Hamilton Primary Care Virtual Care Survey Analysis

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Executive Summary

Health care systems around the world are experiencing rapid and sweeping change as a result of the COVID-19 pandemic. Front-line workers have been working diligently to provide patient care safely and effectively. In Ontario, primary care providers have been advised by the Ministry of Health to "implement a system for virtual and/or telephone consultations as a preferred option, when and where possible." [1] This has led to a rapid shift towards increased adoption of virtual care. Virtual care encompasses any type patient care that is not delivered in-person, including telephone calls, video conferencing, and various forms of digital messaging (secure messaging, unsecured e-mail, and text messaging). The interactions between patients and providers using these modalities are often referred to as virtual visits.

Adapting to any change is challenging. An online survey was conducted to determine current usage of virtual care and to identify how the needs of primary care providers in the Hamilton and surrounding community can be supported through the work of the Digital Health Secretariat of the Hamilton Health Team (HHT). The survey was sent through e-mail distribution lists of family physicians via the Hamilton Academy of Family Medicine (HFAM), as well as to nurse practitioners (NPs) and physician assistants (PAs) via the Hamilton Family Health Team (HFHT). Anonymous responses were received between April 23-May 6, 2020. During this time, 132 responses were received (126 physicians, 6 NPs/PAs). Upon completion of the survey, respondents were provided with the opportunity to contact Ehealthsupport@hamiltonfht.ca to connect with a Quality Improvement Specialist at the HFHT to support them with their digital health needs.

The survey sample represented a good mix of various practice sizes of solo and multi-physician sites. Various types of electronic medical records (EMRs) are used, with most respondents using Telus PS Suite (57.6%). The most common type of virtual care being delivered was telephone visits (99.2%), followed by videoconferencing (66.9%). The most commonly used virtual care platform is the Ontario Telemedicine Network (OTN) eVisit solution, at 65.1%. This is unsurprising given that OTN is a secure platform, free of charge to both patients and providers, and billing codes have already been established for virtual visits using OTN. Other virtual care solutions may have a cost associated with them, may or may not have secure encryption, and temporary virtual care billing codes have only been recently established for the use of non-OTN virtual visits delivered via telephone or videoconferencing.

Overall satisfaction with virtual care was assessed, with 70% of respondents reported being satisfied or very satisfied with their experience with scheduling and offering virtual visits; approximately 20% were neutral and 7.8% were dissatisfied or very dissatisfied. The providers' perception of their patient satisfaction level with virtual visits was very high (81.2%), although not all respondents had formally assessed this yet.

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[1] Ministry of Health. *COVID-19 Guidance: Primary Care Providers in a Community Setting Version 5* – May 22, 2020, available at http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

Respondents were given the opportunity to indicate the types of challenges and barriers they have experienced with virtual care. The biggest concern was related to increased demands on time (31.8%), followed by lack of integration with their current workflow and/or EMR (26.4%). Other common challenges included limitations of technology, particularly regarding video and audio quality; the impact on the provider-patient relationship with loss of in-person interaction; limited ability to perform physical examinations; challenges experienced by patients with limited technical knowledge and or/equipment; ongoing costs; and physician renumeration. As previously mentioned, temporary billing codes are available for virtual visits (excluding messaging), but the concern around the continued renumeration after the pandemic was expressed by many of the respondents in the free-text comments.

Despite the various challenges experienced with adapting to the use of virtual care, an overwhelming majority of respondents (87.4%) indicated they anticipated continuing with virtual visits in future, even once pandemic-related restrictions are loosened/removed, while ~10% were undecided. Respondents felt that virtual care has its benefits for various situations, such as when patients have transportation/mobility challenges, and appointments where a physical examination is less likely to be needed (e.g. mental health issues, reviewing test results, follow up visits for stable patients, etc.).
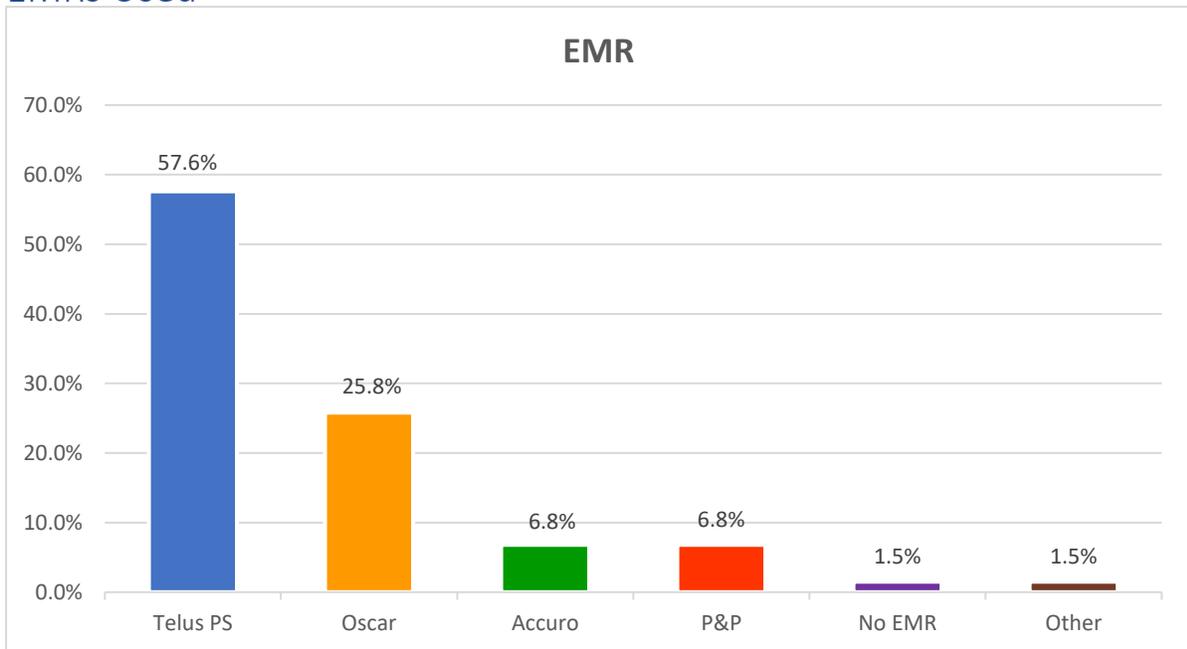
Respondents generally perceived that virtual care has a positive effect on improving access to patient care. As we continue to move forward into the digital age, virtual care does have a place for patient care and opens opportunities that were not possible with traditional in-person visits. As long as virtual care is utilized appropriately, it has the potential to enhance overall patient care.

