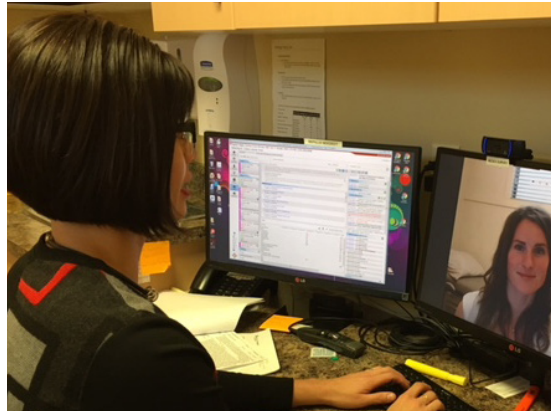
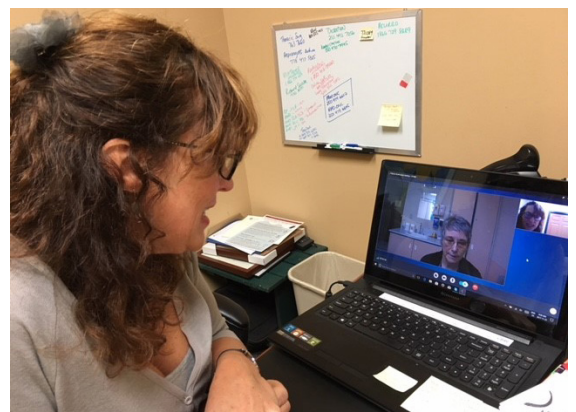
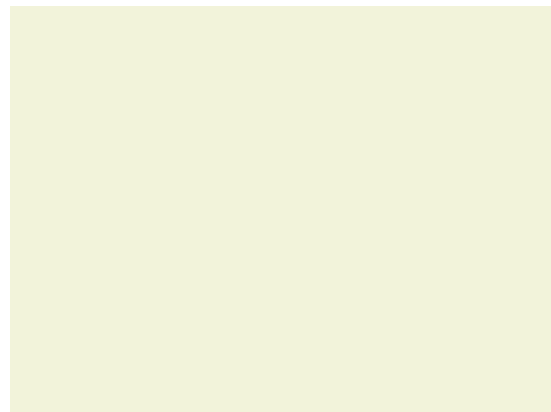


SOUTH OKANAGAN SIMILKAMEEN



SHARED CARE TELEMEDICINE

2015-2018



FINAL REPORT

OCTOBER 2018

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EXECUTIVE SUMMARY

The Shared Care Telemedicine Project aimed to improve access to specialist care by supporting physicians to incorporate virtual technology into their practice. From the start, we had three strong physician leads who were each interested in trialing a new platform.

We selected two teleconference platforms to trial: RealPresence, which was already in use by Interior Health, and Medeo, a commercial program. The third was a store-and-forward platform called ConsultDerm, which was selected to help address a local gap in dermatology care.

Uptake of the platforms was encouraged by these strong physician champions who advocated for the increased use of telemedicine in healthcare delivery, through education sessions and one-on-one mentoring. The creation and distribution of clear user guides, for physicians and patients, for each of the platforms also increased uptake of telemedicine in the region, with potential for increased future uptake.

Challenges to uptake of the telemedicine platforms include the following deterrents: intimidating technology, missing or unsuitable MSP billing codes, and a lack of financial and/or infrastructure support. Future uptake of any virtual care technology will require provider and patient education, physician incentives, and infrastructure support in order to incorporate telemedicine into daily workflow.

INTRODUCTION

Telemedicine, also known as telehealth or virtual care, is the term widely used to describe the use of technology to deliver health care. Use of telemedicine for patients, especially rural patients, can expand care options, support timely access and avoid the costs and challenges associated with travel by both patients and providers. Telemedicine also provides the potential to increase the amount of collaborative care between primary care providers, specialists, and other allied health professionals around the region by facilitating communication, and allowing for more connections with patients.

In the South Okanagan Similkameen (SOS), interest in telemedicine was first generated in connection with the Princeton Access to Specialist Care Project. In the rural community of Princeton, a large percentage of the population is elderly (53% over age 70) and low-income (60% household income under \$30,000)¹. To address these factors, which pose significant barriers for patients receiving timely access to care, the Access to Specialist Care project, arranged for a variety of Penticton specialists to travel to Princeton to conduct specialist outreach clinics. Over the course of 2014-2015, specialists conducted 46 outreach clinics, which equalled to 450 individual appointments. These successful specialist outreach clinics are being sustained, with more than 600 individual appointments conducted in the year 2016-2017². While these clinics are necessary for initial consults, some follow-up appointments could be more appropriately facilitated through telemedicine. Winter driving conditions can make travelling to rural areas hazardous for physicians and are not time or cost effective for short follow-up appointments.

¹ Princeton Access To Specialist Care – Phase 1 Report, 2015

² NITAOP Approved Appointments, Interior Health Data, 2017

PROJECT OVERVIEW

Aim

To improve rural patient access to specialist care and to support rural physicians in providing optimal care by exploring the use of telemedicine as appropriate and where beneficial.

Objectives

- Explore the use of existing and easy-to-use technology.
- Make the technology accessible to physicians, healthcare professionals and patients.
- Create a model that is efficient and sustainable.

Intended Outcomes

- Increase the number of providers and patients using telemedicine.
- Improve physician, healthcare professional, and patient experience.

The Telemedicine Working Group was established in June 2015. Stakeholders included rural family physicians, Penticton specialists, Interior Health (IH) nurses, staff and administration, and related allied health professionals. An environmental scan provided information on other telemedicine applications in BC and highlighted local priorities for both patients and providers. The working group met 14 times between 2015-2018 with 3 subcommittee meetings for telematernity, telerespirology and teledermatology.

Telemedicine Technology

Initially, the project focused on the use of telehealth equipment available within Interior Health (IH) but was later expanded to fill immediate local needs and to support physician champions taking advantage of provincial initiatives. The project examined the use of telemedicine through two key approaches:

1. Videoconferencing

High definition videoconferencing systems allow physicians to connect with patients virtually via a microphone and computer screen to conduct a real time appointment.

RealPresence

The working group chose to trial RealPresence, which is the secure platform managed by IH and available for use in rural facilities. Physicians can conduct a virtual face-to-face appointment with their patient who is located in an IH facility. IH maintains 195 videoconferencing fixed or mobile hardware systems in 42 IH communities³.

³ 1.Rowland, J, 2018. What We Talk About When We Talk About Virtual Care – Refreshing the Virtual Care Dialogue with IH Clinical Communities

PROJECT OVERVIEW

To use the RealPresence platform physicians have the option of using the dedicated hardware in any IH facility or can install RealPresence software on their personal PC or Apple desktop, laptop or tablet for use in their own office. Patients are referred to the designated telemedicine room in the facility where a computer is set-up for them so they simply wait for the specialist to join the session.

The current one-time fee for a physician to download RealPresence software to any personal device is \$150.

Dr. Shannon Walker, a respirologist and Telemedicine Working Group member, who offers spirometry outreach clinics, identified the potential use of RealPresence as a complimentary service to streamline care to rural patients. It was suggested that the software could provide timely follow-up appointments for high-risk patients. An allied health respiratory therapist (RT) could conduct the initial physical exam and then use RealPresence to connect to the specialist for a consult.

Medeo

Medeo is a commercial web-based videoconferencing platform that supports secure virtual medical appointments between physician offices and patients located in their own home. Both patients and physicians install the application on their personal computer, smartphone or tablet and log in to the Medeo portal to conduct the appointment. If patients have the computer literacy required to participate in an online appointment using the virtual application, it can be an alternative for those who have difficulty leaving their home, or who must travel long distances for appointments.

The current cost for a physician to use Medeo is \$1200 per year.

Dr. Michelle Teo, a rheumatologist and Telemedicine Working Group member was sponsored to trial Medeo through the BC Society of Rheumatologists as part of a pilot project designed to increase access to specialist care.

2. Store and Forward

Store and forward technologies allow for the acquisition and storage of clinical information that is then forwarded to (or retrieved by) another site for clinical evaluation. The secure transmission acts as a medical consultation when live video or face-to-face contact is not necessary.

ConsultDerm

The need for access to consultative dermatological expertise increased significantly in the South Okanagan Similkameen when Penticton's only dermatologist retired in November, 2015, and has yet to be replaced. Long dermatology waitlists in other areas of the province and costly travel arrangements have significantly lowered local patients' ability to receive timely access to care.

ConsultDerm is a secure internet-based platform that supports timely dermatological consults and can be used on any device (an App is now available). The program is most typically used between general

PROJECT OVERVIEW

practitioners (GPs) and dermatologists. Once the patient who is experiencing a dermatological concern has consented to the use of the technology, the GP takes photos of the rash or skin condition using a smartphone, tablet, or digital camera. The photos are uploaded, attached to a web-based referral, and sent to the next-available dermatologist. If the dermatologist deems that the condition can be appropriately treated by the GP, they respond with treatment advice. In more serious cases, the patients will need to be placed on a waitlist for an in-person dermatology appointment.

ConsultDerm is currently free to physicians and nurse practitioners.

Dr. Robert Swan, a local GP and Telemedicine Working Group member championed the use of ConsultDerm in the South Okanagan Similkameen and is a provincial Shared Care Teledermatology Initiative committee member.

Implementation

Members of the Telemedicine Working Group trialed and championed each technology with the aim of spreading the results to colleagues. The group recognised the need to address the following barriers likely to prevent physicians trying any new technology:

- Limited knowledge.
- Time to learn software and master its use in a clinic setting.
- Cost vs. benefit of using the technology to improve patient care.

The group proposed the following methods to aid uptake:

- Create step-by-step “How To” documents for both physicians and patients to make using the software easier.
- Provide financial incentives to entice physicians to trial the technology.
- Create surveys and questionnaires to gather data on physician and patient satisfaction with using each technology.
- Research and summarize MSP billing codes.
- Present CMEs to spread awareness of each of the technologies and promote the availability of time-sensitive incentives.

