

Stroke Forum # 7

MEETING SUMMARY NOTES

DATE: JULY 20, 2020, 10:00-11:00 PM

GROUPS REPRESENTED: Over 100 participants joined the call with representation from CorHealth Ontario, CorHealth Stroke Leadership Council, Regional Stroke Medical Directors, Stroke Interventionalists, Regional and District Stroke Program Directors/Coordinators and Program Administrators at Stroke Centres, Rehabilitation Programs, Teletstroke, CitiCall Ontario, Paramedic Services, and Ministry of Health (Provincial Programs Branch, Digital Health and Emergency Health Services Regulatory Branch), and Heart and Stroke Foundation

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

HIGHLIGHTS

Virtual Care Supports: Heart and Stroke Foundation

- Natalie Gierman, at the Heart and Stroke Foundation (HSF) provided an overview of HSF's work throughout the pandemic.
 - In May a pan-Canadian survey was launched to better understand the impacts of COVID-19 and public health measures on people with lived experience (PWLE) and their caregivers:
 - Over 1000 survey respondents;
 - Survey results are currently being compiled for public release;
 - Emerging themes include experiences of isolation, difficulty adhering to self-management behaviours, and a mixture of positive/negative experiences with virtual care.
 - In June the updated Virtual Health (Teletstroke) Toolkit was released to support the uptake of virtual modalities in the delivery of stroke care across the continuum.
 - The toolkit identifies key components and action items that should be considered by health administrators/healthcare providers when delivering virtual care in the different care settings.

- An accompanying check list was developed to support patients to prepare for the virtual care visit. Providers are encouraged to send the checklist to patients in advance of the virtual care session.
- Future initiatives will focus on advocacy for equitable access to high quality virtual care across the continuum

Questions and Feedback

- Participant asked if HSF would be undertaking any evaluation initiatives on virtual care
 - Natalie shared that a task force has been mandated by the ministry to develop a framework for evaluating different virtual modalities. Dr. R. Sacha Bhatia, Director of the Institute for Health System Solutions and Virtual Care at Women's College Hospital, will be leading this work.

CorHealth Ontario Virtual Care Initiative

- Alex Iverson provided an overview of CorHealth Ontario's virtual care initiative and the anticipated deliverables/products
 - The work aims to develop products that will support the system to provide equitable access to appropriate virtual care for cardiac, stroke and vascular patients. The products have been grouped into three levels including:
 - A repository of virtual care resources that will expand on the repository currently housed on the CorHealth website and will include general information about virtual care (e.g. billing codes), as well as links to other key resources
 - A synthesis of CorHealth's virtual care stock take that will include a succinct and user-oriented summary of key findings which emerged from CorHealth's engagement efforts.
 - Clinical practice guidance for virtual care that will outline clinical practice considerations around the appropriate use of virtual care

Virtual Care Needs in the Stroke System: Results from Stakeholder Engagement

- CorHealth conducted 21 interviews with a diverse group of stroke system stakeholders to better understand the use of virtual care across the continuum as well as needs, priorities, gaps, and opportunities
- Kathryn Yearwood provided a summary of the key themes which emerged from the virtual care engagement process
 - Certain conditions and/or patient characteristic may inhibit or challenge the use of virtual care such as language barriers, sensory impairments and moderate to severe cognitive impairments.

Forum participants were asked to validate these findings

- Participant noted that although some patient characteristics may inhibit the use of virtual modalities for some aspects of care, there may still be opportunities to leverage virtual care for other aspects of care (i.e. “doesn’t have to be all or nothing”).
- Social determinants of health, cultural preferences, and mental health issues (e.g. anxiety) were noted by participants as other patient factors/characteristics that may influence the use of virtual care.
- Participant noted that opportunities exist to address language barriers and that this characteristic should not be considered an absolute contradiction to using virtual care.
- Participant noted that although patient characteristics should be taken into consideration when determining the appropriateness of virtual care, many of these characteristics are unknown until the first visit is completed. It may be realized during the virtual appointment that the patient is inappropriate, resulting in the need for re-work.
- High uptake of virtual care was noted in secondary prevention clinics across the province. Interviewees noted that virtual modalities work well with certain aspects of care such as reviewing diagnostics and test results with patients, but that other aspects of care may be more challenging to deliver virtually such as the neurological exam (see slide deck for full list of care components). It was noted that the appropriateness of virtual modalities for some aspects of care were unclear due to lack of consensus from interview respondents.

