Virtual Care during COVID-19 and Implications for Future Care Delivery

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Alliance for Healthier Communities

Alliance Model of Health & Wellbeing

- Evidence-informed
- Values & attributes that provide a road map for our members in Ontario
- Health equity charter and MHWB guide all work in 110+ Alliance member organizations

Delivering Primary Care as Envisioned

https://www.emeraldinsight.com/doi/full/10.1108/JICA-02-2018-0014

Digital Equity and Research to Improve

- Virtual care was working well in some areas
- Significant equity gaps
- Providers varied in acceptance of using virtual
- Rapid learning approach to understand what worked
  - How, with whom, what and when

Virtual Care Study

Objectives

1) Describe how virtual care was implemented for COVID-19.
2) Understand the provider's experiences with virtual care.
3) Understand the client experience with virtual care.
4) Make recommendations for virtual care post-pandemic.

Data Collection

Organizational survey

- Characteristics of CHCs
- Services offered virtually
- Implementation challenges

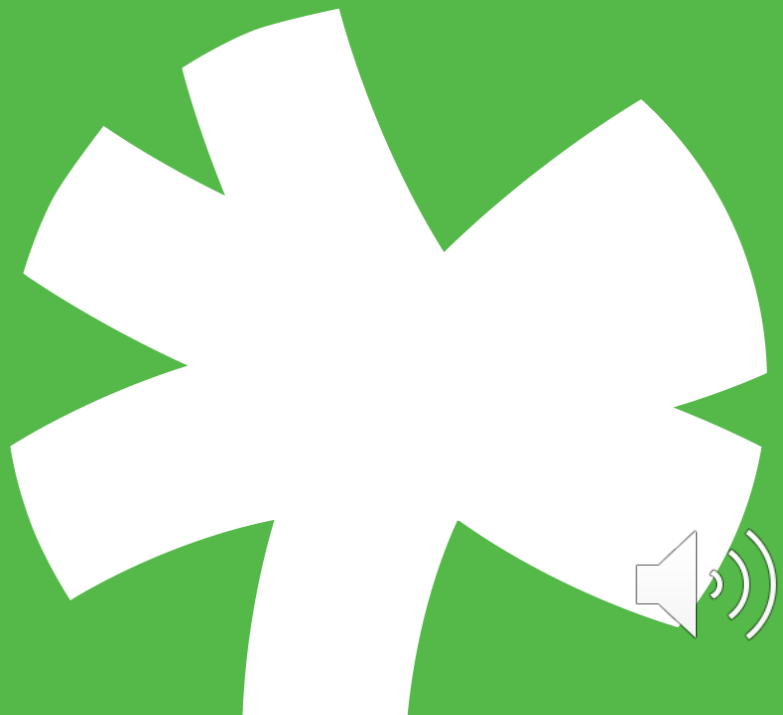
EMR Data

- Sociodemographic data
- Services provided virtually

Interviews with Providers and Clients

- Experience with virtual care (e.g. technical difficulties, impacts on quality of care
- Limitations and benefits
- Preferred modality
- Interest in future

Overview of Results



Organizational Survey

A little over half of centres responded that they were reasonably prepared to offer virtual care.

Major implementation challenges: Wi-Fi, IT capacity, security and privacy concerns, funding for technology, and staff readiness