PROJECT RESULTS

RealPresence

The RealPresence platform was trialed by the following medical specialties:

Telematernity

A rural general physician in Midway, BC identified a pregnant patient who might benefit from the use of videoconferencing technology. Working with the Kootenay Boundary Division, the general physician in Midway (a small community 130 kms from Penticton) and the patient were connected with an obstetrician in Penticton for two appointments. The general physician conducted the initial physical exam and used RealPresence software to connect with the specialist for a consult. Sessional time was provided for learning the software and providing feedback on the experience.

Telerespirology

A respirology specialist and Princeton general physicians collaboratively identified suitable rural patients who might benefit from follow-up appointments using RealPresence. It was suggested that patients in Oliver/Osoyoos could also be serviced. Dedicated telemedicine rooms at both Princeton General Hospital (PGH) and South Okanagan General Hospital (SOGH) could be used for the appointments.

Accomplishments

- The creation of a “How To” guide for physicians that outlines a physician's technology needs. Steps include how to load and run the software and tips on how to conduct a successful appointment (Appendix A).
- The creation of a “How To” guide for patients that explains what an online medical appointment is and what to expect once they get to the IH facility (Appendix B).
- The creation of a physician survey to be completed by providers trialing the technology and taking advantage of the financial incentive (Appendix C).
- Five telerespirology appointments have been completed between 2016-2018.
- Two telematernity appointments have been completed between 2016-2017.
- High physician satisfaction: *“Software is easy to download and use, easy to see and hear the patient.”*
— Dr. Walker, Respirologist
- Two CMEs spread awareness of the potential to use RealPresence for specialist follow-up appointments at IH facilities. There was interest from internal medicine specialists as a way to connect with their patients in Princeton. However, they have yet to trial the platform.
- Increased awareness of a dedicated IH Telehealth help line.

Challenges

- The need to have knowledgeable and available administrative staff to help patients get registered, find the telehealth room, set-up the computer and trouble shoot connection issues.
- Logistical challenge to schedule the patient, site clinician and the specialist at a mutually convenient time.
- Finding suitable patients for virtual appointments, either because they require a higher level of care or are unwilling to try the technology and would rather wait for a face-to-face appointment.

PROJECT RESULTS

Medeo

The Medeo platform was trialed by the following medical specialties as part of this project:

Telerheumatology

As part of the sponsored trial the rheumatologist incorporated the use of Medeo seamlessly into daily clinic practice and became comfortable switching between face-to-face and virtual appointments. The specialist only suggests telemedicine appointments to patients that are capable of using the technology (ie comfortable using platforms like Skype) or that have a care person available to help with the technology during the appointment.

Accomplishments

- The creation of a “How To” guide for physicians wanting to use Medeo, outlining what hardware is needed to run the software, setting up the platform, and steps on how to conduct a successful appointment (**Appendix D**).
- Creation of a “How To” guide for patients explaining how online appointments work, what they will need to conduct the appointment, and the 4 steps to follow for a successful appointment (**Appendix E**).
- Creation of a physician survey to be completed by providers trialing the technology and taking advantage of the financial incentive (**Appendix F**).
- Creation of an online patient survey (**Appendix G**).
- 102 patient appointments completed from August 2016 – August 2017 (95% of which were follow-up appointments) (**Appendix H**).
- 42 patients completed online surveys.
- 100% of respondents would have a future Medeo appointment and 90% would recommend it to a friend/relative.
- Identified a significant reduction in patient cost (average cost savings per patient per appointment = \$208).
- High patient satisfaction:

“This appointment is just as effective online and saves a lot of money and travel time!” — Medeo Patient

“A Medeo appointment saves me time and money. It costs me over \$300 to take a day off and drive to Penticton. I hope to be able to keep using this service. I find Medeo to be an asset and a great use of technology.” — Medeo Patient

- High provider satisfaction:

“The platform is easy to use and I have incorporated it into my day-to-day practice easily. It makes sense to offer this service to people that find it difficult to get to my office, especially in the winter. It's just the right thing to do !” — Dr. Michelle Teo, Rheumatologist

- Sustainable physician use – rheumatologist continuing to average 100 telemedicine appointments per year (2016-2018).

PROJECT RESULTS

Telegastroenterology

A gastroenterologist trialed Medeo after attending a telemedicine CME (December 2017). The specialist used the “How To” guides for Medeo, and took advantage of the financial incentives offered by the project.

Accomplishments

- Physician successfully utilized the how to documents.
- 10 patient appointments completed (February-April 2018).
- High physician satisfaction:

“This is very useful for my patients for follow-up appointments. Very clear step by step instructions.”
— Dr. Holly Wiesinger, Gastroenterologist

- All patients indicated a willingness to have future Medeo appointments.
- Sustainable physician use: physician intends to continue to pay for Medeo after the trial.

Challenges

- Initial difficulty in finding suitable patients due to lack of technical ability or unwillingness to try a virtual appointment.
- Some technical issues which were solved by a phone call to the Medeo help line.

ConsultDerm

CMEs were used to encourage physicians to access dermatological expertise using ConsultDerm, allowing them to treat some conditions independently and provide timely access to care for their patients. CMEs given at PRH and SOGH in 2016 focused on providing physicians with the steps needed to utilize the technology. Dr. Robert Swan, ConsultDerm Champion, provided mentoring to physicians using the technology for the first time.

Accomplishments

- The creation of “How To” guide for physicians and their MOAs, which included a nine step process to register, get patient information, transfer images and make the referral (with or without the use of a EMR) (Appendix I).
- The creation of a physician survey to be completed by providers trialing the technology and taking advantage of the financial incentive (Appendix J).
- CMEs were successful in increasing utilization of the technology (Appendix K).
- 436 physician consults between 2015-2017 for all communities in the South Okanagan Similkameen.
- High physician satisfaction: 78% satisfied with the experience, 80% found it easy to use, 100% found it timely.

“The overall impression is that there was a very high satisfaction rate. Most people were happy or very happy.”
— Dr. Swan, GP and ConsultDerm Champion

- Sustainable physician use: 92% planned to use it again after the initial appointment.

PROJECT RESULTS

Challenges

- No MSP billing code exists for store and forward consults, which are more time consuming than regular appointments. The Shared Care Teledermatology Initiative Committee is currently working on making a case to add a suitable billing code.
- Sustainability– regional uptake data suggest a decline in usage in most communities in the South Okanagan after the initial uptake in 2016 (**Appendix L**).

KEY LEARNINGS

- The project fostered an opportunity to trial and assess 3 unique telemedicine technologies.
- The project successfully increased the use of telemedicine technologies by patients and providers in the South Okanagan Similkameen.
- The development of "how-to" documents allowed the technologies to be spread more easily and will provide a resource for future uptake both locally and provincially.
- The project successfully identified and supported key physician champions who continue to advocate for increased use of telemedicine in healthcare delivery.
- Research revealed that not all specialties currently have telehealth billing codes. A list of available codes can be found in (**Appendix M**).

CHALLENGES

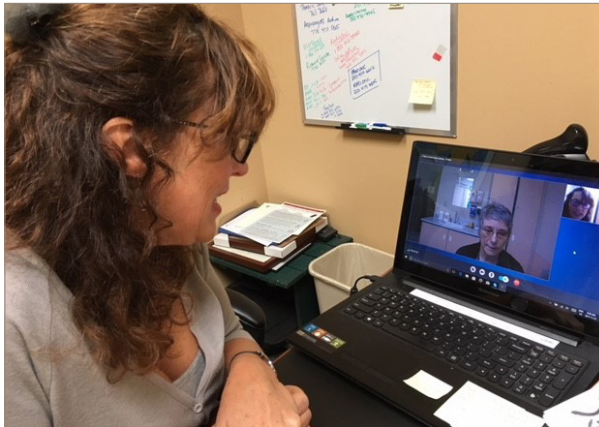
- The introduction of new technology can be intimidating for patients and providers, and acts as a strong deterrent to uptake.
- MSP Telehealth billing codes are difficult to access and compensation differs between specialties. Some specialties currently have no telehealth billing codes.
- There is no financial support for specialists who are interested in using telehealth. Specialists are required to pay a set-up fee and/or a monthly subscription fee from their own pockets for use of videoconferencing technology. This can be a deterrent for uptake and ongoing use of the application.
- RealPresence requires the need for dedicated staff and/or clinical infrastructure in the IH facility – this proved to be a major barrier to scheduling appointments.

RECOMMENDATIONS

- Increase administrative and clinical support and resources for telemedicine in IH facilities, especially in rural communities where the technology would immediately increase access to care.
- Continue to explore using technologies that access patients in their own homes.
- Ensure MSP codes are easily accessible and competitive. Codes need to be available for all specialties.
- Include telemedicine education in resident curriculum. Residents could have been included in the incentive program to encourage them to use the technology – often they have more time while in clinic and could help their preceptor learn the technology and its value.
- Continue to educate and promote the use of telemedicine to patients and physicians. Both need to be able to see the value proposition of using the technology.
- Increase the interoperability between telemedicine platforms and physician EMRs.
- Incorporate the use of telemedicine in team-based practices to increase communication amongst providers and patients, and extend use to include other clinicians and practitioners such as nurses, nurse practitioners and pharmacists.

“How To” Guide for Physicians and Office Staff

RealPresence software enables healthcare providers to conduct online appointments with patients located at a hospital or other Interior Health facilities via a secure video conferencing system.



Follow these 5 steps to conduct RealPresence appointments

1 Determine if an online appointment is a good fit for a patient

Physicians can consider these questions:

- Could the patient benefit from online visits?
- Would they be comfortable using technology to talk in a virtual setting?

2 Set up an appointment

- Decide if the appointment requires a clinical professional to be physically present with the patient during the appointment.
- If yes, arrange a date and time for the appointment with the appropriate clinical professional. This could be another physician, therapist, nurse or clinician, depending on the specialty and needs of the patient.
- If the appointment doesn't require a clinical professional, make sure the appropriate office staff will be available to get RealPresence up and running for the patient.

