national union

report

Virtual Health Care Privatization

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The office of the National Union of Public and General Employees is situated on the traditional unceded territory of the Algonquin Anishinaabeg people and is now home to many diverse First Nations, Inuit, and Métis communities.

We recognize and acknowledge the crimes that have been committed and the harm that has been done.

And, we dedicate ourselves, as a union, to moving forward in partnership with Indigenous Peoples in a spirit of reconciliation and striving for justice.

Larry Brown, President

Bert Blundon, Secretary-Treasurer

Introduction

The development of new technology that makes it easier to deliver health care services virtually should be good news. Properly used, new technologies could improve the quality of health care that Canadians receive, while making it easier for health care workers to do their jobs.

Unfortunately, there is a growing tendency for new developments in virtual health care to result in the privatization of health care services. Instead of meeting their responsibility to ensure virtual delivery of health care is part of the public system, governments have left things up to the private sector. In several provinces, when virtual health care services were set up, they were contracted out to private providers. When private companies set up for-profit services, neither the federal government nor provincial governments considered the impact they will have on the health care system.

The danger posed by private control over virtual care has been increased by the impact of the COVID-19 pandemic, which has increased the speed with which virtual delivery of health care services is being adopted. In August 2021, 28% of appointments with medical practitioners were virtual.[1] While this is down from April and May of 2020, when over half of the appointments were virtual, it is still far above pre-pandemic levels.[2]

A 2018 survey found that, before the pandemic, only 8% of people have ever had a virtual appointment.[3] The percentage of medical appointments in a given year that were virtual was even lower, with an Ontario study finding that virtual health care accounted for only 1.6% of visits to health care providers in that province prior to the pandemic.[4]

When virtual health care is privatized, opportunities are lost to use new technology to improve the delivery of health care in ways that benefit all Canadians. There is the problem that comes with all privatization schemes: when for-profit companies deliver services, the priority becomes increasing profits rather than the well-being of the public. With the privatization of virtual care, there is an added concern that, because many virtual care companies are operating outside of provincial health care systems, it could lead to 2-tier health care, with the wealthy able to buy their way to the front of the line.

What Virtual Health Care Includes

Virtual health care includes any health care service delivered through information technology or electronic communications tools. Services delivered by phone, video, secure messaging, email, and remote monitoring are all considered virtual care.

Virtual care is often broken down between synchronous and asynchronous. Synchronous refers to technologies that allow patients and providers to have a conversation in real time, such as phone or video, while asynchronous, refers to technologies like texting or email.

Telehealth is the original health care service and has been around for many years. The terms *telehealth* or *telemedicine* are often used interchangeably with virtual health care.

While the apps that allow video communications and texting have received a lot of attention, the phone is still the most common means for delivering virtual health care services. A survey released in September 2021, found that, between January and August 2021, 78% of virtual care visits were by phone.[5] Another 19% were by video and 3% were by messaging.[6]

What's Behind Privatization of Virtual Care

Like all forms of privatization, the root cause is that governments have deliberately starved themselves of the funds needed to provide the services required to meet the needs of the public. For years, the wealthy and large corporations have been allowed to avoid paying their share in taxes and, as a result, governments have a revenue problem. Instead of dealing with the revenue problem, many politicians find it easier to meet public demands for improved public services with short-term fixes that get them off the hook, but make things worse in the long term.

Buy now, pay more later

For politicians who don't want to confront government revenue problems, one of the most attractive features of many privatization schemes is that they allow governments to announce new services are being set up, while leaving future governments to pay the bills. When something like setting up virtual health care services is privatized, the private sector is usually paying the start-up costs. But governments pay those costs over the long-term in the form of higher operating costs.

The problem, as P3 privatization schemes have shown, is that when the private sector is covering some or all of the start-up costs, it costs the public more once all the bills are paid. It costs private companies more to borrow money than it does governments. Those higher borrowing costs, along with the extra charges needed to provide the operator of the privatized service with a healthy profit, are passed onto the public.

