THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Buying Access Will Cost You: The unintended consequences of for-profit virtual care

Executive summary

Virtual care can improve access to care and continuity for patients if used appropriately as part of a long-term relationship with a regular care provider. For-profit virtual care presents a problematic approach to health care delivery as these models are fundamentally designed to maximize profits, potentially causing health outcomes to suffer.

In many cases for-profit companies promote ordering medically unnecessary tests and advertising directly to patients and providers. For-profit care may also impose additional costs on the health care system. Several factors can result in the system paying double, such as the duplication of services when patients are advised to see a physician in person, as many for-profit virtual clinics lack a physical presence.

Episodic for-profit care also jeopardizes patients' continuity of care. Patients using episodic virtual care are less likely to regularly visit their family doctor. Further, providers working through for-profit solutions often do not have access to a patient's full health record and they generally do not share information with the patient's regular care provider to maintain continuity. Quality of care can suffer when it is provided by virtual walk-ins—evidence demonstrates that this form of episodic care has resulted in substandard care in Canada. This type of care can pose a threat to patient privacy, as for-profit companies are not bound by the same rules as individual physicians regarding custody of patient information. Patient data can be shared with other businesses and foreign governments or used to target patients with advertising.

For-profit virtual walk-in services threaten to create an inequitable system where individuals who can afford such care can "skip the line." As a result, marginalized populations may experience unequal access to care and longer wait times. They may also face a further reduction in access to care when physicians in the public system shift to working as part of for-profit solutions. The virtual walk-in model may also violate the Canada Health Act by charging patients for medically necessary care, leading to a two-tiered system.

Patients and their health care providers want timely access to care. However, quality, equity, continuity, and health outcomes cannot be compromised in enhancing accessibility. All levels of government must commit to strengthening primary care. The College of Family Physicians of Canada (CFPC) has called on the federal government to institute a $2 billion Primary Care Access Fund* to enhance the accessibility of virtual and in-person care provided by collaborative primary care teams. Episodic, disconnected services are a poor substitute for comprehensiveness and continuity provided by a regular family physician who knows their patients and delivers care in alignment with the Patient's Medical Home vision.† Access to the publicly funded system must be enhanced and all levels of government have a critical role in facilitating this change.

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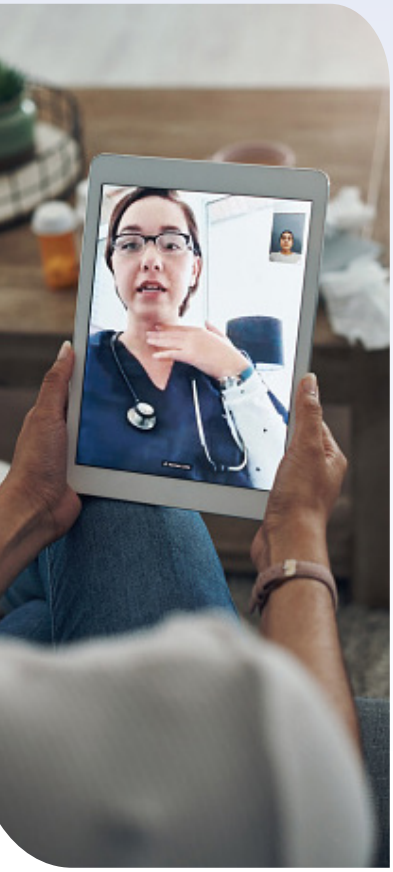
* College of Family Physicians of Canada. Position Statement: Strengthening health care—Access Done Right. Mississauga, ON: College of Family Physicians of Canada; 2021. Available from: **https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Access-Done-Right_ENG_Final.pdf**. Accessed October 7, 2021.

† College of Family Physicians of Canada. Patient's Medical Home website. 2019. **https://patientsmedicalhome.ca/**. Accessed October 7, 2021.



