

Using an Integrated Knowledge Translation (IKT) Approach to Enable Policy Change for Electronic Consultations in Canada

Utilisation de l'application des connaissances intégrée (ACI) afin de faciliter un changement politique pour la consultation électronique au Canada

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Appendix 1. Policy Briefs Created Based on Think Tank Discussions and Analysis

Appendix 1A. Interjurisdictional licensing of eConsult services

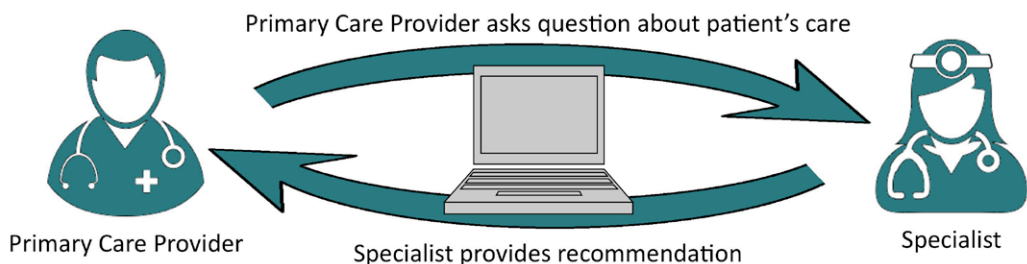
POSITION STATEMENT

Clear interjurisdictional licensing agreements are needed to clarify rules regarding providers' ability to offer care advice for patients outside of their province/territory. Such agreements would maximize eConsult's ability to improve access to care for patients in remote or rural regions.

WHAT IS eCONSULT?

An eConsult service is an online application that supports prompt, secure communication between primary care providers (PCPs) and specialists (Figure A1). PCPs log on and submit a question concerning a patient's care. Specialists respond with advice, recommendations for referral, or requests for additional info.

FIGURE A1. Model depicting an eConsult case



THE IMPORTANCE OF INTERJURISDICTIONAL LICENSING

As an online platform, eConsult connects PCPs and specialists regardless of their geographic distance. However, ambiguity over licensing means that providers in one province/territory face barriers in accessing advice from providers in a different jurisdiction. This limits

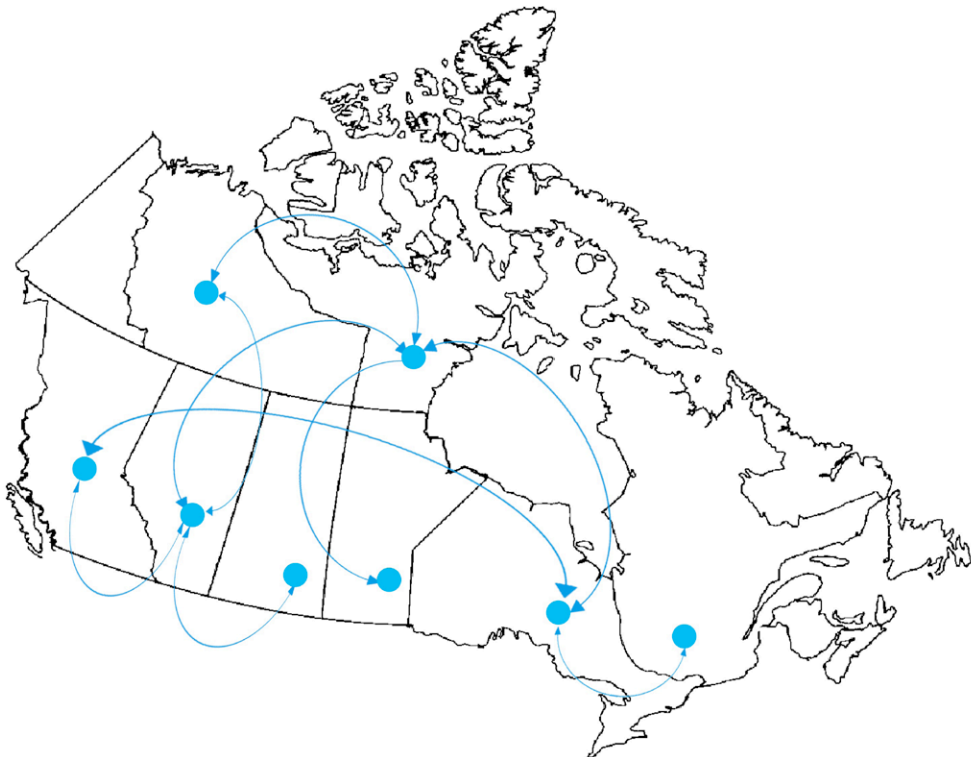
eConsult's ability to improve access for patients in less populous regions, who may need to travel thousands of kilometres for specialist care.

