

Connecting People and Care

Annual Report 2018–2019



Annual Report 2018–19

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OTN is an independent, not-for-profit organization funded by the Government of Ontario.

Message from CEO & Board Chair

With our renewed vision, mission and multi-year strategic plan, 2018-19 marked the beginning of significant transformation, both for OTN and health care in Ontario. With our partners, we are committed to improving access to specialized care, reducing pressure on hospitals, and modernizing consumer access to care through virtual care.

Virtual care is essential to making Ontario's health care more connected, coordinated, and convenient for both patients and providers. By working to expand the models of virtual care delivery and increase the availability of virtual care in every part of the province and every area of care, we are helping eliminate barriers for patients. That means less time away from work and loved ones, less lengthy or unnecessary travel, and avoided costs associated with these challenges.

Over the past decade, the network of health providers and organizations across Ontario that use OTN has become the most active and one of the most successful of its kind in the world. Building on this base OTN is working towards even greater positive impact on patient care by:

- Connecting patients with under-utilized specialty care providers, and family doctors with specialists in order to ensure people get the care they need sooner and more seamlessly;
- Enabling more essential health care services to be delivered virtually, such as primary care and mental health services;
- Offering more services virtually, such as chronic disease management, in order to prevent unnecessary hospital admissions and keep more people healthy and happy at home; and
- Enabling providers to use the technology solutions of their choice and hence accelerate eVisit use greatly, through the Partner Video Project.

With these goals in mind, we are ready to work together with our partners to help solve some of health care's biggest challenges. We are driven by the purpose of moving health care forward, and we are ready to leverage our expertise, skills, and experience to ensure every Ontarian has access to the best health care, where and when they need it.



Marcia Visser
Board Chair 2018/19



Ed Brown, MD
Chief Executive Officer

3 Year Strategy at a Glance

In December of 2018, our Board of Directors approved our three-year strategic plan which leverages our strengths in order to better position us to help transform Ontario's health care system – through our provincial network, unique knowledge and expertise, strong partnerships and data and analytics.



We aim to make evidence-based virtual care a foundation of better quality of care and will use innovative virtual care tools to optimize the matching of the demand for specialists to the provincial supply, elevating specialist availability to support effective and more equally distributed referrals, ultimately reducing wait times and **improving access to specialized care.**



We aim to reduce avoidable admissions and improve transitions in care via secondary prevention for key chronic conditions and diversion from long-term care through shifting hospital-based services to the home. Enabling providers to follow up, remotely monitor and assess patients in home settings will result in earlier discharge, ultimately **reducing pressure on hospitals.**



We aim to stimulate new, direct-to-consumer channels for access and drive evidence-based system-level policy change, ultimately **modernizing consumer access to care.**

How will we do it?

We will bring evidence-driven policy leadership, knowledge, and extensive experience in virtual care to Ontario's health care system.

With expertise in virtual care standards, security, data analytics, quality assurance and governance, we are scaling knowledge and expertise to spread innovative ideas and solutions and improve access to health care throughout the province.

In addition to offering our own virtual care services, we facilitate the use of third-party solutions. We support our partners to choose, acquire and implement the best solutions for their purpose. We are both a broker of curated and qualified solutions and are committed to model co-design with both patients and caregivers, while ensuring a standardized approach to virtual solution integration.

We are developing outcome-based partnerships in order to better identify gaps in access to care and the needs of Ontario's health care system, including workflow design of new models of care and providing full support to new and emerging Ontario Health Teams (OHTs).

2018–2019 by the Numbers



1,045,389

Virtual Events

+36%



353,380

Patients Served

+35%



93,520

Patients at Home

+334%



79%

Provider
Satisfaction

+13%



17,339

Mental health
online peer-support
Registrations

183% over target



26,831

Patients managing their
care through a digital
self-care solution

224% over target



45,538

eConsults

+35%



32,000

eVisit Primary Care
patients



94

First Nations
communities served

Improving Access to Specialized Care



“Our wait time problem isn’t caused by the fact that we pay for our health care collectively instead of individually. It’s mainly caused by poor organization of the resources we have.”

