The VIRTUAL CLIENT EXPERIENCE SURVEY
What do your clients really think about your virtual services?

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14 July 2020

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Housekeeping

- The audio is being stream via your computers. For optimal sound, please use external speakers or earphones. If you are still having trouble hearing our presenters, you can dial into +1-415-655-0001 or access the list of Global call-in numbers

- This webinar will be **recorded and posted on www.eenet.ca** following the presentation.

- Please use the **Chat box** if you need any technical support and have any questions about the webinar.

- Please use **Q&A box if you have questions for our presenters**, please remember to select 'All Panelists' when asking a question.

- Some collected data from the webinar may be used for reporting.

- We would appreciate having your **feedback** on today's knowledge exchange webinar. You will receive a link to an online survey towards the end of the webinar. Thanks in advance for the 5 minutes of your time to complete our online feedback survey!

CAMH Land Acknowledgement

CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas. The site of CAMH appears in colonial records as the council grounds of the Mississaugas of the Credit First Nation. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city.

CAMH is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors, and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis – share the land and protect it for future generations.

Reference: https://www.camh.ca/en/driving-change/building-the-mental-health-facility-of-the-future

AGENDA

1 Introduction

2 Virtual Mental Health at CAMH

3 Virtual Mental Health Quality of Care

4 Development of the Virtual Client Experience Survey

5 Digital Health Equity

6 Using the VCES in Rapid Implementation

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Introduction

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The presenters

Dr. Allison Crawford MD, PhD, FRCPC

Associate Chief, Outreach, Virtual Mental Health and Outreach, and ECHO Co-Chair
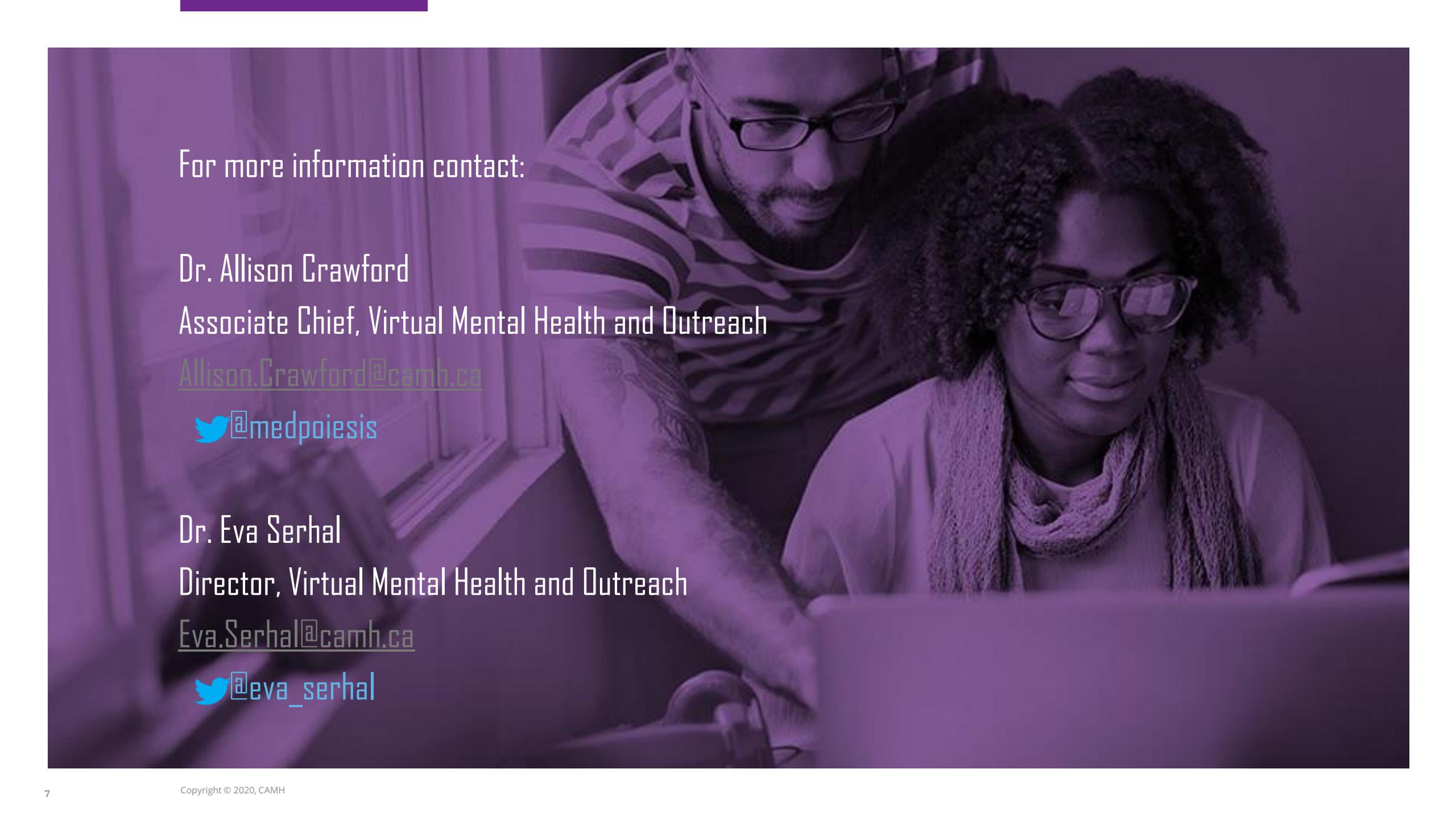ECHO Ontario (www.echoontario.ca)

Clinician Scientist, CAMH

Associate Professor, Department of Psychiatry and Dalla Lana School of Public Health, University of Toronto

Dr. Eva Serhal MBA PhD

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OBJECTIVES

By the end of this webinar, participants will be able to do the following:

1. Describe a person-centred and quality-of-care approach to implementing and delivering virtual care.

2. Identify opportunities to involve clients/patients in improving the quality of virtual care.

3. Use the VCES for virtual health planning and service delivery, including as a complement to the standardized Ontario perception of care tool for mental health and addictions (OPOC-MHA).

