

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

# STANDING COMMITTEE ON PUBLIC ACCOUNTS

## **VALUE-FOR-MONEY AUDIT: VIRTUAL CARE: USE OF COMMUNICATION TECHNOLOGIES FOR PATIENT CARE**

(2020 ANNUAL REPORT OF THE OFFICE OF THE AUDITOR GENERAL OF  
ONTARIO)

2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament  
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The Honourable Ted Arnott, MPP  
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

A handwritten signature in blue ink, appearing to read "Taras Natyshak".

Taras Natyshak, MPP  
Chair of the Committee

Queen's Park  
December 2021



STANDING COMMITTEE ON PUBLIC ACCOUNTS  
MEMBERSHIP LIST

2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament

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ROBIN MARTIN regularly served as a substitute member of the Committee.

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Clerk of the Committee

ERICA SIMMONS  
Research Officer



STANDING COMMITTEE ON PUBLIC ACCOUNTS  
SUPPLEMENTAL MEMBERSHIP LIST

1<sup>st</sup> and 2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament

FRANCE GÉLINAS

(October 28, 2019 - October 25, 2021)

DARYL KRAMP

(September 22, 2020 - October 20, 2021)





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## **INTRODUCTION**

On May 26, 2021, the Standing Committee on Public Accounts held public hearings on the audit of Virtual Care: Use of Communications Technologies for Patient Care (*2020 Annual Report* of the Auditor General of Ontario), overseen by the Ministry of Health (Ministry).

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

## **ACKNOWLEDGEMENTS**

The Committee extends its appreciation to officials from the Ministry of Health, and Ontario Health. The Committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and Legislative Research.

## **BACKGROUND**

Virtual care refers to the use of various types of technologies (e.g., smartphones, computers, and email) to enable remote communication between patients and healthcare providers, as well as between healthcare providers.

In Ontario, the number of virtual-care visits by patients to physicians has increased by over 250% in the last five years, from about 320,000 visits in 2014/15 to over 1.2 million visits in 2019/20.

The demand for virtual care accelerated significantly during the COVID-19 pandemic and on March 14, 2020, the Ministry of Health expanded access to virtual care in response.

## **Oversight**

The Ministry of Health is responsible for establishing policies related to virtual care in Ontario, including setting out strategies, goals and objectives for virtual care services; funding and overseeing services provided by the Ontario Telemedicine Network (now called OTN) and Telehealth Ontario; and paying physicians for billings related to virtual care.

The Ministry's Digital First for Health Strategy (November 2019) sets out a strategy for the broad use of digital tools and technologies in the healthcare system, including the use of virtual care.

## Funding

The Ministry of Health funds virtual-care services primarily via OTN, payment of physician billings for virtual care, and payment to an external service provider operating Telehealth Ontario. In April 2020, OTN was made a division of Ontario Health. OTN is the only Ministry-funded provider of the video-visit platform used by physicians to deliver care virtually.

In 2019/20, the Ministry provided approximately \$31 million in funding to OTN, and spent nearly \$90 million on physician billings for virtual care to patients. The Ministry also provided approximately \$28 million to the external service provider operating Telehealth Ontario, a 24/7 telephone line for callers to ask health-related questions and receive information or advice from a nurse.

## AUDIT OBJECTIVE AND SCOPE

The audit was conducted between November 2019 and August 2020. The audit objective was to assess whether the Ministry of Health (Ministry), in association with the Ontario Telemedicine Network (OTN) within Ontario Health, has effective systems and procedures in place to:

- make virtual-care services available and offer them in an equitable and cost-efficient manner to meet Ontarians' needs and in accordance with applicable standards, guidelines, and legislation; and
- measure and report on the results and effectiveness of virtual-care services and initiatives in meeting their intended objectives.

## MAIN POINTS OF AUDIT

In mid-March 2020, when the COVID-19 pandemic was declared, the Ministry took temporary action to reduce restrictions on billings to enable the provision of more virtual care during the pandemic. The Auditor reported that the Ministry continues to have limited oversight of physician billings for virtual care. The Auditor also found that the services offered by Telehealth Ontario and the Ontario Telemedicine Network are not integrated, and the two entities continue to operate in silos.

The Auditor concluded that the Ministry of Health, in working with OTN,

- does not have effective systems and procedures in place to enable patient-focused virtual-care services in a cost-effective manner to meet Ontarians' needs and in accordance with applicable standards and guidelines;
- does not have long-term goals and targets for virtual care and, as a result, progress has continued to be slow on successfully integrating the use of virtual care with the rest of Ontario's healthcare system; and

- has done limited work to evaluate the impact of virtual care on patient outcomes and the healthcare system in Ontario.

