

NORTHERN
POLICY INSTITUTE

INSTITUT DES POLITIQUES
DU NORD

Giwednong Aakomenjgewin Teg
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Institu dPolitik di Nor

WELCOME

**Today's Presentation
will start shortly**

BIENVENUE

**La présentation d'aujourd'hui
commencera sous peu**

IN PARTNERSHIP WITH



North Superior
Workforce Planning Board

Canada

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ONTARIO**

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EHEALTH WEBINAR

A DIGITAL SOCIETY EVENT

DECEMBER 8, 2021



North Superior
Workforce Planning Board



WELCOME FROM THE PARTNERS AND THANK YOU TO OUR SPONSOR

DECEMBER 8, 2021



Land Acknowledgement

NPI and NSWPB would like to acknowledge the First Peoples on whose traditional territories we live and work. We are grateful for the opportunity to have our offices located on these lands and thank all the generations of people who have taken care of this land.

We recognize and appreciate the historic connection that Indigenous people have to these territories. We support their efforts to sustain and grow their nations. We also recognize the contributions that they have made in shaping and strengthening local communities, the province, and Canada.



The Nordic Interoperability Project

Making Cross Border Patient & Health Data Mobility The Nordic Reality!



“A little less conversation,
a little more action, please!”

SHARING AND USING HEALTH DATA – THE NORDIC REALITY!

HIMSS Nordic Workshop in Sitges
May 2018

The starting point

- A much-discussed topic
- But little action
- Let's make something happen!

A strong team of partners and supporters.



Nordic Interoperability Project



We support the ambition set by the Nordic Council of Ministers!

“In 2030 the Nordics will be the **most sustainable and integrated health region** in the world, providing the **best possible personalized health care** for all its citizens.”

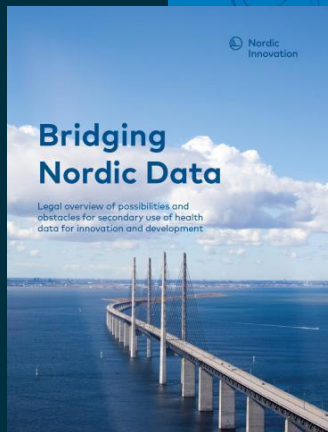
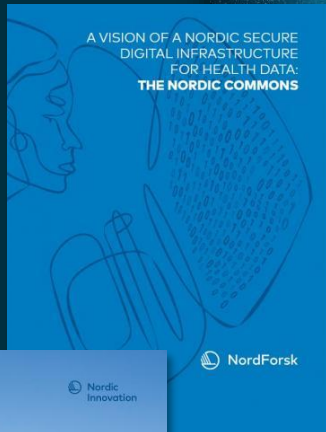
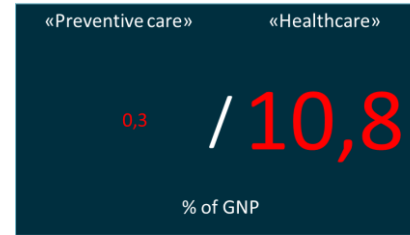
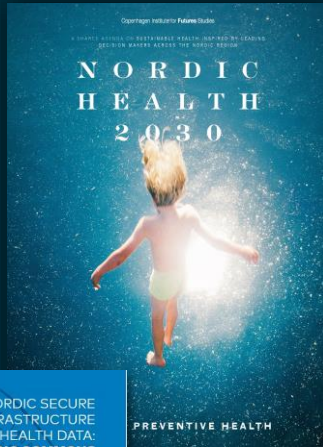
Why is this ambition so important?

- Building a better and safer everyday life for the Nordic citizen/patient
- Building a bigger Nordic home market for the Nordic healthcare industry
- Building a Nordic market for the international healthcare industry
- Building a simplified access to health data for research and innovation

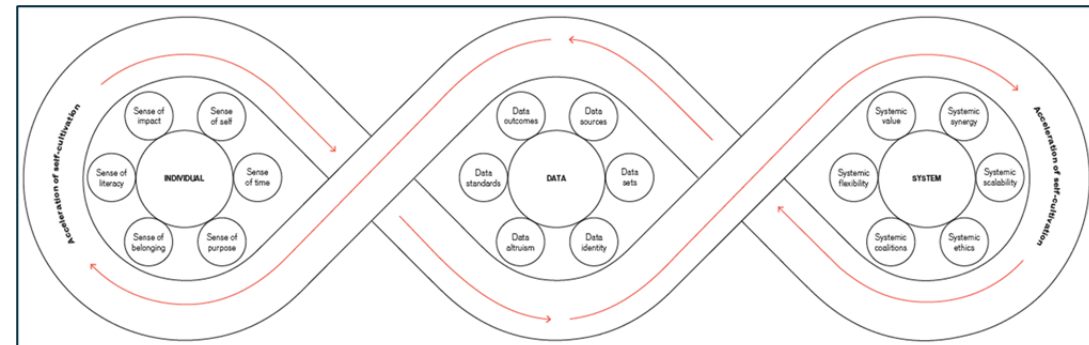


Nordic Health 2030

- The Nordic Healthcare system is not sustainable!
- Too much focus on “sick care”, too little on “preventive care”!
 - 10,3% of GDP on healthcare, 0,3% of GDP on preventive care.



- A shift is needed towards more balance, hence “the 5/5 Aspiration”.
- We need a different way of thinking and a different way of working:
 - We need *a new social contract with the individual.*
 - We need *new ways of sharing data.*
 - We need *new business models also rewarding preventative care.*
- Sharing of data between “the individual” and “the system” is key.



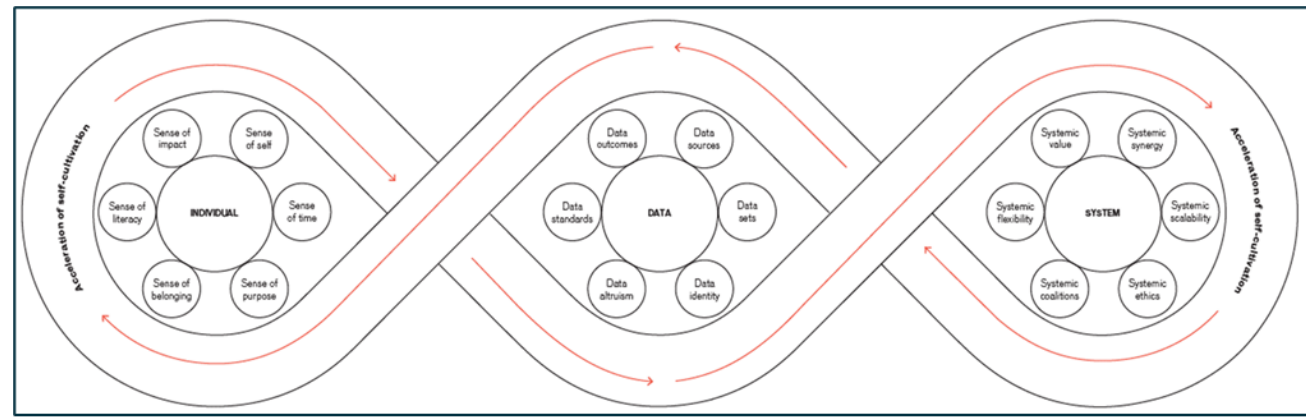
The Individual

The Data

The System

N!P Platform thinking:

Creating enablers for innovation and business development.



The Individual

The Data

The System

System focus:



Nordic Patient Data Lake

Individual & System focus:



Nordic Digital Health & Medication Platform

Individual & System focus:



Nordic Health Passport

THE DIGITAL HEALTH POTENTIAL



With over **375,000** health & fitness related apps currently on app stores & **5 MILLION** downloads per day it is difficult to deny the rising popularity of the industry

The challenge in the Nordics:

- **No guidance** to help separating the good from the bad!
- A **wasted resource** in the healthcare ecosystem!



The Digital Health Challenge

Uptake issues in key populations.

To unleash the power of
digital health:

- Awareness
- Accessibility
- Trust
- Governance

To unleash the power of digital health:

5 steps to Digital Health Adoption & Integration

Assessment & Accreditation

- Create or Adapt an accreditation or endorsement approach to screen and filter digital health solutions for compliance with key standards & to establish safety & efficacy
- Facilitate Micro-Assessment processes at a local level

Promotion & Dissemination

- Establish a dissemination and activation strategy and approach to promote the adoption of these products in your target population and communities
- Leverage existing assets to drive self management & prevention agenda's

Professional Activation

- Build a professional focussed activation strategy to support professionals to embed digital health into day to day practice
- Create systems & processes that mimic existing formularies & decision support tools
- Provide suitable support & training

Pathway Integration

- Build digital tools into common/key care/condition pathways to ensure integration becomes embedded in existing health and care delivery models
- Use this as a sustainable way to develop and populate formularies and support professional engagement and activation

Financing & Prescribing

- Create a suitable commercial framework and process to manage the "prescribing" of selected digital health tools to ensure sustainability and growth
- Establish end user neutral prescribing solutions
- Create common ROI evaluation tools as part of the assessment process

In partnership with:



The digital health
opportunity:



The Core Essence:

“Unlocking the power of digital health is not about a standard. It’s about a system!”