But first, a bit about your experience in virtual care

Please answer the poll:

 1. How much were you using (or supporting the use of) videoconferencing / telehealth for clinical care prior to Covid-19?

- ❑ Not at all
- ❑ Rarely (<25% of clinical care)
- ❑ Moderately (25-50% of clinical care)
- ❑ Routinely (50-75% of clinical care)
- ❑ Predominant mode of clinical care (>75% of clinical care)

2. After the onset of Covid-19, your current use of videoconferencing/ telehealth for clinical care is:

- ❑ Not at all
- ❑ Rarely (<25% of clinical care)
- ❑ Moderately (25-50% of clinical care)
- ❑ Routinely (50-75% of clinical care)
- ❑ Predominant mode of clinical care (>75% of clinical care)

3. How confident do you feel in your skills and competency to use videoconferencing/ telehealth for clinical care?

- ❑ Not at all confident
- ❑ A little confident
- ❑ Moderately confident
- ❑ Quite confident
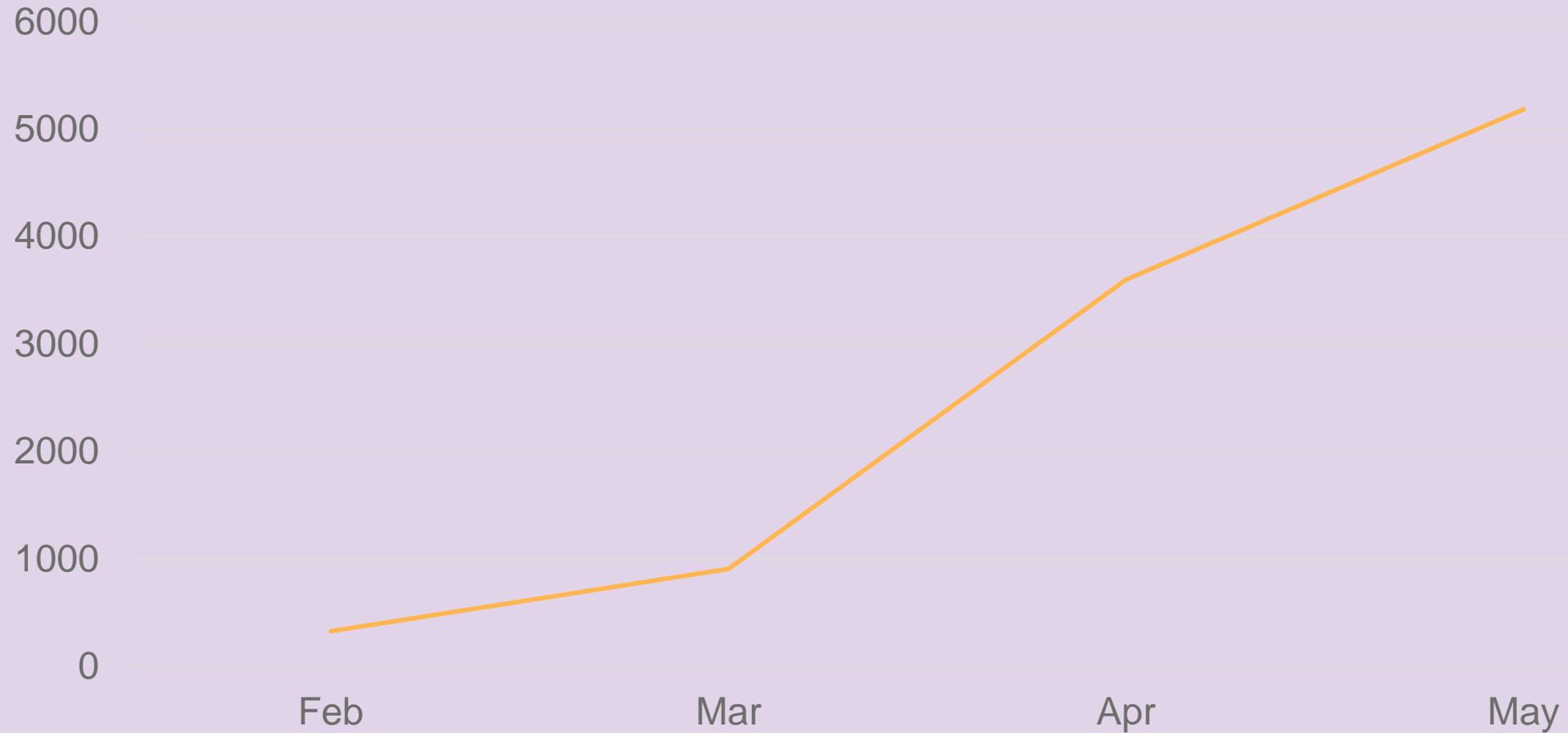- ❑ Very confident

4. Do you think you have the resources (administration, remuneration, policies, etc) and support from your organization for the use of videoconferencing/ telehealth?

