Summary Report of the Federal-Provincial-Territorial (FPT) Virtual Care Summit

June 22 and 23, 2021

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Executive Summary

On June 22-23, 2021 a federal, provincial and territorial (FPT) Virtual Care Summit (Summit) was held to discuss the policy enablers underpinning virtual care and to identify key considerations for a national action plan to maintain the unprecedented momentum spurred by the pandemic in the delivery of virtual care services. Nearly 80 participants from FPT governments, pan-Canadian health organizations, Indigenous representatives, rural and remote community representatives, Provincial-Territorial Medical Associations, health profession regulatory bodies, patient representatives, and other relevant stakeholder groups, participated in the Summit. The Summit was grounded on the findings of Will Falk's Diagnostique (2021) and the Equity report developed by the Task Team on Equitable Access to Virtual Care (2021) which were shared with participants in advance of the meeting.

While the Diagnostique and Task Team report highlighted numerous policy and other health system changes required to support virtual care, four major policy dimensions formed the basis for the Summit deliberations:

- **Service Delivery Model Design** - *Reimagining patient-centred care and integration across the continuum*
- **Licensure** - *Rethinking licensure for essential cross-jurisdictional care*
- **Remuneration & Funding** - *Incenting the most appropriate model of care and outcomes*
- **Change Management & Education** - *Enabling digital literacy, quality, safety & user experience*

In addition, the important topic of health equity was a cross-cutting theme that was deliberately embedded throughout Summit discussions in each of these four policy dimensions given the pressing nature of health access for all provinces and territories (PTs), particularly with respect to Indigenous populations and those living in rural and remote settings.

After robust discussions on these topics during Day 1 of the Summit, participants identified the following summary takeaways:

Together we…

- *Acknowledge that care is care, no matter how it is provided*
- *All have a role to play in defining the future of virtual care*
- *Need the courage to rethink governance across jurisdictions to enable virtual care in the best interest of patients*
- *Must engage Canadians and residents in discussions on virtual care and in understanding implications for personal health information*
- *Must ensure that care, no matter the channels, is culturally safe and addresses the unique needs of Indigenous (including First Nations, Inuit and Métis) communities*

On the second day of the Summit, participants were challenged to think boldly and to focus on identifying FPT action items for consideration within each of the policy dimensions to support virtual care. Importantly, participants highlighted the need for a pan-Canadian vision and responsive governance approach to help drive continued alignment amongst governments and relevant stakeholders for virtual care. Additional considerations for action were identified within each policy dimension and are summarized in the table below:

Proposed Actions
Service Delivery Model
▪ Collaborate at the pan-Canadian level towards clarifying interoperability and data standards to facilitate data exchange across jurisdictions and integration of digital solutions supporting virtual care. These data standards should ensure that vendors are not allowed to block the integration of their information in order to make it accessible, as appropriate, to providers and patients. ▪ Identify opportunities to collaborate across PTs on pan-Canadian procurement efforts that can help accelerate adoption of digital health tools. ▪ Work towards the development of a pan-Canadian evaluation framework which can be consistently applied by PTs to assess and benchmark the quality, effectiveness, adoption, and impact of virtual care solutions in the broader health system.
Remuneration & Funding
▪ Align PT health insurance models and provider remuneration – across the variety of in-person and virtual modalities – in order to drive best patient outcomes, improve the patient and provider experience and to be fiscally sustainable. ▪ Continue to leverage and compare cross-jurisdiction remuneration data for virtual care in order to inform future redesign of payment models.
Licensure
▪ Consider a pragmatic approach to cross-jurisdictional licensure through identification of use cases that can be piloted to test and evaluate changes that are grounded in improving access to care.
Change Management & Education
▪ Collaborate with Indigenous health system leaders and communities in a continued effort to ensure cultural safety, improve equity of access to health services and build health system capacity in Indigenous communities (including rural & remote regions) for high quality and appropriate care. ▪ Enhance digital literacy of health professionals by working with relevant stakeholders to design, develop and incorporate educational content on digital health/virtual care delivery into medical/health science school curricula and continuing education programs for practicing clinicians. ▪ Seek opportunities to engage the public and embed the patient voice in all efforts to evolve and adopt virtual care into the patient care experience and improve digital health literacy for all Canadians and residents.

While the focus of Summit was to support the appropriate enablement of virtual care within the publicly funded healthcare system, it is clear that many of the current policy gaps are also reflective of changes needed to address broader health system-wide challenges which could support Canada's overarching approach to delivering health services. Moving forward, the FPT Virtual Care/Digital Table will use the outlined proposed actions identified during the Summit towards developing the forward plan of action for the next 12-18 months.

