

OMA's Virtual Care FAQs

November 13, 2019

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Introduction & Background

Virtual visits have been enabled in Ontario since 2006 by the Ontario Telemedicine Network (OTN). The services have been limited to video visits and patients have been required to go to a host site, often at a health care facility.

Physicians and patients have been asking for expanded virtual care opportunities. In 2014, OTN launched a pilot study of video visits via the Home Video Visit pilot (through OTNinvite), where both physicians and patients can connect from any location within Ontario and use their own electronic devices. OTN has also launched pilots to study secure audio calls and electronic messaging.

Given the success of the pilot studies, a Virtual Care Working Group was struck in 2019 between the Ministry of Health (Ministry) and the Ontario Medical Association (OMA), with participation by OntarioMD and OTN, to explore the expansion of virtual care in Ontario.

A multi-phase plan to enhance virtual care in Ontario is being undertaken.

This document deals with Phase I, which enables more physicians and patients to hold direct-to-patient video visits anywhere in Ontario using their own devices via a secure link from OTN. Physicians using virtual video visits will be paid fees commensurate with clinical activity and equivalent to in-person care (i.e. bill the same as you would if the patient came to see you in-person). Given the maturation of video visit technology, use and access – especially physicians' ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums no longer serve their original purpose and are thus being removed (with a time-limited exception to preserve access to care, such as for rural patients at a patient host site).

In Phase II and III, expected to be implemented over the next year, it is proposed that physicians be enabled to deliver a wider range of virtual visits (e.g. via secure electronic messaging and audio calls) and leverage the virtual care technologies that best meet their needs (e.g. technologies other than those currently offered by OTN) within the Ministry's Virtual Care Program.

It is anticipated this unprecedented plan will significantly increase access to virtual care for all physicians and patients who seek to use it.

Please note:

- Only Phase I has been discussed by the Virtual Care Working Group and approved by the OMA Board and Minister of Health. Recommendations on Phase I were informed by feedback elicited via consultation with all constituency groups (Sections, Medical Interest Groups and Forums).
- Beginning November 15th, direct-to-patient video visits via OTNinvite will be rolled out in a staged approach, starting with family physicians in a patient enrollment model (PEM) for their rostered patients, specialists and GP focused practice designated physicians. The telemedicine premiums will be removed as of March 31, 2020, (with a time-limited exception to preserve patient access to care such as for rural patients at a patient host site).
- These FAQs have been developed to answer questions on Phase I of the virtual care plan. Questions have been grouped by theme or category within two sections: Direct-to-Patient Video Visits and Telemedicine Premiums. These FAQs will be updated as virtual care is developed and implemented.

Key Contacts

For billing related inquiries, please contact the Service Support Contact Centre at: 1-800-262-6524 or SSContactCentre@ontario.ca

For specific questions about conducting direct-to-patient video visits via OTN, please contact: info@otn.ca.

To register to be eligible to conduct video visits and to register for OHIP billing, please visit: <http://otnhub.ca>

For technical support, please contact: techsupport@otn.ca or 1-855-654-0888

For other general questions about the Virtual Care Working Group's process to expanding virtual care in the province, please contact: virtual.care@oma.org

Direct-to-Patient Video Visits

A. About Direct-to-Patient Video Visits

1. What are direct-to-patient video visits?

Direct-to-patient video visits are the delivery of clinical “visits” via secure videoconferencing (i.e. OTNinvite) to patients at their location of choice (e.g. home, office). The patient does not need to travel to see the physician in person, or to a patient host site (e.g. in a local health care location), and the patient often uses their own electronic device (computer/tablet/smartphone).

2. What is OTNinvite?

OTNinvite is a feature of OTN’s eVisit, a videoconferencing system that provides a mobile alternative to traditional OTN studio-based videoconferencing. Through OTNinvite, physicians can have a virtual video visit with their patients anywhere in Ontario. Patients receive an email invitation from their physician with a link to access at the scheduled date and time to begin their private video appointment. Both the physician and patient use their personal electronic device (computer/tablet/smartphone), which means the virtual video visit can take place from any convenient and secure location – a home or office – and there is no need to travel to a patient host site.

