Submission to the Ministry of Health Virtual Health Care Consultation

MAY 13, 2022

CUPE HEALTH CARE WORKERS
LOCAL 5430

Introduction

The Canadian Union of Public Employees (CUPE) Local 5430 welcomes the opportunity to provide feedback to the Ministry of Health's Virtual Care Engagement consultation.

CUPE is the largest union in health care in Canada, representing 167,000 members from coast to coast. CUPE is also the largest health care union in Saskatchewan. CUPE Local 5430 represents approximately 13,000 health care providers throughout the province. We represent a wide range of health care providers in five major classification areas: clerical, medical technologists and technicians, nursing, support and plant operations. Our members work in hospitals, long-term care homes, integrated care centres, community health centres and in home care and emergency medical services (EMS).

Our response to this Virtual Care Engagement will address several of the areas outlined in the consultation materials, such as appropriateness and quality of care, inclusive access and equity, privacy and security of information.

One area of concern that is not identified in the consultation materials is the growing privatization threat posed by several corporations entering the virtual care field. Our submission will outline our concerns with the growing private sector involvement in this area of our health care system.

On this note, CUPE Local 5430 needs to express our disappointment that in the midst of this consultation process, the Government of Saskatchewan saw fit to announce that the Saskatchewan company Lumeca was awarded a multi-year service agreement to provide the platform for secure video conferencing for healthcare professionals.[1] While this agreement appears to be restricted to the provision of technological infrastructure rather than the provision of virtual health services, it does suggest that broader decisions related to the scope and delivery of virtual care services have already been made, rendering this consultation process less meaningful.

Nonetheless, as we will outline below, CUPE Local 5430 acknowledges that there are many benefits to expanding the role of virtual health care, however, it is critical that the Government of Saskatchewan ensures that virtual care is fully integrated into our public health system to achieve high quality, patient-centred, cost-effective and highly coordinated medical services.

It's unclear at this time whether CUPE Local 5430 members will be directly impacted by the expansion of virtual care in their day-to-day work. However, our members working in diagnostic imaging and laboratory testing may be faced with increased workloads resulting from higher requisitions. Our members will also be impacted as users of health care services.

[1] Government of Saskatchewan, "Government Signs Multi-Year Virtual Care Contract," April 14, 2022 news release, https://www.saskatchewan.ca/government/news-and-media/2022/april/14/government-signs-multi-year-virtual-care-contract

VIRTUAL HEALTH CARE IN SASKATCHEWAN

What is virtual health care? Health Canada's Report on the Task Team on Equitable Access to Virtual Care uses the following definition: "any interaction between patients and/or members of their circle of care occurring remotely, using any forms of communication or information technology with the aim of facilitating or maximizing the quality of patient care."[2]

Virtual care can be provided by phone, video conference, email or text messages, and remote monitoring.

As noted in the background material for this consultation, Saskatchewan first ventured into the virtual care field over twenty years ago when the provincial government at that time established Telehealth. Established in 1999, Telehealth was initially a pilot project in northern Saskatchewan but was expanded in 2004 to Yorkton, Kindersley, Weyburn, Moose Jaw and Swift Current, along with La Loche, to bring the total number of Telehealth sites to eighteen.[3]

As a 2004 Government of Saskatchewan news release described, "Telehealth uses videoconference links to connect rural patients with specialists in cities, saving them time and travel expenses. It gives people better access to information about preventative care and health promotion, on issues like diabetes, parenting, or fetal alcohol syndrome. It also reduces the sense of isolation often felt by rural health providers or medical residents, by allowing them to connect with their colleagues in urban centres."[4]

Today, Saskatchewan has more than 440 Telehealth sites in 134 communities. In addition, Saskatchewan doctors were able to access Remote Presence Technology (RPT) starting in 2014, and then Remote Patient Monitoring (RPM) in February 2020.[5]

