

Ministry of Health

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DATE: **March 18, 2020**

MEMORANDUM TO: **Chief Executive Officers, Local Health Integration Networks (LHINs)**

Chief Executive Officers, Approved Agencies for the delivery of professional home care services

SUBJECT: **Supporting Expansion of Virtual Home Care Delivery**

As the COVID-19 outbreak continues to evolve locally and globally, Ontario is taking further action to ensure the province's health care system is prepared to continue to protect the health and well-being of Ontarians. As part of this plan, the ministry is introducing measures to rapidly increase virtual home care delivery.

Based on the advice of the Chief Medical Officer of Health, the ministry, in partnership with Ontario Health, is introducing provincial rate and billing code changes in an effort to limit person-to-person contact in home care where it is appropriate. These changes will apply to all professional services, including nursing, physiotherapy, occupational therapy, dietetics, and social work. The ministry recently amended O. Reg. 386/99 under the *Home Care and Community Services Act, 1994* to clarify that visits may be provided virtually.

These changes focus first on professional home care services because of the ability to deliver clinical assessments and guidance virtually. The ministry may consider other home care services in the weeks ahead.

LHINs and approved agencies are encouraged to work with community services providers about the expansion of virtual care delivery.

Implementation in Home Care

Ontario Health is implementing changes in the Client Health and Related Information System (CHRIS) to support billing and reporting for virtual professional home care services. The billing codes are based on two rates: \$15 for a wellness or health check-in and \$30 for an assessment or monitoring visit. These codes may be used immediately and can be back dated to March 16, 2020.

Over time, contracts held by Local Health Integration Networks (LHINs) and agencies approved under *Home Care and Community Services Act, 1994* (bundled care hospitals, for example) with home care service providers for the delivery of professional services will be updated to reflect these new rates, as appropriate. This memo clarifies that despite any provision to the contrary, billing for virtual services is permitted.

Virtual care includes but is not limited to care delivered over the phone or through video conferencing. Guidance on the appropriate use of virtual care can be found in the attached guidance. The guidance supports both COVID-19 assessment and treatment efforts as well as other care needs, including the replacement of regular in-person home and community care visits where appropriate.

This guidance document, rates and codes will be revisited to support ongoing delivery of virtual care in home and community care. The ministry will continue to work in collaboration with Ontario Health, LHINs, approved agencies and home and community care service providers and will communicate any policy changes.

As we will need to rapidly ramp-up our virtual capacity, I encourage you to work closely with service providers to put implementation plans in place. Please also notify your staff of these changes.

We hope that these measures will support you to continue to provide high-quality care to Ontarians while ensuring the safety of patients, front-line providers, and your communities.

We thank you for your dedication, courage and leadership through this difficult time. Ontarians benefit every day from the contributions of LHINs, approved agencies, service providers and front-line workers.

Sincerely,

Catherine Brown

President
Shared Services
Ontario Health

Phil Graham

Executive Lead
Ontario Health Teams Division
Ministry of Health

cc: Matthew Anderson, President and Chief Executive Officer, Ontario Health
Amy Olmstead, Director, Home and Community Care Branch, Ministry of Health

Virtual Home Care Delivery
Interim Guidance to Local Health Integration Networks and Approved Agencies
Delivering Home care under the *Home Care and Community Services Act, 1994*
March 18, 2020

Context:

As the COVID-19 outbreak continues to evolve locally and globally, Ontario is taking further action to ensure the province's health care system is prepared to continue to protect the health and well-being of Ontarians.

Based on the advice of the Chief Medical Officer of Health, the ministry, in partnership with Ontario Health, is introducing contract and billing code changes in an effort to limit person-to-person contact in home care where it is appropriate.

This guidance document, rates and codes will be revisited to support ongoing delivery of virtual care in home and community care.

Purpose and scope

The ministry is advising Local Health Integration Networks (LHINs) and approved agencies to work with Ontario Health and contracted providers to immediately take steps to rapidly expand the virtual delivery of home care professional services listed under the *Home Care and Community Services Act, 1994*.