Survey Representation
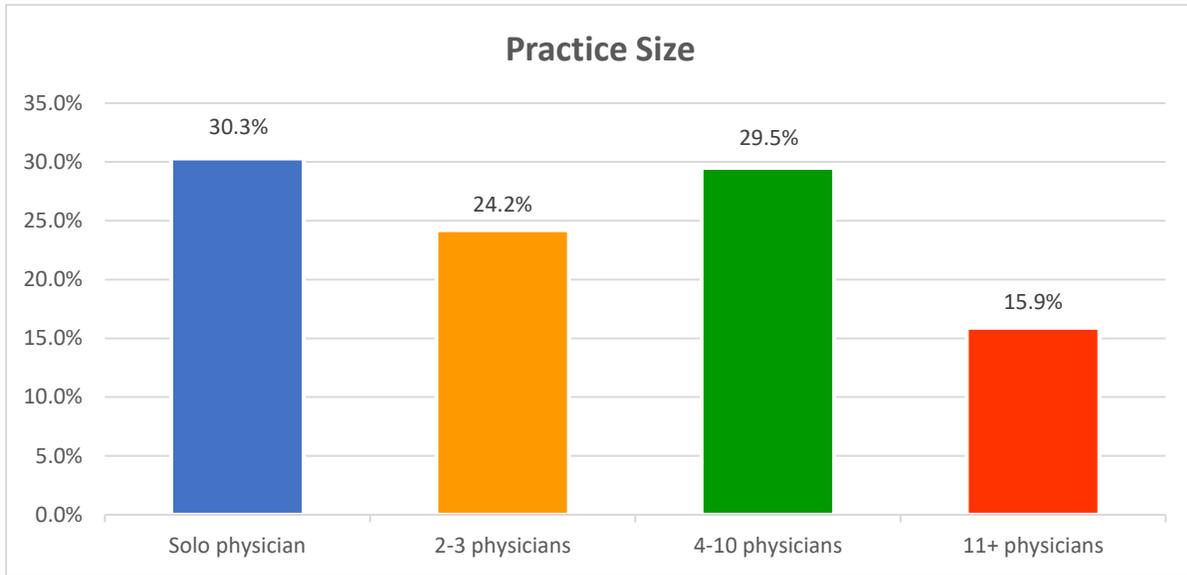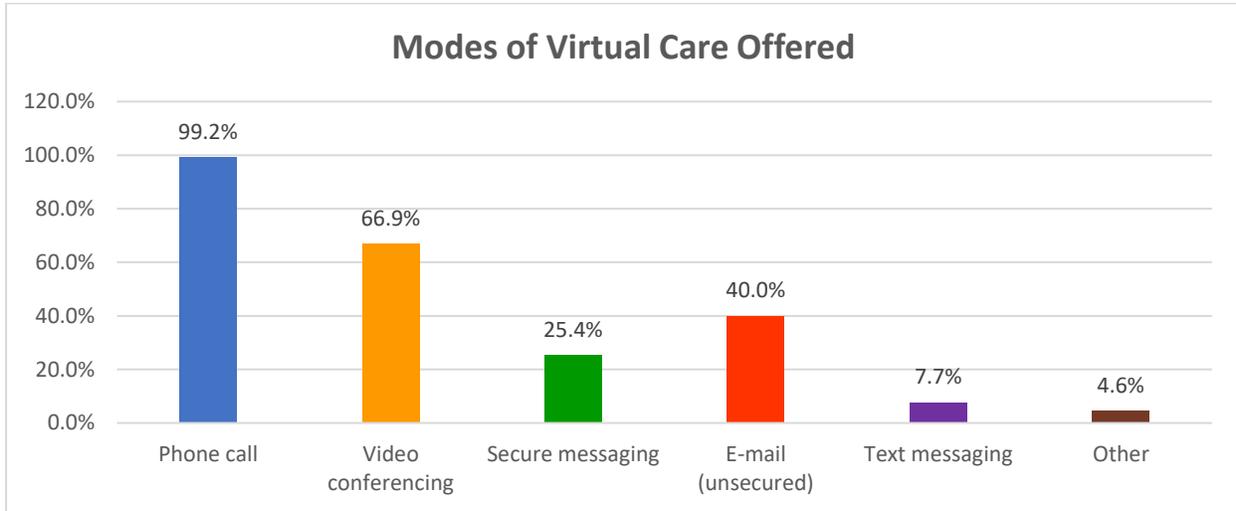
Practice Size