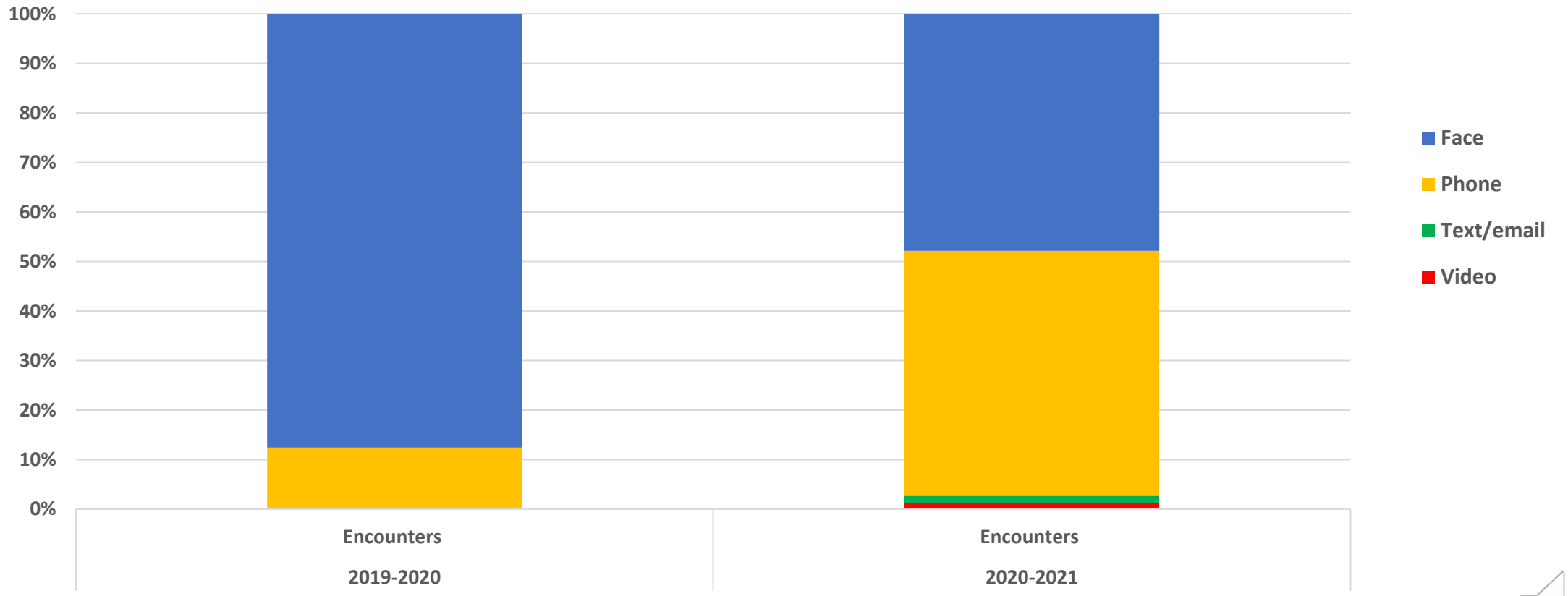
Populations who experienced greatest challenges: Seniors, MH&A, people experiencing homelessness, newcomers, people living in poverty

EMR Data

High level findings:

1) Phone was the most frequently used modality.
2) Video encounters were most frequently used by interprofessional team members.
3) Distribution of modality between rural and urban centres was almost identical.
4) Distribution of modality when looking at socioeconomic data of clients showed little to no differences.

Distribution of Modality



Provider Interviews

Provider Experiences:

- Phone major modality
- Inability to read body language
- Increased access to care for clients
- Increased privacy concerns and distractions

- Improvement in no-show rate and time management
- Suggest they can provide at least 50% of their care virtually
- Majority would offer virtual but prefer the initial visit in-person for new clients

Client Interviews

Benefits:

- Improved access for those with mobility issues
- Avoided travelling to centre or paying for transportation or parking
- Avoided waiting in crowded waiting room
- Less likely to miss appointments

Challenges:

- Frequent technical problems
- Inability to read provider's body language
- Difficulty describing concern over the phone
- Lack of social interaction

Interested in Virtual Care Post-Pandemic?

YES but <u>only</u>:

1. For provider's they had already met in-person and had a trusting relationship with.
2. Physical examination is not necessary.
3. Preferred video over phone if there were no technical issues.

"The answer is, I wouldn't mind being on a virtual access scenario, but not for a hundred percent of my dealings with my health people." – CHC client

Thank you!

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