Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot

Registration Package

Digital and Analytics Strategy Division, Ministry of Health

Ontario

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1 Overview

Registration Package Introduction

The registration package may take approximately 30-minutes to complete and requires you to provide the following information:

1. College Number
2. OHIP Billing Number
3. Contact Details
4. Practice Information

NOTE: This form is not intended to accept personal health information. Please do not include any personal health information in your responses.

Secure Messaging Proof-of-Concept Pilot Overview

Note: This section of this document is technical in nature and is available in English only due to its limited targeted audience. This publication has been exempted from translation under the French Language Services Act.

Registration Purpose:

This registration is to be completed by physicians applying to join the Secure Messaging Proof-of-Concept (PoC) Pilot launching April 1, 2024. Once registered in this PoC physicians will be eligible to submit claims for public funding provided by the Ministry of Health's (Ministry's) Ontario Virtual Care Program (OVCP) for the delivery of uninsured *secure messaging service encounters* according to the terms and conditions set out in the Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Billing Guide (Billing Guide) and the Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Registration Contract (Registration Contract) (to be completed in Section 2 of this registration package).

To be eligible to register you must:

1. Be a physician with a valid Ontario Health Insurance Plan (OHIP) billing number practicing in Ontario.
2. Deliver services to patients within an *existing/ongoing patient-physician relationship*.
3. Have completed your registration by July 31, 2024.

Duration:

The Secure Messaging PoC will be running for a two-year period (April 1, 2024 to March 31, 2026) within the OVCP, according to the terms of the Ministry and Ontario Medical Association (OMA) 2021 Physician Services Agreement. The Ministry will consult with the OMA and other stakeholders when assessing the Secure Messaging PoC and the potential future of secure messaging in the provision of health care to Ontarians.

Scope:

The Secure Messaging PoC enables registered physicians to receive compensation from the OVCP for *secure messaging service encounters* according to the terms and conditions of the Registration Contract and Billing Guide. The Secure Messaging PoC is intended to increase access to care and gather further evidence on the use of secure messaging within physician practices at a larger scale in Ontario than has been possible to date.

The Secure Messaging PoC does not include funding to support the purchase or implementation of a secure messaging solution (such as, a verified virtual visit solutions with secure messaging functionality from Ontario Health's Verified Solutions List).

Registration Requirements:

To be registered in the Secure Messaging PoC, Ontario physicians must:

1. Complete the Registration Contract (See Section 2)
2. Complete the Registration Survey (See Section 3)
3. Submit the completed Registration Package (this document) by e-mail to OVCPregistration@ontariohealth.ca
4. Receive e-mail confirmation that their registration has been submitted
5. Receive e-mail confirmation that their registration has been processed and approved

The Ministry retains the right to revoke or terminate registration as per the terms of the Registration Contract (See Section 2).

Claims Submission, Payment, and Reporting:

Claims for eligible uninsured *secure messaging service encounters* under the Secure Messaging PoC will be submitted, paid, and reported through the Ontario claims submission process.

To be eligible to submit claims, Ontario physicians must be registered in the Secure Messaging PoC. The date that the first delivery of a *secure messaging service encounter* under the Secure Messaging PoC can occur (the *effective date*) will be stated for each physician in the e-mail confirming their registration has been processed and approved.

Registered physicians will receive a *Monthly Management Fee* payment, according to the appropriate *Monthly Management Fee* payment tier they have qualified for each month, at the payment rate determined based on the physician's group affiliation(s). The payment will be made on their individual (solo) Remittance Advice (RA), regardless of whether the claims are submitted solo or under group number(s). Registered physicians will receive a separate report with a detailed breakdown of the Secure Messaging PoC claims in PDF format through the Medical Claims Electronic Data Transfer (MCEDT) service as a separate report from the RA. The report will only be available for physicians who have registered their solo billing number with MCEDT.

Further details can be found in Section 5 of the Billing Guide.

2 Registration Contract

NOTE: This section of this document is technical in nature and is available in English only due to its limited targeted audience. This publication has been exempted from translation under the French Language Services Act.