- The sample included a good cross-section of practice sizes.
- The response rate was high (n=132).
- A total of 126 family physicians and 6 NPs/PAs completed the survey.
- The overwhelming majority of respondents completed all applicable questions.
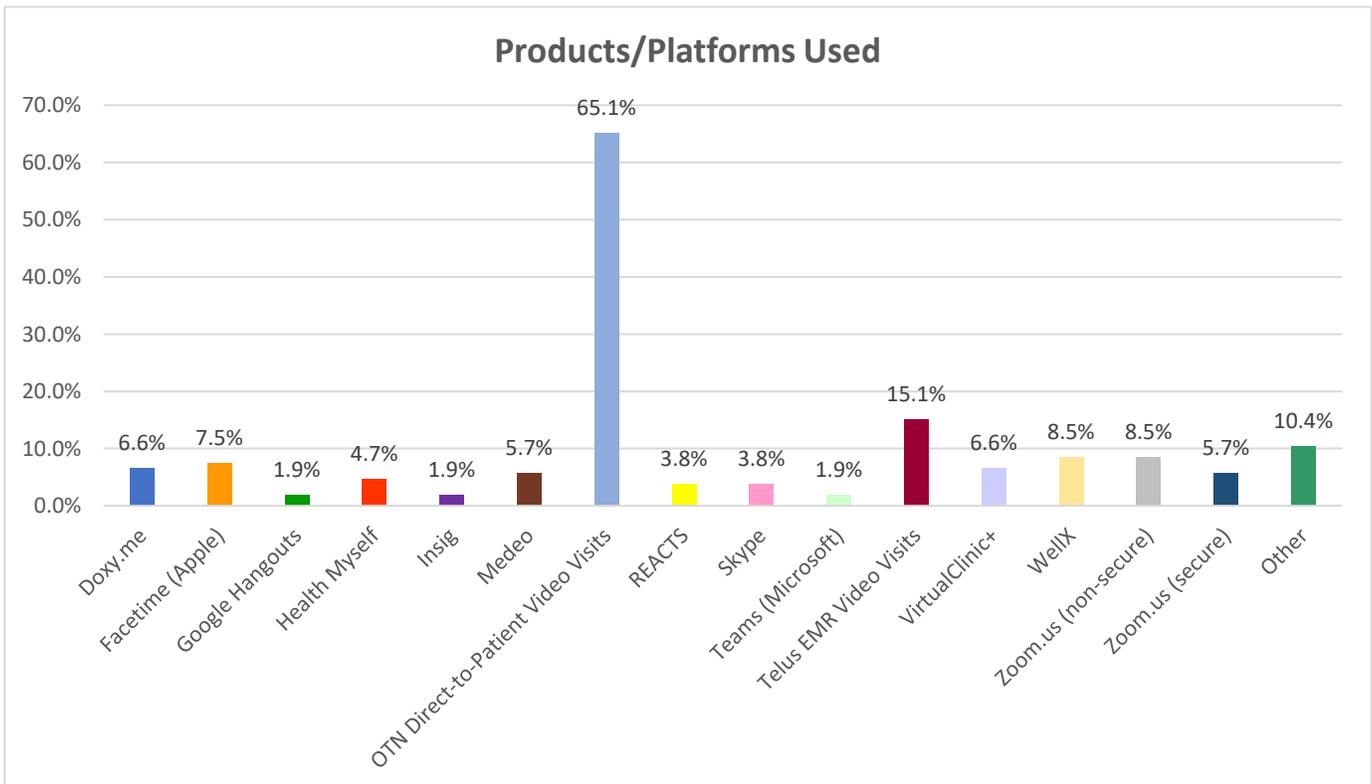- All responses were anonymous.

EMRs Used

EMR

Other: PCC (1), CHS (1)

Virtual Care Offered

Modes of Virtual Care Offered

Mode	Percentage
Phone call	99.2%
Video conferencing	66.9%
Secure messaging	25.4%
E-mail (unsecured)	40.0%
Text messaging	7.7%
Other	4.6%

Other: Medeo, Telus Video, Face Time

- Nearly all respondents (98.5%) currently offer at least one form of virtual care with phone calls (99.2%), video conferencing (66.9%) and unsecured e-mail (40.0%) identified as the top three options.
- Approximately 85% of respondents indicated they use more than one form of virtual care.
- Of the 1.5% of respondents who currently do not offer virtual care, 0.75% plan to offer it in the future, and 0.75% do not.

Products/Platforms Used

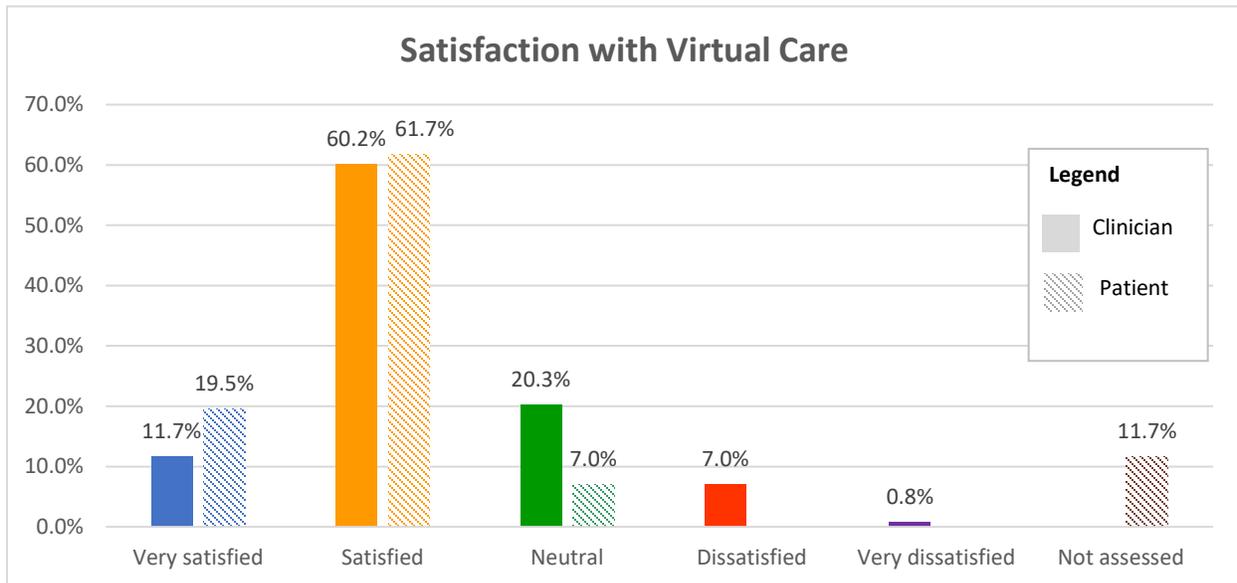| Product/Platform	Percentage
Doxy.me	6.6%
Facetime (Apple)	7.5%
Google Hangouts	1.9%
Health Myself	4.7%
Insig	1.9%
Medeo	5.7%
OTN Direct-to-Patient Video Visits	65.1%
REACTS	3.8%
Skype	3.8%
Teams (Microsoft)	1.9%
Telus EMR Video Visits	15.1%
VirtualClinic+	6.6%
WellX	8.5%
Zoom.us (non-secure)	8.5%
Zoom.us (secure)	5.7%
Other	10.4%

Other: Ocean, my phone, Well Health, audio phone visits, none yet, plan to start soon, Ocean for e-mail to patients, none, hoping to use Oscar video soon, don't know

Survey options not selected by any respondents: Adracare, Cloud DX, InputHealth Collaborative Care, Livecare (CloudMD), MediSeen, Novari eVisit, OnCall Health, Think Research VirtualCare

- Almost two-thirds of respondents use OTN Direct-to-Patient eVisits (this may be related to funding) but a wide range of other products (n=16) were also identified.