Table of Contents

Executive Summary 3

Introduction 7

Background and Summit Approach 7

Vision for Virtual Care 10

Policy Dimensions for Virtual Care 11

What Does Good Look Like for Virtual Care in Canada? 15

Considerations for FPT Virtual Care Action Plan 17

Vision and Governance 18

Additional Considerations 18

Moving Forward and Next Steps 20

Acknowledgement 20

References 22

Introduction

Despite the many challenges presented by the COVID-19 pandemic to Canada's healthcare system, it spurred substantial progress in the virtual care landscape across the nation as provinces and territories (PTs) looked to provide access to publicly funded healthcare in a safe and physically distanced manner. To support the necessary proliferation of virtual care, PTs implemented temporary billing codes in order to compensate physicians for virtual care and expand access to essential health services. At the same time, many new virtual care tools were put in place quickly, resulting in lingering sustainability challenges. The Federal-Provincial-Territorial (FPT) Virtual Care/Digital Table consisting of senior FPT health officials was created in March 2020, with the purpose of developing a collaborative plan for accelerating the deployment and sustainability of virtual care both during the early stages of the pandemic, and for the long term. In addition to the FPT Virtual Care/Digital Table, the Virtual Care Expert Working Group was formed to provide expert advice and guidance on the Table's efforts regarding virtual care.

Hosted by the FPT Virtual Care/Digital Table, an FPT + Stakeholder Virtual Care Summit (Summit) was held over two half-days on June 22-23, 2021, where nearly 80 participants from FPT governments, pan-Canadian health organizations, Indigenous representatives, rural and remote community representatives, Provincial-Territorial Medical Associations, health professional regulatory bodies, patient representatives, and other stakeholder groups discussed how they could work together to sustain and build upon the progress that jurisdictions had achieved in deploying virtual care during the pandemic. Participants were asked to be bold and focus on how all stakeholders could work together to achieve a collective vision for virtual care. The outcomes of the Summit will provide a foundation for the adoption of virtual care as a long-term facet of high quality, equitable and sustainable healthcare across Canada.

KPMG Canada was procured by Health Canada on behalf of the FPT Virtual Care/Digital Table, through normal Government of Canada tendering process, to provide objective facilitation support during the two-day Summit.

Background and Summit Approach

During the winter of 2021, the FPT Virtual Care/Digital Table commissioned a report from Will Falk, Adjunct Professor at the Rotman School of Management at the University of Toronto and a Senior Fellow at the CD Howe Institute, to validate the Table's preliminary policy framework for virtual care and to provide recommendations for the forward path. Will's Diagnostique, *The State of Virtual Care in Canada as of Wave Three of the COVID-19 Pandemic: An Early Diagnostique and Policy Recommendations*, outlined 49 policy recommendations to support the long-term enablement of virtual care.

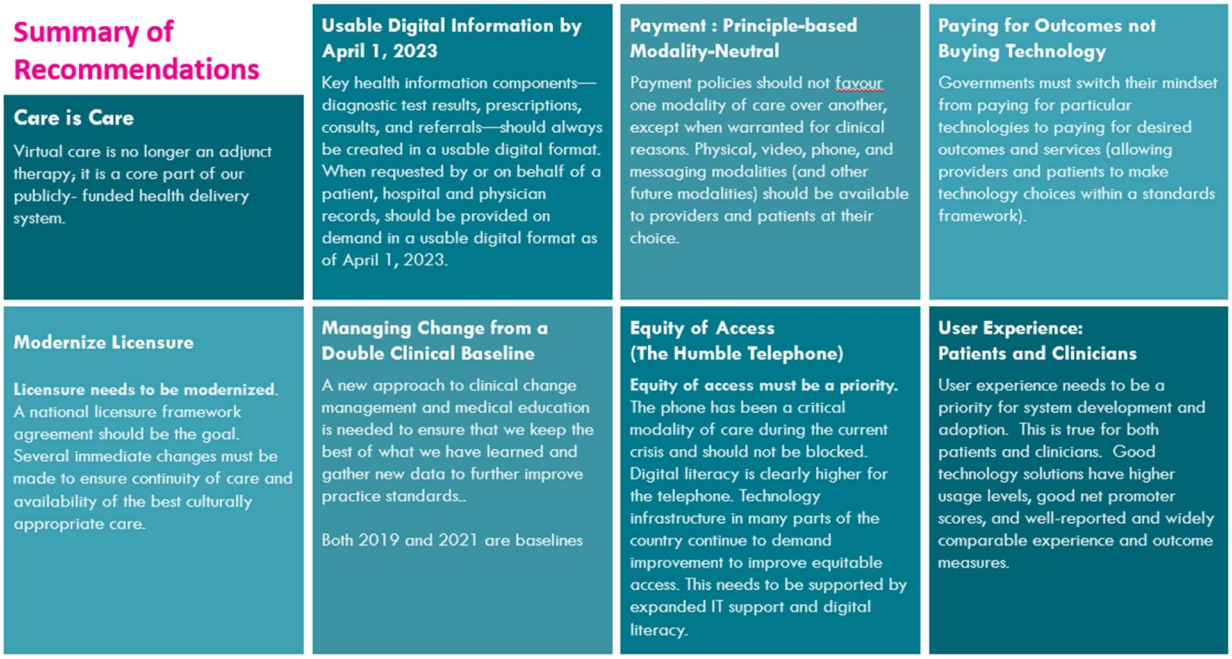
The FPT Virtual Care/Digital Table's policy framework for virtual care which shaped Will's Diagnostique consists of three policy foundations:

- ***Privacy and security***
- ***Data Standards and Integration***
- ***Technology***

And six policy pillars:

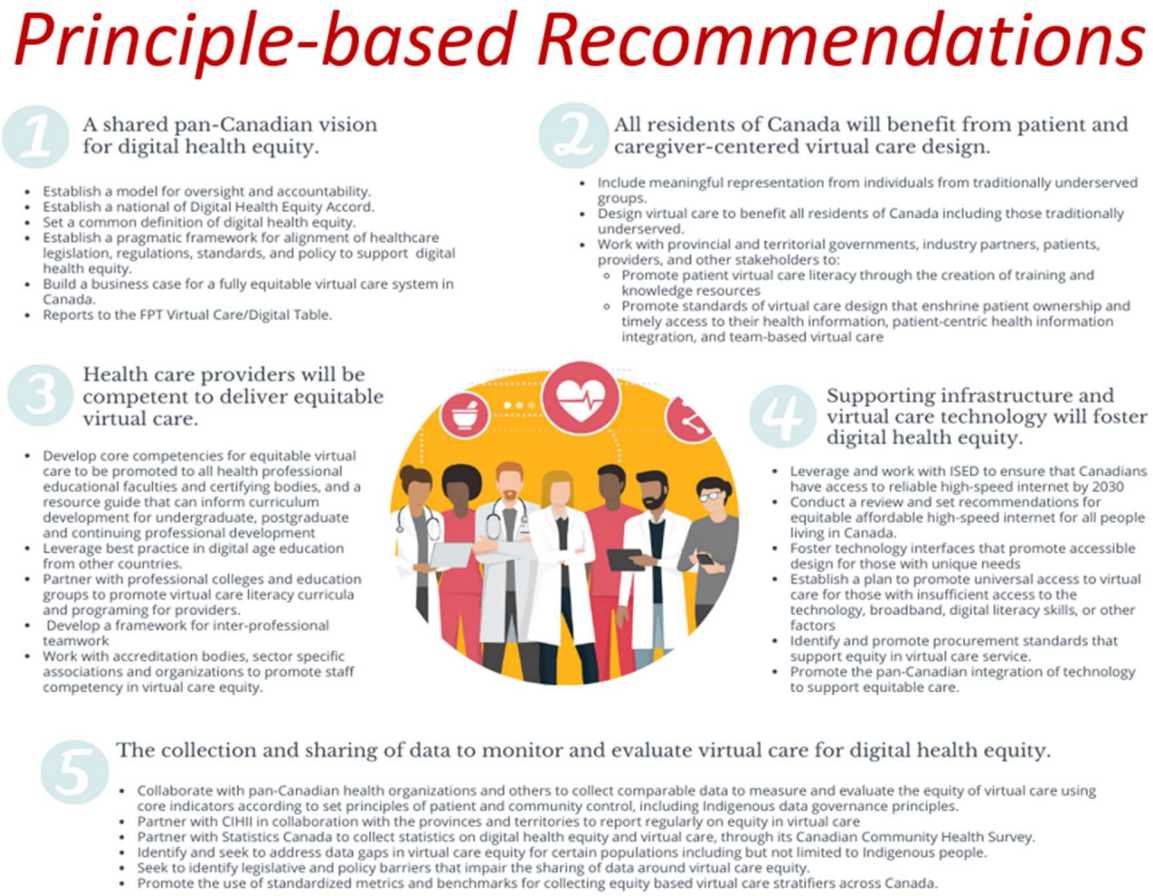
- ***Patient and Community Centered Approached***
- ***Equity in Access***
- ***Provider Remuneration / Incentive Structures***
- ***Appropriateness, Safety and Quality of Care***
- ***Provider Change Management***
- ***Licensure***

The recommendations within Will's comprehensive Diagnostique are summarized within eight categories presented below (Falk, 2021):



In addition to the Diagnostique (Falk, 2021), the Task Team on Equitable Access to Virtual Care (Equity Task Team) chaired by Dr. Ewan Affleck, Senior Medical Advisor - Health Informatics at the College of Physicians & Surgeons of Alberta, developed the report, *Enhancing Equitable Access to Virtual Care in Canada: Principle-based Recommendations for Equity,* outlining the current healthcare system gaps and the changes needed to support equitable access to virtual care in Canada.

Five principle-based recommendations within the Equity report are outlined below (Task Force on Equitable Access to Virtual Care, 2021):



Based on the proposed Design Principles, the Equity Task Team recommended that FPT governments in collaboration with a broad range of stakeholders, including patients, providers, and Indigenous groups establish a pan-Canadian Digital Health Equity Working Group, with a mandate to align jurisdictions around a common effort to drive progress on enhancing equitable access to virtual care.