- ❑ Not at all supported
- ❑ A little supported
- ❑ Moderately supported
- ❑ Quite supported
- ❑ Very supported

Context
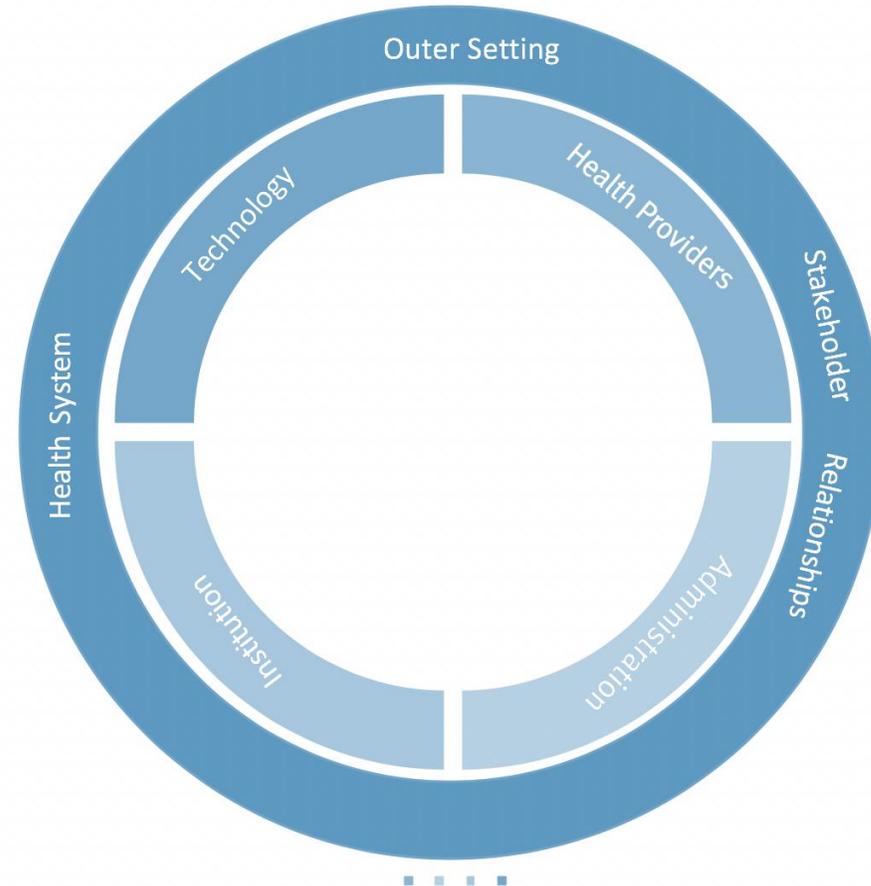
Virtual Mental Health at CAMH

Total monthly virtual visits at CAMH

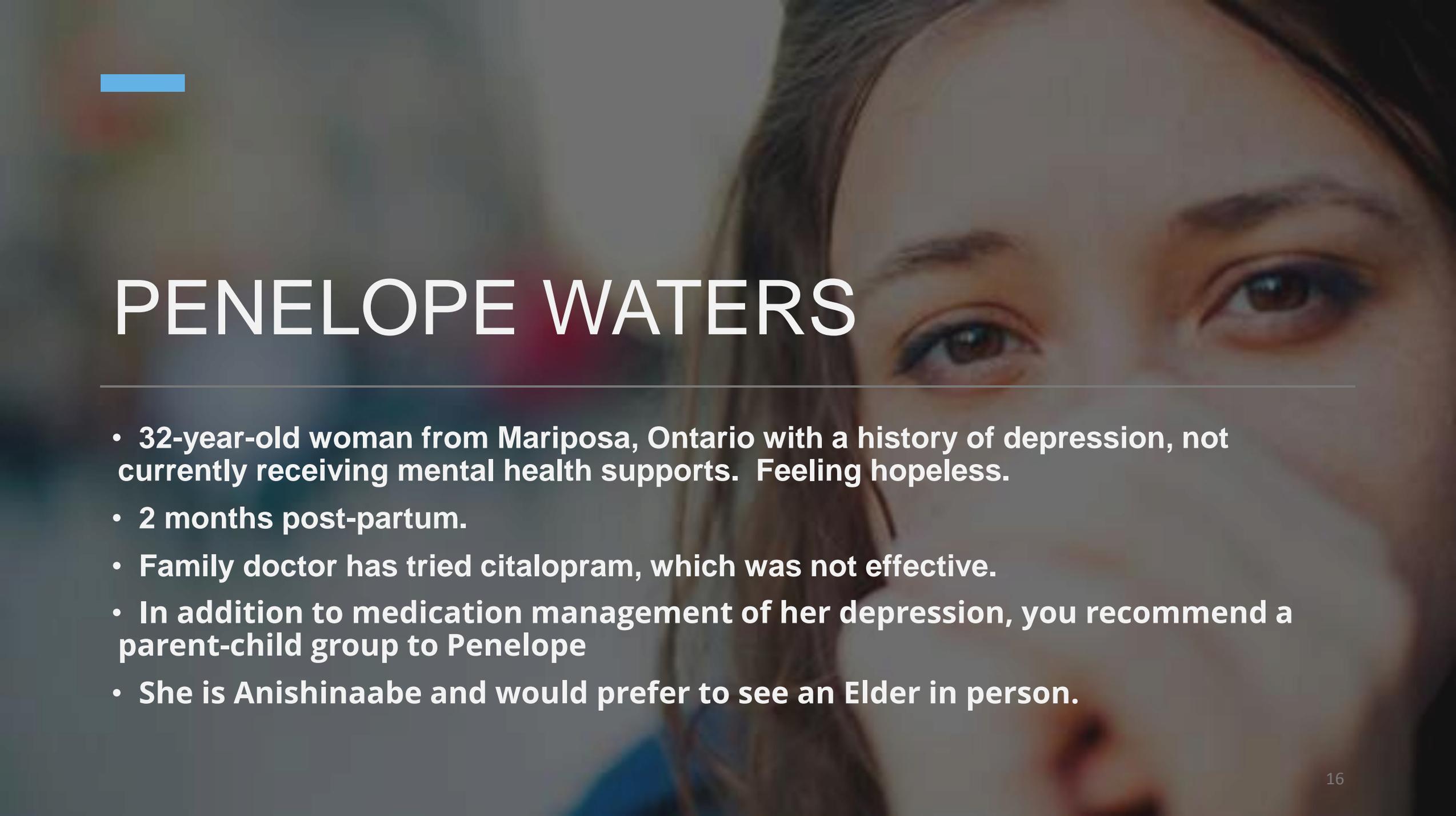Rapid Implementation in Virtual Visits at CAMH Feb – May 2020