B. Physician Use of OTNinvite

3. How do I conduct a direct-to-patient video visit?

Physicians who are OTN members can access OTNinvite on the OTNhub. OTN membership and associated services are free for physicians who receive 50 per cent or more funding from the Ministry, a LHIN or OHIP. Physicians must register with the Ministry’s Virtual Care Program before they are eligible for the billing and payment of virtual care services via the claims processing system of OHIP. To register, physicians must complete the OHIP Virtual Care Registration Form: https://support.otn.ca/sites/default/files/ohip_virtual_care_physician_registration_form.pdf

Physicians should begin billing only once notification of registration being processed has been received. Visit <https://otnhub.ca/> to join OTN and access video visits via OTNinvite.

To initiate a video visit via OTNinvite, a physician would send a patient an email invitation with a link to access at the scheduled date and time to begin their private video appointment. Physicians can also give the patient a unique “guest” PIN to use when joining the videoconference, as an additional security measure (only those with the PIN can join). At the time of the appointment, the patient would click on the link, insert their name (and PIN if given) and then join the videoconference.

The video visit must be conducted within Ontario – i.e. both the physician and patient must be physically within Ontario at the time of the virtual consultation.

For helpful resources, training and step-by-step guidance on conducting a video visit via OTNinvite: <https://support.otn.ca/en/connect-help>

4. Do I have to use OTNinvite to provide video visits to my patients?

OTNinvite is currently the only technology permitted for the delivery of direct-to-patient video visits that are to be remunerated by the Ministry. However, the Virtual Care Working Group is actively exploring enabling the use of other technologies.

5. Am I eligible to conduct a direct-to-patient video visit?

Eligibility for direct-to-patient video visits will be rolled out in a phased approach.

1. Currently, only the following physicians are eligible to provide direct-to-patient video visits:
 - i. Family physicians in patient enrollment models (PEM) for their rostered patients;
 - Any physician in the PEM can see any patient rostered to the PEM by direct-to-patient video visits.
 - ii. All specialists, including GP focused practice designated physicians when providing services associated with their designation (e.g. addiction medicine, pain management)¹.
 - The GP focused practice designated physician must not be providing direct-to-patient video visits for routine primary care unless they are a PEM physician delivering care to patients rostered to their practice.
2. Following this initial phase, which will last approximately six to nine months, eligibility for direct-to-patient video visits will open up to include:
 - iii. Other family physicians, if there is an established physician-patient relationship with an in-person, OHIP-insured visit in the last 24 months.
 - This will apply to all primary care scenarios other than PEM physicians with their rostered patients (i.e. non-rostered patients of family physicians in a PEM, patients of non-PEM physicians).

6. Why are direct-to-patient video visits being implemented in a phased approach in primary care?

Primary care direct-to-patient video visits are being enabled within established physician-patient relationships to support continuity of care. The OMA does not support fragmentation of care, which is why this program is being rolled out in this manner. The phased approach provides family physicians and rostered patients in a PEM who want to use virtual care, the opportunity for sufficient uptake and establishment of virtual care as part of the primary care relationship so that these rostered patients will be less likely to seek outside use of virtual care.

7. Will all patients need to be seen in-person once every 24 months to qualify for video visits?

No, only patients who are not rostered in a PEM must be seen in-person within the last 24 months. Rostered patients of PEM physicians and all speciality visits (and GP focused practice designated physicians practicing within their designation) are not required to have an in-person visit in the

¹ For information on GP focused practice designation see:
<https://cs.oma.org/Member/omamail/MailItems/PCFA/GP%20Focus%20Application%20June%202016.pdf>

last 24 months prior to the direct-to-patient video visit for the direct-to-patient video visits to be eligible for remuneration. This requirement will come into effect once video visits are enabled for non-rostered patients in six to nine months and does not apply during this initial phase of rollout.

8. Why is the time limit for seeing a patient in-person set at 24 months?

The time limit of 24 months aligns with the recommendation by Health Quality Ontario that adults should have a physical checkup every two years.

9. What are the benefits of direct-to-patient video visits?

Direct-to-patient video visits allow physicians to connect with patients anywhere in Ontario from the convenience of their own computer in their office/clinic/home. Likewise, direct-to-patient video visits are convenient for patients, saving them travel time and allowing them to access care from anywhere.

A study of direct-to-patient video visits via OTN's Home Video Visit pilot found that both patients and providers were generally satisfied (70 per cent) with video visits, and providers believed the quality of care is the same or somewhat better than in-person care. Other benefits included avoiding missed or cancelled appointments.

