January 11, 2022

Competition Bureau
Place du Portage Phase I
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RE: Submission on Competition Bureau's Market Study on Digital Health Care

Overview

The Ontario Chamber of Commerce (OCC) appreciates the opportunity to provide the Competition Bureau with feedback on its market study on digital health care. This submission includes two sections: general feedback and responses to questions in the Bureau's notice of study. It has been informed by the Chamber's Health Policy Council.

General Feedback

Defining Virtual Care and Digital Health

The Bureau's notice of study does not provide stakeholders with definitions of digital health or virtual care.[1] **Without a definition of these two key terms, it is difficult to determine whether the Bureau is referring to consumer or clinician platforms – or both.**

Benefits for Health Care Providers

In December 2020, the Chamber released a report entitled, *Realizing the Full Potential of Virtual Care in Ontario*, which explains how virtual care is not only beneficial for patients but also health care providers. As an example, the report examines the University Health Network's eKidneyCare App designed for patients with kidney disease. The app allows patients to self-manage their condition by recording their blood pressure, tracking symptoms, managing medication use, and sending lab results to their nephrologist and primary care provider. This example illustrates the benefits of giving health care providers access to tools and data that enable the personalization of patient care and clinical advice. **Accordingly, policymakers should continue to acknowledge how virtual care and digital health solutions can benefit health care providers and patient health outcomes.**

Benefits for Patients with Chronic Conditions

As the Chamber's report explains, chronic disease management, mental health, and post-surgery follow-up are just some of the conditions that may be suitable for a virtual interaction.

As one example, chronic disease patients rely on the health care system twice as frequently as those without a chronic condition. Virtual care and remote patient monitoring systems have allowed chronic disease patients to take a more immediate role in managing their health, which has proven to be invaluable during COVID-19. Since technology brings care closer to the patient, the added convenience associated with virtual care can

[1] Digital health refers to the digital health tools and services used to deliver care virtually. Virtual care refers to the virtual delivery of health care services via video, telephone, and secure messaging.

improve health outcomes for disease patients and, in the long-run, alleviate the pressures facing capacity-constrained health systems.

Benefits to the Health Care System

Digital health can play an important role in reducing some of the backlog in patient services emerging during the pandemic. As the Chamber outlined in a recent letter, patients who have deferred or delayed appointments over the last 20-months could see more advanced conditions when they are finally diagnosed. Virtual care has allowed patients to continue accessing care – safely and remotely.

The pandemic has raised awareness of the so-called "cost of contact" – or how physical contact with the health care system can expose patients and physicians to risks. Technology is allowing patients to continue accessing timely care, thereby preventing minor health issues from becoming more serious ones, mitigating costly future interventions, and reducing the strain on the health care system.

Theme 1: Data and Information

- **Are there barriers (regulatory or non-regulatory) that are preventing the access, use and sharing of digital health data and information? How have these barriers impacted the competitive landscape for digital health care?**

Interoperable Health Data Infrastructure

Data interoperability refers to the sharing of data by different technologies used in patient care, ensuring that the right information is available to the right provider at the right time. **The Government of Ontario should continue to invest in and create interoperable health data infrastructure to allow health systems to exchange and access electronic health information more easily, as well as accelerate patient access to their own data.**

Beyond this, there is a need to ensure that virtual services are accounted for in a national framework on data interoperability. Currently, virtual care solutions cannot access centralized data repositories, resulting in further disconnected and siloed data. Improved interoperability could allow for the sharing of information with virtual care providers and improve continuity of care. The absence of a national framework leads to a patchwork of approaches for vendors across Canada. The CMA's submission summarizes the key elements of a Pan-Canadian Framework for Patient-Centric Health Information Architecture.

Privacy

The patchwork of provincial and federal requirements as it relates to privacy further hinders business competitiveness. Private sector companies who have digital health products and/or services available in different provinces/territories must accommodate different privacy requirements across jurisdictions. The resulting complexity and investment could disincentivize the private sector. **Policymakers should consider the burden this patchwork of privacy requirements has on industry, including the regulatory and cost burdens associated with accommodating different privacy requirements across Canada. Commercial privacy rules should be national in scope, and health-related privacy frameworks should be reasonably consistent across the country.**

- **What changes can be made to reduce barriers to the access, use and sharing of digital health data and information? How can this encourage more competition and innovation in digital health care?**

Electronic Medical Records (EMRs)

Currently, Electronic Medical Records (EMRs) are not integrated with central provincial data repositories from the perspective of technology or infrastructure and standards. Interoperability of technology/infrastructure and the harmonization of standards are needed to facilitate data sharing.

