Canada Health Infoway

Canada's Change Management Strategy for Improving Patient and Clinician Digital Health Literacy"

IARIA

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Shelagh Maloney, EVP Engagement & Marketing
Canada Health Infoway
smaloney@infoway-inforoute.ca

About the presenter…

Shelagh Maloney is responsible for managing key stakeholder relationships at Infoway, including those with patients, clinicians and the broader health sector. She also leads Infoway's performance analytics and change management programs and is responsible for coordinating and executing communication and marketing efforts in support of Infoway products and services.

Prior to joining Infoway, she held a number of executive positions in the public and private sectors where she honed her relationship management and business development skills.

Shelagh currently chairs the Consumer and Clinical Engagement Workstream for the Global Digital Health Partnership. She is on the board of Vision Loss Rehab Canada and has held numerous board positions at the international, national and local levels, including Vice Chair of SNOMED International, Board Director, Mississauga Halton Local Health Integration Network (LHIN) and Board Chair, Digital Health Canada. Shelagh holds a B.Sc. in Applied Health Sciences from the University of Waterloo and is a Certified Professional in Health Information & Management Systems (CPHIMS-CA).

In 2017, Shelagh received the inaugural Women Leaders in Digital Health Award. This award was created to celebrate the top 10 female visionaries who are harnessing the power of IT to transform health and health care in Canada.

This is Infoway

- We're an independent organization

- We're not-for-profit

- We're funded by the federal government

Canada Health Infoway

Infoway's mandates to date

Building the Infrastructure — Foundational infrastructure for digital health: investments in six core components of an electronic health record (EHR)

Providing Digital Tools for Clinicians — Electronic medical records (EMRs), telehealth, public health surveillance solutions, PrescribeIT®

Driving Access for Canadians — Consumer-facing solutions to empower patients and increase access to care

2001   2003   2004   2007   2010   2012   2016   2017   2018   2019   2022

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Program Overview

Canada Health Infoway's Virtual Care Workplan

Infoway was funded by Health Canada to support virtual care. Through a collaborative approach, Infoway will focus on the following priorities to 2022 to support jurisdictional partners in accelerating their local deployment or scaling of solutions:

Project Investments

A strategic investment program that will provide up to $2M to each PT, aligned to bilateral agreements

Interoperability, Architecture and Standards

Improve patient safety, and care coordination in two priority areas:

- cross-solution sharing of patient summaries
- cross-solution secure messaging

Change Management

In collaboration with key stakeholders accelerate:

- virtual care clinician change management
- digital health literacy for patients, families and caregivers

Procurement Support

Manage a vendor pre-qualification process-for interested PTs to support with procurement efforts in key areas

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Goals, Objectives and Outcomes

Clinician Virtual Care Change Management

- **Goal:** Help transform care so that more people can benefit from equitable, safe, and high-quality virtual care, with a particular focus on primary care.

- **Objective:** Provide a set of materials and tools to support clinicians and their staff with effective adoption and use of virtual care solutions.

- **Desired Outcomes:**
  - Participating sites and organizations adapt and implement virtual care change management tools and resources.
  - Patients, families, and caregivers and providers are better able to navigate and use virtual care when and where it is most appropriate.
  - Healthcare system capacity to provide safe and appropriate virtual care improves, to meet the needs of patients, families and caregivers, and providers.

Patient Digital Health Literacy Program

- **Goal:** By March 2022, improved digital health literacy for patients, families and caregivers.

- **Objective:** Provide a set of materials and tools to provide a baseline of digital health literacy for patients, family, caregivers and Canadians, specifically in virtual care.

- **Desired Outcomes:**
  - A better-educated population;
  - Patient, families and caregivers are equipped to access the same degree of care during the national shift to predominately virtual care;
  - Increased healthcare system satisfaction and efficiency; and
  - Stronger collaboration between patient, families and caregivers and clinicians

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Collaboration, Engagement & Governance

GOVERNANCE
Infoway and Healthcare Excellence Canada (HEC) co-led this initiative* and were co-chairs of the program Advisory Committee

COLLABORATION
Co-design/collaborate with patients, clinicians, and other stakeholders

