it should be expanded, not restricted, and made an integral part of total health care delivery.

Principles

Virtual care is intended as a tool for use by a physician who will at other times see the patient in person according to their needs. It is not intended for use by physicians who would not otherwise see the patient in person, and who cannot provide the patient with appropriate in-patient services, testing and follow up as needed in a location that is geographically accessible to the patient. Virtual care must be conducted in a way that does not compromise the standard of care.

Professional Guidance for the Provision of Cardiology Virtual Care Services

1. New patient visits (i.e. consultations) can be virtual either by video conferencing or telephone, provided that objective data is of satisfactory quality, that additional testing can be arranged if necessary, and that the patient's overall condition is stable. Under such circumstances a physical exam can be deferred to a later visit.

2. Regularly scheduled follow-up visits (i.e. assessments) for chronic disease management can be virtual either by video conferencing or telephone in all cases provided that in-office care can be delivered in a timely fashion if the patient's condition requires it.

3. In-office care should be provided to patients whose condition cannot be adequately diagnosed based on available (virtual) data, to patients with progressive symptoms the management of which might be modified on the basis of a physical exam, or who, for whatever reason, cannot be properly assessed virtually by video conferencing or telephone. The timing of a follow-up in person visit should depend on clinical need.

4. In-office care should be available to patients who wish to be seen in person, even if the physician feels it is not medically necessary.