Dr Rupinder Toor Video Transcript

Mike Checkley : Thank you Dr. Toor for taking the time to talk to me today. What we're going to be discussing is how your clinic has changed with COVID, particularly around the method in which you're delivering care to your patients. You know, as we I'm sure there's the world is all acutely aware that you were you know, all adjusting to seeking services online where possible and healthcare is one of those really complex services that we all rely on that I think the whole industry is trying to sort out.

So if you could just tell me just the summary of your clinic, like what type of clinic are you, how big are you and what's your specialty?

Dr. Toor: Well, I'm Dr. Rupinder Toor, I'm a family physician with a focus on women's health, and I've been doing women's health for the past 13 years. And our clinic right now focuses on anything to do with female parts is kind of our main sort of focus.

But we also do a lot of IUD and contraception care. And so there's a lot of procedures and things that we sort of get involved with. Our clientele is all female, and they're fairly young. I would say sort of in their twenties is the average age. Although we see obviously teenagers up to, you know, post-menopausal women. The size of our clinic is we have about 14 doctors. They're all female, but we all work part time. So we were maybe about five full-time equivalents. And then since having COVID just from a space perspective and sanitizing rooms and stuff. We decided to go down to a four, full-time equivalent doctor per day. Having said that we are still extremely busy.

So, I feel like there's still sort of a drive for patient care. Patients are really still anxious during this whole time. And I think it does a lot for them to have access to a provider in a way that feels safe for them.

Mike Checkley : So, what was your patient volumes per day? Just you as a part time position there. What was your volumes like before COVID and during the COVID lockdown, if we can call it that?

Dr. Toor: Yeah, I'd have to do some math, but you know, I was working like my booking hours for maybe about five hours a day and we were booking 20 minute appointments and we would double book occasionally as well. So maybe about 20 or so 20 per day, kind of maximum.

So, we're not a high-volume clinic by any means and then so after COVID, I would say, it's been about similar because we're now potentially dividing a consult with an in-person visit. We found that we could go to 15-minute visits. So now we're kind of booking 15-minute visits, but there's no double bookings at all because most patients do take the full 15 minutes, if not more.

And so, I would say our volume is about the same. I would not say there's has been a significant, maybe a slight drop, but we're still doing at least 80% of the volume that we were doing before.

Mike Checkley : And the volume you're doing now. How are you delivering that care? Are you doing it in person? Are you doing it online?

Dr. Toor: I would say about 90 to 95% of our visits are virtual. So, either through the Medeo video platform or by telephone, and then I would see maybe two to four patients a day in person, which has been a real switch. Obviously, all of them were a hundred percent in person before.

Mike Checkley: You alluded to this before but is there a difference between the length of the appointment online versus in-person.

Dr. Toor: Because we're not coordinating their physical presence in the clinic. There is a certain timeframe that would be taken up with them, arriving, registering, talking to the staff, getting triaged, physically, moving into a room and stuff. And because we're able to cut that timeout, we do find that we've gone down to 15-minute visits and having said that, I mean, that's reasonable. Like I wouldn't say most. Visits are like five or 10 minutes, you know? Cause it still takes time to talk to the patient, to chart, to look up things. But I find the quality of the visit is almost enhanced virtually versus in person.

Mike Checkley : So, how do you decide when you're going to do an online virtual versus telephone?

Dr. Toor: What we insist on is for all patients initially, if they are requesting a visit is all appointments would be virtual. So, it's almost like a triage system that we're using. So you have to talk to the doctor first, virtually. We'll see if we can manage your care just virtually. We will do our best to sort of do that.

If we feel like there is a good indication to bring someone in. So the risks and benefits of exposing someone, getting them outside is worth the benefit of having them come in. Then we'll book those patients in for in-person visits. Deciding between video or telephone, like everybody gets a video invite, right?

So we encourage all of our patients to go to video. But for some reason, if they have not registered on the system or we're having trouble logging into the system, then we will go to the telephone. Also, the telephones are second kind of wave. I find that when I do the telephone call, I do feel like there's a lot missing in that patient interaction.

So it's still okay, but it's not equivalent to an in-person visit. Whereas the video visit, I find a really important part of primary care for us is that relationship building. And we can still do that through video, right? We can zoom, they can see us. We've got tools available for counseling so I can show them on the screen.

I try to really interact with them. Where they are already on a laptop with me. And then I want to look up their old reports on Netcare or whatever. It's very seamless to say "Hey, hang on. I'm just going to go to another screen" and just quickly go and look up and verify let's say when your last pap was done.

When your last mammogram was done? So, it's very, very quick in real time to get those answers. Otherwise, if they're in the room with me, then. Previously, I would not want to be on the computer, so I would talk to them. So would have to grab my laptop to go and check. And so then it just became a lot more disjointed. Right? Other, I think real big advantage of doing virtual appointments is because again, I'm on the computer. My systems are all up. My EMR is up. Now that I would want to book them for a follow-up. I just do that directly. I just say, okay, you know what, you're going to go for this ultrasound. Let's book you in for about a week after that so we can review it and everything is done right then and there. So it's just, the efficiency has been really significant. And I think there's also added value when a doctor makes the appointment with them, because they've kind of contracted now that, you know, we're going to talk about this and stuff. And so we lose, we lose a lot less patients to follow up. Right. Whereas if I say, okay, go for the ultrasound, then call the staff and make the appointment or go online.