ENGAGEMENT
Many groups/associations, provinces/territories and others were regularly engaged on the program
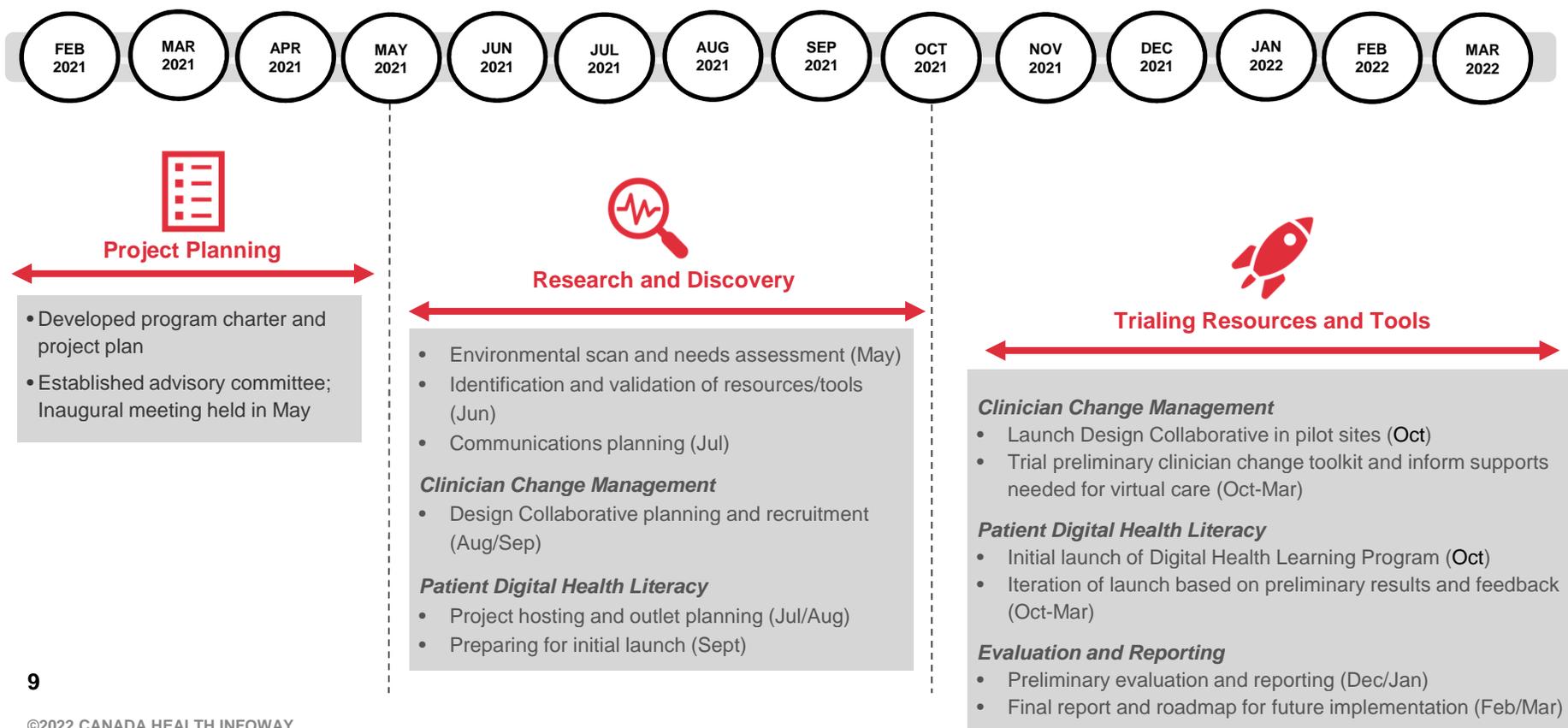
ADVISORY COMMITTEE
Members were represented from across the country and brought a breadth of experience and perspectives in various focus areas including Indigenous care, primary care, mental health and substance use.

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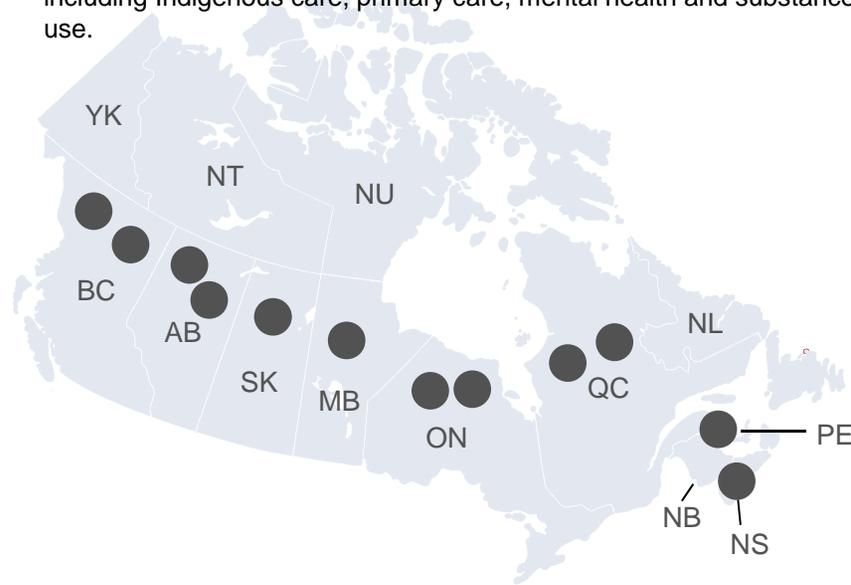
*Infoway and HEC collaboration focused on the Clinician Change Management Program