Physician Information

CPSO Number _____

Solo OHIP Billing Number _____

Name - Surname and given names should be consistent with the records of the College of Physicians and Surgeons of Ontario (CPSO)

Surname   **Given Name(s)**

_____   _____

Contact - Provide your primary phone number and e-mail for contact

Phone Number   **E-mail (Registration confirmation will be sent to this address)**

_____   _____

Specialty / Sub-Specialty - Should be consistent with your professional training

Specialty

Additional Specialty(s)/Sub-specialty(s) (if applicable)

Terms of the Registration Contract

In return for fulfilling the terms of this Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Registration Contract (Registration Contract), I will be entitled to payment for eligible funded uninsured *secure messaging service encounters* by the Ministry of Health's (Ministry's) Ontario Virtual Care Program under the Secure Messaging Proof-of-Concept Pilot subject to the terms and conditions in this Registration Contract and the Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Billing Guide beginning on the *effective date* set out in the confirmation of registration processing and approval that will be sent to the e-mail I provided in this Registration Contract.

This Registration Contract for the Secure Messaging Proof-of-Concept Pilot will remain in effect until March 31, 2026 unless extended by the Ministry. This Registration Contract can be terminated by the Ministry at any time for any reason, upon providing the registrant with not less than 10 business days' notice to the e-mail address provided in this Registration Contract.

Declaration, Acknowledgement and Consent

I declare the information I have provided in this Registration Contract to be true.

I acknowledge and agree that as a registrant in the Secure Messaging Proof-of-Concept Pilot:

- I will read, understand, and abide by the information:

  - INFOBulletins related to payment policy
  - Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Billing Guide

- I will participate in the review and evaluation of the Secure Messaging Proof-of-Concept Pilot, and I hereby consent to:

  - The Ministry disclosing the information, including personal information, I have provided as part of this registration (such as, contact information, survey responses) and administrative data (such as, claims data) to evaluators if necessary to meet evaluation objectives.
  - My practice(s) or myself being contacted at the contact information provided during registration with a mandatory midterm survey, to clarify/elaborate on the information provided and/or solicit further voluntary participation in the evaluation by myself or my practice(s) (such as, participation in case studies).

- I will ensure that if it becomes apparent to me, after reviewing patient information shared with me as part of a *secure messaging service encounter*, that it is not clinically appropriate or possible to complete the service solely by secure messaging, in-person or other appropriate alternate virtual care services by telephone or video will be made available by myself or my group, within a clinically appropriate timeframe.

- I will not charge a patient for any messaging exchanges, regardless of whether it is a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot or not.

- I will only submit claims for funding eligible *secure messaging service encounters* as outlined in the Ontario Virtual Care Program: Secure Messaging Proof-of-Concept Pilot Billing Guide.

- I may not submit claims for services eligible for, or included in, funding under any other Ministry program or initiative for payment by the Ontario Virtual Care Program.

- The Ministry may:
  - Contact me at any time in relation to the Secure Messaging Proof-of-Concept Pilot or delegate the contact to Ontario Health.
  - Cancel this registration process at any time or deny registration for any reason.
  - Amend the Billing Guide at any time by providing notice to the e-mail I provided in this Registration Contract.
  - Disclose any information collected as part of this registration if required by the provincial Freedom of Information and Protection of Privacy Act or as otherwise required by law or by a court or tribunal.
  - Randomly send letters to patients for whom I have claimed a *secure messaging service encounter* to verify services delivered.
  - Terminate my registration in the Secure Messaging Proof-of-Concept Pilot which would end my eligibility to submit claims for *secure messaging service encounters* through the Ontario Virtual Care Program at any time for any reason, upon providing me with not less than 10 business days' notice.

I consent to:

- Provide medical records to the Ministry to substantiate my *secure messaging service encounter* claims, if and when requested to do so by the Ministry;

- The disclosure of my registration and *secure messaging service encounter* payment related information, including personal information, within the Ministry, and to Ontario Health and others as applicable for the purposes of audit, evaluation, and health planning; and

- The recovery (such as, deduction or set-off) by the Ministry from any Ministry payments otherwise payable to me of any *secure messaging service encounter* payments processed under the Secure Messaging Proof-of-Concept Pilot if the Ministry is of the opinion that an overpayment for *secure messaging service encounter(s)* has occurred due to reconciliation related to a claims system logic issue and/or a payment adjustment due to retroactive changes to physician affiliation(s), patient enrollment, and/or number of *secure messaging service encounter* claims submitted for a previous processing month.

