Summary

A dialogue on virtual care: a learning exchange with Kaiser Permanente

June 7, 2021

The COVID-19-pandemic catapulted the province into virtually-enabled care; physicians and health care partners quickly responded, adapted, and recognized that there are benefits for patients and providers including increasing access to care –especially for rural populations.

Continuing to foster learning and sharing of knowledge, the GPSC held a province-wide dialogue on virtual care with Kaiser Permanente (KP) as the keynote address and with several BC-based non-profit organizations as exhibitors. Recognizing that KP's experiences may not completely align with how physicians practise in Canada, the GPSC values the important lessons it can take from other jurisdictions so that it can learn and consider how they may benefit the health care system in BC.

INTRODUCTION

Watch a recording of the event webinar.

On June 7th, 2021, more than 250 physician leaders and health care partners across BC joined the GPSC's online learning exchange about adopting virtual health care services as a complement to in-person primary care and to foster continuity of care and longitudinal care. Total registrants including exhibitors and speakers was 399.

A traditional welcome from Syexwaliya Ann Whonnock, a Knowledge Carrier and Elder Advisor from the Squamish Nation opened the event and was followed by greetings from Dr Matthew Chow, Doctors of BC President and Dr Anthon Meyer, GPSC Co-chair, and Shana Ooms, GPSC Ministry of Health representative. These speakers echoed the importance of embedding longitudinal care in the blend of virtual and in-person care, as episodic care can fragment the health care system.

Leading into the keynote address, participants shared, by way of a poll, if they have had a virtual visit a patient; 76% of respondents said they had a virtual care visit and 37% have provided a virtual visit.

PRESENTATION: Virtual Care –Part of the Journey, Not the Destination

Dr Khang Nguyen presented on how virtual care is part of the journey, not the destination, and focused on access to integrated, comprehensive care and services, as well as change management for patients and providers.

"The enemy of good is perfection; you have to be flexible and nimble.
The worst care possible is the care that a patient never receives" –Dr Khang Nguyen

He shared his experience and expertise with creating a single point of access for patients and physicians that brings together 7,820 physicians to cover care for 4.7 million patients, 15 hospitals and 235 medical offices. It was recognized that virtual care is a highly competitive market with many vendors providing transactional care; however, many of these vendors cannot provide longitudinal care that many patients need. See the full slide deck.

"You need certain technologies, but a technology alone will make a bad process go faster. So I want to repeat that good technology will make a bad process go faster."
–Dr Khang Nguyen

Key highlights

1. KP offers a centralized appointment centre and a centralized data repository with online access. The centralized data repository enables providers to access all the relevant information on patients in one place.

2. The single platform and EMR provides comprehensive clinical care across all locations as well as communication between primary care physicians and specialists. Dr Nguyen noted that it was not easy to get the programming to where it is today and recommended taking a flexible and nimble approach to technology. This was one of the most pivotal pieces in their care delivery system.

3. Physicians at KP are not paid by patient or care volume; they are salaried by hour. This is a unique model for the USA.

About the keynote presenter

With 20 years of experience with family medicine and Kaiser Permanente, Dr Khang Nguyen is leading innovative improvements to health care experiences for physicians and patients.

Dr Nguyen is the Physician Director of the Clinical Call Center KP and the Virtual Medical Center (VMC), which serves about 22 million calls across Southern California each year.

Administering one of the largest non-profit health care plans in the USA, KP's mission is to provide high-quality, affordable health care services and to improve the health of their members and the communities they serve.

4. During the pandemic, the transactional care provided was mostly virtual, and doctors shifted to focus on longitudinal, access quality care in person. As of May 19, 2021, 72% of KP Southern California's care is provided virtually. Within that, 5% are video calls, 14% are e-visits; 18% are scheduled telephone calls; 33% are unscheduled telephone calls, and 30% are secure messaging.

5. Change management is essential for patients and providers:
   - KP led the initiative to adapt patients to video visits, ensuring equity, cultural safety and humility and literacy accommodations.
   - Patients are advised that doctors may recommend an in-person visit after a virtual appointment for follow-up or more tests, more care, etc. A transactional care event (e.g., an e-visit or a telephone visit) can lead to longitudinal care as the EMR provides all the information a following physician will need.
   - KP discovered that a blended model of virtual and in-person visits promotes doctor well-being, and that virtual care supports physician retention.
   - Increasing comfort levels of providers to provide virtual visits and to adapt their best care practices is important.

Dr Nguyen emphasized that the road was not easy; it took Kaiser Permanente 75 years to reach where they are now.

"I realize now that we need to look at system change more holistically with virtual care as a landscape feature within the health care ecosystem." –BC government participant

BREAKOUT SESSIONS

Participants engaged in conversations in 19 small group discussions with key themes including:

- change management
- data privacy
- information sharing and access
- patient relationships and attachment
- physician compensation
- transactional care
- integration and team-based care
- urban vs rural models of care

In these sessions, groups created questions to ask the keynote speaker.

