## Virtual Healthcare Initiatives in the NIRD Region





Successes and projects February 2025

#### Virtual Dietitian

NIRD and NH partnered to hire a Virtual Dietitian, emphasizing service primarily to the NIRD geographic area, with attention to indigenous needs.

The Virtual Dietitian works remotely out of the NH Virtual Clinic (from home), utilizing admin support to enter referrals.

Referrals can originate from physicians, NPs, primary care team members, CSFS and FNHA staff via fax or MOIS. Patients can also self-refer by phone.

The Virtual Dietitian sees patients via Zoom and phone, with the potential for occasional site visits. The Virtual Care Coordinator provides Zoom support to patients and dietitian.

Has supported underserved areas, as well as areas with a wait list.



#### Virtual Mental Health Clinician

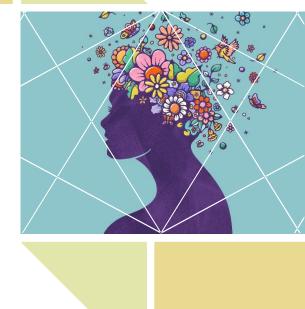
NIRD and NH partnered to hire a Virtual Mental Health & Substance Use Clinician for the NIRD geographic area.

The Clinician works remotely out of the NH Virtual Clinic (from home), utilizing admin support to enter referrals.

Referrals can originate from physicians, NPs, and primary care team members themselves. The local primary care teams forward the referrals via MOIS to the Virtual Clinic. Patients can also self refer.

The Clinician sees patients via Zoom and phone, with occasional site visits. The Virtual Care Coordinator provides Zoom support to patients and clinician.

Supports underserved areas and can support areas with a wait list. The Clinician can also do vacation coverage and crisis call coverage; and is involved in starting a CoP within NH.



#### Video-Enabled Mental Health Coverage

#### MCBRIDE / VALEMOUNT

A Mental Health & Substance Use Clinician in McBride provided coverage to Valemount patients via Zoom.

This coverage served Valemount patients for months, until Valemount was able to recruit a clinician.

Patient surveys revealed that video-enabled appointments were appreciated, as it was helpful to see the clinician's face and body language, and for the clinician to see the patients' faces and body language in return.



## Low Orbit Satellite Internet Solution

#### StarLink Roam

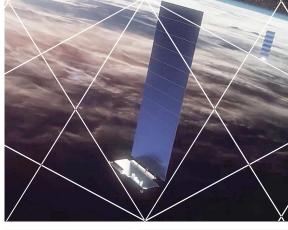
Patients in the rural North often have inadequate internet access. This results in gaps, eg. being unable to access video-enabled medical care.

Providing physicians, nurses and other health care workers with mobile StarLink Roam units enables providers to bring care to the patient in their home or community.

This low-cost solution improves equitable access to health care for rural patients. Connections are very fast and reliable.

Stationary StarLink Residential can also be installed in communities to provide continuous internet access, eg. remote Indigenous communities.

Mobile StarLink could be beneficial for ambulance crews. The applications of this technology can be wide ranging.





Next slide: Pilots

## Low Orbit Satellite Internet Solution

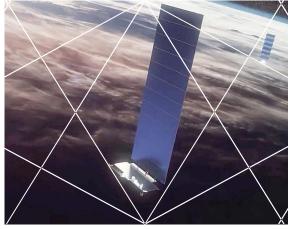
#### StarLink Pilots

A pilot project has already proven that a video-enabled visit can be lifesaving for patients.

 A patient with mobility challenges who was unable to attend in person for visits was booked for a phone appointment with physician. Instead, StarLink was used to provide internet at the rural property for a Zoom appointment. Not only did the technology work perfectly, but the physician was able to make a lifesaving diagnosis that would not have been possible over the phone.

Another pilot project in a remote Indigenous community demonstrated a dramatic increase in access to health care for local patients.

 The technology worked perfectly in the off-grid location, and bandwidth was more than adequate to support multiple team members logging on with multiple devices. Patients who have lack of transportation or feel safer staying in their community can still benefit from access to medical appointments.