Both reports were shared with participants in advance of the Summit and served as the basis for the Summit's two-day agenda. Distilling the collective findings and recommendations from the reports, three core objectives for the Summit were to: 1) Develop a shared understanding of needed policy supports for virtual care; 2) Identify supporting mechanisms, resources, and levers to accelerate progress; and 3) Develop a high-level shared agenda and plan of action. Additionally, three key planning assumptions were also established to help provide Summit participants with a principles-based approach to guide the deliberations:

- *Take a patient-centred approach in virtual care design*
- *Care is care – virtual care is care and should be considered, remunerated and evaluated as such*
- *Equity of access must be considered in any policy changes*

Summit participants wholeheartedly embraced the idea that "care is care" and emphasized the importance of treating virtual care, along with in-person modalities, as a core component of Canada's publicly funded health service delivery moving forward. Furthermore, the importance of ensuring equity and cultural safety in virtual care delivery, especially for Indigenous communities, was repeatedly stressed during Summit discussions along with importance of developing virtual care with a patient-centric approach. All three of these planning assumptions heavily influenced deliberations during the Summit and reflect a common basis upon which considerations for a national action plan were identified. While the focus of Summit was to support the appropriate enablement of virtual care within the publicly funded healthcare system, it is clear that many of the current policy gaps are also reflective of changes needed to address broader health system-wide challenges which could support Canada's overarching approach to delivering health services.

Cultural Safety: "An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care." (First Nations Health Authority)

Vision for Virtual Care

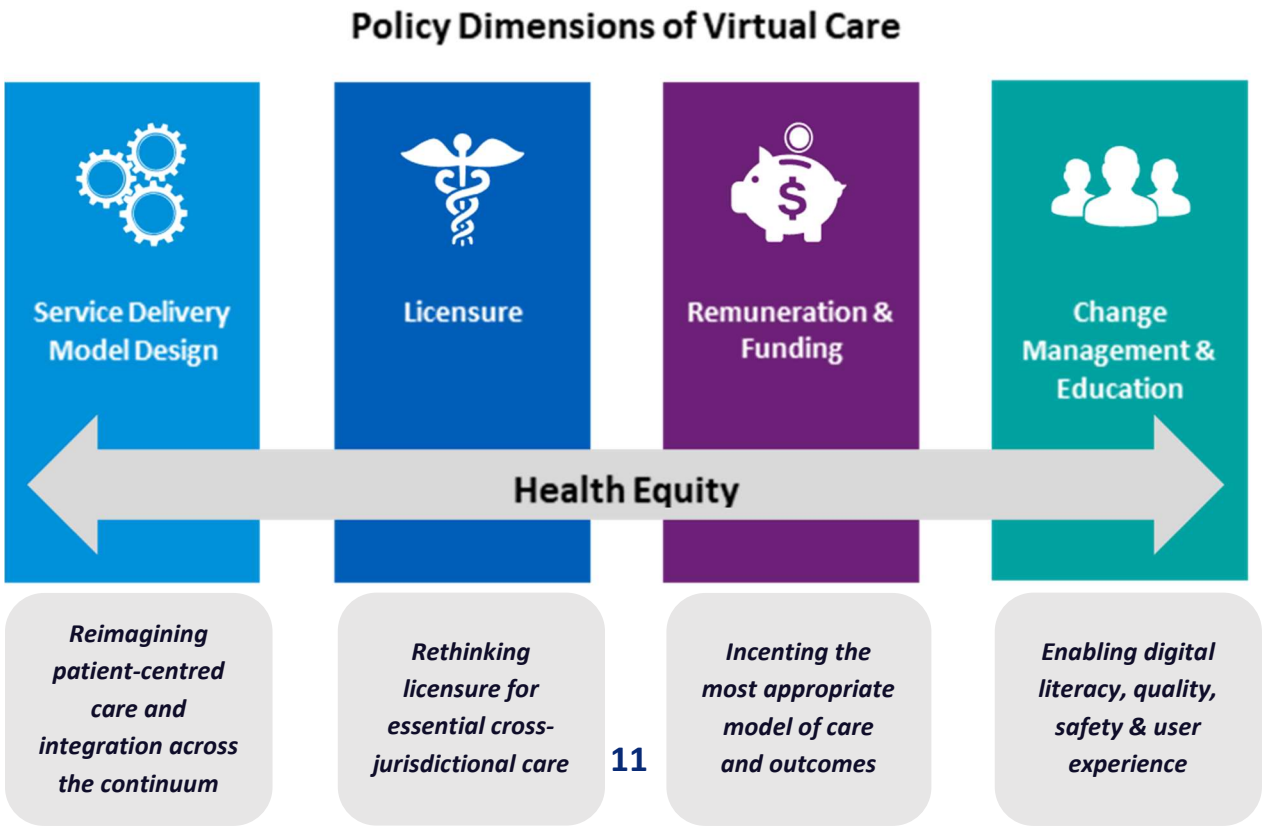
Summit participants discussed key elements of a collective vision for virtual care, namely for patients, providers and all Canadians and residents. First, they considered the momentum and progress experienced during the pandemic, informed by the Diagnostique (Falk, 2021) and Equitable Access to Virtual Care studies (Task Force on Equitable Access to Virtual Care, 2021). Key topics in the discussion included the importance of allowing patients more choice that considered their personal circumstances and needs, cultural safety when using virtual channels, addressing access barriers for remote communities, care quality being tied to virtual channels and appropriateness of virtual care relative to in-person settings. The following "word cloud" was developed by participants.

