maple

Powering virtual care for your hospital and region

The seismic shift to virtual care

While the concept of "virtual care" has been around for decades, 2020 was a banner year for digital health services. Around the beginning of the year, we saw a dramatic shift to "virtual-first" adoption in the wake of the constraints brought on by the COVID-19 pandemic.

Barriers to adoption are quickly dropping due to increased government funding for virtual care visits, advancements in communication technologies, a push towards patient-centric integrated care, and providers and patients' willingness to try digital services. From virtual clinic visits to remote postoperative patient monitoring, virtual care is furthering the goal of a truly connected, accessible healthcare system.

Maple's virtual care program is solving many legacy healthcare system challenges, including:

- Unattached patients struggling to find a primary care physician
- Long wait times to see a specialist
- Physician recruitment and locum challenges in LTC homes, rural, and remote communities
- CTAS 4/5 patient bottlenecks in the emergency departments

Integrated care plans that place the patient at the centre are continuing to evolve and include virtual as a foundational element. Adoption will continue to increase as providers and patients gain more comfort and fluency with virtual care technology, workflows, and program elements. Now's the perfect time to transform the way we care for patients.

About Maple

Maple's origin story

Maple was founded by Dr. Brett Belchetz, along with two co-founders who each bring expertise in creating scalable technology. Their vision is to create a truly connected healthcare landscape. Maple was originally a primary care platform connecting doctors with individual patients across the country. Since then, we've expanded our aims, working collaboratively with hospitals and health professionals nationwide to build scalable, synergistic virtual care programs that improve patient outcomes.

A letter from Dr. Belchetz

As a practicing emergency medicine physician, I've seen how our hospitals continue to fight an uphill battle — constantly striving to do more with less amidst extraordinary pressures and demands. Despite our greatest efforts, it has become increasingly clear that we need to start exploring new ways of doing things, taking advantage of innovative technologies that unlock care models that have only become possible in recent years. Virtual care is one way our hospitals can do just that.

With virtual care, hospitals can not only provide more accessible care to patients, but more efficient care for the system as well. By extending the reach of various clinical programs and further integrating hospital care into other parts of the care continuum, virtual care is able to better balance capacity across the system to ensure our communities have access to the healthcare services they need.

At Maple, we have proudly partnered with several hospitals and other healthcare organizations across the country, helping co-design innovative virtual care programs in a multitude of areas. From COVID-19 screenings and emergency department diversion to tele-rounding on inpatient wards and hospital-to-LTC partnerships, our team works closely with our hospital clients to ensure their virtual care programs are both impactful and sustainable.

We are committed to creating a more modern, connected, and patient-centric healthcare system. By embracing virtual care and maximizing its potential, we believe Canadian hospitals can play an essential role in working towards this vision.

Sincerely,

Dr. Brett Belchetz
CEO AND CO-FOUNDER OF MAPLE

Maple's virtual care solutions

Community platform

HOW THE COMMUNITY PLATFORM IS USED TO IMPROVE POST- DISCHARGE CARE

The first few days post-discharge are when patients are most at-risk of experiencing complications. This risk is further compounded when the patient doesn't have a family doctor to help manage their post-discharge care plan.

To give patients a convenient option for accessing post-discharge care, we partnered with an academic hospital in Ontario, to help recently discharged patients. Focus was placed on individuals who do not have access to a regular family doctor.