3 Book an appointment

- Book the telehealth room and equipment at the IH facility being used for the appointment.
- Book the appointment with the patient.
- Forward patient information to the IH facility, if required.

What a physician needs to run RealPresence:

- RealPresence software, which can be purchased by emailing telehealth@interiorhealth.ca.
- A computer, laptop or tablet with speakers, a microphone and webcam.
- An internet connection with a minimum of 3Mbps download and 2Mbps upload speed.
- A wired connection for computers and laptops and a cellular connection for tablets (Wi-Fi is not recommended!).
- Windows (Windows 10 is not supported!).
- One-time set up fee. Call: 1-855-870-4755

Setting up RealPresence

- When obtaining the software, you will be given a login number for RealPresence.
- Then, download and run RealPresence software.

4 Start an appointment

- Log into the software and enter your IH username and password. A user may log into RealPresence videoconferencing equipment at any location using their own username and password.
- A dialpad will appear on the screen. If you want to test the audio/visual connection prior to the appointment, dial 777777.
- To start the appointment, enter the IH location for the patient. (See list of local Interior Health contact numbers and access codes below.)
- The patient should be waiting in the online chat room.

5 Complete an appointment

- Have a strategy in place to deal with prescriptions, and lab and xray requisitions, such as printing or direct faxing/emailing.
- Let the patient know if they need another appointment with you — either face to face or via RealPresence.
- Log out of the appointment by going to settings on the bottom right of the screen, click the **Profile** button, then click the **Log Out** button.
- Exit RealPresence by clicking on the RealPresence icon in the top right hand corner, and then click the **Exit** icon.

Note: Keeping RealPresence running may slow down your computer!

Interior Health Access Codes

Interior Health can provide technical support when RealPresence sessions involve an Interior Health Facility but not for sessions from one private location to another.

Telehealth help by phone (IMT Service Desk, M-F 8am -4pm): 1-855-870-4755

Some Local Interior Health Access Numbers:

Keremeos Health Centre: 771141
Oliver Conference Room: 771162
Penticton Boardroom: 771051
Penticton Oncology: 771053
Penticton Outpatient Psychiatry: 771052
Penticton Portable Admin: 774142
Princeton Education Room: 770182
Princeton Telehealth Room 6 (Polycom 4500): 770184

Note: Interior Health Access numbers begin with 77. Access numbers beginning with 6666 are usually off-site RealPresence numbers.

Telehealth Provider Pearls

For your patients:

- Consider privacy issues, and whether your office will be requesting patients to sign a consent form.
- Let patients know they can opt out of telehealth at any time and choose face-to-face appointments.

Documenting the consult:

- For billing purposes, keep an appropriate record of the consultation.
- Document the visit as Telehealth; note the participants and the location.
- Use general Telehealth billing codes in the MSP Billing Guide: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msc-payment-schedule-july-2017.pdf>
- Please note that general Telehealth billing codes can be found on p.100 of the MSP Billing Guide. Telehealth codes for different specialties are located in each specialty-specific section of the Guide.
- Communicate consult with appropriate healthcare providers.

A Patient's Guide to:

RealPresence Online Medical Appointments

Online medical appointments are convenient for patients who may have to travel long distances to see a specialist physician. These online appointments take place at a hospital or health care centre, using Interior Health computers and software.

What is an online medical appointment?

An online medical appointment, using RealPresence software, is a video conference visit rather than a face-to-face visit with your specialist physician.

Who can use an online appointment?

You and your healthcare provider will decide if you would be a good candidate for an online appointment, depending on your condition and comfort level using a computer to communicate.

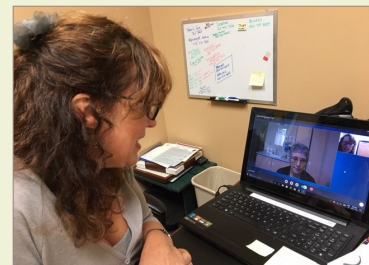
How does an online appointment work?

- Once it's been decided that an online appointment makes sense for you, the consulting physician's office staff will contact you to set up an appointment.
- The office staff will give you directions to the location of the appointment, and where to check in. These steps may vary according to the location of the appointment.
- Depending on the nature of your visit, you may be accompanied by a healthcare provider throughout your appointment.

Do you need to be able to use a computer?

- **You will NOT need to operate computer equipment during a RealPresence online appointment.**
- At the time of the appointment, staff will get the video conference up and running, and let you know any steps you may need to follow.
- Your specialist physician will appear on the screen, starting your appointment. This may take a few minutes.

Tips for a successful online appointment



Please let your physician's office know if you can't make an appointment, just as you would with a face-to-face appointment.

You may opt out of using telemedicine at any time, and rebook a new face-to-face appointment.

Remember to ask about follow up appointments.



RealPresence Invitation

December, 2017

RE: Sessional Time For Learning and Evaluating Real Presence

Dear Colleague:

If you have used RealPresence in the past or are contemplating using it before February 28, 2018, your input is needed. You will receive a 2-hour sessional by returning the attached survey form upon completion of two RealPresence telemedicine appointments to compensate for your learning time and time to complete the survey. These sessionals will be available for completed surveys received prior to February 28, 2018.

RealPresence is a software program that allows access to telehealth equipment with Interior Health facilities. These consults are suitable for patients who are able to have a physical exam by proxy or by clinician in a facility and are able to present at an IH facility. This software must be installed in advance by Interior Health in your office. Alternatively, you can access RealPresence by reserving the telemedicine equipment at an IH facility. Please be aware that the appropriate coordination will also need to be complete on the regional patient side of things to facilitate equipment access and any necessary hands on exams.

To assist you in using RealPresence, we have attached a "how to" guide developed by Penticton specialist Dr. Shannon Walker. Additionally there are several local RealPresence champions who are willing to be available to provide support and advice to those who need help adopting RealPresence into their practices.

By completing the attached survey and returning it to Quality Improvement and Evaluation Coordinator, Kate Harris, by fax (778-476-5992) or email (kate.harris@sosdivision.ca), you will help us better understand the impact of our work. Contact Kate if you prefer to complete the survey by phone, or have questions about the evaluation process.

For questions related to the project, please contact Project Lead Kathleen Jagger as per contact information below.

Many thanks in advance,

Drs. Michelle Teo and Shannon Walker
Telemedicine Project Working Group Members



Kathleen Jagger **Shared Care** Project Lead
C 250.878.1535 F 778.476.5992
South Okanagan Similkameen Division of Family Practice
197 Warren Ave. East, Unit #106 Penticton, BC V2A 8N8

RealPresence Physician Survey

Physician Name: _____ Fax number: _____

Patient 1: Age _____ Location _____ Type of consult ☐ Initial consult ☐ Follow-up appt

Patient 2: Age _____ Location _____ Type of consult ☐ Initial consult ☐ Follow-up appt

1. ☐ These were my first times using RealPresence ☐ I have used RealPresence before
2. **Overall, I was satisfied with the experience.** ☐ Yes ☐ Somewhat ☐ No
 - a. The process was clear. ☐ Yes ☐ Somewhat ☐ No
 - b. The process was easy. ☐ Yes ☐ Somewhat ☐ No
 - c. The video connection was clear. ☐ Yes ☐ Somewhat ☐ No
 - d. The audio connection was clear. ☐ Yes ☐ Somewhat ☐ No
 - e. The patients were appropriate. ☐ No, needed to schedule an in person appointment ☐ Mainly yes ☐ Yes, absolutely
3. **What was the biggest benefit in using RealPresence?** _____

4. **What were the deterrents in using RealPresence?** _____

5. **I plan to use RealPresence again** ☐ Yes ☐ No *Why or why not?* _____

6. **What would help you using RealPresence in the future?** _____

7. **Do you need more information, or support to continuing RealPresence? If so, would you like:**

<input type="checkbox"/> One-on-one office visit with a champion	<input type="checkbox"/> Mentoring with another colleague
<input type="checkbox"/> Phone call or email with a champion	<input type="checkbox"/> Other _____
<input type="checkbox"/> Additional support from IH IM/IT	
8. **What's the best way for you to find out about this type of tool in the future?**

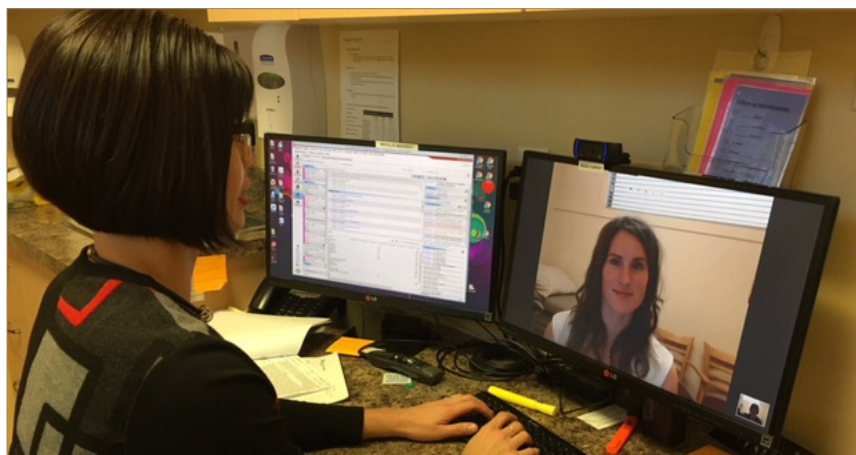
<input type="checkbox"/> These approaches worked well.	<input type="checkbox"/> Other _____
--	--------------------------------------
9. **What tools and other resources did you use? (please circle the most helpful tool)**

<input type="checkbox"/> RealPresence Office Workflow Guide	<input type="checkbox"/> YouTube videos
<input type="checkbox"/> CME Presentation	<input type="checkbox"/> Support from Interior Health IMIT
<input type="checkbox"/> One-on-one office visit from colleague	<input type="checkbox"/> RealPresence website
<input type="checkbox"/> Phone call or email with colleague	<input type="checkbox"/> Other _____

Additional comments _____

“How To” Guide for Physicians and Office Staff

Medeo is a secure virtual care system that enables healthcare providers to conduct online patient appointments via secure video and messaging. Patients can receive medical attention from the comfort of their own homes from healthcare providers who use Medeo.



