



## Bureaucratic, technological barriers impeding public's desire for digital health innovations, conference told

ANDRÉ PICARD >

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1 COMMENTS



The public is clamouring for and embracing digital health innovations – virtual visits, remote monitoring, e-prescriptions and more – but bureaucratic and technological barriers are standing in the way of widespread adoption, a national health summit heard Tuesday.

A panel of health experts at the Canadian Medical Association health summit in Toronto offered a long list of reasons why virtual visits – patients interacting with a physician or nurse online via a home computer or smart phone – still account for only one per cent of medical appointments.

Many physicians don't have the basic equipment to interact with patients online in a secure manner. Even e-mail appointments and referrals are a challenge because the fax machine is still the principal means of communications between health professionals, including family doctors, specialists and pharmacists. Physicians also face some regulatory and licensing hurdles, and not every province has figured out how to pay doctors for online care. In some jurisdictions, doctors are paid 40 per cent of the payment for an in-person visit if that interaction is online. Some provinces pay \$2.25 for answering an e-mail or text, while others don't allow physicians to bill for that service.

Dr. Rob Williams, chief medical officer of the Ontario Telemedicine Network [which facilitates online care to more than 300,000 patients a year], said those hurdles need to be addressed, and quickly, if we're going to deliver patient-centred care.

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digital first philosophy.

One of the main reasons cited for moving cautiously on digital care is the fear that seniors and marginalized people will be unable or reluctant to embrace it.

But the conference heard that is not true in practice.

“Virtual care is a great tool to address health service inequities in marginalized groups,” said Dr. Evan Adams, the chief medical officer for the First Nations Health Authority, which oversees health care for more than 250,000 First Nations people in 203 First Nations.

He said that isolated communities, where there are few health practitioners on-site, benefit tremendously from virtual care, and that’s why the FNHA has invested heavily in technology.

Jaime Drayer, a Hamilton graphic designer who lives with chronic pain and mental health issues, said technology removed barriers to her care. “There are days I find it impossible to get out of bed, but I can get the care I need from the comfort of my home,” she said.

One of the barriers to expanding virtual care is the fact that physicians are licensed provincially.

But physicians, particularly medical residents, are pushing for a single national license.

Dr. Linda Inkpen, president of the Federation of Medical Regulatory Authorities of Canada, foresees cross-jurisdictional care becoming normal.

She said, from a regulatory perspective, the key is that the “standard of medical care will not be compromised in any way by the mode of delivery.”

Delegates were told repeatedly they need to embrace change. At the same time, there are concerns that the combination of technological innovation and restless health-care consumers will open the door to more private delivery of care.

“I’m not in favour of what’s going on in the U.S. where you give your credit card and you can see a doctor online in 15 minutes,” Dr. Williams said.

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But she said change needs to happen in a thoughtful manner so it benefits patients and practitioners alike.

“Virtual care presents an opportunity to build a new mode for delivering medicine, but we need to use our collective knowledge to get it right.”

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351 King Street East, Suite 1600, Toronto, ON Canada, M5A 0N1

Phillip Crawley, Publisher