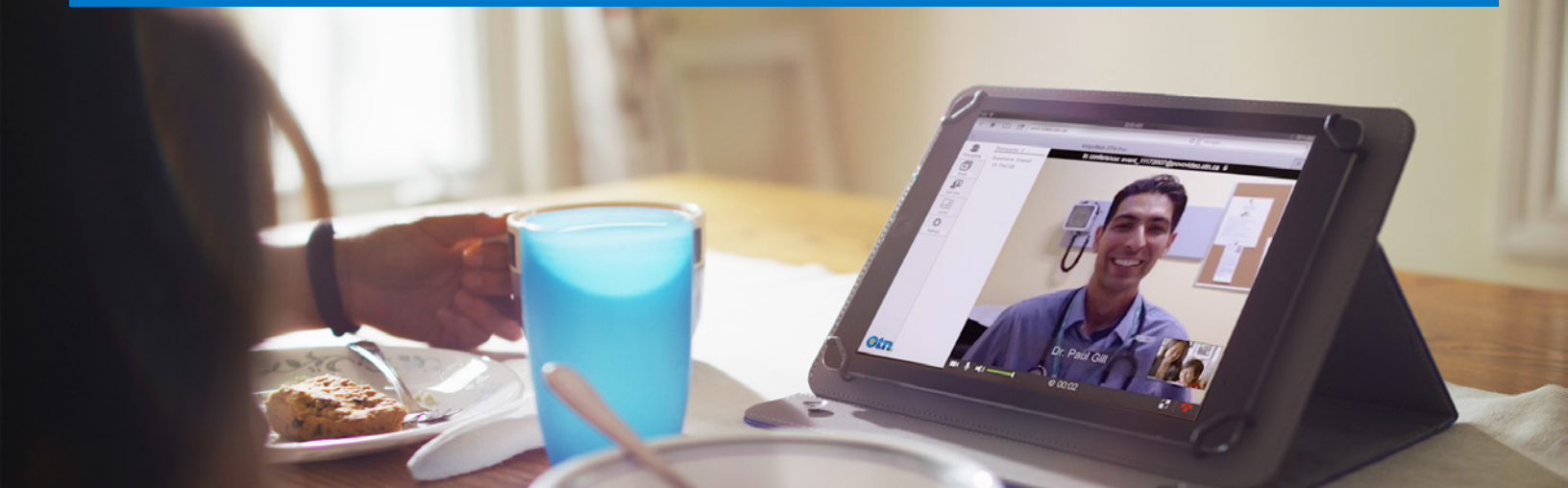
– Dr. Danielle Martin, Better Now, 2017

Wait times are driven in large part by unequal distribution of specialists and “traditional” referral patterns. We are working to address inequities in access and help reduce wait times for specialized care by working with our partners to optimize provincial investments and disrupt referral patterns.

How are we doing it?

- By better linking primary care to specialized care
- By increasing capacity of providers offering specialized care
- By optimizing the provincial access network
- By streamlining access to integrated virtual care solutions
- By facilitating simpler workflows for clinicians and administrators that standardize virtual care

As part of OTN’s mandate to improve access to specialized care, OTN undertakes a number of specific initiatives to increase the use of virtual care among specialists.



Increasing Access to Care through eVisit

eVisits conveniently connect patients and providers through videoconferencing no matter where the patient is at the time. There are two options for accessing eVisits:

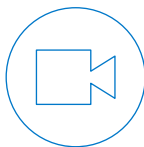


When nursing support or remote medical devices are necessary, patients can connect to their health care provider from a health care centre that is local to them; or



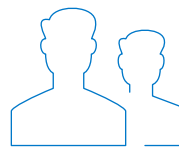
If nursing support is not required, patients have the option of accessing an eVisit via their computer, tablet or smartphone from the site of their choosing, such as from home or their workplace.

Specialists find eVisits particularly helpful for follow-up visits, reviewing test results or treatment response, and they can equally be useful for first-time visits when an in-person appointment is not required. eVisits are also used extensively for mental health care delivery, cognitive behaviour therapy, and counselling sessions.



1,045,493

eVisits (videoconferencing)
in 2018-2019



292,709

Patients participated
in a virtual care visit

Looking forward to 2019/20

We plan to enable third party solutions to greatly accelerate eVisits in Ontario through Partner Video Programs. We will continue to identify opportunities for enhancements to our eVisit service and plan to support Ontario Health Teams (OHTs) in any way we can to scale the uptake of eVisits as part of the integration of virtual care into new and existing models of care.

Intensive Hospital Program

In order to engage specialists in hospitals in the adoption of virtual care, we executed a targeted virtual care engagement plan in 2018-19, focussing on scaling the uptake of virtual care within large hospitals throughout the province.

As a result, 11 formalized partnership agreements were signed specifying OTN's commitments as well as our partners' commitments to grow their virtual visits in targeted areas aligned with their strategic plans. The work is well underway at most centres and primarily involves supporting clinical leadership and working to integrate virtual care into the local workflow. The hospitals have committed to increasing their virtual care activity by at least 3 – 5% annually.

Specialist Adoption

A new program was launched to identify and leverage virtual care champions. Highlights include:

118 Virtual care champions identified

30

Champions will act as
Peer-to-peer Mentors

13

Champions planned to
grow their virtual care
practices by 20%
or more this year

45

Champions committed
to act as a virtual care
Ambassador

A direct mail campaign was undertaken to recruit high-potential, non-OTN physicians. Highlights include:

112

new active
physicians were
onboarded

2,337

additional virtual patient care
events were created as a
result of the outreach

In addition, OTN Member physicians who were inactive or had low use were contacted to remind them of virtual care and to provide support as needed: 1,000 low/inactive physician members were contacted. 23,112 additional events were generated as a result of the outreach.

Looking forward to 2019/20

The 11 formalized partner hospitals have committed to increasing their virtual network from 3-5%, annually. This important work continues within these partnerships to strengthen and build virtual care capacity volumes by the end of March 2020, incorporating partner video models where appropriate.



Improving the Member Experience

As part of our deep commitment to deliver the best possible member experience and customer service, we solicit member feedback through regular customer satisfaction surveys. Feedback serves as a pulse check on OTN's products, services, and customer service and is utilized to determine future product and service improvements.



The OTNhub is a private and secure community that supports the delivery of virtual care offering a variety of ways to communicate with and care for patients, and for health care providers to connect with peers and specialists.

OTN provides the technical and model integration support necessary to successfully build these tools into a health care practice.

Based on valuable member feedback, we released several upgrades to core eVisit (videoconferencing) services throughout the 2018-19, including:

- Notifications identifying the end of videoconferencing sessions
- Improvements to scheduling, including the ability to schedule a recurring series of non-clinical events
- Automated reminders for patients joining events at home
- Clear representation of time zones
- Bilingual patient communications
- Expanded compatibility to all major browsers
- Telephone support for patients accessing OTNinvite home eVisits

Looking forward to 2019/20

We will continue to survey members to assess satisfaction levels and to identify areas for improvement, with many additional enhancements scheduled for delivery throughout 2019-20. As part of ongoing member engagement, new opportunities for enhancements will be continually identified and implemented where feasible.

"I sent out a consult and just got a response to my questions in two days! I like the eConsult service now that I know it works quickly."