10. How will virtual care via video visits ensure continuity of care?

Direct-to-patient video visits in primary care are being enabled initially only for rostered patients in a PEM and later (i.e. six to nine months) for other situations where there is an established primary care physician-patient relationship. The specific patient must have been seen by the specific physician in-person within the last 24-months if they are not a rostered patient with a PEM seeing a physician in that PEM practice.

Ongoing monitoring and evaluation will also be undertaken to assess any unforeseen impacts and make any changes to the program if needed.

11. Do I have to provide a patient with a direct-to-patient video visit if they request one? What if I believe the patient's condition is not suitable to have a video visit?

Physicians are not required to provide virtual care services. A physician can decide whether to offer virtual care services to all their patients, or specific patients, or for specific clinical situations, or not at all. It is the physician's professional obligation as per [CMPA guidance](#) and the [CPSO Telemedicine policy](#) to determine if virtual care is appropriate for the specific patient encounter. Even if a patient asks for a virtual visit, a physician can insist the patient come in for a visit if the physician believes that is clinically appropriate.

Video visits are a viable alternative for follow-ups or consultations with patients in specific situations, i.e. when an in-person physical exam by the physician is not needed.

12. How do I document a direct-to-patient video visit?

Similar to an in-person visit, the virtual patient encounter must be documented into the patient's medical record as per the CPSO's [Medical Records policy](#) and [Telemedicine policy](#) and relevant legislative requirements.

C. Physician Compensation

13. Will I be compensated for conducting a direct-to-patient video visit?

Yes, physicians can claim the equivalent of the in-person service fee listed in the Schedule of Benefits for a direct-to-patient video visit via OTNinvite. This would be done in line with existing contracts.

There are, however, exceptions to the services physicians can claim as per the list of OHIP Schedule fee codes excluded from the Ministry's Virtual Care Program.

Further information on virtual care billing is available in the Ministry's INFOBulletin:

<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4731.aspx>

and Billing Information Manual:

https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_manual.pdf

14. How do I bill for a direct-to-patient video visit?

Physicians must register for virtual care billing privileges. A link to the registration form will be provided shortly.

Once they are authorized, physicians may submit claims via the OHIP claims system for video visits to be paid by the Ministry's Virtual Care Program. Claims must:

- a) be from a physician approved by the Ministry as eligible to render video visits and be registered with the Ministry for billing privileges;
- b) be for services rendered where all participating physicians and patients are in attendance via using an approved OTN video solutions and be physically located within Ontario during the health care encounter;
- c) include the "OTN" Service Location Indicator (SLI) code to indicate it was done as a video visit;
- d) include the applicable Virtual Care Program B-code; and
- e) not include fee codes for services excluded from the Virtual Care Program.

Further information on virtual care billing is available in the Ministry's INFOBulletin:

<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4731.aspx>

and Billing Information Manual:

https://support.otn.ca/sites/default/files/ohip_telemedicine_billing_information_manual.pdf

15. Can a physician charge extra fees on top of the service fee for the video visit?

Currently, the answer is yes. The CPSO's policy on Uninsured Services: Billing and Block Fees states that physicians must not charge a block fee in order to cover administrative or overhead costs associated with providing insured services.² As such, this prohibition on block fees applies only to insured services. As virtual care is an uninsured service, this means that physicians can charge a block fee or extra fee on top of the service fee for the video visit. The CPSO policy and

² <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

corresponding law does state, however, that any fees charged for uninsured services must be reasonable, and the physician must inform the patient of the fee prior to providing the uninsured service. What will be deemed “reasonable” is currently a grey area.

For Family Physicians in a Patient-Enrollment Model (PEM) with Rostered Patients – e.g. FHO, FHG, FHN, CCM, etc.

16. Can PEM physicians provide direct-to-patient video visits via OTNinvite to non-rostered patients?

Yes, PEM physicians will be able to provide direct-to-patient video visits to their non-rostered patients once eligibility is opened up following the initial phase for rostered patients.

17. What happens if another physician provides direct-to-patient video visit to a rostered patient? Will this affect the PEM physician’s access bonus, and if so, why?