Satisfaction with Virtual Care

Satisfaction with Virtual Care

Legend: Clinician, Patient

Very satisfied: 11.7% (Clinician), 19.5% (Patient)
Satisfied: 60.2% (Clinician), 61.7% (Patient)
Neutral: 20.3% (Clinician), 7.0% (Patient)
Dissatisfied: 7.0% (Clinician)
Very dissatisfied: 0.8% (Clinician)
Not assessed: 11.7% (Patient)

- Just over 70% of respondents said they were satisfied or very satisfied with their experience scheduling and offering virtual visits and approximately 20% were neutral.
- Among respondents who indicated they were dissatisfied or very dissatisfied (n=10), 6 anticipated they would continue to use virtual visits in future, 3 were undecided and 1 did not respond.
- The perceived patient satisfaction level with virtual visits was very high although not all respondents had assessed this yet.

Looking Ahead

- While the COVID-19 pandemic may have been the driving force behind some practices' adoption/ramp-up of virtual visits in order to be able to provide care to their patients, the overwhelming majority of respondents (87.4%) indicated they anticipated continuing with virtual visits in future, even once pandemic-related restrictions are loosened/removed, while ~10% were undecided.
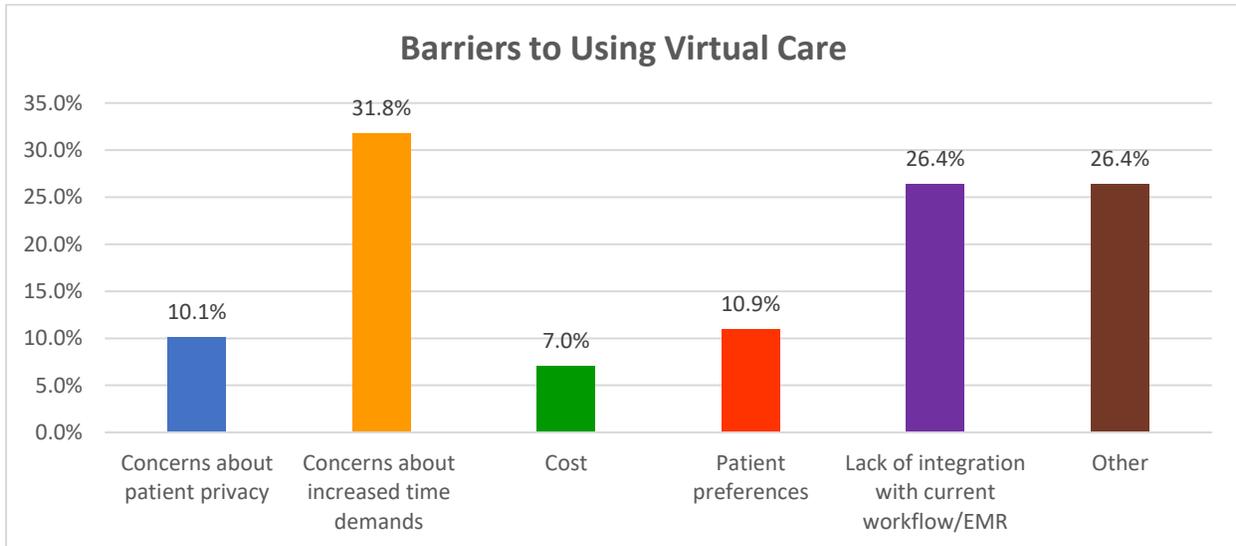
Future Use of Virtual Visits
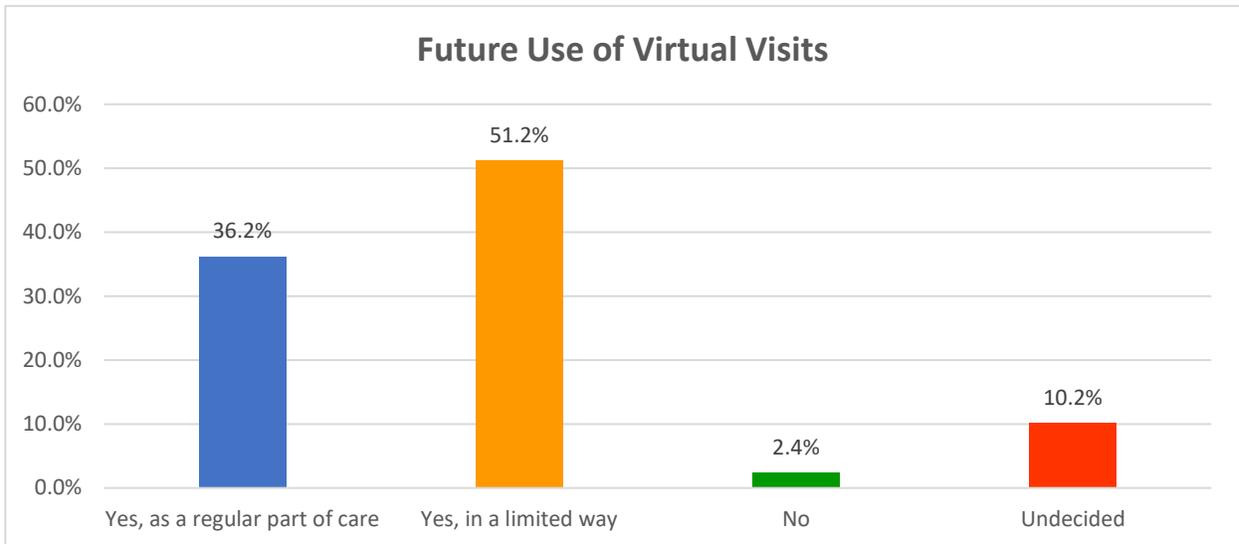
Q9 asked "If continuing with virtual visits in the future, what does that look like to you (e.g., type of virtual visit platform(s), appointment types, regular part of care offerings vs use only as required, etc.)?"

- Respondents saw virtual visits as one care option they could offer patients.
- Many respondents identified situations in which they anticipated using virtual visits in future, including:
  - Patients with transportation/mobility challenges
  - Patients whose work and/or caregiving responsibilities make it difficult for them to come to the office
  - Specific types of appointments where a physical examination is less likely to be needed. For example:
    - medication refills/titration
    - test results
    - mental health issues
    - some chronic disease management (especially if patient can monitor indicators such as BP, blood sugar, etc. at home)
    - follow-up visits for stable patients
    - initial triage to assess whether patient needs to come into office

- There were numerous comments in this section about the difficulties encountered with the technology, both for physicians and for patients (OTN was mentioned often in this regard) and the level of "tech savviness" required to use some of the products which would limit their applicability.
- The amount of time required for set-up, staff/patient training, conducting the visit, and troubleshooting problems was also mentioned by several respondents. (Concerns about increase in demands on time was the top option selected in Q10 that asked about barriers to virtual care.)