– Dr. Nibal Lubbad, Grimsby Medical Clinic



Increasing Provincial Capacity with eConsult

In June of 2018 the Ontario eConsult program was formed through integrating two successful initiatives: BASE™ (Building Access to Specialists through eConsultation) Managed Specialty Service and the OTN Direct to Specialist Service. The program was created, with the support of the Ministry of Health, to enable timely and equitable access to specialist advice for all patients in Ontario and includes 4 services: Champlain BASE™ regional service, OTN provincial eConsult service, Tele dermatology and Teleophthalmology, accessed through the OTNhub.

Combining two successful eConsult initiatives has resulted in overall increased provincial capacity due to training, support and collaboration with external regional lead organizations who lead key components of eConsult services in their region

(i.e. Southeastern Ontario Academic Medical Organization [SEAMO], Health Information Technology Service [HITS], and eHealth Centre of Excellence / System Coordinated Access program), while maintaining utilization on existing Tele dermatology and Teleophthalmology (retinal screening) services.

Following the June introduction of the Ontario eConsult Program, we implemented an enhancement to the group administrator functionality, giving assigners more permissions in order to support interdisciplinary groups on the platform. In March 2019, we deployed eConsult interface APIs to align with the functionality of both integrated eConsult models and published the eConsult interface specification documentation for provincial consumption by interested EMR vendors.

45,538

eConsults
in 2018-19

89

Provincial Managed
Specialty groups

2,187

Active Primary
Care providers

645

Active Specialists

62%

Increase in
active users

1.1 days

Median
response time

Looking forward to 2019/20

In partnership with the eConsult Centre of Excellence, we look to continue to grow the service, and will be implementing additional technology enhancements, including:

- Automation of case assignment to specialists within specialty groups
- Enhancements to case assigner functionality to better support specialist restrictions
- Improved access to regional communities of practice by enabling providers to identify their priority regions
- Improvements to the efficiency and functionality of eConsult settings



Indigenous Health Services

KOeTS Partnership

Keewaytinook Okamakanak eHealth Telemedicine Services (KOeTS) has been partnering with OTN for over 10 years to provide communities with better access to health care. The partnership helps bring much needed provider resources to small communities in the North leveraging virtual care. The partners have also worked together on several innovative programs, including the Managed Service Model and the Virtual Emergency Service.

The **Managed Service Model** (funded by the Ontario Ministry of Health), enables more virtual care access within First Nations communities. Culturally appropriate access remains an obstacle for First Nations people living on reserve and this program provides low cost virtual care equipment and a coordinating “broker” - the Regional Telemedicine Navigator - to improve access to care between the community site and the consultant. In 2018/19 the service expanded to include 37 communities, including 33 on reserve.

The **Virtual Emergency Support Service (VES)** was trialed in 2017 with four Sioux Lookout zone First Nation sites and has now grown to offer support for emergency services through video-links with specialists to a dozen remote communities.



133

First Nations
communities in Ontario



78%

of these are located in
Northern Ontario



1 in 4

is accessible only
by air or ice road

10,004

clinical events on
reserve in 2018/19

94

communities
served

73%

of First Nation Communities have
virtual access to health care

Indigenous Health Services cont'd

Virtual Emergency Services (VES) provides community nurses/physicians in remote Sioux Lookout zone nursing stations with access to ORNGE Transport Medicine physicians and the Thunder Bay Regional Care Response (RCCR) intensivist led program for consultative support, treatment, patient transport advice and stabilization for clients with acute medical needs.

So far, there have been more than 122 emergency services provided virtually, enabling timely access to critical life-saving care. The system, a partnership of 20 communities and organizations, is working for patients and their families and for the on-site clinicians. If patients need to be airlifted, the receiving hospital is better equipped to deal with the emergency because of early, accurate information through the VES connection.

TFNHSOC Project

The Tri-lateral First Nations Health Senior Official Committee Mental Health & Addictions working group have 30 virtual care (telemedicine) sites which enable communities to provide access to culturally appropriate health care in Ontario. OTN provides site support and program development for each First Nation organization within this project.

Metis Nation of Ontario

OTN has been working with the Metis Nation of Ontario to support 1458 clinical events at their 15 Wellness Centres plus numerous additional virtual connections this year.

Looking forward to 2019/20

OTN is working with its partners to expand the utilization and access for Indigenous Communities and peoples in the province. There are plans to extend the Managed Service Model program by outfitting a number of schools with access. The Virtual Emergency Support Service will also be expanded to five additional remote communities.

Optimizing Critical Care Response

Virtual Critical Care Response Models, including the North East Virtual Critical Care Program (VCC) and the North West Regional Critical Care Response Program (RCCR), provide patients with more rapid access to critical care in geographic areas of Northern Ontario where access to specialized treatment may be limited, or otherwise require a patient transfer.

Local health care providers can access advice from specialists virtually on an emergency basis, providing quicker critical care that saves time and saves lives.



The North East Virtual Critical Care (VCC) has been an active regional program since May 2014.

1 consulting hub hospital (Health Sciences North)

23

consulting intensivists + VCC Nurse and Allied Health care teams

25

referring hospital sites across LHIN 13, Northeastern Ontario

831

consultations in 2018

159

avoided transfers in 2018

\$2,703,000

in transport cost savings in 2018

\$7,208,000

estimated cost savings to Ontario's health care system since the program's inception

The North West Regional Critical Care Response program (RCCR) has been an active regional program since April 2015:

1 consulting hub hospital (Thunder Bay Regional Health Sciences Centre)

22

consulting intensivists + RCCR Nurse and Allied Health care teams

25

referring sites across LHIN 14, Northwestern Ontario

438

consultations in 2018

78

avoided transfers in 2018

\$1,716,000

in transport cost savings in 2018

\$6,930,000

estimated cost savings to Ontario's health care system since the program's inception

"This essentially eliminates distance as a challenge to patients in these areas needing specialized intensive care, as they can now receive more of that care in their home communities"

– Derek Manchuk, Lead Physician of Health Sciences North Virtual Critical Care Unit and Medical Director of Critical Care

Ontario Telestroke Program

Launched in 2002, with the first patient seen in North Bay, The Ontario Telestroke Program (OTP) allows Ontarians access to the standard of care for the assessment and management of hyper acute stroke in areas that otherwise would be unable to provide these services. The program is supported by a group of neurologists who provide 24/7 consultation to clinicians in local emergency departments for assessment and treatment of patients who may be eligible for time-sensitive treatment such as recombinant tissue plasminogen activator (rtPA) and / or Endovascular treatment (EVT).

