VIRTUAL CARE:
GUIDING PRINCIPLES FOR A CONNECTED FUTURE

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BC FAMILY DOCTORS

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Over the past five years, virtual care has gone from an emergency, stopgap measure to a core component of how we deliver care in British Columbia. During this time, we have learned much about the appropriate use of virtual care outside of a public health emergency.

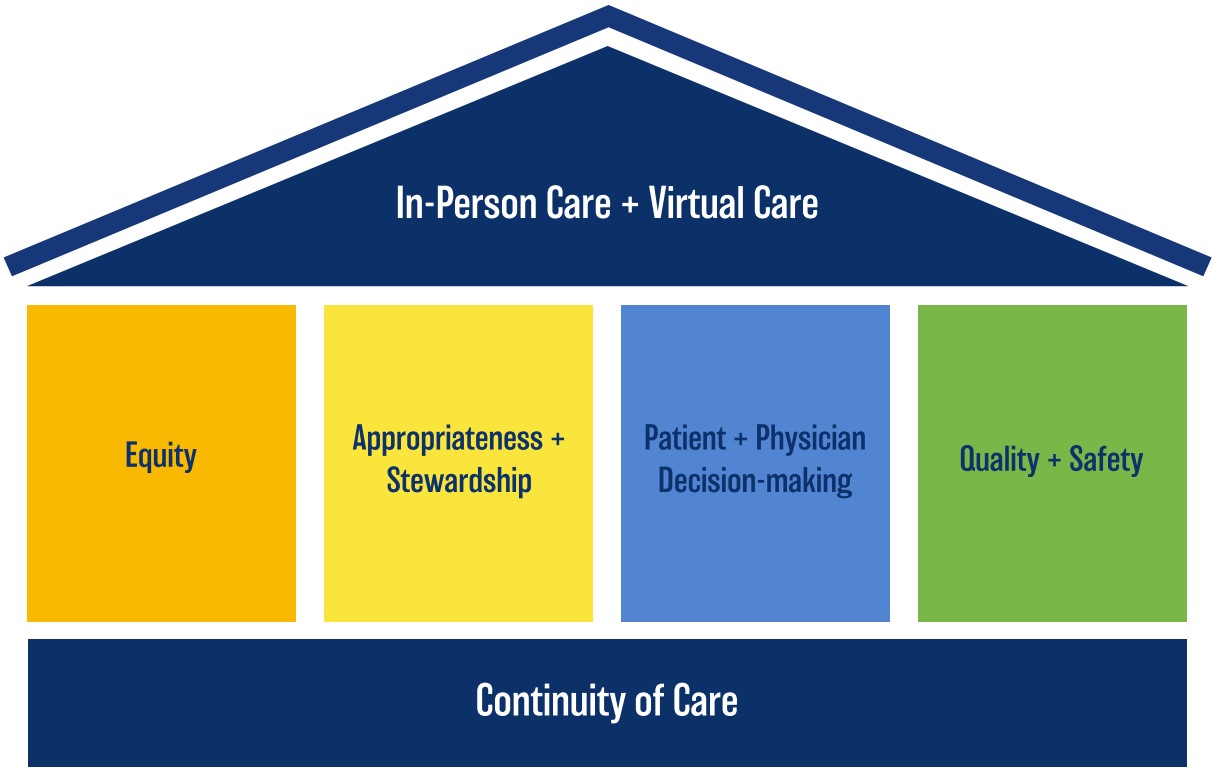
Virtual care is a critical tool for the millions of British Columbians who have a relationship with a family doctor and those without. Our principles for the integration of virtual and in-person care offer a nimble, adaptive approach that ensures virtual care is part of creating a better tomorrow for all British Columbians.

WHAT IS VIRTUAL CARE?

Virtual care is defined as any interaction between patients and/or members of their circle of care that occurs remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality or effectiveness of patient care.[1]

GUIDING PRINCIPLES

Our principles for virtual care are rooted in a vision of a modern health system where virtual and in-person care are used seamlessly to support accessible, equitable, safe, quality care for all British Columbians.