Facilitators of Rapid Implementation

- Existing organizational policies

- Training processes for staff

- Changes to governmental regulations

- Changes to remuneration structure

- Rapid evaluation and quality improvement

Crawford and Serhal, submitted

Virtual Mental Health
Quality of Care

PENELOPE WATERS

- **32-year-old woman from Mariposa, Ontario with a history of depression, not currently receiving mental health supports. Feeling hopeless.**

- **2 months post-partum.**

- **Family doctor has tried citalopram, which was not effective.**

- **In addition to medication management of her depression, you recommend a parent-child group to Penelope**

- **She is Anishinaabe and would prefer to see an Elder in person.**

Taking a person-centered approach to virtual care

Choice – preferences and values

Dignity

Safety

Domains of Health Care Quality

Putting the person at the centre of care brings quality and choice to the fore.

Access to timely care must also be access to quality care, including care that is equitable; physically and emotionally safe; effective; and efficient.

This quality of care should be considered in the development, implementation, evaluation and ongoing quality improvement of virtual care.
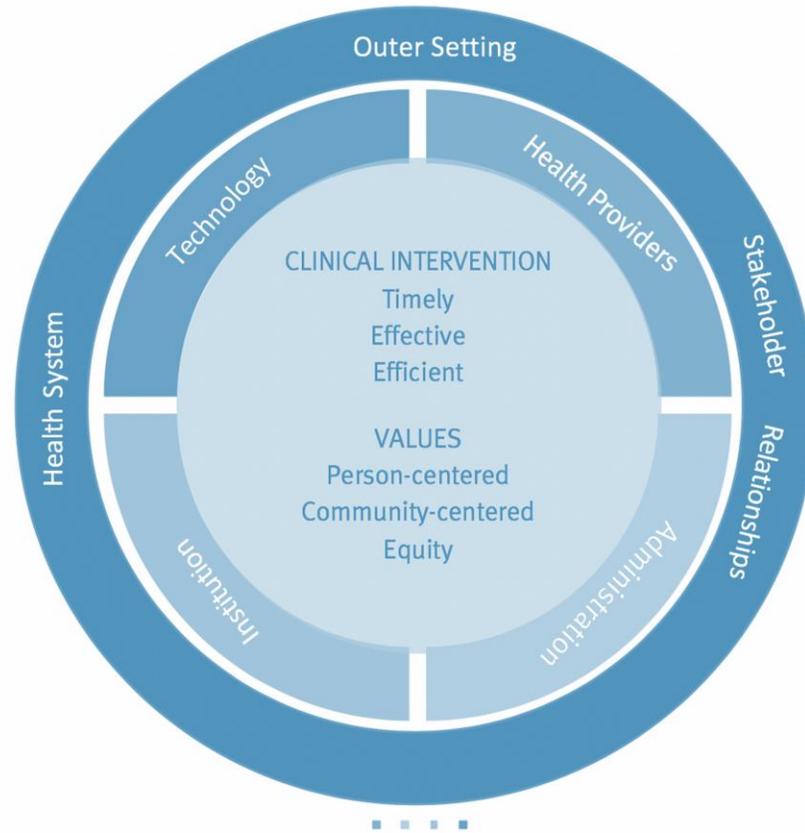
Adapted from Institute of Medicine (US) Committee on Quality of Health Care in America, 2001

Health Quality Ontario
https://www.hqontario.ca/What-is-Health-Quality/Quality-Matters-A-Plan-for-Health-Quality

Access

Equity

Person-centered

Effective

Efficient

Safe

Building and sustaining a Virtual health service

Crawford and Serhal, submitted

Development of the Virtual Client Experience Survey

Virtual Mental Health Client Experience Survey

23 item tool

Additional socio-demographic items

5 items included from the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)

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Virtual Mental Health - Client Experience Survey

We would like your feedback on your recent Virtual Mental Health visit (the clinical videoconference appointment). This feedback will help us improve the quality of Virtual Mental Health at CAMH and will also ensure that our services are available to as many clients as possible. Please answer the following questions about your experience. Completion of the survey is voluntary. Your responses are intended to be anonymous, and only aggregate findings of this survey may be shared for reporting or publication purposes. Thank you for completing the survey.

