A PRESENTATION ABOUT

BENEFITS EVALUATION OF VIRTUAL MENTAL HEALTH VISIT PROGRAM AT HAMILTON FAMILY HEALTH TEAM

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TODAY'S AGENDA:

- Background & Rationale
- Project Scope and Setting
- Stakeholders and Study Questions
- Indicators, Measurement Methods & Data Sources, Ethical Considerations
- Strengths & Limitations
- Knowledge Translation
- Evaluation Timeline
- Conclusion

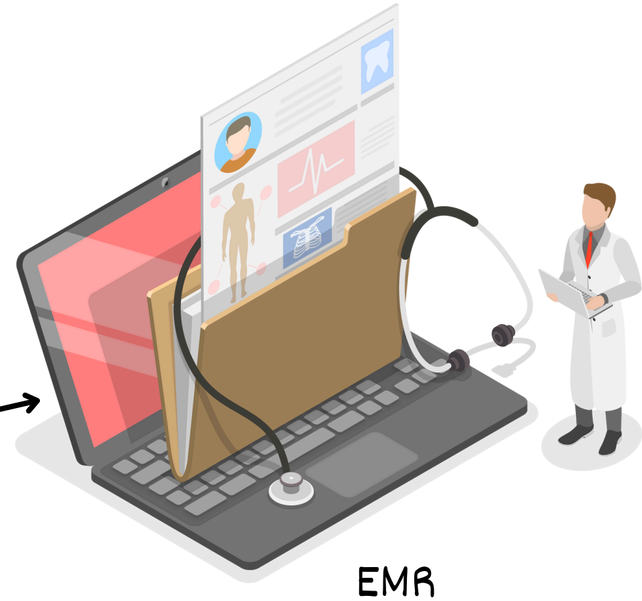
SCENARIO

Hamilton Family Health Team
Better care, together.

PHIPA-compliant system

ZOOM Healthcare

Integrated Virtual Care Solution



EMR

Ontario
Ministry of Health
Ministry of Long-Term Care

Canada Health Infoway

Implementation Features

- The ability to share resources securely
- Multi-party video
- Integration with the booking system

Rollout Plan

- 20 primary care providers and mental health counselors
- 500 patients

BACKGROUND & RATIONALE

- Mental health care delivery in Canada, especially for conditions like depression, has faced long-standing challenges.

What are virtual mental health?

COVID 19

accelerated the adoption of virtual mental health services across Ontario. In fact, at its peak in early 2020, over 60% of outpatient visits were delivered virtually (CMA, 2020).

For example, the proportion of physician-provided mental health services delivered virtually in Canada jumped from 4% pre-pandemic to 57% during 2020–2021 (CIHI, 2022)

PROJECT SCOPE

1

OVERALL DESIGN

Prospective, pre and post-implementation impact

2

FOCUS

- Adult patients with moderate depression or anxiety
- Patients who face barriers attending clinic

3

TIME FRAME

12-to-18-month post-implementation period

4

SETTING

Hamilton Family Health Team

5

BENEFIT AREAS

- Quality of Care & Health Outcomes
- Access to Care
- User Satisfaction and Experience
- System, Information, and Service Quality
- Operational Productivity and Efficiency

STAKEHOLDERS

Patients and Families

Mental Health Care Providers(Clinicians)