1. CONTINUITY OF CARE

Continuity of care is foundational to virtual care provision. The virtual care practice standard from the College of Physicians and Surgeons of British Columbia (CPSBC) states "virtual care is most appropriately used when integrated with comprehensive longitudinal primary care."[2] This comes as no surprise, given that longitudinal primary care is the foremost example of continuity of care—it encompasses relational, informational, and management continuity. This has been shown to improve health outcomes, decrease mortality, reduce emergency room visits and hospital admissions, and decrease healthcare costs.[3]

Toward Optimized Practice: Relational Continuity Clinical Practice Guideline

Management Continuity: The coordination and handoff of care between relevant care providers using a shared care plan in a way that is both consistent and flexible to meet patient needs.

Informational Continuity: The transfer of relevant patient information between multiple care providers and locations, including accumulated knowledge about the patient's preferences, values, and context.

Relational Continuity: The ongoing, trusting therapeutic relationship between a patient and a primary care physician and their team, where the patient sees their primary care physician the majority of the time.

Continuity of care is a key element of many types of family medicine care, including maternity care, substance use care, mental health services, and consultative services. It is also a notable component and outcome of high-functioning team-based care, strengthening relationships and coordination of care.[4]

Virtual care can be appropriately used in episodic care when patients also have access to ongoing and in-person services. We believe virtual care is most effective when delivered within a patient-physician relationship that incorporates all three dimensions of continuity of care. This approach supports quality care for all British Columbians, whether or not they have a family doctor.

2. EQUITY

We need healthcare services – virtual and in-person - to be designed and delivered with an equity-first approach. We must recognize the disparate needs and digital literacies of patients and communities, considering factors such as income, age, ethnicity, rurality, and disability.

BC Family Doctors agrees with the Virtual Care Task Force who stated that equity must be a "fundamental principle underpinning the delivery of virtual care in Canada."[5] With that lens, we must support virtual care provided by both video and phone. Many British Columbians rely on access to phone-based virtual care, including seniors, economically marginalized people, and those without high-speed internet.[6] Limiting virtual care services provided by phone would have an outsize impact on rural communities due to the inequitable distribution of internet infrastructure in BC.[7] Asynchronous communication (e.g. secure patient messaging, remote patient monitoring) is also necessary for patient communication, providing accessible options for a digitally enabled healthcare system.

We need a basket of in-person and virtual tools to meet patients' needs and address any barriers that they may face in accessing care. The goal is to create equity-driven virtual care policies that remove barriers for underserved and marginalized communities – not create new ones.

3. APPROPRIATENESS & STEWARDSHIP

Virtual care must meet the standards of clinical appropriateness that govern all healthcare delivery. While virtual care can enhance access and efficiency, it is insufficient when clinical indications require in-person evaluation. Physicians are professionally obligated to use virtual care only when it meets the standard of care and offers clear clinical benefit that outweighs potential risk.

We support the CPSBC position that "appropriate use of virtual care includes access to in-person care and is ultimately a professional decision of the registrant [physician] made in conjunction with their patients."[2] Clinically appropriate care depends on various considerations—chief among them, the need for a physical examination. However, clinical context alone does not determine whether virtual care is appropriate and acceptable.[8,9] Physicians must also consider each patient's unique circumstances, including their clinical, social, and cultural needs.

At the system level, appropriateness is inseparable from stewardship. We have a collective obligation to protect and strengthen BC's publicly funded healthcare system. The rapid proliferation of corporate-owned virtual care platforms has happened without the oversight and regulation needed to align with the values and standards of the publicly funded system. To ensure responsible and effective stewardship, we must prioritize the accountable integration of virtual care within physician-operated clinics, health authorities and non-profit organizations, in addition to corporate providers.[10] Across all care models, virtual care must be embedded within a framework that upholds professional standards, ensures access to in-person care, and supports the long-term sustainability of BC's public healthcare system.

4. PATIENT & PHYSICIAN DECISION-MAKING

Healthcare decisions are complex and deeply personal. They must be made by patients and physicians with a full understanding of the clinical, social, and cultural context of care. We support shared decision-making with patients and physicians choosing the care modality together.