Another important example of virtual care in Saskatchewan is HealthLine, which was launched by the provincial government in 2003. HealthLine, a 24-hour health advice line staffed by registered nurses, was seen as a key primary health care initiative to provide Saskatchewan residents with "quick and easy telephone access to important health information." These nurses would help determine whether the caller needed to visit a doctor, visit a hospital or emergency room or administer self-treatment at home.[6] Today, HealthLine (811) has expanded to include confidential

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[2] Health Canada, "Enhancing Equitable Access to Virtual Care in Canada: Principle-based Recommendations for Equity, Report of the Task Team on Equitable Access to Virtual Care, June 29, 2021, p. 13, https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency_229055456/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/template-ett-report-docx-eng.pdf

[3] Government of Saskatchewan, "TELEHEALTH SASKATCHEWAN EXPANDS," May 27, 2004 news release, https://www.saskatchewan.ca/government/news-and-media/2004/may/27/telehealth-saskatchewan-expands

[4] Ibid.

[5] See https://virtualcare.saskatchewan.ca/history-of-virtual-care

[6] Government of Saskatchewan, "HEALTHLINE OFFICIALLY LAUNCHED," September 10, 2003 news release, https://www.saskatchewan.ca/government/news-and-media/2003/september/10/healthline-officially-launched

mental health and addictions advice, and access to registered psychiatric nurses and registered social workers. Services provided in English can also be translated into over 100 languages.[7]

EXPANSION OF VIRTUAL CARE

Prior to the COVID-19 pandemic, Canadian health systems were slow in adopting virtual services, partly due to policy and technical barriers, including a lack of physician billing codes for virtual care.[8] In 2018, a poll found that only 8% of Canadians had ever had a virtual medical appointment.[9]

As the Report of the Task Team on Equitable Access to Virtual Care notes, the COVID-19 pandemic served as "a catalyst for the adoption of virtual care." Provinces and territories moved quickly to enable access, including:

- Rapid deployment of virtual services across almost all domains of care.
- Introduction of temporary billing codes to compensate physicians for virtual care delivery.
- Online self-assessment tools for COVID-19 and other mobile applications.[10]

In Saskatchewan, the Ministry of Health and Saskatchewan Medical Association (SMA) agreed to a Virtual Care Pilot Payment Schedule to establish temporary service codes for virtual care (via telephone and video conferencing). The pilot program initially set a maximum limit of 3,000 virtual care services payable per physician, per calendar year. This limit was later waived, then reintroduced on a pro-rated basis.[11]

In conjunction with the enactment of strict public health orders in March 2020 enforcing physical distancing and gathering limits, medical clinics suspended most in-person appointments for several months.

Not surprisingly, a May 14-17, 2020 Abacus poll sponsored by the Canadian Medical Association (CMA) found that 47% of Canadians had used some form of virtual care during the early months of the COVID-19 pandemic.[12]

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[7] See https://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline
[8] Health Canada, p. 13
[9] Canadian Medical Association Virtual Care Task Force, "Virtual Care, Recommendations for Scaling up Virtual Medical Services," February 2020, p. 10,
[10] Ibid.
[11] Government of Saskatchewan, Virtual Care Pilot Payment Schedule: For Virtual Care Services Provided by a Physician, June 1, 2021(Updated July 19, 2021), available at https://publications.saskatchewan.ca/#/products/111407
[12] Amina Zafar, "Many Canadians used virtual medical care during COVID-19, poll suggests," CBC News, posted June 8, 2020 at https://www.cbc.ca/news/health/virtual-care-cma-survey-1.5603713

PRIVATIZATION

In the years prior to the pandemic, many corporations made incursions into primary care by acquiring clinics, pharmacies, virtual care platforms, wellness apps, electronic medical records and artificial intelligence companies. As family physicians and professors Sheryl Spithoff and Tara Kiran have pointed out, "Virtual care is attractive to corporations because it offers better margins than in-person care. Companies save by running fewer bricks-and-mortar clinics and using virtual scheduling assistants instead of receptionists."[13]

These corporations have used the pandemic to take advantage of what some have referred to as a policy vacuum as it relates to virtual care.[14]

Many of the corporations involved in virtual care have a foothold in every province, including Saskatchewan.[15] In many cases, these corporations provide these virtual services through private health insurance providers and fee-for-service arrangements for those patients without plans. Sometimes, these virtual care companies have a partnership with a pharmacy.

