

# Maintaining the momentum of virtual care

Shirley Schipper MD CCFP FCFP



When I became President in November 2019, I imagined a year of visiting family physicians in communities across Canada, meeting leaders and their teams, learning what brings them joy in the workplace, and traveling to parts of Canada that I'd not yet seen. I now know that when I look back on 2020, it will be hard to remember anything more substantial than the start of the coronavirus disease 2019 (COVID-19) pandemic, especially the stress and the high-octane changes that occurred in the first few weeks as we realized life was going to change, probably for good.

As we contemplate a return to a new normal following a crisis, it is worth examining which aspects of the old norm should be kept. In health care and in family medicine in particular, one facet that we should not allow to revert to its pre-pandemic state is our rapid embrace of virtual care (VC).

Before the pandemic, a 2019 survey indicated just 18% of family physicians provided patient consultations via e-mail or text messaging and only 5% conducted video visits.<sup>1</sup> Preliminary results of a survey the CFPC conducted this spring found 90% of respondents were contacting patients at home by telephone, e-mail, or other methods, and 4 out of 5 patient visits were conducted virtually in the week before the survey. Drilling into the data a bit further, 53% of family doctors said they were connecting with patients via e-mail and 44% by video. Dr Francine Lemire and Research Director, Steve Slade, provide additional highlights from the survey in the Cumulative Profile column in this issue (page 468).<sup>2</sup>

This sudden seismic shift suggests that the ability of family practices to provide VC was well established but not fully realized before COVID-19 forced the issue.

Indeed, a report of the Virtual Care Task Force—a collaboration among the CFPC, the Royal College, and the Canadian Medical Association—noted that the technologies used to deliver VC have been around for decades.<sup>3</sup> However, a key barrier hindering the expansion of VC has been the lack of proper remuneration for these services,<sup>3</sup> and this remains a key area of advocacy for the CFPC.<sup>4</sup>

In May 2020 Prime Minister Justin Trudeau announced the government is investing new funding to bolster the delivery of VC in Canada in collaboration with the provinces, territories, and various stakeholders, which is welcome news.<sup>5</sup> In the meantime, family physicians as individuals must continue to build their VC skills and technical capacities to provide ongoing care to patients. This will not only allow them to maintain a high quality of care for their communities, it will also help them weather any financial challenges brought on by patients refraining from visiting their offices during the pandemic.

In a CFPC clinical webinar produced in March 2020, experts Dr Mark Dermer and Dr John Pawlovich provided

a few technical tips to be aware of during VC visits, such as looking directly at your camera to connect with your patients; but they also reassured participants that VC mainly relies on family physicians' existing skills, especially that of listening carefully.<sup>6</sup> (The recording of this webinar had been viewed close to 8000 times on YouTube when I wrote this column; I am proud of the CFPC's ability to switch gears so quickly to meet the learning needs of members.) If you want some quick pointers, I suggest taking a look at the *Virtual Care Playbook* that the tripartite task force created to help family doctors incorporate VC into daily practice.<sup>7</sup>

As VC becomes more common, the CFPC has an important role to play from a training perspective. While adapting your knowledge to a different communication medium could be a relatively small change, it might be a larger challenge when you are a learner or new to practice. To address this, one aspect we can tackle is ensuring family medicine teachers and preceptors have the skills needed to supervise learners remotely. To that end, the CFPC has released an excellent new resource for educators to use with medical students and family medicine residents who are engaged in VC.<sup>8</sup>

Of course, VC cannot replace all in-person visits, such as vaccinations and cases where physical examinations are required. As we gain experience in VC, we will likely learn other ways in which it does not meet the needs of all communities or patients. The COVID-19 pandemic has exposed gaps in our health care system, and we can expect it to reveal more about gaps in access to care, even for VC.

Still, as we emerge from the shadow of the pandemic, we must maintain the momentum VC has gained during this crisis. We owe it to ourselves and to our patients to take advantage of what VC offers us to enhance safety, efficiency, and cost savings—and ultimately to advance the goal of equitable access to care for everyone in Canada. 🌱

## Acknowledgment

I thank Carol Hilton for her assistance with this article.

## References

1. CMA Physician Workforce Survey 2019. Ottawa, ON: Canadian Medical Association; 2019.
2. Lemire F, Slade S. Reflections on family practice and the first wave of the pandemic. *Can Fam Physician* 2020;66:468 (Eng), 467 (Fr).
3. Virtual care recommendations for scaling up virtual medical services: report of the Virtual Care Task Force. Ottawa, ON: Canadian Medical Association, CFPC, Royal College of Physicians and Surgeons of Canada; 2020.
4. Family medicine advocacy priorities during the COVID-19 pandemic. Mississauga, ON: CFPC; 2020.
5. Government of Canada. Prime Minister announces virtual care and mental health tools for Canadians [news release]. Ottawa, ON: Government of Canada; 2020. Available from: [pm.gc.ca/en/news/news-releases/2020/05/03/prime-minister-announces-virtual-care-and-mental-health-tools](https://pm.gc.ca/en/news/news-releases/2020/05/03/prime-minister-announces-virtual-care-and-mental-health-tools). Accessed 2020 May 10.
6. The COVID-19 pivot: adapting family practice to virtual care [webinar]. YouTube; 2020. Available from: [www.youtube.com/watch?v=ydWRCCz8dmg](https://www.youtube.com/watch?v=ydWRCCz8dmg). Accessed 2020 May 10.
7. Virtual care playbook. Ottawa, ON: Canadian Medical Association, CFPC, and Royal College of Physicians and Surgeons of Canada; 2020.
8. Oandasan I, Cavett T, Singer A, Wolfrom B. Tips for supervising family medicine learners providing virtual care. Mississauga, ON: CFPC; 2020.

Cet article se trouve aussi en français à la page 466.