Is this your first Virtual Mental Health appointment?				Is this your first Virtual Mental Health appointment with this *CAMH clinician*?				
Yes ☐ No ☐						Yes ☐ No ☐		

| What is your gender? | Male ☐ | Female ☐ | Trans – Male to Female ☐ | Trans – Female to Male ☐ | Intersex ☐ | Non-Binary ☐ | Gender Fluid ☐ | Two-Spirit ☐ | Other ☐ |

If other, please specify: _____

| How old are you? | Less than 18 ☐ | 18 - 24 ☐ | 25 - 29 ☐ | 30 - 39 ☐ | 40 - 49 ☐ | 50 - 59 ☐ | 60 - 64 ☐ | 65+ ☐ |

Please provide the first the first three digits of your postal code (e.g. L1X): _____	Were you born in Canada? Yes ☐ No ☐
	If NO, what year did you arrive in Canada? _____

Which of the following best describes your racial or ethnic group?

☐ Asian - East (e.g. Chinese, Japanese, Korean)
☐ Asian - South (e.g. Indian, Pakistani, Sri Lankan)
☐ Asian - South East (e.g. Malaysian, Filipino, Vietnamese)
☐ Black - African (e.g. Ghanaian, Kenyan, Somali)
☐ Black - Caribbean (e.g. Barbadian, Jamaican)
☐ Black - North American (e.g. Canadian, American)
☐ First Nations
☐ Indian - Caribbean (e.g. Guyanese with origins in India)
☐ Indigenous/Aboriginal - not included elsewhere

☐ Inuit
☐ Latin American (e.g. Argentinean, Chilean, Salvadoran
☐ Métis
☐ Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
☐ White - European (e.g. English, Italian, Portuguese)
☐ White - North American (e.g. Canadian, American)
☐ Mixed heritage (e.g. Black - African & White – North American) Please specify: _____
☐ Other(s): please specify: _____

Do you have any of the following? Check ALL that apply:

☐ Chronic Illness
☐ Developmental Disability
☐ Drug or Alcohol Dependence
☐ Learning Disability
☐ Mental Illness

☐ Physical Disability
☐ Sensory Disability (i.e. hearing or vision loss)
☐ None
☐ Other(s): (please specify): _____

Have you been hospitalized for a mental health issue in the last year?   Yes ☐   No ☐

Where did you access the Virtual Mental Health appointment from?	What video conference platform did you use for your Virtual Mental Health appointment?
☐ Home	☐ WebEx
☐ Healthcare Organization	☐ Ontario Telemedicine Network (OTN)
☐ Other: (please specify): _____	☐ Don't know

Original Survey

Developed two years ago for the TeleMental Health Program at CAMH

- Questions developed and validated with a panel of subject matter and process experts
- Piloted with 274 clients that received clinical consultations through the TeleMental Health Program
- Factor analysis was used to determine correlations between questions and quality of care domains, and was also used to assess model fit.
- Initially used domains of Access/Timeliness, Appropriateness, Effectiveness and Safety.
- Both Safety and Access/Timeliness were found to be statistically significant predictors of satisfaction in our sample.

Current Survey

- Added sociodemographic questions to assess health equity

- Aligned with the Ontario Perceptions of Care survey

- Added questions about comfort with technology; type of device; platform used

Current Domains

Subscales of the VCES	
Quality of Care Domain	VCES Survey Items
Patient-centered	e.g., "I was involved as much as I wanted to be in decisions about my treatment services and supports."
Timeliness and Access to Care	e.g. "The wait time for services was reasonable for me."
Equity	Demographic questions[2]
Efficiency	"It was easy to book my virtual mental health and/or addiction appointment."
Effectiveness	e.g., "I believe virtual mental health and/or addiction care is just as effective as in-person healthcare."
Safety	e.g. "I felt safe (emotionally and physically) during my virtual mental health and/or addiction appointment."

What is the link between VCES and OPOC-MHA?

- OPOC-MHA is a standardized, validated tool with a provincial database

- Widely adopted by Ministry of Health funded mental health and addiction services

- Provides a common language and helps bring the client voice forward as a source of evidence to support program, agency and system quality improvement efforts

- Organizations are encouraged to administer the OPOC-MHA at least once annually in its entirety to obtain a comprehensive overview of the client's experience

- To support specific quality improvement and evaluation efforts, Guidelines for Using Select OPOC-MHA Questions were released in March 2020

  - VCES includes five questions from the OPOC-MHA and similar socio-demographic questions

  - Offers a complementary approach to measuring client experience with a specific focus on virtual care

OPOC-MHA Questions on the VCES

VCES Question #	Question	OPOC-MHA Question #
2	The wait time for services was reasonable for me	1
11	I was assured my personal information was kept confidential	14
12	Staff understood and responded to my needs and concerns*	21
13	I was treated with respect by program staff	18
17	I was involved as much as I wanted to be in decisions about my treatment services and supports*	12

*Also on VCES-Brief

Consider how VCES implementation can complement OPOC-MHA administration. For example:

- Annual OPOC-MHA blitz in November
- Administration of the full VCES in July with every client on their first virtual visit
- Use of the VCES-Brief during follow-up visits in August and September
- Review OPOC-MHA and VCES data in October, comparing:
  - Pre vs in-COVID client experience
  - In-person vs virtual services
  - Other?

