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The future impact of COVID-19 on virtual care

Written by Dr. Duncan Rozario on July 9, 2020 for CanadianHealthcareNetwork.ca

Six questions that need to be answered as the pandemic ushers in a new era of virtual care

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Dr. Duncan Rozario

In 2018, only 0.6% of medical care was provided virtually in Ontario. In a drastic shift, that figure rose to 90% in May, according to a survey conducted by the College of Family Physicians of Canada on virtual care during the COVID-19 crisis.

Virtual patient care solutions have become a requirement in today's healthcare landscape with an emphasis on individual safety, and the security and privacy of personal health information (PHI). Telephone calls, emails, instant messaging and video solutions all comprise a part of the solution. Kaiser Permanente in the United States in 2016 completed 52% of its 112 million patient visits virtually and 80% of that was done with email.

When Ontario introduced virtual care billing codes on March 13, the provision of medical care via phone calls and any video platform became an insured service. In addition, physicians have rapidly expanded their use of insecure email platforms such as gmail and hotmail to communicate with patients in the absence of effective encrypted email platforms.

Healthcare has traditionally relied on the fax machine for referrals to specialists, appointment notifications, lab tests, prescriptions, and sending personal health information. It is an unreliable technology that needs to be replaced with an effective and secure digital solution.

The COVID-19 crisis has demonstrated the need for a safe and secure way for us to communicate with our entire circle of care-providers. With medical offices reducing their hours or closing, and future waves of infection uncertain, we need safe ways to communicate and provide compassionate care.

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Dr. Sacha Bhatia and William Falk in their 2018 report for the C.D. Howe Institute propose a "virtual first" philosophy that uses virtual care and secure email to provide care whenever possible. They emphasize the importance of adopting secure email to communicate between care providers and with patients. A study from the *Journal of Am Med Inform Association* identified that over 90% of those surveyed felt that patient care was improved as a result of e-mail use because of the efficiency of e-mail communication.

Yet system-level questions persist.

1. What is the correct mix of phone, email, instant messaging, video, or in-person visits? What mix of incentives will ensure each of these is used properly and not inappropriately overused?

2. What is the correct payment model, and when will email between caregivers and patients be an insured service in Ontario?

3. What security protocols should be in place to ensure the privacy and security of personal health information?

4. How will the personal health information from virtual interactions be integrated into digital health systems so they're accessible to those who need it?

5. How will we ensure that patients will be kept in the centre of their care, that their experience will be given appropriate consideration, and that they'll have complete access to their care records?

6. How will we ensure the equitable access for all patients, including disadvantaged groups, to these new care modalities? Or will the tremendous advantages of virtual care remain in the hands of privileged urban dwellers with broadband access?

As these details are negotiated by key stakeholders such as the Ontario Medical Association and the Ontario Ministry of Health we must ensure that the needs of all of our patients, including racialized, indigenous, rural, immigrant, and those from impoverished communities are appropriately addressed. COVID-19 has disproportionately affected these groups and exacerbated already existing health inequities. We must ensure that we aim for a better "after" than we had "before." A return to the status quo of the pre-COVID-19 era is unacceptable. We have seen more advances in the last 10 weeks in virtual care than we have seen in the last decade and we must maintain momentum as we attempt to increase value and virtue in healthcare for all.

Dr. Duncan Rozario is chief of surgery at Oakville Trafalgar Memorial Hospital in Ontario.

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