RECOMMENDATIONS

To support interjurisdictional eConsults and ensure patients across Canada receive equitable access to prompt specialist advice, several key objectives should be met:

- Identify and build on existing interjurisdictional agreements enabling providers to treat patients outside of their jurisdiction, which can provide a useful template for broader implementation of eConsult services (Figure A2).
- To avoid redundancies in licensing across multiple provinces, consider creating a distinct “virtual license” that would operate as a separate jurisdiction. Providers across Canada could seek licensing from this body in addition to their home province. A college from a more populous province could oversee this virtual jurisdiction.
- Establish clear accountability guidelines for advice given through eConsult. Specialists should ultimately be accountable for the advice they give, regardless of how that advice is delivered. Existing policies for hallway/telephone consults can provide a helpful guide.
- Work with colleges to streamline the process. Create a working group of officials from multiple colleges and organizations (e.g., Canadian Medical Protective Association).

FIGURE A2. Existing interjurisdictional licensing agreements between provinces/territories



Appendix 1B. Payment

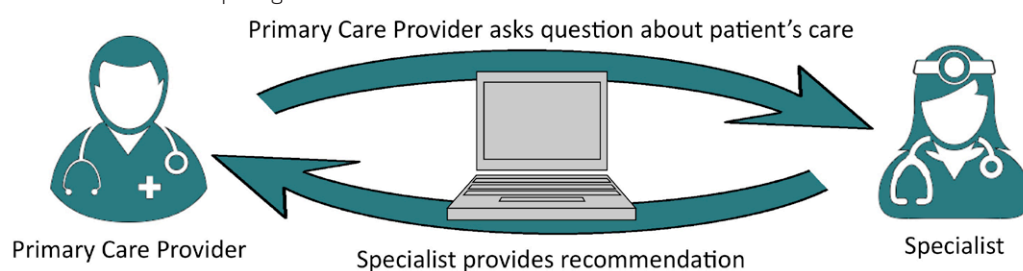
POSITION STATEMENT

As eConsult services expand across Canada, new payment models are needed to ensure providers are appropriately remunerated.

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FIGURE B1. Model depicting an eConsult case



REMUNERATION FOR PROVIDING eCONSULT SERVICES

Payment for eConsult services varies between services, clinics, and jurisdictions. Different models have been attempted, including fee-for-service, session fees, and salaried models. On the payer side, the rate for eConsult varies between jurisdictions, with some provinces/territories having adopted fee codes for eConsult (Table B1).

Some eConsult services remunerate providers using their own system (e.g., Champlain BASE™ [Building Access to Specialists through eConsultation] pays most specialists \$200/hour pro-rated to time spent completing a case, with some variation based on individual payment models). As eConsult services become more common, a more concrete, streamlined approach will be necessary to support clear and reasonable remuneration strategies.