Forum participants were asked to validate these findings

- Participant agreed that a neurovascular exam cannot be done virtually (e.g. cannot auscultate head and neck vascular sounds); however, some aspects of the neurological exam can be done virtually such as the NIH Stroke Scale. *Participant noted that a virtual version of the NIH Stroke Scale has been developed and should be made available on the CorHealth website.*
 - Participant noted that the type of technology used may also influence the ability to complete a neurological exam virtually. For example, the telephone would not be an appropriate modality for supporting this aspect of care.
 - The availability of a caregiver and/or patient characteristics was also noted to be a factor influencing the appropriateness of using virtual care to perform a neurological exam.
- Participant noted that although a team or multidisciplinary approach to care may be more challenging to do virtually, there is room for innovation

- and creativity and that type of care should not be excluded from virtual care (e.g. coordination of schedules).
- Participant noted the additional administrative work required to set up virtual care appointments and the potential implication that this may have on sustainability.
 - Moderate uptake of virtual care by outpatient and home-based rehabilitation programs was noted across the province. Respondents noted that virtual modalities work well with certain aspects of rehabilitation care such lower extremity exercises, but that other aspects of care require an in-person visit (see slide deck for full list of care components). Lack of consensus was noted for some aspects of care.

Forum participants were asked to validate these findings

- Forum participant noted that a hybrid model is being used for ADP/equipment prescriptions in Thunder Bay. Certain patient characteristics and or needs may require an in person visit to enable physical adjustments etc, but that virtual delivery does work in some instances.
- Participant noted that clinical judgment is critical and that it is difficult to make any blanket statements.
- Participant noted that patients and providers therapeutic relationship will progress over the course of therapy and that although virtual care may be inappropriate to start, it may be appropriate later.
- Participant highlighted the need to engage with providers who have been using virtual care outside of the pandemic. Alberta was noted as a leading province in virtual care prior to the pandemic. Also comfort with using virtual care will increase over time, permitting enhanced use and ‘work-a-round’ strategies.
- Participant noted the need to further explore opportunities relating to the use of virtual care in the hyperacute/acute setting.
- CorHealth noted that further engagement will occur over the summer to better understand the appropriate use of virtual care in stroke.
- CorHealth noted that a questionnaire would be distributed to all forum participants for further feedback/validation.

Stroke Memo #5: Recommendations for an Approach to Resuming In Person Stroke Prevention Clinic Services in Ontario

- **Sandy Steinwender**, *Regional Prevention Coordinator, Southwestern Ontario Stroke Network*, provided an overview of the draft recommendations put forward by CorHealth Ontario to support an approach to ramping up in person stroke secondary prevention clinic services in Ontario. This document was developed

through the collaborative efforts of the Ontario Regional Stroke Network's Stroke Networks' Secondary Stroke Prevention Working Group, and CorHealth Ontario

- The document is divided into five major sections:
 1. Background and assumptions relevant to secondary prevention services
 2. Determining client prioritization for wait list management
 3. Continuing to leverage technology and considerations for a hybrid model of care.
 - List of clinical needs or interventions to consider requiring in-person visits.
 - List of interventions and clinical activities to consider delivering in a virtual capacity.
 4. Coordination and planning with Primary Care Services
 5. Additional considerations (e.g. human resource capacity, promoting physical distancing, etc.)
- Each section includes tips and considerations that reflect the experiences and strategies being used by different programs across the province.
- Forum participants are encouraged to send any feedback to Shelley.Sharp@corhealthontario.ca

Next Steps and Wrap Up

- Next meeting of the group will be held in late August (date TBD).
- If group members have any questions or comments, please email to Shelley.Sharp@corhealthontario.ca, and they will be included for discussion at future meeting