



# VIRTUAL CARE IN CANADA: PROGRESS AND POTENTIAL

## REPORT OF THE VIRTUAL CARE TASK FORCE

FEBRUARY 2022





# EXECUTIVE SUMMARY

released its first report in February 2020

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by some physicians to return to in-person care

a reluctance



THE APPROPRIATENESS OF VIRTUAL CARE.

EQUITY



Restated recommendations:



New recommendations:

# INTRODUCTION



These working groups are as follows:

The mandate of the reconstituted VCTF remained the same:

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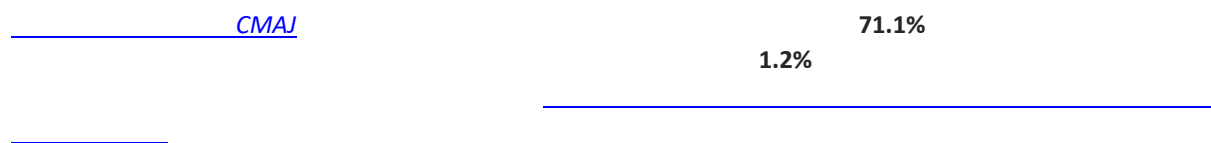
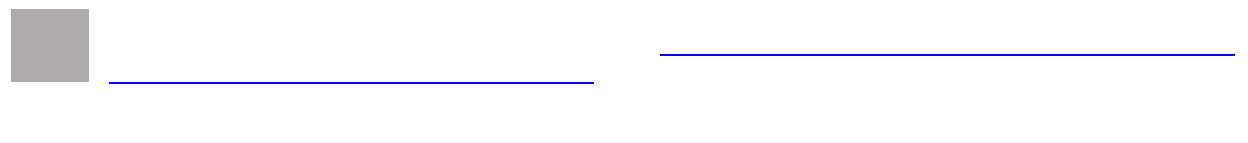
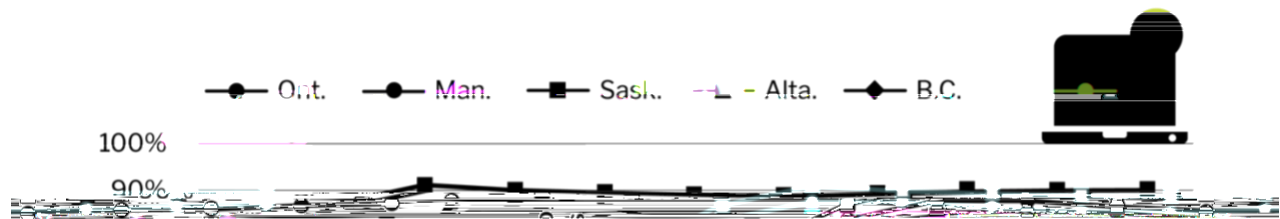
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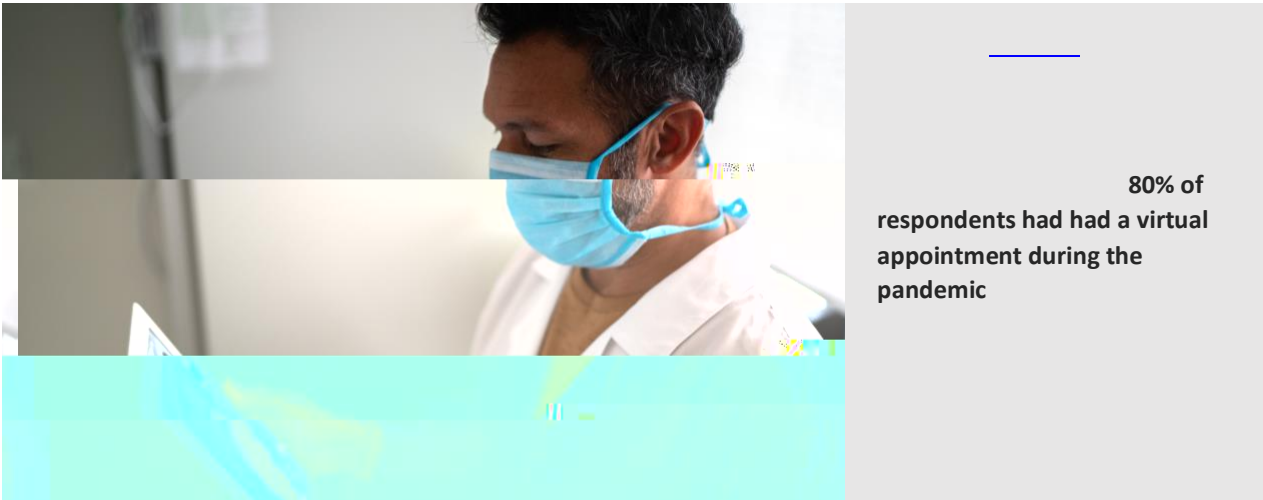
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71.1% VS 1.2%

91% of those polled were satisfied or very satisfied with the care they had received virtually