Further, the sharing of data with third parties (i.e., not health care providers, such as researchers) is typically managed through Data Sharing Agreements (DSAs) and research ethics boards. Since DSAs are not standardized documents, each contract must be applied and amended individually, which is expensive and time consuming. **More standardization would help unlock the value of that data for research and commercial services.**

Lastly, while more than half of Ontario optometrists use EMRs in their practice, optometry EMRs do not connect to any of the provincial databases. This makes it difficult for eye doctors to access lab work and imaging (i.e., MRI, x-rays, etc.) that is accessible to physicians. It also makes it difficult for optometrists to predict whether eye drops that are prescribed to a patient could interact with other medication(s). Access to lab results could help optometrists manage patients with diabetes who develop retinopathy. Access to imaging tests could also help optometrists in the diagnosis and management of neurological conditions that affect vision. **By addressing these gaps, optometrists could have access to a patient's health history, thereby preventing adverse reactions, improving patient outcomes, and reducing unnecessary hospital visits.**

Theme 2: Products and Services

- **How do procurement and commercialization processes impact the ability for businesses to innovate and compete in the market for digital health care products and services? How can more innovation and competition be encouraged?**

Various challenges emerge for the private sector when it comes to public sector procurement:

- **Challenges navigating public sector procurement opportunities.** Every year, Ontario spends around $29 billion on goods and services. The Vendor of Records (VORs) allows the private sector to sell their goods and services to the Ontario government or Ontario Public Service. However, the VOR does not reflect the speed as which the private sector is innovating. This hinders the ability of the private sector to fully participate in public sector procurement opportunities.

- **The time and cost associated with pursing public sector procurement opportunities can be a barrier.** Large public sector procurements in Ontario can take over a year and range from small and simple to highly complex applications. Organizations need to invest significant funds to participate in the process. Companies that pursue public sector procurement opportunities do so with no assurance of commercial gains – an opportunity cost that smaller firms cannot afford. The provincial and federal governments should consider whether certain parts of the processes can be streamlined to allow for organizations of all sizes to participate.

- **Focus on lowest cost over value-based procurement.** Where a procurement path exists for industry at the provincial or federal level, there is a tendency to procure goods and services based on the lowest cost and without consideration of the potential value a more expensive solution could immediately provide patients in terms of health outcomes – or the health care system in the long-run. Further, improved outcomes in one ministry could also lead to improved outcomes in another ministry. The tendency to consider cost over outcomes erodes opportunities to advance and adopt digital health care solutions. A more nuanced and strategic approach to public sector procurement is needed whereby the comparative value provided by different solutions, products, or services, as well as government costs and patient outcomes, are taken into consideration. Potential future savings should be considered in any procurement process as part of the evaluation framework. A value-based governance framework for innovation and procurement could address this issue.

- **With respect to the Accessibility for Ontarians with Disabilities Act (AODA), the Government of Ontario should assemble an expert committee, including industry representatives developing digital health solutions, to assess the potential impact(s) of the committee's suggested revisions.** When compared with other jurisdictions, AODA standards are some of the most comprehensive. International firms may assume accessibility standards in Ontario mirror those in the UK or United States, but instead discover a rigorous threshold to market entry is in place. As a result, firms must invest additional resources to ensure their product/service is AODA compliant for public sector procurement requirements. The Government of Ontario should increase awareness of AODA requirements and help firms comply with this standard so businesses can build this into their business plans, rather than trying to subsequently meet these requirements.

- **Predilection of pilots, proof-of-concepts, and/or limited roll-outs without implementation plans.** The tendency to pilot an innovation without a corresponding implementation plan and committed or long-term funding stalls the widespread adoption of certain innovations. This can also deter industry from investing in research and development in Ontario or Canada.

Theme 3: Health Care Providers

- **Are there barriers (regulatory or non-regulatory) that are restricting the ability of health care providers to deliver digital health care to patients? How have these barriers impacted the competitive landscape for digital health care?**

Broadband Infrastructure

Virtual care has the potential to address a longstanding issue for patients in rural and remote communities, namely physician shortages and challenges accessing specialists. However, the lack of telecommunications infrastructure and broadband connectivity in some parts of Ontario limits access to, and affects the quality of, health care for Ontarians. Accordingly, the Chamber's report urged the Government of Ontario to **recognize broadband infrastructure and cellular service as critical to ensuring equity in the delivery of health care and virtual care in Ontario.**

Further, some communities have telemedicine access locations for those who lack access to technology. This includes library sites and buildings with high concentrations of seniors. In addition, there is a large network of telemedicine studios in hospitals, clinics, and community agencies across Ontario that can be accessed by patients. These locations should be maintained to sustain equitable access to care. Prioritizing programs and services for remote, rural, and Indigenous communities would improve patient outcomes and increase access to care while eliminating travel requirements.

