Real-Time Virtual Support Pathways: How ondemand clinical help became just a click away



BC Health Information & Management Systems Society

March 31, 2022 – 4:00-5:30pm PST

Presented by: Drs. Kendall Ho, Megan Hunt & John Pawlovich

Land Acknowledgement

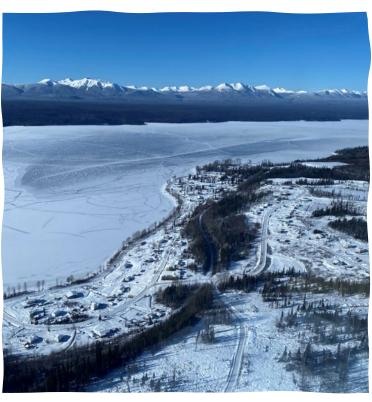
This presentation is being brought to you from the traditional, unceded territories of the Lheidli T'enneh (Prince George, BC), the Stó:lō Nation (Abbotsford, BC), the Okanagan / Syilx First Nations (Oliver, BC) and the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish), and Selílwitulh (Tsleil-Waututh) Nations (Vancouver, BC).



Rural medicine looks different



St. Paul's Hospital, Vancouver, BC



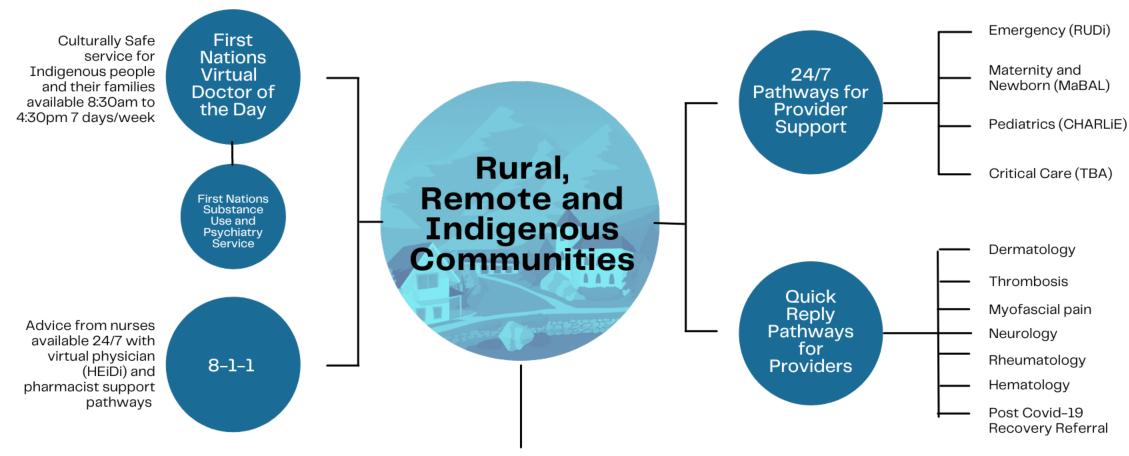
Takla Landing, BC



Takla Landing Health Centre, Takla Landing, BC

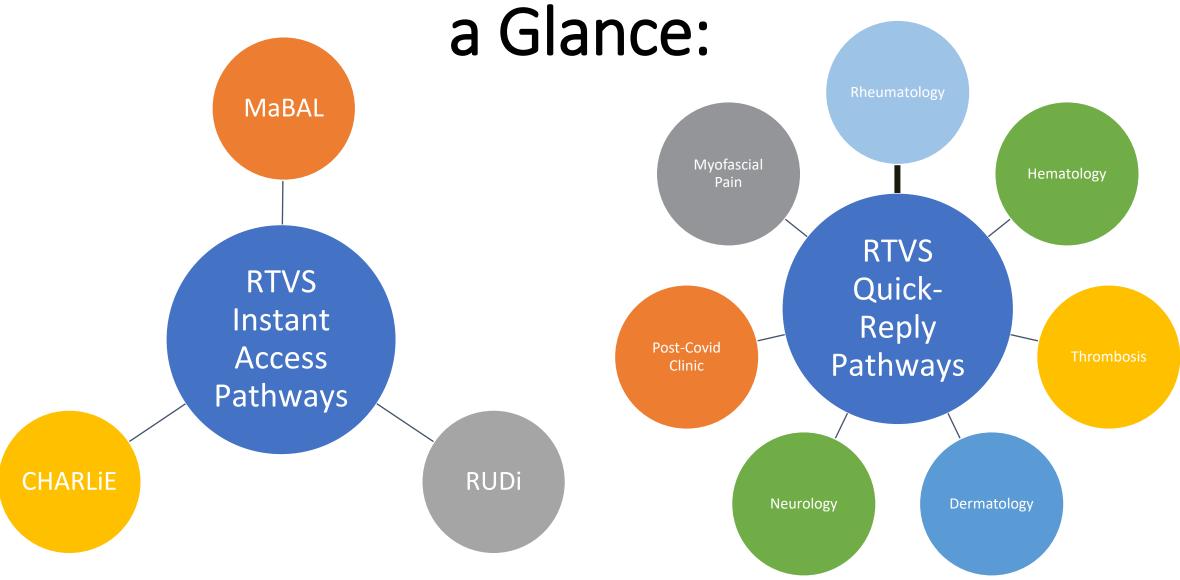
Mapping RTVS





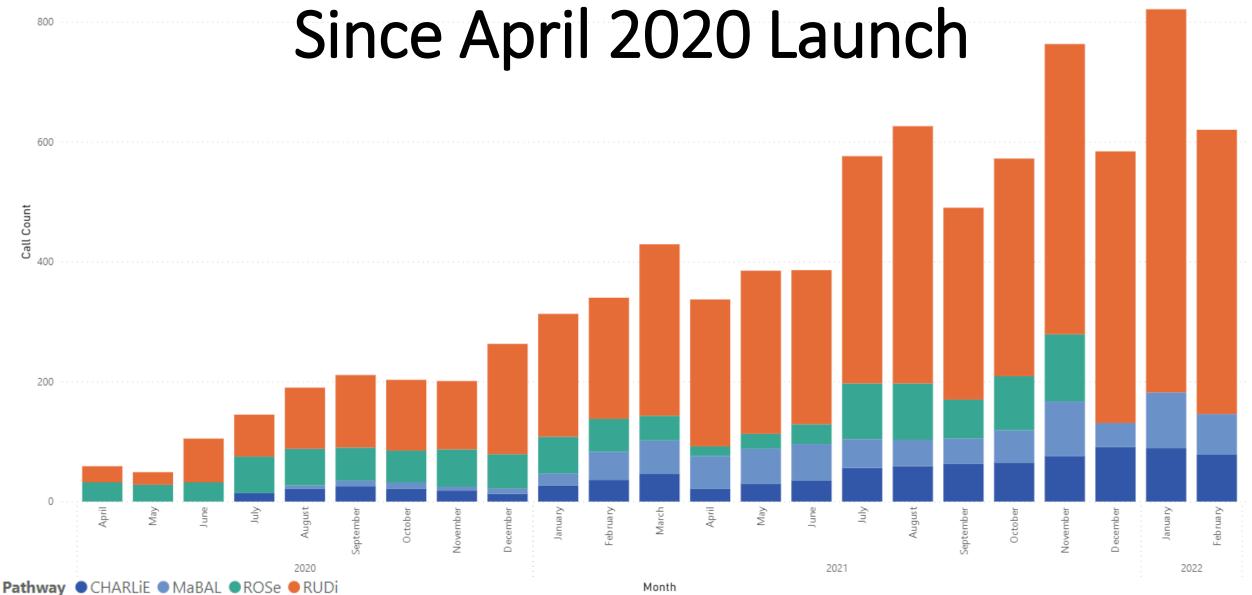
Policymakers, health administrators, health professionals, academics, community members and linked sectors

RTVS Peer-to-Peer Supports at





Instant Access Pathways Call Volume
Since April 2020 Launch



Additional Call Details:

Average Encounter Duration:

Pathway	Average Duration
CHARLIE	00:52:24
MaBAL	01:14:28
ROSe	01:44:26
RUDi	01:19:28
Total:	01:16:40

No. of Communities Onboarded:

109
Total Communities Calling

Top 10 RTVS Users:

Community:	No. of Calls Received by RTVS
Port Simpson / Lax Kw'alaams	448
Anahim Lake/Ulkatcho First Nation	257
Kitkatla/ Gitxaala Nation	230
Atlin/Taku River Tlingit FN	134
Takla Landing	132
Kwadacha/Fort Ware	117
Hartley Bay/ Gitga'at	113
Smithers	97
Dawson Creek	88
Telegraph Creek/Tahltan Band	84

Types of Calls/Cases Supported

Top 10 - Primary Health Concern	No. of Calls
Chest Pain	75
Alcohol Withdrawal Syndrome	69
Dental Caries	65
Chest Pain – Cardiac Related	50
Abdominal Pain	49
Abdominal Pain/Swelling	48
Back Pain w Radiation	48
Urinary Tract Infection	40
Back Pain – Unspecified	37
Unspecified Diseases/Conditions of Teeth & Supporting Structure	36
Alcohol Abuse	34

Sample List of Calls:				
CHARLIE	MaBAL	RUDi		
head injury in 10-year- old	unplanned birth in remote community	head injuries		
advising treatment for hemophilia/hemarthrosis	foreign body in ear	resuscitation of asthmastic patient with possible PE		
poor weight gain with infants	postpartum throiditis	substance use, psychosis, alcohol withdrawl		
status seizures	35-week pregnancy with pre-eclampsia	fractures		
epiglottitis	newborn feeding and jaundice	second opinion on shortness of breath, pre- syncope, chest/abdominal pain		



The Virtual Emergency Department

The Rural Urgent Doctor in-aid (RUDi) emergency pathway has been in collaboration with health authorities to create a Virtual Emergency Department to support overnight care in communities that would otherwise go into diversion.

RUDi physicians have support Dawson Creek, Lilloooet, 100 Mile and more during periods of staffing storage

Learn more



Cultural Safety and Humility Training:

RTVS Virtual Physicians are provided a host of cultural safety and humility learning opportunities to embed the provision of culturally safe care as a core skill and to encourage ongoing learning.

Recent Session Include:

- two-part series on Trauma-Sensitive Care with Anita Charleson-Touchie, Dr. Rahul Gupta and Harley Eagle.
- Compassion Leadership Lunch-n-Learn with Shawn and Heather Atleo



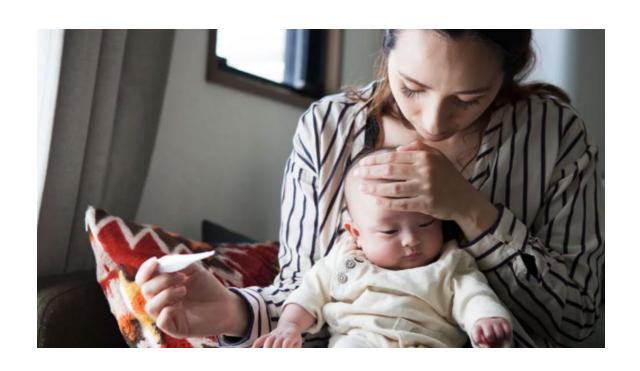
RTVS Simulations & MaBAL Dropin Coaching Sessions:

As part of the RTVS suite of services and community outreach initiatives, RTVS Virtual Physicians offer simulation programs to participating rural communities, simulation offerings include:

- Supported Simulations:
 - Have a virtual facilitator help your community run a simulation.
- Residency Site Simulations:
 - Bring an RTVS virtual provider into your next residency simulation.
- MaBAL Drop-in Coaching:
 - Lunch-n-Learn sessions which allow rural providers an opportunity to ask questions and conduct case reviews with the MaBAL Midwife team.



Life's unexpected health issues







HealthlinkBC Emergency iDoctors in Assistance - HEiDi

Why HEiDi?