Toronto-based Maple, one of the biggest players in virtual care, operates a virtual health clinic, access to which is covered by private health insurance providers and fee-for-service. Maple is also linked to Shoppers Drug Mart, which owns at least 20% of this corporation. The provincial governments of Nova Scotia and Prince Edward Island have also contracted out their virtual care programs to Maple to assist residents without primary care providers. The Nova Scotia Health Coalition, has warned that Maple will use their contract as a wedge to introduce fee-for-service health care to Nova Scotia.[16]

Virtual care corporations promise convenience and instant care. Maple customers can pay a monthly fee or a fee for each visit to get a medical diagnosis, advice, online prescriptions, a sick note, and lab requisitions. Maple boasts access to general practitioners (GPs), dermatologists, psychologists and psychotherapists, naturopathic doctors, gynecologists, dieticians, mole mapping, COVID-19 PCR testing, and a range of other specialist services.

Maple's website promises access to medical practitioners in a matter of minutes: "Skip the waiting room! Instantly connect with Canadian-licensed doctors for medical care from your phone, tablet or computer any time, 24/7, or by appointment."[17]

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[13] Sheryl Spithoff and Tara Kiran, "The dark side of Canada's shift to corporate-drive health care," *The Globe and Mail*, April 30, 2021, https://www.theglobeandmail.com/opinion/article-the-dark-side-of-canadas-shift-to-corporate-driven-health-care/

[14] Theresa Boyle, "Private virtual health services are booming in a 'policy vacuum'", *Toronto Star*, January 17, 2021, https://www.thestar.com/news/canada/2021/01/17/as-pandemic-rages-virtual-health-services-are-booming-in-a-policy-vacuum.html

[15] See National Union of Public and General Employees (NUPGE), Virtual Health Care Privatization, December 2021, p. 14-18 for a comprehensive list of corporations involved in virtual care. https://nupge.ca/publications/virtual-health-care-privatization-report

[16] Ibid, p. 4.

[17] Maple website https://www.getmaple.ca/ accessed May 12, 2022.

The provision of virtual services by private companies like Maple is chipping away at the foundations of *The Canada Health Act*, which requires that medically necessary services provided by doctors be covered by provincial health insurance plans.

As mentioned above, these companies provide virtual care services outside of the public system through private insurance plans or fee-for-service for those without plans. In addition, as noted by Ontario's auditor-general, many companies bill patients for services such as "medical advice, prescriptions, medical notes and lab work requisitions," items that would usually be provided free of charge during an in-person visit.[18]

With the emergence of the COVID-19 pandemic, provinces in Canada moved quickly to set up temporary billing codes for physicians so that public insurance plans covered the cost of medically necessary services provided by phone or video conference.

In Ontario, appointments by secure text message were not covered by the public insurance plan but were offered by Maple. That meant that Maple could charge $49 for an appointment with a GP by text even though the Ontario Health Insurance Plan (OHIP) would pay $36.85 for the same appointment carried out by phone or video. Moreover, Maple's CEO acknowledged that 70% of Maple patients decline video and phone appointments in favour of secure text messaging.[19]

Even when virtual services are covered by provincial public insurance plans, some may either be unaware of this fact or prefer to pay out of pocket for the convenience of a service they can access immediately, 24 hours a day, seven days a week. As Natalie Mehra of the Ontario Health Coalition argues, "charging patients out of pocket for [online consultations] would mean that *The Canada Health Act* would be meaningless if that were allowed to continue."[20]

