

# Virtual care: the promise and the peril



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**V**irtual care holds incredible promise. At its best it supports the access, continuity, communication, and collaboration integral to comprehensive, team-based care in a Patient's Medical Home or a Patient's Medical Neighbourhood, with an electronic medical record that connects the practice, pharmacies, hospital, long-term care, and home care. We know that patients and providers are eager to embrace virtual care—even before the pandemic, 7 of 10 Canadians said they would take advantage of virtual visits.<sup>1</sup> Family doctors across the country switched quickly to virtual care over the past year and largely found it effective and convenient.

Established consultation networks in British Columbia and northern Ontario offer examples of successful virtual initiatives. Rural family doctors can access immediate live video with a consultant to support them in the care of a premature baby or a critically ill patient. In northern Saskatchewan, Dr James Purnell conducts weekly clinics, either in-person or by remote-presence technology, that have improved access and continuity of care for Wollaston Lake, a remote Dene community of 1500. The remote-presence technology includes a “doc in a box”—a portable, tablet-like video link carried by a health care worker to the patient's bedside so Dr Purnell can see and speak to the patient. Remote presence also includes wireless peripherals: blood pressure cuff, digital stethoscope, otoscope, ultrasound, oximeter, etc. In northern Ontario, where I work, physicians who provide in-person clinical service 1 to 2 weeks per month to a fly-in Indigenous community also provide continuity of care through on-call telephone support to the nursing station when they are not in community.

At the CFPC Annual Leaders Forum at the end of May, Dr Paul Gill described a new collaborative, publicly funded initiative that created a virtual urgent care centre for children, adults, and long-term care residents. Participating emergency physicians, although based in 1 of 2 organizations, provided seamless care to all of southwestern Ontario. The virtual video visit was integrated into the emergency medicine physicians' usual electronic medical record, and the record of the visit was always communicated to the primary care physician. The project demonstrated a reduction in in-person emergency visits, high usage, and high satisfaction for patients and providers.


On the other hand, Drs Spithoff and Kiran clearly outline the potential perils of virtual care in “The dark side of

Canada's shift to corporate-driven health care.”<sup>2</sup> Corporations by their nature view health care through a profit lens, which could lead to fragmentation, duplication, unnecessary prescribing, gaps in care, and worsening inequity.

The risks of virtual care are of considerable concern to the CFPC, our provincial Chapters, and other medical organizations. The Canadian Medical Protective Association is hearing concerns from members about limitations of virtual care (eg, the inability to do a physical examination). The Federation of Medical Regulatory Authorities of Canada is concerned about potential lack of follow-up for patients seen virtually. The Canadian Medical Association is concerned about inequity and loss of continuity of care, and have committed \$2.5 million to research access to and outcomes of virtual care.

The people of Canada want easy and timely access to care and deserve the benefits that continuity delivers. We know as family doctors that the personalized, relationship-based continuity we provide is at the heart of high-quality, cost-effective care. If easy access is not part of the service we provide, corporate virtual care will fill that gap.

Virtual care “needs to be integrated fully and remunerated fairly to enhance health care delivery overall, improve patient outcomes, and increase provider and patient satisfaction .... 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 [Patient's Medical Home] vision.”<sup>3</sup> Spithoff and Kiran suggest that “we could use public funds to invest in primary care models that incorporate new technologies in a way that improves timeliness and convenience but also enhances care continuity, reduces costs and ensures all people in Canada have access to high-quality primary care.”<sup>2</sup>

At the time of publication, we do not have answers, just the realization that this is an important and urgent issue. The CFPC board will hold a special meeting and work with the Chapters to move in unison on the key elements in the evolution of virtual care. It will require creativity, adaptability, and advocacy to give the people of Canada continuity and easy access to high-quality care. 

#### References

1. Health care system needs to catch up to the requirements of the Google generation. Ottawa, ON: Canadian Medical Association; 2018.
2. Spithoff S, Kiran T. The dark side of Canada's shift to corporate-driven health care. *Globe and Mail* 2021 Apr 30.
3. Virtual care in the Patient's Medical Home. Mississauga, ON: College of Family Physicians of Canada; 2021.

Cet article se trouve aussi en français à la **page 548**.

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