Clear themes emerged including access, quality, patient-centred, appropriateness, convenience, continuity and consistency. These themes helped to inform the following proposed future state vision statement for virtual care in Canada.

All Canadians and residents should have equitable access to high quality healthcare services – whether at a distance or in-person – that are appropriate, fiscally sustainable and culturally responsive to their needs. In turn, healthcare providers' digital literacy should be supported, in education and practice, to provide their patients with compassionate, insight-driven care, across all channels and care settings.

Policy Dimensions for Virtual Care

Condensing the recommendations from the Diagnostique (Falk, 2021) and Equitable Access to Virtual Care studies (Task Force on Equitable Access to Virtual Care, 2021), four key policy dimensions, and health equity as a cross-cutting theme, were used to frame the Summit discussions. Within each policy dimension, participants were asked to provide their input on what needed to change to support virtual care going forward. Participants acknowledged that not all policy dimensions are of the same complexity and some will take longer to address.



Service Delivery Model Design

Description - Captured within the Service Delivery Model Design dimension are policy tools which enable patient-centred care and integration of virtual care into the service delivery model across the continuum. The appropriate integration of virtual care within Canada's publicly funded system provides an opportunity to re-design delivery models which are patient-centred and move to more team-based models of care, which can improve overall health system focus on population health management, operational efficiency and patient convenience. As stated in Falk's Diagnostique, policy focus needs to shift from only funding specific technologies to a modality-neutral approach to funding desired services and outcomes.

What Needs to Change? A strong appetite was expressed for established national standards to define the model of care and how virtual care will be a part of the required integrated digital infrastructure as an alternative to the currently fragmented approach in most jurisdictions. Participants flagged the need for Canada to be pragmatic in the adoption of interoperability standards (e.g. leveraging US standards already in place as a starting point) and considering how "patient rights" can help drive data export/exchange. The US' Medicare Blue Button initiative was raised as an example of putting control in the hands of patients to decide where their data is shared. Participants also highlighted that technology solution and interoperability standards are not the same as data content standards, the latter enabling evaluation of the care delivery, quality and patient health outcomes. Both sets of standards are required to help ensure that PTs and health authorities/provider organizations have access to the right data to determine whether care – regardless of channels - is equitable, safe, appropriate, and effective.

In addition to the need for national standards and improved integration, participants articulated a need for adaptable leading practice indications for a variety of contexts to direct when virtual care should be used and expected patient outcomes from the associated care. Service delivery model design for virtual care should be centred around the relationship between patients and their most responsible provider, with particular attention paid to place-based care that integrates primary care services into the service delivery model to ensure continuity of care. Care delivery should not take a cookie-cutter approach and needs to effectively meet the needs of Canadians, acknowledging the different contexts both between and within PTs. Finally, virtual care needs be viewed as a standard component of care and not approached as a binary entity in comparison to in person care.

Licensure

Description - While current PT licensure policies support portability of care for in-person consultations, (e.g. for sub-specialty visits when not available locally) they do not provide the same flexibility in all cases for virtual care or other digitally-enabled service delivery methods. Rethinking licensure for essential cross-jurisdictional care may provide an opportunity to enhance access to appropriate services via digital channels between PTs. A core challenge to modifying Canada's licensure approach toward a national framework is the perceived risk this shift could have on the continuity of care and the lack of clarity on which regulatory bodies would maintain provider accountability. Implications for required controls, such as those regarding fraud and abuse, should be considered in the context of a national framework.

What Needs to Change?
Participants were supportive of the "care is care" principle for virtual care and thus agreed that PTs need to adapt current licensure regulations in order to allow more flexibility to clinicians who need to provide care digitally across jurisdictional boundaries. For example, the idea of a "digital provider license" for physicians and other health professions was raised to allow delivery of care through digital/virtual channels to patients regardless of their location and further support the continuity of specialty care. One province shared that it had been serving patients outside its provincial borders pre-COVID-19. During the pandemic, the program was limited as a result of increased awareness of the rules/regulations around licensure demonstrating the current barriers these rules can impose on providing effective cross-jurisdictional care. In order to address this complex area, most participants felt that change would be more likely to succeed through focused use cases (e.g. accessing culturally safe care for Indigenous communities in their preferred language) or on a regional basis rather than a 'big bang' national framework to licensure.