Next slide: Grant

#### Low Orbit Satellite Internet Solution

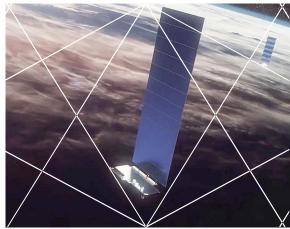
#### StarLink Expansion Grant

NIRD, in partnership with NH and FNHA, received a Healthcare Excellence Canada grant. This \$30,000 expansion project was designed to improve access to team based primary care closer to home.

We placed more StarLink Roam units in NIRD's NH and FNHA sites.

NIRD has purchased units, rolled out the project, trained staff, assisted in creating workflows, and provides technical support. NH and FNHA cover ongoing monthly subscription costs for the Roam units.

We are working on a standalone kiosk system to enable connectivity in a remote First Nations community that does not have cellular or phone service.





#### Specialist Video-Enabled Appointments

## Converting from telephone & some in-person appointments to video-enabled appointments

Training, technology advice, and workflow assistance are provided to specialists' offices, in order to enable specialists to see their rural patients via video-enabled appointments, as appropriate.

This addresses health inequities for rural patients, by reducing barriers such as travel time and cost, mobility, age, weather, time off work, childcare, etc.

Patients are provided with technical assistance to access the video appointments as required.

Patient and provider surveys revealed that the benefit of being able to see each other's faces and body language were appreciated on both sides, and patients were pleased to be able to avoid travel when feasible. Video facilitates a visual exam, which is an improvement over telephone.



# Embedding Video-Enabled Care in Clinics

Family physicians/NPs are provided with training, workflow assistance for staff, and technical assistance for patients to enable providers to see their own local patients via video-enabled appointments.

Pilots in Valemount, for example, consisted of Zoom calls at certain times of the day, with the provider in the clinic; whereas in Mackenzie, the video calls were interspersed with in-person appointments.

#### BENEFITS OF VIDEO-ENABLED APPOINTMENTS

Benefits include improved information vs telephone calls, keeping patients out of waiting rooms during respiratory seasons, easier access to care for immobile patients or those without transport or time away from work, clinic staff have catch-up time without the need to clean rooms, better access for Indigenous communities, etc.

#### PROVIDER COULD OPTIONALLY BE OUT OF CLINIC

Provider wellness could be improved by the provider being located at their home or cabin if they wished. In addition, this allows for another provider to use the clinic space concurrently if needed.





## Fraser Lake Video-Enabled Clinics

#### Provider located out of town, PCA attends

Zoom clinics enable the provider to see local patients while not being in town themselves.

This increases the hours of coverage to Fraser Lake, as the provider does not have to spend time driving but can use that time to see patients.

The provider has access to the local MOIS instance for charting.

There is potential for increased coverage, as other providers could be recruited to provide support remotely, eg. vacation coverage, or underserved communities.

This model includes primary care assistant (PCA) attendance during the Zoom appointments. This enables the provider to see more patients, as the provider no longer needs to send tasks to the PCA after each appointment.



## 3-Way Video Calls

#### 3-WAY (or multi-way) VIDEO CALLS

Training, workflow assistance, and support are provided to assist two or more members of the care team to attend a video call with the patient. This enables wraparound care, improved handover or knowledge transfer, and improved clarity on decision-making.

These 3-way video calls could include:

- The specialist, family physician/NP, and patient.
- The family physician/NP, the patient, and allied health (mental health, dietitian, OT, PT, etc).
- The home care nurse, patient, and specialty nursing (dementia care, palliative care, etc).
- The family physician/NP, patient's family member, and patient.
- The RTVS doctor, family physician/NP, and patient.
- Or any combination.



## Equipping Home Care Nursing

Home care nursing teams have been provided with cellular-enabled iPads.

This allows the nurse to set up a video call from the patient's home, to call back to the family physician/NP, a specialist, RTVS physician, physiotherapist or other allied health, etc.

If no cell service or Wi-fi is available, it is beneficial for home care nurses to have a StarLink Roam unit to provide mobile internet.

Care is improved for the patient, especially those who are immobile and find it difficult to attend appointments outside the home.

The organization reclaims time and human resources, as nurses can obtain advice on the treatment plan in a more efficient manner, reducing trips to the patient home.





#### Fantastic Four Heart Failure Program

NIRD collaborated with Dr. Daisy Dulay, a cardiologist in Victoria, and Michael Matula, a Primary Care Clinical Pharmacist in Quesnel, to provide virtual expedited care for heart failure patients in the NIRD region.

