



# Virtual Care in the Patient's Medical Home

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THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA



PATIENT'S  
MEDICAL  
HOME

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# Introduction

Enhancing the integration of virtual care into primary care has long been on the agenda for Canada's health care system. The COVID-19 pandemic has created unprecedented challenges in access to primary care (as we once knew it), which has affected both family physicians and their patients and communities. It has escalated the need for family practices to offer virtual care services to ensure that their patients' primary health care needs continue to be met. Virtual care has also been vital to family physicians' ability to maintain continuity of care, especially during the pandemic. In addition to most family physicians resuming work in their clinics with in-person visits, there has been an enormous shift toward providing care virtually to their patients and the communities they serve. A survey of College of Family Physicians of Canada (CFPC) members conducted in May 2020 with 4,308 respondents (a 13 per cent response rate) found:

- 91 per cent of respondents indicated that most of their patient visits are happening over the phone
- 52 per cent are connecting with patients via email
- 43 per cent are meeting with patients by video<sup>1</sup>

According to another recent survey of 1,800 people in Canada conducted by the Canadian Medical Association (CMA), 47 per cent had occasionally or frequently accessed care from a doctor by phone during the pandemic, and of those respondents 91 per cent reported being satisfied with the experience.<sup>2</sup> The adoption of virtual care tools happened rapidly and points to the potential for their permanent integration into the delivery of primary care in Canada.

While virtual care increases access for many, it is also important that the growth of virtual care does

not exacerbate disparities in access to primary care related to geography and socio-economic status. Many people across Canada face overlapping barriers such as a lack of technology, limited digital literacy, and poor access to high-speed Internet services. Collectively, these obstacles define a “digital divide” that disproportionately affects seniors, individuals with disabilities, racialized groups, and those with low socio-economic status.<sup>3</sup> These barriers are even harder to overcome at a time when some primary care clinics may only be delivering care virtually.

**The goal of virtual care is not to replace the strong relationship that a patient and their doctor develop through regularly provided in-person care.**<sup>4</sup>

Rather, it is intended to complement traditional care and give patients and their family physicians an option to choose from for the most diagnostically and/or therapeutically appropriate way to connect.<sup>5</sup>

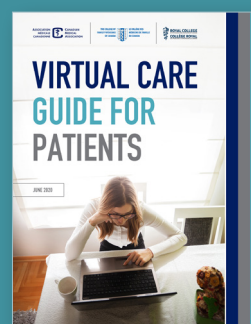
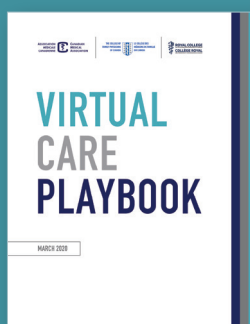
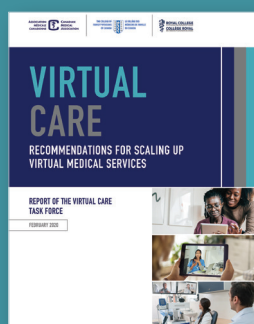
The goal of this document is to clarify the role of virtual care in the interprofessional vision of the Patient's Medical Home (PMH; <https://patientsmedicalhome.ca/>) while recognizing that certain marginalized groups may not be able to access or engage with virtual media or are limited in their capacity to do so.

Delivering virtual care can be difficult without the appropriate infrastructure, connected services, and funding. Investing more in creating a better virtual infrastructure would help optimize the health care system. Appropriate policies should be created to ensure all patients have the same access to virtual care regardless of their geographic location or any social disadvantages.<sup>6</sup>

# Key principles of virtual care and its role in the PMH

Virtual care encompasses various forms of communication and information technologies such as videoconferencing, telephone calls, and digital messaging (i.e., secure messaging, emails, and text messaging). This two-way communication between patients and providers known as virtual visits allows them to connect remotely from anywhere and can enhance convenience and accessibility for many.<sup>6</sup>

The notion of providing primary care through virtual media is not new for Canada. Before COVID-19 was declared a pandemic, the Virtual Care Task Force (VCTF)—which was created by the CFPC, the CMA, and the Royal College of Physicians and Surgeons of Canada (Royal College)—released a road map for a pan-Canadian approach to integrating and expanding virtual care in Canada.<sup>7</sup> The VCTF report outlines 19 recommendations for scaling up virtual medical services and addresses key barriers such as interoperability and governance, licensure and quality of care, payment models, and issues related to medical education.<sup>8</sup> The CFPC, CMA, and Royal College also released the *Virtual Care Playbook*, which covers key considerations about how to introduce and provide safe, effective, and efficient virtual care to patients.<sup>8</sup> The playbook gives care providers tools to help them fit virtual care into their practice workflows and highlights which health problems can be safely assessed and treated virtually versus those that require in-person visits.<sup>9</sup> In collaboration with patients and their families, the CFPC, CMA, and Royal College created the *Virtual Care Guide for Patients* to help patients prepare for virtual visits, specifically video visits with their care providers.<sup>9</sup>



