

OUR PRIORITIES FOR THE INTEGRATION OF VIRTUAL CARE

When the pandemic hit, it forced patients and physicians to change their ways to adapt to the realities of life and medical care during a global pandemic. COVID-19 has irrevocably altered the healthcare system and the practice of medicine along with the needs and expectations of patients.

Virtual care was implemented rapidly in the early days of the pandemic as a stopgap, emergency measure to meet the immediate healthcare needs of British Columbians. There was no time to consider the impact on the patient-physician experience of care or how to integrate virtual care into healthcare settings. The speed at which the system adapted did not allow for thoughtful, deliberate planning.

As we begin pandemic recovery, the lessons of COVID-19 may be the catalyst we need to build a more sustainable healthcare workforce and health system in BC. We have the opportunity to re-envision how we meet the needs of both patients and physicians and create a provincial strategy for virtual care based on shared principles and priorities.

It is time to reimagine the future of care for British Columbians and the future of work for physicians.

WHAT IS VIRTUAL CARE?

Virtual care is the direct delivery of care between a patient and a provider, or communication between providers regarding the care of a patient, using information and communication technology. This includes, but is not limited to video, telephone, text and email, and may be synchronous or asynchronous.¹



GUIDING PRINCIPLES

Family physicians are the cornerstone of primary care in BC. As we transition out of the pandemic, it's time to address the supports and reforms necessary to ensure the stability and sustainability of family medicine within a broader, integrated system of primary care. In order to do so, BC Family Doctors believes that we must hold these four key principles as our guiding 'truths' as we move towards a virtual-enabled healthcare system in BC.

PATIENT MEDICAL HOME

We advocate for a fully realized Patient Medical Home where accessible, patient-centered, team-based and comprehensive primary care is a reality within family medicine clinics.

PHYSICIAN MEDICAL HOME

We support physicians' needs as health care providers and as human beings. We believe we must create optimized care environments that meet the needs of both patients and physicians. It's about recognizing that patients and physicians need, and together make, a medical home.