Brief Version

To facilitate ongoing feedback from clients after follow-up or multiple visits.

9 Questions

1. It was easy to access virtual mental health and/or addiction care at this organization.
2. During my virtual mental health and/or addiction appointment, I was able to see the healthcare provider clearly.
3. During my virtual mental health and/or addiction appointment, I was able to hear the healthcare provider clearly.
4. I believe virtual mental health and/or addiction care is just as effective as in-person healthcare.

Brief Version

5. *Staff understood and responded to my needs and concerns.
6. I received compassionate virtual mental health and/or addiction care.
7. I felt safe (emotionally and physically) during my virtual mental health and/or addiction appointment.
8. *I was involved as much as I wanted to be in decisions about my treatment services and supports.
9. Overall, I am satisfied with my virtual mental health and/or addiction appointment.

Future development

- (Re) validation of current version

- Child and Youth version

- Caregivers version

- French version

- Triangulation with Health Equity Impact Assessment and qualitative interviews

- Survey for providers

Digital
Health Equity
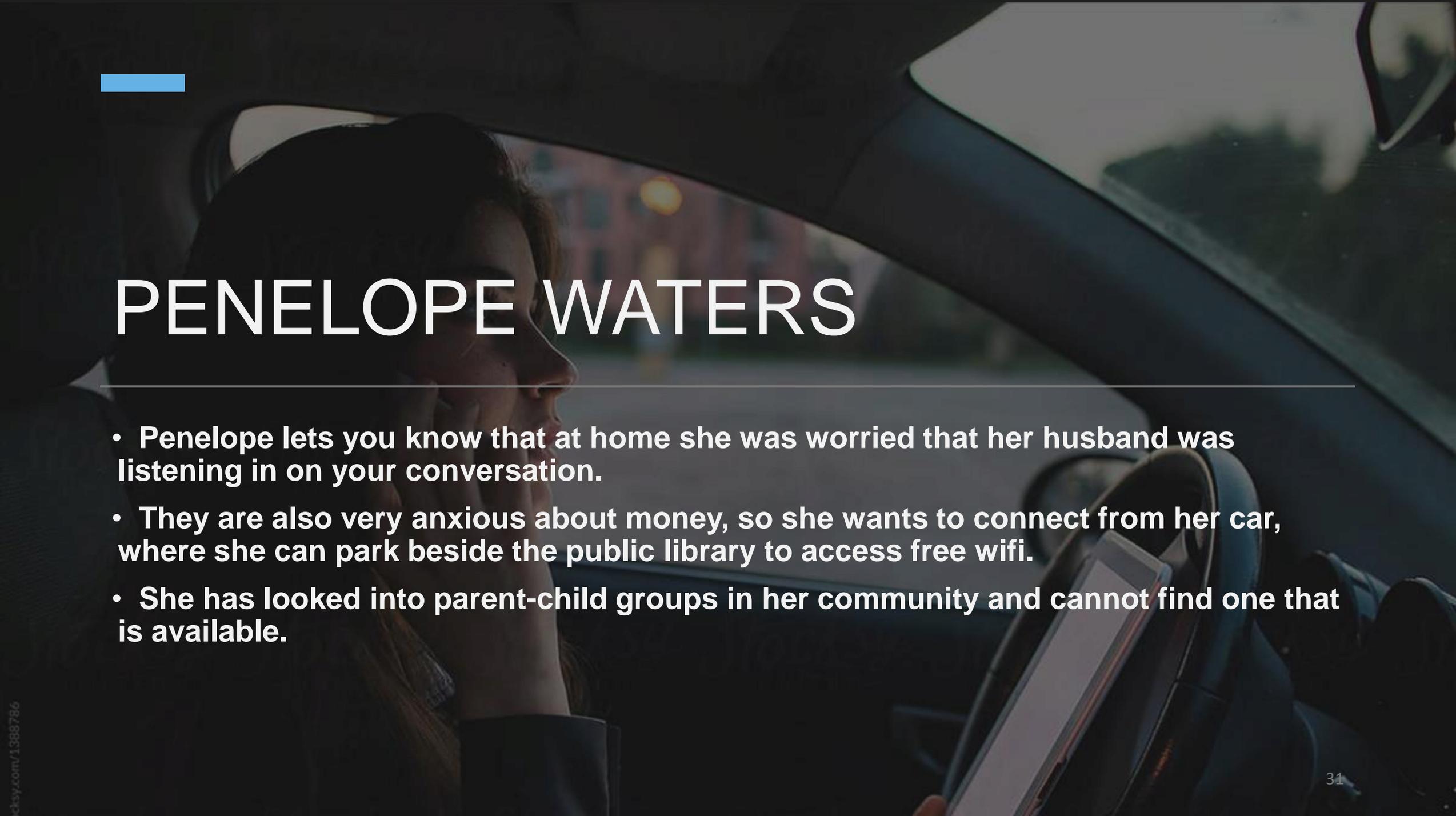
PENELOPE WATERS

- Penelope lets you know that at home she was worried that her husband was listening in on your conversation.