RECOMMENDATIONS/KEY CONSIDERATIONS

Policy makers and innovators must work together to develop new policies that clearly outline how healthcare providers are paid for eConsults. Key steps include:

- Developing a consistent set of fee codes for eConsult, which providers can use to bill the provincial/federal government as they do for other services. For guidance, look to provinces that have already established fee codes for eConsult services (e.g., Alberta).
- Encouraging consistency between jurisdictions. Creation of a national set of fee codes may raise significant policy challenges, but coordination between provinces/territories would facilitate eConsult's use across borders.

- Accounting for interjurisdictional eConsults by adopting a “payment follows patient” policy, with the patient’s home jurisdiction ultimately responsible for covering the cost of their care.
- Engaging ministries of health, medical associations, and regulatory colleges from participating provinces/territories to create a consistent approach to provider remuneration.

TABLE B1. Fee codes in each province/territory for in-person, eConsult and teleconsult services

Region	Teleconsult		eConsult		In-person consultation
	Referring physician	Consultant	Referring physician	Consultant	Consultant
NU	N/A – physicians are paid sessional rates or via term contracts ¹				
NT	N/A	\$17.47 ^{2a} or \$29.13 ^{2b}	N/A – physicians are salaried		
YT	No	\$37.50 ^{3a} or \$41.60 ^{3b}	No	\$36.80 ^{3c} or \$41.60 ^{3b}	\$101.60–\$468.00
BC	\$40.00 ^{4a}	\$15.14, ^{4b} \$15.16, ^{4c} \$40.00 ^{4d} or \$60.00 ^{4e}	No	\$10.10	\$64.00–\$233.91
AB	\$32.90–\$45.21 ^{5a}	\$77.35–\$135.13 ^{5a} , \$17.23–\$27.83 ^{5b} or \$17.23 ^{5c}	\$32.43	\$76.27	\$77.25–\$241.82
SK	No	\$50.50 (major), \$20.40 (minor) ^{6a} or \$12.50 ^{6b}	No	\$12.50 ^{6b} or \$20.40 ^{6c}	\$61.20–\$229.40
MB	\$15.35 ^{7a}	\$15.35, ^{7b} \$47.50 ^{7c} or \$60.00 ^{7d}	No	\$15.35 ^{7b}	\$74.05–\$252.60
ON	\$31.35	\$40.45	\$16.00	\$20.50 ^{8a}	\$65.90–\$199.40 ^{8b}
QC	\$26.00 ^{9a}	\$17.00, ^{9b} \$35.00 ^{9c} or \$75.00 ^{9d}	No	No	\$74.05–\$404.00
NB	No	No	No	No	\$100.00–\$200.00
NS	\$27.83 ¹⁰	\$60.50 ¹⁰	No	No	\$150.04 ¹⁰
PE	No	\$45.00 ¹¹	No	No	\$80.00–\$205.00
NL	No	No	No	\$50.00 ¹²	\$50.51–\$250.00

¹No information available regarding the provision of specialist services.

²Physicians are salaried. Consultants from outside NT can bill NT as follows: ^{2a}Teleconference from physician, nurse practitioner (NP) or midwife; ^{2b}Review of imaging by a non-radiologist.

^{3a}Telephone calls from community NPs to physicians providing scheduled emergency coverage in the hospital. ^{3b}Remote communication from physician. ^{3c}Remote communication from non-physician.

^{4a}Billable only by a referring physician who is a general practitioner (GP). ^{4b}Calls initiated by a Community Health Representative from a First Nation Community. ^{4c}Remote communication from non-physician. ^{4d}GPs who are the consulting physician for a call from an NP. ^{4e}GPs with specialty training.

^{5a}Telecommunication between physicians. ^{5b}Telecommunication initiated by select types of non-physicians. ^{5c}Telecommunication initiated by a pharmacist.

^{6a}In SK, the consultant may bill for a major or minor telephone assessment – for a major assessment, the consultant must provide a written submission of the consultant’s opinion and recommendations to the referring physician; for a minor assessment, the consultant may respond by telephone, fax or e-mail. Remote telephone calls from nurses are billed at the minor rate. ^{6b}Communication with non-physicians via phone, fax or e-mail. ^{6c}Consultant may respond to minor telephone request by e-mail.