FAMILY MEDICINE CLINICS ARE CRITICAL HEALTHCARE INFRASTRUCTURE

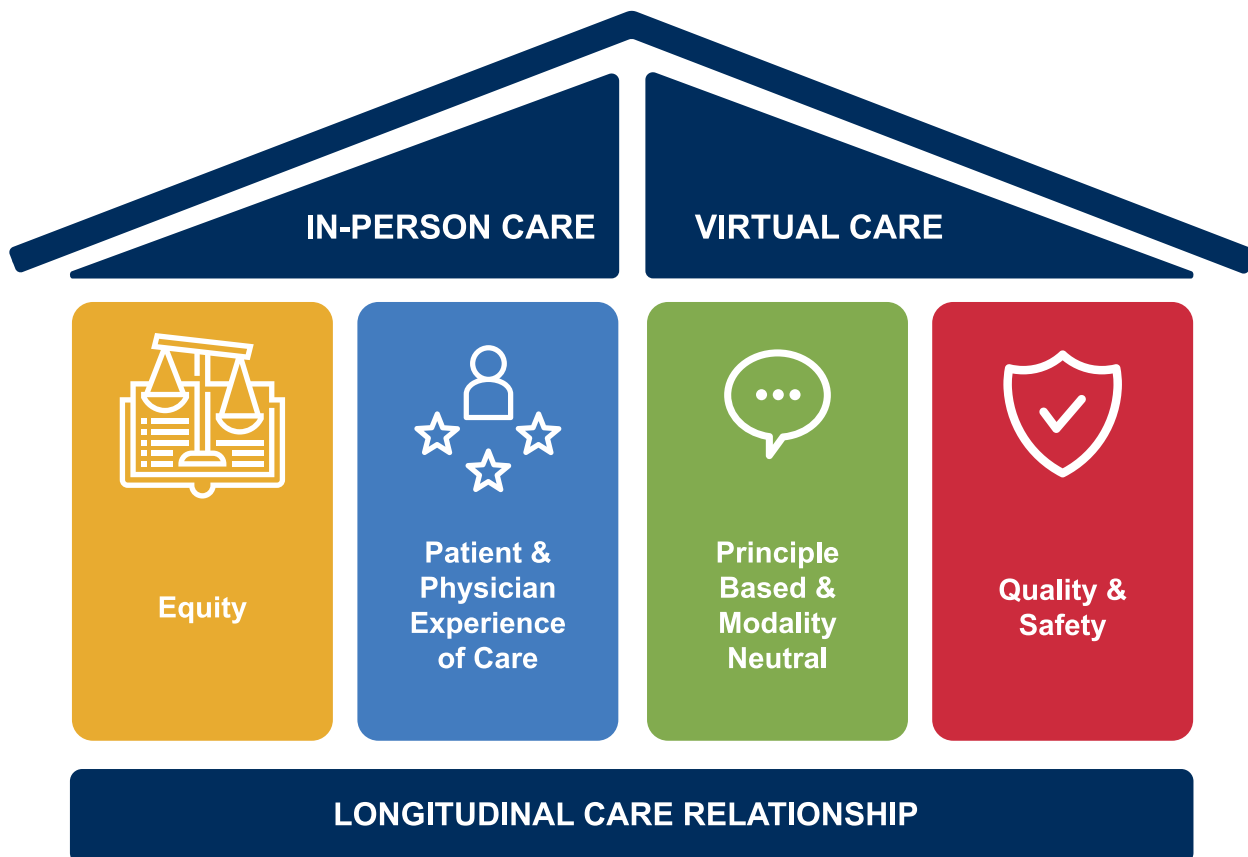
We believe family medicine clinics are the backbone of an effective healthcare system. We advocate for their recognition and support as the cornerstone of an integrated system of care.

EQUITY AND ANTI-RACISM

We commit to tackling systemic discrimination. We pledge to address the harms that racism inflicts on our patients, our colleagues and ourselves. We commit to confronting inequity in all its forms, from differential access to care to the gender bias in women's health care delivery and funding.

PRIORITIES

Our priorities are built on the vision of an equitable, modern healthcare system in a province recovering from a multi-year global pandemic. They reflect the learnings of patients and physicians during COVID-19's collective disruption to our lives, as well as considerations about the appropriate use of virtual care in supporting accessible, equitable, high-quality care for all British Columbians.²



1 Equity

Equity must be a primary consideration when it comes to policy and planning for healthcare, no matter how that care is delivered. It is essential that every virtual care policy decision be made with an “equity-first” lens, so that it does not exacerbate existing inequities among underserved and marginalized populations.

While virtual care can address some equity and access concerns, the patients who most stand to benefit are also those least able to use virtual care. Social determinants of health (e.g., age, gender, ethnicity, income) impact an individual’s ability to take advantage of virtual care services. Digital determinants (e.g., policies, regulation, access to internet and technology) amplify inequities born out of the social determinants of health.³ Together, they create significant barriers to accessing virtual health care.

For example, there is an inequitable distribution of internet infrastructure across BC. This represents a significant digital divide between rural and urban British Columbians.⁴ In addition, a majority of patients feel they do not have adequate knowledge of digital health applications and services.⁵ We disadvantage those with limited digital literacy or without high-speed internet at home by defining virtual care only as services delivered through video technology, as was the case in BC pre-pandemic. We learned during the pandemic that the telephone is an important modality of care, providing equitable access and reducing the digital divide.

We need a thoughtful, deliberate and equity-oriented approach to the deployment of virtual care to ensure we address any barriers patients may face.

2 Patient and Physician Experience of Care

Virtual care provides an opportunity to design a health system that is truly focused on the needs of the patient. Our current healthcare delivery model requires patients to move between providers, from rural to urban locations, from building to building, in many cases bringing their own health records with them. For many patients, healthcare is an inconvenient, time-consuming, and costly experience that is disconnected from their needs. The pandemic has upended the status quo in the delivery of healthcare. It has provided an opportunity to truly put patients at the centre of health system design discussions.