- They are also very anxious about money, so she wants to connect from her car, where she can park beside the public library to access free wifi.

- She has looked into parent-child groups in her community and cannot find one that is available.

Considering Digital Health Equity

Health equity is achieved when people have equal outcomes, irrespective of age, ethnicity, gender, income or geography.

Digital health equity requires equal access to digital resources, along with digital health literacy.

Communities need to be adequately resourced to support digital health, and cultural, language and values need to be considered.

Important for organizations to consider how they might help or hinder health equity through digital health.

Digital Health Equity Framework

Crawford & Serhal 2020
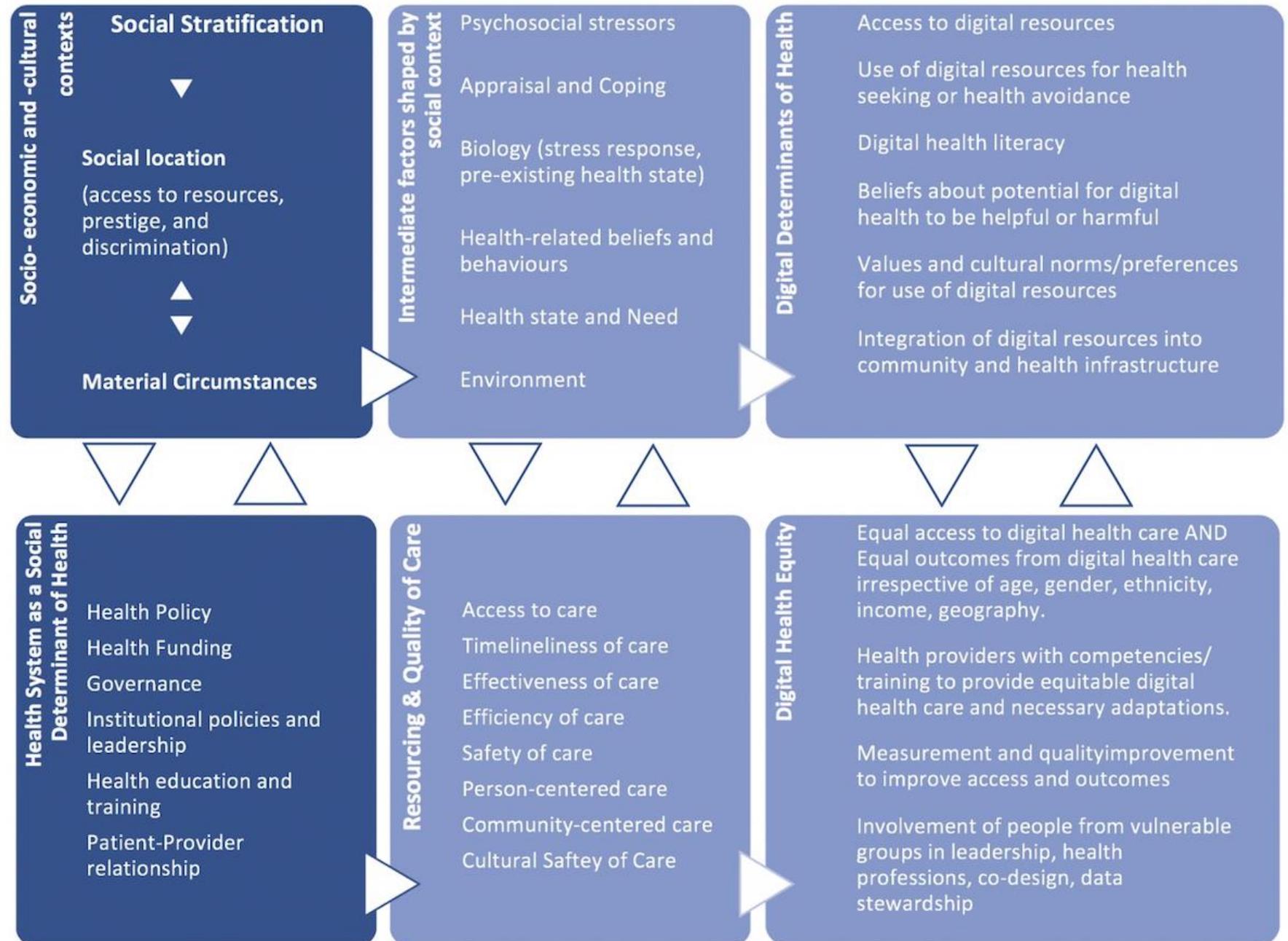
Items on the VCES that measure Equity

- Ethnicity

- Language

- Gender

- Access to and comfort with technology

Using the VCES in Rapid Implementation

PLANNING

ENGAGING

EVALUATING & REFLECTING

EXECUTING

Evaluation of Virtual Care

OUTCOMES

How will you measure the success of starting virtual care? (Implementation)

How will you know if patients are getting better?

How will we measure system change?

PATIENT EXPERIENCE

Are patients satisfied with your provision of virtual care?

Are they getting better?
  Measurement-based care

Are there barriers to accessing virtual care?
  Language
  Access to technology
  Comfort with technology
  Dis/abilities

QUALITY IMPROVEMENT

Are you evaluating with a view to improving care?