- Many respondents indicated that the availability of ongoing funding/physician remuneration would be an important factor when considering their future use of virtual visits.
- A number of respondents expressed uncertainty about how they would be using virtual visits in future.
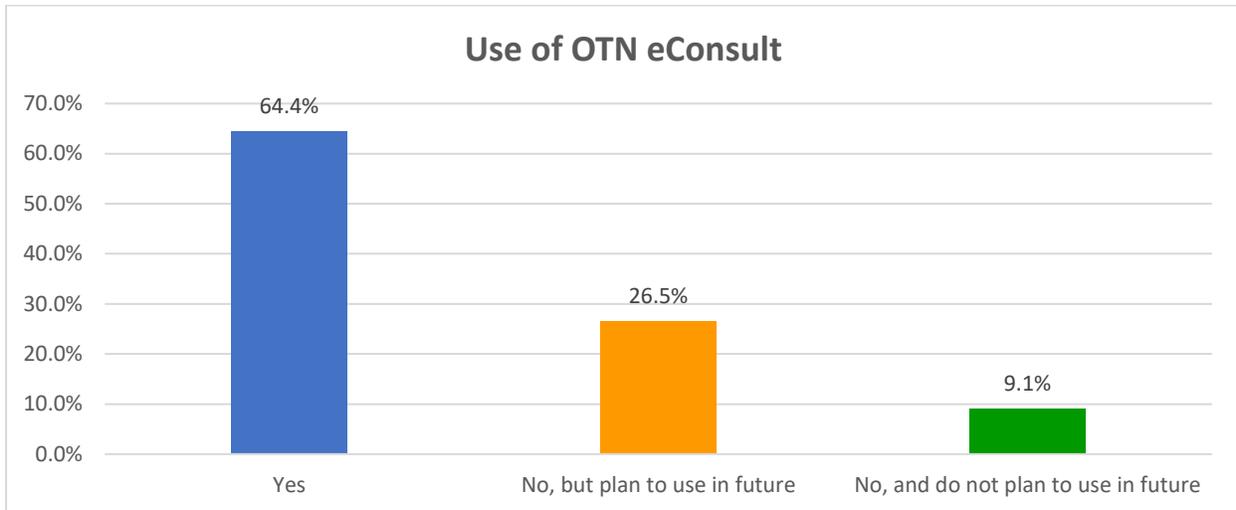- To view all responses, please see the companion document.

Barriers to Using Virtual Care

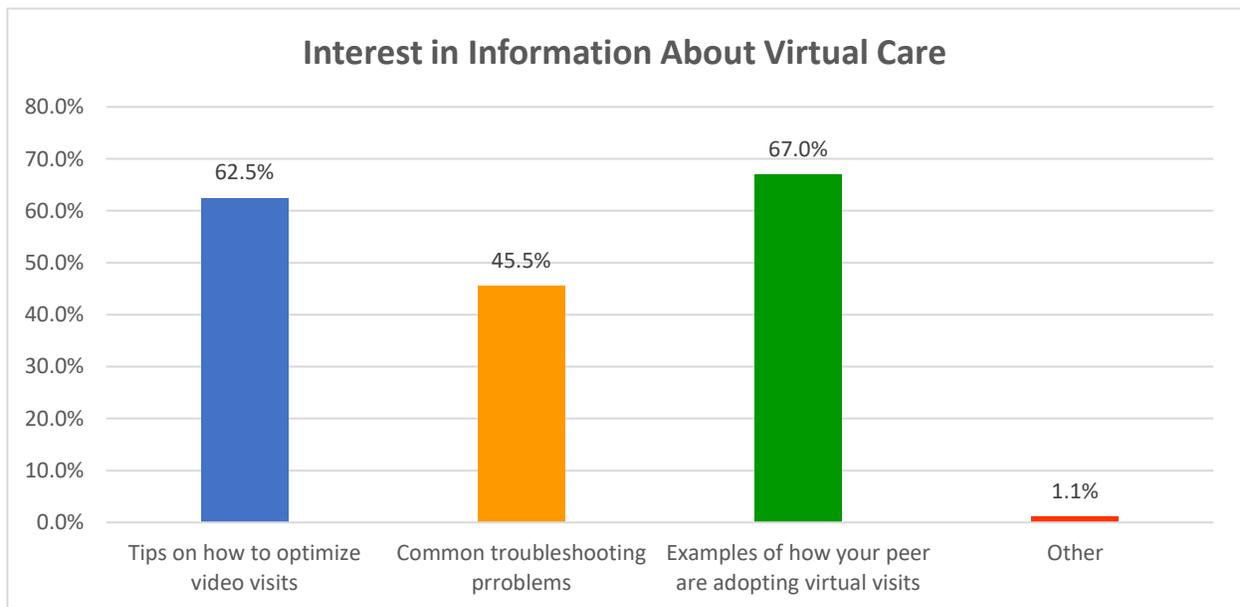- Q10 asked "What are the barriers that you experience with regards to virtual care?"

Barriers to Using Virtual Care

Category	Percentage
Concerns about patient privacy	10.1%
Concerns about increased time demands	31.8%
Cost	7.0%
Patient preferences	10.9%
Lack of integration with current workflow/EMR	26.4%
Other	26.4%

- Among the issues identified in "other" were the following:
    - Limitations of the technology, especially with respect to quality of video and audio
    - Effect on physician-patient relationship with loss of in-person interaction
    - Limited ability to perform comprehensive physical exams
    - Exclusion of patients who lack access to required equipment or level of technical knowledge
    - Setting parameters for when virtual care is appropriate and when in-office visit is indicated
    - Physician remuneration
    - Time and cost involved

eConsult Use

Use of OTN eConsult

Yes	64.4%
No, but plan to use in future	26.5%
No, and do not plan to use in future	9.1%

- A follow-up question was asked only of those respondents who indicated they did not currently use eConsult but planned to do so in future (n=35).
- Of those respondents, 22.9% indicated they required assistance with eConsult access and 77.1% said they did not.