Physicians/NPs are able to call Dr. Dulay for cardiology advice, and receive personalized coaching via Zoom about heart failure medications (including the "Fantastic Four" heart failure medications, in line with updated guidelines for heart failure).

The pharmacist can meet with the patient via Zoom at the provider's request to titrate medication and provide education.

Pharmacy meetings are ongoing, to expand heart failure treatment throughout NH.



## Virtualizing Regional Clinics

We worked with the NORTH Heart Function cardiac clinic to enable its physicians, nurse practitioners, and nurses to provide virtual video appointments to patients. Training and workflow assistance was provided, and patients are supported with any technical issues by the Virtual Care Coordinator.

Regional clinics like the NORTH Clinic serve all patients in NH, including NIRD region patients.

Virtual appointments provide easier access to care for patients with limited mobility or those without transportation or time away from work.



## Allied Health Video-Enabled Coverage

#### PRIMARY CARE PHARMACIST

A primary care pharmacist in Quesnel has been equipped to do videoenabled appointments with out-of-town patients, including Nazko, Wells, and Vanderhoof.

#### SPACE SAVINGS IF WORKING FROM HOME

If office space is at a premium, allied health working virtually from home allows the office space to be used concurrently by other team members.

#### RECRUITMENT OF ALLIED HEALTH PROFESSIONALS

Video-enabled virtual coverage can enable cross coverage within the region or can enable professionals living in southern BC to provide coverage to our communities.



## Physiotherapy / Occupational Therapy

We have connected some NIRD region sites with a private clinic that provides video-enabled physio and occupational therapy services, with occasional site visits.

Technology and workflow assistance are provided by NIRD, and a local Rehab Assistant is available to work directly with patients. These remote services can be made available to inpatients and outpatients.

Contracting with remote practitioners is a way to ensure that patients have physio and occupational therapy support while local recruitment is ongoing, or in remote communities that cannot support an in-person therapist.





#### Video-Enabled Spaces

#### SPACE IN CLINICS

Patients may have a video-enabled appointment booked with a distant specialist or allied health clinician. Not having internet access or a device with a camera at home should not exclude the patient from accessing their appointment.

Processes are put in place to host the patient at the clinic in a private space, utilizing the patient's device, a Telehealth cart, iPad, etc.

#### SPACES IN THE COMMUNITY

For privacy or personal reasons, patients may not wish to come into the clinic to access internet or a camera device for videoenabled appointments. Spaces can be arranged in the community instead; for example, the McBride library has set up a virtual room for these occasions.



### Therapy Aide

When virtual allied health are working with sites, it increases the level of success if there is in-person support to liaise with the patient, remote practitioner, and other healthcare team members.

Rehab Assistant positions have been used to support virtual physio and occupational therapy services, but these positions can be difficult to fill in small communities. A position with less educational requirements can be used to fill the support gap, and it is cost effective.

NIRD worked with NH to create such a role. The new Therapy Aide position can be used by sites to support virtual physic and occupational therapy.

Work is ongoing to enable this role to provide support to a wider range of allied health services, such as remote dietitian and pharmacy.



### Virtual Long-Term Care Dietitian

Long-term care homes often face challenges in providing allied health services, due to recruitment issues. Our elders deserve to have the best care possible, so NIRD has expanded its efforts in this sector.

Many long-term care homes still rely on paper charts, which complicates remote practitioner access as they cannot log into the chart.

We piloted a successful virtual dietitian service in a long-term care home, which staff and patients found to be very beneficial.

We are now collaborating with a second site, and we are working to reduce the liaison burden on nursing staff, making it a true standalone service.





Health care technology is changing quickly, including the advent of AI.

NIRD is keeping an eye on these trends. Rural does not mean left behind. Many of these technologies will reach across distance and enhance care and access for our patients.

A trial for an ambient scribe solution was offered to our fee for service providers. Feedback is largely positive, as AI scribe solutions reduce physician administrative burden. We are working to make this available to physicians, nurse practitioners, and allied health professionals.

There is great potential for AI in all sectors of healthcare, including remote patient monitoring, surgery, diagnostics, administration, and analyzing data sets, among others. It is positioned to improve patient outcomes, increase safety, and reduce costs.

We need to ensure that these advancements reach and benefit rural communities.



## Next Steps

If you are interested in exploring opportunities based upon this presentation, please reach out to:

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