CONVERSATION with the keynote speaker

"You've got to get people involved; you need to get an aligned process with people talking, and then you add in technologies to make a good process go faster." –Dr Khang Nguyen

Dr Meyer hosted a conversation with Dr Nguyen where questions from participants were discussed. Key topics included EMR interoperability, team-based care, cultural humility and safety, compensation, and episodic care.

Q&A highlights

Q: What advice would you give BC in creating interconnectivity without a single EMR process?

BC could begin determining what key components in virtual care are absolutely needed and inquire with EMR vendors to determine if there are capabilities to connect with other EMRs. When moving forward with new EMRs and other electronic records system, it is important to keep the users and their needs in mind (i.e., MOAs, physicians, other clinicians).

Dr Nguyen noted that not everyone will be onboard with a single EMR. For instance, up to seven percent of KP's physicians left when KP made the decision to use a single EMR.

Q: How do physicians actively engage within their team? How do they engage more broadly with other physicians and clinicians?

A culture that fosters dialogue and sharing is important. Dr Nguyen shared that KP has hubs and other groups of doctors who meet and talk about cases. They also bring in specialists talk and share their knowledge and expertise. For instance, a urologist could come in to talk about how to proceed when a patient presents with blood in their urine.

It is important to ask if the EMR system allows for clinicians to communicate with other clinicians as the ability to safety and privately communicate with other clinicians about patient cases is instrumental.

Q: How is cultural safety and sensitivity embedded within KP?

KP is continually working on creating culturally safe and sensitive care. Currently, KP is tailoring entry points to specific groups that require culturally safe and sensitive care. For instance, KP has points of entry into virtual care tailored for Spanish speaking patients. KP is also bringing together people who have cultural expertise into hubs, which can then connect with patients and help them safely navigate the system. KP is aiming to eventually be able to automatically match those cultural needs with people who have the expertise. KP also provides cultural safety training and a real-time chat support for clinicians.

Dr Nguyen emphasized that physicians need to build cultural safety within the system and their processes, including the EMR. Bridge strategies are important while working towards the new strategies.

He also noted that KP patients have complete transparency with their records. They can see their physician's notes, their labs, their imaging reports, etc., which helps augment patient safety and quality of care.

Q: What supports exist in the goal toward standardization and increasing virtual care competencies?

Leadership must believe in virtual care, and adoption of virtual care must come from the top down. Reduce unnecessary variation to focus on the necessary variation. That way, the rest can be standardized. Everyone is short on time and on resources; efficiency in processes is instrumental.

Q: Do you have any words of wisdom on compensation?

Physicians in KP are salary based and they look at care outcomes such as safety and quality. KP also looks at data such as what kind of patients are seen most and how many patients are seen in a day. They use these analyses to ensure physicians are fully supported.

Q: What happens with vendors that only do transactional care?

Transactional care that is not fully integrated can lead to poor quality of care. Dr Nguyen suggests that there is a role for companies like Babylon, if they are integrated within the larger system of care in the region. However, it also needs to be determined if there is enough access to primary care in the province without vendors.

"What question are you trying to solve? If we are all in agreement with the same question, we can work together in finding answers and solutions." –Dr Khang Nguyen

REFLECTIONS

Recognizing that change management is essential to continue blending virtual and in-person care, physicians and health care partners are encouraged to continue to learn and adapt. Virtual care is an important component of longitudinal care and continuity of care.

Collaboration between providers, health care partners, and stakeholders is integral to BC integrating virtual care into the system.

"Don't fear failure or hesitancy.
This is a journey and we're all learning together." –Dr Anthon Meyer

WHAT THE PARICIPANTS SAID

About virtual care

Participants who completed a general survey about virtual care said:

- 64% identified as a primary care provider. Of which:
  - 45% provided access to virtual care.
  - 69% rated their overall experience with delivering primary care virtually as very satisfied or satisfied.
  - 66% would like to provide care 50:50 in person and virtually post-pandemic.
- 88% received primary care virtually during the pandemic. Of which, 80% said their visit was with their family doctor.

The top three supports would help respondents continue to delivery primary care virtually, where appropriate are:

- compensation (28%)
- centralized expertise (22%)
- learning and development (20%)

About the event

Participants who completed an evaluation of the event said:

- 97% strongly agreed or agreed that the event was a valuable use of their time.
- 92% strongly agreed or agreed that the event content met their expectations.
- 87% strongly agreed or agreed that will be able to apply the knowledge from this event to their work going forward.

EXHIBITORS

Ten non-profits and organizations across BC showcased their virtual care services and innovations: Doctors Technology Office, Practice Support Program, Rapid Access to Consultative Expertise, Electronic Consultative Access to Specialist Expertise, Joint Collaborative Committees, Pathways, Real-Time Virtual Support, Fraser Northwest Division of Family Practice, Richmond Division of Family Practice, Surrey-North Delta Division of Family Practice.