Referring Telestroke sites have a CT scanner, virtual care network infrastructure, virtual care equipment and protocols but require access to a stroke neurologist to assist with time sensitive treatment decisions.

Consulting stroke neurologists are able to review the results of a patient's CT/CTA electronically and can "see" the patient at a remote site using live video. This technology enables the stroke neurologist to support the remote site with treatment decisions.

2,639

Activation calls
in 2018/19

29

Referring
hospital sites

21

Consulting
neurologists

220

Calls on average
per month





Introducing Partner Video Project

Launched in January of 2019, the Partner Video Project (PVP) is a proof-of-concept enabling health care organizations across the province to use the virtual care solution of their choice. Through this pilot, providers are able to leverage the technology that best supports their workflow. OTN is assisting health care organizations and technology vendors in implementing independent solutions with a standardized approach that incorporates best practices gleaned from OTN's experience as a global leader in virtual care.

The Partner Video Project aims to:

1. Accelerate the growth of virtual care
2. Ensure coordinated care through an integrated provincial access network
3. Inform recommendations for broader use of partner video solutions

Four Proof-of-concepts identified for launch in 2019

1. St. Joseph's Hamilton
2. Oakville Trafalgar
3. CAMH
4. UHN

The Partner Video Project is testing how interested health organizations could use a video solution of their choosing which meets their needs and aligns with their patient first planning. OTN is working with these health partner organizations and the Ministry of Health to develop a framework to enable the successful operationalization and scaling of the Partner video solutions including privacy, security, technology standards, and data/reporting, etc., while maintaining the integrity of the provincial virtual health network.

Looking forward to 2019/20

The Partner Video Project will continue with a focus on assessing and onboarding additional organizations and vendors suitable for participation within the proposed framework.

Reducing Pressure on Hospitals



“We want to provide care for people in the community, at home, wherever they can receive it, and outside of institutions. It’s not about institutions. It’s not about providers. It’s about patients and their families.” – Dr. Reuben Devlin

Hospital overcrowding is a significant challenge facing our health care system today, yet there is a general underestimation and lack of awareness of just how much care can be provided successfully in the home when the proper supports and technology are in place.

How are we doing it?

- By working closely with hospitals to procure and implement virtual models of care that support better patient transfers and support patients in their home
- By facilitating the spread of effective virtual care models that empower patients to manage their chronic conditions at home, thereby preventing unnecessary hospital admissions
- By establishing virtual care advisory services to help with uptake
- By working with partners to research virtual care models and connect more organizations to successful provincial and national models
- By continuously evaluating and reporting on provincial progress
- By establishing Vendors of Record for solutions requested by members, including:
 - Substance Use Disorder
 - Wound Care
 - Mood and Anxiety
 - Surgical Transition
 - eVisit Primary Care

Through a collaborative strategy, we are working closely with our hospital and community partners to shift more and better care to the home and in the community.

Expanding the Use of Telehomecare

Telehomecare is a remote care management program for patients with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF), which complements the care patients receive from their primary care and specialized care providers.

Patients monitor their vital signs at home and reply to daily questions about their condition via a tablet, while trained nurses monitor the results. Weekly telephone coaching is provided to support patients and their caregivers, enabling patients to receive care conveniently at home where they are most comfortable, and to become empowered self-managers, with an overall goal of reducing exacerbations of the patient's condition.

When patients receive the support and education they need at home, unnecessary hospital admissions and emergency department visits are avoided.

9

LHINs

3,372

Patients enrolled

3,007

 Emergency visits
avoided (estimated)

2,792

 Hospital admissions
avoided (estimated)


“Great program. After my initial hospitalization for COPD, I was on the program for 3 months. Great support and teaching.”

“This is an absolutely amazing program! I highly recommend it. My mom is a CHF patient and I am her primary caregiver. We have completed this program. It has helped us to achieve 3 years of no hospitalizations for her! An absolute miracle considering her history.”

Looking forward to 2019/20

Telehomecare is a remote care management program model which could be expanded to assist in the management of other chronic conditions and post-surgery care. Work is currently underway exploring how care can be provided remotely for conditions, such as diabetes, dialysis and hip and knee replacement post-surgery care.

Introducing the Virtual Palliative Care Pilot

The Virtual Palliative Care Project is a virtual care model developed to support the growing need for palliative care, and to provide patients, who prefer to receive their care in-home, more choice.

Funded by the Ministry of Health and Canada Health Infoway, Champlain LHIN and Erie St. Clair were selected as project partners to develop a virtual palliative care model that could enable a regional system with capacity for delivery of care at home by:

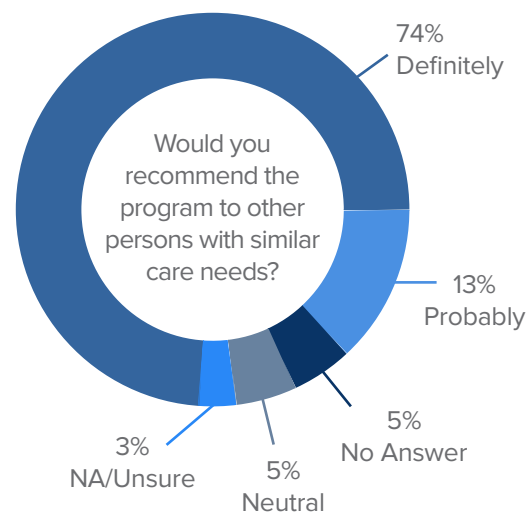
- Enabling patient-driven care by allowing symptom monitoring from home
- Increasing access to resources for patients and families
- Improving efficiency by reducing travel requirements and hospital or ER visits

There is an increasing demand for palliative care, which virtual care will become essential in supporting.