Fully-staffed by local family physicians affiliated with the hospital, this program serves a dual purpose. First, the program helps patients manage any symptoms that may arise. Second, but equally important, the program provides support in attaching patients to family doctors in their local area to oversee their long-term health.
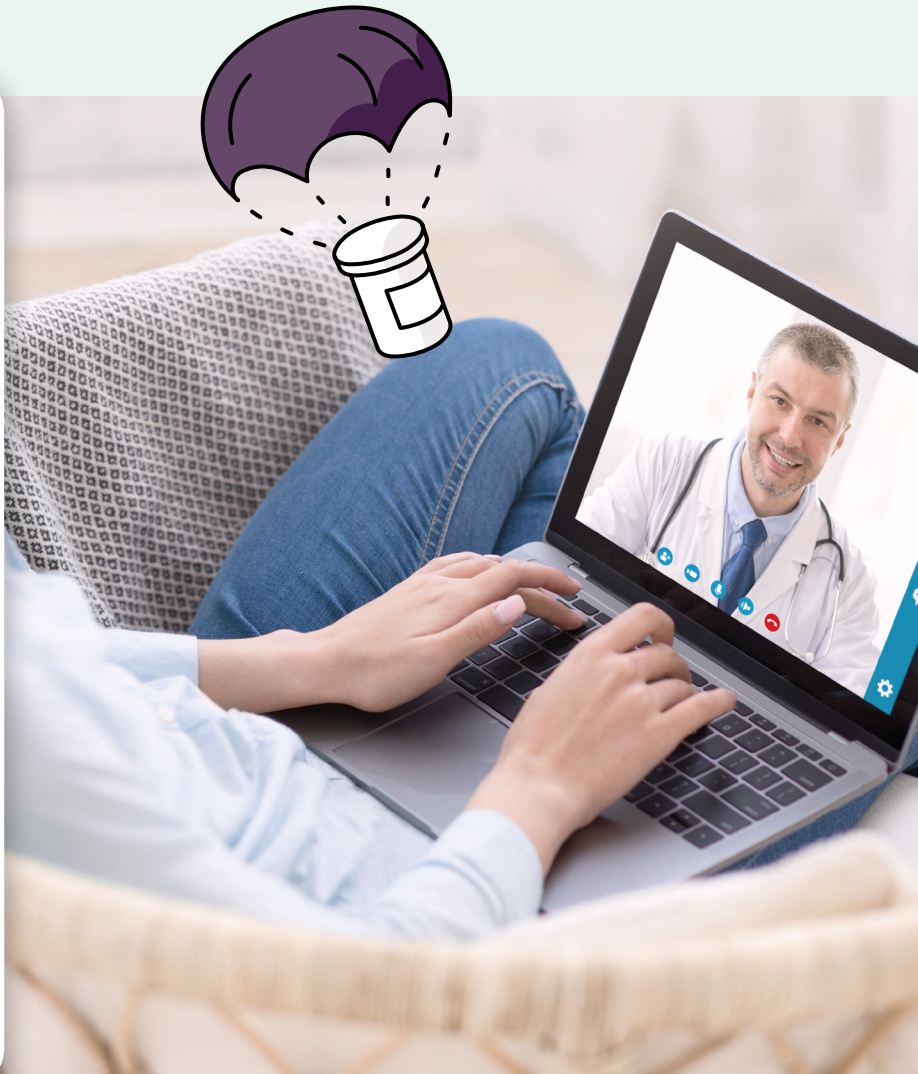
Results from this program have been promising:

Zero readmissions

FROM THE 150+ PATIENTS WHO HAVE PARTICIPATED IN THE PROGRAM THUS FAR.

100%

OF PATIENTS WHO DIDN'T HAVE A FAMILY DOCTOR HAVE NOW BEEN ROSTERED.

4.8/5
★★★★★

AVERAGE PROGRAM RATING.

Facilities platform

For patients staying in hospitals or long-term care homes, our platform enables facilitated care. On-site staff can virtually connect with providers right at the patient's bedside to assist with care plans in real time. This allows hospitals to deliver more timely care while filling any potential gaps in on-site physician coverage. Hospitals and facilities can also tap into other types of care easily — bringing in paramedical support, specialists, and more, based on the patient's case and needs.

HOW THE FACILITIES PLATFORM IS USED FOR TELE-ROUNDING

We're extremely proud to have launched Canada's first virtual inpatient Facilities program in Prince Edward Island's Western Hospital. Western Hospital was facing doctor shortages, a common problem for hospitals in rural and remote areas. With Maple, Western Hospital has kept its inpatient ward fully operational by tapping into excess physician capacity from elsewhere in Canada.

The PEI Western Hospital program outcomes were a big success:

92%
INPATIENTS SEEN BY THE VIRTUAL HOSPITALIST IN THE FIRST THREE MONTHS

Length of stay
DECREASED COMPARED TO PRIOR LOCUM MODEL.