- Support callers whenever & wherever, respecting choices
- High quality advice
 - Service utilization
 - Self management
- Longitudinal primary care

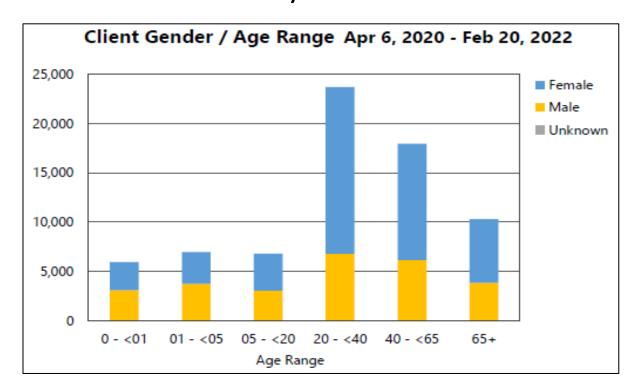
What does HEiDi do?

- Address needs & Reduce anxiety: "a friend"
- Preserve acute care capacity
- Safe health system navigation
 - Emergency care if needed
 - Home treatment if appropriate
- Safe handover: ED or reattachment



Caller Demographics

- 63% of callers are female.
- 68% are in 20-64 age range.
 - 18% are 0-4 years old.
 - 14% are 65+ years old.



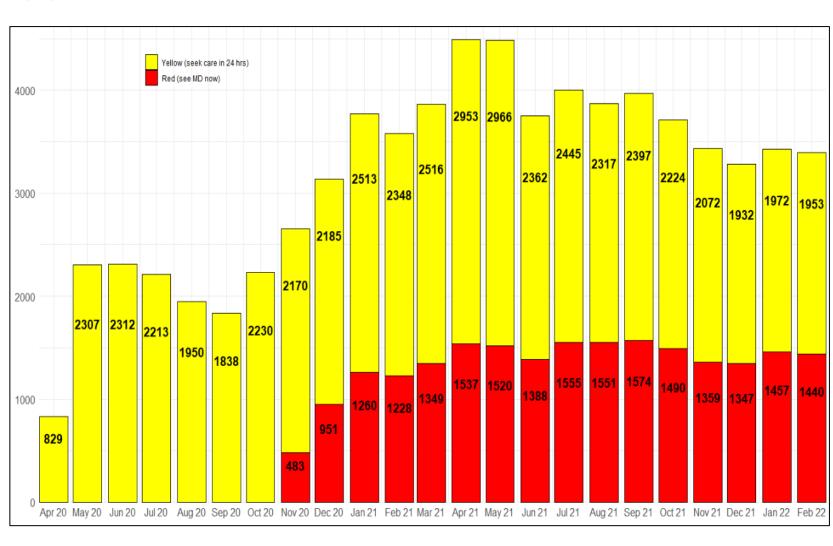
Encounters by Health Authority			
Apr 6, 2020 - Feb 20, 2022			
	#	%	Calls per 100,000 pop.
Fraser	25,528	36%	1,372
Interior	10,954	16%	1,388
Northern	3,436	5%	1,165
Vancouver Coastal	16,111	23%	1,331
Vancouver Island	14,403	20%	1,723

- Most common health concerns:
 - 1. Gastroenterology (digestive): 16%
 - 2. Musculoskeletal: 13%
 - 3. Respiratory: 12%
 - 4. Neurology: 11%



Encounter Volumes

- 72,605 calls received
 - 37% RED Calls
 - Average of 123 calls/day
 - One-day high of 198 calls
 - 12% of encounters use video
 - Average 21-minute consult length
- Milestone: 75,000 @ 3/18

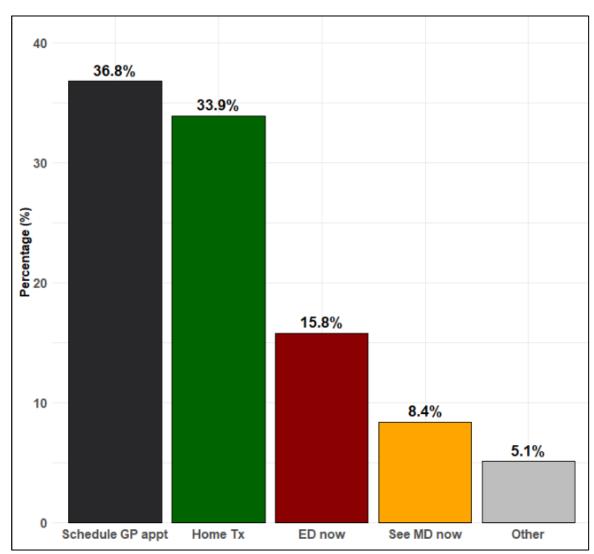




Post Encounter Disposition

Callers are advised to take 1 of 5 actions following their HEiDi encounter.