“Evaluation & Activation!”



Nordic Digital Health & Medication Platform

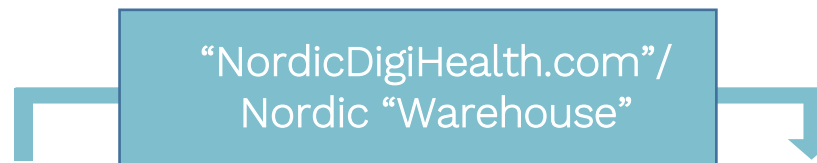
Accreditation and dissemination of health apps in the Nordics.

Regulating an unregulated market to assist the citizens & health ecosystem, and build a **one common Nordic home market** for the health app industry.

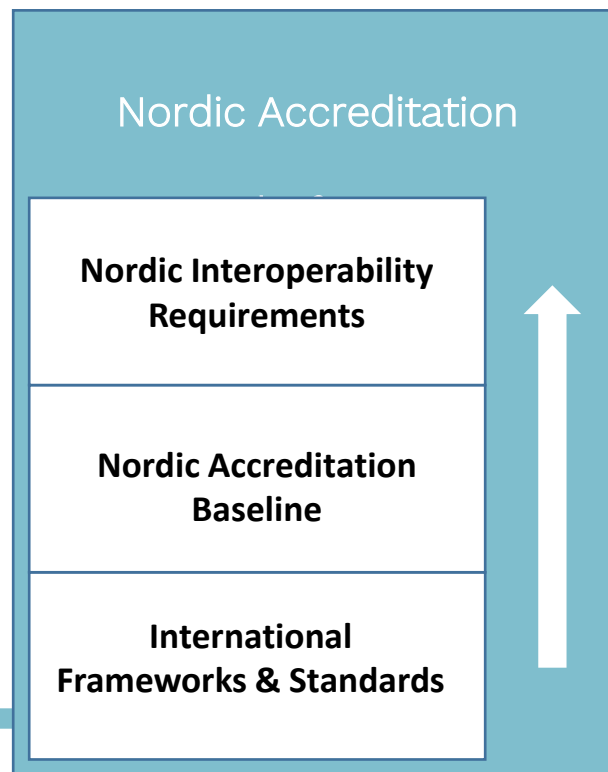
Building a Nordic ecosystem:

Nordic Digital Health & Medication Platform

“NordicDigiHealth.com”

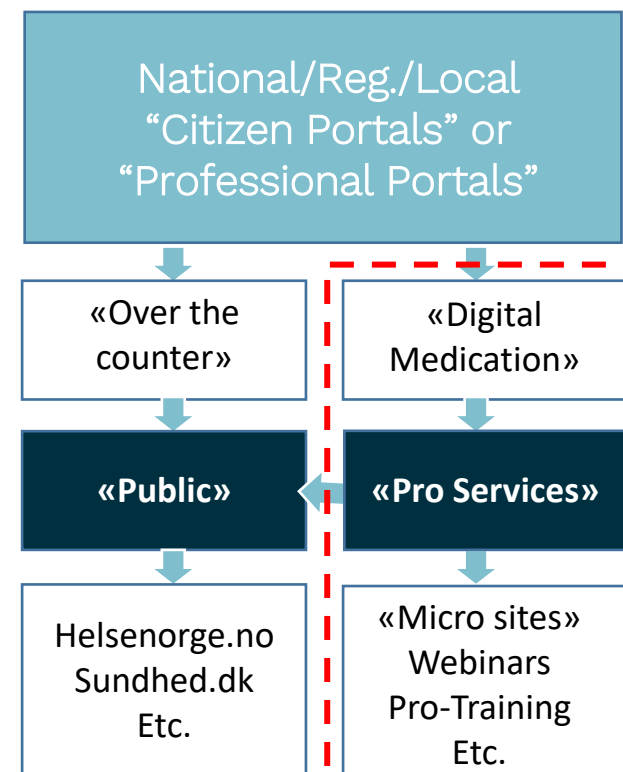


Build Accreditation & Review Services



NHS/UK,
Germany,
Holland,
Israel, NZ,
Australia...

Create Dissemination & Activation Services



The emerging Nordic Baseline Review:

Scene Setters - Functional and Use case Analysis



Data & Privacy



Fully aligned with ISO-82304-2 and GDPR



Professional backing



Discussion over 'suitably qualified'
professional/organisation



Clinical/Medical Regulation



Aligned with MDD/MDR



Evidence of Effectiveness



Discussion around the use of the Adapted
Evidence Standards Framework



Clinical Safety



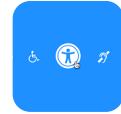
Clinical Assessment in scope, Clinical Risk
management still being discussed



Security & Technical Stability



In scope, but the principles of the Security
Matrix being discussed



Usability & Accessibility



Aligned with core standards



User Experience

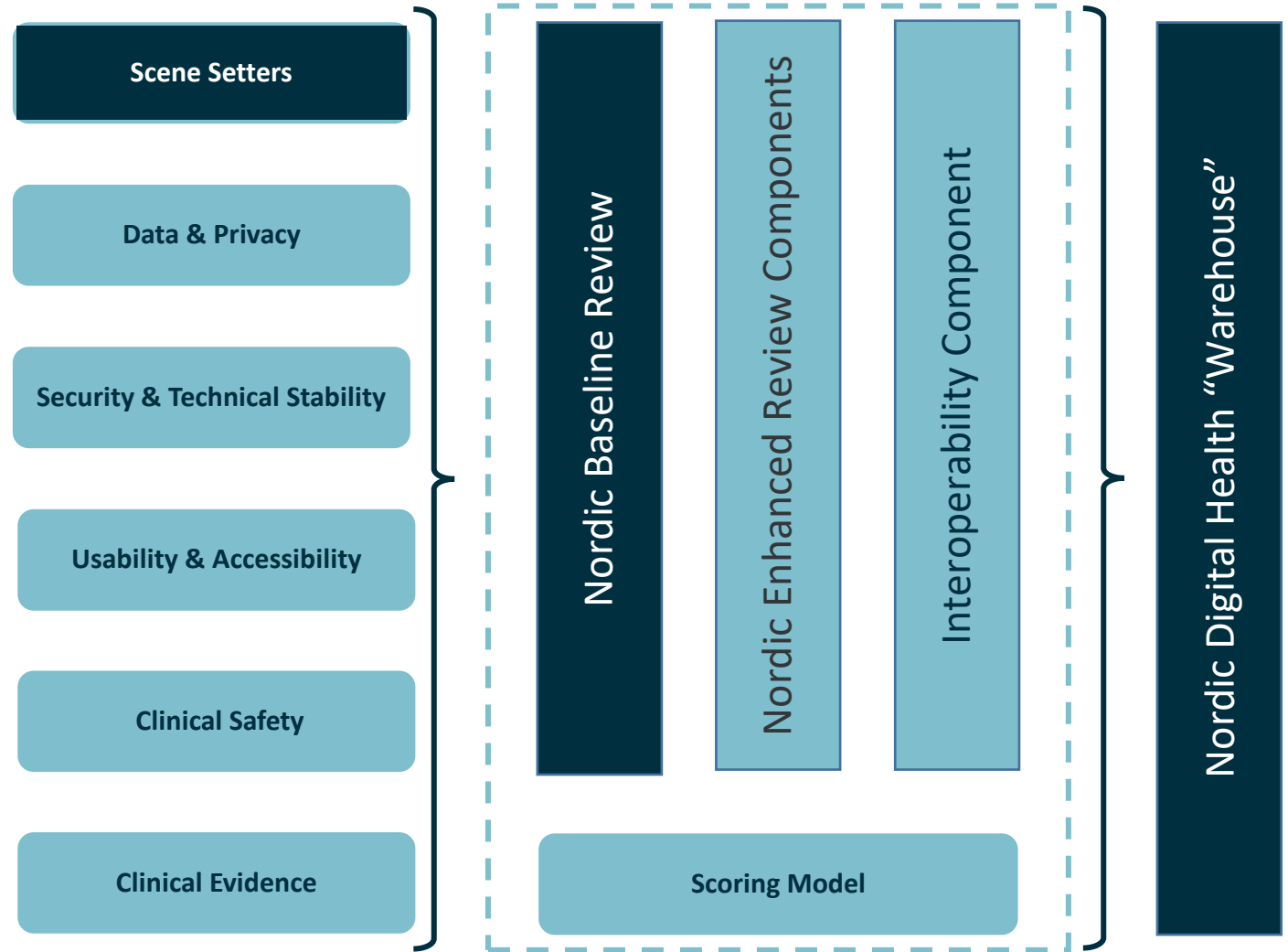


Range of UX assessment options being
considered

Baseline Assessment

Interoperability Layer

The emerging Nordic Assessment Set Up:



The emerging Nordic Accreditation Set Up:

DATA & PRIVACY

Privacy Policy

Initially, the review identifies the relevant privacy policy for the app, which is available to users through the app and/or the App Store or Play Store. The more transparent the privacy policy, the better. Ultimately, the privacy policy must clearly state:

Ideally it will identify:

- what data is collected from the user and how it is used
- if the user is informed of the developer's data collection practices
- if the user's consent is obtained.