Readmissions
FROM PATIENTS WHO HAVE PARTICIPATED IN OUR PROGRAM SO FAR.

2000+ TELEROUNDING CONSULTATIONS OVER SIX MONTHS PILOT.

The success of the initial pilot spurred the decision to adopt inpatient virtual care full-time. Western Hospital has been able to maintain a high level of patient care and continues to use the virtual care inpatient rounding model today.

Maple's virtual care program components

Strategic priorities vary from one hospital to another. Recognizing this from our inception, we designed our virtual care programs with flexibility in mind, so hospitals can choose the components that best suit their needs.

Our program components include:

TECHNOLOGY

- Comprehensive and secure virtual care technology platforms and support
  - Community platform connects patients to providers directly. The community platform is used for patients in post-surgical discharge or home care scenarios.
  - Facilities platform connects patients to providers through facilitated sessions. The facilities platform is used for patients staying in LTC homes or in hospital scenarios where on-site staff can connect directly with providers in real time, right at the patient's bedside.
- Onboarding and training hospital physicians so they can quickly learn how to use Maple's technology and programs
- Virtual waiting room with the functionality for patients and providers to book appointments
- Multi-platform access across smartphones, tablets, and computers
- Omni-channel communications, including secure text messaging, audio, and video
- EHR / EMR integration options and net new builds
- Technology architecture that meets applicable security, privacy, and consent standards

PHYSICIAN SERVICES AND MAPLE'S PROVIDER NETWORK

- Option to augment your hospital's medical teams with Maple's physician provider network
- Dozens of specialty medical services, including mental health, cardiology, dermatology, and more
- Physician provider vetting, licensing, credential checks, and quality management frameworks
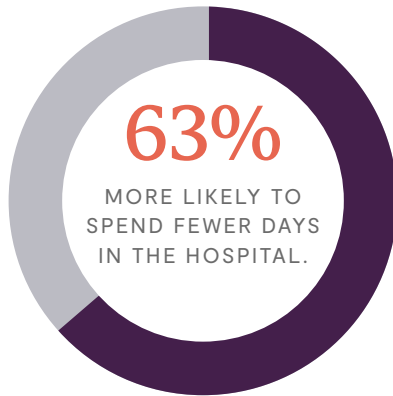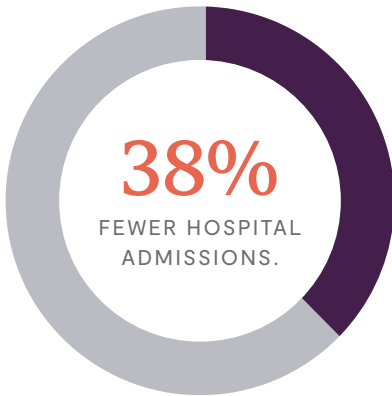- Ability to leverage government-funded billing codes for physician billable services

CLINICAL PROGRAM MANAGEMENT

- Clinical program management expertise, implementation, training, and workflows
- Built-in clinical tools
- Integration to provide digital medication prescriptions
- Partnership culture that far exceeds hospital, care partner,and patient expectations

Expanding your hospital's capabilities

Maple is helping Canadian hospitals expand their capabilities. Canadians living in major urban areas are fortunate to have access to hospitals boasting specialty clinics, internationally-renowned experts, and ample staffing. Hospitals outside of urban centres often have fewer resources to serve their communities, leading to potential gaps in staffing and service coverage. Even in cities, hospitals must manage demanding patient volumes, as well as the complexities of coordinating care between multiple wards

and clinics. Maple's virtual care solutions offer a way to vastly increase the capabilities of different types of hospitals in a cost-effective, scalable manner.

When building entirely new wings and recruiting specialists is beyond the scope of a hospital's budget, Maple virtual care provides an alternative. Patients get the care they need and hospitals can scale their breadth of care to match the health needs of their community.

Virtual care leads to better patient outcomes

When access to healthcare improves, so do patient outcomes. For example, one study that evaluated the use of virtual care to support individuals who had recently experienced a cardiovascular event yielded the following results[1] :

38%
FEWER HOSPITAL ADMISSIONS.