Transferring blame, not risk

Large projects involving new technology are inherently risky. That makes privatization attractive for politicians who are anxious to avoid blame for any problems. But while privatization may make things easier for politicians to pass the buck, it actually increases the risk of problems for the public.

When there are problems with privatized services, the public have to put up with disruptions, or go without services they depend on. The difference is that the secrecy and lack of accountability that come with privatization make it harder to get problems fixed. In fact, getting problems fixed can actually take longer—particularly if there are

disputes between the companies running privatized services and the governments paying for them about who is responsible.

Focus is on innovation, while impact on health care system takes a backseat

With virtual health care, there is another reason why privatization is a serious problem. The focus has been on the development of new technology and encouraging the growth of a digital health industry. According to a recent report for Health Canada, many of the larger virtual health care companies are ones that "for the last two decades policy makers have been funding and encouraging to step up and innovate."[7] The size of the digital health industry was described as "a huge policy success."[8]

What hasn't been addressed is how to ensure virtual health care is developed in a way that strengthens the public health care system. When the federal government provided $150 million to provinces and territories for virtual health care, provincial and territorial governments were required to sign agreements governing how the money could be spent.[9] None of the agreements required that money be spent in ways that respect the principles in the *Canada Health Act*.[10]

While a Task Team on Equitable Access to Virtual Care was created by the Federal, Provincial, Territorial (FPT) Virtual Care/Digital Table to look at equity in virtual care, it didn't happen until after the explosive growth in virtual health care as a result of the COVID-19 pandemic.[11] When the Task Team reported in July 2021, its recommendations were for creation of policies rather than specific measures to protect the public health care system.[12]

This is part of a trend. Even though most of the cost of virtual health care will be paid by the public health care system, the focus on shiny new technology means that who will control and operate virtual health care services is an afterthought.

How Virtual Care Is Being Privatized

There are 3 ways that virtual health care is being privatized or is being used as an opportunity to privatize public services.

1. When new services are set up, governments have private companies set them up and operate them.
2. New technology is allowing services that were previously public to be contracted out.
3. And some virtual health care services are being provided outside of the public system through private insurance plans or fee-for-service.

There is also a fourth potential threat that is emerging with how virtual care is being introduced: the growing trend for large corporations to own a wide range of health care services. On paper this is just a change from one type of private ownership to another,

but in practice, this could lead to greater pressure to privatize health care services.

New publicly funded services private

In several provinces health information phone lines, such as HealthLink or Telehealth, were privatized from the time they were set up. For profit companies were hired to set them up and operate them. While some contracts have changed hands since they were first set up, these services are still privatized today.

In 3 provinces, services are contracted out to non-profit corporations, but the way the services are operated is no different than if it were a for-profit corporation that held the contract. Medavie has the contract to operate Tele-Care 811 in New Brunswick and HealthLink 811 in Nova Scotia. A subsidiary of SE Health, Fonemed, has the contract for 811 HealthLine in Newfoundland and Labrador.

Telehealth Ontario is operated by Assistance Services Group, a subsidiary of a US-based multinational called Sitel. Assistance Services Group has had the contract to run Telehealth Ontario since it was set up. At one point, it also operated the services in New Brunswick and Newfoundland and Labrador.

This trend has continued with other virtual health care services. In Nova Scotia, the NSHA Virtual Care Program was set up as a privatized service. This program, which is meant to assist people who don't have primary care providers, was contracted out to Maple, a for-profit virtual health care provider based in Ontario. The Nova Scotia Health Coalition has expressed concern that Maple will use this contract as a wedge to introduce its fee-for-service health care to Nova Scotia.[13]

In Prince Edward Island (PEI), a service for people without primary care providers was also privatized from the start. In August 2020, the PEI government announced it had signed a contract with Maple, a for-profit corporation providing virtual health care. Under the contract, some people on the province's wait-list for a primary care provider will able to use Maple's services. PEI will pay Maple set-up fees totaling $30,000, a licensing fee of $5,000 a month in addition to fees of $36 per consultation for weekdays, and $57 per consultation on weekends.