During the COVID-19 pandemic the use of virtual care—for-profit and publicly funded—has increased rapidly across Canada. Virtual care offers various benefits to patients and providers, including cost and time savings, patient satisfaction, and, for many people, improved access to care.[1,2,3] However, the concerns about for-profit virtual care must be addressed.

Virtual care is here to stay: 70 per cent of people surveyed agree that virtual care represents the future of health care in Canada.[4] At the same time, 46 per cent of respondents report that COVID-19 has made it more difficult to access care. For-profit virtual care services, such as virtual walk-in clinics, have acted as a stop-gap measure to improve access to care for some, but in doing so present serious risks to the health care system. Virtual care is an important tool to complement traditional in-person primary care, but ensuring appropriate access to appropriate care—or Access Done Right—is the CFPC's approach to setting the policy framework so everyone living in Canada can benefit from virtual care services seamlessly integrated into the public system.[5]

For-profit virtual care prioritizes revenue generation over patient health

Corporations venture into health care offerings and design care delivery to maximize profits, not patient outcomes. Medically unnecessary tests may be ordered,[6,7] placing additional costs on publicly funded laboratories to carry out these requisitions.[8] Companies charge patients for services that would typically be paid for by their provincial or territorial insurance—including laboratory requisitions, medical notes, and prescriptions.[9] The potential for superfluous service use and its promotion by for-profit virtual care providers is a worrisome trend. For example, for-profit virtual care provider Babylon by TELUS Health has an application that prompts patients to refer friends.

Some companies allow pharmaceutical advertising directly to providers and patients through their virtual care and electronic medical record platforms[10,11] despite ample research demonstrating that direct pharmaceutical advertising results in physicians prescribing less appropriate medication.[12,13,14] The companies themselves also advertise their services directly to the public; for example, TELUS "overpromising what they can deliver through virtual care" and advertising uninsured services to existing TELUS and Babylon customers.[15]

In the Patient's Medical Home[16] vision, championed by the CFPC, family physicians and their care teams are patient-centred, ensuring that care services respond appropriately to patients' preferences and expectations.[17] Patients are encouraged as active participants in their care and are supported in implementing self-management interventions. The primary concern of for-profit virtual care services is revenue generation, which limits the opportunity for providers to spend time meaningfully engaging with patients as partners in their care.

For-profit virtual care leads to duplication of services and increased costs on the system

Virtual care providers working through a for-profit access model can bill the province/territory through the fee-for-service model for a variety of publicly covered services, in addition to out-of-pocket expenses. However, many physicians in the publicly funded system are paid through a capitation model (paid per patient). When patients of physicians paid through capitation use for-profit virtual care services that are reimbursed by the jurisdiction, taxpayers are charged twice.[6,7,15] Physicians may also work fewer hours in a community-based practice if shifting to for-profit virtual care solutions,[6,18] with the effect of reducing access to care for those who cannot afford to pay out-of-pocket. Evidence demonstrates that expansion of for-profit health care services often increases wait times in the public system.[19,20,21]

Few for-profit virtual walk-in services have a brick-and-mortar presence.[10] If a patient is advised by a for-profit virtual clinic to see a physician in person or go to the emergency department, this leads to duplication of services—two visits take place when one initial in-person visit would have sufficed. In Prince Edward Island, where for-profit virtual care provider Maple has been contracted by the province to deliver care, the issue of Maple's lack of a physical office is especially relevant.[22]

In October 2021, Maple's virtual clinic in PEI temporarily closed due to lack of physician coverage. This system failure makes the flaws of relying on private providers to address a province-wide physician shortage clear. This experience demonstrates the need for sustainable solutions to improve access to care, including long-term investment into primary care systems rather than short-term fixes.