> "It is not possible for every jurisdiction to provide care in every [Indigenous] language but promoting cross-jurisdictional care for this specific use case is a great proof of concept to explore how the logistic barriers to national licensure could be achieved. Of course, not easy but also not impossible as other countries (Australia in particular) have demonstrated."
>
> *– Dr. Ashley Miller (Chief Medical Information Officer, Nova Scotia Health and IWK Health Centre)*

Remuneration and Funding

Description - Pre-COVID-19, there was a lack of consistency across PT fee schedules for virtual care within the publicly funded health system. Private sector virtual care providers have been able to address an access to care gap by providing direct-to-consumer services. At the same time, this raises a new challenge with respect to the scope of remuneration of essential services for PTs. In order to support continuity of access to care, PTs moved quickly during the pandemic to cover remuneration for virtual care services, though there are still inconsistencies for certain channels, such as asynchronous messaging. The pandemic has demonstrated, nationwide, how quickly remuneration can realign service delivery to meet jurisdictional needs for access to services. It has also highlighted the challenges associated with fee-for-service payment structures when volumes fluctuate dramatically, greatly impacting provider income and jurisdictional budgets. Virtual care provides a catalyst for new payment models that can incent health system alignment with broader population health goals and access to appropriate care.

What Needs to Change? An underlying challenge that participants highlighted was the need for more information on the efficacy of virtually delivered care to support evaluation of these services relative to patient health outcomes and the service delivery model in which they are deployed. Most participants expressed a strong desire to move away from traditional remuneration models (e.g. fee-for-service) that pay for virtual care transactions, in favor of incenting team-based care delivery models that also support virtual care. It was also stated that while team-based care funding approaches do support the continuity of primary care, they may ignore sub-specialists who provide longitudinal care for patients with chronic conditions and thus different payment models will need to be considered dependent on practice types. Participants understood the complexities of implementing team-based incentives and recognized this shift would take time. Many examples of PTs partnering/collaborating with private sector virtual care and other digital companies were mentioned. For example, emergency services at risk of closing due to local health professional shortages in PEI were supported through partnership with a private virtual care

vendor. Despite the variety of initiatives with private virtual care solution providers, no consistent leading practice business models have emerged.

With respect to making best use of available PT funding for virtual care, some participants expressed the desire for a pan-Canadian procurement collaborative which could support smaller regions/organizations in accessing the appropriate digital health tools. Currently, several PTs are participating in a joint procurement facilitated by Canada Health Infoway for virtual and remote care solutions.

Change Management and Education

Description - As virtual care becomes a permanent element of Canada's healthcare system, considerations for ensuring quality, appropriateness and safety are essential to its successful adaptation into broader service delivery models. Change management and education are key enablers to address the current gaps in digital literacy of patients and providers across multiple channels and care settings. Medical and health science school curricula need to prepare learners for practicing in a digitally-modern health system. At the same time, health systems should provide appropriate training and change management supports for clinicians using digital tools across care settings.

> "It would be really important to make sure there are provisions for anti-Indigenous racism built in [to the delivery of virtual care]"
>
> *– Richard Jock (CEO, BC First Nations Health Authority)*

What Needs to Change? Under this policy dimension, most participants expressed the need for change management and educational supports that enable the use of broader digital health solutions, rather than just focusing on virtual care. Tools, training and resources are needed to address gaps in cultural safety, language barriers and digital literacy for both patients and providers. Surprisingly, only a small fraction of Canadian medical/health sciences programs include digital health content that prepares learners for practice. Consequently, it was agreed that educational institutions have progress to make in terms of helping to raise digital literacy for medical/health sciences learners. The development of education materials should avoid being too prescriptive and aim to find a healthy balance between guiding and supporting patient choice and relying on practitioner judgement, similar to other decisions for care. Furthermore, policy changes should aim to spur a collaborative environment for the public and private sectors that builds upon a national framework of common standards for technologies.

The following reflections summarize the initial policy discussions from the Summit:

Together we…

- *Acknowledge that care is care, no matter how it is provided*
- *All have a role to play in defining the future of virtual care*
- *Need the courage to rethink governance across jurisdictions to enable virtual care in the best interest of patients*

- *Must engage Canadians and residents in discussions on virtual care and in understanding implications for personal health information*
- *Must ensure that care, no matter the channels, is culturally safe and addresses the unique needs of Indigenous (including First Nations, Inuit and Métis) communities*

> "[I]n a post COVID world, the public is fully invested in virtual care, and as a result [so is] private enterprise...Governments [and] the medical profession [have] to react to a changing environment, and relatively quickly, and at a speed we are not used to traditionally."
>
> *–Dr. Sacha Bhatia (Population Health and Value Based Care Executive, Ontario Health)*

Participants agreed that PTs should act now to ensure that we move forward with the transformation in care delivery spurred by the pandemic, and ensure that virtual care is permanently implemented in an equitable and high quality manner. This view was further echoed when participants ranked Service Delivery Model Design as the most important dimension. The consensus was that ideal elements of Service Delivery Model Design incorporating virtual care needed to be identified before assessing how the other three policy dimensions – Licensure, Remuneration, Change Management and Education – could enable it, or as described by one PT representative, "form follows function".

It was also acknowledged that policy discussions need to accentuate the patient voice and perspective in order to be truly patient-centric. Many Canadians and residents are becoming more digitally savvy, connected beyond their local communities and expecting that their healthcare providers will reciprocate with modern access channels.

