

Real-Time Virtual Support: A network designed to support us all

The Canadian health care system is bursting at its seams. Symptoms of system challenges include frequent ER and clinic closures, physician burnout, and an ever-increasing population without access to care. We need human resources, but the number of physicians graduating from medical schools across Canada is far lower than the number needed to sustain what we have, much less enable the system to thrive. Is there a solution? Real-Time Virtual Support (RTVS) may be an answer—at least for rural health care sustainability.

RTVS is a network of specialists providing instant, accessible, consultative support to physicians, residents, nurses, nurse practitioners, and midwives for rural and remote patients in British Columbia. Operated by the Rural Coordination Centre of BC, RTVS is funded by the Ministry of Health and the Joint Standing Committee on Rural Issues, a partnership between the Government of British Columbia and Doctors of BC through the Physician Master Agreement. RTVS has five dedicated lines: RUDi and VERRa for emergency medicine, CHARLiE for pediatrics, ROCCi for critical care and internal medicine, and MaBAL for maternal health. Our aim is to support care for patients close to home, often at nursing stations and in rural emergency departments. Our physicians reside and practise in BC, with expertise and experience in rural medicine. We have intimate knowledge of the strengths and struggles each community experiences. RTVS enhances pivotal in-person care, providing

a safety net for rural providers while helping enable recruitment and retention.

Many urban and tertiary-care physicians are understandably unaware of RTVS and its impact. They are buried in the never-ending to-dos of patient care, administration, and continuing education, not to mention life outside of medicine (*gasp*). On a good day, it is overwhelming.

The effects of RTVS are felt every day.

And yet, how different our days could be. Imagine being a locum in the Burns Lake emergency room with several patients waiting to be seen. To your dismay, a 4-year-old child presents with respiratory distress. You haven't cared for an acute pediatric case since graduating, much less in a remote centre. You start the child on oxygen, and you panic internally. While preparing to call the Patient Transfer Network for a transfer to a tertiary centre, the nurse working alongside you suggests that you call CHARLiE. They help place a Zoom call, and you are instantly greeted by an experienced pediatrician with "Hello; how can I help?" They guide your history taking and examination to find the child is having an asthma exacerbation. They virtually support management at the bedside the entire time. The child responds beautifully and is later discharged home. You feel relieved and have increased confidence in your remote setting with newfound support.

Previously, this call would have gone to a tertiary site physician. Instead, they can continue to focus on their long list of local patients and consultations without having to navigate additional rural cases. While it is within their scope, chances are that

without the immediate dedicated care that CHARLiE provided, the child would have been transferred for ongoing care, perhaps after decompensating.

There is a positive ripple effect across the system. The transport physician with the Patient Transfer Network did not hear about the patient and could focus on their pending transfers. The child's parents did not miss work or spend time and money on travel to a centre 3 hours away. BC taxpayer dollars were not spent on an unnecessary patient transfer. The government saved much-needed dollars from a needless transfer and retained a returning locum, who will provide care to thousands in the coming years.

The effects of RTVS are felt every day. RTVS has supported over 100 000 calls from rural and remote providers in the last 5 years, with call volumes increasing annually. RTVS has prevented over 13 000 hours of rural emergency room closures. It is estimated to have reduced patient-borne costs of more than \$34 million (and counting). Patients stay close to home, local physicians are retained, and tertiary-care physicians can be sustained.

The classic brick-and-mortar health care system does not work with the current resources, at least not in isolation. We need a network of care, an ecosystem to support each entity to survive and thrive. Every patient deserves timely, specialized care within their chosen community, and with the innovative and welcoming minds of RTVS and its providers, it's possible.

To learn more, visit <https://rccbc.ca/initiatives/rtvs/>. ■

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