



Virtual care

Problems, progress, possibilities

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During the COVID-19 pandemic, we in health care had to adapt to working in virtual contexts to various extents. To set the pretext for the content in this issue of *Canadian Family Physician*, which includes articles about virtual care, I will start with a well-accepted definition. According to the Institute for Health System Solutions at Women's College Hospital in Toronto, Ont, virtual care is "Any interaction between patients and/or members of their circle of care occurring remotely, using any form of communication or information technology with the aim of facilitating or maximizing the quality of patient care."¹

I will break this definition down into its parts. First, the circle of care is important to consider. Virtual care is more than simply a video call between a doctor and a patient. It can be between a patient or caregiver and any member of the health care team, including an administrative staff member, pharmacist, nurse, or primary care provider. One of the more obvious aspects of the definition is that care must occur remotely. In other words, the patient and provider are in different physical locations.

Virtual care may be performed using any form of communication. Although the pandemic helped us spring forward in adopting various technologies, virtual care is something we in primary care have been doing for a long time. Before the pandemic, when we called patients on the telephone to refill medications or provide updates on bloodwork results, this was a form of virtual care. Video calls, email, and direct messaging also fall under the virtual care umbrella.

Next, care delivered virtually helps facilitate or maximize the quality of patient care. In other words, virtual care is provided to promote health and well-being. It is not done specifically for the purpose of provider convenience (although I admit I would be a hypocrite if I said I did not like the flexibility of avoiding traffic and working from home at times).

For example, if you have a patient in your primary care clinic who lives in a rural area and cannot attend every appointment in person, a telephone or video call may allow them to access care when they otherwise could not. If a patient has an upper respiratory tract infection, virtual care helps limit disease transmission. Sometimes it may be preferable to conduct appointments virtually to enhance their effectiveness. For example, I know physicians who prefer to conduct medical assistance in dying assessments online since it is not only comfortable for patients to be in their own

homes, but also it eliminates the need to wear a mask, and facial expression is such an important part of communication. Inherent in the above definition of virtual care is its patient-centredness.

In the burgeoning field of virtual care, consistent language allows us to ensure we are on the same page when discussing it. In their commentary, Spithoff et al propose a new typology for virtual care (page 689).² The article makes recommendations about which types of virtual care are most appropriate based on effectiveness and efficiency. They review the virtual care landscape in Canada and the patchwork of programs and systems that have been developed, especially in recent years. A key recommendation is that virtual care is most appropriate, effective, and efficient when done in the context of comprehensive care, and when the patient is associated with those providing longitudinal care.

Yet this is not the model present in many jurisdictions in Canada. Private enterprises offer virtual care that can be episodic, and many patients turn to them because of the nationwide primary care crisis. Some provincial governments contract such companies to help deliver health care services. With the variety of virtual care programs and services in existence, in addition to the fact that virtual care was previously unregulated in Canada, the risk of harm is real, including harm due to health data fragmentation. To address this, political changes are taking place. For example, this year Bill C-72 was passed, which has the goal of enhancing health information interoperability across jurisdictions.³ How will virtual care, in its many forms, fit into such changes?

We hope this issue of *Canadian Family Physician* will shed some light on the current state of virtual care in Canada, including the problems, progress, and possibilities. 🍁

The opinions expressed in editorials are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

References

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