Hamilton FHT Leadership

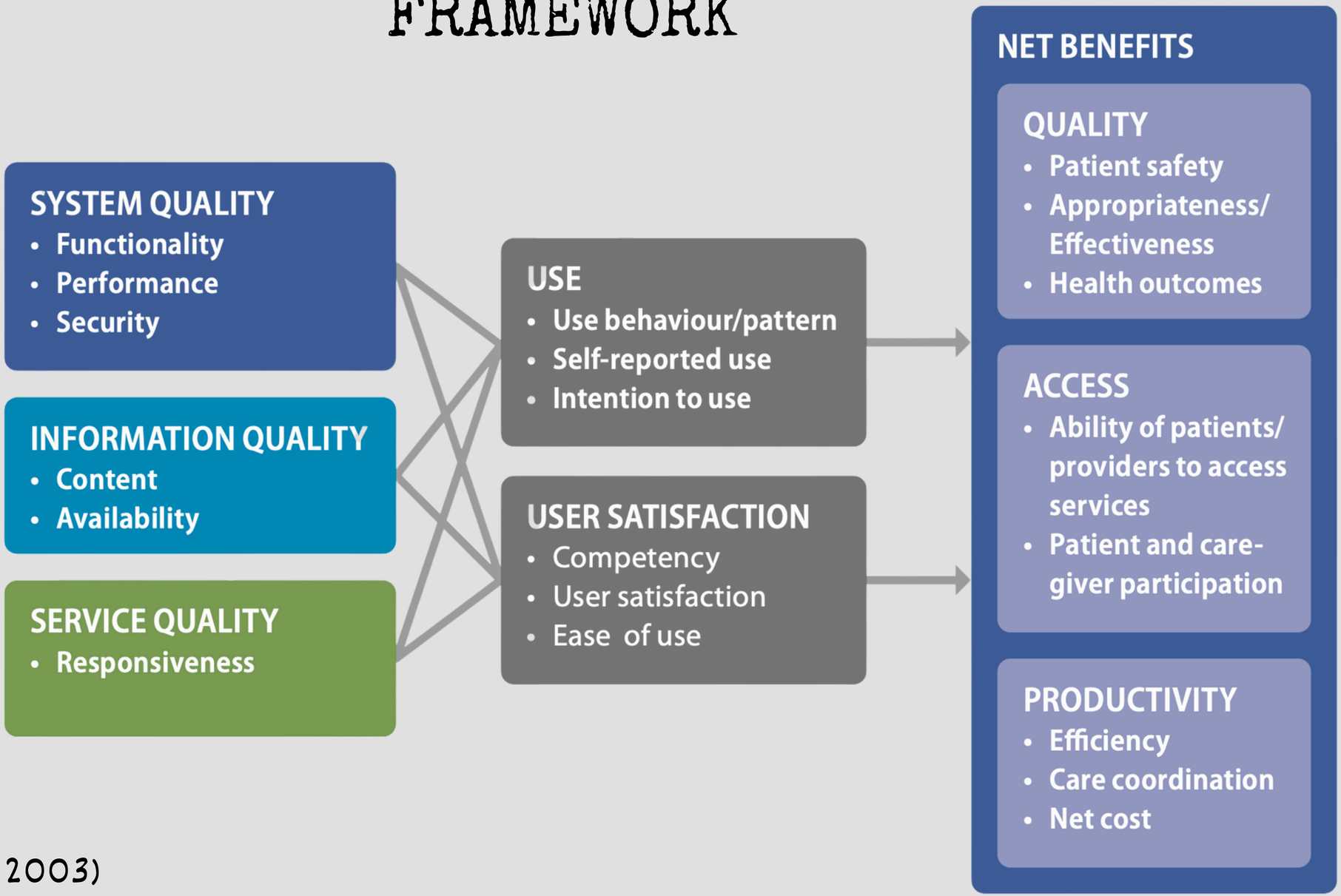
Ontario Ministry of Health/Funders

HFHT Administrative Staffs

Virtual Platform Vendor

IT Support Staffs

BENEFITS EVALUATION FRAMEWORK



(DeLone & McLean, 2003)

PICO STUDY QUESTIONS

 # 1

How does the implementation of virtual mental health visits impact the quality of care and patient outcomes for individuals receiving mental health services at the Hamilton Family Health Team?

 # 2

To what extent do virtual mental health visits enhance access to care and patient/caregiver participation for individuals served by the Hamilton Family Health Team?