For-profit virtual care threatens continuity of care

A report from the Ontario Auditor General's office[9] found that if patients use for-profit virtual care, it is likely they are not regularly seeing their family physician, demonstrating a lack of continuity. Continuity of care is proven to have a host of benefits for patients including greater quality of life, better health outcomes, and lower rates of emergency department use.[23] For-profit virtual care is also not equipped to help patients manage complex, chronic, or comorbid conditions because the attending physician is not familiar with the patient's history. Continuity of care is crucial for patients with chronic conditions—it has been shown to reduce the odds of being diagnosed with a second chronic condition and lower the risk of hospitalization.[24]

For-profit virtual care contributes to further discontinuity as providers in these systems often do not share information from visits with the patient's family physician and typically have very limited access to a patient's complete health information.[18,25,26] An environmental scan of virtual walk-in clinics in Canada found that of the 18 surveyed, only three explicitly noted that they were not meant to replace care from a family physician and only 22 per cent of providers referred to continuity, information-sharing, or communication with patients' regular care provider.[27] In family practice, physicians know their patients' health history and can use this information to work collaboratively with them to effectively manage care over time. In a for-profit virtual walk-in model, the lack of relationship with the care provider restricts patients from receiving the long-term health benefits of continuity of care.

Discontinuity also has implications for patient satisfaction. Patients are seven times more likely to want care from their own family physician rather than an unfamiliar care provider.[28] Evidence shows that patients who receive care from their family doctor experience greater patient satisfaction than those using walk-in clinics.[29,30]

For-profit virtual care results in inequitable outcomes and extra costs for patients

By design, for-profit health care services such as virtual walk-ins are meant for patients who can pay out of pocket to access care. This allows individuals willing and able to pay to 'skip the line,' and may disadvantage certain populations who cannot afford the upfront costs[6,8,25] or would incur additional financial hardships to use the paid service. When physicians work more hours for for-profit solutions and fewer in community-based family practice, marginalized populations may be most harmed with the resulting system-level reduction in access to providers.[21,25] In the United Kingdom, where for-profit provider Babylon has been contracted by the national health care system to provide virtual care, an evaluation of its implementation found evidence of inequitable access to the service. Individuals who did not have a smartphone or had difficulty using one, older people, and individuals with complex needs were the least likely to use the service.[18,31,32] In the United States the private virtual care services offered by Kaiser Permanente are mostly used by young and white patients, while older, Black, and Latino patients have significantly lower usage.[33]

For-profit virtual walk-in services are notably unsuitable for patients with complex and chronic conditions,[32] which not only demonstrates inequity in access and care delivery but may violate the Canada Health Act. While virtual care can improve access to care for many, it cannot do so unequivocally when care is corporatized, especially if it threatens to create a two-tiered system of care.[8,34,35] In Ontario, where public and private health labs struggled to meet the demand for COVID-19 testing, researchers noted that for-profit virtual care models could overwhelm the public labs that process their requisitions and ultimately may serve to exacerbate inequities of access and timely care.[8]

For-profit virtual care can reduce quality of care

The College of Physicians and Surgeons of British Columbia (CPSBC) is aware of numerous allegations of insufficient care provided by virtual walk-in clinics. A CPSBC Inquiry Committee on the issue determined that it is "almost impossible for physicians to meet expected standards for the majority of patients presenting with episodic concerns in this fashion."[18] Research from Australia and the United Kingdom has also shown that corporatized care often results in lower quality of care.[26] While timely access to care is imperative, most (63 per cent) Canadians are willing to wait to see their own family doctor the next day rather than have a same-day visit with an unfamiliar care provider (14 per cent).[28] Quality of care is an essential element to virtual care. In a 2020 survey on virtual care in Canada, respondents chose quality of care as their top priority when receiving virtual care, with 86 per cent valuing quality of care as 'very important.'[36] As corporatization of virtual care increases, the lack of integration with the public system could lead to further fragmentation of care and to worsened quality of care.[6,31]

Many for-profit platforms use chatbot artificial intelligence symptom checkers, which have not been extensively or independently evaluated and cannot offer the same quality of care or assessment provided by a family doctor who knows their patients' history.[18] In the United Kingdom an evaluation of for-profit provider Babylon's symptom checker found that there is no evidence showing that the symptom checker can perform better than doctors in realistic situations and may even be markedly worse, especially as significant false negative rates could present dangers to patients' health.[37]

The ability of family physicians and their teams to establish lasting relationships with patients and other health care settings is a key element for enabling high-quality care delivery. A patient's regular care provider can connect them with relevant and necessary health and social services in their community, and follow up to ensure integrated and comprehensive care. By using for-profit virtual walk-in clinics patients miss the opportunity for a dedicated care provider to revisit issues and ensure their health needs are met.