Key Program Activities

FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022

Project Planning

- Developed program charter and project plan
- Established advisory committee; Inaugural meeting held in May

Research and Discovery

- Environmental scan and needs assessment (May)
- Identification and validation of resources/tools (Jun)
- Communications planning (Jul)

Clinician Change Management
- Design Collaborative planning and recruitment (Aug/Sep)

Patient Digital Health Literacy
- Project hosting and outlet planning (Jul/Aug)
- Preparing for initial launch (Sept)

Trialing Resources and Tools

Clinician Change Management
- Launch Design Collaborative in pilot sites (Oct)
- Trial preliminary clinician change toolkit and inform supports needed for virtual care (Oct-Mar)

Patient Digital Health Literacy
- Initial launch of Digital Health Learning Program (Oct)
- Iteration of launch based on preliminary results and feedback (Oct-Mar)

Evaluation and Reporting
- Preliminary evaluation and reporting (Dec/Jan)
- Final report and roadmap for future implementation (Feb/Mar)

Research and Engagement Summary

200+ stakeholders engaged *through interviews, focus groups and meetings*

130+ Community engagements
with different vulnerable and marginalized community members and/or organizations, minority populations, and mature adults and senior members and/or organizations

Survey to 220+ clinicians/support staff and 1200+ Canadians
including representation from all Canadian provinces/territories and a wide mix of demographics

YK NT NU BC AB SK MB ON QC NL PE NB NS

Key Activities

Advisory Committee established
with patient, clinician and Indigenous representation across the country.

Environmental scan and needs assessment
300+ *resources identified and analyzed across Canada and Internationally (US, Australia, Europe, Asia).*

Stakeholder engagements
with a broad range of national and regional organizations, including ministries of health, health regions/ authorities, professional associations, non-profits, academic associations, patient advisors, research organizations and PCHOs. Examples include Canadian Medical Association, Imagine Citizens, College of Family Physicians of Canada, Association of Faculties of Medicine of Canada.

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Digital Health
Learning Program

Program Foundations: Best Practices

Infoway followed a series of best practices that guided the approach to development. These best practices helped to ensure the stakeholders most impacted by this work could guide and CONTRIBUTE TO the development and execution of this program.

Leverage a Range of Research Methods

Various research methods were used (e.g., focus groups, interviews, surveys) to generate both a breadth and depth of insights. Research was conducted on both a national and international scale to incorporate a range of perspectives.

Maintain an Iterative Approach to Facilitate Program Co-Creation

Continuous touchpoints with Canadian citizens – both those who are involved in the healthcare industry (i.e., patients) and those who are unfamiliar with it (i.e., general population) – helped to support a co-creation approach and ensure the needs of both groupings were recognized.

Include a Diverse Range of Tactics in the Go-To-Market Strategy

To maintain an equitable approach to dissemination, a successful launch had to consider a wide range of both digital and traditional awareness and engagement tactics to reach Canadians authentically.

Plan for flexibility and enable change

An agile approach was leveraged that allowed the team to react quickly (e.g., make content modifications, update the program website, optimize the media plan) and provide content was as relevant and accessible to Canadians as possible.

Use Approachable Language and Visual Content

User experience was prioritized by using simple language, leveraging visuals where possible and keeping relevant information within one consistent experience.

Balance both Regional and National Information

A range of content that was developed that would have national appeal as well as regional (i.e. localized versus national)

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Program Foundations: Informed by Diverse Populations

A key measurement of program success was ensuring the approach was informed in a way that championed equity. One of the strategies leveraged to achieve this was determining **3 priority segments** and ensuring representatives from a wide range of socio-demographic backgrounds were involved in the co-design of the program, as well as prioritized audiences in the dissemination of the program.