Follow these 4 steps to create and conduct Medeo appointments

1 Determine if an online appointment is a good fit for a patient

Please note that not all medical conditions are conducive to the use of this telehealth option.

Physicians can consider these questions:

- Could a patient benefit from accessing medical care from the comfort of their own home?
- Is their medical condition conducive to an online appointment?
- Do they have the right technology to use Medeo?
- Are they (or their caregiver) comfortable using technology?

2 Set up an appointment

Office staff:

- Arranges the date/time for an appointment with the patient (They will need patient's email address).
- Creates a Medeo appointment, and enters the patient's name and email address. The patient receives this appointment as an email, which contains a link to guide them through creating their own Medeo Account.
- Emails or calls the patient with a reminder 2-10 days before the scheduled appointment.
- Reminds any patients new to Medeo, to run an audio/video test prior to the scheduled date of their appointment.

What a physician needs to use Medeo

- A computer with speakers, a microphone and a webcam.
- An internet connection with 1 Mbps download/upload speed.
- **Google Chrome** web browser.
- A Medeo account (Sign up online).
- “How To Use Medeo” hand-outs to give to patients.

Monthly payments:
Medeohealth.com for details.

What a patient needs to use Medeo

- A Medeo account (They can sign up online).
- An email address.
- High speed internet (minimum of 1 Mbps download/upload speed).
- A computer with a webcam, microphone, speakers (or headphones), and **Google Chrome browser** (free).
- Or, a smartphone or tablet with the free Medeo App installed. (Using this App is often a more user-friendly way for patients to conduct their appointment).
- A quiet, private space.

3 Start an appointment

Office staff or physician:

- May let the patient know if the physician is going to be more than 20 minutes late.
- Makes sure the physician's computer's speakers and microphone are functioning.

Physician:

- Logs in to Medeo.
- Clicks on the link to the appointment, and the patient should be waiting in the online chat room.

4 Complete an appointment

Physician:

- Needs a strategy in place to deal with referrals, prescriptions, and lab and xray requisitions, such as sending them via fax or by email.
- Lets the patient know of next steps, and if they need another appointment — either face to face or via Medeo.
- Logs out.

More information about Medeo

Medeo Support Page:

<https://medeohealth.com/select-support>

Patient Walkthrough:

<https://projects.invisionapp.com/share/UP1A8JBSZ#/screens>

Medeo Technical Support:

<https://qhrtechnologies.force.com/patient/s/contactsupport>

Telehealth Provider Pearls

For your patients:

- Consider privacy issues, and whether your office will be requesting patients to sign a consent form.
- Reassure patients that appointments are private sessions. Introduce all participants.
- Let patients know they can opt out of telehealth at any time and choose face-to-face appointments.

Documenting the consult:

- For billing purposes, keep an appropriate record of the consultation.
- Document the visit as Telehealth; note the participants and the location.
- Use general Telehealth billing codes in the MSP Billing Guide: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msc-payment-schedule-july-2017.pdf>
- Please note that general Telehealth billing codes can be found on p.100 of the MSP Billing Guide. Telehealth codes for different specialties are located in each specialty-specific section of the Guide.
- Communicate consult with appropriate healthcare providers.

For Patients:

Getting medical attention from the comfort of your own home

It's now possible for you to have an online medical appointment with your healthcare provider via a secure video and messaging system called Medeo. If your healthcare provider uses Medeo, and believes that online appointments would be a good fit for your medical condition, this handout will help you get started.

Follow these 4 steps to participate in an online appointment

1 Ensure you have what's needed for an online appointment

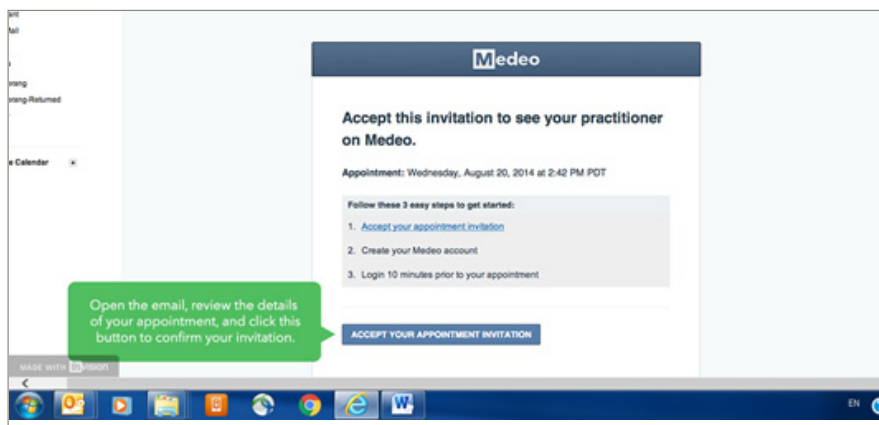
You will need:

- A computer with speakers, a microphone and webcam, and **Google Chrome** web browser (free to download).
- An internet connection with at least a 1 Mbps download/upload speed (WiFi or 4G LTE).
- An email account.
- A quiet environment.

2 Schedule your online appointment

Call your healthcare provider's office.

- The office will arrange a day and time for your online appointment.
- Medeo will then send you an email invitation to your appointment.
- Once you receive this email, click the "Accept Appointment Invitation" button (shown below). You will then be prompted to create an account.



How online appointments work

- Instead of going to your healthcare provider's office for an appointment, you will be able to see and talk to your healthcare provider on your computer, on your smartphone or on your tablet.
- This convenience isn't for everyone, but can greatly help those who have difficulty leaving their home, or who have to travel long distances for appointments.
- Online appointments can also be convenient for office workers, or others who can find a quiet, private space for an appointment.

You will need a computer to set up your Medeo Account.

However, once you are registered, you can install the Medeo App (free) on your smartphone or tablet.

Many patients find it easier to use this App to conduct their appointment.

3 Create your online account

Once you've accepted an appointment invitation from Medeo, you will be prompted to create a Medeo account on your computer.

To create an account you will:

- Enter basic information such as your name and date of birth.
- Create a password, and agree to the Terms of Service (You do not need to accept email updates about Medeo).

After you have clicked the "Create My Account" button, you will receive another email from Medeo, asking you to confirm your account.

- Click on the link in this email to confirm.
- At this time, you can install the free Medeo App on your tablet or smart phone, to conduct appointments on the go.

You are now set up and ready for your Medeo online appointment!

- You will be sent a confirmation of your appointment date and time. (A reminder will also be sent 2-10 days before your appointment.)

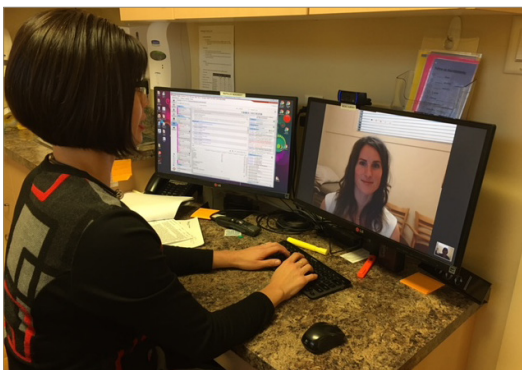
4 Prepare on the day of your appointment

At least 15 minutes before your appointment:

- Make sure your device is fully-charged or plugged into a power source.
- If using a computer, confirm that your speakers and microphone are on, and start Google Chrome.

5-10 minutes before your appointment:

- Sign into your Medeo account on your computer, or click the Medeo App on your phone or tablet.
- Fill in information relating to your issue (optional).
- Click the Green "Start your Visit" button.
- Wait for your healthcare provider to appear on the screen.



Once the healthcare provider appears on screen, your appointment has started!

When the appointment is complete, you and your healthcare provider log out to end the session.

Tips for a successful online appointment

What to do if an appointment doesn't start on time:

- Just as in the office, unforeseen circumstances can make a healthcare provider late for an appointment. If your healthcare provider does not show up online at the scheduled time of the appointment, **do not end the session.**
- If the healthcare provider is more than 20 minutes late for the online session, **call their office for further instruction.**

What to do if you need another appointment:

- Before you sign out, make sure to ask your healthcare provider if you need another online or in-person appointment. Call your healthcare provider's office to schedule.

For more information and instructions about using Medeo, please visit:

Medeo Support Page Patient Walkthrough:

<https://projects.invisionapp.com/share/UP1A8JBSZ#/screens>



Medeo Invitation

December, 2017

RE: Sessional time for learning and evaluating Medeo

Dear Colleague:

If you have used Medeo in the past or are contemplating using it before February 28, 2018, your input is needed. You will receive a 5-hour sessional by returning the attached survey form upon completion of 10 Medeo telemedicine appointments. This will compensate you for the time taken to get comfortable with the technology, build it into your workflow and complete the survey. This sessional will be available after completing the survey, filling in the patient appointment information and returning the data to us prior to February 28, 2018.

Medeo is a software program that allows a secure videoconference between physicians and patients. These consults are suitable for patients who are able to express an adequate summary of their symptoms by phone. The program is hosted online, so both patients and physicians require a log-in, but are not required to download a large program, in most cases, just an app. Please be aware that appropriate coordination will still need to be complete to support patients to access their appointment.

To assist you in using Medeo, we have attached a "how to" guide developed by Penticton specialist Dr. Michelle Teo, for patients, staff and physicians. Additionally there are several local Medeo champions who are willing to be available to provide support and advice to those who need help adopting Medeo into their practices, as well as the Medeo team.

By completing the attached survey and returning it to Quality Improvement and Evaluation Coordinator, Kate Harris, by fax (778-476-5992) or email (kate.harris@sosdivision.ca), you will help us better understand the impact of our work. Contact Kate if you prefer to complete the survey by phone, or have questions about the evaluation process.

For questions related to the project, please contact Project Lead Kathleen Jagger as per contact information below.