For at least the first six months following implementation, only family physicians in a PEM with rostered patients (in addition to specialists and GP focused practice designated physicians) are eligible to provide direct-to-patient video visits. As such, during this period, there will be no impact to the PEM physician’s access bonus.

Following this initial phase and once eligibility is opened up to all other family physicians in six to nine months, if another physician outside the practice provides video visits to a patient rostered to another physician, the access bonus will be reduced for PEM physicians whose rostered patients are seen by other family physicians virtually (through OTN). This is the same as when another physician now sees a rostered patient in-person.

However, unlike for an in-person visit, for a non-PEM physician to be paid for a virtual visit (and impact the access bonus of the PEM physician), the specific patient would have had to have been seen by the specific physician in-person within the prior 24 months.

Further, if a patient rostered to a PEM has a direct-to-patient video visit with another physician within that PEM practice, there is no access bonus impact.

The OMA has requested that the Ministry revise the monthly outside use reports they provide to physicians clearly state whether the patient number and corresponding fee code that caused negation to the access bonus was due to a virtual visit. This will allow PEM physicians to track outside use of virtual visits and assist them in managing their roster and deciding whether to offer virtual care. The Ministry is looking into this.

Impacts on the access bonus of PEM physicians will be closely monitored throughout the evaluation period. A targeted review of the impact of the policy changes on the access bonus of PEM physicians will be conducted six months after non-PEM physicians, and PEM physicians with non-rostered patients, are allowed to deliver direct-to-patient virtual visits to patients they have seen in person in the last 24 months.

18. Will patients who are seen virtually by GP focused practice designated physicians impact PEM physicians' access bonus?

As with face-to-face encounters, virtual visits by GP focus practice designated physicians will not cause negation to the access bonus. Also, as with face-to-face encounters, virtual claims for in basket services provided by physicians who do not have a GP focus practice designation will result in negation to the access bonus.

D. Digital Requirements, Privacy & Security

19. What technical specifications do I need on my phone/tablet/computer to conduct a video visit? Will I need to upgrade my technology?

OTNinvite works with most software. However, OTN recommends that both you and the patient use Chrome or Firefox as your browser for the service.

The minimum requirements to use OTNinvite are:

- A personal computer, with high-definition camera and headset (or speakerphone with echo-cancelling microphone) and high-speed internet connection, OR
- A mobile device with wi-fi or 4G-LTE wireless connection

For full details about technical requirements, refer to the Technical Readiness guidance: <https://dropbox.otn.ca/pcvc-help/otn-evisitv-tech-ready.pdf>

20. What about privacy and security issues?

OTN's video visits are fully encrypted and secure to allow for private and secure video visits.

For further privacy and security recommendations: <https://dropbox.otn.ca/pcvc-help/otn-evisitv-privacy-security.pdf>

E. Monitoring and Evaluation

21. Will there be monitoring and evaluation of direct-to-patient video visit use?

Yes, a pilot study of direct-to-patient video visits, the Home Video Visits pilot, has been conducted and evaluated. In addition, there will also be ongoing monitoring and evaluation to understand the impact, including use, benefits and unintended consequences/issues that may arise from this policy change. This will inform reviews of the policy.

F. Supports for Physicians

22. Who do I contact if I have issues with conducting a direct-to-patient video visit? / Where can I learn more about direct-to-patient video visits?

OTN provides a full suite of resources on direct-to-patient video visits: <https://support.otn.ca/en/connect-help>.

For step-by-step guidance and training in providing direct-to-patient video visits:
<https://training.otn.ca/course/view.php?id=10034%20Live>.

For questions about direct-to-patient video visits, please contact: info@otn.ca

For technical support, please contact: techsupport@otn.ca or 1-855-654-0888

23. What resources are available for patients?

Patients can be given the following link to inform them of direct-to-patient video visits via OTNinvite: <https://otn.ca/patients/evisit/>

G. Other

24. Are patient host sites being removed/eliminated?

No. Those patients who do not have access to a smartphone/computer, or who require support, such as a nurse or medical devices, can still use patient host sites.

25. Is providing virtual care an insured service?

No, since 2006, when virtual visits were made available via OTN, virtual care has been a publicly funded service through the Ministry's Virtual Care Program (previously called the Telemedicine Program). It is not part of OHIP/Schedule of Benefits and is thus technically considered uninsured (yet still publicly funded).