Patient feedback on the Virtual Care Palliative Project

The Virtual Palliative Care Project was well received by both patients and care providers who reported that the technology used in the pilot was both useful and applicable. Patients supported more access to virtual palliative care in the community and recommended virtual palliative care to others, suggesting that this new model of care proved helpful in filling a significant gap in our health care system.

There were 118 patients enrolled in the Virtual Palliative Care Project. The evaluation has shown that 74% of patients would recommend it to others and 73% of patients said it saved them time and effort by not needing to travel to their providers, with a total of 87% of patients saying they are satisfied with the experience. The estimated emergency department usage was reduced from 68% to 27%.



Looking forward to 2019/2020

We are sharing the planning and implementation protocols with palliative care teams who want to support their patients to stay at home for their palliative care experience.



Providing Safer Care in the Correctional System

In partnership with the Ontario Ministry of Safety and Correctional Services¹ (MSCS), we are working to provide safer, more effective medical treatment of inmates within the correctional system.

The availability of virtual care reduces the frequency of patient transfers to external medical facilities, therefore reducing both the associated costs and the burden on staff. Provincial and federal correctional institutions provide a “telemedicine” first policy that mandates treatment be provided through virtual care whenever possible.

The Top 3 areas of care accessed virtually are:



Primary Care



Mental Health



Pain Management

\$6,304,770 Cost savings in 2018-2019

*based on avoidance of an average of \$570 per patient transfer to a medical facility

24

provincial facilities
+ 7 Federal
institutions
in Ontario

125

consultants can be
accessed virtually

15

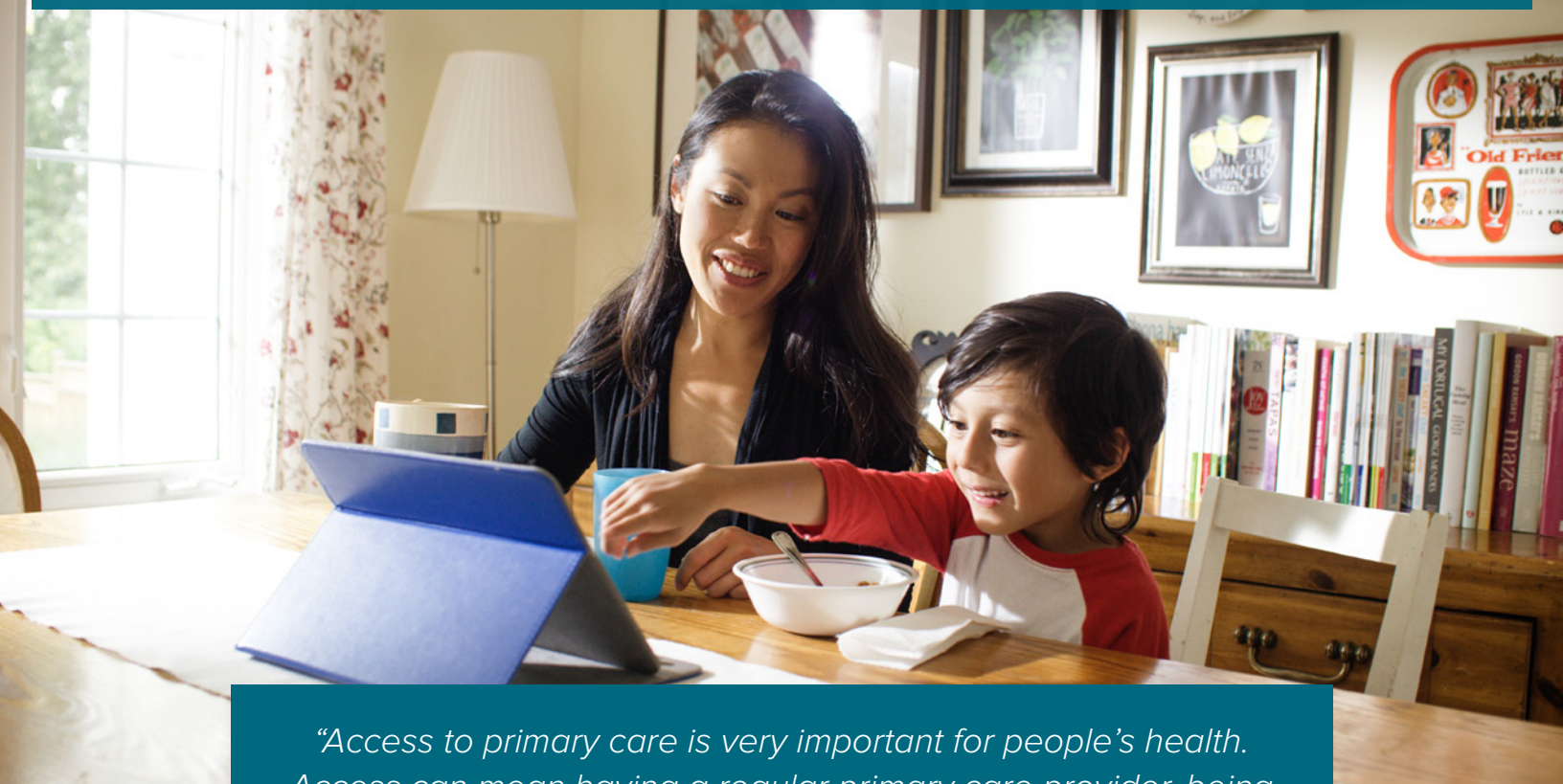
areas of care
are available

6

virtual appointments
occur daily across
correctional institutions
in Ontario, on average

¹In April of 2019, the Ministry of Safety and Correctional Services (MSCS) was renamed to the Ministry of the Solicitor General.