## **ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE**

The Committee heard that the Province created the Ontario Health agency two years ago with a mandate to connect and coordinate the provincial healthcare system. This meant, among other things, unifying 21 former health agencies, including OTN, and eHealth Ontario, and implementing an integration and transformation mandate under the *Connecting Care Act, 2019*.

Ontario Health now has responsibility for maintaining and expanding the delivery and adoption of virtual care as appropriate across the health system and particularly among priority populations. These responsibilities include establishing recommendations and best practices for virtual care delivery.

The Ministry noted that virtual care initiatives were crucial in maintaining access to care during the pandemic. The number of Ontario Health-supported virtual care visits in Ontario doubled from 1.36 million in 2019-20 to approximately 2.7 million in 2020-21. Over the same period, 22,288 physicians, nurses, and allied professionals used virtual care through Ontario Health-managed systems. This was an increase from 13,563 just one year prior. Some 705 patient portal sites across the province ensure equitable access to video conferencing for patients who do not have access to the technology required for this in their homes, or who need support in order to participate in a video visit.

Last year Ontario launched the provincial e-services (i.e., electronic services) program designed to accelerate the availability of e-consults and e-referrals in the health system. This should help clinicians to get their patients faster access to special advice and specialized care.

Officials explained that the ongoing work on the Digital First for Health Strategy meant that the Ministry was well-positioned to support the COVID-19 response. Among other things, the Strategy involves providing virtual care; providing patients with access to modern digital tools such as online appointment booking, and digital access to their own health information; improving information sharing within the health system; improving the tools available for frontline healthcare providers; improving the use of health data for research and analytics purposes; and creating digital identities for patients.

The Ministry is also taking complementary steps to modernize the province's health privacy laws to align with this digitally-connected healthcare system. This includes legislation to update the rules on health sector information-sharing and support patients' rights to protect and access their own health information. The Ministry further explained that since 2019, the Province has made substantial amendments to the *Personal Health Information Protection Act, 2004* (PHIPA) to enhance privacy protections; improve patients' access to their own health information; enhance information-sharing to build a more integrated health system, with better access to data; and to help with tracing, tracking, and predicting how COVID-19 and other pandemics spread and evolve over time.

To accelerate the connectivity of digital tools in the health system, Ontario has developed its first-ever regulatory framework for interoperability, known as the Digital Health Information Exchange Policy. This gives Ontario Health a mandate to develop interoperability standards enabling health systems province-wide to share information about patients.

### **Slow Progress in Expanding Virtual Care**

The Auditor found that in the past fifteen years there has been slow progress on expanding virtual care in Ontario. Despite having initiated digital health strategies in recent years, the Ministry “still has not outlined a framework for what virtual care should look like in Ontario, nor has it developed any measurable long-term goals and targets.” The Auditor noted that post-pandemic, additional work will be needed to fully integrate virtual care services into the healthcare system.

The Committee heard that the COVID-19 pandemic was a catalyst for transformational change in virtual care. The Ministry is supporting Ontario health teams and frontline care providers with investments in more integrated digital tools, driving interoperability between digital systems by establishing provincial standards backed up by a new regulatory framework. The Ministry explained that the evolution of virtual care after the pandemic will require a measured approach, based on the principles of patient access, appropriateness of care, and the long-term sustainability of the healthcare system.

The Ministry has also started the work to establish a healthcare navigation service and program, with objectives tied directly to the Digital First for Health Strategy. The objectives are to support increased access to virtual care, and to improve health system navigation by modernizing several of the Ministry’s programs and services. When fully implemented, the new navigation service will act as a one-stop digital ‘front door’ to Ontario’s healthcare system.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 1. To achieve the virtual-care objectives in its Digital First for Health Strategy, the Ministry of Health should**
  - a) specifically define what virtual care includes and how it fits into the provincial healthcare system in terms of technology and physician billing;**
  - b) revisit its Digital First for Health Strategy in light of the COVID-19 pandemic and lessons learned;**
  - c) identify annual and long-term targets for virtual care availability and use; and**
  - d) measure and report publicly on its results against these targets.**

2. **To provide Ontarians with convenient virtual care options, the Ministry of Health, in collaboration with OTN within Ontario Health, should review its policies and structures around physician delivery of, and billing for, virtual care to identify ways of expanding the availability of virtual-care options in Ontario as appropriate.**

### **Gaps Between Virtual Care Availability and Needs**

The Auditor found that prior to the COVID-19 pandemic, virtual care was not always convenient or available for Ontarians: there were significant gaps between virtual care availability and patient needs. This allowed for a proliferation of private companies in recent years that offer more convenient virtual care connections based on patients' preferences. Private companies that employ physicians can charge patients for services provided virtually through non-video visits (such as using phone calls, emails and text messages) or video visits through non-OTN platforms.