I have read and agree to the terms and conditions of the above contract.

Signed by Physician   (YYYY/MM/DD)

For more information regarding:

- **completing this application and/or registering** in the Secure Messaging Proof-of-Concept Pilot, please contact OVCPregistration@ontariohealth.ca

- **billing and payment related inquiries**, please contact the Ministry of Health's Service Support Contact Centre at: 1-800-262-6524 or SSContactCentre.MOH@ontario.ca

3 Registration Survey

Survey Introduction

Survey responses are being collected from all participants in the Secure Messaging Proof-of-Concept Pilot to support evaluation of the use of secure messaging within physician practices in Ontario on a larger scale than has been possible to date.

Definitions of Key Terms Used in the Survey

Practice: A practice in this context includes an outpatient community-based or hospital-based clinic.

Messaging: An exchange of messages, which may or may not be exchanged in a private and secure manner, and which could contain additional media files such as documents, images, or audio or video recordings (such as, texting or SMS, instant messaging (such as, WhatsApp, Facebook Messenger), e-mail, secure messaging solution (such as, Verified Solutions List)). This could include interactions between parties such as, but not limited to, patient/caregiver to clinician, clinician to clinician, or patient/caregiver to admin.

Secure Messaging: Private and secure form of messaging using the secure messaging functionality of a virtual visit solution that is verified for secure messaging by Ontario Health and listed on Ontario Health's Verified Solutions List.

Clinical services to patients by secure messaging: A general term for the provision of clinical management and/or advice to a patient, or patient's representative, by secure messaging, which may or may not have met the requirements of a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot.

Survey

A. Physician Information

1. Indicate your level of comfort and competency in using technology (such as, electronic medical records, virtual visit solutions) to deliver care:

    None

    Novice - I have limited experience using technology in care delivery and require substantial assistance

    Intermediate - I can perform basic tasks, but I'm uncertain about more advanced functions and often need guidance

    Proficient - I am comfortable using technology for care delivery and can navigate the technology and most tasks independently

    Advanced - I possess a high level of competence in using technology for care delivery and can handle complex tasks

    Expert - I am highly skilled and experienced in using technology to deliver care, and I can troubleshoot technical issues

    Not sure

2. How many practice(s) are you currently practicing at (includes outpatient community-based or hospital-based clinics)?

_____

3. At how many of these practice(s) do you intend to offer clinical services to patients by secure messaging?

_____

B. Practice information

Provide information for the practice(s) where you intend to offer clinical services to patients by secure messaging.

The following sections are to be **filled out for each practice individually**.

If there are more than two practices, provide information on the two most diverse practices. When selecting which practices to provide information on, please consider elements such as size, patient population, care delivered, support for implementation and use of virtual care, technology, etc.

First Practice

1. Administrative Information

a) Describe the practice type where you intend to offer clinical services to patients by secure messaging.

Private Practice   Group Practice   Hospital

Other _____

b) Provide contact details for the practice where you intend to offer clinical services to patients by secure messaging.

Practice Name _____

Practice Address _____

Primary Phone # _____

Secondary Phone # (optional) _____

E-mail (optional) _____

Primary administrative contact:

- Name _____

- Role / position _____

- Phone # _____

- E-mail (optional) _____

2. Staffing Information

a) Who in this practice supports, or will support, the implementation and use of secure messaging? [select all that apply]

Administrative staff   Quality improvement lead

Director   Virtual care lead

IT staff   None

Other _____

b) Do you anticipate the administrative staff in this practice using secure messaging?
[Note: This does not constitute a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot].

Yes   No   Some   Unknown

c) Do you anticipate the nursing staff in this practice using secure messaging?
[Note: This does not constitute a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot].

Yes   No   Some   Unknown

d) If there are Allied Health Providers (AHP) as part of the practice, do you anticipate the AHP(s) will be offering clinical services by secure messaging?
[Note: This does not constitute a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot].

No AHP   Yes   No   Some   Unknown

3. Patient Population Information

a) What is the main patient catchment for this practice?

Urban/suburban   Small town   Rural

Geographically isolated/remote   Wide geographic distribution

Other _____

b) Does this practice serve a significant proportion of patients from First Nations, Inuit, Métis, and/or urban Indigenous communities?