The privacy policy should accurately reflect the app's data collection practices. The review considers if the user is able to opt out of data collection.

Question
Is there a Privacy Policy clearly available via the Web?
Is there a Privacy Summary published anywhere by the developer?
Is the Privacy Policy made immediately available within the app?
Is the policy made available when the user is signing up?
Is it published within the app?
Is it available externally via the app, or via a linked website?
Is it available via the relevant app store?
What data does the Privacy Policy state the developer collects?
Is the policy accurate, with regards to the data the app collects?
Does the app state that data collected by the app is shared with third parties?

SECURITY & TECHNICAL STABILITY

Technical Stability

Question	Answer Type	ORCHA Question Reference Source	Framework
Does the App connect to an internet-based service?	Yes/No	ORC_MD11	OBR
List the APIs used by the app.	Free Text	ORC_MD12	OBR
Does the App connect to a medical device?	Yes/No	ORC_MD13	OBR
Does the App connect to NHS Services (e.g. NHS App)?	Yes/No	ORC_MD14	OBR
Does the App operate without wi-fi?	Yes/No	ORC_MD15	OBR
Does the App operate without cellular network?	Yes/No	ORC_MD16	OBR
Is the platform Web based or Mobile?	Yes/No	ORC_MD17	OBR
Does the App access, process or store Personal Data?	Yes/No	ORC_MD18	OBR
Is sensitive data persisted to the mobile device?	Yes/No	ORC_MD19	OBR
Does the App access, process or store Personal Data on the mobile device?	Yes/No	ORC_MD20	OBR
What Permissions does the App request?	Free Text	ORC_MD21	OBR
Does the App provide Alerts or Notifications?	Yes/No	ORC_MD22	OBR
Does the App provide Suggestions?	Yes/No	ORC_MD23	OBR
Does the App undertake calculations?	Yes/No	ORC_MD24	OBR
Are the source code and any configurations available to the user?	Yes/No	ORC_MD25	OBR
Provide details of any associated processes.	Free Text	ORC_MD26	OBR
Do you have the capacity to rollback to a previous version of the app?	Yes/No	ORC_MD27	OBR

CLINICAL SAFETY

Medical Devices

It is proposed that the NORDIC Assessment assess if the app is likely to be a medical device under the current guidance from the MDR (https://ec.europa.eu/growth/sectors/medical-devices_en). We then evaluate if the app displays the relevant CE mark.

Question	Answer Type	ORCHA Question Reference Source	Framework
Is the app a medical device?	Yes/No	ORC_MD11	OBR
Does the app have a CE mark?	Yes/No	ORC_AE06	OBR
Does the app state that it has been assessed by the MHRA or other relevant body, and does not require a CE mark?	Yes/No	ORC_AE08	OBR
What class is the app certified as?	Free Text	ORC_MD09	OBR
Has the app been FDA approved? (Food and Drug Administration)	Yes/No	ORC_FDA01	OBR
Has the app been FDA cleared?	Yes/No	ORC_FDA02	OBR

Safety/Risk Management

It is proposed that the assessment looks for any safeguarding measures in communication functions of the app, if relevant.

Question	Answer Type	ORCHA Question Reference Source	Framework
Is there a statement or any evidence showing that appropriate safeguarding measures are in place around peer-support and other communication functions within the platform? <i>(Tier 2a requirement Only asked of apps that require such measures because of its functional capabilities / intended purpose)</i>	Yes/No	ORC_AE13	OBR
Does the Developer clearly identify who the app should and should not be used by?	Yes/No	ORC_S01	OBR
Does the Developer publish their risk management processes?	Yes/No	ORC_S02	OBR

N!P Applicant Portal:

n!p About How it works FAQs Resources Purchase Review Login

We support app developers to succeed in the healthcare market

Apply for Assessment

About us

Nam dapibus nisl vitae elit fringilla rutrum. Aenean sollicitudin, erat a elementum rutrum, neque sem

View this email in your browser

n!p nordic.orcha.co.uk

Nordic Assessment Complete

Your Nordic Accreditation has been successfully completed and achieved the below score:

For Digital Application:	
Headspace: Meditation & Sleep	
iOS / Android v1.8.13 Jan 2021	
Your Score(s)	
Norwegian Accreditation	89%
Swedish Accreditation	90%

View Assessment & Accept Score

alternatively, if you aren't happy with this decision you have the opportunity to respond to blah below

Challenge Score

Rules on challenging your score and some information on the process here. Vivamus adipiscing fermentum quam volutpat aliquam. Integer et elit.

