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Title

Policies to promote secure messaging between patients and primary care providers: A comparison of Canadian provinces

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context

Asynchronous secure messaging (ASM) between patients and primary care providers has been increasingly adopted to varying degrees across regions. It may improve patient experience and access to care, but in some regions, it has been associated with increased burnout. Canadian provinces are at different stages ASM implementation, and variations in remuneration, and support can help elucidate the range of options to promote uptake of this medium and eventually encourage appropriate use.

Objective

We aim to highlight variations in ASM policies and identify challenges to sustained ASM implementation.

Study Design and Analysis

We identified five Canadian provinces that had some policies around ASM, but were at different stages of implementation. We did a rapid review of the academic literature, document analysis of provincial reports and websites, followed by semi-structured interviews of key informants in each region. We used elements of the 'Nonadoption, Abandonment, Scale-up, Spread, and Sustainability Framework', which has been extensively used to study uptake of technology in healthcare to inform the data collection and analysis.

Setting or Dataset

We conducted 12 semi-structured interviews and 1 email interview with provincial level policy makers and virtual care experts from 5 Canadian provinces.

Results

The ASM initiatives in every region differed in scale, duration, remuneration and integration levels. Remuneration policies included flat fees (with and without caps), tiered flat fees, and block fees, and one region had no billing codes. Implementation approaches included messaging through a provincial patient portal, a standalone messaging platform, as well as local pilots with varying degrees of integration with electronic medical records. Some emphasized the importance of a standardized interface and a 'Digital Front Door' for users to initiate messages and be triaged. Only one province used a 'verification process' to ensure solutions met basic interoperability capabilities. Digital health equity did not seem to be a priority in most cases.

Conclusions

Canadian provinces are rolling out ASM programs differently, creating opportunities for shared learning. Mechanisms to ensure interoperability capabilities provide an opportunity for isolated pilots to scale up more broadly. While the range of remuneration policies do not correlate directly with uptake, it has generally been quite low. By comparing the key features