Meanwhile, there is growing demand for virtual care services, whether publicly or privately provided, which has significant implications regarding health data integration, the remuneration of virtually delivered services and the appropriate provision of virtual care amongst public health systems and private vendors. Both public health systems and private vendors will need to further collaborate to ensure that health information is not siloed, and care is not further fragmented exacerbating access issues that PTs are wrestling with today. Additionally, PTs will need to consider the impact that future policy decisions have for both publicly funded health systems and private vendors in order to shape a health system which is truly patient-centric.

What Does Good Look Like for Virtual Care in Canada?

In order to help inform the development of an action plan for virtual care, participants were asked to boldly envision "what good looks like" in three years for each of the four policy dimensions. The following section summarizes the views participants expressed during the breakout sessions.

Service Delivery Model Design: Imagine by 2024

- Canadians and residents have choice about their preferred modality of receiving care when receiving appropriate advice from their most responsible provider.
- Patients have direct access to their digital personal health record. More activated patients empower preventative and self-care, thus improving health outcomes.

- Pan-Canadian standards help ensure that virtual care – regardless of modality – is delivered in a safe, secure, equitable and high quality manner, and that virtual care channels seamlessly integrate with electronic records.
- Patients have access to digital health records and cross-jurisdictional care, when required.
- Procurement rules and business models support faster, more efficient acquisition and adoption of digital solutions that support data integration and adapt to changing care delivery models and clinical workflow.
- All Indigenous communities have access to appropriate and culturally safe modes of care

Remuneration & Funding: Imagine by 2024

- The growth in virtual care catalyzes a shift away from fee-for-service remuneration models towards alternative payment approaches that incent improvements in patient health outcomes.
- Standardized provider payment data collection and sharing across the country helps PTs more accurately assess and compare the efficacy of payment models, enabling more effective funding decisions tied to clinical outputs and population health parameters.
- PTs adapt payment models that support team-based care regardless of modality, incentivize continuous quality and safety improvements and patient continuity of care.
- The use of quality metrics in accountability frameworks to ensure providers and care models are incentivized to provide patient-centred quality care.

Licensure: Imagine by 2024

- Cross-jurisdictional provider licensure is in place for virtual care modalities that support patient care continuity and access to specialists who might not otherwise be available in the patient's local community.
- Pilot programs for students attending school out-of-province, sub-specialty access and language and cultural safety considerations serve as the initial use cases for cross-PT coverage of virtual care-driven consultations.
- Regulators and PTs collaborate to trial and evaluate the impact on professional licensure, new controls for fraud and abuse, PT costs of care and patient access to services.
- Pan-Canadian organizations provide policy evaluation support to the pilots, identifying opportunities to expand cross-jurisdictional care and support a transition toward a national licensure framework.

Change Management & Education: Imagine by 2024

- Access to the Internet and Digital Literacy are national publicly measured indicators, given the federal government's accelerated investments in broadband infrastructure. For the health system, this is measured at provider/care team and patient levels.

- Most medical and health science graduate programs embed digital health and informatics – supported by new academic accreditation standards in digital health into the broader curricula that prepare new grads for the use of digital solutions in clinical workflow.
- Continuing education courses are available for practicing clinicians through their health professional regulatory colleges or other pan-Canadian organizations to support virtual care and data management skill development.

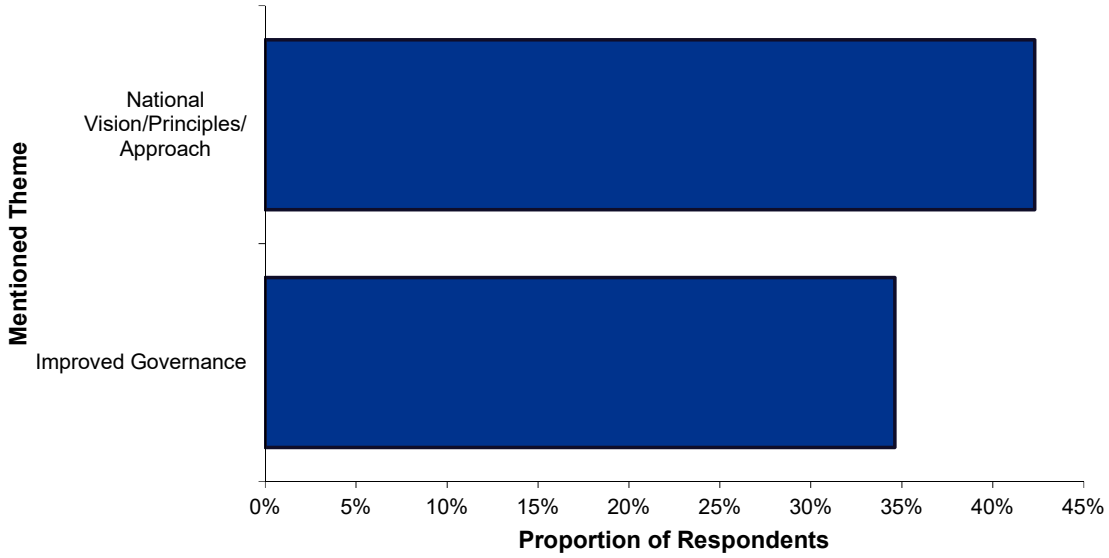
> "From an innovation point of view, it's very important for us to take rational pan-Canadian approaches to things and have a harmonized rule environment for innovation in vendors or they are not going to do work [in Canada]."
> *–Dr. Trevor Jamieson (Chief Medical Informatics Officer, Unity Health Toronto | Women's College Hospital)*