Interest in Additional Information About Virtual Care

Interest in Information About Virtual Care

Tips on how to optimize video visits	62.5%
Common troubleshooting prroblems	45.5%
Examples of how your peer are adopting virtual visits	67.0%
Other	1.1%

Other: Specific examples of managing various clinic problems (i.e., assessing dyspnea, various clinical complaints) virtually

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Additional Comments

- At the end of the survey, there was an opportunity for respondents to make additional comments.
- Most of the comments echoed issues identified in earlier questions, e.g., remuneration, technical challenges, cost, etc.
- One respondent mentioned the need for patient portals for data sharing/integration between health care sectors.
- Some individual comments:
  - "We will learn. This is very new."
  - "This is going to stay in the future. Those using it like it."
  - "I believe we have entered a new positive tech phase. It has to be used carefully as we want to keep our relationships real. I would be happy to work on this with other fps."
  - "Virtual care does have a place in our care of patients."
  - "This is going to improve access to patient care."

Appendix A: Virtual Care Survey

This survey is intended to determine current usage of virtual care and to identify how we can best support the needs of the Hamilton and surrounding community. Your responses are anonymous.

This survey will take about 5 minutes to complete.

Thank you!

1. What is your practice size? [Radio button, required]

☐ Solo physician
☐ Small group (2-3 physicians)
☐ Medium group (4-10 physicians)
☐ Large group (11+ physicians)

2. What EMR are you using? [Radio button, required]

☐ Telus PS
☐ OSCAR
☐ Accuro
☐ P&P
☐ No EMR
☐ Other _____

3. Do you currently offer any virtual visits? (e.g. telephone, email or video appointments) [Radio button, required]

☐ Yes [go to question 4]
☐ No - we are planning to offer virtual visits soon [go to question 10]
☐ No - we are not planning to offer virtual visits soon [go to question 10]

4. If yes, what kind of virtual visits do you offer? Check all that apply. [Checkbox, only required if answered 'yes' to question 3]

☐ Phone call
☐ Videoconferencing
☐ Secure messaging
☐ E-mail (unsecured)
☐ Text messaging
☐ Other: please describe

5. If yes, what virtual care products or platforms do you use? Check all that apply. [Checkbox, only required if answered 'yes' to question 3]

- ☐ Adracare
- ☐ Cloud DX
- ☐ Doxy.me
- ☐ Facetime (Apple)
- ☐ Google Hangouts
- ☐ Health Myself
- ☐ InputHealth Collaborative Care Record
- ☐ Insig
- ☐ Livecare (CloudMD)
- ☐ Medeo
- ☐ MediSeen
- ☐ Novari eVisit
- ☐ OnCall Health
- ☐ OTN Direct-to-Patient Video Visits (eVisits)
- ☐ REACTS
- ☐ Skype
- ☐ Teams (Microsoft)
- ☐ TELUS EMR Video Visits
- ☐ ThinkResearch VirtualCare
- ☐ VirtualClinic+
- ☐ WellX
- ☐ Zoom.us (free non-secure version)
- ☐ Zoom.us (paid secure healthcare version)
- ☐ Other: _____

6. What is your experience overall with scheduling and offering virtual visits? [Radio button, only required if answered 'yes' to question 3]

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

7. What are your patients' experiences overall with scheduling and attending virtual visits? [Radio button, only required if answered question to #3]

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

8. Do you anticipate you will continue to use virtual visits in the future? (i.e. after the COVID-19 pandemic) [Radio button, only required if answered 'yes' to question 3]

 ☐ Yes, as regular part of care [go to question 9]
 ☐ Yes, in a limited way [go to question 9]
 ☐ No [go to question 10]
 ☐ Undecided [go to question 10]

9. If continuing with virtual visits in the future, what does that look like to you? (e.g. type of virtual visit platform(s), appointment types, regular part of care offerings vs use only as required, etc.) [Free text, only required if answered 'yes' to question 8]

10. What are the barriers that you experience with regards to virtual care?
 ☐ Concerns about patient privacy
 ☐ Concerns about increase in demands on time
 ☐ Cost
 ☐ Patient preferences
 ☐ Lack of integration with current workflow or EMR
 ☐ Other

11. Do you use OTN eConsult to ask for specialist advice? [radio button, required]

☐ Yes [go to question 13]
☐ No – we are planning to use in the future [go to question 12]
☐ No – we are not planning to use in the future [go to question 13]

12. Do you require assistance with getting eConsult access? [radio button, required only if answered 'yes' to question 11]

☐ Yes
☐ No

13. Is there any information about virtual care that you would like to see in future communication? Check all that apply. [Checkboxes, optional]

☐ Tips on how to optimize video visits
☐ Common troubleshooting problems
☐ Examples of how your peers are adopting virtual visits
☐ Other _____

14. Do you have any other comments? [Free text, optional]

Thank you for completing the survey. We have a full team at the Hamilton Family Health Team to support you with digital needs. Please contact Ehealthsupport@hamiltonfht.ca to connect with a Quality Improvement Specialist with your question and preferred contact info; your inquiry will be addressed within 2 days.

Appendix B: Virtual Care Survey Free Text Comments

Q9. If continuing with virtual visits in the future, what does that look like to you? (e.g., type of virtual visit platform(s), appointment types, regular part of care offerings vs use only as required, etc.)

- Likely a large proportion of mental health visits, medication follow up/titration, perhaps dermatologic issues
- As one of the options, I or my patient can choose, to provide care and communicate
- Any appointment type that would not likely require a physical exam.
- Not sure yet!
- Not sure
- Part time on phone
- Not sure yet
- Largely mental health, simple follow up, med titration, travel challenged
- Phone calls
- Unsure. Too early to tell.
- Use as required
- Using telephone consults where appropriate, patients have really appreciated phone calls directly from me and we are starting to recognize as a team how there are lots of opportunities to coordinate care without bringing patients in for an office visit.
- Probably Medeo, but also skype , face time or Zoom
- TELUS EMR virtual visit module
- Would like to offer more secure, reliable video visits. OTN has some lag issues for me, making it not a very enjoyable process. Also requires patients to have access to technology many of my older patient do not have / are not interested in getting
- Ability to use virtual visits depends on if gets payment and also assuming it is reliable (i.e. sometimes pts don't get the link to start the virtual visit). Preference would be to see pts in person assuming safe to do so for pts and doctor.
- I already have been using phone appointments in the past. Will expand use as most of what we do is talking.
- Discussing changing meds, simple problems which don't require face to face and some counselling
- Phone and video OTN needs to improve to use this regularly privacy barrier to email makes this less attractive , HFHT suggests call with PW and PW protected email - trades office efficiency for patient efficiency.
- I hope to offer more virtual visits through OTN or virtual care as a routine option for patients. Right now I am mostly limited by the amount of time it takes to consent patients and ask for their emails, etc
- I would continue to use OTN more frequently if I could bill for it.
- Needs to be a part of a comprehensive care package. No "virtual walk in clinics".
- Unsure

