Submitted by: Dr. Alex Drossos, McMaster University

The following represents feedback received from Dr. Alex Drossos, instructor in the McMaster University eHealth program (a course on virtual care and telemedicine). He is a child psychiatrist and Assistant Professor, and is also the lead for Virtual Care and Telepsychiatry development for the academic division of child & adolescent psychiatry at McMaster University.

1. Are there ways that policies can better support innovation, choice and access to digital health care solutions? For example, do specific rules unnecessarily impact the ability to offer virtual products and services to Canadians? Please explain.

Innovation is best supported through a culture of Innovation and change. Approaches that include shorter term and/or local "pilot studies" and other small projects can create a barrier to longer term solutions. The COVID19 pandemic has proven that we can be innovative.

The strengthening and unification of health privacy legislation across Canadian jurisdictions has a role to play. Privacy concerns (real and perceived) have been a barrier in the past. While separate legislation in each province and territory will likely need to continue, there is merit to embedding virtual care considerations within any legislation and those should see virtual care in a very broad sense without consideration to specific technologies or other (even low tech) solutions.

In the last few months, the term Virtual Care has become synonymous with Synchronous video eVisits, and this should NOT be the case. Minimizing the barriers to other modes of virtual care, especially asynchronous options, including opportunities for clinician remuneration for such services should be examined.

The establishment of a portable medical license that supports virtual care provision and that is unified across all of Canada is paramount. There is also merit for this across all other regulated health professions. The challenge lies in having all provinces and territories agree to a common framework. There are location considerations related to digital health. For example, a clinician should be able to provide virtual care to their patients when away at a conference or other work activity, whether they are somewhere else in Canada, or across the world. It is understandable that the rules would require that the patient be located in their home jurisdiction in order to be able to receive such virtual care service. It is also important that geolocating tools are developed to confirm that a patient is located within a given province/territory at the start of and during virtual care provision.

2. What other barriers are impeding Canadians' access to virtual care and restricting innovation and choice in the health care sector? Can these barriers be reduced—and, if so, how—in order to facilitate the entry and expansion of digital solutions?

Reliable Internet access with sufficient bandwidth is a serious impediment. This is a potential impediment in rural/remote locations, including most Indigenous communities (even when close to an urban centre). It is also true of many others without access to the means for higher quality/bandwidth Internet, and others who are part of marginalized communities (e.g. the homeless/under-housed, etc.) who may not have access to the Internet at all, or very little.

Low bandwidth virtual care solutions, especially asynchronous ones, have a role and should also be considered part of the mix of offerings.

It would be important to broaden the understanding of what is included in "Virtual Care" (e.g. not just video eVisits, but also other options) and to support these types of innovations. There is a role for enhanced public education regarding how healthcare can best be delivered, in terms of costs, efficiencies, effectiveness and clinical outcomes. This should also be studied through a body of significant and supported research, so that over time it can become evidence-based.

Within mental health specifically, we need to find ways to support all types of patient populations with specific focus on the youngest and the oldest members of our communities where there is opportunity for innovation. For instance, how can we be more interactive with young children, who are constantly moving around and not visible through the device camera (again—part of the problem here is that we are currently limiting ourselves to video eVisits)? Think about the potential for a Go Pro type helmet cam to follow that child around, but also interactive "play" type tools that can be embedded into the visit and create a level of interactivity that mirrors in person visits. For the older population, considerations to neurocognitive changes (and their impact on the ability to assess) are important, but also how to support many who might not be as comfortable with technology and virtual care (this can of course apply to younger patients as well). There are a lot more examples, not just age of the patient. For instance minorities, marginalized communities, gender/sexuality differences, and even certain clinical presentations/symptoms that may make it more difficult—or even easier in some cases—to receive care virtually rather than in person.

Privacy concerns, billing and insurance coverage have in the past served as a barrier to moving forward as have provider resistance to change and resource constraints.

3. What measures have other jurisdictions taken to improve access to virtual care? How have barriers to innovation and choice been eliminated,
while balancing legal and regulatory requirements in the delivery of digital health care solutions? Can similar measures be adopted in Canada? Why or why not?

This is addressed in questions 1 & 2 and it is likely that the challenges/problems noted above are generally all occurring in other jurisdictions. The list provided is not considered to be exhaustive and other stakeholders would have additional insights. Canada should be able to adopt change; all that is required is the will and funding supports.

4. What impact has the COVID 19 pandemic had on innovation and choice in Canada's health care sector, and on Canadians' ability to access health
care virtually? Have any barriers hindered the adoption of digital solutions in response to the COVID 19 pandemic? Please explain.

For many of the reasons already alluded to above, COVID19 forced Canada to adopt and change and provide virtual care in settings where it wasn't previously considered or offered (much at least). Mental health happens to be an area where it is a quite natural extension of current services. Of course, in person services will always be required, but this too needs to be studied to better understand what is needed in person vs virtually, or vice versa (what is better virtually vs in person).

Choice is expanding significantly. The “creep” of service provision into the private sector and the regulatory component of this is something that Canada should be mindful of to ensure that the public is not taken advantage of when it comes to such offerings.

Access to devices, technology and good Internet (as described above) have been barriers in the past.

Focusing almost exclusively of video eVisits has likely provided some hindrance. Instead, it would be prudent to think about current problem areas within the Canadian system and determine possible solutions for these. Such solutions might include virtual care, but also might include other high tech, or even low tech, solutions. COVID-19 has served as a catalyst and opportunity to ensure we maintain a culture of innovation and change within our healthcare system going forward! It is important that we run with the opportunity and effect appropriate innovations and change. This can result in better patient care/outcomes, and more cost effective healthcare.