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Virtual care: Why secure messaging is a critical tool to effectively deliver health care

Read time: 7 min



Dr. Duncan Rozario is the Chief of Surgery at Oakville Trafalgar Memorial Hospital in Oakville, Ont., and a member of the Innovation Sub-Committee of the Council on Improving Healthcare and Ending Hallway Medicine for the Ontario Ministry of Health and Long-Term Care. He is the Chief Medical Officer of [Sigma HealthTech Inc.](#), which provides advanced secure messaging solutions like SigMail to healthcare providers in Canada.

Dr. Rozario recently spoke with MD Financial Management about the evolution of virtual care and why the use of secure messaging will benefit both clinicians and patients. Here are highlights of the discussion.

Before COVID-19, what was virtual care like in Ontario?

We definitely had the technology for virtual care. We had smartphones, access to broadband in urban areas and the software to support communication across a wide variety of platforms. So, it was possible to have effective virtual care deployed across medical care. What was missing were the processes and protocols and acceptance to ensure adoption and utilization.

Were patients able to access virtual care before the pandemic?

Despite the availability of the technology, patients weren't getting much choice in how they could access this type of care, whether it was a video conversation, a phone call or a secure message. Before the COVID-19 pandemic of 2020, only 1% of care was provided virtually, whereas in some U.S. jurisdictions, over 50% of care was provided virtually.

Why was virtual care not used?

Its adoption lagged due to numerous issues, including access, awareness, workflow, data integration and remuneration. Physicians weren't paid for having phone conversations or sending secure messages, and whatever payment opportunities existed for virtual care were very limited. There was limited awareness and acceptance in health care, despite widespread adoption in sectors like banking.

How did the pandemic change that?

When COVID-19 hit last spring, the governments of Ontario and most other provinces quickly introduced billing codes for phone and video appointments. British Columbia and Alberta were the first to do this for secure messaging many years ago. COVID-19 demonstrated why accessible virtual solutions were vital to reduce the risk and cost of physical contact, yet still provide effective and compassionate access to care.

Now that virtual care is being used more widely, what are we missing?

We have to ensure messaging is done in a secure, encrypted manner.

Throughout the pandemic, conventional email was often used to disseminate information in an uncertain, rapidly changing environment. But conventional email is rife with security weaknesses. Email is transmitted in plain text and can easily be read en route. Proper security leads to trust, which is fundamental to the provider–patient relationship: a patient’s sensitive personal health information must be as secure as if it were banking information.

We need a patient-centred messaging solution with end-to-end encryption. This is possible with new systems, such as SigMail, but there aren’t enough incentives in place yet to make this type of messaging standard practice.

What does the technology mean for physicians?

We know that, in general, virtual care is far more time-efficient than telephone calls or in-person care. Asynchronous communication is extremely valuable — it can help doctors work smarter and it can help reduce burnout, boost patient satisfaction and scale the impact we have. SigMail allows secure messaging not only between medical offices and patients but also between medical offices. You may be surprised to know that the fax machine is still a ubiquitous piece of technology in health care!

The average clinic fields over an hour of phone calls from patients each day, per provider. This is synchronous communication in real time. Yet asynchronous methods are up to five times more efficient than the phone is — representing a huge potential for improvement in health care. Don’t get me wrong — we need different channels to provide health care: in-person visits, telephone or video calls, and secure messaging. But we need to use the right channel for the right patient at the right time. It is all about choice.

Would asynchronous communication work for different specialties?

I believe so. Virtual care models can reach most specialties and capably facilitate the resolution of a wide variety of issues.

I’m a general surgeon, but much of my job is to communicate with patients before and after surgery. Pre-COVID-19, I had limited touch points, but now I’m able to have more frequent, secure messaging and telephone calls with patients before and after surgery — answering questions, addressing concerns and improving the patient experience.

I believe that up to 70% of what I do in the office can in fact be done via secure messaging, over the phone and through video. For some specialties, that number may be higher; for others, lower. Being there for our patients in a variety of ways and giving them options means we are in a better position to understand their needs and deliver compassionate, empathetic care.

What's impeding the implementation of secure communication?

Unlike the corporate world, health care has historically not had flexible, secure messaging services in place to support this type of communication. We need to have incentives in place to make implementation a reality. The data from secure messages needs to be integrated into electronic health records to reduce data siloes. The workflows and protocol of how to integrate secure messaging systems like SigMail into medical practices need to be developed. Change is difficult but essential in a world full of volatility and uncertainty.

What is the ultimate promise of virtual care technologies?

Technology should fundamentally add value to society. And it's up to us to approach virtual care technologies from a mindset of compassion and understanding. We can save the healthcare system costs while providing Canadians with greater access to care and better patient experiences.

That is what patients need and want: options. They need to be placed at the centre of their care. The patient experience sits apart from actual care. For physicians, it's about being courteous, responsible and approachable, and responding to the needs and questions of our patients to allow them to make the informed choice that is right for them. Using searches on the internet will provide some degree of knowledge, but the intelligent curation of this knowledge by our healthcare providers will lead to wisdom.

Having a better experience is an important part of the patient's healing process as well. If a patient doesn't feel looked after or is unhappy due to poor communication, then we haven't done our job as physicians. Virtual care is a key part of optimizing the patient experience before and after the actual episodes of care — on their terms.

Does the current use of virtual care represent a major shift that will be continued in the future?

The health care of the future doesn't exist in the past. We simply can't continue to do what we have historically done and expect better outcomes. It's imperative that we develop and deploy tools that will facilitate better outcomes for everyone.

COVID-19 has lifted the veil on inequitable access to care, income inequality and rising degrees of polarization in our society. Despite the many advances in our healthcare system, poor outcomes for many disadvantaged groups continue to be a problem. All Canadians deserve to receive optimal health care and to experience a level playing field. This can be facilitated through virtual care.

Can virtual care solutions also help to improve the physician experience?

Virtual care is the gateway to working smarter, not harder. It's not about squeezing in more patients or gaining more billings. It's about communicating more effectively within the patient-provider relationship — and doing so with greater compassion and efficiency.

The reality is that we are long overdue for access to better modalities of care. We've been stuck with fax machines and telephones for decades. Secure virtual platforms open up a new avenue of patient-provider communication that promotes smarter work as well as more equitable access to care.

It's time to embrace change and evolution in health care — COVID-19 has shown us what's possible, how effective virtual care solutions can be. We must be willing to pivot to the technologies that are available to us, that allow us to provide truly patient-centred care across the healthcare continuum.

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