 # 3

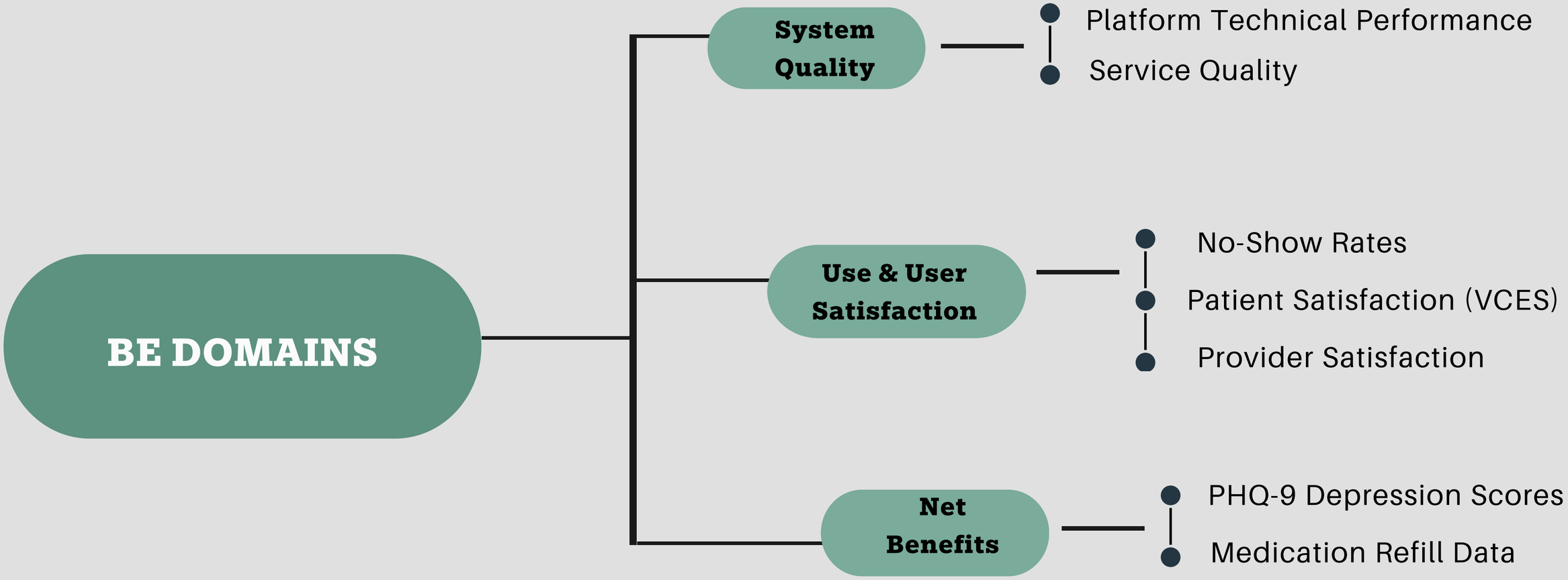
What is the impact of virtual mental health visits on the productivity and efficiency of mental health service delivery within the Hamilton Family Health Team?

 # 4

How do System Quality, Information Quality, and Service Quality of the virtual visit platform influence its use and user satisfaction among patients and providers at the Hamilton Family Health Team?

INDICATORS & DATA SOURCES

I selected a mix of indicators that map to Canada Health Infoway's Benefits Evaluation (BE) logic model (Infoway, 2012).Each indicator fits into this chain of logic:



INDICATORS & DATA SOURCES

BE DOMAIN	INDICATOR	MEASUREMENT METHOD	DATA SOURCE	FREQUENCY
Net Benefits-Quality	Depression Symptom Outcome	PHQ-9 (Patient Health Questionnaire-9)	HFHT Patient Portal, Integrated EMR	Baseline, 3-months, 6-months post-initiation
Net Benefits-Quality	Treatment Adherence(Adoption Rate)	%of Visit Attendance/ No Show Rate	HFHT Scheduling System, Virtual Visit Platform Logs	Monthly
Net Benefits-Quality	Treatment Adherence(Medication Refill)	Proportion of prescribed mental health medications refilled on schedule	HFHT EMR or Linked Pharmacy system	Monthly
Net Benefits-Access	Access to Care: Wait Times	Average time from referral to first virtual appointment	HFHT Scheduling System	Quarterly
Net Benefits-Access	Access to Care: Geographic Reach	Number of unique patient postal codes utilizing virtual visits	HFHT EMR (Patient Demographics)	Quarterly
Net Benefits-Access	Patient & Caregiver Participation	Patient Portal Engagement (login frequency, resource access); Caregiver presence in sessions	HFHT Patient Portal Logs, HFHT EMR	Monthly (logs), Ad-hoc (documentation)
Net Benefits- Productivity	Provider Efficiency & Workflow Impact	Provider surveys on time savings, visit volume; System logs for visit duration	Custom Provider Surveys, Virtual Visit Platform Logs	Quarterly (surveys), Monthly (logs)