Powered by ORCHA

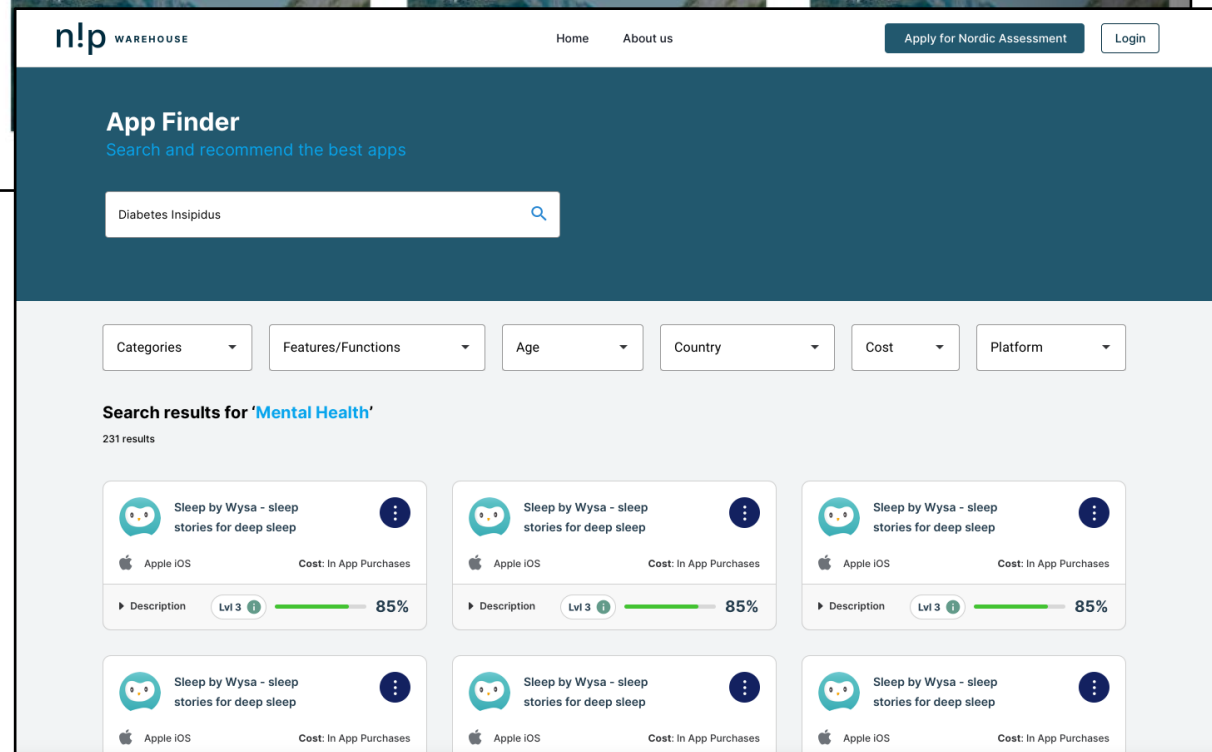
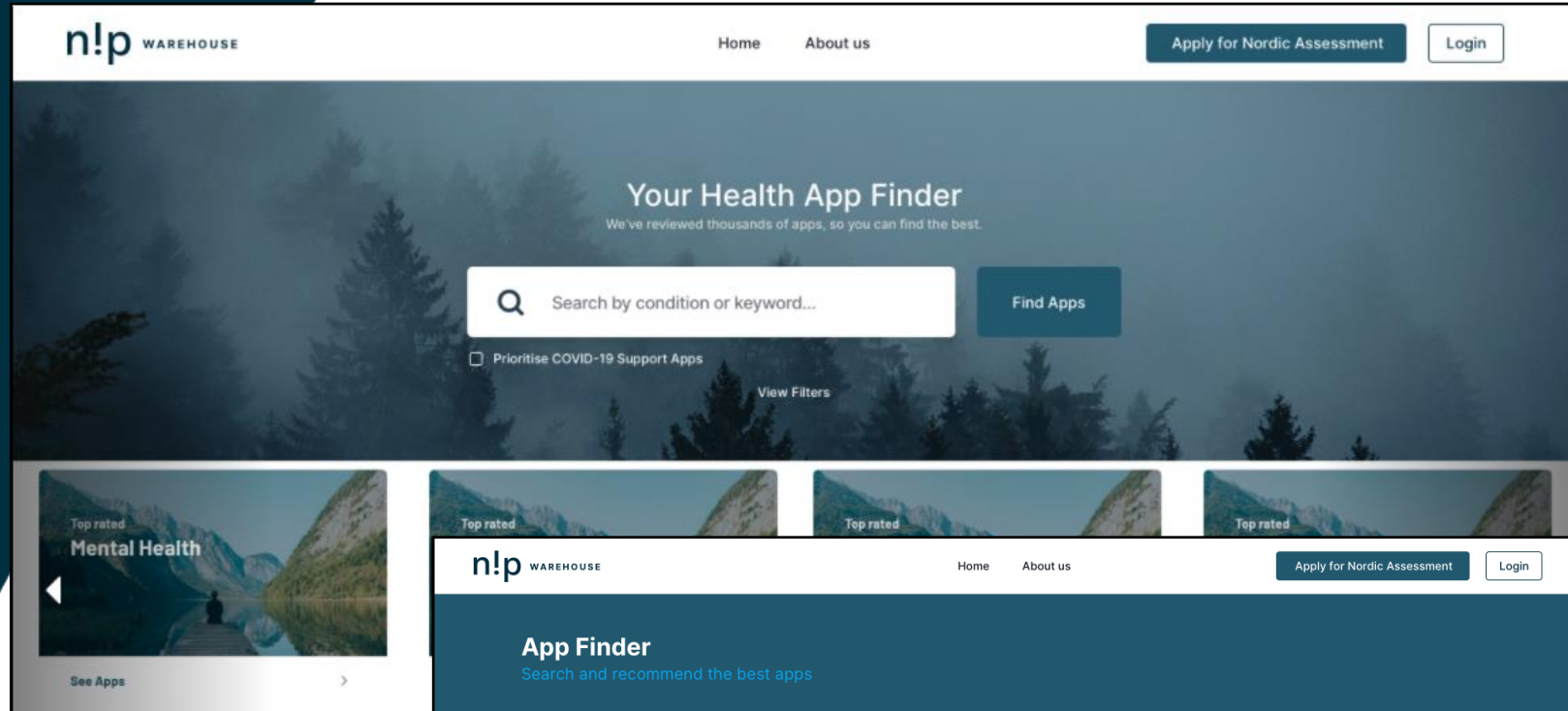
This email was sent to christian.zuper@orchs.co.uk
[why did i get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)

ORCHA - Sci-Tech Daresbury, Vanguard House - Keckwick Lane - Daresbury, Warrington WA4 4AB - United Kingdom



N!P “Warehouse”:

- Accessibility
- Categorization
- Governance



N!P “Warehouse”:

- App Info Cards

The screenshot shows the App Store page for the 'my mhealth' app. At the top, the app name 'my mhealth' is displayed with the developer 'my mhealth Limited'. It lists compatibility with Apple iOS and In-App Purchases, and provides the version number '1.8.8' and a review date of '04/09/2018'. Below this are buttons for 'Recommend App', 'Add to favourites', and 'Download App', along with social sharing options for Twitter, Facebook, and LinkedIn. The main content area features an 'n!p ACCREDITED' badge with a large '85%' score and a 'Level 4' indicator. To the right, there is a 'Developer description' section and an 'App Details' section listing categories such as Asthma, Chest Infection, COPD, Angina, Diabetes, Type-1 Diabetes, Heart Attack, Type-2 Diabetes, and Heart Failure.

The 'Summary' section provides a detailed breakdown of the app's performance across various domains. Each domain is represented by a horizontal bar chart showing a score of 91.6%, with a 'View Details' link for each category.

Domain	Score	Action
Data	91.6%	View Details
Professional Assurance	91.6%	View Details
Clinical Assessment	91.6%	View Details
Clinical Risk & Safety	91.6%	View Details
Usability & Accessibility	91.6%	View Details
Security & Technical Stability	91.6%	View Details

“Must wins” for a
Nordic wide solution:

1. Addressing both **individuals** & **professionals**
2. **Common evaluation criteria** across the region (The Nordic Baseline & Extended Review) with local flexibility
3. **Flexible delivery model** for the operative evaluation process (centralized/decentralized), but based on the common evaluation criteria
4. **Common Nordic “storage & distribution” for approved solutions** for easy governance and Nordic wide accessibility (NordicDigiHealth.com)

Helping & challenging the Nordics to be the most
integrated health region in the world by 2030!

KOeHealth's First 20 Years Indigenizing Virtual Care

Orpah McKenzie, Director
KO eHealth Telemedicine Services
8 December, 2021

Northern Policy eHealth Webinar:
Exploring the opportunities and risks related to remote delivery of healthcare

Webinar Objective

- To discuss the best (relevant) practices in telehealth/virtual care in a broader conversation about e-health delivery experiences

Learning Objectives

- Participants will...
 - know how KOeHealth figures in Ontario's system of virtual care;
 - understand the limitations of a transportation-based medical model for delivering care in remote northern First Nations;
 - are aware of the risks and opportunities of using virtual tools and platforms to deliver care with Indigenous communities.

The First KOeTS Event

- March 8, 2002: a family visit supported by Rita Wassaykeesic, Poplar Hill's Community Telemedicine Coordinator
- 10-year old recovering from open heart surgery at Sick Kid's in Toronto
- In 2002 there was no telemedicine in Pikangikum. The child's Aunties drove to Poplar Hill along a melting winter road
- Family members spent an hour with the child and his parents and were happy to see that the boy was well after surgery.

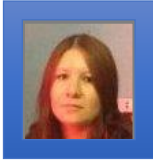


Community Origins

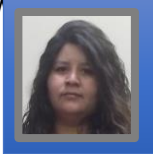
- Keewaytinook Okimakanak Chiefs began experimenting with the use of secure clinical videoconferencing in 1998.
- In the year 2000 KOeHealth partnered with the legacy North Network, known today as Ontario Health Digital Services, aka OTN.
- In 2004 a regional meeting of Indigenous health leaders created the foundation for a regional delivery model.



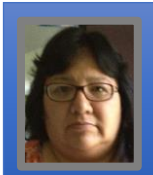
Barriers Patients & Providers Engage Every Day



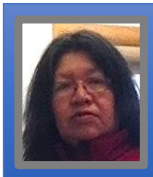
Annabella
Gliddy, CTC



Stephanie Kejick,
CTC Lac Seul



Ida Fiddler,
CTC



Peggy
Sugarhead, CTC
Eabametoong

Demographics and Logistics

- **Burden of Illness:** People living in northern communities are vulnerable. More likely to suffer from chronic diseases earlier in life, more experience malnutrition, attempt suicide, live significantly shorter lives.
- **Access:** First Nations who live on northern reserves have little to no F2F access to clinical specialists.
- **Travel:** Patients must fly out to points-of-care 100s and 1000s of kilometers from their community.
- **Continuity of Care:** Communication between community providers and specialists is uneven: limited capacity to follow-up and provide local support for patients once they're back home in their community.