New technology makes it possible to contract out more services

What has happened at Western Hospital in Alberton, PEI, illustrates how new technology will expand the range of services that can be contracted out. In 2020, it was announced that, instead of seeing a doctor, some patients in the emergency department would be able to have a video consultation with a doctor using a service provided by Maple. This was billed as a way to reduce emergency department waiting times.

Both doctor shortages in rural communities like Alberton and waiting times in emergency departments are serious issues. Unfortunately, privatizing part of the service

isn't going to address problems like doctor shortages or problems finding a family doctor. Instead, there is a danger that privatization schemes like this one will make it easier to delay taking meaningful steps to address those problems, while adding to the doctor shortage in parts of the public health care system.

For-profit corporations setting up services that aren't covered by Medicare

In the last few years, a number of virtual clinics owned by for-profit corporations have sprung up that offer medical appointments with doctors or nurse practitioners via phone, video, text, or email. A 2021 study found that the services provided by over 70% of virtual clinics were either not covered by provincial health insurance or were only partially covered.[14] Even when some services are covered by provincial health insurance, there are virtual clinics that still have user pay as an option.[15] Fewer than 30% of the virtual clinics only offered services covered by provincial health insurance systems.[16]

When services aren't covered by provincial insurance systems, people using them have to pay user fees consisting of a per use charge and/or a flat membership fee. Increasingly, for-profit virtual clinics are entering into agreements with insurance companies or employers. Under these agreements, people can access the services of virtual clinics covered by private health insurance or workplace benefit packages.

When many of the virtual clinics started operating, most provinces did not cover virtual health care services. That has changed since the start of the COVID-19 pandemic. Now almost all provincial health plans cover the cost of services provided by phone or video. This means that any for-profit virtual clinic that continues to bill users directly, or through private insurance plans, "appears to be at odds with the preamble of the *Canada Health Act*, which aspires to 'continued access to quality healthcare without financial or other barriers.' "[17]

Introduction of virtual health care is linked to large corporations increasing the range of services they own

Many of the corporations that own virtual clinics also own other health care services or have close relationships to companies that own those services. WELL Health, TELUS Health, Loblaw Companies Limited and MCI Onehealth own physical clinics, as well as virtual clinics. All 3 of the largest virtual clinic owners have links to electronic medical record companies. WELL Health and TELUS Health both own companies providing electronic medical record services. [18] Maple has a partnership with Dot Health, which provides online access to medical records, and is partially owned by Loblaw Companies Limited which owns a company providing electronic medical record services.[19]

While it is part of the public health care system, most primary care in Canada has been provided by private practices owned by one or more of the health care practitioners working in them. There were already some chains of primary care clinics owned by

larger corporations, but the growth of virtual clinics appears to be encouraging that trend. As with electronic medical records, owning in-person primary care clinics and other different health care services gives corporations involved in virtual health care more control over how health care is provided.

There is a danger that control will make it easier for corporations to push for further privatization of the health care system. Even if they are not successful in getting more health care services privatized, if virtual care is left in private hands, there is a danger that the increase in the use of virtual health care will allow corporations owning multiple health care services to profit in ways that harm the quality of health care people receive and drive up the cost.

Impact of Private Virtual Health Clinics on Quality

While they have not been around for long, a number of problems have already emerged with the virtual health care clinics owned by large corporations. These include problems caused by the lack of continuity of care, cherry picking, and taking resources away from the public system.

Without continuity of care, quality suffers

One of the biggest problems with most virtual "walk-in" clinics is that patients usually see a different medical practitioner each time, and that the goal is "large volumes over short time periods."[20] Medical practitioners are unfamiliar with a patient's medical history and often have no way of checking a patient's medical records.