Increased virtual home care is expected to:

- Support provincial public health self-isolation and social distancing efforts in a way that minimizes disruption to patient care.
- Support intake, assessment, monitoring and treatment of patients presumed or confirmed with COVID-19.
- Support the delivery of home and community care services.

The initial focus is first on professional home care services because of the ability to deliver clinical assessments and guidance virtually. The ministry may consider whether to add other home care services in the weeks ahead.

Ministry guidance will evolve based on experience with implementation. The ministry will continue to work with Ontario Health, LHINs, approved agencies and home and community care providers and will communicate any policy changes.

Virtual care delivery

Virtual care delivery includes the meaningful communication of a patient's health status and/or the treatment/intervention needed to support their care needs.

Virtual care includes:

- Phone calls

- Video conferencing
- Secure messaging
- Remote monitoring

LHINs, approved agencies and providers should scale up existing, proven virtual care models where they exist, and consider other models as appropriate.

Rates for professional services

The following standard provincial rates for virtual visits are being introduced:

1. Wellness or health check-in: \$15
Intended for brief check-ins where interactions would last approximately 5-15 minutes.
2. Assessment or care monitoring visit: \$30
Intended for longer interactions, including assessment or reassessment, supporting caregivers to implement elements of the care plan, or other specific tasks as appropriate. Assessment or care monitoring visits would be a minimum of 15 minutes and expected to last between 15 and 30 minutes.

Ontario Health is implementing changes in the Client Health and Related Information System (CHRIS) to support billing. Over time, contracts held by LHINs and approved agencies with home care service providers will be updated to reflect these new rates, as appropriate. This guidance document clarifies that despite any provision to the contrary, billing for virtual services is permitted.

Billing codes for virtual professional home care services have been established. These codes may be used immediately and can be back dated to March 16, 2020.

Services

As a first step, professional services defined under HCCSA such as nursing, therapy and social work, are eligible for immediate deployment of virtually delivered care.

Eligible virtual delivery includes:

- Wellness and health checks, including monitoring of conditions/symptoms
- Remote clinical consultation or intervention related to client care plan goals
- Support for assessment and reassessment of treatment plan
- Videoconferencing for visual assessments
- Caregiver education/training to support patient care and/or self-isolation efforts
- Patient education/training related to care
- Compliment essential hands-on care
- Replacing in-person care when a physical visit isn't possible, or necessary
- Any other service aligned with the goals of this guidance and approved by the LHIN or approved agency

Virtual delivery does not include practices that are normally conducted virtually as part of regular home care, such as scheduling and case management or issues management calls with patients and caregivers.

Implementation

- Care planning: LHINs and approved agencies are responsible for determining how virtual care may be used by service providers to support the rapid deployment of virtual visits. This may include referrals for virtual care, the inclusion of virtual care into care plans or enabling service providers to use virtual care within particular parameters.
- Performance and accountability: LHINs and approved agencies will leverage existing provider performance measures where available to support interim provider reporting of virtual visits in home and community care settings. Ontario Health is making enhancements to CHRIS to support reporting functions.
- Technology: LHINs, approved agencies and providers may leverage existing virtual care technologies, including the secure videoconferencing tools provided through the Ontario Telemedicine Network (OTN) to support virtually delivered care. Patients and caregivers will work with their care providers to determine whether they may leverage patient-owned devices to support virtual care. LHINs, approved agencies and provider partners may review the Digital Health Playbook for guidance on the use of technologies to support virtual care and further guidance on technology standards for virtual visit solutions will be available on OTN's website.
- Privacy and consent: Like all home and community care services, virtual delivery must continue to comply with consent and privacy requirements outlined in the *Personal Health Information Protection Act, 2004* (PHIPA) and the *Health Care Consent Act, 1996*. In situations where providers are working from home or other non-standard locations, they must ensure that virtual communication is done in a private setting (unless in emergency situations).