

Supporting Innovation and Choice in Canada's Health Sector

Canada Health Infoway's Response to the Competition Bureau Consultation

- 1. Are there ways that policies can better support innovation, choice and access to digital health care solutions? For example, do specific rules unnecessarily impact the ability to offer virtual products and services to Canadians? Please explain.**

In Canada, there are a number of examples where policy has not kept up with changes in technology, thus impeding its uptake. For example, few, if any, jurisdictions in Canada had appropriate physician billing codes in place for virtual visits. The absence of remuneration for this important mode of delivery seriously curtailed clinicians' desire to use it, despite many Canadians expressing a desire to interact with their clinicians virtually.

Innovation has also been curtailed in health care due to a reluctance to move beyond the status quo. Health care decision-makers are generally quite risk-averse – and understandably so, given that some decisions they make are literally 'life and death'. And while this position reduces the potential of harm in the system and relies on evidence to inform practices, a system that does not tolerate any level of risk will not be able to innovate as quickly as other industries.

Similarly, many digital health procurements require the need to demonstrate effectiveness at scale and in Canada, which can limit the ability for disruptive technologies to be considered.

- 2. What other barriers are impeding Canadians' access to virtual care and restricting innovation and choice in the health care sector? Can these barriers be reduced—and, if so, how—in order to facilitate the entry and expansion of digital solutions?**
- 3. What measures have other jurisdictions taken to improve access to virtual care? How have barriers to innovation and choice been eliminated, while balancing legal and regulatory requirements in the delivery of digital health care solutions? Can similar measures be adopted in Canada? Why or why not?**

In 2019, the National Health Service (NHS) in the UK launched its **Long Term Plan** to build upon and scale transformations across the system and become 'digital first'. Some of the features of this plan include the introduction of open standards (e.g. common APIs), a 'digital front door', a standardized, easy way for citizens to access digital services and digital consultations by general practitioners. Many of these principles/approaches could be adopted in Canada.

From a clinical training perspective, Singapore has embedded digital literacy and training in their curriculum such that medical residents have expanded opportunities to work and learn in a safe environment.

4. What impact has the COVID-19 pandemic had on innovation and choice in Canada's health care sector, and on Canadians' ability to access health care virtually? Have any barriers hindered the adoption of digital solutions in response to the COVID-19 pandemic? Please explain.

The COVID-19 pandemic has accelerated the use of virtual care by clinicians. Very early in the pandemic, face to face visits were declared unsafe for patients and clinicians and the switch to virtual care was dramatic and swift. In March/April 2020, 60% of primary care visits were conducted virtually, compared to 10-20% pre-pandemic. For many Canadians and clinicians, virtual care was a new mode of care delivery and while some embraced it from the outset, the rapid change did have some negative implications.

For example, many clinicians did not have the training or the tools to conduct care virtually, which limited their ability to provide care more effectively. Similarly, if virtual care is not incorporated into clinical workflow, it will hinder productivity and lead to frustration.

Similarly, 46% of Canadians report not having the digital literacy skills to take full advantage of digital health. They may lack awareness of the digital tools and resources that are available to them, they may not have the technical skills to operate in a virtual environment and/or they may lack the ability to understand the health information that is being shared. These issues are more pronounced for vulnerable and marginalized populations and must be addressed.