In a report issued in December 2020, Ontario Auditor General Bonnie Lysack expressed a number of concerns about the proliferation of private virtual care that occurred with the onset of the pandemic. These concerns included weak oversight by the health ministry of unreasonable virtual-care visits and billings, increased data security and patient privacy risks, and unequal access given many patients do not have the ability to pay. Lysack noted:

> Gaps between virtual-care availability and demand have provided an opportunity for private companies to offer virtual-care services to patients outside of the public health-care system. These private companies offer more timely and convenient access to virtual care for patients who are willing and able to pay, but create risks to patient continuity of care. These private companies operate outside the purview of the Ministry.[21]

[18] Sheryl Spithoff and Tara Kiran
[19] Theresa Boyle
[20] Ibid.
[21] Office of the Auditor General of Ontario, "Virtual Care: Use of Communication Technologies for Patient Care," December 2020, p. 3.

Another concern with private virtual care is that it can contribute to the shortage of primary care practitioners. For-profit virtual clinics tend to cherry-pick healthier and higher-income patients while dumping more complex and vulnerable patients onto the public system. Virtual care companies also tend to focus on more lucrative services, allowing them to offer more attractive salaries for medical practitioners.[22]

Finally, the Canadian Health Coalition and others warn that virtual care corporations would have a pre-disposed incentive to ordering tests and procedures that aren't medically necessary to maximize profits for shareholders. Duplication of services that drives up costs is another likely outcome of allowing private virtual care companies to operate within our public health system.[23]

Our public medicare system is based on the principle that health care should be provided based on needs, not on the ability to pay. For-profit virtual care companies that charge patients for doctors' visits are essentially creating a two-tier health care system in Canada by allowing wealthier patients to pay for faster access to care. This is a clear violation of *The Canada Health Act.*

APPROPRIATENESS AND QUALITY OF CARE

Virtual care offers convenience, quick access to primary health care and a range of specialists, better access to physicians for those living in rural and remote areas and the potential for easier chronic disease management through remote patient monitoring.

The same 2020 Abacus poll cited above that reported 47% of Canadians had used some form of virtual care during the early months of the COVID-19 pandemic also reported that 91% of these respondents were very satisfied with the experience. However, the same survey found that 58% of respondents said they would prefer to initially reach a doctor in person compared with 20% who opted for a phone call, 14% who would prefer a video conference and 8% for e-mail or text message.[24]

Continuity of care is an important component in determining the quality of health care. A family doctor who has seen a patient over several years is better able to diagnose and treat this patient than a doctor who is seen on a one-off occasion, either in-person or virtually.

This sort of "episodic care" is typical with the services provided by virtual care companies. A family doctor might never be informed of services provided to a patient through a virtual care company.

[22] NUPGE, p. 6-7
[23] Theresa Boyle
[24] Amina Zafar

An environmental scan of virtual walk-in clinics published in the Journal of Medical Internet Research found that only four of the 18 services (22%) mentioned any form of continuity, information sharing, or communication with the consumers' existing primary care providers.[25]

While the convenience and quick access to virtual care is popular with many, a September 2021 poll undertaken by Ipsos found that Canadians strongly valued the relationship between patient and provider. "Eight in 10 (81%) agree that it is important to have an ongoing relationship with a family doctor who understands their changing needs, while 79% agree it is important to have an ongoing relationship with a family doctor who understands them as a person. In fact, when asked to indicate whether they would prioritize an ongoing relationship with a family doctor/team or access/convenience, a continuous relationship was selected by 59%, followed by 33% who give equal importance to both continuity of care and convenience."[26]

Dr. Eben Strydom, president of the Saskatchewan Medical Association (SMA), has called virtual care a "life saver" early in the COVID-19 pandemic and predicted it will help provide "even better care and access for our patients." At the same time, Dr. Strydom has observed that, in some cases, virtual care has led to poorer outcomes than in-person visits.[27]

Without an in-person appointment, it may be difficult for doctors to make a more holistic assessment. For instance, Toronto family physician Dr. Iris Gorfinkel "worries about missing subtle cues in a phone call, such as if the person shaved, how they smell or if someone says, 'everything is fine' while a tear runs down the cheek."[28]

Virtual care should play an important role in Saskatchewan's public health care system, but there are clearly limitations. But virtual care is no substitute for in-person visits with a family doctor and other health care providers.