- For patients that can't come in
- Mental health, patients with very limited transportation or mobility, chronic disease management, med refills- stable patients
- Phone and video appt options
- Quick questions that will not require too much time
- I would like to continue telephone consult in a limited way if examination is not required. Rx refills BW discussion etc
- Counselling visits, follow-up visits for specific problems
- In the form of telephone consult
- Will likely use VirtualClinic+ as it integrates with OSCAR. I think I'd like to give patients the option if they want to do things that way.
- Every other diabetic visit could be a virtual visit mental health follow-up
- May continue to use phone visits for out of town patients who can't make it in (as long as it is still paid for!) May do some OTN consults for out of town patients.
- For quick and simple complaints. ones. not needing an exam.
- Internet speed makes it hard, would have to be done from home to do virtual visits. No problem with telephone visits.
- Don't know yet?
- Will likely block off one or two half days for virtual visits.
- Pt book online as an option
- OTN or telephone
- Doxy.me Is the best as it's so easy for the patient. They do not require a login or account. That's the key.
- Likely will use well health as it integrates with Oscar. Appointment types - we are looking into group appointments for chronic diseases (eg diabetic visits). Will probably be a part of care offerings on ongoing basis.
- Still only using audio for now; need more info on various platforms before choosing
- If unable to come or minor that can be managed on the phone
- I would like to continue to office virtual visits regularly as patients seem to find it very convenient as long as funding for this continues.
- There are patients who live far away or working challenging hours. we could do some visits virtually. I still think it's important to have real interactions in order to have meaningful virtual ones. perhaps to see how a change in meds has affected them or for mental health quick rechecks. I find visits are more interactive with visual as opposed to just phone.
- I think I am using it the same way I am Using it now.
- Considering a half day a week for virtual visits if preferred by patient. phone calls most of the time, but video if required.
- Use as required
- Continued delivery of virtual care for discussion of investigations results (imaging, labs, etc) and specialist appts, short term assessments on medications starts (low risk), requests to discuss documentation requirements (in specific cases, at my discretion), BP

checks with reliable patients who have a home BP monitor. Also the ability to do assessments of patients who have mobility issues - talk first to determine if I can manage without seeing in person. Telephone if possible (pts find other platforms invasive or cumbersome); OTN, PS video, etc. if not.

- Ideally, we would offer the patient the choice of in person, telephone or virtual visit. Currently we are dividing WBV into a phone call to parent ahead of time to complete developmental questionnaire and answer questions with the RN. Then the office visit is short to do a quick exam and imm. The RN is finding the additional time to talk on the phone helpful but we question if this could be incorporated as well into a busy clinic day in the future. I have not tried OTN virtual visits, but my colleagues who have had reported difficulty with audio or visual, at times connection issues. It would need to improve considerably to get integrated reliably and regularly.
- Great for preventative care updates and mental health; if I continue to use will also depend on billing codes.
- I will use only when required Time factor and staff education are my largest barriers to adopt a video platform for virtual care (ie to inform and set up with patients reassurance re confidentiality)
- I will definitely continue sending secure messages to patients via WellX, as has already been a standard part of our group's practice. If there is payment for phone visits, I would continue to offer; however, just like in-person visits patients "no show" for their phone visits (line busy when they are called, busy signal) and phone visits at times take even longer than in person visits. I have not tried video (OTN visits) as I feel the set up itself is a big time consumer, the phone calls are enough of a hassle. I feel how all our clinics handle respiratory illnesses should change permanently, such as phone triage with nurse or physician with everyone wishing to be assessed for acute URI/cough symptoms. We run an illness clinic every day in a separate part of our office building (the basement).
- Same
- I'm not sure
- I have always used phone calls as part of my practice. I do see a role in virtual visits and would like to continue to incorporate in future (post pandemic)
- Elderly care, Home visits, Palliative Care, Looked in Patients (agoraphobia etc.) quick result reviews
- have not found the video platforms easy to use OTN is unreliable Telus has bugs still zoom not secure and end user has to be able to download app
- eConsults and OTN videoconferencing primarily. As a lesser part of things, and esp on "snow days" for example.
- Phone calls. Limited video conference.
- Phone, possibly OTN if it starts to run more smoothly
- Likely OTN. Certain appointments only ie follow up test results, some counselling.
- Only as required

- More than likely to expand virtual visits as this is likely to be preferential for some patients. I would anticipate using OTN, Telus, Health Myself, or Doxy.me. This would be likely used on required basis at first and then expand into a regular part of care but less than 20% of visits. This may take a few years to get to this point.
- OTN, but it requires a lot of technicality from patients end if they're going to use their own platforms!
- Because telephone visits still feel more risky (because you have to assess risk in conversation without your eyes to help) and take longer than in-person visits, I assume video visits will be the same. People with poor hearing don't like the audio only, but then in person with a mask doesn't allow lip-reading either. I would like to try video visits with my house call patients, to increase the frequency of interaction to more than once every 3 to 6 months as I am currently. A lot of shut-ins are not "tech", so the usefulness of this seems limited. Perhaps in palliative care where "tech" family members are at the bedside.
- Using virtualclinic, not sure yet what it will look like
- same
- People who have trouble getting into office (mobility) or where consult is a duscussii
- Use as required; for example, patients with transportation barriers
- It really all depends on whether the ministry of health will fund virtual visits outside of the OTN platform. If not funded I can't see it being a part of routine care.
- OTN AS required
- I think virtual care with a significant place for follow up questions and follow up management to an initial visit where a physical exam might not be needed. I also foresee using it for blood pressure follow ups if patient has a machine to check at home. I'd like to use it for people who may have a difficult time make it to an appointment because of work etc and decide from there if an in person visit is needed from there.
- Now with Telus, I have not used yet but will. First we have to get everyone emails. working on it. I provide care to a large community of deaf people so I will continue with virtual care. I found it easier with face time as almost everyone has iphone. almost. OTN has been difficult to teach patients to use,
- Another part of what we do, easier for patients
- Too early to say but imagine about 50% of visits could be virtual, using either video alone or email-based visits.
- Well Health integrated with Oscar
- Most of mental health can be done virtually, so are BP f ups if pt will check at home or any questions pt may have that normally requires them to come in. Using the EMR platform would make sense
- OTN - which I was already using prior to COVID, but have now been forced to expand my OTN offerings. I also would love to continue with telephone visits for things like Rx refills and lab results.