Because of the importance of continuity of care, that approach to virtual care has a significant impact on the quality of care people are receiving. A 2017 review of research on continuity of care found that 81.8% of high-quality studies found increased continuity of care reduces mortality.[21] The Canadian Medical Protective Association (CMPA), which advises doctors on medico-legal matters, has identified a number of issues with walk-in clinics due to the lack of continuity of care.[22] As most privatized for-profit virtual clinics use the "walk-in" model, their issues are likely to be a problem for virtual clinics as well.

Cherry picking and adding to the shortage of primary care practitioners

Ironically, given that virtual care is often billed as a way to help people without family doctors, virtual clinics owned by large for-profit corporations may be making the shortage of primary care practitioners worse.

One reason that privatizing health care doesn't reduce problems caused by shortages of medical practitioners in the public system is it is often adding to those shortages by poaching staff from public services. It is possible for private health care companies to do this because they focus on the most lucrative health care services. Private health care

companies offering services that aren't covered by Medicare can have an additional advantage because they usually charge user fees that are higher than what health care providers receive from provincial health insurance plans. Virtual health care is no exception.

As a recent article on the private virtual clinics pointed out, "For-profit systems tend to 'cherry-pick' the healthiest and wealthiest patients, most often in large cities, while 'lemon-dropping' (dumping) more complex and vulnerable patients onto the public system."[23] One reason this is possible, as an analysis of who was using a virtual health care service in England explained, is that "people with no access to a smartphone or who are not comfortable using a smartphone are less likely to use [virtual health care]."[24] That meant that "the service is not being used by large numbers of older people, or large numbers of people with more complex health needs."[25]

Because corporations running virtual care clinics focus on the more lucrative services or charge higher fees for services not covered by public health insurance, it becomes possible for them to offer more attractive salaries. One recent example is a virtual care clinic that offers an hourly rate, which gives "them a more stable income than the fee-for-service model."[26]

Unnecessary tests and treatments

The United States provides an example of how leaving health care in the hands of for-profit corporations results in unnecessary tests and treatments. A 2012 report estimated that US$210 billion is spent on "unnecessary or needlessly expensive care."[27] A study in the State of Washington found that 36% of spending on health care services went to treatments and procedures that may have been unnecessary.[28] As one expert on the U.S. health care system put it: "In this system we have, that's not a crime. That's business as usual."[29]

There is good reason to suspect that this will be an issue when large corporations are delivering virtual health care. In England it was found that people were using a private for-profit virtual health care service "more than may have been expected given their age and level of morbidity."[30]

Adding to this is the potential for conflicts of interest as a result of the arrangements many private virtual clinics in Canada have entered into. A number of corporations that run virtual care clinics have partnerships with pharmacies. One corporation that operates a virtual care clinic is partially owned by Loblaw Companies Ltd., which also owns Shoppers Drug Mart.[31] Because partnership agreements have not been made public, the impact they have on the care delivered by private virtual clinics is not known.

Private Virtual Clinics Promote 2-Tier Health Care

When private corporations run health care services, their goal is to make a profit. That

means corporations have an incentive to direct people to the service that is the most profitable—regardless of whether it's covered by Medicare. The effect is to promote 2-tier health care.

What makes people more likely to use private health care is longer waiting times for publicly funded services. When that happens, people who are well off are more likely to want to "buy their way to the front" instead of waiting to use services covered under Medicare. This means that, when individuals and corporations are allowed to provide both private health care and publicly funded health care, there is a built-in conflict of interest, because they profit from longer waiting times for publicly funded care.

In Britain, where providing both public and private services is allowed, one doctor put it this way: "Private practice creates a perverse incentive to increase your NHS waiting times—after all, the longer they are, the more private practice will accrue."[32] This is confirmed by a study of countries in the Organisation for Economic Co-operation and Development (OECD) that found that "a parallel private sector may in fact draw resources out of the public sector, and/or put in place incentives that have the effect of increasing waits in the public sector."[33]

Default option for virtual care is a service not covered by Medicare

In Ontario, temporary billing codes introduced during the COVID-19 pandemic mean that video and telephone appointments with private virtual care providers are covered by the Ontario Health Insurance Plan (OHIP). OHIP pays $36.85 for phone or video visits. However, if the appointment is by text, the service isn't covered by OHIP, and the corporation can charge what it likes.