Segment #1:
Vulnerable Populations

People who belong to a vulnerable population, including but not limited to:
* Indigenous Communities (4.9% of Canadians)
* Person with Chronic Illness/Medical Condition (37.8% of Canadians)
* Caregivers
* Person with a Disability (22% of Canadians)
* Low-Income Person (13% of Canadians)
* Person living in Rural Communities (18.7% of Canadians)

Segment #2:
Mature Adults and Seniors

People who are over the age of 45 (18% of Canadians)

Segment #3:
Visible Minorities

People who identify as a visible minority in Canada (22% of Canadians)
* Non-White Persons
* Immigrants to Canada
* English as a Second Language

Additional segments were also considered with the goal of creating an equitable program.

Geographies

Urban Residents
Canadians who live in urban geographies

Provincial/Territorial Residents
Canadians who live in specific provinces/territories (e.g., British Columbian)

Demographics

Youth
Canadians under the age of 17

Young Adult
Canadians aged 18 to 24

Adult
Canadians aged 25 to 44

As well as a wide range of:
* **Income Levels**
* **Education Levels**
* **Cultural Background**

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A Five-Step Approach was Used to Launch the Program

A five-step approach was developed to thoughtfully and collaboratively plan, develop and execute a digital health learning program. The approach prioritized frequent stakeholder input and cocreation with patients, health authorities and community organizations[1].

1 **Focus Group and Stakeholder Outreach**
February - March 2021

2 **Research and Understanding**
March – May 2021

3 **Design and Validation**
May – June 2021

4 **Content Development**
June – August 2021

5 **Program Launch**
August 2021 – March 2022

DISCOVERY

DEFINITION AND BUILDING

DEPLOYMENT

The first two steps of the approach focused on **discovery.** This phase of this **PROGRAM** was designed to understand the existing digital health gaps for Canadians, identify the areas where the program could deliver to make the most impact and document locally and globally available sources of digital health information.

The third and fourth steps of the approach shifted into **defining the content that should be included in the program and building the content.** This phase of the project was to validate that the research done in the prior phase resonated with Canadians and that the content developed would be meaningful to Canadians.

The fifth and final step of the approach was focused on **deployment of the program.** In this phase of the project content was launched and distributed to Canadians through digital and physical channels and supported by a national educational campaign.

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Digital Health Learning Program Topics

The topics identified through research and stakeholder engagement (interviews, focus groups, national survey, etc.) with patients, families, caregivers, Canadians, and jurisdictions serve as the foundation of the Digital Health Learning Program. Current resources within each topic area (Virtual Care, Health Data, and Proactive Health Management), can be found at the following link: Infoway.ca/DigitalHealthLearning

Digital Health Learning Program

Virtual Care

- Basics of Virtual Care
- Benefits and Considerations of Engaging with a Clinician Virtually
- Virtual Health Services in My Province/Territory
- Preparing for a Virtual Appointment

Health Data

- Health Data Access, Security and Privacy

Proactive Health

- Proactive Health Management
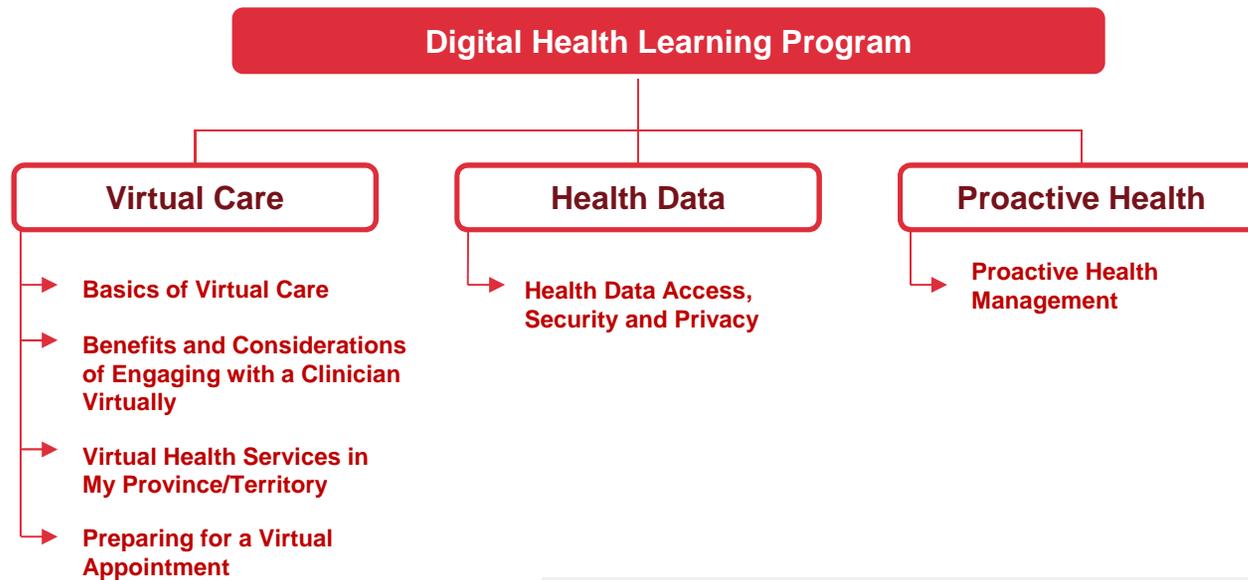
Digital Health Learning Program Toolkit