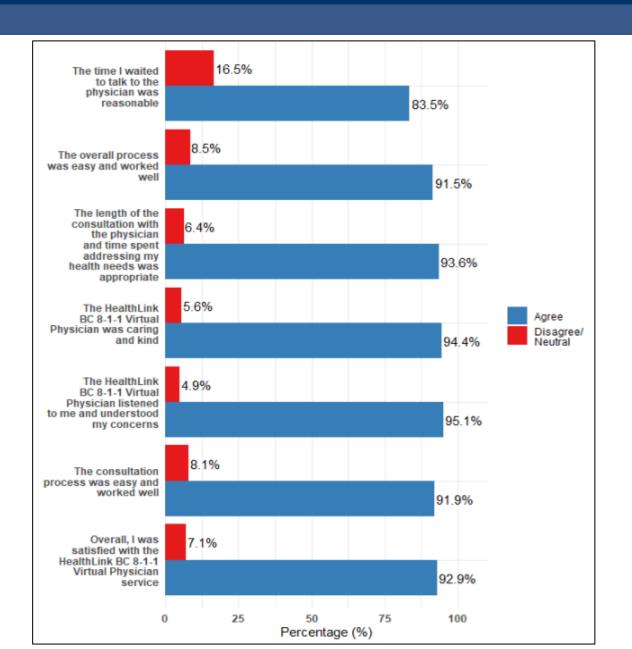
- ▶ Preserve Acute Care capacity: 70.7% downgraded to less urgent action (home treatment or schedule GP appointment in 1 week)
- ➤ Appropriate Emergency Care: 15.8% accelerated to ED for more urgent care





Caller Satisfaction

- Over 3,200 HEiDi callers have submitted anonymous feedback on their virtual encounter experience
- Over 92% were satisfied with their HEiDi experience
- Common negative feedback: long wait times to see HEiDi physician
 - ➤ Average wait time of 14 minutes from VMOA to HEiDi physician



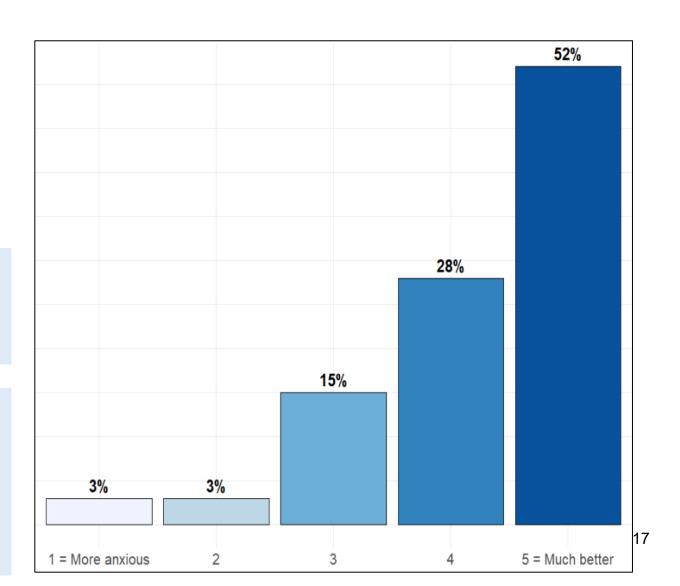


Caller Experience

Compare how you felt before you spoke to the HealthLink BC 8-1-1 Virtual Physician to how you feel now after spoken to the Virtual Physician.

"The doctor's follow-up call was unexpected but made us all more calm and relaxed. Vey helpful."

"The doctor and office assistant were very helpful and kind. I felt listened to and reassured. The doctor took time to explain things to me without medical jargon and answered my questions patiently."