One company, Maple, charges over 30% more for visits that aren't covered by OHIP than it receives for visits that are covered by OHIP. This makes text appointments more profitable. Not surprisingly, in 2021, the *Toronto Star* reported that the President and CEO of Maple, Brad Belchetz, "acknowledged it often defaults to text."[34]

Publicly funded service offline, while private service promises wait of less than 2 minutes

In October 2021, there were times when the publicly funded virtual health care for Islanders without a primary care provider wasn't working. Maple is supposed to be providing that service for the Government of PEI. People going to the site found the following message:

> *The Unaffiliated Virtual Care Clinic offered through Maple is currently unavailable due to physician coverage issues. Health PEI is working with Maple to reopen the service as soon as possible. Those in need of primary care may attend a walk-in clinic where available. Clinics can be found at www.healthpei.ca/walkinclinics*[35]

At the same time that people were being advised that the publicly funded service operated by Maple was unavailable, the page on Maple's website for PEI said, "You can see an online doctor in Prince Edward Island in under two minutes with Maple."[36]

As in Ontario, the $49 per consultation fee Maple normally charges users is over 30% more than what it would receive from the PEI government.

Relying on private virtual clinics will mean those who could benefit most from virtual care are least likely to receive it

Virtual care does have the potential to improve health care for people who have problems getting to in-person appointments. Unfortunately, they are also the people who appear least likely to benefit when services are provided through private virtual clinics. Problems like poor internet connections, discomfort using the technology required to access these services, and/or the necessary equipment being too expensive are barriers for them.

As noted above, when the goal of those providing virtual health care is to maximize profits, helping people who have difficulty getting to in-person appointments isn't going to be a priority for the corporations that own private virtual clinics. Instead, the focus will continue to be on serving the "healthiest and wealthiest," who are the most lucrative patients.

Role of Insurance Companies

A growing trend is for insurance companies to offer private virtual clinics as part of the health insurance coverage they provide. Maple and TELUS Health are among the companies with agreements with different insurance companies. Given the role insurance companies have played in debates over introducing and expanding Medicare in both Canada and the United States, this should send up red flags.

For insurance companies, health insurance is profitable. To protect their health insurance business, insurance companies have shown they are ready to put their own interests ahead of the public good. In Canada, for example, insurance companies led the fight against the introduction of Medicare in Saskatchewan, and today they are fighting the introduction of a universal public pharmacare program.

What makes the links between insurance companies and private virtual clinics worrying is that the insurance industry finds 2-tier health care very profitable. In Britain, for example, private insurance companies have been able to get new customers when cuts to the National Health Service (NHS) result in increased wait-times.

If private virtual clinics provide a way to introduce 2-tier health care in Canada, it is safe to assume that insurance companies will be there, ready to make a profit. And, if they

sense there is a profit to be made from private control over virtual health care, it is likely that insurance companies will be involved in the debate about how virtual health care should be structured and who should deliver it.

Privatized Health Information Line Experienced Difficulties During the Pandemic

When public services are privatized, governments lose the ability to exercise direct control over how they are operated. Usually, the standards private companies are supposed to meet are set out in complex legal contracts that are very difficult to change. That means that, when emergencies occur, there is a danger those services will be overwhelmed.