Modernizing consumer access to Care



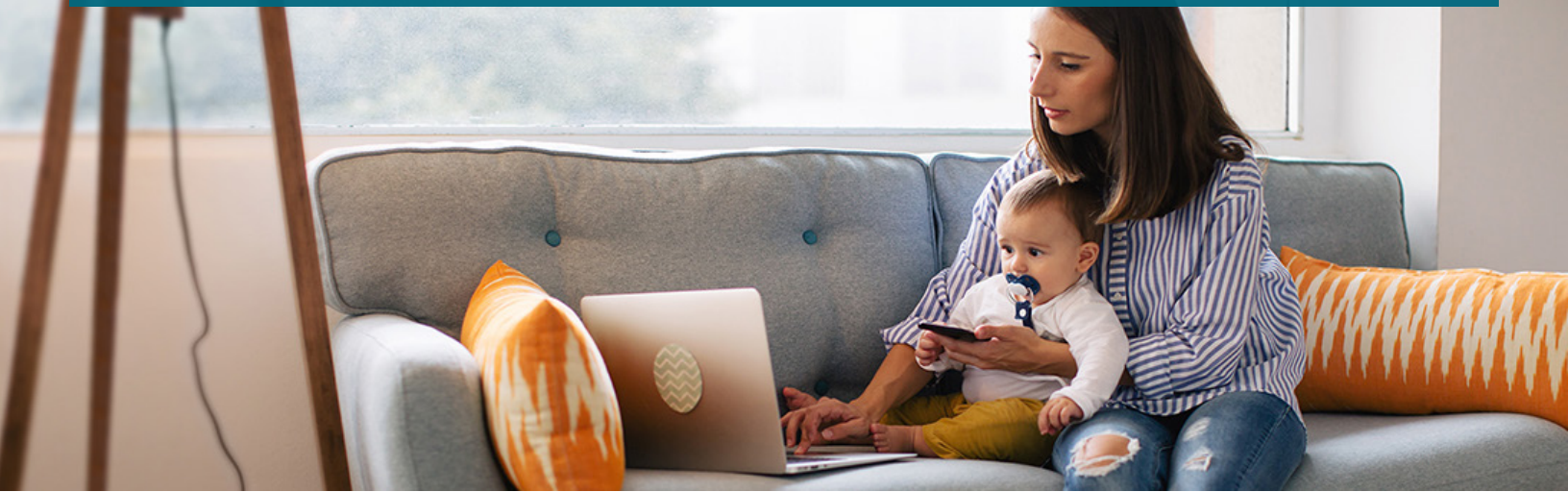
“Access to primary care is very important for people’s health. Access can mean having a regular primary care provider, being able to get primary care when it is needed and getting the right kind of primary care” – Health Quality Ontario, “Quality in Primary Care,” 2015

An uncoordinated health care system can leave patients feeling frustrated, confused and forgotten, and it also can negatively impact clinical outcomes and costs. Consumer demand continues to outpace access (to Virtual Visits) in primary care; there are currently few incentives to provide timely access to care through new and innovative channels of care delivery.

How are we doing it?

- By championing virtual primary care
- By expanding access to urgent on-demand primary care services
- By expanding usage of innovative mental health solutions

In collaboration with partners, we are helping transform consumer access by catalyzing innovative solutions available through easy to use channels, such as online, telephone and secure messaging.



Introducing eVisit Primary Care

Increasing access to primary care providers through virtual care has the potential to significantly improve the patient experience for many Ontarians.

In 2017, we launched eVisit Primary Care¹, which tested the use of virtual visits, or eVisits, in primary care, and continued to test and evaluate it in 2018/19.

The pilot enabled patients to securely message their own primary care provider with their health questions and issues. The providers could respond through return messaging or escalate to an audio or video call as needed. The service is ideal for many types of patients, such as those who:



Live in
remote areas



Are new
parents



Have reduced
mobility



Are living with
chronic disease(s)

The pilot, which leveraged customized platforms, one by Novari Health and the other by Think Research, was independently evaluated by the Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV), a national leader in digital health evaluation.

278

primary care
providers

32,000

enrolled
patients

16,000

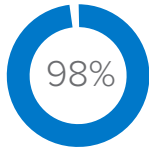
virtual
visits

5

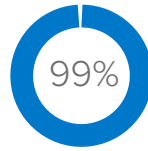
Local Health
Integration
Networks (LHINs)

¹ eVisit Primary care is the largest virtual primary care project of its kind, according to the WCH Institute for Health System Solutions and Virtual Care (WIHV), OTN's third party evaluator.

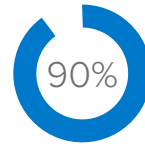
Pilot Findings



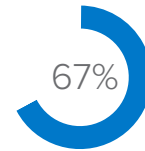
of surveyed patients felt that virtual care was the same or better than in-person care



said they would use virtual care again



of interactions were resolved through secure messaging without need for a video call



of eVisits replaced in-person visits, 15% replaced walk-in clinic visits and 4% replaced ER visits

Participants particularly enjoyed the flexibility and ease of simply messaging their physician, rather than having to arrange an in-person visit when possible.

Patients overwhelmingly preferred to use asynchronous messaging as it provided the most flexibility and convenience.