^{7a}Referring physicians can bill for telephone consultations with psychiatrists only. ^{7b}Remote communication from other healthcare providers. ^{7c}Billable by psychiatrists if response is made within 48 hours. ^{7d}Billable by psychiatrists if response is made within 2 hours.

^{8a}Only dermatologists and ophthalmologists can bill “e-Assessments,” an opinion and/or recommendation provided electronically through a secure server (e.g., secure messaging, electronic medical record). The consultant may choose to return their opinion by telephone; however, a written opinion must be provided electronically or by mail. These specialties can bill \$44.45 and \$45.85, respectively. ^{8b}This is the weighted average cost per eConsult based on the pro-rated payment for the Champlain BASE™ Service. ^{8c}Billable only when patient is referred by a physician or an NP.

^{9a}Billable only by a referring physician who is a specialist. ^{9b}Billable when initiated by a pharmacist. ^{9c}Billable when initiated by a specialist or a non-physician (not billable when initiated by a GP). ^{9d}Billable by psychiatrists only.

¹⁰Gastroenterology (GI) pilot only – in place since April 2013. The in-person consultation fee is for GI specialists only.

¹¹Only for internal medicine, pediatrics, dermatology and out-of-province specialists.

¹²Consulting specialists are paid on a pro-rated basis of \$200/hour (average consult is 15 minutes).

Source: Stanistreet et al. 2017.

Appendix 1C. eConsult adheres to existing privacy legislation

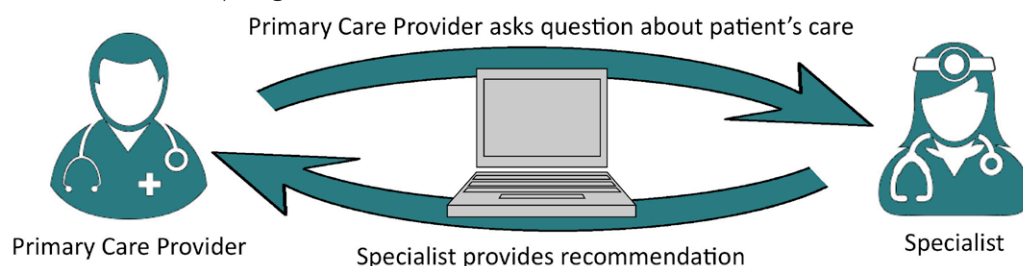
POSITION STATEMENT

The purpose of this document is to clarify the definition of privacy as it pertains to eConsult services and highlight key steps for providers and service implementers to ensure patient information remains secure.

WHAT IS eCONSULT?

An eConsult service is an online application that supports prompt, secure communication between primary care providers (PCPs) and specialists (Figure C1). PCPs log on and submit a question concerning a patient's care. Specialists respond with advice, recommendations for referral, or requests for additional info.

FIGURE C1. Model depicting an eConsult case



ENSURING PATIENT PRIVACY – KEY STEPS FOR PROVIDERS

Patients have a right to ensure that their personal health information remains private and confidential. As such, providers must be able to confirm that any eConsult service they use in providing patient care has sufficient protocols in place to protect patients' privacy. Providers who wish to confirm an eConsult service's security may take the following steps:

- ✦ Ask the service provider to verify the presence of appropriate safeguards. Providers may wish to confirm that these safeguards are matched by their own administrations.
- ✦ Review the privacy legislation enacted in their jurisdiction (Table C1).
- ✦ Consult a provincial/territorial privacy commissioner if there are any concerns.