That was the case with Telehealth Ontario during the COVID-19 pandemic. Telehealth Ontario is run by Assistance Services Group, a subsidiary of an American multinational corporation called Sitel Group. The guaranteed funding that the Ontario government provides Telehealth Ontario is based on the service handling 625,000 calls a year.[37]

But, when the COVID-19 pandemic hit, and the number of calls increased by over 100%, the privatized service was unable to cope. Waiting times increased from between 30 minutes and 60 minutes in January and February of 2020, to up to 38 hours in March.[38] The Ontario Ministry of Health ended up having to add 400 additional staff and 3,300 new phone lines.[39]

Increase in Virtual Care Means More Problems with Overbilling

In 2020, the Auditor General of Ontario reported on the Telemedicine Network, a service that allows doctors in Ontario to provide virtual care services. The Auditor General found "numerous cases where physicians had significantly high virtual-care billings and reported seeing an unusually high number of patients in a single day." [40]

Among the findings were that about 200 doctors account for over 60% of virtual care billings through the Telemedicine Network each year.[41] These included a physician with billings of $1.7 million in 2019/20, who claimed to have seen 321 patients in a single day.[42] There was also a physician who billed for "approximately $860,000 for almost 17,500 virtual-care visits in 2019/20, but the Telemedicine Network's records showed that this physician had less than 4,000 visits through the Telemedicine Network platform."[43]

Because it is controlled by the Ontario Ministry of Health, it is possible for the provincial government to detect overbilling when doctors use the Telemedicine Network. But, in spite of what would seem to be a relatively high risk of getting caught, the Auditor General's report showed that there were still problems.

When virtual care platforms are controlled by private companies, it will be much harder to detect overbilling. To make matters worse, as the Cambie case shows, when

governments do decide to audit private health care, legal manoeuvres can be used to delay or stop the audit.[44]

Virtual Care Companies Increasing Control Over Electronic Medical Records
Several of the corporations involved in virtual health care also provide electronic medical records (EMR) services or have close ties to companies that do. TELUS Health and WELL Health both have electronic medical records services, as well as virtual "walk-in" clinics and in-person clinics. Maple has a partnership with Dot Health and is partially owned by Loblaw, which also owns an electronic medical records company.

According to a Health Canada report, these companies—TELUS Health, WELL Health and Loblaw—the physician EMR market.[45] The report goes on to state that the dominance of the EMR market by a few corporations means that, "large US and Canadian vendors exhibit rent-seeking behaviours, manipulating public policy barriers to entry and standards as a strategy for increasing revenues."[46]

The fact companies involved in virtual health care also own electronic medical records services and other health care services has raised questions about the level of influence that gives them over provincial health ministries. There have also been questions about whether the real source of profits for for-profit virtual care companies may end up coming from selling the data they are able to collect.

Privacy Issues
In July 2021, the Office of the Information and Privacy Commissioner of Alberta (OIPC) found there were serious privacy issues with the Babylon by TELUS Health, now know as TELUS Health MyCare, in Alberta.[47] The issues included failures to meet the requirements of the *Health Information Act* (HIA) and *Personal Information Protection Act* (PIPA). Of particular concern were the use of government-issued ID and selfie photos for facial recognition technology, the recording of audio and video consultations, and what happens with information stored outside of Alberta.

This is just the tip of the iceberg when it comes to privacy and security issues arising from private control of virtual health care. Corporate control of virtual health care services means that people's health care data can be viewed as a source of revenue, rather than something to be protected.[48]

In 2019 it was reported that a company selling and supporting electronic medical records to primary care practices in Ontario was selling the data to a U.S. corporation called IQVIA which in turn was selling it to the pharmaceutical industry.[49] Identifying information had been removed, but there were concerns about the possibility of re-identification of records and lack of regulation.[50]

One company, MCI Onehealth, has already announced plans "to create one of the largest databases of de-identified primary care records in Canada."[51] The company

estimates that each patient record it holds is worth between $35 and $330.[52]

Another concern about virtual health care is the terms of service that people usually have to accept before using apps. Among the things patients are being asked to agree to are "the retention, use, and disclosure of collected health information for purposes that are not clearly specified or which are unrelated to providing medical care."[53]

Using Virtual Health Care to Strengthen the Public System

One of the most disappointing things about the privatization of virtual health is the opportunity that is being missed to improve health care for all Canadians. Virtual health care has the potential to improve health care for all Canadians—if it is publicly controlled.