31%
FEWER HOSPITAL READMISSIONS.

63%
MORE LIKELY TO SPEND FEWER DAYS IN THE HOSPITAL.

PATIENTS WERE MORE ENGAGED IN THEIR HEALTHCARE.

Another study[2] evaluating interventions to support individuals living with heart failure ("HF") compared two groups of patients, one who received the current standard of treatment, and one who received follow-up care virtually. Virtual care was shown to be highly effective in reducing all-cause mortality, HF-related hospital admission, length of stay, and HF-related mortality.

Virtual care is also useful for triaging low, medium, and high-urgency patients. In areas where long travel times are required for hospital transfers, it's best to identify which patients truly need more advanced care. Patients with multiple comorbidities are at increased risk of negative health outcomes with each hospital transfer. Lower-urgency patients may only require virtual outpatient treatment, which is more cost-effective and easier on patients. A study of neurotrauma patients found that telemedicine was effective for providing ongoing treatment following or in lieu of surgery, and for reducing transfers to a tertiary centre. Nearly 70% of patients were treated locally, and the remainder were triaged to a hospital with more intensive neuro-treatment capabilities.

1 — Leveraging remote behavioral health interventions to improve medical outcomes and reduce costs.

2 — Clinical effectiveness of telemedicine for chronic heart failure: a systematic review and meta-analysis.

3 — Telemedicine for Neurotrauma Prevents Unnecessary Transfers: An Update from a Nationwide Program in Albania and Analysis of 590 Patients.

LIFE-SAVING SUPPORT FOR LONG-TERM CARE HOMES DURING COVID-19

Some of the most devastating impacts of COVID-19 have been to long-term care homes (LTCs). LTCs have to limit external visitors, including healthcare professionals, to prevent COVID-19 outbreaks. For Trillium Health Partners (THP), Maple's virtual care program offered a promising and sustainable solution to increase timely healthcare access while decreasing virus exposure.

We designed a new care model at THP to provide ongoing physician care to several local LTCs. With Maple acting as the connecting technology, the nursing staff in long-term care homes could quickly connect with subspecialists from the hospital to assist with residents' medical care, particularly when there was a change in clinical status.

The aims of this program were to reduce rates of ED transfers from participating LTCs, and to explore new ways of connecting residents with specialty care providers. Ultimately, six LTCs were equipped with virtual care, with an average implementation time of two weeks per home. Of the 450+ visits that took place in the first six months of the program, approximately 70% of them resulted in an avoided hospital transfer.

LTC-to-hospital transfers can be mentally disorienting for patients, hasten physical decline, and increase the risk of hospital-acquired infections. By effectively leveraging virtual care, hospitals can play a significant role in reducing avoidable transfers from LTC while bringing some much-needed — and sometimes life-saving — support and peace of mind to the residents of these facilities.

Emergency room diversion with virtual care

How Maple is addressing capacity issues

ED capacity is a challenge for both urban and rural hospitals. For Canadians living in rural areas, their nearest hospital emergency department may be the only option for primary care. This leads to EDs becoming overwhelmed with non-urgent cases, resulting in frustratingly long wait times. Urban hospitals have long laboured under extensive patient volumes, the result being that many Canadians avoid going to the ED even when medically necessary.

We partnered with Western PEI, a rural PEI hospital, to add a new component to their ED triage — virtual care. When CTAS 4/5 patients present with eligible conditions to the ED, they can choose to speak to a doctor online over a monitor in an adjacent room or wait to be seen by a doctor in person.

The results of this program have been phenomenal. Prior to program launch, average wait times to see a physician in this ED ranged from three to four hours, with some patients waiting eight hours or more for care. On day one of implementing the ED platform, wait times were reduced to five minutes for patients who elected to try virtual care. Average patient satisfaction was rated at five out of five.

Ultimately, close to 30% of the ED's daily volume was able to be handled virtually. Surges in patient volume can now be more easily managed as virtual care lets the hospital flexibly scale their staff according to real-time requirements.

Hospitals are using our platform to power virtual ED diversion programs that are staffed by their own physicians, physicians from Maple's provider network, or a hybrid of both to best meet the demands of their community.