Many thanks in advance,

Drs. Michelle Teo and Shannon Walker
Telemedicine Project Working Group Members



Kathleen Jagger **Shared Care** Project Lead
C 250.878.1535 F 778.476.5992
South Okanagan Similkameen Division of Family Practice
197 Warren Ave. East, Unit #106 Penticton, BC V2A 8N8

Medeo Physician Survey

Physician Name: _____ Fax number: _____

1. ☐ This was the first time I have used telemedicine ☐ I have used telemedicine before
2.
 - a. Overall, I was satisfied with the experience. ☐ Yes ☐ Somewhat ☐ No
 - b. The process was clear. ☐ Yes ☐ Somewhat ☐ No
 - c. The process was easy. ☐ Yes ☐ Somewhat ☐ No
 - d. The video connection was clear. ☐ Yes ☐ Somewhat ☐ No
 - e. The audio connection was clear. ☐ Yes ☐ Somewhat ☐ No
 - f. The patients were appropriate.

☐ No, needed to schedule an in person appointment
☐ Mainly yes
☐ Yes, absolutely
- c. **What was the biggest benefit in using Medeo?** _____

- d. **What were the deterrents in using Medeo?** _____

- e. **I plan to use Medeo again** ☐ Yes ☐ No *Why or why not?* _____

- f. **Do you need more information, or support to continue using Medeo? If so, would you like:**

☐ One-on-one office visit with a champion
☐ Phone call or email with a champion
☐ Additional support from Medeo

☐ Mentoring with another colleague
☐ Other _____
- g. **What's the best way for you to find out about this type of tool in the future?**

☐ These approaches worked well.
☐ Other _____
- h. **What tools and other resources did you use? (please circle the most helpful tool)**

☐ Medeo "How to" guides
☐ CME Presentation
☐ One-on-one office visit from colleague
☐ Phone call or email with colleague

☐ YouTube videos
☐ Support from Medeo (phone/email)
☐ Medeo website
☐ Other _____

Please complete the attached list of completed patient appointments to date.

Date of appointment	Age of patient	Type of apt (f/u, initial consult)	Did Medeo eliminate the need for an in-person appointment?

Additional comments _____

Thank you!

Medeo – Post-Appointment Patient Survey. (Delivered Online)

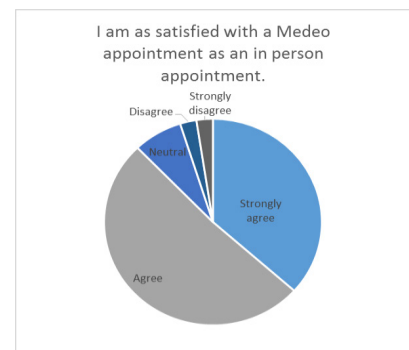
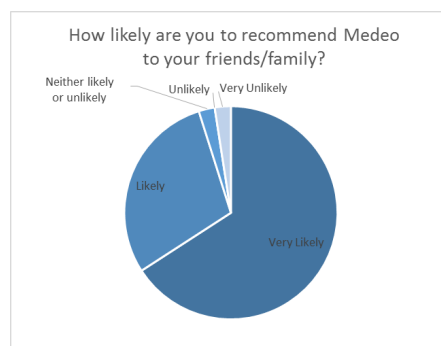
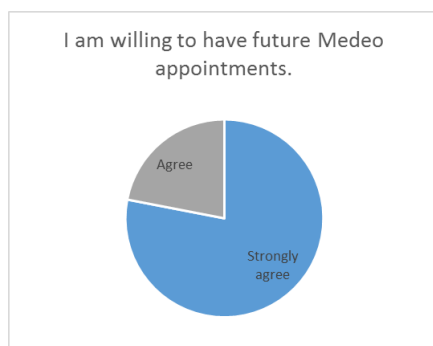
1. What is your age range ?
 - ☐ 20 -40
 - ☐ 41-60
 - ☐ 61-80
 - ☐ 80+
2. Sex
 - ☐ Male
 - ☐ Female
3. What type of appointment was this ?
 - ☐ First Consult
 - ☐ Follow Up appointment
 - ☐ Other
4. Was this your first telemedicine appointment?
 - ☐ If no, have you used Medeo before? (yes/no)
 - ☐ Why did you decide to use it again?
1. How long did you have to wait before you were connected to someone from your specialist's office?
 - ☐ options: 2 minute wait or less, 2-5 minutes, 6-10 minutes, Longer than 10 minutes
2. How long did you have to wait before your specialist joined you?
 - ☐ options: 2 minute wait or less, 2-5 minutes, 6-10 minutes, Longer than 10 minutes
3. How was the quality of connection today?
 - ☐ options: excellent, good, acceptable, fair, poor (5 point rating scale)
4. Did you have any trouble using Medeo (hearing, seeing, logging in)?
5. What was your level of comfort with using your computer to have your appointment today?
 - ☐ options: excellent, good, acceptable, fair, poor
6. Did you need help from anyone to get set up with your appointment and account?
 - ☐ Options: yes, no, I would have liked help
 - ☐ If yes, options: I had a friend/family member help me, I called Dr. Teo's office, I called Medeo, I used youtube, I used Medeo's website, Other _____

7. What was the biggest benefit for you having a telemedicine appointment today instead of in person?
8. Did you have any concerns about meeting your specialist today by telemedicine instead of in person? If so, what?
9. Is there anything for us to change for next time?
10. How likely are you to recommend medeo to a friend or family member?
 - Options: rating scale 1-5 very unlikely to very likely
11. How much travel time do you think you saved in total? (minutes, return trip)
12. How much money did you save today? (e.g., gas/bus/babysitter/food) Which costs?
Checklist: gas, bus, babysitter, food, accommodation, other _____
13. Would you have had to take a day off work to go to your appointment in Penticton? How many hours?
 - Options: No, yes _____(hours)
14. Any additional comments?

Thank you!

MEDEO PATIENT SUMMARY DATA

- 102 Medeo appointments completed from August 2016 – August 2017
- 42 patients completed online surveys
- Average age: 55 Range: 41-70
- 100% of patients have a vehicle
- 79% women, 21% men
- 2 initial appointments, 39 follow-up consults
- 20/39 indicated it was their first telemedicine appointment
- Over 90% would recommend Medeo to a friend/relative
- 100% of respondents would have a future Medeo appointment



Patient Cost Savings

Average estimated cost savings per patient: \$208

Total projected cost savings (n=40): \$8044

- Average estimated avoided driving time: 6.5 hours *

Total projected driving time saved: 252 hours

*(*It should be noted most of the driving time estimates were conservative, and that 2 patients were omitted due to flight costs/other arrangements possible)*

- Average hours of missed work 7.8 hours (53% indicated they didn't take time off)

Total projected income saved for those working (n=18) ~ \$2500

(~140 hours (at average \$17.50/hour)

How to use telemedicine for dermatology consults

Dear physicians and colleagues,

ConsultDerm is a secure internet based platform aimed at getting timely dermatology assistance for our patients. The program has been used successfully throughout the province.

The following document is a ConsultDerm Workflow Guide, which aims to help clinicians use ConsultDerm. The program can be used by clinicians as a stand-alone entity or can be incorporated into the office by involving MOAs and office EMR.

The principles of this workflow process can be applied in most offices and should work with most current EMRs. Some support may be required from your EMR provider or local computer technician, although this is not common.

ConsultDerm works best on a desktop or laptop computer but also works well on a smartphone or tablet.

If you choose to use a smartphone or tablet, access the ConsultDerm website via your browser. The program will open in the default mobile version. I recommend you then use your device option settings on the opening page to change to the more robust desktop version.

Choosing a consultant from the list of available dermatologists is a strategic move. Turn-around will be faster by taking the first available dermatologist. However, after using the service a few times you may prefer certain dermatologists for specific problems or other reasons. Our target turn-around time is 2 to 5 days.

For all SOS physicians using ConsultDerm, there is a one-time offer from the Division of Family Practice to provide 2 hours of sessional payment (\$256.14) to compensate for initial set-up time, and first use of the program. This can be claimed after the first use of ConsultDerm, by completing a brief survey and returning it to the South Okanagan Similkameen Division of Family Practice office.

— Sincerely, Dr. Robert Swan **Physician Lead for ConsultDerm in the South Okanagan Similkameen**

South Okanagan Similkameen Division of Family Practice
Unit 106, 197 Warren Ave. East Penticton, BC
tel: 778.476.5896
email: info@sosdivision.ca

To access additional support for using ConsultDerm
bc.consultderm.com

ConsultDerm Office Workflow Guide

FOR THE PHYSICIAN:

This workflow is designed to allow a physician and MOA to share in the preparation of a dermatology consultation request.

STEP ONE Register

- Go to website: bc.consultderm.com
- Enter registration data
- Set email address for notifications
- You will receive confirmation of successful registration by e-mail (This can take a few days)

STEP TWO Open Your Account

- You can review all previous consultations and any drafts pending completion.

STEP THREE Get Patient Information

- Meet with your e-consult patient.
- Get consent to transmit patient information electronically.
- Take photos of rash or other skin condition of concern using a smartphone, tablet or camera.
- Remember to delete photos from your personal device.

STEP FOUR Transfer Photos to your Office Computer

- Create an email.
- Attach the photos and include the patient's name and DOB in the content.
- Send the email to your office computer so your MOA can access it.

STEP FIVE Prepare Referral Letter

- Prepare a brief referral letter using your office EMR consultation referral template. Address the letter to ConsultDerm.
- The letter should contain the following:
 - Age and sex of patient
 - Brief description of the skin problem
 - Anatomical location of the rash or lesion
 - Past and current treatments
 - Relevant past medical history
 - Medications and any known allergies
- The referral letter will go to the next available dermatologist. If you want a specific dermatologist from the list of dermatologists in the program, either add their name in the opening or make your MOA aware of your choice.