The Committee asked the Ministry whether physicians working for private companies that use non-OTN platforms to deliver virtual care can charge OHIP (Ontario Health Insurance Plan). The Ministry of Health responded that the *Commitment to the Future of Medicare Act, 2004* prohibits any person or entity from charging or accepting payment for an OHIP-insured service.

Ontario Health officials explained that there was a massive increase in the volume of virtual care visits during the pandemic. About 70% of ambulatory visits (i.e., visits to a primary care provider in an outpatient setting) for medical care were done virtually in the first quarter of 2020, and of this number, about 90% were phone visits. The Committee heard that the phone is often the best means of virtual care for many older patients. Virtual care visits are also helpful for patients who have childcare needs, and/or find it difficult to take time off work and/or to afford the time and costs of traveling long distances to see specialists, for example essential workers or those living in northern, remote, or rural areas of the province.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

3. **To provide Ontarians with an opportunity to access care virtually through a reliable platform in a timely and convenient way, the Ministry of Health, in collaboration with OTN within Ontario Health, should**
  - a) **engage physicians and others who have used OTN and those who have chosen not to, to identify their specific concerns and issues with the platform, identify opportunities for improvement, and implement appropriate solutions; and**
  - b) **study virtual care delivery models and practices in other jurisdictions to determine whether to revise the role of OTN.**

4. **To provide Ontarians with more options to access care virtually in a convenient way, the Ministry of Health, in collaboration with OTN within Ontario Health should**
  - a) **engage virtual-care providers in other jurisdictions and in the private sector to learn about and apply best practices in the delivery of expanded virtual care in Ontario; and**
  - b) **evaluate the feasibility of allowing physicians to bill for virtual-care services provided through multiple technologies outside of OTN (for example, secure messaging, or phone calls) and implement changes that protect data security and privacy, and enable the Ministry to monitor the reasonableness of billings.**

### **Limited Provincial Oversight of Virtual-Care Visits, Billings, and Availability**

The Auditor found that there is limited provincial oversight of the reasonableness of virtual-care visits and billings by physicians using OTN. In particular:

- Numerous physicians had unusually high billings for virtual-care services.
- Physician billings for virtual care do not align with records of virtual-care visits.
- The Ministry has incomplete and limited information on virtual care availability and needs.

The Committee asked whether the Ministry has robust oversight mechanisms to find and respond to cases of unusually high billings such as those flagged by the Auditor General. Ministry officials explained that while the virtual care program itself does not currently have sufficient oversight to catch cases of overbilling, the Ministry will implement the Auditor's recommendations in this regard as its top priority. The Committee heard that OHIP does have tools and processes that can be used for oversight of virtual care billings, including a progressive series of steps that involve contacting physicians, viewing clinical records, referring cases to the College of Physicians and Surgeons for follow-up, and referring rare cases of fraudulent activity to the Ontario Provincial Police. The Ministry also noted that work is underway on a post-payment audit framework that will enable them to address cases of high billings.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

5. **To detect, deter, and reduce inappropriate billings for virtual-care services, the Ministry of Health, in collaboration with OTN within Ontario Health, should**



- a) **develop a framework for monitoring virtual-care visit and billing data continuously as well as identifying red flags and risks that warrant further reviews;**
  - b) **conduct reviews when unreasonable or unusual trends are noted;**
  - c) **collaborate with the College of Physicians and Surgeons of Ontario to evaluate the quality of virtual care being provided by physicians with an unreasonable number of virtual-care visits;**
  - d) **develop criteria for following up on cases of inappropriate billing and taking disciplinary actions to deter and prevent recurrences; and**
  - e) **evaluate the effectiveness of the above actions taken in preventing, detecting, and reducing inappropriate virtual-care billings.**
6. **To make informed decisions on virtual care, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with stakeholders (such as the College of Physicians and Surgeons of Ontario and the Ontario Medical Association) to collect information on the availability of virtual care provided outside of OTN and the usage of such services across the province.**

### **Limited Integration of Virtual Care with Healthcare System**

The Auditor found that although the services offered by both OTN and Telehealth Ontario constitute virtual care using communication technologies, they primarily operate in silos with limited coordination and integration of their services. In particular, the Auditor noted that the potential exists for coordinating and integrating services between OTN and Telehealth Ontario; and that virtual care can be better integrated with primary-care services.