Yes   No

c) Does this practice serve a significant proportion of patients from a unique population(s) (such as, historically marginalized or equity seeking patient populations)?

Yes   No

If Yes, please specify: [select all that apply]

Racialized/Ethnic communities

Precarious status individuals (such as, temporary foreign workers, refugees, etc.)

Linguistic diversity (such as, non-English or non-French speaking)

Low socioeconomic status

Persons with disabilities/disabled persons (such as, physical, deaf or hard of hearing, visual, learning, mental illness, addiction/substances, etc.)

2SLGBTQIA+ populations

Geriatric population

Other _____

4. Care Delivery Information

    a) How many of your eligible patients (i.e., those in Ontario with whom you have an existing patient-physician relationship) in this practice do you expect to offer clinical service by secure messaging?

        A few (<=20%)   Some (21-40%)   Many (41-75%)   Most (>75%)

        All (100%)   Unsure

    b) Are there specific patient group(s) you intend to offer clinical services through secure messaging to in this practice?

        Yes   No   Unsure

If yes:

    c) What are the specific considerations or characteristics of the patient group(s) to whom you plan to provide clinical services via secure messaging in this practice? [select **top three** considerations]

        Specific age group

        Specific health condition(s)

        Medical status

        Distance from the practice

        Difficulty coming in for appointments (such as, transportation challenges, mobility issues, small children, provides elder care)

        Frequency of interactions and/or services provided to the patient

        Likelihood of patients' appropriate use of secure messaging

        Level of English and/or French language proficiency

        Communication challenge minimized by messaging modality (such as, Hearing deficit)

        Digital literacy

        Access to connectivity or technology

        Other   _____

    d) What proportion of your patients in this practice who are offered clinical services by secure messaging do you think will choose to use secure messaging?

        A few (<=20%)   Some (21-40%)   Many (41-75%)   Most (>75%)

        All (100%)   Unsure

5. Technology Information

    a) What verified virtual visit solution will you be using in this practice to deliver clinical services by secure messaging?

        i) I will use a solution currently on the Ontario Health <u>Verified Solutions List</u>, which is:

        Solution name: _____

        Vendor: _____

        ii) I do not know yet what solution I will use.

- Please review the Ontario Health <u>Verified Solutions List</u> for eligible solutions. Please note you will be contacted at the e-mail you provided in three to six months to confirm the virtual visits solution you will be using.

        iii) I do not see the solution I want to use on the list.

- What solution do you wish to use?

        Solution name: _____

        Vendor: _____

- Please contact your vendor directly regarding if they are engaged in the Ontario Health Virtual Visits Verification Program as Ontario Health is not able to disclose information regarding the status of vendors nor is Ontario Health aware of all submissions that are being prepared by vendors. A sample statement you can use when communicating with your vendor can be found <u>here</u>.
- Please note you will be contacted at the e-mail you provided in three to six months to confirm the virtual visits solution you will be using.

If you selected i) or iii) above and know what solution you want to use:

    b) Has this practice already procured the solution?   Yes   No

    If No:

    Please note you will be contacted in three to six months to confirm the virtual visits solution you will be using.

    If Yes:

    c) Has the solution been implemented?   Yes   No

    If Yes:

        d) Does this practice currently offer secure messaging?

            No

            Only for two-way administrative purposes (such as, appointments)

            Only for one-way administrative purposes (such as, clinic notifications)

            Both for clinical services by secure messaging and for administrative purposes

e) Is this practice offering other types of virtual care (such as, video, audio-only, remote care management/monitoring)? [select all that apply]

None

Video

Audio-only

Other types of virtual care (such as, remote care management/monitoring)

_____

f) Are any of these other types of virtual care being offered via the same virtual visit solution that you are using, or would like to use, to deliver secure messaging?

Yes   No

Second Practice

This section must be filled out if there are two or more practices where you intend to offer clinical services to patients by secure messaging. This practice should be one of your two most diverse practices.

1. Administrative Information

   a) Describe the practice type where you intend to offer clinical services to patients by secure messaging.

   Private Practice   Group Practice   Hospital

   Other _____

   b) Provide contact details for the practice where you intend to offer clinical services to patients by secure messaging.