- Getting care to patients in more remote locations or for whom transportation or getting out of the house is difficult. This would be limited to conditions for which we can provide care virtual and the rest would be followed up in clinic.
- I still prefer in person so would only use as required
- Plan to start more use of email and video
- Telephone use if funded appropriately. If problem cannot be solved on phone, then patient should come in.
- Telephone. As required - med repeats, give info on results, reassurance.
- Using only as required (ie if patient lives far away).
- Virtual visits for non-acute chronic illness – diabetic care, rashes, etc.
- Phone calls and video chat via REACTS
- I previously would use telephone f/u for patients that had difficulty getting into the office now, I hope to increase telephone appts it has worked well for bp checks- except pts need to purchase equipment it has worked well for quick f/u re medications, I have used this previously for example when starting anti depressants, 1-2 week f/u by phone, then in office 3-4 weeks I will likely increase the number of patients offered phone appt for f/u.
- Could be an adjunct to some home visits or perhaps those who are limited mobility wise and wheelchair-bound (low-income seniors). Save time and money. On an as-needed basis.
- For those who have difficulty getting to the office, i.e., cancer patients
- Planning to likely integrate Health Myself into our practice. We have been trying to use OTN for virtual appointments, but it hasn't worked very well for us.
- Joined OTN, looking into increasing secure messaging
- Phone calls were already a part of service rendered on a daily basis in the past but this is going to increase. I am going to look into video calls as well in the future. I think that this is definitely going to be very helpful especially for seniors where housebound.
- More phone messaging for basics some virtual video
- Continue phone consults
- Medeo – securing messaging and virtual visits
- A combination of telephone and video. Especially for those patients who have tight work schedules or child care issues
- I find phone visits take much longer but have heard the same from colleagues using video. I think continuing this type of care would be great if there's appropriate compensation.
- Maybe Zoom healthcare for visits where we don't anticipate non-basket-code billing (we are a FHN), and we'll try OTN for possible non-basket billing and put up with its more difficult-to-use platform.

Q10. What are the barriers that you experience with regards to virtual care? ("other" responses)

- Payment issues
- Takes longer
- I prefer face to face
- Patients need to be aware of the requirements and tech savvy
- I'll wait to see how I feel
- Inability to perform comprehensive physical exams
- Some elderly find it challenging
- Cost, patient preference, lack of integration
- All but increased time demands
- VirtualClinic+ nicely integrated with our EMR. needs to be funded same as OTN-- ie no barriers to use (as should be all virtual platforms that clinicians decide to use)
- Quality of exam
- Increase demand to chart after visit, not integrated into EMR poor workflow, not able to bill, change with sound and visual quality for rashes
- Technical problems that end up costing me time to troubleshoot
- Internet speed
- The platform doesn't always work. it would really help if staff could schedule OTN for me – could benefit from better video quality
- All of the above in different patients. The biggest thing is for each physician to be able to dictate what they are willing to manage clinically (i.e. I do not feel that this is safe to do without in-person assessment; and I want this to be virtual because I feel this is appropriate, and that in-person care is not required).
- Not funded
- Lack of examination ability
- Increase demands on time, cost and interruption of workflow
- All of the above.
- None
- Training staff
- All of the above
- Problems with OTN - freezing
- None
- Heterogeneity of patient resource - technology, Internet bandwidth, etc.
- Cost, patient preference, will government continue to support virtual care, cost of equipment-needs to have camera
- Not same quality, full assessment is limited
- You lose a lot without in-person interaction
- Quality of video for rashes, etc. is not always sufficient.
- Patients who do not have Internet, e-mails or know how to set up something like OTN
- Lack of regular social cues
- Lack of physical exam for some appts, billing in the future

- Not possible for some physical assessments

Q14. Do you have any other comments?

- We will learn. This is very new.
- If continuing to do phone visits, I would only do if compensated for the time.
- Not the shortest survey
- Nope
- This is going to stay in the future. Those using it like it.
- Unfortunately the OTN service is not useful...over capacity. I will consider using it with FaceTime or perhaps the Telus offering. The problem is that Telus is charging for every little add on.
- These visits are not ideal but they work considering. They do facilitate visits for patients who struggle to get out of the house. However, I don't see compensation going forward for these visits.
- Billing for OTN visits is needed otherwise more beneficial to see patients in the clinic than bill for the visit. A tracking code is not worth the extra work.
- It would be not easy to use OTN if patient lacks knowledge about using.
- No
- I believe we have entered a new positive tech phase. it has to be used carefully as we want to keep our relationships real. I would be happy to work on this with other fps
- I am curious in a rostered FHO practice, how much video visits will really payoff versus just having a quick phone call. Other than K030, I can't see a really significant financial benefit right now....?
- PS sucks for charging an extra fee to access their virtual visit platform (I know they are offering some free months), especially since we cannot bill regular visit codes like if was through OTN. I see essentially no incentive to do video visits if not through OTN. Now, I do mostly phone visits, with patients sending in photos via WellX.
- If other video platforms were remunerated the same was as OTN visits I would be pursuing other video platforms.
- eConsults are one of the best things I ever got myself into, superfast response from specialists and easy to create; I just type a message to my administrative assistant and she does the rest! Video visits were a disaster especially when patient used their own device!
- Thank you for your support.
- I am hoping Telus resolves my problem of having to access patient chart as I am doing virtual visit.
- Virtual care does have a place in our care of patients
- Moving quickly to address issues. Bigger one in my mind is renumeration in the future as not sustainable unless paid analogously with in person visits. Also impact on med learner integration with community docs in particular.

- Hospitals are promoting patient portals. I think it is critical that patient portals be integrated so one portal allows access to full record, primary care records as well as hospital, la
- Virtual visit audio quality isn't always great. Also less flexibility getting patients on if practitioner is ahead of schedule.
- I think patients have been grateful to have phone f/u available. I have found some frustrations, for example when you're on the phone, then patient adds in other issues like sore ear, sore throat, that are not acceptable phone appts, patient and myself are left feeling not fully satisfied.
- When one end of an OTN visit has poor WiFi signal, this can be problematic. Would like advice around optimizing.
- This is going to improve access to patient care.