VIRTUAL PRIMARY CARE

Is a post-pandemic move to enable the virtual delivery of primary health care delivering on its promise of improved access for patients?

The COVID-19 virus shocked primary care systems across Canada, with Alberta being no exception. After years of investment in, and debate around, virtually delivered care, the pandemic jolted policymakers toward approving billing codes so family doctors could talk remotely with patients. These moves to expand fee-for-service billing capacities stabilized a system strained by the virus, and, as the figure shows, most Canadians who are attached to a family doctor, now receive at least some of their care virtually. But what does that mean?

At a time when 17 per cent of Canadians are unattached to a family physician what does virtual care look like on the ground? And is it delivering improved access? A recent study from School of Public Policy researchers shows that while more primary care is being delivered virtually, current government support for it may not be well adapted to maximizing value and access.

We found in most cases "virtually delivered" primary care didn't mean much more than traditional in-person visits with physicians were being replaced with telephone calls. This meant the distances between rural, remote, or mobility-impaired patients and their care were being bridged, but physicians' availability remained a bottleneck. Doctors who didn't have appointments available before the billing codes for phone calls were approved, likely still didn't have time to talk on the phone.

There are, however, innovative efforts in play, including ones that leverage technology to direct patients toward not just doctors but nurses and nurse practitioners who work as part of larger primary-care delivering teams. We also found web-based platforms were, in some places, being used to draw family doctors, specialists, and patients together in consultative video conference calls that reduced wait times and improved both convenience and the integration of care.

For policymakers considering how to expand virtual care beyond a basic "phone calls"

Percentage of individuals who had in-person appointments only, virtual appointments only, or both in-person and virtual appointments in the past 12 months, Canada, 2023
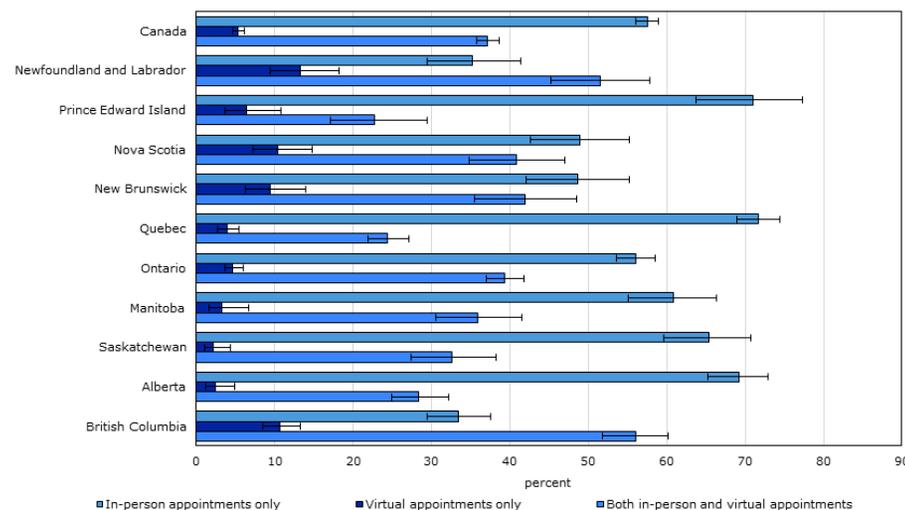
Source: Canadian Social Survey – Quality of Life, Virtual Health Care and Trust, 2023.

approach, and avoid the bottleneck of physician availability, team-focused uses of technology raise several issues. The behaviours incentivized by fee-for-service billing tend to prevent patients from accessing care from non-physician team members. Entrenched attitudes toward who should be at the centre of the team, thus acting as a bottleneck, also appear to impede expansion. Similarly, successful programs that convene multi-disciplinary teams require the support of a range of staff members and draw on the goodwill and connections of individual doctors, making them reliant on personal relationships rather than structural funding.

This suggests existing alternatives to fee-for-service billing, and other ways to remunerate and incentivize team-based care, are likely strong options for policymakers seeking to improve access to primary care through virtual means.