Barriers Patients & Providers Engage Every Day

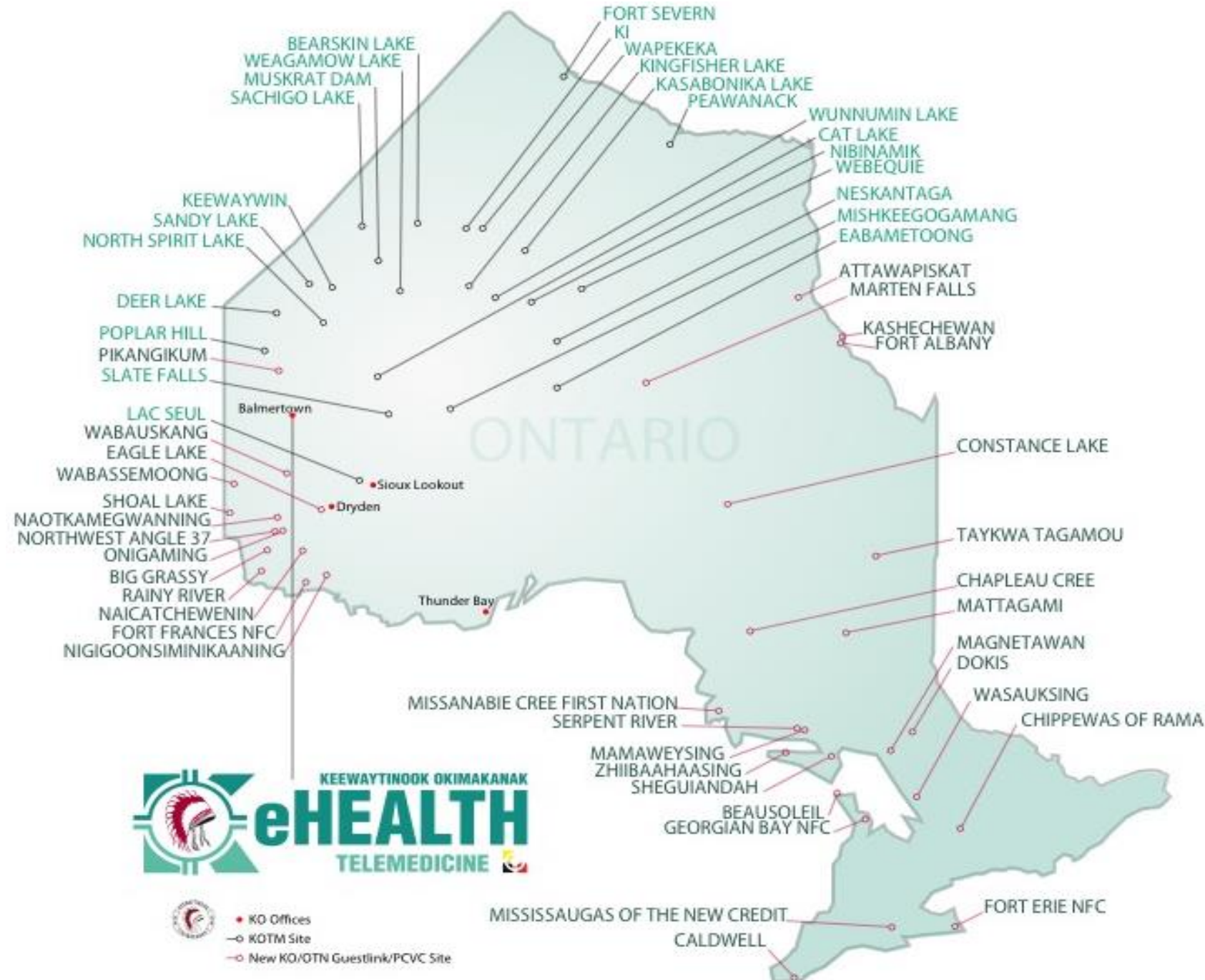


Infrastructure

- Electrical infrastructure in most communities is still unreliable and prone to frequent outages
- The regional telecommunications infrastructure owned by Bell Canada is end-of-life and community-based internet service providers have no way to purchase additional bandwidth.
- Much of the regional fiber optic cable is laying on the ground which makes it vulnerable to breaks and subject to repair delays.
- Overcrowding in most homes makes it impossible to have a private virtual care visit. Sessions must occur at the Nursing Station.

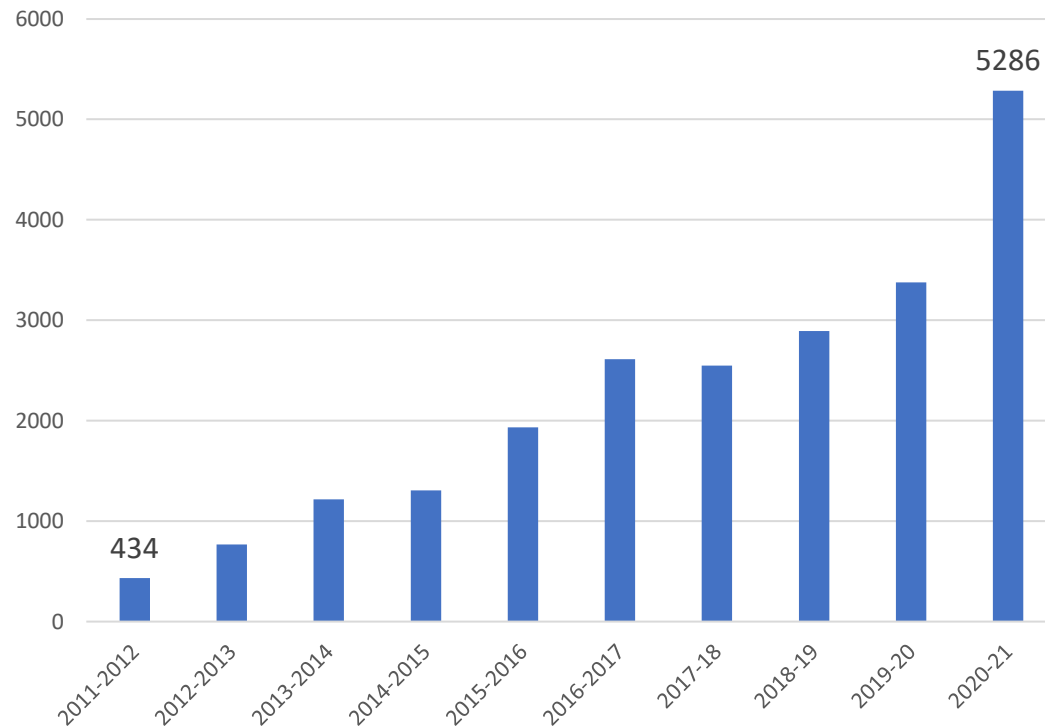
KOeTS Today

- Is a community-based, First Nations owned & operated network;
- Fully interoperable with the provincial virtual care delivery model.
- Manages full-time staff at 26 remote points-of-care delivering comprehensive services
- Supports & coordinates service delivery in 39 additional First Nations
- Enables development of First Nation focused service models.



Service Volumes

Completed Virtual Care Appointments:
FY 2011-2012 to 2020-2021



- More than 30,000 unique clinical appointments enabled for Indigenous clients living in remote fly-in First Nations during the last 10 years.
- 2020-2021 clinical volumes grew by nearly 60% (56.4%) over 2019-2020 volumes.
- Most patients say they like virtual care and would use it again.

Northern Service Modelling

- Success requires a longstanding commitment to community engagement
- Listening to community members and providers creates a foundation for growing new health resources.
- Hub staff provide training, manage new service development and support technology
- Community staff manage patient and administrative workflow.



Service Model Key Capacities

- Enables service development to align with community health priorities:
 - Support delivery of health and wellness services as close-to-home as possible
 - Increase the available pool of clinicians who practice virtual care
- Respects longstanding historical referral relationships

Top Reason for Virtual Care Referrals by ON and MB Providers			
Location of Provider	1 st Reason	2 nd Reason	3 rd Reason
Ontario	MH/Addictions	Diabetes	Speech-language
Manitoba	Genetics	Gastroenterology	Nephrology

- 92.5% of all services delivered by KOeTS last year were delivered by an Ontario provider

Northern Service Models



Telebabies

- Pre-natal confinement is a standard procedure in northern First Nations.
- Some mothers don't want to leave their community to have their baby
- Often there are no clinical staff with OB experience.
- Telebabies is an urgent service that links nursing stations with the Meno-ya-win OB team.



Elder's Gatherings

- National award winning application that regularly brings together Elders living in Northern First Nations.
- Clinical Purpose: provides an informal setting for providing positive nutrition messaging.
- Social-Cultural Purpose: a chance for Elders to visit with friends from other First Nations, share a meal and speak their own language.