For-profit virtual care risks patient privacy and health information

With the proliferation of for-profit virtual care the issue of patient privacy and protection of patient health information is a growing concern. Physicians who provide virtual care to existing patients are "health information custodians, bound by routine rules regarding collection, use, and disclosure of the information."[18] Within the for-profit virtual walk-in model, though a physician is a custodian in the jurisdiction in which they are licensed, the custodian status of the companies administering the clinic is ambiguous. For example, Babylon by TELUS Health is not appointed as a custodian through Alberta's Health Information Act and may not be obligated to follow the Act.[18]

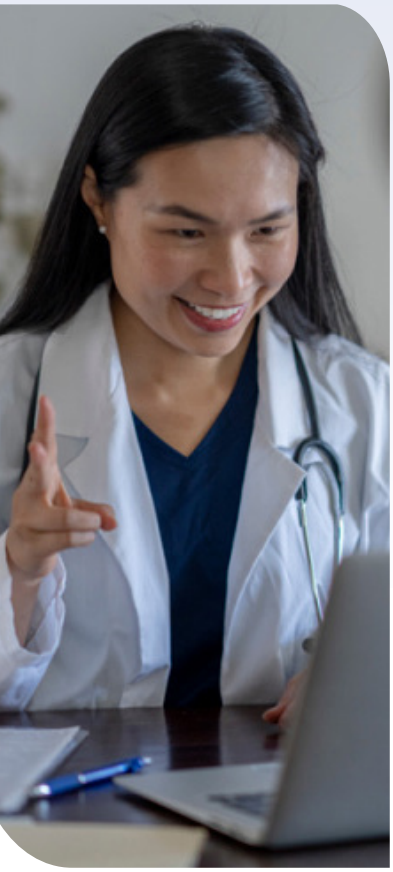
Users of for-profit virtual walk-ins are asked to sign long agreements that ask them to consent to the provider sharing health data with other businesses and foreign governments.[18,38] It is unclear how patient information is used by these companies, especially because patients who use for-profit virtual care services are often targeted afterward with social media and email ads.[22]

The Alberta Information and Privacy Commission has released two reports detailing major privacy issues with Babylon in Alberta, especially regarding data collection and transfer to third parties and discoveries of patients' personal information being shared with providers outside of Canada.[39,40,41]

For-profit virtual care providers often use patient data to generate revenue. MCI Onehealth owns 25 primary care clinics across Canada and intends to build one of the biggest databases of de-identified primary care records in the country to "unlock the clinical and commercial potential," estimating each record's value at $35 to $330.[10,42]

For-profit virtual care may violate the Canada Health Act

The Canada Health Act requires that people living in Canada receive medically necessary physician services without financial or other barriers. Many critics argue that for-profit virtual care providers are not operating under the provisions of the Act.[8,43,44] Though provincial/territorial insurance covers certain types of virtual care, for-profit walk-ins "exploit loopholes and use workarounds in order to charge patients directly for care".[7] Government support for publicly funded virtual care initiatives is necessary, as for-profit virtual care will continue its expansion and may create a two-tiered system of care.