Motivated to keep patients and health care providers safe from exposure to COVID-19, policy-makers and health care providers across Canada have been increasingly exploring options for a more integrated system of care. A system that integrates virtual care with in-person care improves the delivery of patient-centred health services and reduces risks for both physicians and patients by enhancing accessibility, coordination of care, and continuity of care.<sup>10</sup>

We recognize that during the pandemic, with the availability of in-person appointments limited, certain groups may be disproportionately affected in terms of access to care; for example, in-person visits can be important for communication for people with language barriers, individuals with low literacy, or people with severe mental illness.<sup>3</sup> In the same way that a continuous patient-provider relationship developed in a PMH setting is preferred and known to enhance the quality and safety of care compared with episodic care received in walk-in clinics, virtual care is also most effective

when it occurs in an established patient-provider relationship instead of creating a parallel system of access to a distinct and fragmented array of providers.<sup>11,12</sup>

Introducing fully virtual clinics that lack continuous care with a primary provider would add to the safety risks inherent in parallel systems of access. Similarly, this could result in additional costs, such as the costs of time and energy of all parties involved, financial costs created by the possible duplication of health care resource use (paid for by governments and/or patients), and potential costs to patients' health due to over-testing and possibly inappropriate treatment.

Policy-makers should be mindful of the inequities posed by virtual care and the digital divide for marginalized and vulnerable populations, especially in some rural and remote communities. Providing virtual care exclusively could result in the care of some individuals being neglected; therefore, the option of in-person care should always be available to patients.

Using an equity lens, we must also consider that virtual care can improve access to care, especially for patients who cannot easily travel to a clinic. Patients with chronic or complex health conditions often require support from a wide network of providers and caregivers. In many instances, long travel distances, a lack of transportation, time, cost, missed school and/or workdays, or physical limitations may pose major challenges for these patients in connecting with family physicians and other specialists.<sup>11</sup> Offering care virtually can enable providers to overcome communication and coordination challenges to provide continuous care to patients.<sup>13</sup>

In a British Columbia study, 57 per cent of patients surveyed said they avoided an in-person visit with their family doctor and opted for a virtual visit for the following reasons:

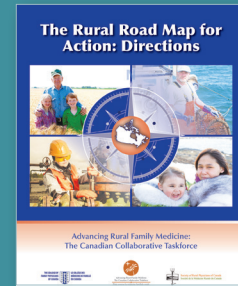
- 98 per cent of patients saved travel time
- 87 per cent avoided a work absence
- 39 per cent saved on caregiving arrangements<sup>4</sup>



However, it is also important to consider that not every virtual care tool will work for every patient. Depending on their situation, they may experience barriers to accessing the Internet, using technology, or having a stable/working phone number. For some patients in-person visits may be the best way for them to connect with their providers and express their needs. Having virtual care options integrated into a good relationship based in continuous primary care can help increase options and accessibility, but this mode of care may not be appropriate for everyone. Therefore, a strong caveat related to family physicians providing in-person visits to those who need them is necessary.

Offering this additional pathway of access to the expertise of the interprofessional team of the PMH is clearly aligned with the **Accessible Care** principle of the PMH vision. **The core relationship between a provider and their patient and the resulting continuity of care remain key to delivering quality care.** In another British Columbia study, the results highlighted that cost savings related to virtual visits were primarily apparent when patients saw their own primary care providers.<sup>11</sup>

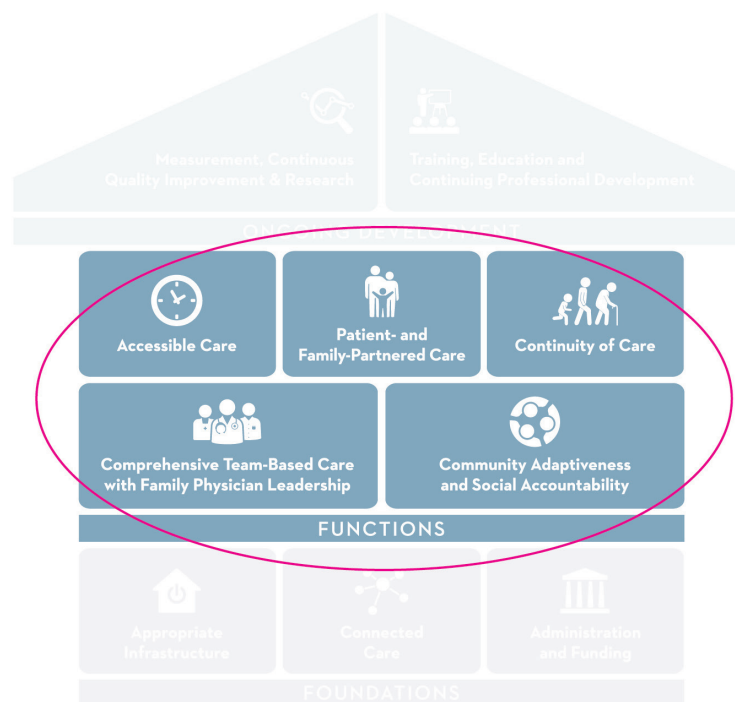
The Rural Road Map for Action guide developed by the CFPC and the Society of Rural Physicians of Canada is a great resource that uses a social accountability lens to highlight ways to support and enhance health care in rural areas across Canada.<sup>14</sup>



