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Title	Integration of virtual physicians into a provincial 811 health information telephone line: a descriptive study of HealthLink Emergency iDoctors in-assistance (HEiDi)
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Reviewer 1	Dr. Eddy Lang
Institution	University of Calgary, Calgary, Alta.
General comments (author response in bold)	<p>Thank you for the opportunity to review this manuscript describing a novel integration of virtual physician support into the British Columbia telehealth service. The study provides some important proof of concept information that speaks to the feasibility, utility and acceptability of such a service. Highlights include the observation that more than 1/3 of the higher acuity calls were consented for referral to a VP for either telephone or virtual assessment over the 17 week study. While the report raises many questions related to safety, provider satisfaction, time the VP spent on each call, cost and cost-effectiveness the limitations section generally addresses all of this.</p> <p>From the vantage point of a decision-maker responsible for a large emergency department footprint. In the COVID era, this type of pilot is being considered in multiple provinces and in multiple international jurisdictions where telehealth is on dramatic upswings.</p> <p><b>We thank Dr. Lang for reviewing our manuscript and providing the above feedback. We agree with his assessment that the findings in this manuscript would be timely to address the interest of decision-makers to address an operational need in ED. We do not note any specific changes requested by Dr. Lang. We believe that our other revisions align with their comments and strengthen the manuscript.</b></p>
Reviewer 2	Dr. Janet Curran
Institution	IWK Health Centre, Halifax, NS
General comments (author response in bold)	<p>Thank you for the opportunity to review this manuscript describing the process evaluation of a novel virtual physician augmentation to an 811 telephone service. The following comments are recommended to strengthen the readers interpretation of the findings of the process evaluation.</p> <p><b>We are grateful to Dr. Curran for their review and have addressed each of the comments below.</b></p> <p>Methods: Can you describe how VPs were selected? Trained? And any use of standardized protocols or algorithms? <b>Additional information is included in the methods section. [Pages 3-4]</b></p> <p>Results:</p> <p>1. Can you describe the caller characteristics of the video calls? <b>We appreciate this insightful question. At this time, we are unable to report these data due to limitations with the 811 caller record database and MOIS electronic health record used by VPs. The phone/video call variable is only recorded in MOIS, which itself contains very limited details on caller characteristics. Also, 811 is currently unable to transfer non-standard data to</b></p>

**their record system from MOIS. With technology updates expected for the near future, we will ensure to capture and report on these data in future work. [Limitation noted, page 7]**

2. Given the significant variation between 811 nurse and VP triage decisions, as well as VP Triage decisions by health authority, it might be helpful to present caller characteristics and perhaps VP characteristics to assist with interpretation.

**We have included a breakdown of caller characteristics by health authority. [Pages 15-16]**

**In addition to VP clinical judgment, many of the regional VP triage decisions are driven by primary care access that differ throughout BC due to geography and resource availability. At this stage, we respectfully consider such an analysis to be beyond the scope of our data, but will note this issue and explore it in depth as a component of our future evaluation endeavour.**

3. Is there a difference between caller characteristics of those who chose to answer the follow up survey and those who did not?

**We have removed the survey results from the manuscript, so we are unable to address this comment.**

Interpretation

1. Can you comment on how virtual video assessment may or may not impact disposition when compared with telephone assessment?

2. Need to use caution when linking VP intervention with decrease in ED volumes. This was a phenomena realized across the Country.

3. Do your findings call into questions how 811 calls from other categories might vary with the addition of a VP service?

**We thank Dr. Curran for their insightful questions and have incorporated information associated with these points into the discussion/interpretation (Pages 6-8; paragraphs 2, 3, and 4 respectively).**

**We did not specifically scrutinize circumstances when to select video versus telephone consultations, and whether the use of video impact disposition differently from telephone assessments. This is indeed an important area that needs more detailed evaluation. We have therefore inserted a sentence in paragraph 2 in the interpretation section and another sentence the paragraph in the limitation section to speak to this issue.**