STEP SIX Forward the Referral Letter to your MOA

Email and Desktop Tips

- ConsultDerm can be accessed with web browser on any computer, smart phone or tablet. Phone and tablets default to a mobile version, but the desktop version is available by changing the options on your device.
- Set up accounts with an email address for each physician for security of information.
- You may find it easiest to register on a desktop or laptop. Once you have an account, you can access using any device.
- Save the ConsultDerm website as a favourite.
- Leave the sign-in icon on your desktop.
- Try creating a practice consult:
 - a.) Put 'Test Consult' in the history section
 - b.) Use your own photos
 - c.) Address to ConsultDerm founder, Jaggi Rao
 - d.) Review your work but do not send or click done. Then, delete the dummy request from drafts

Photo Tips

- Try not to use a flash, as it can wash out colour.
- Use a blue or dark background if possible, especially for small parts like hands or feet.

Options for TELUS EMR users

- See page 2 for details

ConsultDerm Office Workflow Guide

FOR THE MOA:

STEP SEVEN Attach Photo(s) to the Referral Letter in the Patient EMR

- Save the photos from the e-mail or saved file on your office computer to an easily identified desktop file for ease of access when transferring them to ConsultDerm.

STEP EIGHT Create the New Consult

- Open the referring physician's ConsultDerm account.
- Choose Request a Consult from the drop-down menu.
- Enter the patient demographics.
- Copy and paste the content of the referral letter from the EMR into the ConsultDerm template.
- Document the distribution of the rash or the location of the skin lesion(s) on the body map. (Consulting dermatologists find this extremely helpful.)
- Upload the patient photos from your desktop file.
- Make sure you can see the photos on final page before sending request. If you can't see them, they didn't upload.
- Choose a consultant – either the next available or the dermatologist specified by the physician.
- Send the request.

STEP NINE Complete the Referral Documentation in the EMR

- An email notification will come to the physician when the consultation is complete.
- The consultation can be reviewed directly in the ConsultDerm account.
- Print the consultation letter and scan it into the patient's EMR.
- Attach the consultation letter to the referral letter. This will complete the referral documentation within the EMR:

Referral letter
Photos
Consultation letter

ConsultDerm is a pilot project. Feedback and suggestions are welcome.

Desktop File Tip

- Rename the photos with the patient's name +/- DOB
- You may require assistance from your EMR technical support desk to set up

Training video

- A brief PowerPoint on the Shared Care website can help you review the procedures:

http://sharedcarebc.ca/sites/default/files/ConsultDermBC_How_to_Use_FINAL.pdf

Options for TELUS EMR users

- Apple and Android phone and tablet users can download the free Telus EMR app. This allows access to any of the Telus EMRs to upload photos directly into the patient file.

More info:

help.telusemrmobile.com



October 2016

CONSULTDERM UPDATE

Dear Colleague:

ConsultDerm is much easier to use thanks to updates to the desktop program.

Photos can now be dragged and dropped into consultation requests. Adobe Flash is no longer required.

Also, a new mobile version is coming soon for physicians using ConsultDerm on their phone or tablet. In the meantime, in one simple step, phone and tablet users can get access to the new, more robust desktop version. Once the mobile version opens using your web browser, simply change from the default mobile version to the desktop version.

ABOUT CONSULTDERM

ConsultDerm is an online tool designed to improve access to dermatological consults for family physicians in urban, remote and isolated communities in BC.

ConsultDerm resources and guides are available:

- Provincial Tele dermatology How To Guide
- ConsultDerm Office Workflow Guide, developed by Oliver family physician, Dr. Robert Swan.

These guides are attached and are available on the Division of Family Practice website (sosdivision.ca under the *resources* section). For more information or to access support for using ConsultDerm, please contact Shared Care Project Manager, Tracy St. Claire: (tracy.stclaire@sosdivision.ca or 778.476.5694).

SESSIONAL SUPPORT FOR CONSULTDERM

Fill out a one-page survey after completing a ConsultDerm referral, and receive a 2-hour sessional.

This sessional compensates for learning time and for your input, and will be available for completed surveys received prior to December 31, 2016.

Send survey to: Division of Family Practice QI and Evaluation Coordinator, Kate Harris (Fax: 778.476.5992 or kate.harris@sosdivision.ca) If you prefer to answer by phone or have further questions: (778.476.1801).

Thank you in advance,

Drs. Michelle Teo and Rob Swan
Telemedicine Project Working Group Members



Tracy St. Claire **Shared Care** Project Manager
T 778.476.5694 C 250.490.5612 F 778.476.5992
South Okanagan Similkameen Division of Family Practice
197 Warren Ave. East, Unit #106 Penticton, BC V2A 8N8

Physician Name: _____ Fax number: _____

Patient was: ☐ From my roster ☐ Referred specifically to me for a ConsultDerm appointment

1. ☐ This was my first time using ConsultDerm ☐ I have used ConsultDerm before
2. Overall, I was satisfied with the experience. ☐ Yes ☐ Somewhat ☐ No
 - a. The referral process was clear. ☐ Yes ☐ Somewhat ☐ No
 - b. The referral process was easy. ☐ Yes ☐ Somewhat ☐ No
 - c. The consult was clear. ☐ Yes ☐ Somewhat ☐ No
 - d. The consult was timely. ☐ Yes ☐ Somewhat ☐ No
 - e. The follow-up was clear. ☐ Yes ☐ Somewhat ☐ No
3. I plan to use ConsultDerm again ☐ Yes ☐ No Why or why not? _____
4. What would help you in your next consult? _____
5. Do you need more information, or support with ConsultDerm? If so, would you like:

<input type="checkbox"/> One-on-one office visit with Dr. Swan	<input type="checkbox"/> Mentoring with another colleague
<input type="checkbox"/> Phone call or email with Dr. Swan	<input type="checkbox"/> Other _____
6. How did you find out about ConsultDerm? Please check all that apply.

<input type="checkbox"/> Dermatology CME in November	<input type="checkbox"/> Contact directly from Dr. Swan
<input type="checkbox"/> SOGH CME on ConsultDerm in April	<input type="checkbox"/> Colleague
<input type="checkbox"/> Linden Gardens CME in May	<input type="checkbox"/> Other _____
<input type="checkbox"/> PRH CME on ConsultDerm in June	
7. What's the best way for you to find out about this type of tool in the future?

<input type="checkbox"/> These approaches worked well.	<input type="checkbox"/> Other _____
--	--------------------------------------
8. What tools and other resources did you use? (please circle the most helpful tool)

<input type="checkbox"/> ConsultDerm Office Workflow Guide	<input type="checkbox"/> YouTube videos
<input type="checkbox"/> 5-page Teledermatology handout	<input type="checkbox"/> Coaching from a colleague
<input type="checkbox"/> One-on-one office visit from Dr. Swan	<input type="checkbox"/> ConsultDerm website
<input type="checkbox"/> Phone call or email with Dr. Swan	<input type="checkbox"/> Other _____

Additional comments _____

PLAN: – What did we aim to do?

Introduce teledermatology and ConsultDerm for SOS physicians, not just Princeton physicians; by delivering CMEs, developing and distributing “How To” guides and materials and offering mentorship and sessional support.

The South Okanagan Similkameen (SOS) Shared Care Telemedicine Working Group has been promoting and supporting the use of ConsultDerm by physicians in the SOS since November 2015. With the recent retirement of the region’s only dermatologist and long dermatology waitlists in other areas of the province, the need for access to consultative advice has increased.

DO: What did have we done so far?

Delivered CMEs:

- Teledermatology CME with retiring dermatologist Dr. Rusty Harris and Saltspring Family Physician Paula Ryan (November 25)
- ConsultDerm CMEs at SOGH (April 22) and PRH (June 8)

Developed and Distributed “How To” Tools for Physicians:

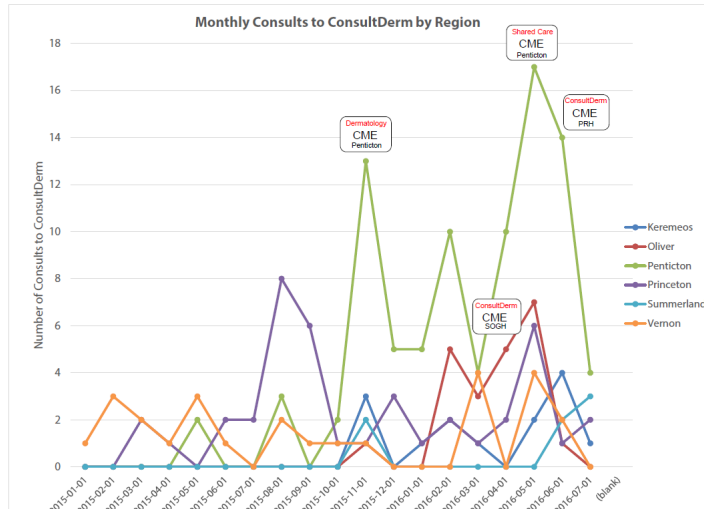
- “How to create a ConsultDerm office workflow” and general teledermatology “how to” guides put in all physician mailboxes and shared at all CMEs – guides updated and re-distributed based on feedback and changes to ConsultDerm system (started in April – ongoing)

Offered mentorship and sessional support for physicians to learn ConsultDerm:

- Telemedicine project committee member and Oliver locum, Dr. Rob Swan, has made himself available for questions and on-site visits to support physicians and MOAs implementing ConsultDerm as needed
- Offering a 2-hour sessional for physicians who complete a ConsultDerm referral and participate in a short survey

STUDY: What was the impact?

In order to assess the uptake of ConsultDerm, quantitative data was used to examine regional usage. Qualitative data from physician surveys, as well as a brief interview with physician ConsultDerm Champion, Dr. Rob Swan provided experiential information about the technology and support/awareness resources.