What is needed to improve access to primary care virtual visits

Access to care remains a key issue for many people living in Canada—almost five million people do not have their own family doctor.[45] All levels of government must invest in primary care to ensure all in Canada have timely and convenient access to a regular primary care provider. Investment in primary care models that leverage new technologies to enhance access, improve continuity, and reduce costs is imperative. Team-based primary care models such as the Patient's Medical Home[16] vision are linked to improved quality of care, lower costs to the health care system, and better access to care.[23,46]

Governments must also simultaneously prioritize strengthening publicly funded virtual care within the primary care system to continue to improve patients' equitable access to care. For example, investments to strengthen primary care would help to expand coverage for different types of virtual care services. Research has demonstrated that patients prefer secure text messaging as a means of accessing virtual care, but most jurisdiction billing codes only cover video visits.[6,44,47] Asynchronous care, in providing direct contact to a regular care provider, provides patients with peace of mind regarding their health and offers additional time to patients and providers to consider their concerns.[44] In Alberta the provincial government's Connect Care initiative offers a virtual patient portal called MyAHS Connect, which features secure asynchronous messaging with providers and could provide a model for other jurisdictions to follow.[48]

Family practices also require support in establishing their virtual care offerings. Forty-seven per cent of respondents in a 2020 Government of Canada survey stated that their use of digital health services would increase if offered by their family doctor.[36] Family practices require support setting up their virtual care platforms and training staff and patients to use them. New and existing practices require support with IT services, troubleshooting, and administrative work, which virtual care billing codes currently do not cover.[6]

A $2 billion federal investment to create a Primary Care Access Fund[49] would promote sustainable, convenient access to high-quality care. This funding would facilitate jurisdictions' uptake of collaborative, integrated care models, and help to achieve better integration, expansion, and support for virtual care offerings within the primary care system.

Disclaimer: With the recent significant increase in frequency of virtual care and paid-access solutions, the evidence evaluating this area is still emerging. The CFPC will continue monitoring new data as they become available to update its position on the role of these solutions in line with best available evidence.

Endnotes

[1] Kelley LT, Phung M, Stamenova V, Fujiokaa J, Agarwal P, Onabajoal N, et al. Exploring how virtual primary care visits affect patient burden of treatment. *Int J Med Inform*. 2020;141:104228.

[2] Canadian Agency for Drugs and Technologies in Health. *An Overview of Direct-to-Patient Virtual Visits in Canada*. Ottawa, ON: Canadian Agency for Drugs and Technologies in Health; 2020. Available from: **https://cadth.ca/sites/default/files/hs-eh/EH0091%20Virtual%20Visits%20Final.pdf**. Accessed October 7, 2021.

[3] Office of the Auditor General of Ontario. *Virtual Care: Use of Communication Technologies for Patient Care*. Toronto, ON: Office of the Auditor General of Ontario; 2020. Available from: **https://www.auditor.on.ca/en/content/annualreports/arreports/en20/20VFM_08virtualcare.pdf**. Accessed October 7, 2021.

[4] Environics Research. Canadian Attitudes on Healthcare and Telemedicine: Full Report 2020 Edition website. 2020. **https://www.dialogue.co/canadian-attitudes-on-healthcare-and-telemedicine**. Accessed October 7, 2021.

[5] College of Family Physicians of Canada. Position Statement: Strengthening health care—Access Done Right. Mississauga, ON: College of Family Physicians of Canada; 2021. Available from: **https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Access-Done-Right_ENG_Final.pdf**. Accessed October 7, 2021.

[6] Canadian Agency for Drugs and Technologies in Health. *An Overview of Direct-to-Patient Virtual Visits in Canada*. Ottawa, ON: Canadian Agency for Drugs and Technologies in Health; 2020. Available from: **https://cadth.ca/sites/default/files/hs-eh/EH0091%20Virtual%20Visits%20Final.pdf**. Accessed October 7, 2021.

[7] Boyle T. Private virtual health services are booming in a policy vacuum. *Toronto Star*. January 17, 2021. Available from: **https://www.thestar.com/news/canada/2021/01/17/as-pandemic-rages-virtual-health-services-are-booming-in-a-policy-vacuum.html**. Accessed October 7, 2021.