Collaboration: "Plan-Do-Study-Act" Together



3 Integration of virtual physician visits into a provincial 8-1-1 health information telephone service during the COVID-19 pandemic: a descriptive study of HealthLink BC Emergency iDoctor-in-assistance (HEiDi)

Kendall Ho, Helen Novak Lauscher, Kurtis Stewart, Riyad B. Abu-Laban, Frank Scheuermeyer, Eric Grafstein, Jim Christenson and Sandra Sundhu June 15, 2021 9 (2) E635-E641; DOI: https://doi.org/10.9778/cmajo.20200265

Research



First Nations Virtual Doctor of the Day, Substance Use and Psychiatry Program

Megan Hunt, Executive Director, Primary Care and eHealth

March 2022





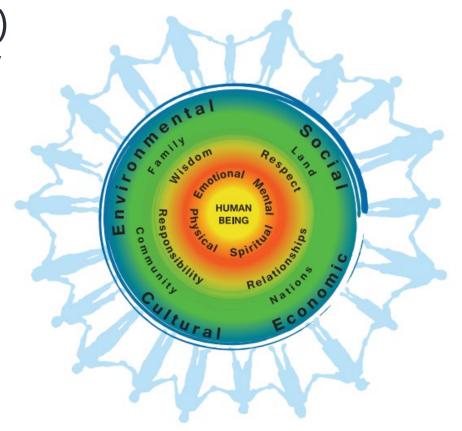
- Introductions
- FNHA Context
- Overview of Virtual Health Services
- Medial Office Assistant Overview
- Mental Health Care Coordinator Overview
- Data What Does it Tell us and How it Guides Quality Improvement
- Open Dialogue





First Nations Health Authority

- The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada.
- The FNHA is the health and wellness partner to over 200 diverse First Nations communities and citizens across BC.



FNHA Vision:

"Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities."

First Nations Primary Care Design & Delivery



- Rooted in an approach of culturally safe primary care
- Engagement and guidance with community
- High quality & relevant care, closer to home
- Transformation of primary care through active implementation of DRIPA
- First Nations-led design and delivery of primary care
- Inclusion of Knowledge Keepers and Traditional Wellness/Medicine people
- Blanketed with an evaluation Framework



Virtual Services – Responding to Our Needs and Priorities



- The dual public health emergencies of the COVID-19 pandemic and BC's overdose crisis have deeply affected BC First Nations communities.
- The findings of our lost children at Residential Schools across Canada have deeply impacted our First Nations people.
- Environmental events such as flooding and fires have deeply affected our First Nations people.
- Early in the pandemic, health care operations in a number of communities were reduced or closed.
- In 2020, the rate of overdoses and OD deaths in BC spiked drastically, with disproportionate representation in the First Nations population
- In urgent response, the FNHA launched the First Nations Virtual Doctor of the Day (FNvDoD) and the First Nations Virtual Substance Use and Psychiatry Service (FNvSUPS)



Early feedback from FNVDoD strongly reinforced the need for increased and improved access to substance use and mental health specialty supports

First Nations Virtual Doctor of the Day and Substance Use and Psychiatry Program



Overall goal: To enable First Nations people and their family members to access primary health care closer to home.

- The purpose of our services is to:
 - Improve access to timeliness and quality of culturally safe, integrated primary and specialty health care services both virtually and closer to home
 - Develop team based primary care that is designed, led and delivered for and by First Nations
 - To improve and establish key partnerships that promote innovation and transformation of health and wellness services with First Nations

Virtual Health Services – What We Offer



First Nations Virtual Doctor of the Day (FNvDoD)

- Primary Care Service
- Family Practice GPs
- Self-referral by client
- 7 days a week
- Zoom or phone
- Launched in April 2020
- **1-855-344-3800**



First Nations Virtual Substance Use and Psychiatry Service (FNvSUPS)

- Specialty Service
- Addictions Medicine & Psychiatry
- Referral from any Health and Wellness Provider
- 5 days a week (M-F)
- Zoom (preferred) or phone
- Launched in August 2020
- **1-833-456-7655**

Both services are available to all Indigenous people and their family members living in BC

First Nations Virtual Substance Use and Psychiatry Service (FNvSUPS)



The program is:

- Virtually-delivered, culturally safe specialty substance use and psychiatry services including assessment, case planning, treatment, & follow-up
- Able to provide ongoing care for Addictions and short term consultation for Psychiatry
- Designed to work closely with the client's circle of care
- Available through referral from a health and wellness provider
- Unique in the key role that the referring provider plays in appointment & care planning
- Available for provider to specialist consultation
- Province-wide coverage model supported by MOA and Care Coordinator





FNvSUPS Service Availability

First Nations Health Authority Health through wellness

Substance Use

Phone line open 9:30am-5:30pm

Psychiatry

- Mon-Fri 9:00-5:00pm
- 12yrs+
- Consultation, assessment & diagnosis
- Care, treatment planning & follow-up
- Withdrawal management and access to risk mitigation treatment or "safer" supply
- OAT induction and maintenance
- Additional care related to alcohol, substance use, and commercial tobacco concerns.
- Participation in ongoing wraparound care in collaboration with client's identified circle of care
- Prescribe and evaluate medication profile as necessary
- Other related supports

- Mon-Fri, 10:00am-3:00pm
- 16yrs + (some capacity for 12ys+ depending)
- Consultation, assessment & diagnosis
- Care, treatment planning & follow-up
- Concurrent disorder management
- Participation in short term consultation care in collaboration with the client's identified circle of care
- Prescribe and evaluate medication profile as necessary
- Connection and referral to other regional and provincial mental health services as appropriate
- Other related supports

Care planning will always take into account available pharmacy, staffing & other support resources, as well as ensuring the client's situation is assessed to be safe to manage the proposed treatment.

FNvSUPS Service Availability

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Overall goal: to help clients navigate the mental health and addictions system in a safe and culturally appropriate manner

- Care Coordinators can do the following (but not limited to):
 - Locate Counselling
 - Provide advocacy
 - Connect with cultural supports/resources,
 - Provide education/information around substance use/mental health,
 - Connect to local physicians, connecting to case managers etc.
 - Any support related to social determinants of health (i.e. housing, income, education etc.)
 - Limited wellness checks
 - Provide webinars on Virtual Services

Cultural Safety, Humility and Anti-Racism in a Virtual Space

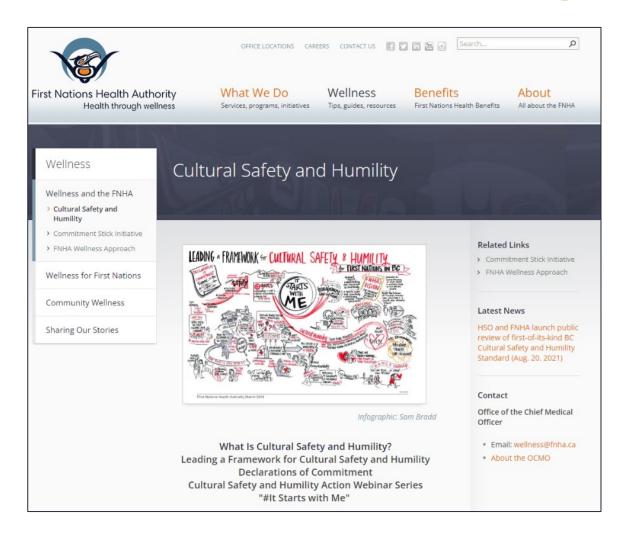


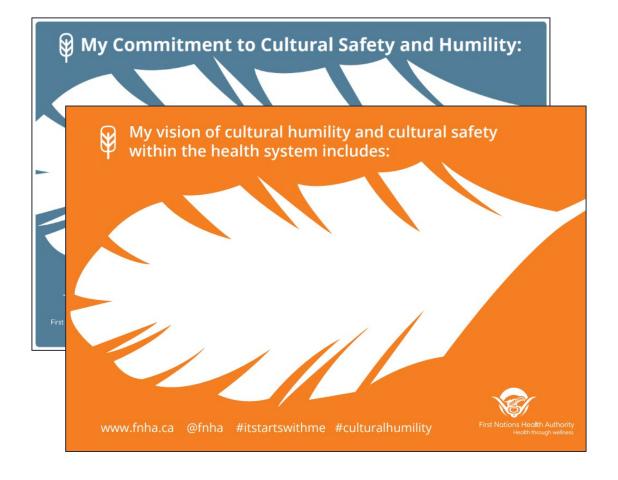
- Unique Aspects of Virtual Services & Cultural Safety and Humility
 - Safe Spaces Protocol
 - Cultural Safety & Humility education opportunities
 - Community of Practice meetings for providers
 - Compliments and Complaints
 - Increased accountability with a sound compliments or complaint process