26. Will video visits be included in the Schedule of Benefits?

No, as mentioned in question 25, virtual care is a publicly funded but uninsured service. No changes are being made to the OHIP Schedule of Benefits. See question 14 for how to bill for a direct-to-patient video visit.

27. What if I want to use non-OTN technology instead and bill the Ministry?

OTNinvite is currently the only video visit technology permitted for video visits that are to be remunerated by the Ministry. Claims should not be submitted to the Ministry's Virtual Care Program if OTN video visits have not been used. However, the Virtual Care Working Group is actively exploring allowing video visits by other technologies in the near future.

28. What about electronic messaging and audio call modalities?

The Virtual Care Working Group is actively exploring enabling virtual visits by electronic messaging and audio call in the near future.

Telemedicine Premiums

29. What are the telemedicine premiums?

The telemedicine premiums were introduced more than 10 years ago to account for the extra time required for physicians to travel to an OTN telemedicine studio. They are paid to physicians on top of the OHIP service fee codes and are billed separately as a flat fee (a “B” prefix code billed at \$35 for the first patient encounter and \$15 for subsequent patient encounters in a day). Premium codes are also available for cancelled/missed appointments and technical difficulties.

30. Why are the telemedicine premiums being removed?

The telemedicine premiums were introduced more than 10 years ago to account for the extra time required for physicians to travel to an OTN telemedicine studio.

Given the maturation of video visit technology, use and access – especially physicians’ ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums are no longer serving their original purpose.

31. When will the telemedicine premiums be removed?

The telemedicine premiums will be removed as of March 31, 2020, (see question 34 and 36 for exceptions).

32. Will the telemedicine premiums be replaced with another code?

Yes, as of April 1, 2020, there will be new codes for the Ministry’s Virtual Care Program. In the coming weeks, more detailed information about the new codes will be released by the Ministry.

33. Will there be any exceptions to the removal of the premiums?

To smooth the transition from the telemedicine premiums and maintain patient access to care:

- Physicians delivering hosted video visits to rural patients (i.e. rural patients at a patient host site) will receive a \$15 premium payment per completed hosted video visit for one year (i.e. until March 31, 2021) to allow for a longer transition phase for those providing hosted video visits to rural patients. See question 34 for more information.
- Physicians who can demonstrate that the premium removal will have a significant impact on patient access to care in their practice are invited by the Ministry-OMA Virtual Care Working Group to send their feedback. See question 36 for more information.

34. What about the adverse impacts of the premium removal on vulnerable patient populations, such as rural patients?

Given the feedback from many OMA constituency groups that removal of the premium could disproportionately impact vulnerable patients in rural communities, a transitional rurality exception has been developed. Physicians delivering hosted video visits to rural patients (i.e. rural patients at a patient host site) will receive a premium payment per completed hosted video visit for one year (i.e. until March 31, 2021). This a time-limited exception to give physicians the opportunity to transition their virtual care practice to operate without the premiums and will be in place only until March 31, 2021.

A rural patient is defined as a patient from a community that has a Rurality Index of Ontario (RIO) score of 45-100+, as identified by their postal code. The RIO score of a postal code can be found here: [OMA RIO Postal Code Look-Up](#).

It is anticipated this time-limited exception will significantly reduce the unintended consequences of the premium removal on rural patients and will support continued access to care during this time of transition.

35. How do I know if my patient lives in a community eligible for the premium exception?

The rurality exception applies to patients from a community that has a Rurality Index of Ontario (RIO) score of 45-100+, as identified by their postal code. The RIO score of a postal code can be found here: [OMA RIO Postal Code Look-Up](#).

36. I have serious concerns that the premium removal will significantly impact access to care for my patients. What can I do?

Based on extensive feedback from OMA constituency groups, a mitigation process has been established to manage concerns that the premium removal will significantly impact patient access to care (that is not already covered by the rurality exception).

If you believe that removal of the telemedicine premium will significantly impact patient access to care in your practice, you can submit your concerns here https://oma-rsvp.formstack.com/forms/telemedicine_premium_removal_feedback_form from November 15, 2019 to January 17, 2020.

The Virtual Care Working Group will review physician concerns and provide recommendations on possible mitigation to the Minister of Health.

In addition to this formal mechanism to submit any such concerns, ongoing monitoring and evaluation of the impact of the premium removal will be undertaken.