Regional data was requested from ConsultDerm and is illustrated below. Vernon, a region similar to Penticton in size and demographic makeup is included as a comparator site. As is clearly illustrated in the graphs, there was an uptick in the number of ConsultDerm referrals at the time of the CMEs and educational activities. It is noted that there are drops in ConsultDerm usage after the CME delivery, however it should also be noted that these correspond with



ConsultDerm Survey

INTERIM

Nov 2015 -
July 2016

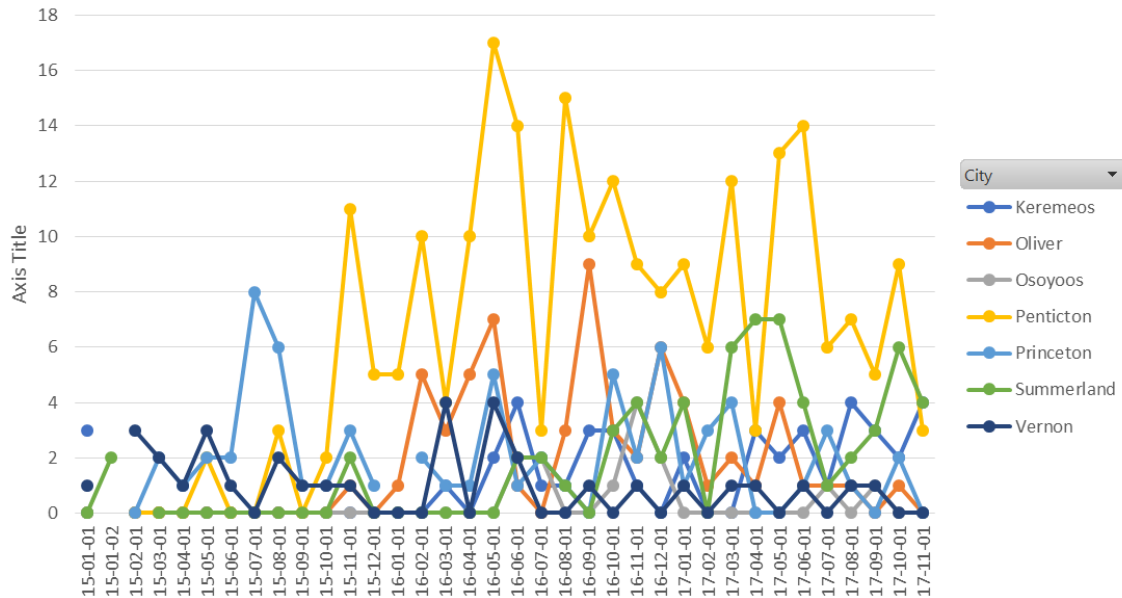
Most physicians initially heard about ConsultDerm at the November CME, although almost all physicians learnt about ConsultDerm through multiple sources. All respondents indicated that these multi-pronged approaches to introducing new technology were effective.

ACT: What are our next steps?

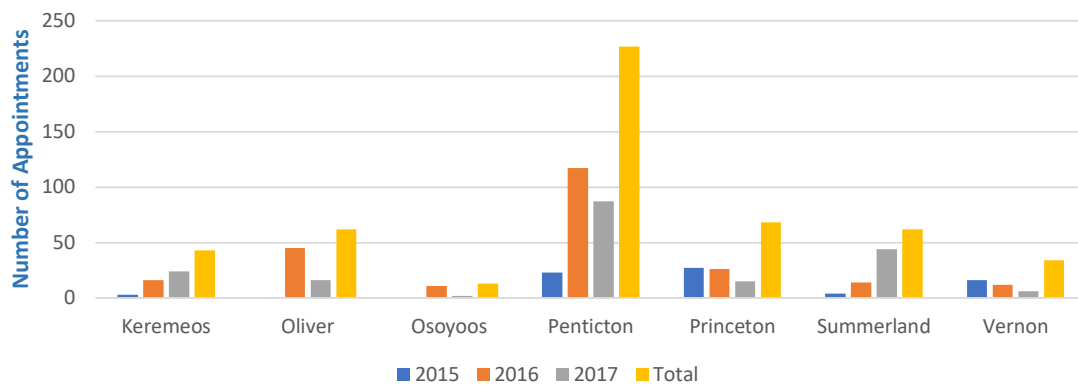
Survey findings were passed back to the province. Dr. Swan continues to sit on the provincial working group, and locally be available for mentoring. Another pull of the provincial ConsultDerm usage in an additional 6 months may indicate if there has been a lasting change. Dr. Swan noted that "there was a very high satisfaction rate."

This type of promotional campaign, combined with sessional compensation for survey participation and a physician champion mentor proved to be effective, and may be adapted for other telemedicine modalities.

Monthly ConsultDerm Requests by Community 2015-2017



ConsultDerm Uptake



APPENDIX M

TELEHEALTH BILLING CODES (from the MSP Service Fee Billing Guide as of December 2017)

Lab Medicine	Page 438		
<u>94078</u>		TELEHEALTH SUBSEQUENT HOSPITAL VISIT-LAB MEDICINE	\$31.28
<u>94077</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT - LAB MEDICINE	\$31.38
<u>94076</u>		TELEHEALTH DIRECTIVE CARE - LABORATORY MEDICINE	\$30.72
<u>94072</u>		TELEHEALTH REPEAT OR LIMITED CONSULT-LAB MEDICINE	\$80.75
<u>94070</u>		TELEHEALTH CONSULT - LABORATORY MEDICINE	\$145.32
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<u>83070</u>		TELEHEALTH INTERVENTIONAL RADIOLOGY CONSULTATION	\$82.07
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<u>79212</u>		TELEHEALTH REPEAT OR LIMITED CONSULT - THORACIC	\$63.93
<u>79210</u>		TELEHEALTH CONSULTATION - THORACIC SURGERY	\$142.01
<u>79208</u>		TELEHEALTH SUBSEQUENT HOSP VISIT THORACIC SURGERY	\$24.18
<u>79207</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT THORACIC SURG	\$28.36
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<u>78012</u>		TELEHEALTH REPEAT OR LIMITED CONSULT/CARDIAC SURG	\$64.36
<u>78010</u>		TELEHEALTH CONSULTATION - CARDIAC SURGERY	\$172.01
<u>78008</u>		TELEHEALTH SUBSEQUENT HOSPITAL VISIT-CARDIAC SURG	\$24.35
<u>78007</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT/CARDIAC SURGERY	\$28.53
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<u>70078</u>		TELEHEALTH SUBSEQUENT HOSPITAL VISIT - GEN SURGERY	\$20.90
<u>70077</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT - GENERAL SURG	\$24.57
<u>70076</u>		TELEHEALTH DIRECTIVE CARE - GENERAL SURGERY	\$28.62
<u>70072</u>		TELEHEALTH REPEAT OR LIMITED CONSULT - GEN SURGERY	\$53.34
<u>70070</u>		TELEHEALTH CONSULTATION - GENERAL SURGERY	\$101.47
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<u>66012</u>		TELEHEALTH REPEAT OR LIMITED CONSULT PLASTIC SURG	\$47.72
<u>66010</u>		TELEHEALTH MAJOR CONSULTATION, PLASTIC SURGERY	\$82.35
<u>66008</u>		TELEHEALTH SUBSEQUENT HOSPITAL VISIT -PLASTIC SURG	\$36.29
<u>66007</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT PLASTIC SURGERY	\$25.14
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<u>60645</u>		TELEHEALTH PATIENT MANGEMENT CONFERENCE PSYCHIATRY	\$45.57
<u>60639</u>		FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1 1/2 HR	\$232.90
<u>60638</u>		FAMILY/CONJOINT TELEHEALTH THERAPY-PER 1 1/4 HR	\$197.32
<u>60636</u>		FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1 HR	\$176.83
<u>60635</u>		FAMILY/CONJOINT TELEHEALTH THERAPY - PER 3/4 HR	\$144.99
<u>60633</u>		FAMILY/CONJOINT TELEHEALTH THERAPY - PER 1/2 HR	\$105.61
<u>60632</u>		INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 1 HR	\$169.75
<u>60631</u>		INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 3/4 H	\$144.99
<u>60630</u>		INDIVIDUAL TELEHEALTH PSYCHIATRIC TREATMENT, 1/2 H	\$105.61
<u>60626</u>		TELEHEALTH REPEAT OR LIMITED CONSULT EMOTIONALLY	\$206.53
<u>60625</u>		TELEHEALTH REPEAT OR LIMITED CONSULT PSYCHIATRY	\$126.17
<u>60624</u>		TELEHEALTH EVAL INTERVIEW WITH FAMILY MEMBER, 1/2	\$53.18
<u>60622</u>		TELEHEALTH CONSULT EMOTIONALLY DISTURBED CHILD PSY	\$421.50
<u>60614</u>		TELEHEALTH REPEAT/LIMITED GERIATRIC CONSULT PSYCH	\$166.43
<u>60613</u>		TELEHEALTH GERIATRIC CONSULT PSYCHIATRY 75 YRS OR	\$345.58
<u>60610</u>		TELEHEALTH CONSULTATION PSYCHIATRY	\$217.02
<u>60608</u>		TELEHEALTH HOSPITAL IN-PATIENT VISIT - PSYCHIATRY	\$53.18
<u>60607</u>		TELEHEALTH SUBSEQUENT OFFICE VISIT PSYCHIATRY	\$53.18
<u>19312</u>		WORKSAFEBC TELEHEALTH PSYCHIATRY TREATMENT 1HR	\$311.00
<u>19311</u>		WORKSAFEBC TELEHEALTH PSYCHIATRY TREATMENT 3/4HR	\$233.00
<u>19310</u>		WORKSAFEBC TELEHEALTH PSYCHIATRY TREATMENT 1HR	\$156.00
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30511	TELEHEALTH COMPLEX CONSULTATION, PAEDIATRICS	\$422.24
30510	TELEHEALTH CONSULTATION, PAEDIATRICS	\$221.23
30508	TELEHEALTH SUBSEQUENT HOSPITAL VISIT - PAEDIATRICS	\$96.55
30507	TELEHEALTH SUBSEQUENT OFFICE VISIT - PAEDIATRICS	\$66.62
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33738	TELEHEALTH-SUBSEQUENT HOSPITAL VISIT-NEPHROLOGY	\$34.32
33737	TELEHEALTH-SUBSEQUENT OFFICE VISIT-NEPHROLOGY	\$46.92
33736	TELEHEALTH-DIRECTIVE CARE-NEPHROLOGY	\$43.95
33732	TELEHEALTH-REPEAT CONSULT-NEPHROLOGY	\$81.05
33730	TELEHEALTH-CONSULT-NEPHROLOGY	\$168.81