Teleophthalmology



Old technology



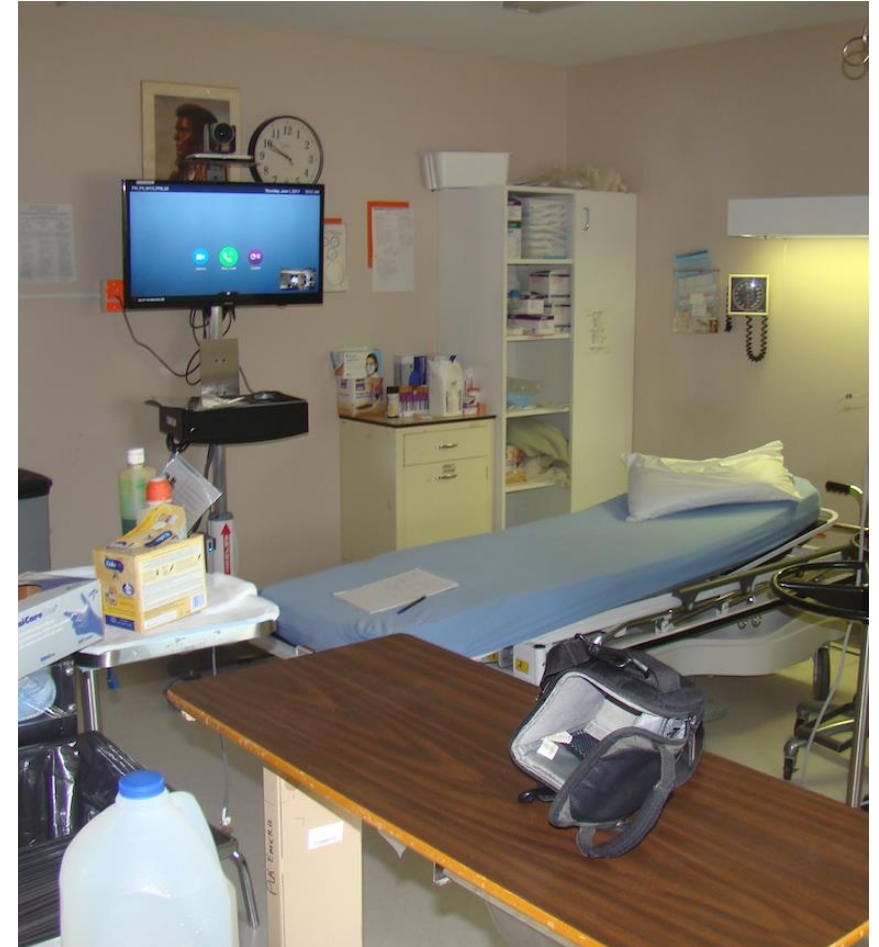
New technology



- Service began as a 2002 pilot project among UWO, the Sandy Lake First Nation & KOeTS
- Clinical rationale: prevalence of T1 & T2 diabetes increases the risk of retinopathy among northern First Nations.
- Method: KOeTS travels to northern First Nations, screens people living with diabetes for retinal eye disease and uses a store-forward connection to securely send images to the provider.
- Collaboration with regional Ophthalmologist
- Screening visits are staggered through the northern communities to enable standard of care (1 exam every two years).

Virtual Emergency Services

- During the first telehealth community engagement sessions in 2001, First Nation communities expressed the need for emergency telemedicine services in their communities.
 - *KOeTS said:* “Let’s get the elective services piece figured out first.”
- In 2016, KOeTS initiated a partnership with OTN, ORNGE, Indigenous Services Canada’s Nursing Service, and four First Nations to develop a northern service model.
- The first phase of the pilot was launched in March 2017.
- Today, 19 remote First Nations have on-demand access to ORNGE Transport Medicine Specialists and the TBRHSC Intensivist Team.
- In 2020-21, ORNGE & RCCR teams attended 196 urgent/emergent video-enabled events for 125 community members.



Questions/Comments

Orpah McKenzie, Director
KO eHealth Telemedicine Services (KOeTS)
orpahmckenzie@kochiefs.ca



Caring for Communities & the Role of Digital Health

Venky Kulkarni, Chief Technology Officer, Medavie
December 8, 2021



Medavie Overview

Medavie Overview



7,200+ PROFESSIONALS

Employed and managed



NATIONAL COVERAGE

Serving clients from coast-to-coast
with operations in most provinces



2.9+ MILLION COVERED

Providing health benefits to
nearly 1 in 12 Canadians



\$4.4+ BILLION

Annual claims administered



2.4+ MILLION SERVED

Managing EMS services for nearly
1 in 15 Canadians



1 MILLION+

Annual medical contacts with
patients

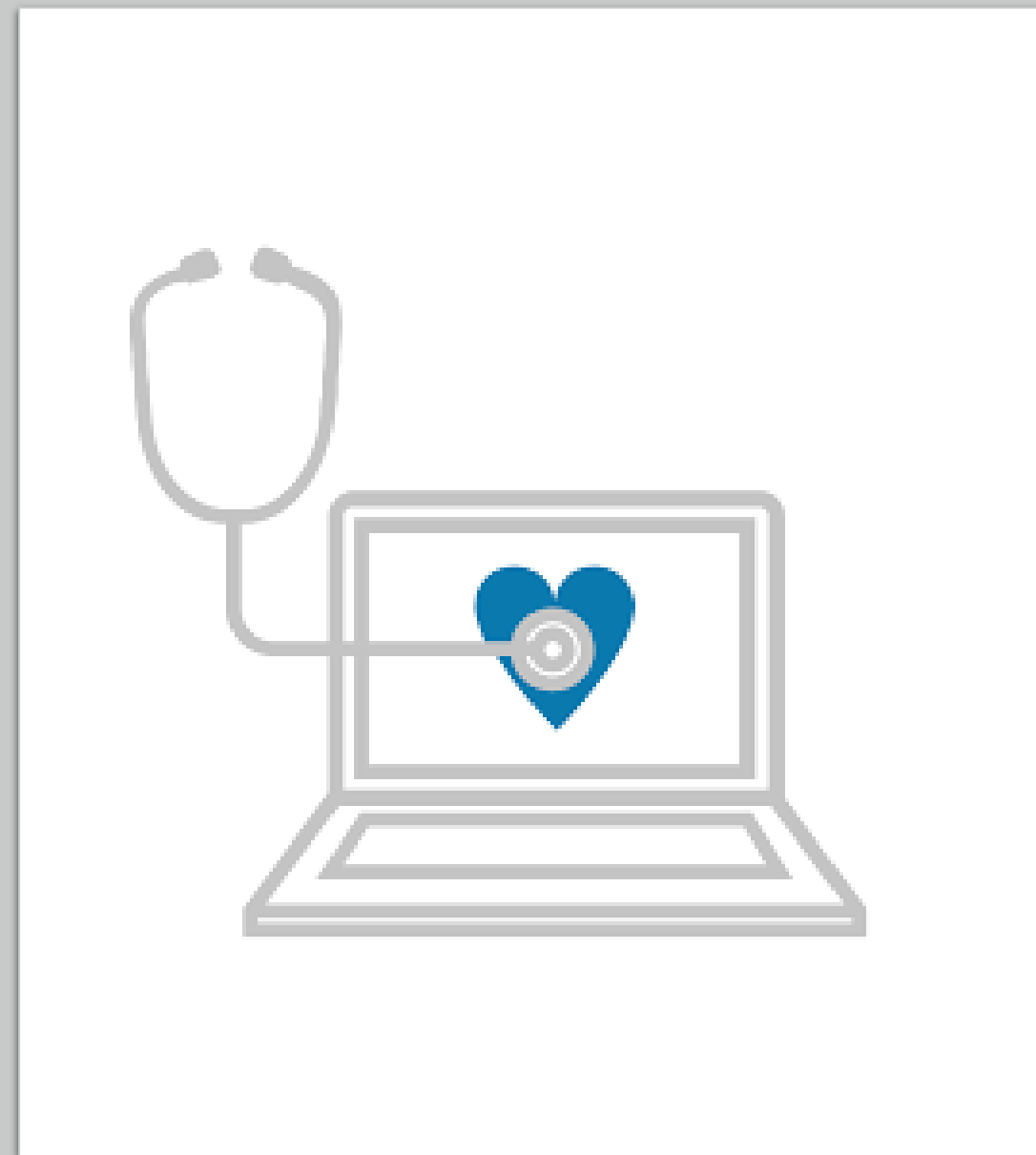
Our Values

- **Caring**
We show compassion in everything we do
- **Accountable**
We follow through on our commitments
- **Responsive**
We have the courage to act and adapt
- **Innovative**
We encourage and value new ideas
- **Community-minded**
We achieve more together



Our Innovation Philosophy

To provide a personalized health care experience while leveraging digital solutions (supported by humans) to improve accessibility and health outcomes.



Our Person-Centered Approach to Care



MEDAVIE

Our Presence in Northern Ontario

- Through Indigenous Services Canada, providing paramedic service to support Canada's northern Indigenous communities.
- Beginning May 2020, our teams have been providing direct patient care, consultation and assisting with local health care programs.
- Working alongside other health care professionals in these communities, including First Nations and Inuit Health Branch-employed nurses, ensuring that nursing stations and health centers can continue to provide life-saving care to their communities.