The ways that virtual care can improve the health care system are well documented. For people living in rural or northern communities, virtual care can improve access to specialist services and reduce the amount of traveling they have to do to access medical services. Virtual care can also improve access to health care for people for whom in-person appointments are difficult to get to, due to health or other issues.

Public control also makes it easier to put standards and monitoring in place to address privacy and security issues and to prevent abuses. It also encourages a more efficient use of resources by reducing duplication.

There are models that show what can be done when virtual health care is publicly controlled. In both Scotland and Wales, instead of relying on private for-profit services, publicly controlled virtual health care platforms were set up. Near Me in Scotland and the NHS Wales Video Consulting Service both allow people to access existing health care and social care services virtually. Both services are considered to be successful, particularly as they were introduced as the COVID-19 pandemic started.[54]

But it is also important that the limitations of virtual care—public or private—be recognized. Fixing problems like the shortage of primary care providers is going to require more than a new app. It requires governments to provide greater support for the public services and programs that can fill those gaps, such as non-profit community health centres.

Conclusion

Public provision of virtual health care would allow it to be integrated with the existing health care system. Coupled with measures like an increase in the number of non-profit community clinics, it would give people the best of both worlds—the convenience of virtual care and the ability to deal with people they know. And with public provision of virtual health care, instead of trying to cram as many consultations into as short a time as possible, the priority could be ensuring people's needs were addressed.

The COVID-19 pandemic has reminded everyone that governments have the ability to put major programs in place when needed. While the initial cost of publicly operated services may be higher, in the long run they save money. What is needed is the political will.

APPENDIX 1: CORPORATIONS INVOLVED IN VIRTUAL CARE

The list below reflects companies involved in virtual health care in Canada in late 2021. With mergers, start-ups, and companies shutting down, this list is likely to change.

Appletree Medical Group

Virtual care operations	Virtual "walk-in" clinic with ability to select a specific doctor, if that doctor is available; appointments via the Ontario Telemedicine Network
Other health care operations	In-person clinics
Where they operate	Ontario
Links to insurance firms	Services covered by some private health insurance providers
Links to pharmacies	Partnerships with pharmacies

Coril Holdings Ltd.

Virtual care operations	Virtual employer-provided health service (Wello) providing access to nurse practitioners and owned by its subsidiary, INLIV
Other health care operations	INLIV a "private membership clinic" in Calgary providing health care to those paying a several thousand dollar membership fee
Where they operate	Every province
Links to insurance firms	Services covered by some private health insurance providers
Links to pharmacies	None mentioned

KixCare

Virtual care operations	Virtual "walk-in" clinic providing pediatric and pediatric specialist services (the latter for a fee)
Other health care operations	None, but one of founders also founded Medysis, which operated private clinics
Where they operate	Ontario, but planning to expand to other parts of Canada
Links to insurance firms	Some services covered by private health insurance providers
Links to pharmacies	None mentioned

Loblaw Companies Limited

Virtual care operations	Own between 20% and 25% of Maple, PC Health app
Other health care operations	In-person clinics, electronic medical records, apps
Where they operate	Every province
Links to insurance firms	Offer employee benefits through Health Solutions by Shoppers
Links to pharmacies	Own Shoppers Drug Mart and pharmacies in grocery stores

Lumeca

Virtual care operations	Virtual “walk-in” clinic
Other health care operations	None at present
Where they operate	Saskatchewan
Links to insurance firms	None at present
Links to pharmacies	Partnership with a pharmacy

Maple

Virtual care operations	Virtual health clinic, including services operated under contract in NS and PEI; Tele-rounding at Western Hospital in PEI
Other health care operations	None
Where they operate	Every province
Links to insurance firms	Services covered by some private health insurance providers
Links to pharmacies	Shoppers Drug Mart (Shoppers Drug Mart owns at least 20% of Maple)

Medavie

Virtual care operations	Tele-Care 811 in New Brunswick and HealthLink 811 in Nova Scotia
Other health care operations	Paramedic services, 911 dispatch, Medavie Blue Cross (the insurance division) is partnering with Maple
Where they operate	NS, PEI, NB, ON, AB
Links to insurance firms	Same ownership as Medavie Blue Cross
Links to pharmacies	No

MyCare MedTech Inc.