Patient Benefits

- Improved access
- Time saving
- Cost saving
- Enhanced quality of the health care experience

Physician Findings

Time = equivalent to in-person consultations or even time saving

Effort = equivalent to in-person appointments. Most virtual visits also didn't require an in-person follow up.

Physicians concluded that launching virtual primary care took time, on-boarding, organizational buy-in and culture change. As a result, eVisit implementation requires up-front investment in order to be successful.

As we look to enhance health care innovation, this successful virtual care pilot represents the future of medicine – one with increased convenience and ease, while simultaneously reducing pressure on our health system. With the growing importance of digital health, we now have the evidence that virtual primary care is beneficial, convenient and possible today.

“The eVisit Primary Care evaluation findings speak for themselves. Virtual primary care is effective, accessible and improves the patient experience, while simultaneously reducing pressure on the health system. We believe that this initiative exemplifies the future direction of medicine in Canada.”

– Dr. Sacha Bhatia, Founding Director of the Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV)

Looking forward to 2019/2020

This innovative pilot and its evaluation are driving important discussions on the future of health care in Ontario. Work continues at the provincial level to further extend the reach of this promising virtual primary care model as part of our overall health care system transformation efforts.

Watch our video
about Big White Wall.
[click here](#)



Making Mental Health Accessible for Ontarians

Mental health services can be particularly difficult to access, especially for children and youth, due to social stigma, out-of-pocket costs, and challenges with navigating the system to find the right care. Over the past year, Ontario has been working to increase access to mental health care through innovative solutions, such as Big White Wall and BounceBack, which complement in-person mental health care delivery through free online support resources that are available 24/7.

Big White Wall

In 2018/19, OTN procured UK-based Big White Wall to bring the anonymous, monitored, peer-to-peer online support network to Ontarians. Suitable for people 16 years+ with mild to moderate depression and/or anxiety, Big White Wall complements clinical mental health care and is accessible when other mental health services may be limited. Big White Wall is free to Ontarians and staffed by trained Wall Guides who ensure the site remains anonymous, safe, and supportive.

In the fall of 2018, we focused on raising awareness, and successfully reached thousands of Ontarians resulting in nearly double the projected number of registrations. The overwhelming response demonstrated the appeal of this type of innovative support as well as the need for increased access to mental health services in Ontario.



photo by Cindy Pepper

A patient perspective on Big White Wall:

Member Cassandra Saumur-Flaro finds the online solution helpful in coping with anxiety. *"I think I was just really sad, and I needed someone to talk to, someone to relate to. It's nice to talk to people,"* says Saumur-Flaro. She finds comfort in the 24/7 availability of the solution, noting that you can access help at any time, even in the middle of the night, at 3 am. *"I like that it's anonymous"* she says, *"no one knows who you are so if you need to open up about something, you don't need to wait until Thursday to see your therapist. It's kind of an immediate way of getting relief and getting help."*

Big White Wall Activations

All LHINs saw a significant boost during Q3 due to a marketing campaign run by OTN, with Central East and Champlain leading in activations. South West and HNHB LHINs were consistent in driving activations throughout the fiscal year.

17,339	9,500	183%
Number of registrations	Target	% over target

BounceBack®

Launched by the Canadian Mental Health Association (CMHA), BounceBack is an online solution that enables adults and youth ages 15+ to learn skills through online videos and telephone coaching to help manage symptoms of mild to moderate depression and anxiety. The telephone coaching program is available to patients by referral by a health care provider. Workbooks are sent by coaches who provide educational and motivational telephone sessions. OTN has been working together with the CMHA to jointly market the availability of BounceBack and Big White Wall to Ontarians.

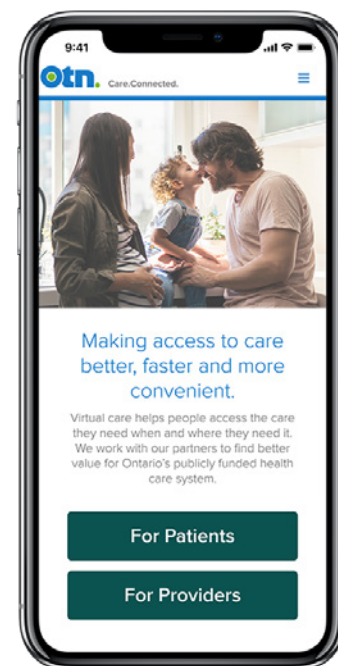
Available in multiple languages, the program is free to people in Ontario through funding provided by the Government of Ontario.

Enhancing the otn.ca experience

A key focus in 2018-19 was making virtual care knowledge and information more accessible to patients and health care providers.

OTN worked throughout 2018-19 on creating a new look and experience for otn.ca. Launched in spring of 2019, the new website consolidates several separate websites into one easy to navigate, user friendly site, which provides all updated OTN information in one easily accessible place.

The enhancements made to otn.ca will better assist our members, future members, patients, and the general public in the discovery of virtual care.



Working Locally and Thinking Globally

We regularly get inquiries about our products and services from outside of Ontario. These inquiries may be for information, site visits or for advisory services from both private and public sector organizations.

Primary Care Reform in Europe: Partnering with Agriteam

April 2018 - May 2018

We had the privilege of being invited to provide consulting services in collaboration with Agriteam, a contractor of Global Affairs Canada, to conduct an assessment of and develop recommendations for primary care reform for the government of a European country embarking on significant transformation. In addition to providing an opportunity to learn more about a health system in another country, we gained exposure to senior government decision-makers and to the World Bank, raising Ontario's profile on an international stage.