- Patient voice is deemed an essential aspect in the development of educational resources to enable positive patient and provider user experiences.
- Indigenous leaders directing culturally safe and high-quality team-based models of health services for all Indigenous communities.
- Change management supports for health systems are in place for care teams and their administrative staff to integrate virtual care into the broader service delivery model.
- Virtual care supports for patients not only include technical troubleshooting, but also education about the appropriateness of various modalities in order to reinforce a trusting relationship with their care teams that embeds cultural safety, data privacy and security into the patient experience.

Considerations for FPT Virtual Care Action Plan

The culmination of the Summit was the identification of potential actions needed to support PTs' transition toward the future stated vision for virtual care. When participants were surveyed with an open-text question at the end of the Summit to share what they felt is the most urgent area of focus to be addressed within the next 12-18 months to support Canada's virtual care strategy, over 40% of respondents stated the necessity of a collaborative pan-Canadian vision and/or guiding principles for virtual care (Figure 1). Furthermore, over 30% of respondents mentioned that improved governance was needed in order to guide Canada's virtual care strategy moving forward (Figure 1). Participants expressed throughout the Summit a desire for a common vision and improved governance for virtual care to inform the basis of a strategy moving forward in the next 12-18 months.

Figure 1: What is the most urgent action we need to address in the next 12-18 months to support Canada's virtual care strategy?



Vision and Governance

Summit participants repeatedly highlighted the need for a commitment by FPT governments, partners and relevant stakeholders to a common vision for virtual care as an integrated element of equitable and person-centred care in the publicly funded health system. Participants spoke to the importance of a public stated commitment to this vision, including transparency to patients, providers and others, with a view to setting out the shared path forward for virtual care in Canada. As part of that vision, participants reiterated that "care is care," regardless of the modality (virtual or in-person), and that modality type is a decision best made between a patient and their provider.

There was also widespread recognition of the different roles that governments and stakeholders will need to play to support and align with this vision, including potential governance and regulatory changes that PTs and other pan-Canadian stakeholders may need to support. Participants spoke to the value of the FPT Virtual Care/Digital Table and other stakeholder tables in fostering the level of continued collaboration that will be needed going forward.

Additional Considerations

In addition to the discussion on the need for a collective vision and improved governance, Table 1 summarizes the major ideas proposed within each of the policy dimensions throughout the Summit. Please note that, as time during the Summit did not permit prioritizing or sequencing the proposed ideas, the order of considerations below should not be construed as such. They are provided here as considerations to inform further review by the FPT Virtual Care/Digital Table.

Table 1: Key Considerations Enabling the Four Policy Dimensions of Virtual Care

Proposed Actions
Service Delivery Model
▪ Collaborate at the pan-Canadian level towards clarifying interoperability and data standards to facilitate data exchange across jurisdictions and integration of digital solutions supporting virtual care. These data standards should ensure that vendors are not allowed to block the integration of their information in order to make it accessible, as appropriate, to providers and patients. ▪ Identify opportunities to collaborate across PTs on pan-Canadian procurement efforts that can help accelerate adoption of digital health tools. ▪ Work towards the development of a pan-Canadian evaluation framework which can be consistently applied by PTs to assess and benchmark the quality, effectiveness, adoption, and impact of virtual care solutions in the broader health system.
Remuneration & Funding
▪ Align PT health insurance models and provider remuneration – across the variety of in-person and virtual modalities – in order to drive best patient outcomes, improve the patient and provider experience, and to be fiscally sustainable. ▪ Continue to leverage and compare cross-jurisdiction remuneration data for virtual care in order to inform future redesign of payment models.
Licensure
▪ Consider a pragmatic approach to cross-jurisdictional licensure through identification of use cases that can be piloted to test and evaluate changes that are grounded in improving access to care.
Change Management & Education
▪ Collaborate with Indigenous health system leaders and communities in a continued effort to ensure cultural safety, improve equity of access to health services and build health system capacity in Indigenous communities (including rural & remote regions) for high quality and appropriate care. ▪ Enhance digital literacy of health professions by working with relevant stakeholders to design, develop and incorporate educational content on digital health/virtual care delivery into medical/health science school curricula and continuing education programs for practicing clinicians. ▪ Seek opportunities to engage the public and embed the patient voice in all efforts to evolve and adopt virtual care into the patient care experience and improve digital health literacy for all Canadians and residents.

Moving Forward and Next Steps

The FPT Virtual Care/Digital Table will review the considerations within each policy dimension with a view to developing a concrete action plan in Fall 2021.

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