#1

#2

#3

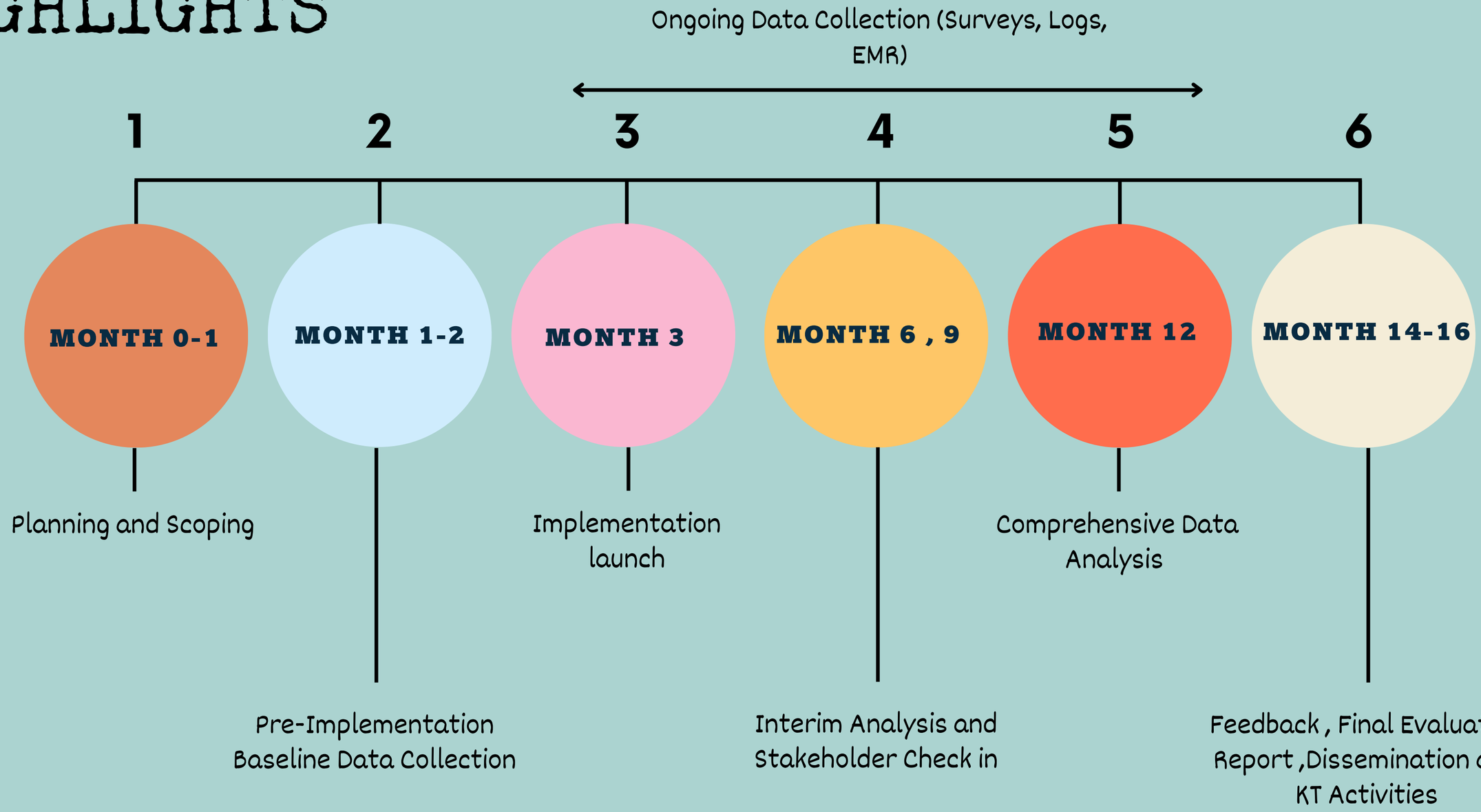
INDICATORS & DATA SOURCES

#3

#4

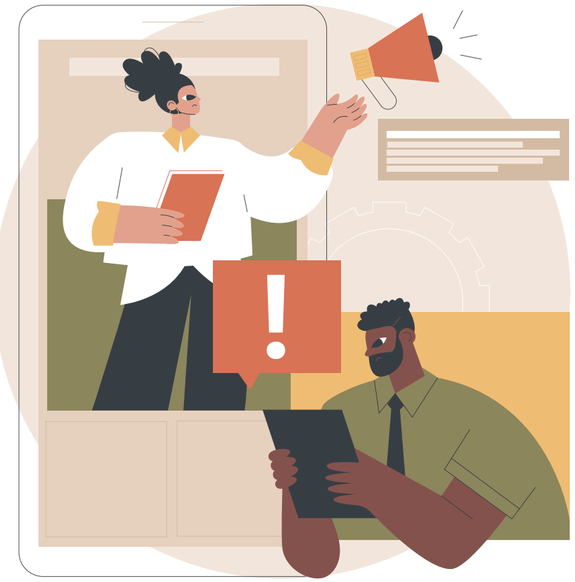
BE DOMAIN	INDICATOR	MEASUREMENT METHOD	DATA SOURCE	FREQUENCY
Net Benefits- Productivity	Net Cost Implications	Qualitative cost savings vs. direct costs.	Financial records; qualitative feedback	End of evaluation period
System & Service Quality	System & Service Quality	Infoway System and Use Assessment Survey (adapted for virtual care)	Online Survey Tool (administered to patients & providers)	3-months, 9-months post-implementation
System & Service Quality	Technical Performance	Uptime %, Error Logs, Support Ticket Frequency	Vendor Reports / Internal IT Logs	Monthly Audit