The Committee heard that the transfer of OTN into Ontario Health provided for the enhanced development and integration of a digital-first approach for health in Ontario that has served the province well during the pandemic. It supported and contributed to the rapid scale-up of virtual care across the healthcare system.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

7. **To offer convenient virtual care access to Ontarians with a more integrated virtual healthcare system, the Ministry of Health should collaborate with OTN within Ontario Health, and Telehealth Ontario, to assess the feasibility of integrating services.**

- 8. To improve patient access to virtual primary-care services, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with primary-care physicians and stakeholders to identify and implement solutions that enable all Ontarians to receive virtual primary-care services when requested by patients and deemed clinically appropriate by primary-care physicians.**

### **Evaluation of Financial Benefits and Trade-offs Needed**

The Auditor found that although OTN and the Ministry have taken steps to begin measuring the impact of virtual care on the healthcare system, they still do not have reliable and effective measures to assess the cost-efficiency and effectiveness of virtual care.

In particular:

- OTN has begun estimating the cost-efficiency of virtual care, but calculation methods need to be refined.
- The Ministry has limited insight into patient response or action after receiving advice from Telehealth Ontario services.
- Limited measures are in place to assess the effectiveness of virtual-care services.

The Committee asked the Ministry what progress has been made in evaluating the feasibility of allowing physicians to bill for virtual care services provided through multiple technologies outside OTN, while at the same time protecting data security and privacy and enabling the Ministry to monitor the reasonableness of billings.

The Ministry explained that it has introduced a virtual visits verification process that enables healthcare providers to use their technology platform of choice while ensuring that the platform meets functional, privacy, and security standards. The Ministry is measuring virtual care utilization and assessing the results through its “digital health scorecard.” These results will be used in considering the level of future investment in virtual care and digital health more broadly.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 9. To effectively estimate the financial savings resulting from virtual care, OTN within Ontario Health, in collaboration with the Ministry of Health, should**
  - a) revisit its cost-saving metrics to ensure realistic assumptions are used in calculating the savings (such as savings from patient travel costs); and**

- b) incorporate patients' Northern Health Travel Grant applications after receiving virtual care into its calculation methodology for savings.
10. To effectively evaluate the impact of Telehealth Ontario services on patients and the healthcare system, the Ministry of Health should
- a) develop performance metrics to measure patient responses after receiving advice provided by Telehealth Ontario; and
  - b) continuously assess the effectiveness of Telehealth Ontario services on an annual basis using follow-up surveys of patients.
11. To adequately evaluate the effectiveness of virtual-care services, OTN within Ontario Health, in collaboration with the Ministry of Health, should work with experts in the area of patient health outcomes and virtual care to identify and implement metrics that other jurisdictions and/or private virtual-care providers have found successful in measuring and evaluating patient and healthcare system outcomes.

### **Accelerated Expansion of Virtual Care Created Risks**

The Auditor found that the COVID-19 pandemic accelerated the expansion of virtual care, but also created risks for data security, patient privacy, and physician billing.

In particular:

- The Ministry has made temporary changes to expand the availability of virtual care.
- The Ministry's temporary removal of barriers to virtual care has created risks to data privacy and security.
- Telehealth Ontario experienced technical issues and long wait times despite expanded capacity and resources.

The Committee asked about the increased call volume to Telehealth Ontario during the COVID-19 pandemic, and the role of the private vendor supporting Telehealth. The Ministry explained that to manage the increased volume of calls during the pandemic, they provided 330 additional registered nurses, more than 100 additional intake agents, and over 3,750 additional telephone lines in order to conduct symptom assessments and referrals and decrease the wait time for callers. Around 600 telephone lines were kept in reserve for handling big surges in call volumes depending on the time of day. The Ministry also continued to monitor daily call volumes and call-back times to identify if any additional actions were needed. The private vendor supporting Telehealth Ontario also hired its own customer service staff to support the program.