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33638	TELEHEALTH-SUBSQ HOSPITAL VISIT-INFECTIOUS DISEASE	\$28.89
33637	TELEHEALTH-SUBSEQ OFFICE VISIT-INFECTIOUS DISEASE	\$49.00
33636	TELEHEALTH-DIRECTIVE CARE-INFECTIOUS DISEASES	\$46.93
33632	TELEHEALTH-CONSULT-REPT/LIMITED-INFECTIOUS DISEASE	\$105.93
33630	TELEHEALTH-CONSULTATION-INFECTIOUS DISEASES	\$197.12

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33478	TELEHEALTH SUBSEQUENT HOSPITAL VISIT-GERIATRIC MED	\$27.61
33477	TELEHEALTH SUBSEQUENT OFFICE VISIT-GERIATRIC MED	\$46.84
33476	TELEHEALTH DIRECTIVE CARE - GERIATRIC MEDICINE	\$44.85
33472	TELEHEALTH REPEAT OR LIMITED CONSULT/GERIATRIC MED	\$77.26
33470	TELEHEALTH CONSULTATION - GERIATRIC MEDICINE	\$182.65
33422	TELEHEALTH GERIATRIC REASSESSMENT	\$100.41
33421	TELEHEALTH COMPREHENSIVE GERIATRIC CONSULT/65YRS	\$288.68

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33368	TELEHEALTH SUBSEQUENT HOSP VISIT-GASTROENTEROLOGY	\$29.71
33367	TELEHEALTH SUBSEQUENT OFFICE VIST/GASTROENTEROLOGY	\$48.16
33366	TELEHEALTH DIRECTIVE CARE - GASTROENTEROLOGY	\$45.51
33362	TELEHEALTH REPEAT/LIMITED CONSULT-GASTROENTEROLOGY	\$97.39
33360	TELEHEALTH CONSULTATION - GASTROENTEROLOGY	\$160.25

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33278	TELEHEALTH SUBSEQUENT HOSPITAL VISIT-ENDOCRINOLOGY	\$34.81
33277	TELEHEALTH SUBSEQUENT OFFICE VISIT - ENDOCRINOLOGY	\$59.02
33276	TELEHEALTH DIRECTIVE CARE - ENDOCRINOLOGY	\$56.51
33272	TELEHEALTH REPEAT OR LIMITED CONSULT-ENDOCRINOLOGY	\$97.37
33270	TELEHEALTH CONSULTATION - ENDOCRINOLOGY	\$202.80

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33154	TELEHEALTH DUAL CHAMBER PACEMAKER TESTING	\$45.72
33153	TELEHEALTH SINGLE CHAMBER PACEMAKER TESTING	\$22.86
33128	TELEHEALTH DUAL CHAMBER PACEMAKER TESTING	\$68.57
33126	TELEHEALTH SINGLE CHAMBER PACEMAKER TESTING	\$45.72

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33114	TELEHEALTH PROLONGED VISIT COUNSELLING-CARDIOLOGY	\$59.97
33112	TELEHEALTH REPEAT CONSULTATION - CARDIOLOGY	\$83.74
33110	TELEHEALTH CONSULTATION - CARDIOLOGY	\$169.50
33108	TELEHEALTH SUBSEQUENT HOSP VISIT - CARDIOLOGY	\$43.38
33107	TELEHEALTH SUBSEQUENT OFFICE VISIT - CARDIOLOGY	\$62.16
33106	TELEHEALTH DIRECTIVE CARE - CARDIOLOGY	\$63.54

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32278	TELEHEALTH SUBSEQUENT HOSPITAL VISIT-INTERNAL MED	\$28.60
32277	TELEHEALTH SUBSEQUENT OFFICE VISIT - INTERNAL MED	\$49.51
32276	TELEHEALTH DIRECTIVE CARE - INTERNAL MEDICINE	\$49.46
32272	TELEHEALTH REPEAT OR LIMITED CONSULT-INTERNAL MED	\$80.05
32271	TELEHEALTH COMPLEX CONSULTATION-INTERNAL MEDICINE	\$262.47

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<u>32112</u>	TELEHEALTH-CONSULTATION-LIMITED-RESPIROLOGY	\$117.08
<u>32110</u>	TELEHEALTH CONSULTATION-RESPIROLOGY	\$188.91
<u>32108</u>	TELEHEALTH-VISIT, HOSPITAL-RESPIROLOGY	\$50.41
<u>32107</u>	TELEHEALTH-VISIT, OFFICE-RESPIROLOGY	\$58.66
<u>32106</u>	TELEHEALTH-DIRECTIVE CARE-RESPIROLOGY	\$58.66
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<u>31112</u>	TELEHEALTH REPEAT OR LIMITED CONSULT- RHEUMATOLOGY	\$110.54
<u>31110</u>	TELEHEALTH CONSULTATION - RHEUMATOLOGY	\$195.86
<u>31108</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT - RHEUMATOLOGY	\$43.50
<u>31107</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT - RHEUMATOLOGY	\$77.41
<u>31106</u>	TELEHEALTH DIRECTIVE CARE - RHEUMATOLOGY	\$83.64
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<u>30078</u>	TELEHEALTH SUBSEQUENT HOSP VIST/IMMUNOLOGY/ALLERGY	\$21.89
<u>30077</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT/CLN/IMM/ALLERGY	\$37.54
<u>30076</u>	TELEHEALTH DIRECT CARE-CLINICAL IMMUNOLOGY/ALLERGY	\$35.55
<u>30072</u>	TELEHEALTH REPEAT OR LIMITED CONSULT/CLN IMM/ALLGY	\$61.25
<u>30071</u>	TELEHEALTH CONSULT-PED CLINICAL IMMUNOLOGY/ALLERGY	\$184.79
<u>30070</u>	TELEHEALTH CONSULT/CLINICAL IMMUNOLOGY/ALLERGY	\$168.75
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<u>22011</u>	TELEHEALTH REPEAT OR LMTD CONSULT - OPHTHALMOLOGY	\$48.28
<u>22010</u>	TELEHEALTH CONSULTATION - OPHTHALMOLOGY	\$95.59
<u>22008</u>	TELEHEALTH SUBSEQNT HOSPITAL VISIT - OPHTHALMOLOGY	\$48.17
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<u>20214</u>	TELEHEALTH REPEAT CONSULTATION, DERMATOLOGY	\$44.45
<u>20210</u>	TELEHEALTH CONSULTATION, DERMATOLOGY	\$68.39
<u>20208</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT - DERMATOLOGY	\$28.19
<u>20207</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT - DERMATOLOGY	\$28.19
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<u>13042</u>	TELEHEALTH GP IN-OFFICE GROUP COUNSELLING - 2ND HR	\$42.75
<u>13041</u>	TELEHEALTH GP IN-OFFICE GROUP COUNSELLING/1ST HR	\$85.43
<u>13038</u>	TELEHEALTH GP IN-OFFICE INDIVIDUAL COUNSELLING	\$57.88
<u>13037</u>	TELEHEALTH GP IN-OFFICE VISIT	\$33.83
<u>13036</u>	TELEHEALTH GP IN-OFFICE CONSULTATION	\$81.08
<u>13022</u>	TELEHEALTH GP OUT OF OFFICE GROUP COUNSEL 2ND HOUR	\$43.26
<u>13021</u>	TELEHEALTH GP OUT OF OFFICE GROUP COUNSEL 1ST HOUR	\$86.46
<u>13020</u>	TELEHEALTH GENERAL PRACTITIONER ASSISTANT	\$30.57
<u>13018</u>	TELEHEALTH GP OUT OF OFFICE INDIVIDUAL COUNSELLING	\$74.46
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<u>13016</u>	TELEHEALTH GP OUT OF OFFICE CONSULTATION	\$107.78
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<u>08772</u>	TELEHEALTH RADIOLOGY CONSULT/MALIGNANT LESION SKIN	\$28.64
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<u>08078</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT - UROLOGY	\$35.11
<u>08077</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT - UROLOGY	\$31.11
<u>08072</u>	TELEHEALTH REPEAT OR LIMITED CONSULTATION/UROLOGY	\$46.66
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<u>04078</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT - OBS/GYN	\$46.98
<u>04077</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT - OBS & GYN	\$46.98
<u>04072</u>	TELEHEALTH REPEAT OR LIMITED CONSULT/OBS & GYN	\$75.62

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<u>03317</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT - NEUROSURGERY	\$46.62
<u>03312</u>	TELEHEALTH REPEAT/LIMITED CONSULT - NEUROSURGERY	\$78.07
<u>03310</u>	TELEHEALTH CONSULTATION - NEUROSURGERY	\$170.89
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<u>01778</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT-PHYSICAL MED	\$70.28
<u>01777</u>	TELEHEALTH OFFICE VISIT - PHYSICAL MEDICINE	\$104.75
<u>01776</u>	TELEHEALTH DIRECTIVE CARE - PHYSICAL MEDICINE	\$70.28
<u>01772</u>	TELEHEALTH REPEAT OR LIMITED CONSULT-PHYSICAL MED	\$109.00
<u>01770</u>	TELEHEALTH FORMAL CONSULTATION - PHYSICAL MEDICINE	\$202.67
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<u>00478</u>	TELEHEALTH SUBSEQUENT HOSPITAL VISIT, NEUROLOGY	\$66.59
<u>00477</u>	TELEHEALTH SUBSEQUENT OFFICE VISIT, NERUOLOGY	\$53.66
<u>00476</u>	TELEHEALTH DIRECTIVE CARE, NEUROLOGY	\$67.00
<u>00471</u>	TELEHEALTH REPEAT / LIMITED CONSULTATION NEUROLOGY	\$86.22
<u>00470</u>	TELEHEALTH CONSULTATION, NEUROLOGY	\$177.23

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