We have long known that different people have different care needs, and that those needs change throughout their lives. COVID-19 reinforced the lesson that “one size fits no one.”⁶ Virtual care provides an opportunity to enhance access to comprehensive primary care and support team-based care for patients.

Similarly, virtual care can help physicians manage the demands of their professional lives. More than 18 months into the pandemic, many physicians are experiencing significant strain on their mental health, professional work and personal lives. The outsized impact of the pandemic on women is also contributing to an unprecedented exodus of women from the healthcare workforce. Coming out of the pandemic, we need to create more humane working environments for physicians and for all healthcare workers.⁷ It’s about recognizing that both patients and physicians need, and together make, a medical home.⁸

WHAT IS THE DIGITAL DIVIDE ?

The gap between individuals, households, businesses and geographic areas at different socio-economic levels with regard to both their opportunities to access information and communication technologies and to their use of the Internet for a wide variety of activities.³



3 Principle-Based, Modality Neutral Remuneration

Virtual care is now a core part of our publicly funded healthcare system. Whether patient care is delivered in-person, via telephone, video or another modality - it's time to recognize that 'care is care.' What is important is the ability to meet a patient's needs, not the modality of how that care is delivered.

The choice of modality needs to be made by the patient and physician together. We must support physicians in using the tools that best fit the clinical, social and cultural needs of the patient.

In order to support shared decision-making, physician remuneration for care must not be based on the modality of care delivery, but on what is the right kind of care for that patient at that time given the patient's unique circumstances. We must switch our mindset from paying for the use of particular technologies to paying for desired services.

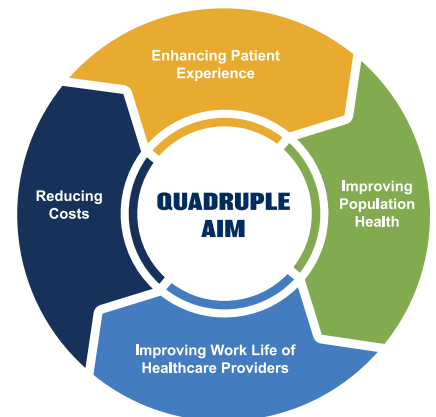
Nova Scotia's policy on Provision of Publicly Funded Virtual Health Services⁹ is a Canadian example of a policy approach that identifies underlying principles and enables modality-neutral physician remuneration. BC must similarly move away from differentiating remuneration for medically necessary care by modality, in order to foster equitable, accessible high-quality care.

4 Quality and Safety

Complex quality and safety concerns cannot be solved with changes to physician remuneration alone. In this new era of care delivery, we need to modernize our standards and guidelines about how to provide safe, effective and appropriate delivery of care. We must develop a shared understanding with patients and physicians about how in-person and virtual care used together can support high quality, safe care within an established patient-doctor relationship.

The pandemic has shown that virtual care is best used as a complement to in-person care. As noted in the Virtual Care Practice Standard of the College of Physicians and Surgeons of BC, "appropriate use of virtual care includes access to in-person care and is ultimately a professional decision of the registrant made in conjunction with their patients... Virtual care is most appropriately used when integrated with comprehensive longitudinal primary care."¹⁰ We need to evaluate all care using the Quadruple Aim Framework to ensure it is enhancing patient experience, improving population health, reducing cost, and improving the work life of healthcare providers.¹¹

With thoughtful policy and planning, virtual care has the potential to bring care to the patient, to enhance the longitudinal care relationship between family physicians and patients, to improve care transitions, and to make engagement with the health system safer and more convenient for patients. It's time we truly built a patient-centered, high-quality healthcare system.