I know there's a certain percentage of patients that just. Do not follow up. And they're the ones that show up years later not having that issue sort of maybe addressed or looked after, and now we're dealing with a bigger issue. So I feel like we're sort of on top of their care a lot more. The patients are also just disengaged because they're directly dealing with the provider.

There's not these filters and layers of people they have to get through to get to us. So I think that relationship is a lot stronger, which I didn't expect, you know, on video I was, we did it obviously out of necessity, but I'm seeing a lot of advantages of doing, I can see how the care is almost enhanced over video versus in person.

The other thing I'm going to talk about is health equity. So if we demand that people need to physically come in to see us, we're putting a whole bunch of steps in front of them to make them to, to go through, to get to us, which means that you need to be able to know like, their schedule, how are they physically going to transport themselves, do they have a vehicle, to these public transit?

How far is our clinic for where public transit is? Where do they physically live? Is it like within driving distance or not? And with video, it's all equalized. As long as you have access to a phone, which most people have, you can access your provider. So I think from a health equity perspective, there's been huge gains there because we know there's vulnerable patients who have a really tough time physically getting into our clinic and that's just their situations.

And if that's the only way we can access the provider, often they just don't. And so their health declines even more. So that's also been a huge advantage that I've sort of realized even geographically. Like we're seeing patients that don't physically, live close to us, maybe in a bordering town that's maybe an hour, hour and a half out.

Maybe they wouldn't have driven in to come in to see us because they've never met us before. They don't know who we are and stuff, but once we have a video consult with them, I'm still able to at least give them all the information they need. And then if they're

comfortable now, let's say if they need access to a procedure, they've already built that relationship and they're very comfortable.

And now they're willing to make that drive in, to come in, to see us. So I think for even them, I think they're showing that yeah. That, that video really helped them access care. So I think that's another really important part of the virtual visits.

Mike Checkley : Very interesting. Yeah. That's a great point. So how have your patients handled the online setup and you mentioned that most have access to phones. How has that adoption been on the patient side?

Dr. Toor: So we have quite a variety of patients. We have, like I said, the very young, like the teens and the early twenties and they are very computer literate and they're very happy. This is not even been a blip for them and so they've been excellent. The other side is that we have a lot of immigrant women that sort of come into our clinic.

And so they're kind of the opposite end. They're not very system literate. They don't even maybe understand quite how the healthcare system works or computer skills might be lacking. And it's been really interesting, but those patients have actually done really well. Like I have had patients that in Punjabi, I'll be talking to them and they have not registered for the video platform, so I'll call them and then I'll actually walk them through it.

I'll say, did you get the email? You know, why don't you go ahead and just keep clicking? And he talked them through it, and then there they are. They appear. And you can tell for them, it's almost like, yeah, I did this, you know. So, it's confidence building, and it's sort of this click, click, click, but a way for them to have that experience of feeling empowered in their healthcare.

And so again, I think there's such a great value in that for them, because now they have this experience of successfully doing something that they didn't know how to do before, which is just clicking computers. Whereas if you have to physically come in to see us, that's a lot more involved. And so, they could probably experience failure in that I think a lot easier. And I think regardless of, I guess, where people have grown up or where they're migrating to, computer literacy is the one thing that I think binds us all. Like it doesn't matter if you're living in a shanty town in India or you're living, you know, in LA. Most people have access to a phone. That's the one thing that really binds us. And so, I think that most people, if they don't have system literacy, they don't understand how the healthcare system works or, you know, transportation, they have some degree of computer literacy. And again, so we're meeting people at their sort of where they're most comfortable. And I think that's really important too.

Mike Checkley : Do you think post COVID let's say we all come back to a new normal that is perhaps close to pre COVID times. Do you think you'll continue to use virtual care more than you did before because of this lockdown?

Dr. Toor: Yeah, I mean, I think for me, I always. Thought virtual care was aware where everything is going.

And so in medicine, obviously I think we would have gone there as well, but it would have just taken a very slow snail's pace time. So, I just realized that probably my career, I was never going to see it. Obviously, I think what the opportunity that COVID has really given us is that it really has taken everything away.

And it's really making us question how we do things. And I think we've always gotten into the track historically that we just do things because that's the way we've always done things and it's not always the best way to do things. And I think when you strip everything down, then you build a system that we're really now conscientious. We are thinking about what the best way is to do this. And so, I do feel like virtual care is the best way to have patient care. I think that triaged initially, is there such a great application for that. And so in an ideal world, the systems that we've had to build in the last, you know, several weeks and several months to respond to safety, which is, I guess, one of the most guiding principles that we are going to have, we've built a really robust system based on safety. And I think if we can continue that post COVID, I think I'm hoping that there will be a culture shift that, you know, there will be a pre COVID world and a post COVID world. And the post COVID world will be us as a society, really thinking about what we're doing, how we're doing it, and what's the best way to do it. And really question that. And I think it's gotten us all on the same page at the same time. So that's given us the opportunity to get some momentum, to really make these changes and implement them and you can try them out. So, I'm really hoping that we can continue that system that we built, because I think COVID is just one example of one infectious disease, but there are other infectious diseases as well.