**Committee Recommendation**

The Standing Committee on Public Accounts recommends that:

- 12. To evaluate the impacts of the COVID-19 pandemic on virtual care availability and usage in Ontario and apply lessons learned for decision-making going forward, the Ministry of Health, in collaboration with OTN within Ontario Health, should**
  - a) conduct a comprehensive analysis of virtual-care usage and costs across the province during the pandemic and decide whether the temporary changes (such as new billing codes) should be made permanent;**
  - b) engage healthcare providers to obtain feedback on their experience of offering virtual care during the pandemic;**
  - c) collect feedback from patients across the province on their experience of using virtual care during the pandemic to gather and incorporate patient views into future decisions related to providing and funding virtual care tools; and**
  - d) develop performance metrics for measuring the experience of both healthcare providers and patients with virtual care during the pandemic and identifying areas for improvements going forward in both pandemic and non-pandemic contexts.**
  
- 13. To evaluate the impacts of the COVID-19 pandemic on calls to Telehealth Ontario and apply lessons learned to decision-making going forward, the Ministry of Health should**
  - a) continue analyzing Telehealth Ontario call volumes and wait times to ensure that adequate capacity and resources will be available if Ontario faces subsequent waves of COVID-19; and**
  - b) explore options or solutions (such as creating a separate phone number for calls related to COVID-19) that help distinguish the nature of calls and reduce wait times for non-COVID-19 calls going forward in response to potential subsequent waves of COVID-19.**

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## **CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS**

The Standing Committee on Public Accounts recommends that:

- 1. To achieve the virtual-care objectives in its Digital First for Health Strategy, the Ministry of Health should**
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  - b) revisit its Digital First for Health Strategy in light of the COVID-19 pandemic and lessons learned;**
  - c) identify annual and long-term targets for virtual care availability and use; and**
  - d) measure and report publicly on its results against these targets.**
- 2. To provide Ontarians with convenient virtual care options, the Ministry of Health, in collaboration with OTN within Ontario Health, should review its policies and structures around physician delivery of, and billing for, virtual care to identify ways of expanding the availability of virtual-care options in Ontario as appropriate.**
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  - b) study virtual-care delivery models and practices in other jurisdictions to determine whether to revise the role of OTN.**
- 4. To provide Ontarians with more options to access care virtually in a convenient way, the Ministry of Health, in collaboration with OTN within Ontario Health should**
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  - b) **conduct reviews when unreasonable or unusual trends are noted;**
  - c) **collaborate with the College of Physicians and Surgeons of Ontario to evaluate the quality of virtual care being provided by physicians with an unreasonable number of virtual-care visits;**
  - d) **develop criteria for following up on cases of inappropriate billing and taking disciplinary actions to deter and prevent recurrences; and**
  - e) **evaluate the effectiveness of the above actions taken in preventing, detecting, and reducing inappropriate virtual-care billings.**
6. **To make informed decisions on virtual care, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with stakeholders (such as the College of Physicians and Surgeons of Ontario and the Ontario Medical Association) to collect information on the availability of virtual care provided outside of OTN and the usage of such services across the province.**
7. **To offer convenient virtual care access to Ontarians with a more integrated virtual healthcare system, the Ministry of Health should collaborate with OTN within Ontario Health, and Telehealth Ontario, to assess the feasibility of integrating services.**
8. **To improve patient access to virtual primary-care services, the Ministry of Health, in collaboration with OTN within Ontario Health, should work with primary-care physicians and stakeholders to identify and implement solutions that enable all Ontarians to receive virtual primary-care services when requested by patients and deemed clinically appropriate by primary-care physicians.**
9. **To effectively estimate the financial savings resulting from virtual care, OTN within Ontario Health, in collaboration with the Ministry of Health, should**
  - a) **revisit its cost-saving metrics to ensure realistic assumptions are used in calculating the savings (such as savings from patient travel costs); and**
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    - a) conduct a comprehensive analysis of virtual-care usage and costs across the province during the pandemic and decide whether the temporary changes (such as new billing codes) should be made permanent;
    - b) engage healthcare providers to obtain feedback on their experience of offering virtual care during the pandemic;
    - c) collect feedback from patients across the province on their experience of using virtual care during the pandemic to gather and incorporate patient views into future decisions related to providing and funding virtual care tools; and
    - d) develop performance metrics for measuring the experience of both healthcare providers and patients with virtual care during the pandemic and identifying areas for improvements going forward in both pandemic and non-pandemic contexts.
  13. To evaluate the impacts of the COVID-19 pandemic on calls to Telehealth Ontario and apply lessons learned to decision-making going forward, the Ministry of Health should
    - a) continue analyzing Telehealth Ontario call volumes and wait times to ensure that adequate capacity and resources will be available if Ontario faces subsequent waves of COVID-19; and
    - b) explore options or solutions (such as creating a separate phone number for calls related to COVID-19) that help distinguish the nature of calls and reduce wait times for non-COVID-19 calls going forward in response to potential subsequent waves of COVID-19.