The Evolution of Health Care

Trends fueling Digital Health

Health care is undergoing a transformation and putting people-centric care at the forefront.

Technology

Consumerism

Personalization



IMPACT TO HEALTH CARE

The digital channel has enabled on demand access to health care from anywhere.



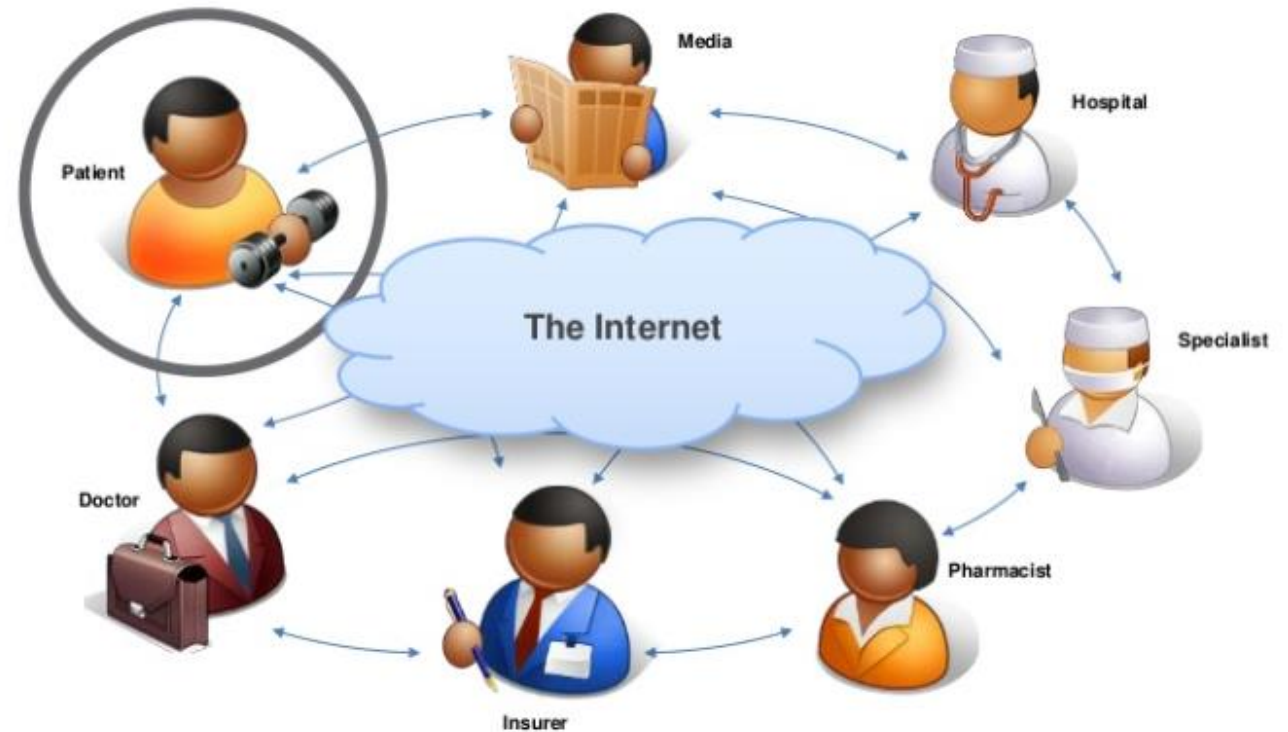
Health care consumerism is influencing the options Canadians have at their disposal.



The power to deliver the right message at the right time all along the continuum of health.

The E-Patient

- Equipped
- Engaged
- Enabled
- Empowered



The Evolution of Health Care

Yesterday



Doctors & first responders



In-person care

Today



Chronic diseases



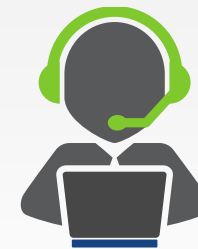
Medications



Mental health



Disability management



Coordinated care delivered by a variety of highly skilled professionals

Combination of in-person care and digital health

Digital Health

Blending digital health technology with in-person health care services helps to enhance access, reduce delays and create efficiencies.

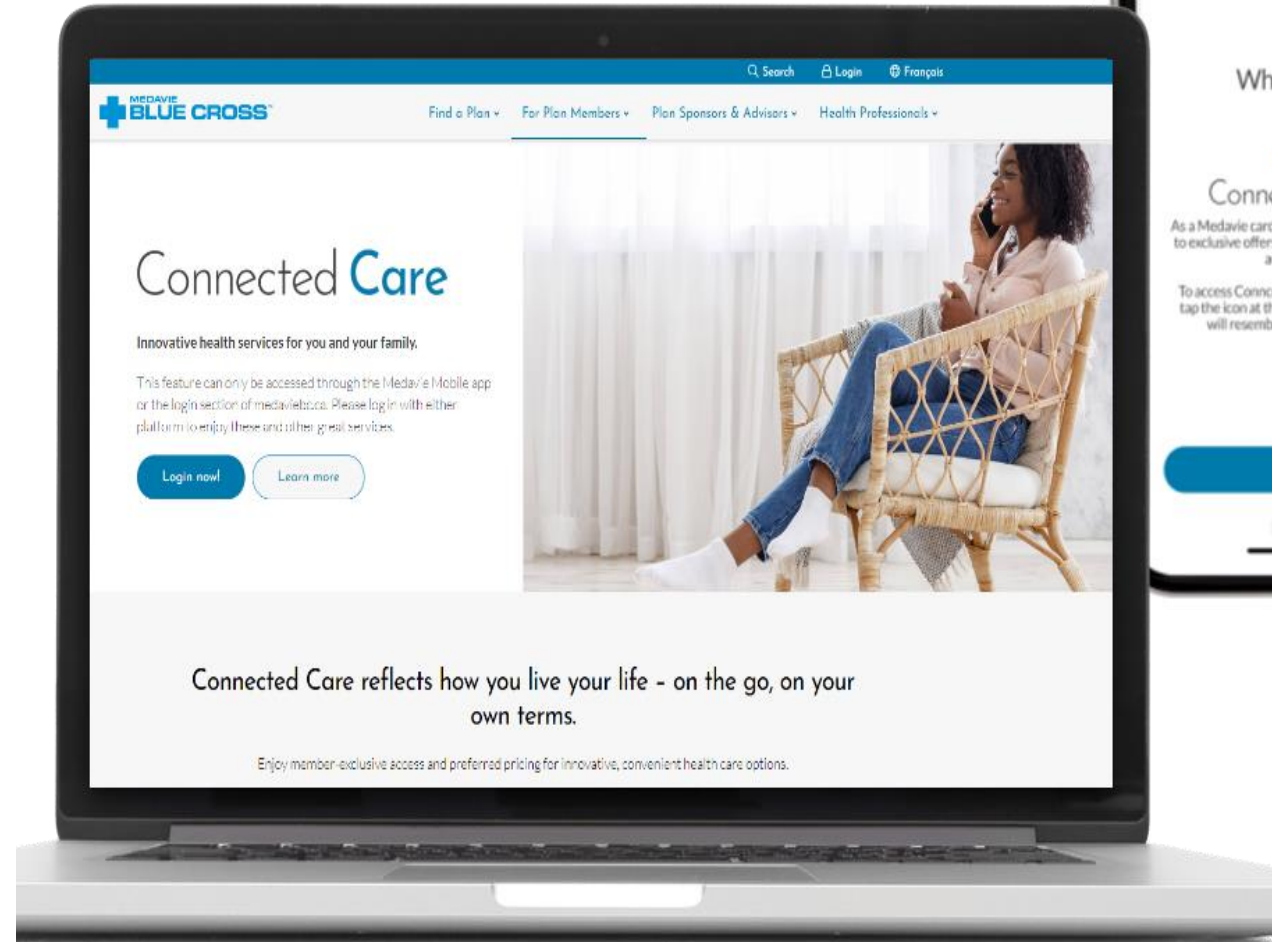


- Emergency Medical Records
- Wearable technologies
- Data analytics
- Remote patient monitoring
- Health and wellness apps
- Secure video and messaging