And so we built a system that's really got safety it's as its primary sort of focus. Why would we give up that safety after COVID is over? And I think too, like when we look at like what we're going to insist on, physically seeing everybody in the clinic, every time we have any kind of issue we have to look at like, what is the environmental footprint of that?

Right? Because there is going to be an energy cost to having people physically show up, right? So, whether they're driving their vehicles, taking public transit, whatever they're doing and the carbon footprint of that and the environmental impact that that would have on health, there's a cost to that as well.

Well so policy makers really need to think about the pollution that we're putting in the air to get people to physically come. Like, what is the health cost of that pollution to our society? I think COVID is just opened our eyes to safety, but I think safety should be one of our best guiding principles. And so, I don't think we should give that up post COVID.

Mike Checkley : And on that note, you mentioned policy makers. What message would you have for government? What would you like to see them do or not? To, help continue to support virtual care moving forward.

Dr. Toor: So I think as policy makers, you know, we're in a really tough spot because what's happened is you inherited a system that slowly has evolved and it's kind of cranky.

It's old, it's kind of, it's not robust. It's not very efficient. It's costing a lot of money, right. And now COVID has come and it's kind of given us like the start and we're ground level and

we can work our way up. And so I think that the policy makers should really take this time to listen to frontline workers and people who are sort of doing this sort of primary care health, is to really find out from us what that situation is like. And I'm going to say that, you know what, I think we can build a much more robust, efficient cost savings program if we stick to the virtual care, because it just like, it makes it so much easier for us to have contracts with our patients. So, it's sort of like you pay that money up front. I mean, video platforms are not that expensive, video visits invest in that, that is going to save us millions and millions of dollars. I think on one hand where you get these patients that have gone without care, who are now have progressive disease who don't have a healthcare provider, they feel comfortable seeing. So, for me, it would be just a great opportunity as far as a change management issue, because sometimes we have a very clunky, very expensive, very non-efficient system happening. And how do you transition that to something that's progressive and innovative and it's hard to do that goes at a snail's pace at a regular sort of timeframe, but COVID has given us the opportunity to really accelerate some of these changes because it's given us a value set to really operate from. So, safety's a value set, access is a value set and efficiency's a value set. And I think if we focus on those, you know, we can actually, we have the opportunity that within months that we could recreate the system to really be something that could be better for all of us as a society. So, we can have a healthier and thriving society, but also save, I think, you know, we could cut our healthcare costs by at least a third, I think. If we would just be able to sort of be able to invest a little bit in that primary care prevention and that relationship building, as opposed to building these massive hospitals with massive procedures, because we missed all those people.

For me, I feel like we're really the opposite when it comes to sort of health funding, we spend a lot of money funding, very expensive technical procedures, hospitals, all of those kinds of things. And, and then we don't fund the primary care or the prevention. And so, yeah. We're just waiting for people to get really, really sick before we actually sort of help them.

And so it just makes sense from a fiscal perspective that we invest in the prevention, we make sure people have really good relationships with our providers, and they feel that they are empowered in their healthcare. Like they know all they need to do is get on their phone and they have access to a healthcare provider that they can trust.

And then they can have a relationship sort of ongoing with them, and they have the opportunity to speak in person as well. I know some governments are looking at sort of dividing the two, so sort of finding an on-care virtual system, but those doctors are not the primary care physician. They're not ones that you could see in person.

So they kind of separated out and then if it they need specific things, they get sent to the hospital. And I don't agree with that. I think it should be a tool on the system that we've already built, which is on, based on relationships. I think it's a very powerful tool and I think you have the opportunity now to really implement and use it.

And I think everybody is on the same page and that includes healthcare providers, that includes patients, policy makers, and all of the staff that work with the clinics. So, I just, I, I hope we don't lose this opportunity. I hope we use it for our advantage to be able to try to

make, to create something that's just exponentially so much better than what we had before.

Mike Checkley : Wonderful. Well, healthcare is lucky to have you set up amazing, amazing clinic with an amazing group of people. And on behalf of QHR just thank you for championing Medeo and virtual care. And our commitment to you is to continue to evolve the product, make it better, and hopefully be a tool you can use to save that 30% and deliver better care to more people. That's really our goal.

Dr. Toor: I think when visions align, I think things can really happen. And so, we have felt very supported by you guys. And I think you guys are, again, you kind of have the mentality of sort of, this is not just computers, replacing paper. This is a whole new, innovative way of doing things and let's look at how we can really enhance care. So, I think that's when the visions are aligned. I think it makes it easy to have these partnerships.