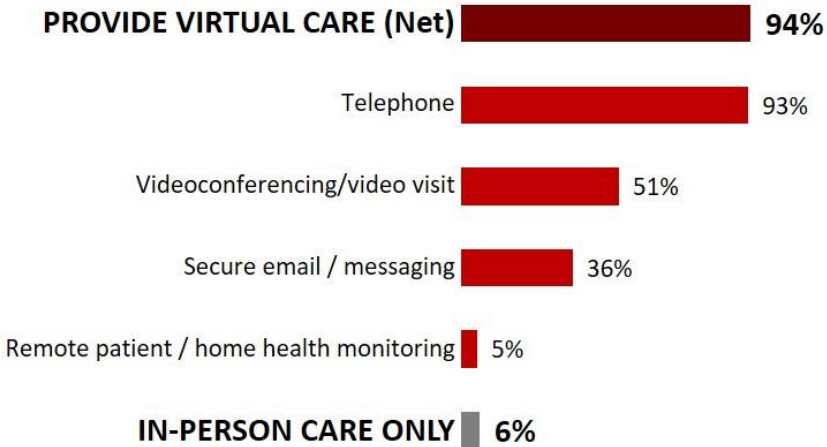


continue to use virtual care after the pandemic

Ninety-four per cent

More than 70%

**CURRENTLY PROVIDING PATIENT CARE VIRTUALLY**  
(% OF PHYSICIANS)



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It said in part that:

“There are limits to what can be done virtually and the standard of care is often difficult to meet in a virtual care environment...There are many patients for whom the standard of care cannot be met in a solely virtual care environment.”



\$240.5 million

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These were categorized as follows:





THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLEGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

## Position Statement

# Strengthening Health Care – Access Done Right

**(August 30, 2021, Mississauga, ON)** Access to high quality comprehensive continuous primary care close to home is a foundational component of an effective health care system. Family practice plays a crucial role in providing such care in Canada. Patients value their family physician and consistently report the strongest preference in seeing them for their health needs. **Access done right** must include access to a family doctor and a team who know you.



Despite the hard work of family physicians and their teams, the accessibility of primary care has been an ongoing concern. Adopting virtual care, catalyzed by the COVID-19 pandemic, presents a series of opportunities as well as challenges to access high quality primary care.

For best practices offering virtual care to specific care by unfamiliar providers have increasingly been used to fill gaps, threatening system efficiency and continuity of care.

Family physicians report that virtual care **improves** access but at the cost of **quality** particularly for more complex issues, including, new diagnosis, treatment plans, and mental health services.

Virtual care should be one way to access a patient's dedicated family practice that follows and supports their health and health care over time. It must be available as one of the ways to facilitate convenient access for patients. Virtual care must be implemented in a way that meets physicians' and patients' needs as well as the context and nature of the problem being considered. In some cases, in-person interaction is irreplaceable for both clinical examination and building a lasting relationship.

Continuity of care by a family physician working closely with a dedicated team is a key determinant of health outcomes and should be supported and prioritized. **Access done right** means convenient access to a family doctor and dedicated team who know you, when you need it, and for any health problem/condition.

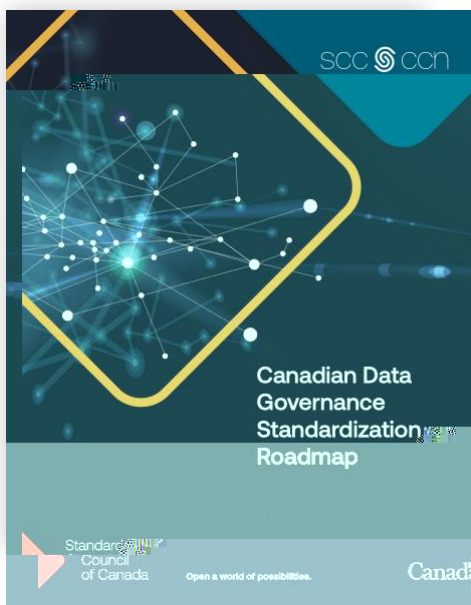
The College of Family Physicians of Canada | Strengthening Health Care – Access Done Right 1

The VCTF and governments are not the only groups to have undertaken a review and advanced discussions of virtual and digital care issues in Canada in during the pandemic.

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Consultations with stakeholders resulted in two interoperability priorities through 2022:



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# **INTEROPERABILITY AND GOVERNANCE WORKING GROUP**

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Despite this progress, the working group acknowledges that significant work remains to be done in the arena of virtual care governance and interoperability, specifically:

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## LICENSURE AND QUALITY OF CARE WORKING GROUP

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**As stated in that document, the college's position was that:**

*Virtual care is a core component of medical care. Registrants who provide virtual care are held to the same ethical and professional standards, and legal obligations related to in-person care. The use of virtual care can address access issues and increase both effectiveness and efficiency in delivering medical services. Virtual care can be highly beneficial to patients (e.g., for those living in remote communities or who have mobility issues); however, it can also exacerbate disparities for those who lack access to technology, have limited digital literacy and/or face other challenges with participating in virtual communication. Registrants are reminded to use an equity-oriented approach and seek to understand and address any barriers their patients may face in participating in virtual care.*

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**The new standard of practice in Manitoba published by the college explicitly states that examples of virtual care that do not meet the standard include:**

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# PAYMENT MODELS WORKING GROUP



Newfoundland and Labrador



Prince Edward Island



Nova Scotia



New Brunswick



Quebec



Ontario



Manitoba



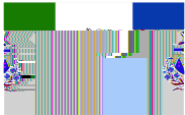
Saskatchewan



**Alberta**



**British Columbia**



**Yukon Territory**



**Northwest Territories and Nunavut**

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To address these concerns, the working group makes the following recommendation:

Governments and provincial/territorial medical associations should work to incorporate the following aspects of virtual care in their negotiated agreements:

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# MEDICAL EDUCATION WORKING GROUP

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**Virtual care is being assessed by Resident Doctors of Canada (RDoC) both from a medical education and a wellness perspective.**



# CONCLUSION



# APPENDIX I

## Virtual Care Task Force participants 2021

### Co-chairs

### Members

### Observers

## Working group members

### Interoperability and governance

**Licensure and quality of care**

**Payment models**

**Medical education**

**Staff secretariat**

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**Acknowledgement:**