[25] Matthewman, Spencer et al., "An Environmental Scan of Virtual 'Walk-In' Clinics in Canada: Comparative Study." Journal of Medical Internet Research, vol. 23,6 e27259, 11 Jun. 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8235276/
[26] Ipsos, "The Doctor Will See You Now, Online – Canadians Consider Benefits of Virtual Care," posted March 4, 2022 at https://www.ipsos.com/en-ca/news-polls/the-doctor-will-see-you-now-online
[27] Amina Zafar
[28] Ibid.

INCLUSIVE ACCESS AND EQUITY

Although virtual care has the potential to increase access to health care, many have pointed out that it also is likely to exacerbate inequalities in access to care based on socioeconomic and geographic status.

The Report of the Virtual Care Task Force pointed out that in 2017 only two-thirds of Canadian households in the lowest income quintile had a home computer (63%) or Internet access at home (69%), compared with more than nine of out 10 households in the top three income quintiles.[29]

Many seniors have difficulty accessing virtual care. Toronto family physician Dr. Iris Gorfinkel says, "Video conferencing…would be very difficult for the most vulnerable patients, older patients to do. Where do the impacts of the worst health outcomes land? Precisely in that group." Dr. Gorfinkel says these vulnerable populations would also include those with low socioeconomic status.[30]

Dr. Katharine Smart, president of the Canadian Medical Association, has also emphasized the need to keep health equity in mind when determining the role for virtual care. "We know not all Canadians necessarily have access to things like broadband internet or a smart phone or even a phone at all," she said. "We need to make sure we're not leaving people behind."

Indigenous people in Canada are more likely than non-Indigenous people to have low-incomes, and would thus face similar barriers to accessing virtual care. Special considerations are required here to ensure culturally appropriate care is developed in partnership with Indigenous communities.

People with disabilities (such as impaired vision and hearing loss) will also face challenges accessing virtual care.

One of the advantages of virtual care is to make access to primary care and specialists more accessible to those living in rural and remote areas of the province by reducing the need to travel to more populated centres. This is even more important for those lacking transportation and no access to public transportation after the dismantling of STC in 2017.

However, access to reliable internet services in rural and remote areas is a major barrier. In 2021, 89.5% of Canadian households had internet download speeds of 50 megabits per second (mbps) and upload speeds of 10 mbps, compared to only 53.4% of households in rural communities.[31]

The Government of Saskatchewan needs to keep these inequities front of mind when determining the role virtual care will play in our health system.

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[29] Report of the Virtual Care Task Force, p. 25.
[30] Amina Zafar
[31] See https://crtc.gc.ca/eng/internet/internet.htm

PRIVACY AND SECURITY OF INFORMATION

The increasing popularity of virtual care has important implications for privacy and the security of information, especially if private, for-profit corporations are involved in delivering these services.

Several corporations involved in virtual care, such as TELUS Health and WELL Health, also provide electronic medical records (EMR) services or have ties to companies that do. A Health Canada report notes that the dominance of the EMR market by a few corporations means "large U.S. and Canadian vendors exhibit rent-seeking behaviours, manipulating public policy barriers to entry and standards as a strategy for increasing revenues."[32]

In July 2021, the Office of the Information and Privacy Commissioner of Alberta (OIPC) found Babylon by Telus Health guilty of several privacy breaches of the *Health Information Act* (HIA) and *Personal Information Protection Act* (PIPA). An OIPC news release summarized these breaches as follows:

> Of particular concern, the investigations found that the collection and use of individuals' government-issued ID and selfie photos through the app for identity verification and fraud prevention by using facial recognition technology was not compliant with PIPA and HIA. With respect to PIPA, Babylon did not establish that it is reasonable to collect this extent of personal information in order to verify identity and detect and prevent fraud. With respect to HIA, collecting and using copies of government-issued ID and selfie photos from patients through the Babylon app goes beyond what is essential to verify identity and provide health services.[33]

Health data is big business for some.