User Satisfaction	User Satisfaction (Patient)	VCES(VirtualClient Experience Survey)	Online or Phone Survey	Ongoing Post Visit Collection
User Satisfaction	User Satisfaction (Provider)	Custom Provider Survey (Likert Scale or Open Ended)	Online Survey or Internal Clinican Feedback Form	Quarterly
Use	Platform Usability and Use	Session frequency/duration; feature usage; satisfaction ratings.	System logs; Infoway-style surveys	Ongoing; 3-month; 6-month
Use	Use Behavior/Patterns	Number of virtual visits, duration, frequency, type of service	Virtual Visit Platform Logs	Monthly

TIMELINE HIGHLIGHTS



LIMITATIONS

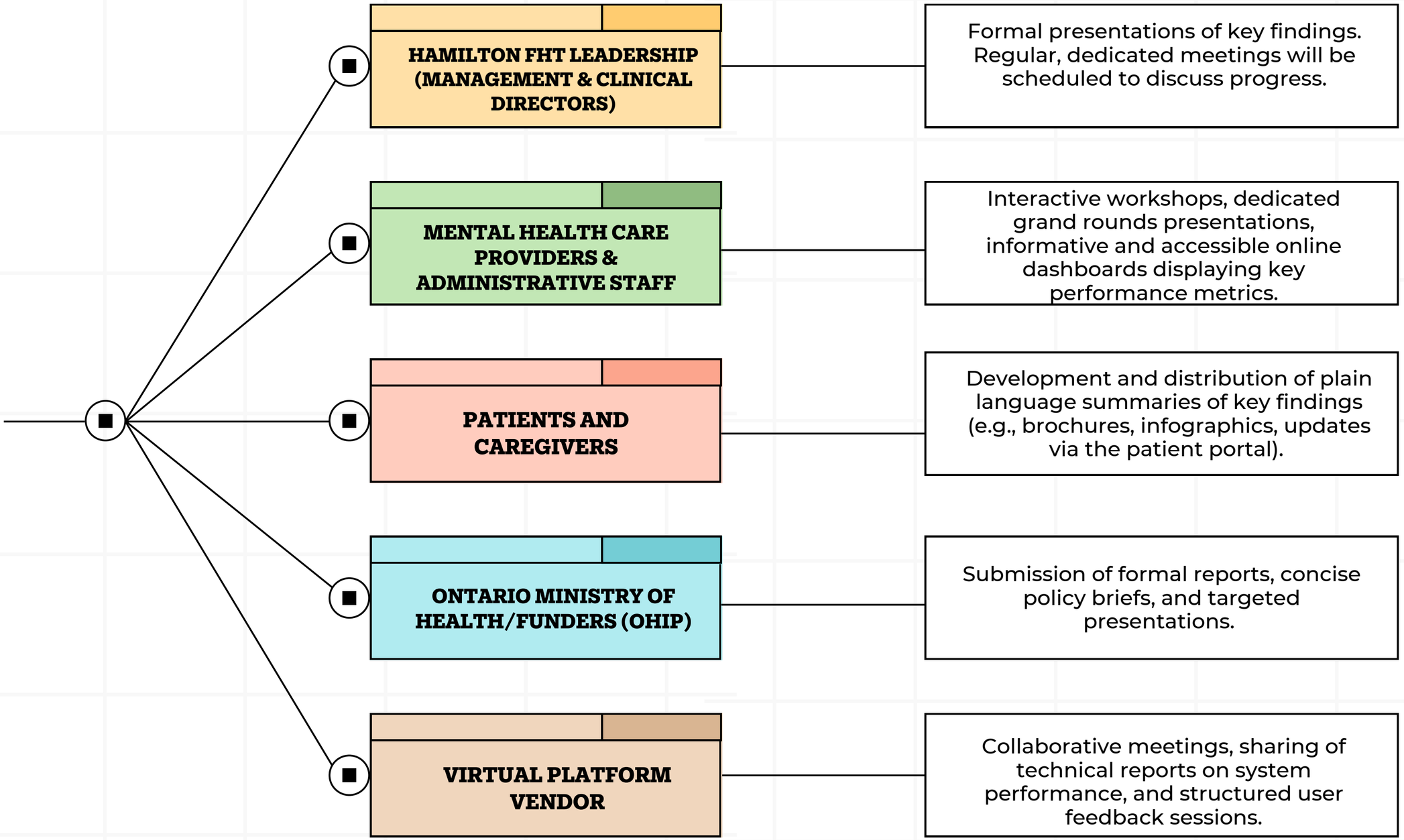
- Observational Design
- Context-Specific Findings
- Potential Biases
- Data Quality
- Timeframe Constraints
- Scope Limitations
- Equity and Technology Barriers
- Provider Burden