To support our partnered stakeholders, a toolkit has been developed to facilitate internal and external dissemination of the Digital Health Learning resources with their relevant communities and networks.

Digital Health Learning Program Content and Marketing Materials

Core Content

A total of 15 content pieces were developed for the Digital Health Learning Program in a variety of nationally validated formats such as articles, newsletters, infographics, FAQs, or checklists. Content is available in 8 languages (English, French, Arabic, Armenian, Chinese Simplified and Traditional, Punjabi and Tagalog).

www.infoway-inforoute.ca/DigitalHealthLearning

Marketing Materials

Below is a sampling of the marketing content used to drive awareness and engagement. Both digital (Instagram, YouTube, Google) and traditional (radio, newsprint, community outreach) channels were used.

Program Results

The program involved a wide range of stakeholders, was designed to be accessible to a wide range of Canadians and saw a high level of engagement across a wide variety of channels. Below is a summary of the key performance indicators tracked.

Stakeholder Involvement
The breadth of stakeholders who are involved in creating the program

1,581
Stakeholder Were Actively Engaged to Create and Validate the Program

1,581 stakeholders were involved to reflect the diversity of Canada and facilitate a co-creative process. A wide range of perspectives were incorporate to produce a program that would be relevant to a range of Canadians of different backgrounds.

Program Reach
The total number of Canadians who the program is reasonably available to

31M
Canadians Were Eligible to participate in program (addressable market)
100% of Canadian adult population

Through making content available online and offline, launching the program in 8 languages and distributing the content across a range of formats, the entire adult Canadian population has been identified as the audience that the program was reasonably available to.

Program Uptake
The total number of Canadians who engaged with the program

23M
Canadians Were Reached Through Marketing Tactics
74% of addressable market

Through a combination of digital and traditional tactics, the program was able to engage 23 million Canadians. Of those, over 316k actively engaged in the program experience.

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Clinician Change Management Project

Priority Areas Identified

Three priority topics were identified through research and stakeholder engagement and validated through interviews, focus groups and a national clinician and support staff survey. These areas were the focus of the Virtual Care Together Design Collaborative.

1	**Appropriate Use of Virtual Care**	Clinician and support staff need methods to determine when to use virtual care based on their capabilities as well as patients' needs/capabilities and their care requirements.
2	**Quality and Safe Virtual Care Interactions**	Clinicians and their support staff need support to enhance the quality and safety of virtual care communication skills (e.g., webside manner, virtual relationship building) and virtual care assessment skills (e.g., virtual diagnostic cues).
3	**Use and Optimization of Virtual Care Services**	Clinicians need ongoing support to troubleshoot and address common issues and challenges associated with virtual care, especially as they continue to adapt their workflows and technical setup (e.g., incorporating privacy, security, and informed consent).

Addressing Systemic Barriers: While not in scope for the toolkit, Infoway and Healthcare Excellence Canada recognize the critical importance of policy support to address health system challenges with virtual care. We plan to work with Health Canada and other partners to support activities in this area.

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"Virtual Care Together" Design Collaborative

Infoway partnered with HEC to launch a Design Collaborative on October 18 2021. Project deliverables were completed in March 2022.

Objective

- Trial the preliminary clinician change toolkit.

- Gather learnings and identify gaps for supports needed in virtual care.

- Provide tailored learning supports for teams (e.g., coaching, peer-to-peer networks, workshops) and build their capabilities to provide safe and equitable virtual care.

Initial Focus

- Primary care in community based settings.

Post Collaborative

- Determine the appropriate strategy for scaling use and longer-term rollout and develop roadmap.