A NEW ERA OF CARE

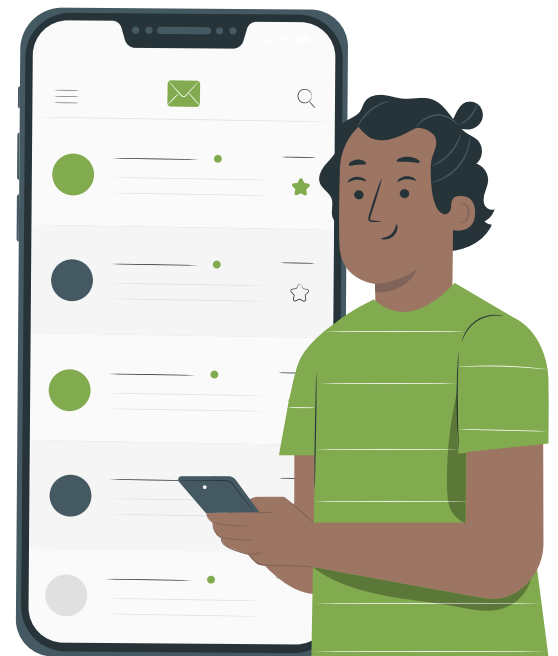
COVID-19 forced the modernization of our healthcare system; however, the changes to how we deliver care are still evolving. BC Family Doctors recommends that the temporary changes to virtual care fee codes be maintained during the initial 18 months of the post-pandemic period. Taking a phased approach to virtual care remuneration will allow us time to observe how the balance of in-person and virtual care alters as we move from “pandemic appropriate care” to “post-pandemic appropriate care.”

The future of virtual care must be considered along with the strategic direction for primary care transformation in BC. Now is the time to collectively determine how to integrate virtual care into the optimal working of team-based Patient Medical Homes and Primary Care Networks. A multi-stakeholder, continuous quality improvement approach is needed to consider and implement the major changes ahead, including updated regulatory standards, care guidelines, patient education, and funding.

We cannot go back to our pre-pandemic ‘normal’ in healthcare because normal wasn’t good enough for patients or for physicians.

Now is the time to rebuild, to foster new ways of working together, to establish new supports for the delivery of primary care. Each small action that we take as we emerge from the pandemic will add up to the world we’re creating.

The collaborative efforts of physicians, patients, and government are required to address the challenges ahead. BC Family Doctors looks forward to working together to ensure virtual care is a tool that creates a better tomorrow for all British Columbians.



¹[Canada Health Infoway \(2021\). Canadians' Health Care Experiences during COVID-19.](#)

²[Joint Collaborative Committees. \(2021\). Appropriate Use of Virtual Care Statements.](#)

³[Health Canada. \(2021\). Enhancing Equitable Access to Virtual Care in Canada: Principle-based Recommendations for Equity \(pp.1–44\). Ottawa, ON.](#)

⁴[Auditor General of British Columbia. \(2021, August\). Update on the Connecting British Columbia Program. Office of the Auditor General of BC.](#)

⁵[Canada Health Infoway \(2020\). Consulting Canadians on the future of their health system.](#)

⁶[Falk, W. \(2021\). The state of virtual care in Canada as of Wave Three of the COVID-19 pandemic: An early diagnostic and policy recommendations. Report to the Federal Provincial Territorial Virtual Care Table.](#)

⁷[Hatfield, S., and Scoble-Williams, N. \(2021\). From survive to thrive: The future of work in a post-pandemic world. Perspectives. Deloitte.](#)

⁸[BC Family Doctors. \(2020\). Physician Medical Home. Vancouver, BC.](#)

⁹[Nova Scotia. \(2020\). Provision of publicly funded virtual health services. System Innovation and Primary Health Care branch.](#)

¹⁰[College of Physicians and Surgeons of BC. \(2021, June 25\). Practice Standard on Virtual Care.](#)

¹¹[Bodenheimer T, Sinsky C. \(2014\). From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. Nov-Dec;12\(6\):573-6.](#)