ELEMENTS OF A SECURE eCONSULT SERVICE – KEY STEPS FOR SERVICE IMPLEMENTERS

In order for an eConsult service to function, patients must be able to rely on it to protect their personal health information. In developing an eConsult service, innovators must ensure that:

- ✦ All data is transmitted through a secure network and stored on a secure Canadian server.
- ✦ The service meets the minimum standards for privacy.
- ✦ Everyone who uses or has access to patient data has sufficient training and certification to ensure the information is handled in a safe and professional manner. Only providers

- or their delegates should be able to access the account.
- ✦ The innovation adheres to all pieces of privacy legislation in effect in its jurisdiction.
A privacy impact assessment can ensure that all aspects of such legislation are met.
- ✦ The role of the health information custodian is clearly defined.

TABLE C1. Personal health information protection acts for all provinces/territories

Region	Act	Latest version
AB	<i>Personal Information Protection Act</i>	2014
BC	<i>Personal Information Protection Act</i>	2003
MB	<i>Personal Information Protection Act</i>	2014
NB	<i>Personal Health Information Privacy and Access Act</i>	2009
NL	<i>Personal Health Information Act</i>	2017
NS	<i>Personal Health Information Act</i>	2010
NT	<i>Access to Information and Protection of Privacy Act</i>	2014
NU	<i>Access to Information and Protection of Privacy Act</i>	2013
ON	<i>Personal Health Information Protection Act</i>	2017
PEI	<i>Freedom of Information and Protection of Privacy Act</i>	2016
QC	<i>An Act Respecting the Protection of Personal Information in the Private Sector</i>	2017
SK	<i>The Freedom of Information and Protection of Privacy Act</i>	2014
YK	<i>Access to Information and Protection of Privacy Act</i>	2009

Appendix 1D. Quality assurance of care provided through eConsult

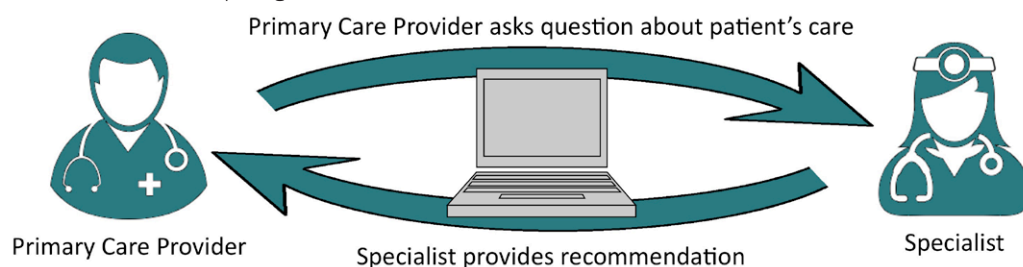
POSITION STATEMENT

As eConsult services expand to new jurisdictions, clear quality assurance guidelines are needed to ensure that all patients receive equitable access to high-quality specialist advice.

WHAT IS eCONSULT?

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FIGURE D1. Model depicting an eConsult case



MEASURING QUALITY

An eConsult service can use several methods to gauge quality. For instance, the Champlain BASE™ [Building Access to Specialists through eConsultation] eConsult service collects usage data automatically, and PCPs complete a mandatory survey at the closing of each case describing its outcome (i.e., whether a referral was required), quality, and educational value. Regular feedback is also sought from users through surveys, interviews, and focus groups.

RECOMMENDATIONS/KEY CONSIDERATIONS

The ongoing success of an eConsult service depends on its ability to consistently provide PCPs with prompt access to high-quality specialist advice. To ensure ongoing quality, we recommend implementing the following strategies:

- Follow established standards set by regulatory authorities (e.g., provincial colleges).
- Evaluate the content and quality of questions asked, and define how they will be assessed.
- Create a process for random auditing of eConsults. This could be accomplished by leveraging existing processes (e.g., random chart audits conducted by provincial regulatory colleges).
- Inform patients about the service and ensure they are aware it meets high quality standards.
- Engage PCPs through surveys and interviews to assess if eConsult facilitates their ability to treat patients according to current and applicable standards of care.