[8] MacKinnon KR, Mykhalovskiy E, Worthington C, Gomez-Ramirez O, Gilbert M, Grace D. Pay to skip the line: The political economy of digital testing services for HIV and other sexually transmitted infections. *Soc Sci Med*. 2021;268:113571. Available from: **https://doi.org/10.1016/j.socscimed.2020.113571**. Accessed October 7, 2021.

[9] Office of the Auditor General of Ontario. *Virtual Care: Use of Communication Technologies for Patient Care*. Toronto, ON: Office of the Auditor General of Ontario; 2020. Available from: **https://www.auditor.on.ca/en/content/annualreports/arreports/en20/20VFM_08virtualcare.pdf**. Accessed October 7, 2021.

[10] IMD. Facilitate Treatment Discussions At Every Level website. 2019. **https://www.imdhealth.com/for-product-or-service-providers/**. Accessed October 7, 2021.

[11] Spithoff S, Kiran T. The dark side of Canada's shift to corporate-driven health care. *Globe and Mail*. April 30, 2021. Available from: **https://www.theglobeandmail.com/opinion/article-the-dark-side-of-canadas-shift-to-corporate-driven-health-care/**. Accessed October 7, 2021.

[12] Ventola, CL. Direct-to-Consumer Pharmaceutical Advertising: Therapeutic or Toxic? *PT*. 2011;36(10):669-684.

[13] Mintzes B. Should Canada allow direct-to-consumer advertising of prescription drugs?: no. *Can Fam Physician*. 2009;55(2):131.

[14] Frosch D, Grande D, Tarn D, Kravitz R. A Decade of Controversy: Balancing Policy With Evidence in the Regulation of Prescription Drug Advertising. *Am J Public Health*. 2010;100(1):24-32. Available from: **https://dx.doi.org/10.2105%2FAJPH.2008.153767**. Accessed October 7, 2021.

[15] MacLeod A. Profits before patients? The corporate push into B.C.'s primary care system. *Pique News Magazine*. September 20, 2020. Available from: **https://www.piquenewsmagazine.com/cover-stories/profits-before-patients-the-corporate-push-into-bcs-primary-care-system-2721749**. Accessed October 7, 2021.

[16] College of Family Physicians of Canada. Patient's Medical Home website. 2019. **https://patientsmedicalhome.ca/**. Accessed October 7, 2021.

[17] College of Family Physicians of Canada. *A New Vision for Canada: Family Practice – the Patient's Medical Home 2019*. Mississauga, ON: College of Family Physicians of Canada; 2019. Available from: **https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf**. Accessed October 7, 2021.

[18] Hardcastle L, Ogbogu U. Virtual care: Enhancing access or harming care? *Healthc Manage Forum*. 2020;33(6):288-292. Available from: **https://journals.sagepub.com/doi/pdf/10.1177/0840470420938818**. Accessed October 7, 2021.

[19] Brcic V. Evidence is in: privately funded health care doesn't reduce wait times. Policy Note. June 14, 2015. Available from: **https://www.policynote.ca/the-evidence-on-wait-times-and-private-care/**. Accessed October 7, 2021.

[20] Koehoorn M, McLeod C, Fan J, McGrail K, Barer M, Côté P, et al. Do private clinics or expedited fees reduce disability duration for injured workers following knee surgery? *Healthc Policy*. 2011;7(1):55-70. Available from: **https://www.longwoods.com/product/download/code/22528**. Accessed October 7, 2021.

[21] Duckett S. Private care and public waiting. *Aust Health Rev*. 2005;29(1):87-93.

[22] Campbell K. P.E.I. releases telehealth contract as Opposition raises new concerns about private health care. CBC News. April 22, 2021. Available from: **https://www.cbc.ca/news/canada/prince-edward-island/pei-telehealth-maple-contract-1.5998987**. Accessed October 7, 2021.