   Practice Name _____

   Practice Address _____

   Primary Phone # _____

   Secondary Phone # (optional) _____

   E-mail (optional) _____

   Primary administrative contact:

   • Name _____

   • Role / position _____

   • Phone # _____

   • E-mail (optional) _____

2. Staffing Information

   a) Who in this practice supports, or will support, the implementation and use of secure messaging?
   [select all that apply]

   Administrative staff   Quality improvement lead

   Director   Virtual care lead

   IT staff   None

   Other _____

b) Do you anticipate the administrative staff in this practice using secure messaging?
   [Note: This does not constitute a funded *secure messaging service encounter* under the Secure Messaging Proof-of-Concept Pilot].

   Yes   No   Some   Unknown

c) Do you anticipate the nursing staff in this practice using secure messaging?
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b) Does this practice serve a significant proportion of patients from First Nations, Inuit, Métis, and/or urban Indigenous communities?

   Yes   No

c) Does this practice serve a significant proportion of patients from a unique population(s) (such as, historically marginalized or equity seeking patient populations)?

   Yes   No

   If Yes, please specify: [select all that apply]

   Racialized/Ethnic communities

   Precarious status individuals (such as, temporary foreign workers, refugees, etc.)

   Linguistic diversity (such as, non-English or non-French speaking)

   Low socioeconomic status

   Persons with disabilities/disabled persons (such as, physical, deaf or hard of hearing, visual, learning, mental illness, addiction/substances, etc.)

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   Geriatric population

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a) How many of your eligible patients (i.e., those in Ontario with whom you have an existing patient-physician relationship) in this practice do you expect to offer clinical service by secure messaging?

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    All (100%)   Unsure

b) Are there specific patient group(s) you intend to offer clinical services through secure messaging to in this practice?

    Yes   No   Unsure

If yes:

c) What are the specific considerations or characteristics of the patient group(s) to whom you plan to provide clinical services via secure messaging in this practice? [select **top three** considerations]

    Specific age group

    Specific health condition(s)

    Medical status

    Distance from the practice

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    Frequency of interactions and/or services provided to the patient

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    Digital literacy

    Access to connectivity or technology

    Other   _____

d) What proportion of your patients in this practice who are offered clinical services by secure messaging do you think will choose to use secure messaging?

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        ii) I do not know yet what solution I will use.

        • Please review the Ontario Health <u>Verified Solutions List</u> for eligible solutions. Please note you will be contacted at the e-mail you provided in three to six months to confirm the virtual visits solution you will be using.

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If you selected i) or iii) above and know what solution you want to use:

    b) Has this practice already procured the solution?   Yes   No

    If No:

    Please note you will be contacted in three to six months to confirm the virtual visits solution you will be using.

    If Yes:

        c) Has the solution been implemented?   Yes   No

        If Yes:

            d) Does this practice currently offer secure messaging?

                No

                Only for two-way administrative purposes (such as, appointments)

                Only for one-way administrative purposes (such as, clinic notifications)

                Both for clinical services by secure messaging and for administrative purposes

e) Is this practice offering other types of virtual care (such as, video, audio-only, remote care management/monitoring)? [select all that apply]

　　　None

　　　Video

　　　Audio-only

　　　Other types of virtual care (such as, remote care management/monitoring)

　　　_____

f) Are any of these other types of virtual care being offered via the same virtual visit solution that you are using, or would like to use, to deliver secure messaging?

　　　Yes　　　　　No

4 How to Submit Completed Registration Package

Thank you for filling out your registration package for the Secure Messaging Proof-of-Concept Pilot. Please **save** your completed registration package (this document) and submit by e-mail to OVCPregistration@ontariohealth.ca.

You will receive an e-mail confirmation from Ontario Health once the registration process has been completed. This process could take up to four weeks.

NOTE: By submitting your Registration Contract and Survey for the Secure Messaging Proof-of-Concept Pilot to Ontario Health, you authorize and agree that Ontario Health will share the information provided in the Registration Contract and Survey with the Ministry of Health or as otherwise directed by the Ministry of Health. Ontario Health is facilitating the registration and survey process for the Secure Messaging Proof-of-Concept Pilot. However, the Registration Contract is between the registering physician and the Ministry of Health.