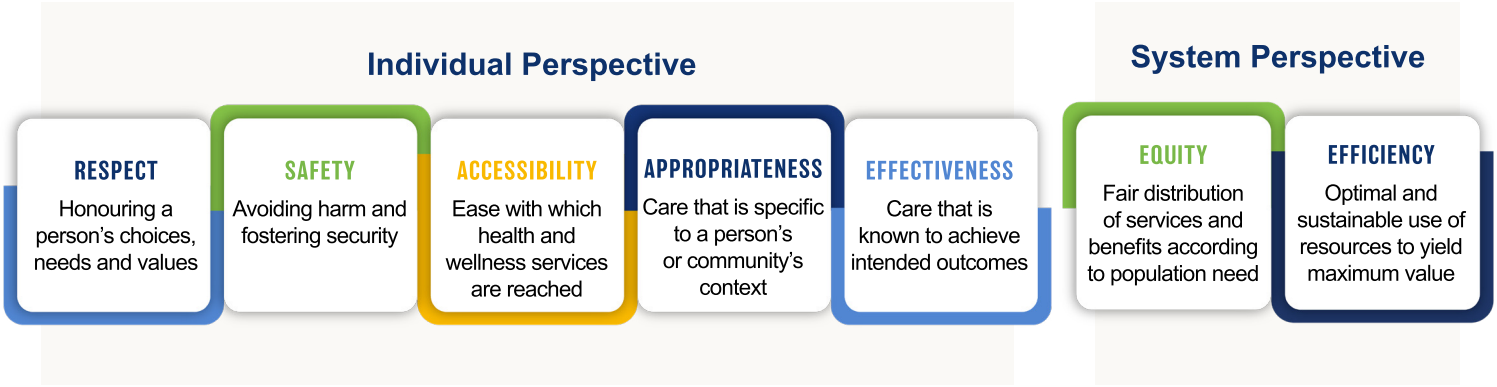
Remunerating in-person and virtual care at the same rate will ensure that the needs of their patients drive decisions about care modality, not compensation. This is especially important for patients without a family doctor who often struggle with access to care. Ontario's virtual care compensation changes have resulted in worsening access and equity issues for the 2.5 million Ontarians without a family doctor.[11]

We believe BC must foster equitable, high-quality care by supporting shared patient and physician decision-making about the modality of care.

5. QUALITY & SAFETY

Patients deserve safe, high-quality care – whether it's in-person or virtual. The BC Health Quality Matrix defines seven dimensions of quality, providing a useful framework when considering the use of virtual care at the patient level and system level.[12] Across all these dimensions, virtual care can be either a driver or a barrier for quality, depending on the patient and the context.

BC Health Quality Matrix: Dimensions of Quality



BC has limited practical experience with virtual care as it was implemented rapidly in the early days of the COVID-19 pandemic. In contrast, Kaiser Permanente, a high-performing integrated health system in the United States, has been using virtual and in-person care together for more than a decade. Their data suggests that at least 50 per cent of care can be safely delivered by phone, video, and secure email when provided in an integrated, team-based care model.[13] This underscores that primary care improvements and virtual care integration must be pursued together as essential drivers of quality and safety.[14]

To support safe, quality care in a publicly funded healthcare system, we must develop shared quality frameworks that can foster data-driven improvements.[15] With meaningful evaluation, we can use in-person and virtual care together to uphold quality and safety, uplift patient and physician experiences, reduce healthcare costs, and improve health equity.

RECOMMENDATIONS FOR VIRTUAL CARE COMPENSATION

To strengthen patient care during this time of healthcare transformation, we recommend five concrete measures to improve compensation for virtual care, aligned with the Virtual Care Taskforce Report.

1. **Use an equity-first approach when designing physician compensation for in-person and virtual care.**
2. **Provide equal compensation for physician care provided virtually or in-person.**
3. **Expand team-based care by funding virtual services that are delegated to other healthcare professionals with the appropriate scope of practice.**
4. **Invest in physician education about delivering a balance of virtual and in-person care appropriate to their patient population and community context, without limiting the number of virtual care visits.**
5. **Incorporate payment for use of asynchronous care modalities, such as secure messaging, remote monitoring, and other evidence-based virtual modalities.**

BUILDING A CONNECTED FUTURE

BC Family Doctors' principles for virtual care are rooted in a vision of a modern health system that meets the needs of today's patients and tomorrow's healthcare challenges. Virtual and in-person care must work seamlessly together—improving health outcomes, advancing equity, and supporting sustainable physician practices.

Virtual care is now foundational to the way we deliver healthcare services. We need aligned policies, clear regulatory standards, and fair compensation that empower physicians and interprofessional teams to provide high-quality care across all modalities. Now is the time to act—let's build a bold, connected, and equitable future for healthcare in British Columbia.

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