

August 16, 2018

Dear Colleagues,

I am pleased to advise that as of August 16, 2018, the Technology Incentive Stipend will be available to family doctors across Nova Scotia. This stipend was announced by Premier Stephen McNeil and Doctors Nova Scotia on March 19, 2018 to pilot the delivery of virtual care.

**This means that up to \$12,000 over a 12-month period is available to family doctors who use MyHealthNS and the telephone for providing non-face-to-face care and share test results with their patients electronically.**

The eligibility terms for this stipend were developed by a Working Group of family doctors from across Nova Scotia, which reports to the Clinical Practice Advisory Group (CPAG). The CPAG's mandate is to inform the development of best practices in the setup and use of the MyHealthNS solution as a tool in clinical care. A key consideration was that it should be easy for doctors to participate and meet the conditions for full funding while demonstrating meaningful use of virtual care technologies.

The stipend is now available (effective August 16, 2018) and is intended to bridge to the next Master Agreement. I am attaching details about the stipend terms and conditions and an enrollment form should you wish to get started right away. You are encouraged to confirm your participation by returning your completed form by email or fax to [MyHealthNS@novascotia.ca](mailto:MyHealthNS@novascotia.ca) or fax: (902) 424-0506 as soon as possible so that your 12 month funding can begin. We can also enrol part-time family doctors.

Doctors have been very clear that non-face-to-face care requires a funding model. This stipend is a key development in this regard and its evaluation will be very important to informing future policy in Nova Scotia.

Please feel free to reach out with any questions by emailing [MyHealthNS@novascotia.ca](mailto:MyHealthNS@novascotia.ca).

Sincerely yours,

Dr. Stewart Cameron  
Physician Advisor  
MyHealthNS Program

# Technology Incentive Stipend Enrollment Form



Physician's name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Physician's email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Civic address: \_\_\_\_\_

street address

city / town

postal code

Approximately how many patients do you have in your own practice?

- ☐ 1300 or more  
☐ less than 1300 (please specify \_\_\_\_\_ )

Approximately how many hours per week are you available to your own patients for in-person care?

- ☐ 38 hours/week or more  
☐ less than 38 hours/week (please specify \_\_\_\_\_ )

Are you a MyHealthNS registered provider?

- ☐ Yes  
☐ Not yet

**If yes**, do you and/or your administrative staff need a refresher on how to invite patients, auto-release test results and use the eMessage function?

- ☐ Yes  
☐ No thanks

.....  
**By agreeing to the following, you will be eligible to receive up to \$12,000**

☐

I have reviewed and agree to the Virtual Care Technology Incentive – Terms and Conditions (page 2 and 3 of this document).

\_\_\_\_\_  
Physician Signature (digital or ink)

\_\_\_\_\_  
Date (DD/MM/YY)

Please return your **completed form** to the MyHealthNS office  
**email: MyHealthNS@novascotia.ca or fax: (902) 424-0506**  
(feel free to contact us by email with any questions)

## **Virtual Care Technology Incentive – Terms and Conditions**

The Technology Incentive for Virtual Care is now available to family physicians (APP, AFP and FFS) who are currently providing full scope Family Medicine to their patients. Applicants may be full-time or part-time practitioners (see Appendix 1) and can receive up to \$12,000 over a one-year period.

Qualifying physicians will receive \$3,000 upon enrollment in the pilot (pro-rated to their FTE) to compensate them for participating in training, establishing changes in their office flow and placement of promotional materials in their clinic.

Participating physicians must:

1. Be a registered provider on MyHealthNS (stipend applicants not yet registered with MyHealthNS will be prioritized for onboarding).
2. Practice an “Open Acceptance” policy, for patients who request to connect on MyHealthNS (see Appendix 2 for details), using promotional materials (provided by the MyHealthNS program) to make patients aware that their practice is online.
3. Personally or through an agent<sup>1</sup>, accept and respond to patient eMessages received through MyHealthNS, aiming for a 2 business day response time, via the portal or by phone.
4. Release incoming results in MyHealthNS to patients under the Clinical Practice Advisory Group (CPAG) auto-release guideline (see Appendix 3).
5. Participate in efficiency monitoring activities to inform the evaluation of virtual care.

For each three-month period after acceptance into the pilot, the physician will receive \$3,000 (pro-rated by FTE) for their involvement, while the pilot lasts.

For Benefits Evaluation purposes, the MyHealthNS program will collect raw usage data from Relay Health monthly and will calculate measures of progress (see appendix 4). The program will email participating physicians monthly reports of their activity and progress towards the criteria including number of enrolled patients and number of invitations sent.