Virtual care operations	Virtual “walk-in” clinic (GOeVisit)
Other health care operations	MyCare run by Assured Diagnosis Inc. which provides insurance for medical treatment at the Mayo Clinic in the United States
Where they operate	Every province
Links to insurance firms	Yes, founded by Assured Diagnosis Inc.
Links to pharmacies	partnerships with virtual pharmacies

MD Connected Ltd.

Virtual care operations	Virtual “walk-in” clinic (MD Connected and AskWinston, which describes itself as a “convenient, safe and discreet” way to obtain “men’s health medications” and appears to be under the same ownership)
Other health care operations	NA
Where they operate	Every province (MD Connected covered by medicare in Ontario)
Links to insurance firms	Services are covered by some private health insurance providers
Links to pharmacies	Partnerships with pharmacies

Outpost Health

Virtual care operations	Virtual “walk-in” clinic
Other health care operations	NA
Where they operate	Every province, plus the US and Nigeria
Links to insurance firms	NA
Links to pharmacies	Partnership with a pharmacy

Rocket Doctor

Virtual care operations	Virtual “walk-in” clinic
Other health care operations	Agreement with Telemedicine 365 in California
Where they operate	Alberta, British Columbia and Ontario, plus California
Links to insurance firms	Services are covered by some private health insurance providers
Links to pharmacies	Partnerships with pharmacies

Sitel

Virtual care operations	Operates Telehealth Ontario though it's subsidiary Assistance Services Group
Other health care operations	Call centres and back-office in the U.S. and the Philippines
Where they operate	Worldwide
Links to insurance firms	NA
Links to pharmacies	NA

Teladoc Health

Virtual care operations	Virtual employer-provided health service (Teladoc, BestDoctor, Advance Medical)
Other health care operations	Patient monitoring services; virtual health care systems for health care providers
Where they operate	Every province (the company is based in the US and operates world-wide)
Links to insurance firms	Services are covered by some private health insurance providers
Links to pharmacies	Partnership with a pharmacy in the U.S.

Teledact Inc.

Virtual care operations	Virtual "walk-in" clinic (Gotodoctor.ca)
Other health care operations	Linked to Enhanced Care Clinic which operates primary care, walk-in clinics, and telemedicine services
Where they operate	Every province (covered by medicare in Manitoba and Ontario)
Links to insurance firms	Services appear to be covered by some private health insurance providers
Links to pharmacies	Partnerships with pharmacies

TELUS Health

Virtual care operations	Virtual "walk-in" clinic (TELUS Health Virtual Care - combined EQ Care and Akira by TELUS Health), Virtual employer-provided health service (TELUS Health MyCare - formerly Babylon by TELUS Health)
Other health care operations	Operations: in-person clinics, electronic medical records, apps, administrative services
Where they operate	Every province
Links to insurance firms	Services are covered by some private health insurance providers
Links to pharmacies	Owns TELUS Health Virtual Pharmacy

VivaCare

Virtual care operations	Virtual "walk-in" clinic and virtual family practice (option of seeing the same doctor on-line that people see at Vivacare in-person clinics)
Other health care operations	In-person clinics in British Columbia and Manitoba
Where they operate	British Columbia and Manitoba
Links to insurance firms	None mentioned
Links to pharmacies	All in-person clinics are in the same locations as pharmacies, with two pharmacies owned by VivaCare and 7 by Walmart

WELL Health

Virtual care operations	Virtual "walk-in" clinics (Tia Health, VirtualClinic+, VirtuelMed, Circle Medical)
Other health care operations	In-person clinics, electronic medical records, apps, billing and administrative services
Where they operate	Every province plus the United States (Circle Medical)
Links to insurance firms	Services appear to be covered by some private health insurance providers
Links to pharmacies	Partnerships with pharmacies

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