- Iterate the toolkit based on learnings and feedback from the design collaborative.

- Continue to support the delivery of safe and equitable virtual care; improving experiences and outcomes for patients and providers.

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Design Collaborative Teams

25 Participating Teams
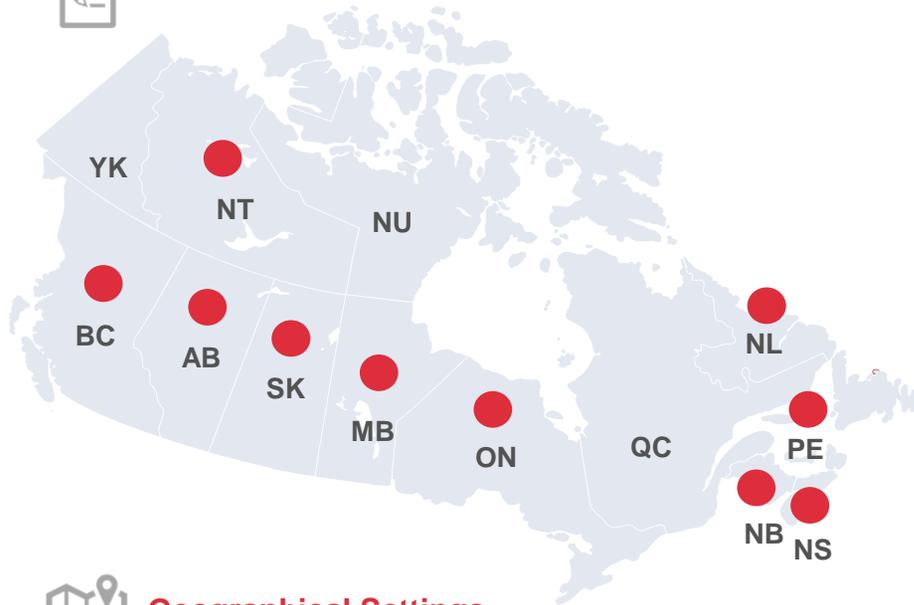
Geographical Settings
- Urban, Rural, Remote

Clinical Areas/ Services

Participating teams include physicians, nurses, social workers, psychologists, physiotherapists etc.

- Primary Care
- Chronic Disease Prevention/Management
- Rehabilitation Care (e.g. physiotherapy, occupational therapy)
- Emergency Care

- Cancer Care
- Mental Health and Addictions
- Specialty Care (e.g. prenatal, pediatric, geriatric, maternal care)

Populations
- General Canadian population including vulnerable populations, seniors, Indigenous communities, newcomers to Canada

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Design Collaborative Results

Through the project reports and surveys, teams **self-reported** that the Design Collaborative was an impactful and positive experience for patients and participants and led to improvements in:

	Evidence-based knowledge of virtual care	Improved knowledge of virtual care through sharing of best practices with other teams and experts, internal review and scoping of virtual care tools and practices, and learning opportunities provided (e.g., 1:1 coaching, webinars)
	Acceptability and use of virtual care	The availability of resources (for providers and their support staff and patients) that were leveraged helped attribute to an increased understanding of virtual care as well as comfort level with and ability to use the digital tools and solutions
	Access to care	Virtual care facilitated patients with attending appointments when in-person care was limited or not feasible. Teams were able to serve a wider geographical area, including rural and remote areas and reported they were able to increase the number of appointments offered to patients.
	Patient engagement	Teams that monitored patient satisfaction reported that patients were satisfied with care that was received virtually. Patients who participated in remote patient monitoring activities indicated they appreciated having access to equipment and the ability to monitor their own health at home

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Clinician Change Virtual Care Toolkit

The Clinician Change Virtual Care Toolkit was developed to support clinicians and their support staff with implementation and use of virtual care. Feedback from the Design Collaborative and other stakeholders, including clinicians, informed the final version of the toolkit.

Streamlined information from trusted sources

Information is focused on three priority areas: 1) appropriateness, 2) quality and safe virtual care interactions and 3) use and optimization of virtual care services

Virtual care evaluation guidelines

Guidelines and considerations that can be used to help evaluate virtual care in four key domains (patient experience, provider experience, appropriateness, and access)

Equity in virtual care strategies

Resources to support awareness and inform strategies for equitable access to virtual care

Virtual care resources and tools

Includes curated resources and tools that can be used by clinicians and support staff to help adopt or improve virtual care in their practice

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Thank you!

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