Technology Enabling On-demand Access to Health Care from Anywhere

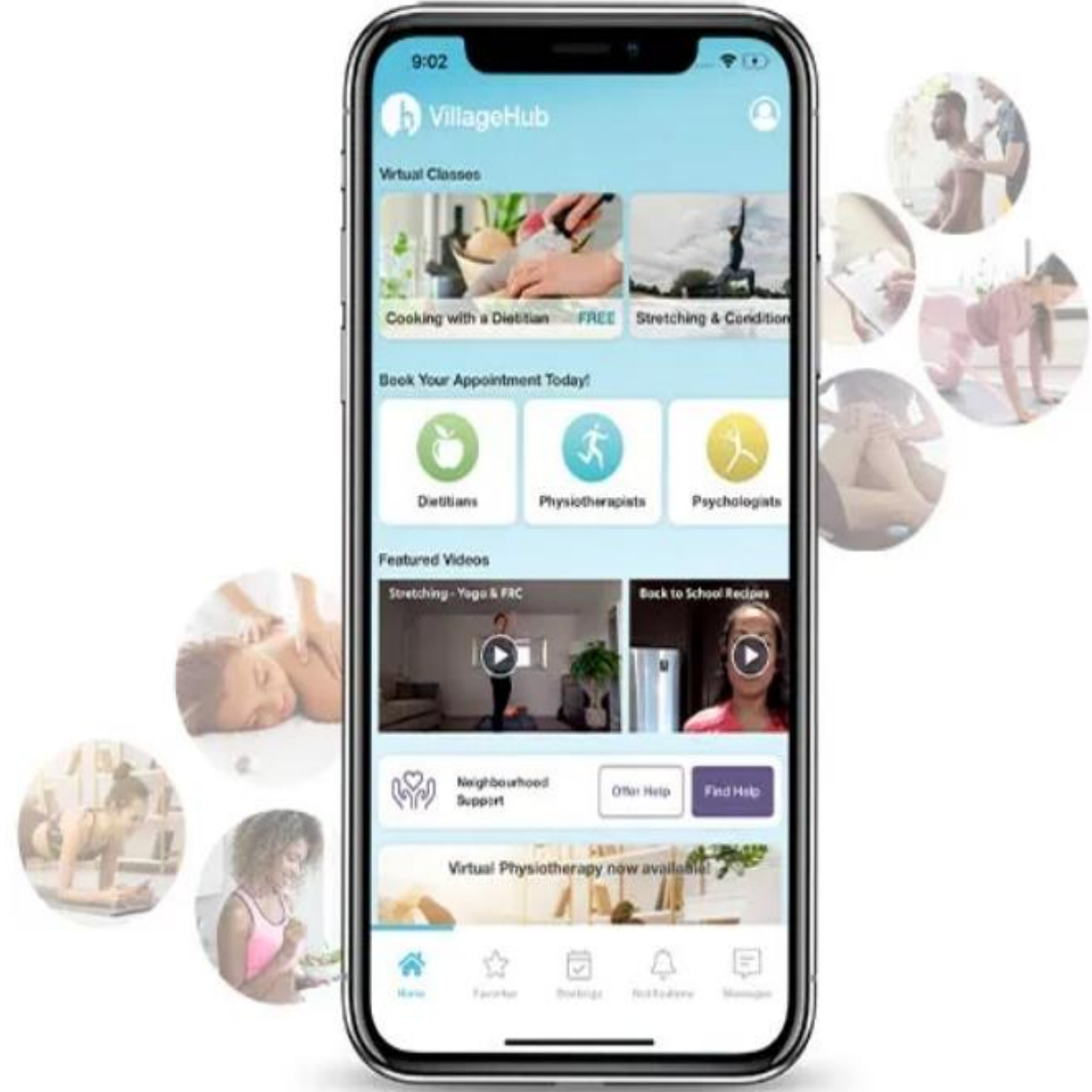
Connected Care Digital Health Platform

- Secure member access to emerging health services at preferred pricing, including:
 - Diabetes Care
 - Online Doctors
 - Personalized Medicine
 - Digital Therapy
 - Virtual Physiotherapy
 - Mindfulness



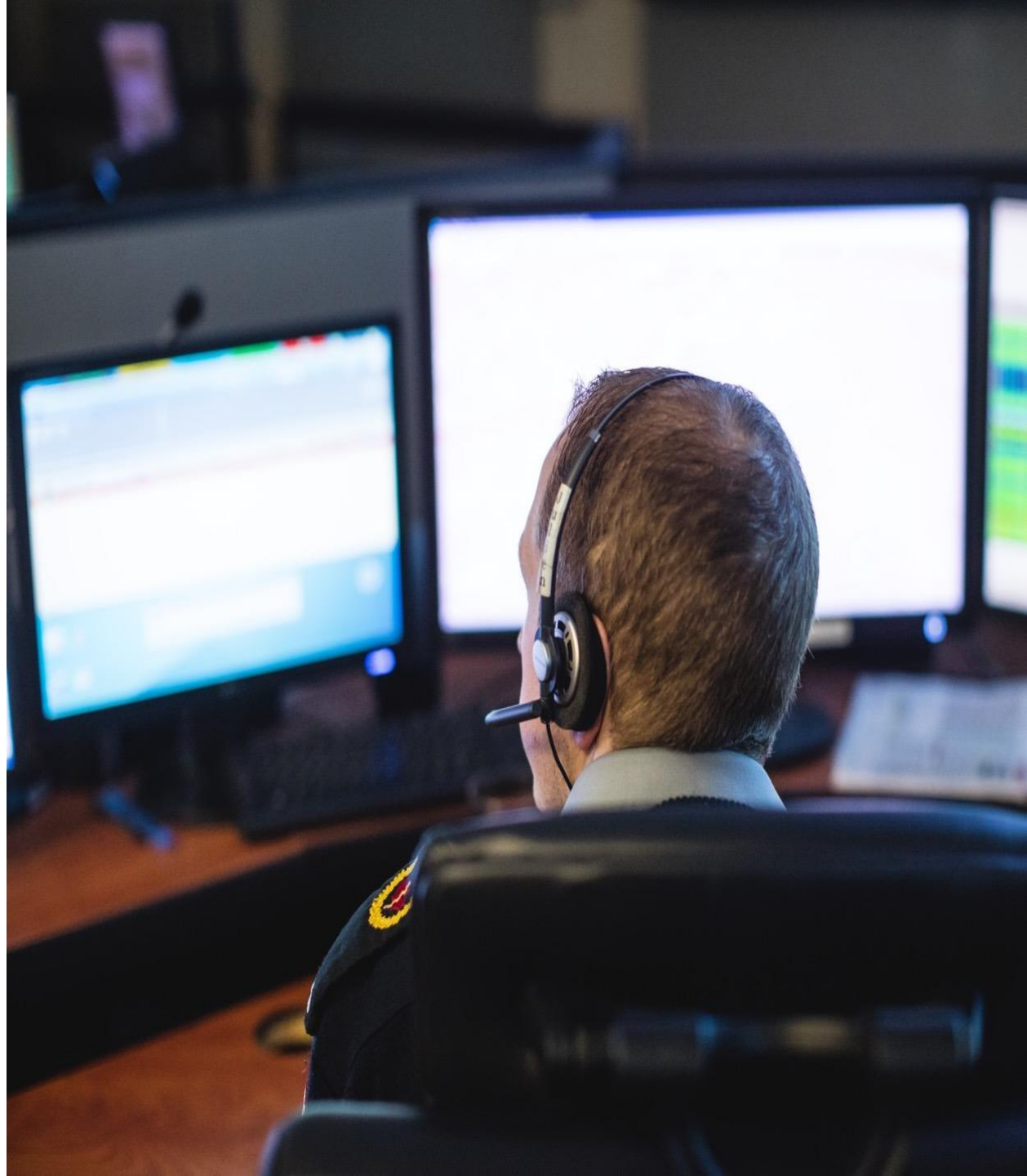
Village Hub

- A one-stop experience to help individuals manage their health and wellness services, goals and activities.
 - Search for certified Providers in your area or with appointments
 - Keep track of your past appointments and upcoming bookings
 - Create favourites and rate your provider experiences
 - Participate in health and wellness classes with certified professionals (either live or on-demand)



811 / Telehealth Systems

- Access to health information and advice via telephone for non-urgent health-related issues and questions. Services include:
 - 811 TeleHealth– Nova Scotia and PEI
 - Mental Health and Addictions (NS only)
 - NFP (Need a Family Practice) Registry
 - Cape Breton Integrated Health Program Clinical Support Nurse
 - COVID-19 Pandemic Response Services
 - Collaborations with community-centered care for long-term care residents, supported Emergency Department discharge and chronic disease patients



Digital Health Community

Partnerships add value to the overall health and wellness ecosystem, unlocking new knowledge and innovation.

By working together with our digital health partners, we offer holistic technology solutions that are shown to improve health outcomes for our patients, plan members and communities where we live and work.



Petit BamBou



A Look to the Future

Future Potential and Considerations

- Opportunity to make health, wellness and caregiving services more accessible and user-friendly to address geographical differences and other health care challenges
- Digital health solutions need to be grounded in data, analytics and insights to drive usage, deepen engagement, improve customer experience and build new services
- Partnerships and integrations with health platforms and health records will be key, along with enabling self tracking data



Questions?