[23] College of Family Physicians of Canada. *The Value of Continuity—Investment in Primary Care Saves Costs and Improves Lives*. Mississauga, ON: College of Family Physicians of Canada; 2021. Available from: **https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Continuity-of-Care-one-pager-ENG-Final.pdf**. Accessed October 7, 2021.

[24] Chau E, Rosella LC, Mondor L, Wodchis WP. Association between continuity of care and subsequent diagnosis of multimorbidity in Ontario, Canada from 2001–2015: A retrospective cohort study. *PLoS ONE*. 2021;16(3):e0245193.

[25] Government of Canada. (2021). *Enhancing Equitable Access to Virtual Care in Canada: Principle-based Recommendations for Equity*. Ottawa, ON: Health Canada; 2021. Available from: **https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency_229055456/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/template-ett-report-docx-eng.pdf**. Accessed October 7, 2021.

[26] Moel-Mandel C, Sundararajan V. The impact of practice size and ownership on general practice care in Australia. *Med J Aust*. 2021;214(9):408-410.

[27] Matthewman S, Spencer S, Lavergne M, McCracken R, Hedden L. An Environmental Scan of Virtual "Walk-In" Clinics in Canada: Comparative Study. *J Med Internet Res*. 2021;23(6):e27259.

[28] Nanos. *Canadians are seven times more likely to want care from their own family physician rather than a family physician they do not know*. Ottawa, ON: Nanos; 2021. Available from: **https://www.cfpc.ca/CFPC/media/Resources/2021-1900-CFPC-National-survey-Populated-report-with-tabulations.pdf**. Accessed October 7, 2021.

[29] Howard M, Goertzen J, Hutchison B, Kaczorowski J, Morris K. Patient satisfaction with care for urgent health problems: A survey of family practice patients. *Ann Fam Med*. 2007;5(5):419-424.

[30] Hutchison B, Østbye T, Barnsley J, Stewart M, Mathews M, Campbell MK, et al. Patient satisfaction and quality of care in walk-in clinics, family practices and emergency departments: the Ontario Walk-In Clinic Study. *CMAJ*. 2003;168(8):977-983. Available from: **https://www.cmaj.ca/content/168/8/977.short**. Accessed October 7, 2021.

[31] Canadian Medical Association. Virtual Care: Recommendations for Scaling Up Virtual Medical Services. Ottawa, ON: Canadian Medical Association; 2020. Available from: **https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf**. Accessed October 7, 2021.

[32] Ipsos MORI. (2019). *Evaluation of Babylon GP at hand – Final evaluation report*. London, UK: Ipsos MORI; 2019. Available from: **https://www.hammersmithfulhamccg.nhs.uk/media/156123/Evaluation-of-Babylon-GP-at-Hand-Final-Report.pdf**. Accessed October 7, 2021.

[33] Salisbury C, Quigley A, Hex N, Aznar C. Private Video Consultation Services and the Future of Primary Care. *J Med Internet Res*. 2020;22(10):e19415. Available from: **https://www.jmir.org/2020/10/e19415**. Accessed October 7, 2021.

[34] Yan D. Virtual Health Expansion: Challenges and Changes. McGill Journal of Law and Health [blog]. *McGill Journal of Law and Health*. May 1, 2021. Available from: **https://mjlh.mcgill.ca/2021/05/01/virtual-health-expansion-challenges-and-changes/**. Accessed October 7, 2021.

[35] Parsons C. New privatized virtual health program a step in the wrong direction for Nova Scotia. The Nova Scotia Health Coalition. May 19, 2021. Available from: **https://www.nshealthcoalition.ca/media-releases/2021/5/19/new-privatized-virtual-health-program-a-step-in-the-wrong-direction-for-nova-scotia**. Accessed October 7, 2021.

[36] Competition Bureau Canada. Digital Health Services Survey: What We Heard from Canadians website. 2021. **https://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/04573.html**. Accessed October 7, 2021.

[37] Fraser H, Coiera E, Wong D. Safety of patient-facing digital symptom checkers. *Lancet*. 2018;392(101610):2263-2264.