A strategy for successfully implementing virtual care

We work with our hospital partners to structure sustainable virtual care programs that meet the needs of their facility and patients. From platform customization, to implementation, to ongoing support, we ensure that our hospital partners see profound benefits from implementing virtual care.

1. APPLY VIRTUAL CARE WHERE IT IS NEEDED MOST

Technology should never drive the design of a clinical program, but it is a powerful enabler in settings where access or capacity is a persistent issue. When considering how and where to apply virtual care, make a list of "low-hanging fruit" where the virtualization of services could make a rapid, meaningful, and measurable improvement to how patient care is delivered.

2. USE VIRTUAL CARE TO REIMAGINE HOW CLINICAL PROGRAMS OPERATE

When used solely to replicate an in-person process virtually, virtual care under-delivers on its promise. Adding video to a program without considering how the workflow can be reimagined is typically not going to get to the root cause of whatever access or

capacity issue you are looking to solve. The true power of virtual care is harnessed when it is used to deliver workflows that were previously not feasible, such as virtual wards, effective ED diversion, and real-time multidisciplinary collaboration without having to be co-located.

3. INVOLVE YOUR HEALTHCARE TEAM EARLY IN ANY VIRTUAL CARE INITIATIVE

To set any virtual care program up for success, consult your frontline healthcare staff early when developing your program's requirements and selecting vendors. Your clinicians have invaluable insights on where efficiencies are most needed, and which clinical areas would benefit most from virtual care.

4. COMMIT TO BEING ITERATIVE

Since many care models powered by virtual care are still relatively new, it's important to be open to program iteration. We believe in an approach that is built on ongoing stakeholder collaboration to continuously build on and improve these new programs, even after they go live.

5. CHOOSE THE RIGHT VIRTUAL CARE PARTNER FOR YOUR HOSPITAL

Though there are many more virtual care providers today than even six months ago, not all are created equal in terms of platform and physician service capabilities, security measures, and partner support. When you enter into a discussion with a virtual care provider, consider platform and partner support details. What kind of implementation, training, and ongoing support do they provide? Do they have proven expertise in co-designing, building, and delivering virtual care solutions from scratch? Do they have a physician network you can tap into when needed? Choose a virtual care partner with proven expertise in creating virtual care programs for hospitals. Case studies, testimonials, and a growing list of hospital partners are good indicators.

6. INVEST IN STAKEHOLDER EDUCATION AND COMMUNICATION

Most Canadians are now familiar with virtual care and have had an interaction with a doctor online. Still, the importance of stakeholder engagement cannot be understated when you are rolling out a program that may challenge existing processes. From hospital stakeholders to the broader community, disseminating information effectively is critical for building support and a sustainable program.

Some patients may require additional support to access a hospital's virtual care platform and feel comfortable using it. Communicate with your patients to let them know what your virtual care platform does, how to access it, and what to expect while receiving virtual care.

We equip our hospital partners with patient educational materials and ongoing support to make things easier.

When done right, virtual care can impact your entire community. For example, we've consulted with local pharmacist associations, medical societies, colleges, and government representatives in advance of launching hospital programs.

Sharing educational material regarding your upcoming virtual care program is also an opportunity to open the floor for discussion. What new clinical workflows are possible? How can healthcare providers replicate or even surpass an in-person environment remotely? How can your virtual care program solve health problems that are relevant to your community? The upside of technology is in breaking down barriers — barriers to healthcare accessibility, and to patient care collaboration.

Are you ready to transform your care?

Maple's virtual care programs are scalable to meet ongoing evolutions, including regionalization and the continued development of integrated Family Health Teams.

Many companies offer technology to facilitate a video call, text message, or a phone call without the clinical program management elements and workflows to make it effective. Maple goes much further by offering a holistic virtual care technology and care program aimed at providing 24/7 access to quality care, no matter where a patient is located across Canada.

No other provider in Canada offers this level of comprehensive service.

maple

getmaple.ca/hospitals

Contact us

If you're interested in exploring virtual care for your hospital, our team is available to talk. Please reach out to us at:

partners@getmaple.ca