

Shaping the future of virtual care in BC

Since the start of the pandemic, the number of virtual health care visits across the province has catapulted from approximately 700 000 to over 17 million as of June 2021.¹ BC doctors have quickly adapted to practising differently and embraced virtual care as an alternate way for patients to access care.

Virtual care uses information and communication technology to deliver care between a patient and a provider, or to communicate about the care of a patient between providers. This can include video, telephone, text, and email, and may be synchronous or asynchronous. It is critical for patients and providers to foster a culture of acceptance and understanding that virtual care is part of the journey, not the destination. To ensure quality care remains equitable and accessible, virtual care recognizes:

- The importance of comprehensive, longitudinal, relationship-based care in all care settings and services, with an aim to establish relational continuity.
- Integrated care that is coordinated between providers and environments.
- Culturally safe and humble care.
- Equity as a fundamental principle.
- The value of collecting and applying quality data to create a learning system.

The following are a few examples of doctors using technology to improve access to care.

Acute care

A physician-led team of providers at Royal Columbian Hospital in New Westminster introduced a virtual communication system for the inpatient ward during the COVID-19 pandemic. Five new Bluetooth-enabled iPads use Zoom and FaceTime to facilitate video

communication between patients in their rooms and their providers, and enable providers to remotely monitor patient vitals and document patient charts; patients were also able to communicate more with their loved ones.

In partnership with the Fraser Health Authority and the Royal Columbian Hospital Foundation, the project team acquired the iPads and implemented processes to develop patient education materials and to request support connecting with vendors about device and data options. The increased use of virtual technology mitigated exposure to COVID-19, supported standardized advanced care planning, and reduced patient isolation.

Critical care

Rural and remote practitioners can feel isolated when providing critical care to patients in the Kootenay Boundary region, which is composed of 12 small communities that resource one ICU in Trail. To support these physicians with their communication with specialists, the Kootenay Boundary Division of Family Practice developed a virtual ICU that provides timely access to remote consultations—a first in the province. Emergency room physicians link with the ICU team in Trail using videoconferencing software that connects to their existing mobile video carts. For patients, this has resulted in early access to specialized care and avoidance of potential procedures and travel time, as well as cost savings to the regional ICU. This has also supported recruitment and retention and improved confidence for rural ER physicians.² The project team is working with health care partners to expand this model beyond critical care.

Primary care

Having provided only in-person care prior to

the COVID-19 pandemic, a family practice in Qualicum Beach responded to the changing needs quickly by adopting virtual care services to continue to deliver care to its patients. A family physician started by providing phone visits and soon after added video visits by enabling the capability within his EMR. The physician enhanced his skills and knowledge by participating in a three-part learning series hosted by the Central Island Division of Family Practice and undertook practice improvement projects with the support of a regional practice support

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coach. The clinic now provides about half of its patient visits virtually, and reports that about 5% to 10% of virtual visits are rescheduled for an in-person visit based on the doctor's judgment during the virtual visit. Elderly patients have expressed that they value the virtual visits for transactional care such as prescription renewals.

These changes increased the physician's self-reported productivity and connection with specialist physicians, and the clinic increased its capacity by 10% and saved about 5000 sheets of paper per month by switching to an e-faxing platform.

Moving forward

Using technology in health care has its benefits, such as improved patient and provider experiences, consistency in process and care delivery, connections between clinicians spanning geographical and service areas, and improved access to comprehensive clinical care info. It also comes with challenges like the integration of networks, providers, and information. Key to blending virtual and in-person patient visits in an integrated system of care is securing and sharing patient information among health care providers who span hospitals and private offices across all health regions.

This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ Editorial Board.

Resources for diverse patient care

The JCCs continue to work with Doctors of BC and the BC government to ensure alignment with their digital health strategies. Find a list of virtual care resources for physicians and clinics at www.CollaborateOnHealthBC.ca/resources/virtual-care. ■

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References

1. BC Ministry of Health, Health Sector Information, Analysis & Reporting Division. MSP fee-for-service payment analysis 2015/2016–2020/2021. July 2021.
2. Digital Health Canada. Virtual care in Canada: Snapshots of innovative virtual care. Accessed 21 July 2021. <https://divisionsbc.ca/sites/default/files/Divisions/Kootenay%20Boundary/Misc%20-%20events-imag%20Digital%20Health%20Canada%20Virtual%20Care%20in%20Canada%20vFinal%20DEC-2019%5B1%5D.pdf>.

Globally, there has been an increase in awareness of the need to acknowledge and respect the diversity of humankind. The same has been happening in the field of medicine, with the realization that not only does clinical care need to be tailored to the patient, but also how that care is delivered must be adapted. This need has been identified especially in the care of people of diverse genders and sexualities.

Optimal care for these patients can be influenced by many factors, including differences in cancer risks, respectful and appropriate acknowledgment of individuals' gender and sexuality, differences in treatment for youth and adults, and clarification of what treatment can be provided in primary care.

The number of resources available to support the care of patients of diverse genders and sexualities is increasing, although finding resources relevant to your location and

specific patient can still be tricky. Librarians at the College have created a curated list of guidelines, reviews, books, and book chapters to support physicians in BC in providing knowledgeable care for these patients (www.cpsbc.ca/files/pdf/Library-Sexual-and-Gen%20Diversity-Resources.pdf). The content ranges from specific care guidelines to recommendations for office procedures, and contains information aimed at both primary care physicians and specialists.

Information about providing care in BC is also available from many health authorities. A notable example is Trans Care BC from the Provincial Health Care Authority (www.phsa.ca/transcarebc/health-professionals). The site offers information about the resources, guidelines, and procedures for the care of trans patients for both primary care physicians and specialists.

Looking to expand your knowledge beyond the resources suggested here? Request a literature search from the College Library at www.cpsbc.ca/registrants/library/make-request. ■

—Chris Vriesema-Magnuson, Librarian

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