[38] Rusnell C. No privacy review completed of controversial Telus Health Babylon app. CBC News. March 23, 2020. Available from: **https://www.cbc.ca/news/canada/edmonton/no-privacy-review-completed-of-controversial-telus-health-babylon-app-1.5507395**. Accessed October 7, 2021.

[39] Rusnell C. Telus Health ignored Alberta's privacy laws when it launched Babylon app, reports reveal. CBC News. August 9, 2021. Available from: **https://www.cbc.ca/news/canada/edmonton/babylon-app-privacy-telus-health-1.6132471**. Accessed October 7, 2021.

[40] Office of the Information and Privacy Commissioner of Alberta. *Investigation Report H2021-IR-01: Investigation into the use of Babylon by TELUS Health by Alberta physicians*. Edmonton, AB: Office of the Information and Privacy Commissioner of Alberta; 2021. Available from: **https://www.oipc.ab.ca/media/1165671/h2021-ir-01.pdf**. Accessed October 7, 2021.

[41] Office of the Information and Privacy Commissioner of Alberta. *Investigation Report P2021-IR-02: Investigation into Babylon by TELUS Health's compliance with Alberta's* Personal Information Protection Act. Edmonton, AB: Office of the Information and Privacy Commissioner of Alberta; 2021. Available from: **https://www.oipc.ab.ca/media/1165666/P2021-IR-02.pdf**. Accessed October 7, 2021.

[42] MCI Onehealth [PowerPoint slides]; 2020. Available from: **https://web.archive.org/web/20210209182923/https:/investor.mcionehealth.com/static-files/78f6ac37-8913-44a6-852c-c9ef35a467da**. Accessed October 7, 2021.

[43] Boyle T. Doctors' virtual visits jumped by 5,600% during COVID. What does that mean for the future of Canadian health care? Toronto Star. February 8, 2021. Available from: **https://www.thestar.com/news/canada/2021/02/08/doctors-virtual-visits-jumped-by-5600-during-covid-what-does-that-mean-for-the-future-of-canadian-health-care.html**. Accessed October 7, 2021.

[44] Kelley LT, Phung M, Stamenova V, Fujiokaa J, Agarwal P, Onabajoal N, et al. Exploring how virtual primary care visits affect patient burden of treatment. *Int J Med Inform*. 2020;141:104228.

[45] Statistics Canada. Health characteristics, annual estimates website. 2021. **https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310009601**. Accessed October 7, 2021.

[46] College of Family Physicians of Canada. *Evidence Summary: Patients Medical Home 2019 – A new vision for family practice in Canada*. Mississauga, ON: College of Family Physicians of Canada; 2020. Available from: **https://patientsmedicalhome.ca/files/uploads/EvidenceBooklet10-interactive.pdf**. Accessed October 7, 2021.

[47] Canadian Medical Association. *CMA Health Summit: Virtual Care in Canada Discussion Paper*. Ottawa, ON: Canadian Medical Association; 2018. Available from: **https://www.cma.ca/sites/default/files/pdf/News/Virtual_Care_discussionpaper_v2EN.pdf**. Accessed October 7, 2021.

[48] Ernst & Young. Review of Connect Care, Alberta Netcare and MyHealth Records: Final Report. Edmonton, AB; 2020. Available from: **https://open.alberta.ca/dataset/1394ebca-9869-40d6-b5af-3c6870557f21/resource/d9558cbb-220e-4b28-a05e-3d9773d4d9ac/download/health-review-of-connect-care-alberta-netcare-myhealth-records-2020-03.pdf**. Accessed October 7, 2021.

[49] College of Family Physicians of Canada. *Written submission for the Pre-Budget consultations in advance of the Federal Budget 2022*. Mississauga, ON: College of Family Physicians of Canada; 2021. Available from: **https://www.cfpc.ca/CFPC/media/Resources/Government/CFPC-Written-Submission-Budget-2022.pdf**. Accessed October 7, 2021.

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