The pilot will inform the question: to what extent does virtual care (eMessage, eResults and phone) create efficiencies in the delivery of primary health care, and to what extent could these efficiencies translate into improved access to primary health care? Patient and physician satisfaction with virtual care will be assessed as well as barriers to adoption. The program evaluation tools will include online and mail-in surveys of patients and MDs, as well as the previously mentioned utilization data.

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<sup>1</sup> ‘Agent’ as defined in the Nova Scotia *Personal Health Information Act* (PHIA 2012, c.31) section 3(a).

## Appendix 1

A full-time family physician is defined by any of the following criteria:

- Has a roster of at least 1,300 active patients
- Ordinarily is in their clinical office, able to respond to eMessages five days per week
- Is designated 1.0 Clinical FTE by an AFP, APP or salary contract

A physician who is less than full-time will be pro-rated based on their partial achievement of one of the above.

## Appendix 2

### **Open Acceptance Policy**

Physicians participating in the pilot will be supported with promotional materials provided by the MyHealthNS program informing patients about how to enroll, how to use the MyHealthNS functions and about the high standard of privacy. Physicians agree to accept all patients who wish to enroll in MyHealthNS. Exceptions will be permitted based on the criteria determined by the Clinical Practice Advisory Group (CPAG). In evaluating the benefit of virtual care, the program will benchmark a minimum of 20 unique patient invitations per month being sent via MyHealthNS by each participating practice until the majority of their patient population has been invited to connect. Participating physicians who do not appear to be regularly inviting patients may be interviewed by the program to determine if they need additional promotional material, or if using MyHealthNS is no longer of interest to them.

## Appendix 3

### **Results Release**

Having access to their test results was regarded by patients and their doctors to be the most valuable function of the MyHealthNS platform in the demonstration phase. Physicians participating in the Technology Incentive Stipend will be expected to release incoming results for labs, DI and consults they have ordered on their patients, based on the CPAG 'Release Recommendations' (attached). This is best done by a one-time activation of "auto-release" during the setup of MyHealthNS, which may or may not include a delay of a specific number of days. If preferred, the physician may choose to release these results manually. Participating physicians will be provided with a quarterly dashboard indicating their rate of releasing test results to their patients. Physicians who are not releasing results they have ordered for their patients will be approached to discuss the variance with the program. Participating physicians who do not appear to be regularly releasing results to patient personal health records may be interviewed by the program to determine if they need additional support, or if using MyHealthNS is no longer of interest to them.

## Appendix 4

### **eMessage Response Etiquette**

A goal of the MyHealthNS program is to enable doctors and patients to communicate in a virtual care environment, and to improve access to care. Participating physicians will be encouraged to strive for an eMessage response time etiquette of two business days (under ordinary circumstances), and will be supported by program materials to help manage patient expectations in this regard. While no individual physician eMessage response times will be monitored or reported in the evaluation, aggregate response times will be tracked to inform the Benefits Evaluation and overall performance measures. Participating physicians who do not appear to be regularly using the eMessage function (or phone) to communicate with patients may be interviewed by the program to determine if they need additional supports, or if using MyHealthNS is no longer of interest to them.

### **Discussion:**

Research suggests that there is good quality evidence of improved patient outcomes with messaging, there is no evidence of patient harm with viewing results or notes and there is mixed evidence on physician workload. There is also consistency across jurisdictions regarding provider anxiety about the impact that patient online access to test results, and to the practice, may have. This anxiety is reduced with experience.

While it is expected that immediate release of nearly all results to patients will likely become the standard over time, it was agreed that a staged approach to this standard would build confidence among providers and patients alike in the use and management of this information. To that end, the standing recommendation is that there be three types of results:

1. Those released immediately after result is available (especially results that would help to inform a patient about a time-sensitive treatment plan such as strep or a UTI for lab, fracture for radiology).
2. Those released 5 days after result is available (test that would more likely benefit from possible interpretation by the ordering provider before the patient receives a copy of the result electronically).
3. Those never released.

### **Release immediately:**

- COAGULATION
- MICROBIOLOGY
- POINT OF CARE
- HEMATOLOGY
- CHEMISTRY
- RADIOLOGY

### **Release after 5 days:**

- BLOOD GASES
- BODY FLUIDS
- ENDOCRINOLOGY
- IMMUNOLOGY
- SEROLOGY
- PATHOLOGY
- BONE DENSITOMETRY
- MAMMOGRAPHY
- SCREENING MAMMOGRAPHY
- NUCLEAR MEDICINE
- ULTRASOUND PROCEDURES
- CT PROCEDURES
- MAGNETIC RESONANCE IMAGING
- RADIOLOGY
- INTERVENTIONAL RADIOLOGY
- NON INVASIVE VASCULAR LAB
- ECG

### **Never Release:**

- AUTOPSY

It is further recommended that patient expectation should be managed by advising them that different test results will be available at different times, and that it may take several days for a test to be processed.