Cultural Safety, Humility and Anti-Racism in a Virtual Space







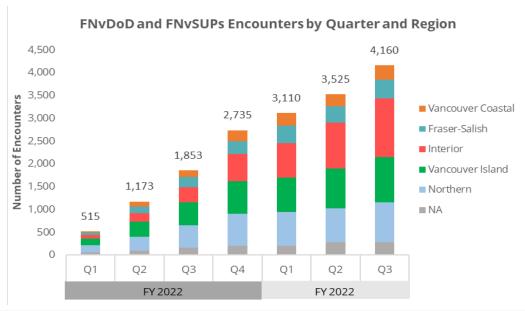






Co-design and implement First Nations led primary care initiatives (Key Performance Indicators)

First Nations Virtual Doctor of the Day and Virtual Substance Use & Psychiatry Service

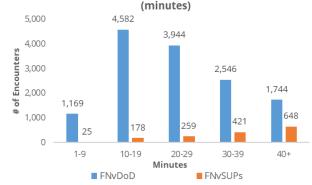


•	Over 90% of users from the Doctor of the day program said they were
	Over 90% of users from the Doctor of the day program said they were satisfied with their appointment while over 95% of users from the Doctor of the day program would recommend the service to their friends and
	family.

■ The FNvSUPS program continues to expand, building off of existing connections with referring agents and creating new relationships with local community resources and external partners to best support client care. In addition, the program is looking to incorporate traditional practitioners to provide support to clients seeking cultural supports, as well as counselling supports.

Since launch to Present	FNvDoD		FNvSUPs	
	Encounters	Unique Clients	Encounters	Unique Clients
Vancouver Coastal	1,267	576	224	81
Fraser-Salish	1,743	774	293	83
Interior	4,303	1,547	409	92
Vancouver Island	4,281	1,467	405	121
Northern	3,761	1,354	566	184
NA	1,021	425	351	85
Total	16,376	6,143	2,248	646

Number of Encounters by Encounter Length





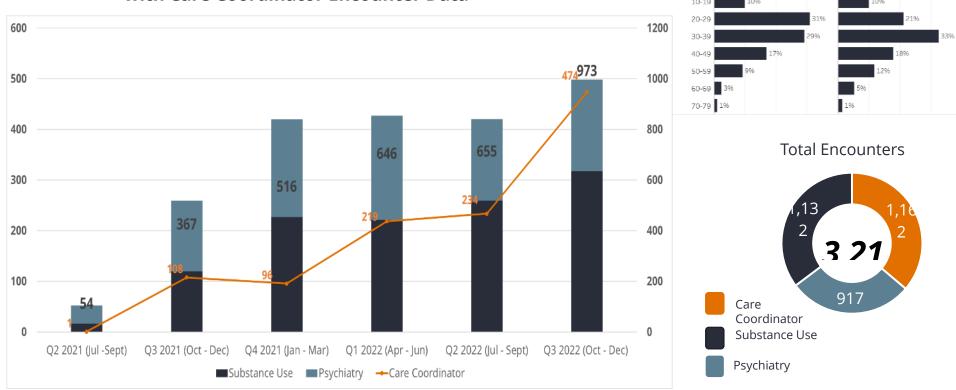
Age Demographics

Age group



Co-design and implement First Nations led primary care initiatives (Key Performance Indicators)

First Nations Virtual Substance Use & Psychiatry Service with Care Coordinator Encounter Data









www.fnha.ca/VirtualHealth

First Nations Virtual Doctor of the Day

1-855-344-3800

fndod@fnha.ca

First Nations Substance Use and Psychiatry

1-833-456-7655

fnvsups@fnha.ca

Gayaxsixa

Kukwstsétsemc

Huy tseep q'u

Mussi Cho

Haw'aa

Sechanalyagh

Gila'kasla

kw'as ho:y

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Snachailya