Across health quality domains:

PERSON-CENTERED
EQUITABLE
SAFE
TIMELY
EFFECTIVE
EFFICIENT

EVALUATION & REFLECTION USING THE VCES

Consider how it will be distributed to patients/ clients.
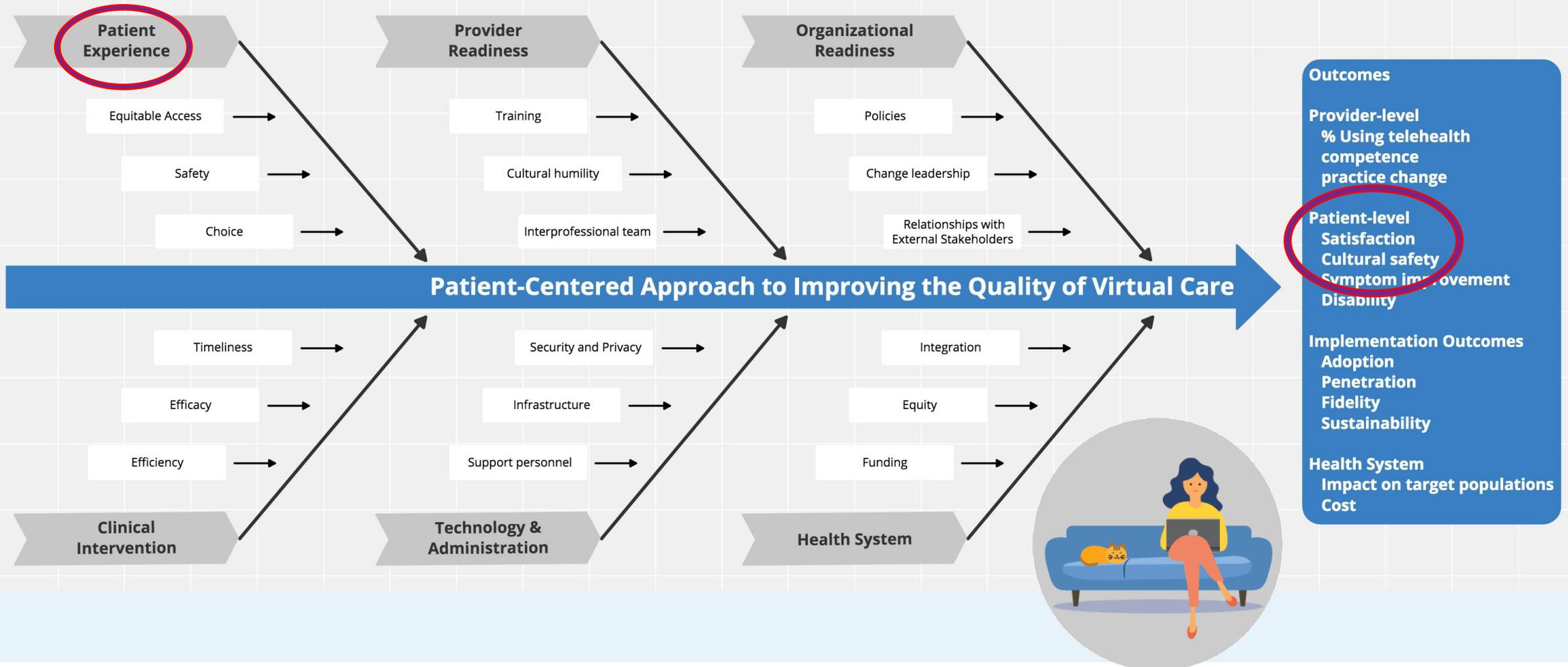   Paper vs electronic?

How will it be integrated with current administrative practices?

Who will enter/ track data? How will it be used?

Sequencing with other evaluation measures

How will the data inform ongoing/ future planning?

Outcomes of Virtual Care - multilevel framework

Patient Experience
- Equitable Access
- Safety
- Choice

Provider Readiness
- Training
- Cultural humility
- Interprofessional team

Organizational Readiness
- Policies
- Change leadership
- Relationships with External Stakeholders

Patient-Centered Approach to Improving the Quality of Virtual Care

Clinical Intervention
- Timeliness
- Efficacy
- Efficiency

Technology & Administration
- Security and Privacy
- Infrastructure
- Support personnel

Health System
- Integration
- Equity
- Funding

Outcomes

Provider-level
  % Using telehealth
  competence
  practice change

Patient-level
  Satisfaction
  Cultural safety
  Symptom improvement
  Disability

Implementation Outcomes
  Adoption
  Penetration
  Fidelity
  Sustainability

Health System
  Impact on target populations
  Cost

Resources

Virtual Mental Health Resources at CAMH

Online training and tools at CAMH: https://www.porticonetwork.ca/web/telemental-health/telemental-health/registration

Download the VCES at: https://edc.camhx.ca/redcap/surveys/?s=7CRKNYT7FY

Brief Version of the VCES: https://edc.camhx.ca/redcap/surveys/?s=PK3EH48CNX

Questions

Thank you to all participants for joining today's webinar.

CAMH would also like to give a special **THANKS to Dr. Allison Crawford and Dr. Eva Serhal** for today's presentation!

Please take a few minutes to answer a feedback survey on today's webinar and give us suggestions on future webinar topics.

The webinar recording will be posted EENet's website shortly.

Thank You!

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