In 2019, the Toronto Star reported a company that sold and supported EMR software in primary care practices in Ontario was also selling health data on the side to IQVIA, a U.S.-based health data corporation. IQVIA, in turn, would sell the data to the pharmaceutical industry. This unidentified EMR company anonymized the data by stripping names and identifying information from the health records first, but legitimate concerns remained about the possibility of re-identification of the data.[34]

Health data is a potential revenue generator for virtual care corporations. As Spithoff and Kiran note, "MCI Onehealth – a technology company that owns 25 primary care clinics – states that it intends to create one of the largest databases of de-identified primary care records in

[32] As cited in NUPGE, p. 11
[33] Office of the Information and Privacy Commissioner of Alberta, "Commissioner Releases Babylon by Telus Health Investigation Reports," July 29, 2021, https://www.oipc.ab.ca/news-and-events/news-releases/2021/babylon-by-telus-health-reports-released.aspx
[34] Sheryl Spithoff, "Medical-record software companies are selling your health data," Toronto Star, February 20, 2019, https://www.thestar.com/news/investigations/2019/02/20/medical-record-software-companies-are-selling-your-health-data.html

Canada, and unlock 'the clinical and commercial potential.' It estimates that each de-identified electronic health record is worth $35 to $330."[35]

CONCLUSION AND RECOMMENDATIONS

Virtual care played a critical role in the delivery of health care services during the COVID-19 pandemic at a time when physical distancing was required to limit the spread of the virus. As we emerge from the pandemic, virtual care will continue to play an important role in improving health care for Saskatchewan residents.

That said, it is important to point out that virtual care is not a panacea. It will not fix the recruitment and retention challenges that Saskatchewan's health care system is facing, nor will it resolve issues of crushing workloads that many health care providers experience every day.

Virtual care is only one piece of the puzzle. It has the potential to improve health outcomes for many Saskatchewan residents, by making primary care and specialist care more accessible to those living in rural and remote areas of the province and those with transportation challenges getting to in-person appointments.

But the Government of Saskatchewan must use virtual care to strengthen our existing public health care system, instead of using this as another opportunity to further privatization.

CUPE Local 5430 recommends that the Government of Saskatchewan undertake the following:

- Fully integrate virtual care into our existing public health care system to ensure continuity of care, better health outcomes and cost-effectiveness. Public funding should not be funnelled to virtual health care companies whose focus is maximizing profits.

- Ensure appropriate use of virtual care as a complement, rather than a replacement, to in-person medical appointments to maintain the important patient-physician relationship. Patients should still be able to access in-person visits if that is their preference.

- Work with the federal government to enforce *The Canada Health Act* to prohibit private virtual care companies from charging Saskatchewan residents for medically necessary services already covered by our provincial public health insurance plan.

- Work with SaskTel to improve internet access and download speeds in rural and remote areas in conjunction with a shift towards expanding virtual care.

[35] Sheryl Spithoff and Tara Kiran

- Expand public and not-for-profit community health centres that use multi-disciplinary teams of health care providers, including salaried physicians, nurse practitioners, social workers, lab and x-ray technicians and pharmacists, to improve the health outcomes of vulnerable and low-income populations in Saskatchewan (those less likely to access virtual care).

- Take the necessary legislative and regulatory steps to protect the health data of Saskatchewan citizens – whether anonymized or not. Corporations should not profit from our health data.

- Prohibit advertising to physicians in the electronic medical record (EMR) systems.

- Request that the provincial auditor carry out regular performance audits of virtual care in Saskatchewan to evaluate and measure key metrics, such as billings, visits, cost, privacy and security of health data.

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