- Ensure that specialists are able to receive feedback from PCPs on their responses.
- Use an established framework to assess key quality metrics. For instance, The Champlain BASE™ eConsult team uses the Quadruple Aim framework (Bodenheimer and Sinsky 2014) as a lens to assess eConsult’s impact on four key aims (Figure D2).

FIGURE D2. The four quality metrics of the Quadruple Aim framework

Population health Mortality, morbidity, rate of provider adoption	Provider experience Satisfaction, description of service benefits
Patient experience Response time, referral avoidance, satisfaction	Cost savings Cost/case, external costs (e.g., tests), patient savings

Appendix 1E. Regulation of providers using eConsult

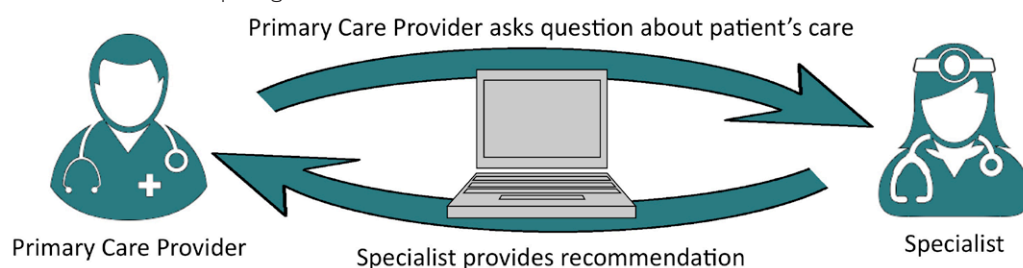
POSITION STATEMENT

When implementing eConsult in new jurisdictions, regulations are needed that ensure all patients receive high-quality care without impeding the service's ability to deliver that care.

WHAT IS eCONSULT?

An eConsult service is an online application that supports prompt, secure communication between primary care providers (PCPs) and specialists (Figure E1). PCPs log on and submit a question concerning a patient's care. Specialists respond with advice, recommendations for referral, or requests for additional info.

FIGURE E1. Model depicting an eConsult case



CURRENT REGULATORY STATUS

In Canada, eConsult services currently operate under a different set of requirements than a national, full-scale health intervention. While some regulatory elements apply (e.g., those protecting patient privacy), others, such as those governing payment or defining the specialist role, are treated differently.

RECOMMENDATIONS/KEY CONSIDERATIONS

In order to facilitate eConsult's transition to a full-scale, multi-provincial or national service, regulations must be established on a number of key issues, including payment, licensing, and liability.

- Examine existing fee codes to determine best strategies for provider payment. The concept of "payment follows patient" should be upheld.
- Ultimately, specialists should be accountable for the advice they give.
- Define a set of key characteristics that participating providers should demonstrate (e.g., experienced, courteous, and capable of delivering timely responses).
- Develop best practices for PCPs and specialists who join the service in order to ensure patient safety.

- ✦ Determine how specialist competencies should be evaluated: what makes a good response? The Champlain BASE™ [Building Access to Specialists through eConsultation] team is currently examining how eConsult cases can be incorporated into continuing medical education. These studies will help inform what makes a quality eConsult.
- ✦ Establish clear consequences for providers who fail to meet the minimum standard of care. Providers should be made aware of these consequences from the outset.
- ✦ Leverage the feedback loop built into eConsult's structure, which allows for gathering of user responses in real-time through usage data and survey responses.
- ✦ Promote eConsult to patients and the general public to encourage their providers to use the service.

References

- Bodenheimer T. and C. Sinsky. 2014. "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider." *Annals of Family Medicine* 12(6): 573–76.
- Stanistreet K., J. Verma, K. Kirvan, N. Drimer and C. Liddy. 2017. "Physician Remuneration for Remote Consults: An Overview of Approaches across Canada." *Healthcare Quarterly* 20(3): 12–15.