BE VS RESEARCH EXERCISE

BE		RESEARCH EXERCISE
Iterative: results inform real-time or near-term program changes, course corrections	Ethics/Review	Typically one-time or at end of study; rarely feeds back into practice immediately
Practical: "How well is this working?" "Should it be improved, continued, scaled?	Focus of Questions	Theoretical: "What do we not know?" "Why does this happen?"
Ethics reviewed as needed (if involving human subjects/PHI)	Feedback/Adaptation	Stringent research ethics; may require full IRB/REB (especially for intervention trials).
Pragmatic, context-specific	Design Orientation	Prioritizes rigor, control, internal validity (RCTs, matched controls, experimental designs
High	Stakeholder Involvement	Generally low

KNOWLEDGE TRANSLATION PLAN



ETHICAL CONSIDERATIONS AND APPROVAL PROCESS

Informed Consent

Privacy and Confidentiality

Data Security

Ethics Board Approval

CONCLUSION

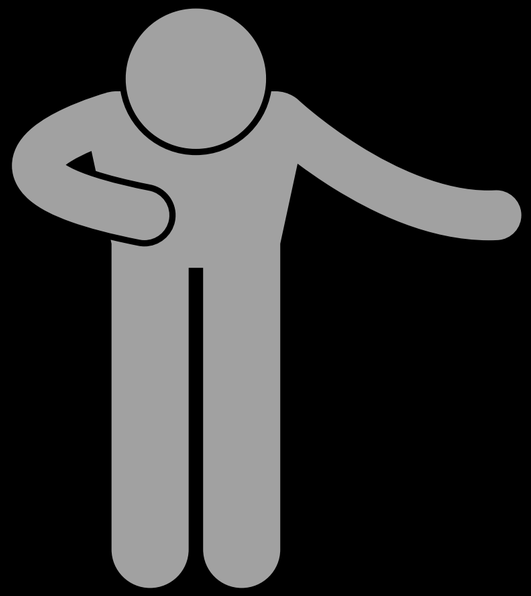
This Benefits Evaluation plan for virtual mental health visits at the Hamilton Family Health Team demonstrates a comprehensive and systematic approach to assessing the value and impact of this eHealth intervention.

The detailed fictional implementation establishes a clear context for the evaluation, highlighting the well-documented benefits of virtual mental health care in terms of accessibility, patient satisfaction, and provider efficiency. This systematic measurement across System Quality, Information Quality, Service Quality, Use, User Satisfaction, and Net Benefits (Quality, Access, Productivity) will enable HFHT to understand not only what benefits are realized but also why and how they are achieved.

Finally, the emphasis on tailored Knowledge Translation strategies will ensure that the evaluation's findings are effectively communicated to all relevant stakeholders, fostering evidence-informed decision-making and driving the ongoing optimization of virtual mental health services at the Hamilton Family Health Team. This Benefits Evaluation will serve as a vital tool for HFHT to enhance patient care, improve operational efficiency, and demonstrate accountability to its community and funders.

REFERENCES

THANK YOU FOR LISTENING




Any
Questions
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