Virtual Oncology Consultations in the US

June 2018 - March 2019

We were invited to provide consulting services to a leading U.S. based Cancer Centre. We conducted an assessment of their TeleOncology Program and provided health care leaders with a strategy and recommendations for further advancing their approach to virtual care while addressing the constraints associated with physical space. We gained insights into the challenges of integrating virtual care tools and data into a highly digital environment with a wide geographic footprint.

Ontario-Sweden Virtual care delivery symposium

June 2018 - December 2018

We partnered with OntarioMD and Business Sweden to host a symposium where providers and vendors from both Ontario and Sweden came together to share their successes and lessons learned. This provided us with insights into how Sweden has been able to leverage digital and virtual tools to advance health care delivery and helped us raise Ontario's profile with Swedish health care providers and virtual care vendors.

Partnering with Canada Health Infoway

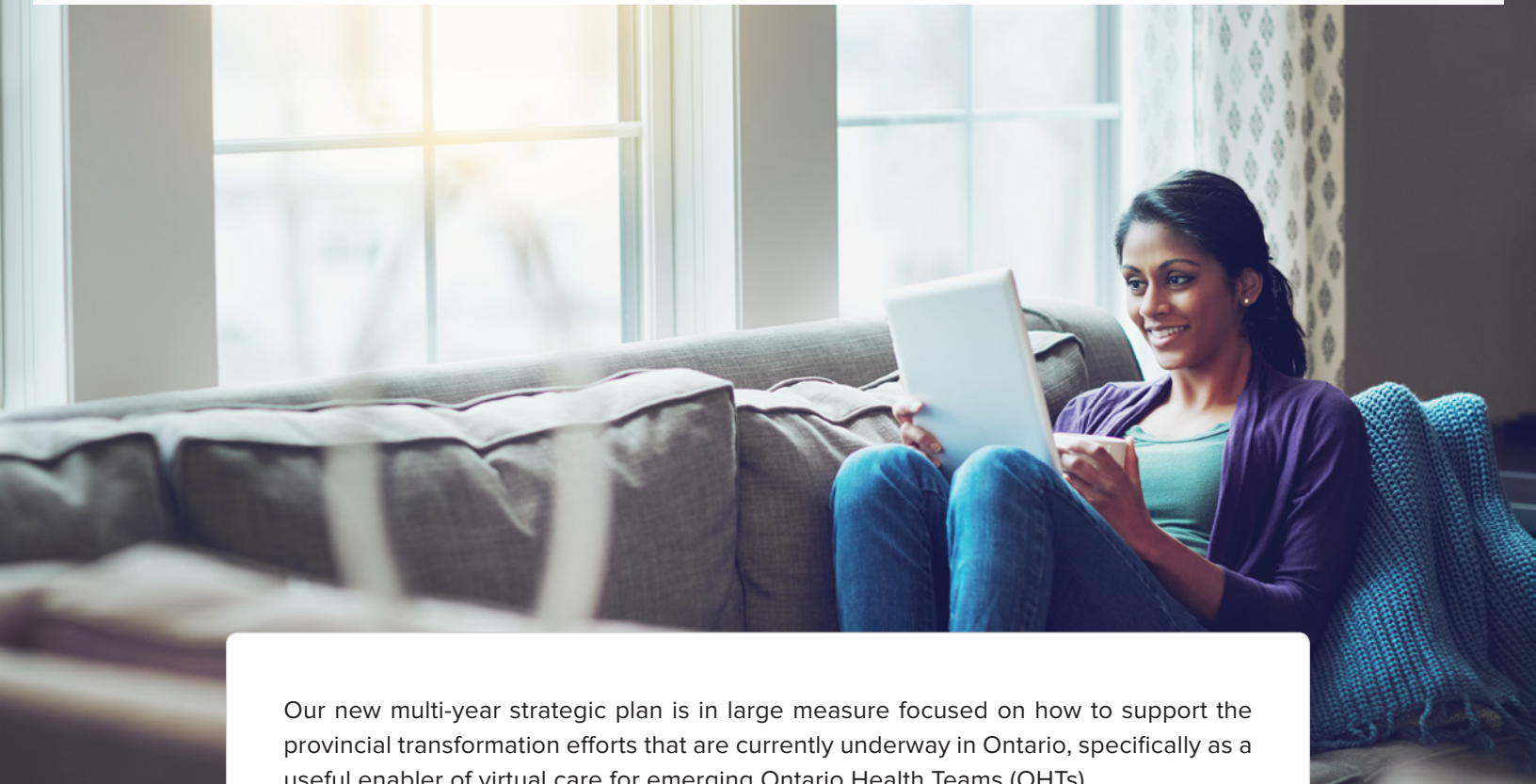
December 2018 - March 2019

Working with Canada Health Infoway, we undertook an environmental scan of virtual health activity in multiple jurisdictions across Canada. This research presented an opportunity to engage with virtual care leaders to discuss barriers and opportunities for further expanding virtual health care in their jurisdictions. We then hosted a collaboration workshop which informed the development of a virtual care road map at a national level.

Use of Consulting Revenue

All revenue generated from the above advisory services OTN provided nationally and internationally were utilized to support the advancement of virtual care in Ontario.

Looking Ahead to Next Year



Our new multi-year strategic plan is in large measure focused on how to support the provincial transformation efforts that are currently underway in Ontario, specifically as a useful enabler of virtual care for emerging Ontario Health Teams (OHTs).

We are already deeply engaged in supporting many health care organizations across Ontario in achieving their clinical and business objectives through the integration of virtual care into their care processes. By way of a programmatic approach and an increased focus on the outcomes for patients, we are partnering to inspire and accelerate virtual care solutions that effectively coordinate care, streamline transitions between care settings, empower patients with more choice, improve the overall patient experience and ultimately, keep patients happier and healthier at home - and out of the hallways of overcrowded hospitals.

OTN is an independent, not-for-profit organization funded by the Government of Ontario.

Corporate Governance

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