doctors of bc

Virtual Care

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Doctors of BC Position

Doctors of BC recognizes the increasingly important role that virtual care plays in the delivery of care and supports its use where it:

- Meets the principles of The Triple Aim
- Addresses gaps in care access
- Facilitates collaborative provider practice models
- Supports continuity of care in primary care contexts and, where appropriate, specialist contexts.

To ensure virtual care use meets the principles and goals above, Doctors of BC recommends that:

- Discretion over when to utilize virtual care be left to doctors to best meet patient and provider needs; it is important for doctors to recognize, based on each unique context, when in-person care is necessary and to advise the patient accordingly.
- Virtual care technologies be leveraged to improve patient engagement with and access to necessary health services while ensuring virtual offerings do not increase fragmentation of care.
- Doctors be supported with the resources, infrastructure, and training necessary to use virtual care in their unique practice settings and best utilize current and emerging secure virtual care technologies.
- Supports be provided to doctors to facilitate efficient, confidential information continuity and sharing in virtual care ecosystems between and among doctors, allied health professionals, and patients.
- Where appropriate, physician groups and sections develop tailored guidance to members on adapting virtual care best practices to meet the unique needs of their respective contexts.

Furthermore, Doctors of BC commits to:

- Promoting doctor awareness and understanding of virtual care standards/guidelines as outlined by key stakeholders, including the College of Physicians and Surgeons of BC and the Ministry of Health.
- Supporting doctor-led discussions around virtual care best practices for various clinical contexts.
- Engaging with doctors on the successes and challenges virtual care is presenting for them and providing resources and support to assist in integrating virtual care technologies into their practices.

Background

Virtual care is often interchangeably referred to as "telemedicine," which is defined as "a medical service provided remotely via information and communication technology [1]." For the purposes of this statement, Doctors of BC defines virtual care using the same definition. Virtual care services can be delivered both synchronously (e.g. videoconferencing, telephone) or asynchronously (e.g. e-mail, text message, digital image transmission).

Given the widely diverse nature of practices, doctors utilize virtual care technologies in a variety of ways to provide care to patients. Examples include virtual patient consultations, remote diagnoses, and patient monitoring and management, among others.

The adoption of virtual technologies in health care is currently rising at a rapid rate. 38% of British Columbians would now choose virtual care consultation as their first point of contact with their doctor, and a majority of Canadians state that they would prefer to have the option of using phone, video conferencing, email, and text to exchange information and access advice from doctors in the future [2].

Widespread uptake of virtual technologies presents both challenges and opportunities for the provision of patient care in British Columbia. This policy statement offers recommendations on how to support virtual care in meeting core principles of high-quality, patient-centred care.

Analysis

Quality of Care

According to a national survey commissioned by the Canadian Medical Association (CMA), 91% of Canadians who accessed a doctor via virtual care options expressed satisfaction with their experience [2]. However, virtual care is not suitable for every context and should be treated as a tool that doctors can use to supplement their practice. Doctors should strive to ensure that virtual care encounters are only offered when they are a reasonable or better option than in-person encounters for safe, accessible, timely, and high-quality care. Virtual care encounters, particularly in primary care contexts, are often best utilized as components in a continuous string of encounters in longitudinal patient journeys where they complement traditional in-person care [3]. It is important for the doctor to recognize based on each unique context when in-person care is necessary for treatment or diagnosis and to advise the patient accordingly. Doctors who use virtual care services should consult the College of Physicians and Surgeons of BC's *Professional Standards and Guidelines on Telemedicine* [4].

The heterogenous nature of physician practices necessitates diverse forms of virtual care use, with different infrastructure and resource requirements from practice to practice. For example, different specialties may require different virtual care setups and tools to adequately assess or diagnose a patient. It is therefore recommended that doctors be supported with tailored resources, infrastructure, and training in order to safely and effectively utilize both current and emerging virtual care technologies in their unique practice contexts.

Virtual care best practices may differ significantly between specialties depending upon the relationship needed for provision of care (i.e. one-off consultation, intermittent monitoring and management, or close and continuous care). Remote monitoring, for example, may vary in its feasibility from condition to condition and from specialty to specialty. As more research accumulates on best practices, specialist groups should develop tailored guidelines to their sections on the safe and appropriate use of virtual care within their respective contexts [5].

Additionally, Doctors of BC recognizes that virtual care may have unintended consequences that disrupt continuity of care in patient-provider relationships and advises that virtual care be used to complement, rather than to fragment, longitudinal care where it already exists.

Access and Equity

Doctors of BC recognizes the significant value that virtual care can provide to populations that face barriers in accessing care. A provincial survey administered by the UBC Centre for Rural Health Research found that 59% of rural patients in the province thought traveling for care negatively affected their health, and 78% reported difficulty in paying the costs for accessing care outside of their community [6]. This represents a gap in care access that disadvantages rural and Indigenous communities as well as lower-income populations. Patients who are homebound due to frailty or other medical conditions may also experience barriers to care access. On the

other hand, patients who are not able to afford or are unable to operate electronic devises for virtual care may find in-person assessment remains the lowest-barrier point of access.

While virtual care alone cannot fully address gaps in care access and equity, its use can serve as an important tool to mitigate these barriers while simultaneously reducing personal and environmental costs associated with travel. Doctors of BC therefore recommends leveraging virtual care technologies to improve patient engagement with and access to care, particularly in cases where access and equity barriers currently exist.

Interoperability

Interoperability refers to the ability of two or more information systems or components to exchange information and use it reliably and rapidly without error. Doctors of BC's _Physician Burdens_ policy outlines the detrimental effect that excess burdens can have on a doctor's wellness and ability to provide care, and a lack of interoperability in virtual care ecosystems can lead to increasing burdens on doctors and allied health professionals as virtual care uptake expands. It can also hinder the provision of collaborative, team-based care and care continuity. Canada Health Infoway's Canadian Physician Survey reported that only 19% of doctors in specialist contexts and 16% of doctors in primary care contexts can electronically exchange patient clinical summaries with any doctors outside their practice, and less than half have electronic access to clinical notes on care their patients received from outside their practice [7].

Doctors of BC reaffirms the recommendations outlined in our policies on _Health Information Management and Technology Principles_ and _Ensuring Seamless Information Delivery to BC's Electronic Medical Records: Achieving Interoperability_ and recommends that supports be provided to facilitate efficient information continuity and sharing in virtual care ecosystems among doctors, allied health professionals, and patients.

References

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4 College of Physicians and Surgeons of BC. _Professional Standards and Guidelines on Telemedicine._ Available from: https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

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History

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