

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

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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>



Alliance for Healthier Communities
Alliance pour des communautés en santé

Digital Equity and Research to Improve



- Virtual care was working well in some areas
- Significant equity gaps
- Providers varied in acceptance of using digital
- 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 continuing some virtual care post-pandemic.

Data Collection

Organizational survey

- Characteristics of CHCs
- Services offered virtually
- Implementation challenges

EMR Data

- Sociodemographic data
- Services provided virtually
- Changes in appointment #'s

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

Preliminary Results – Organizational Survey

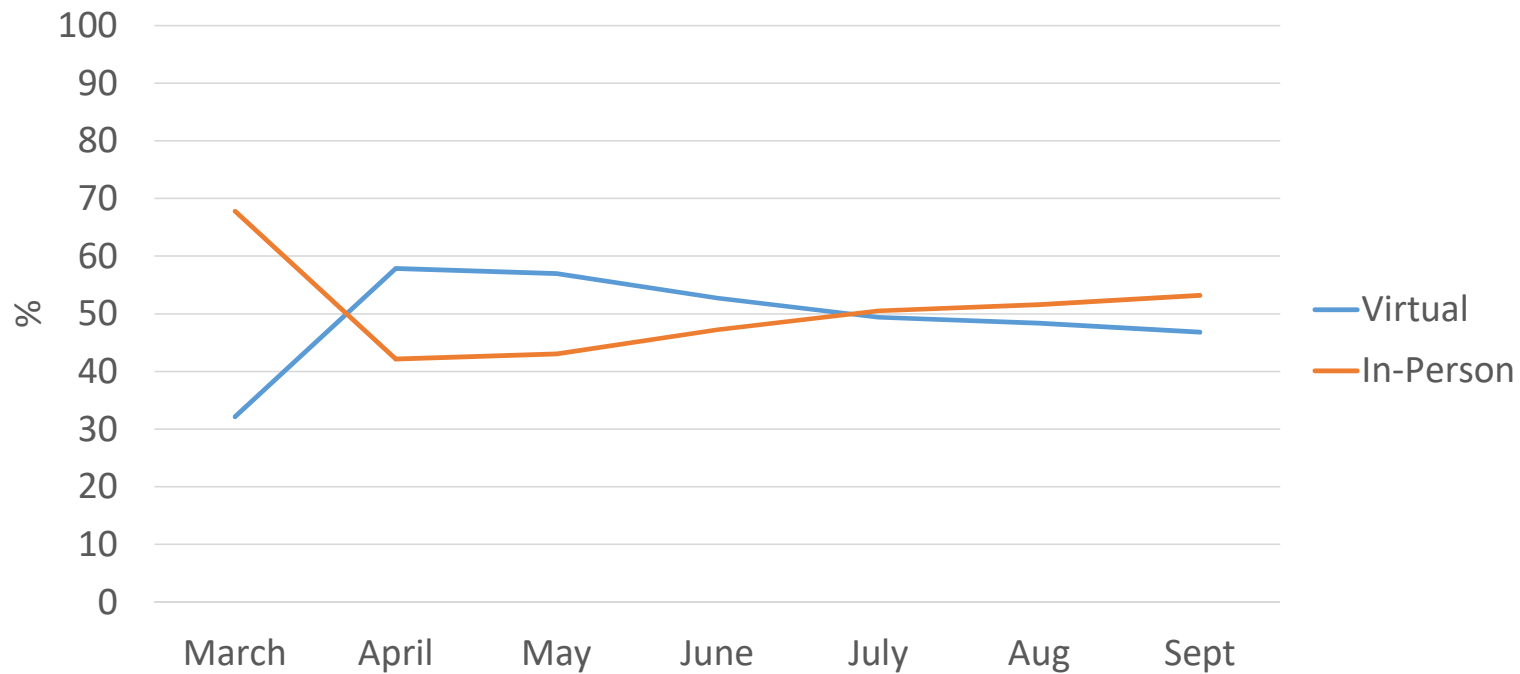
A little over half of centres responded that they were reasonably prepared to offer virtual care.

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 poverty

Preliminary EMR Data

Virtual vs In-Person Service Delivery



Preliminary Results – Interviews

Provider Experiences:

- Inability to read body language
- Privacy concerns and distractions
- Clients with social anxiety/limited transportation and mobility prefer virtual
- Less cancellations but had to call multiple times due to private number
- Can provide at least 50% of their care virtually
- Majority would offer virtual but prefer the initial visit in-person for new clients

Client Experiences:

- Majority first time with virtual care
- Prefer phone over video because of technical issues
- Hard to discuss certain topics via phone
- Those with young children and work fixed hours prefer virtual
- Some prefer in-person but like having virtual as backup
- Prefer in-person for first appt

Recommendations

- Offer the option of video appointments when possible.
- Give providers work phones to make phone visits more efficient
- Provide plain-language material to help clients use and troubleshoot technology more effectively.
- Develop privacy conversation prompts for providers.
- Develop a triaging system to prioritize certain clients for in-person care.

Questions?





Thank you!

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