

TELEMEDICINE IN PRIMARY CARE

Telemedicine is a burgeoning tool for the delivery of convenient and accessible patient care. Defined as “a medical service provided remotely via information and communication technology,”^[1] the COVID-19 pandemic has accelerated the opportunity for family physicians to use Telemedicine within their primary care practice.

Though no technology can fully replace in-person care, BC Family Doctors recognizes that the appropriate use of Telemedicine can enhance patients’ access to care and enrich the doctor-patient relationship. However, Telemedicine’s benefits must be assessed against the backdrop of patient and system-level challenges associated with its use, including gaps in quality and continuity of care.

Recommendations

BC Family Doctors recommends the following principles guide the adoption and use of Telemedicine in primary care:

1. Telemedicine is best used within a longitudinal patient-physician relationship.

- We believe Telemedicine has the greatest benefits when it is used as a complement to in-person visits within an established, ongoing relationship between a patient and a physician.
- The [Virtual Care Task Force](#) of the Canadian Medical Association recommends that “virtual care should ideally be integrated into the services already offered to a patient through their primary care clinic,”^[2] to ensure quality care.
- In the context of a longitudinal relationship, Telemedicine visits support continuity of care, enabling family physicians to integrate new information and decisions from a whole-person perspective. Continuity of care is a key pillar of the [Patient Medical Home](#)^[3] and has been [shown to improve health outcomes and quality of care](#), including decreased hospitalizations and emergency room visits, improved chronic disease management and increased delivery of preventive care services.^[4]

2. Episodic Telemedicine services should only be provided as an intermittent and infrequent alternative to a patient’s family doctor.

- Episodic telemedicine services pose risks to patient safety and quality of care. The College of Physicians and Surgeons of British Columbia (CPSBC) [Inquiry Committee](#) concluded in 2017 that “it is almost impossible for physicians to meet expected standards for the majority of patients presenting with episodic concerns.”^[5] Without access to a patient’s comprehensive medical record, there is an increased potential for misdiagnosis, inappropriate testing, prescribing and overtreatment.
- BC Family Doctors believes episodic Telemedicine services should only be provided when the patient’s usual family doctor or primary care clinic is unable to provide care. A copy of the episodic care record should be sent to the patient’s family doctor, with the patient’s permission, to support continuity of care and centralization of patient records.
- Community-based initiatives specific to the local context are preferred for patients without a family doctor for the provision of Telemedicine care.

3. Evidence-based guidelines must be developed and regulatory standards expanded regarding the appropriate use of Telemedicine in delivery of primary care.

- Telemedicine services must meet the standards of the CPSBC as required for in-person care, irrespective of the setting in which care is delivered or whether an ongoing relationship exists with the physician. The [CPSBC Telemedicine practice standard](#) states “the use of technology does not alter the ethical, professional and legal requirements around the provision of appropriate medical care.”^[6]
- We call for regulatory standards to be updated and expanded to strengthen quality and accountability markers as the use of Telemedicine grows among physicians.
- We believe evidence-based guidelines are also needed to support family physicians’ decision-making in determining clinical appropriateness for Telemedicine visits.

4. The encroachment of private, for-profit Telemedicine needs to be regulated and controlled.

- BC Family Doctors calls on the BC Government to regulate and control the expansion of private, commercial interests in for-profit Telemedicine in BC. The corporatization of Telemedicine, whereby private companies offer primary care services directly to patients and to employers, has accelerated the adoption of episodic Telemedicine care by BC citizens.
- We believe the [CPSBC Conflict of Interest Practice Standard](#)^[7] must be applied equally to family physicians, other regulated health professionals, and private companies providing Telemedicine-based primary care. Private, for-profit Telemedicine companies must be held to the same professional standards as individual physicians. Pharmacies cannot reap financial gain by driving patients to their business through partnership with Telemedicine providers. These changes are necessary in order to provide for the protection and safety of patients.

Conclusion

Telemedicine benefits patients when delivered in the context of an integrated primary care system. The use of Telemedicine within a longitudinal patient- physician relationship can enhance access, quality and continuity of care for patients. BC Family Doctors calls upon government, physician organizations and other stakeholders to work together to make improvements in policy, regulation, funding models and technology in order to establish high-quality Telemedicine in BC.

References

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