Digital Health Literacy

Digital health literacy[2] is a joint area of responsibility that requires collaboration, coordination, and alignment between the federal government and provinces/territories. According to one survey, most respondents did not know how to find virtual care services.[3] Left unaddressed, the lack of digital health literacy among some Canadians could serve as a barrier to accessing health care virtually. **Policymakers are encouraged to consider the importance of digital health literacy in all health system planning.** The Chamber's report recommended the Government of Ontario develop and measure digital health literacy in collaboration with the Government of Canada and national stakeholders by:

- Working with virtual care providers, health care professionals, and relevant stakeholders to develop indicators to measure digital health literacy among Canadians;
- Developing a campaign that fills knowledge gaps by providing targeted messaging for certain demographics (i.e., seniors and caregivers) and basic information for the general population; and
- Creating tools/resources that patients and caregivers can use to enhance their digital health literacy.

- **How do billing codes and compensation mechanisms for health care providers impact the delivery of digital health care? What steps can be taken to facilitate digital health care delivery?**

In the Chamber's report, the OCC outlined how the onset of COVID-19, coupled with the creation of temporary billing codes in Ontario in mid-March 2020, accelerated the adoption of virtual care. While these codes were welcomed by patients and physicians, they were a stopgap measure and have several limitations. General practitioners can only choose from three temporary billing codes that compensate physicians for short visits and assessments with patients. As a result, more complex services and interactions delivered virtually can only be billed using a temporary billing code that does not adequately compensate physicians.

Although these temporary billing codes were extended to September 30, 2022, the Chamber urged the Government of Ontario to **modify the existing fee code system to allow for the permanent delivery of virtual care, as well as expand insurable services to include secure messaging.** Medical services that can be appropriately delivered through virtual means (i.e., some prescription renewals, discussion of test results, etc.) should be covered rather than requiring an in-person medical appointment. Reimbursement should also include asynchronous means of communication like email or text messaging.

Recognizing these recommendations require additional investments, the Chamber encouraged the federal government to enhance the Canada Health Transfer payment to Ontario. The OCC acknowledges the federal government's one-time payment of $7 billion to the provinces/territories in March 2021. However, federal health transfer payments have not kept pace with the growth in health care spending and the projected demand for health care services associated with an aging population.

[2] Digital health literacy refers to the ability to seek, find, understand, and appraise health information from electronic sources, and apply that knowledge to address or solve a health problem.
[3] A survey conducted by Lumino Health between May 8 and 11, 2020 with 1,001 Canadian adults found 55 percent of respondents did not know how to find virtual care services.

Supports for Physicians

As Medtech Canada notes its submission to the Bureau, clinician comfort with technology can impede technology adoption. Health care providers need training and education on how best to incorporate digital services into their practice. **Accordingly, Canadian medical and nursing schools might consider developing courses in virtual and digital care to ensure prospective health care practitioners have the skills needed to integrate new technologies into their workflow.**

The Chamber encourages the Government of Ontario to **work with relevant stakeholders to ensure health care providers, including physicians, are equipped with the supports (i.e., educational materials, tools, etc.) and knowledge needed to use and integrate virtual care solutions into their practice.** For instance, OntarioMD has webinars and a comprehensive website dedicated to virtual care, while the Ontario Telemedicine Network has an online training centre. These types of resources should be identified and widely distributed. Doing so would also address the fourth goal in the quadruple aim framework: improving the work life of health care workers.

There is also a need for policymakers to **develop a framework to help health care stakeholders in the public and private sectors determine which patients, health care interactions, and modalities are best suited to a virtual consultation.**

- **How do rules regarding medical licencing impact the ability of health care providers to deliver digital health care? What steps can be taken to further enable the delivery of digital health care?**

Pan-Canadian Licensure

As the CMA outlines in its submission to the Bureau, the patient-physician relationship is affected if one party moves to another province/territory. The patient may have to join a long waiting list and find another physician in their new province/territory, which impacts continuity of care.

While virtual care could allow the patient in this scenario to continue accessing care from their home province, the current provincial/territorial regulatory-licensure framework serves as a barrier. Accordingly, the Chamber has encouraged the provincial and federal government to **pursue a national licensure strategy for physicians and other healthcare professionals (e.g., nurses and paramedics).** This could reduce inter-provincial barriers to labour mobility, help address regional labour shortages, improve access to care, and provide much-needed relief to overburdened physicians in Ontario.

Conclusion

The OCC looks forward to reviewing the findings from the Bureau's consultation. Together with our Health Policy Council, we remain committed to engaging policymakers as the federal and provincial governments considers how to strengthen virtual care and digital health – for the benefit of patients, clinicians, and our health care system.

CC: The Hon. Christine Elliott, Minister of Health
The Hon. Raymond Cho, Minister for Seniors and Accessibility
The Hon. Victor Fedeli, Minister of Economic Development, Job Creation and Trade