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Alliance pour des communautés en santé

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Virtual Care during COVID-19 Research Study

Last spring, the Alliance for Healthier Communities and its member centres embarked on a research study to explore the challenges and opportunities inherent in a shift towards virtual care. The study involved extracting EMR data from 36 CHCs, an organizational survey, as well as conducting phone interviews with 36 providers and 31 clients.

Transitioning to Virtual Care

Over the course of the pandemic, **CHCs shifted to provide over 50% of their primary care services through virtual appointments**, while continuing in-person care. Our members had only a 9% drop in the number of clients seen, an 11% decrease in appointments made, and a 16% decrease in services provided.

As illustrated in the graph below, Alliance member organizations were able to continue providing equitable access to care for their clients. The distribution of appointment modalities was nearly identical for all populations regardless of geography or socioeconomic status. We have selected one graph demonstrating this, but similar patterns were seen across all groups.

Appointment Modality by Client Income Bracket
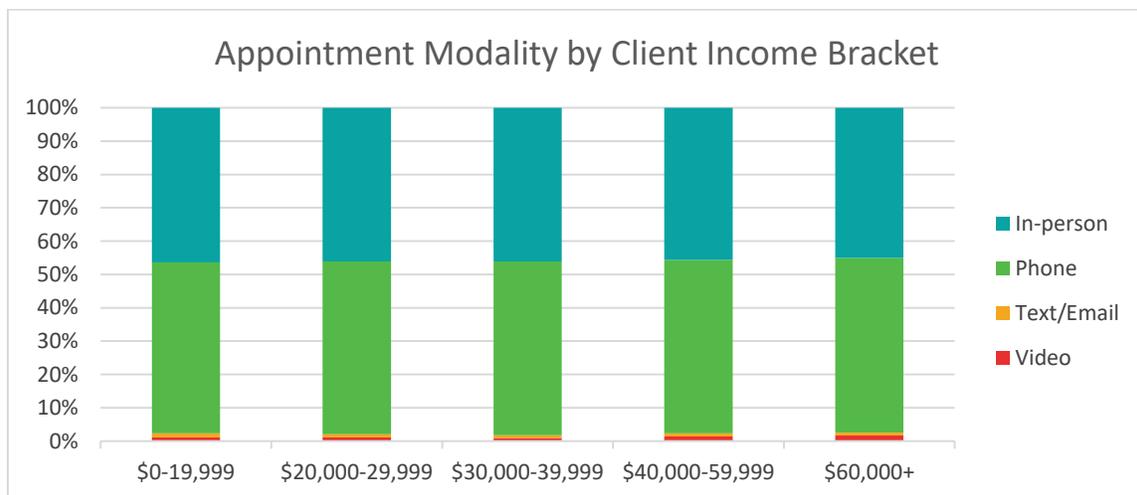
What Worked and What Did Not Work?

Recognizing that our member agencies primarily serve populations that face many barriers to care, we applied an equity lens to the questions of who can benefit from virtual care and what kinds of care are best suited to being delivered virtually. We have included two quotes and a table summarizing our main findings below:

"There are days that I can't get up and move around, that I couldn't get to the center, so now I can address those problems. I realize that's because I'm a senior citizen, but I would imagine this would be a real asset for others as well." – Rural Client

"I don't have a bad thing to say, because like I said to you, when I have to go to the appointment, I have a lot of things to do. I have to think of what my kids will do, what she will need, and then it's more harder for me to go out and go to the appointments, than receiving a call. For me, it works really well because I don't have to be concerned about what I'm going to do with my kids. In this way I save money on childcare and parking. I'm also seeing them [providers] more because I don't have to worry about what to do with my kids. Before I had to arrange my whole week, but when it's calling, I can do it whenever I want." – Urban Client

What worked?	What did not work?
Who did virtual appointments work well for? • Individuals with limited transportation options or cost of transportation/parking was a barrier • Individuals with low mobility • Individuals who work fixed hours and could not take time off • Individuals with young families who need to arrange childcare • Clients with established relationships with their provider • Individuals with social anxiety as they felt more comfortable receiving care at home	**_Who_ did virtual appointments not work well for?** • Individuals with limited access to technology/internet connection/phone service • Individuals with low digital literacy • Individuals with severe mental health issues • Individuals who were precariously housed • New clients as it was hard for providers and clients alike to establish trust and rapport • Older clients who found phone appointments direct and less of a social interaction • Those who could not protect their privacy or maintain confidentiality during appointments
When did virtual visits work well? • **Primary care**: minor health concerns that did not need a physical assessment (or where emailing a picture was sufficient) as well as chronic disease management, follow up appointments, discussing lab results, prescription renewals, and medication reviews. • **Mental health**: addressing minor concerns related to anxiety for example. • **Physiotherapy**: Clients reviewing exercises learned in previous in-person appointments.	**_When_ did virtual visits not work?** • **Primary care:** health concerns that required a physical examination as clients struggled with describing their concern and providers felt uncomfortable relying on verbal descriptions. • **Mental health**: Clients presenting with severe mental health issues as reading body language is a significant aspect of a provider's assessment. • **Physiotherapy**: when learning new movements and exercises.
Other benefits? • Providers saw improvements in their no-show rates and cancellations and clients were able to keep appointments if forgotten, as they were not required to be physically present • Nature of virtual appointments also enabled providers to utilize missed or cancelled appointments to call other clients, thereby using their time more efficiently • Appointments started on time more frequently and if delayed clients could avoid crowded waiting rooms	**Other challenges?** • Some clients felt uncomfortable with not being able to read their provider's body language during phone appointments • Unstable internet connection often disrupted the flow of appointments • Clients not answering blocked numbers when providers used their personal devices for phone appointments