Virtual care also enables family physicians in rural and remote areas to connect with other medical specialists to support their patients.<sup>15</sup>

The **Accessible Care, Patient- and Family-Partnered Care,** and **Continuity of Care** functions of the PMH highlighted in Figure 1 are those most strongly supported by virtual care.

**Figure 1. The PMH framework (with emphasis on the vision's functions)**



Virtual care tools also have the capacity to support and reinforce patient autonomy in health care. For example, telehealth tools allow patients to log health information, use task reminders, and use secure messaging to follow up on important care check-ins.<sup>11</sup> In the Enhanced Access to Primary Care pilot in Ontario, more than 90 per cent of visits used asynchronous, secure messaging; and in a US

study, in instances where a well-established patient-provider relationship existed, secure messaging was linked to enhanced efficiency, access to care, and continuity of care.<sup>16, 17</sup> In addition to secure messaging, team-based virtual visits also help with care coordination by facilitating real-time communication between providers and their shared patients.<sup>18</sup>



It is important to consider that for some people in Canada who reside in rural or remote communities, virtual care could also exacerbate inequities given the need for Internet connectivity and the lack of access to laptops, tablets, smart phones, or even a land line. Advanced technologies are not widespread in many communities or among socially excluded groups. With regard to equity, family physicians providing virtual care should be cognizant of the varying availability of necessary technologies and resources across all communities and contexts. It is also imperative to

consider access not only from the perspective of being able to see any health care provider but also of being able to access high-quality primary care that is patient-centred, culturally safe, and continuous.<sup>19</sup>

While virtual services can increase patient access to care, patients' experiences and concerns about safety should also be taken into consideration. The *Virtual Care Guide for Patients* serves as a great resource for managing patients' expectations about virtual visits and for helping them understand what is and isn't suitable for virtual care.<sup>9</sup>

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## Requirements for the integration of virtual care in the PMH

As outlined above, readily available virtual care offers multiple benefits to the care provided in family practices aligned with the PMH vision. However, realizing these benefits will require policy-makers to address requirements, such as:

- Providing equitable remuneration for virtual care services
- Easing licensure restrictions on the provision of care across provincial and territorial boundaries
- Addressing patients' rights and responsibilities
- Maintaining the same degree of accountability and privacy in virtual care as in in-person care<sup>10</sup>

Appropriate policies should be created to ensure that patients do not just seek periodic care at various virtual walk-in clinics, but instead seek continuous care from their primary care physician whether through virtual or in-person care.

A handful of private telehealth companies provide virtual walk-in access to physicians and other health care professionals through virtual platforms in some Canadian jurisdictions. For example, TELUS Health

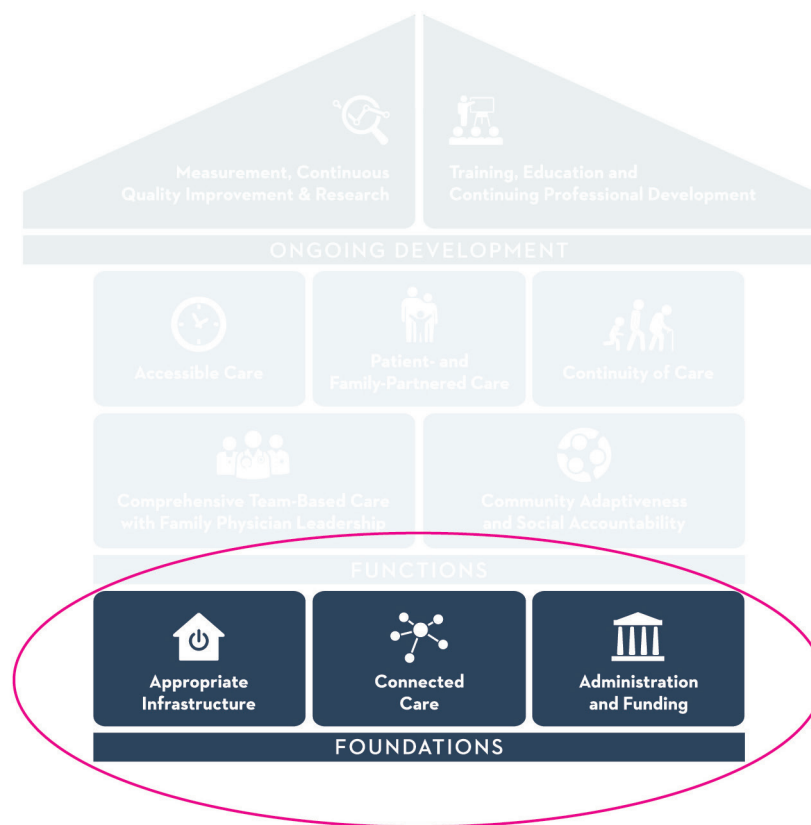
entered into an Alternative Relationship Plan with the Alberta government to allow its Babylon app to offer physicians services outside of the usual fee-for-service model.<sup>20</sup> In another case, Ontario has agreed to cover visits with virtual health companies such as Maple and Tia Health.<sup>21</sup> While patients can schedule appointments with these physicians online, the lack of continuity of care created by accessing these private telehealth services may increase the risk of medical errors. The rise of private virtual care could add to disparities in access that already exist in health care and affect marginalized groups in particular.<sup>22</sup>

Governments should more readily remunerate virtual care in the context of an established patient-physician relationship to allow for greater access to the primary physician and to minimize the development of costly parallel systems and the duplication of care.

The VCTF report outlines the competencies required to deliver virtual care and provides further details on how to address key challenges related to virtual care in Canada such as quality of care, medical education, and governance of the virtual health care system.<sup>7</sup>

Ready access to relevant technology (e.g., interoperable electronic medical records), appropriate remuneration policies, and the availability of training for all staff involved in the provision of virtual care are all required to ensure that virtual care can be added to the set of services provided by PMH-aligned practices. It should also be noted that education for patients and adequate access to infrastructure and technology for patients will also need to be addressed. Greater attention to the role of virtual care during the continuum of medical education is also required, along with similar enhancements for other health care providers working in the PMH. These requirements map to the foundational principles described in the core PMH vision document, as highlighted in Figure 2: **Appropriate Infrastructure**, **Connected Care**, and **Administration and Funding**.

**Figure 2. The PMH framework (with emphasis on the vision’s foundations)**



The Doctors Technology Office in British Columbia has also developed several resources and best practice guides to better inform and educate physicians about delivering virtual care to patients.<sup>23</sup> As well, the *Virtual Care Playbook* outlines key factors that allow for virtual care to be delivered in a safe and efficient manner, such as:

- Fitting virtual care into your practice
- Being mindful of patient capacity and preferences
- Addressing technological requirements
- Understanding what problems can be assessed and treated safely
- Considering your “Webside” manner
- Ensuring safety and efficiency for the virtual visit, from start to finish<sup>8</sup>



# Conclusion

It became clear during the COVID-19 pandemic that virtual care has the potential to be a crucial pathway of access to the primary care provided by interprofessional teams aligned with the PMH vision. While not all services can be rendered in this way, the benefits of this additional channel are numerous.

Virtual care is comparable in encounter time to in-person care and needs to be integrated fully and remunerated fairly to enhance health care delivery overall, improve patient outcomes, and increase provider and patient satisfaction. Virtual care should be an accessible tool in every family physician's tool box so they can deliver care of equal quality regardless of the medium of delivery, yet some unfinished business remains to be addressed, such as remuneration for asynchronous communication. As matters stand, with few exceptions, family physicians can primarily bill only for providing care to patients via real-time, synchronous communication (telephone or videoconferencing) even though asynchronous communication (secure messaging via websites or mobile phones) has also been demonstrated to be very important.

In the Ontario Telemedicine Network's Enhanced Access to Primary Care initiative, 90 per cent of visits used asynchronous, secure messaging due to its convenience for both patients and providers.<sup>16</sup> Although virtual care improves access for many it still poses barriers for marginalized populations, and asynchronous virtual services may be better suited to those who reside in rural and remote communities with limited access to the Internet and related infrastructure. This will allow patients to initiate contact at any time via secure messaging, and providers can respond at their convenience.<sup>19</sup>

Everyone in Canada should have access to virtual care as another way to connect with their regular PMH-aligned family practice. The principles of health equity, which include remedying differences in health among those facing the greatest health disparities, are primary goals that must be central to the development of any new care systems or modalities of care. Therefore, any virtual care plan also needs to work with public health, provincial governments, and municipal governments to arrive at solutions that do not limit access to care for people facing barriers to technology.

It is important that on-demand access to providers for virtual care is not seen as a goal unto itself. The true value of virtual care lies in its ability to enhance the relationship-based longitudinal care that forms the core of the PMH vision.



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