**S4E1 - Virtual Care**

**Transcript**

**Woman:** [00:00:00] So how long have you had it?

**Man:** [00:00:04] Couple months.

**Woman:** [00:00:05] Okay. All right. So before I have a look at it, let me just ask you a few questions. Is it itchy?

**Man:** [00:00:12] No.

**Woman:** [00:00:13] No. Okay. And did you have any trauma to the area?

**Man:** [00:00:17] Not that I can remember. It just kind of showed up one day.

**Woman:** [00:00:22] Oh, okay. All right. What concerned you about it?

**Man:** [00:00:26] I guess just that it kind of came out of nowhere.

**Woman:** [00:00:29] Okay. All right. And since you have noticed it, has it gotten any bigger in size or changed in size at all?

**Man:** [0:00:37] No.

**Woman:** [0:00:36] No. Any bleeding from it at all?

**Man:** [00:00:38] No. Nothing like that.

**Woman:** [00:00:40] Okay. All right. Well, let's have a look.

**Man:** [0:00:46] And, scene.

**Woman:** [0:00:44] So that's how it will go.

**Narration:** [00:00:49] Canadian Patient Safety Institute presents *Patient*, a nonfiction medical podcast about the people trying to fix health care from the inside out. I'm your host, Jordan Bloemen [ph].

[0:01:12] I wanted to know what it's like to receive virtual care from a health care provider. And Dr. Collins, president of the Canadian Medical Association, was kind enough to humour me with that little bit of role-playing. Are you sure?

**Woman:** [00:01:30] No, no, that's okay. I'm happy to do that.

**Man:** [00:01:33] She was very generous with her time. So why did we do this? I think you could fairly say that virtual care used to be a pretty niche topic in the world of health care. It was a niche topic in health care right up until March of 2020, when pretty much the whole world went into lockdown. It's a fun exercise. If you hop on Google Trends and you look up search interest and virtual care over time, you see consistently nonexistent interest for the nearly 20 years that Google has been recording search sentiment. And then, March 2020, boom, it hits this historic peak. All at once, everyone was stuck inside, but they still needed to communicate with their health care providers, so that communication took the form that all other communication took: virtual.

[0:02:32] But it would be way too simple to chalk up virtual care as the Zoom-ification of health care. Virtual care raises questions about access and equity, about communication and technology, and the role that they play in our health. So we came up with some questions, the answers to which might provide a little clarity on where our health care is really going as our health care goes increasingly online.

[0:02:52] To answer those questions. We're going to be talking with Rashad Baya [ph], a family physician with extensive experience in virtual care; Shelagh Maloney, executive vice president of Engagement and Marketing at Canada Health Infoway; Ashaway Chowdhury [ph], a senior health care consultant with over 30 years experience in education and research work in issues of diversity and equity; and Dr. Anne Collins, who we've met, president of the Canadian Medical Association.

[0:03:21] I wanted to know: What is virtual care? What's its history? What are the pitfalls? What are the opportunities? And most importantly, what does it mean for patients? Starting with Dr. Baya, what is virtual care?

**Man:** [00:03:36] Virtual care, in a way, is a term that has really sort of been evolving from telehealth, telemedicine, incorporating aspects of digital health. But really, if you kind of start with what virtual care is, it's a very broad umbrella term and it overlaps, as I mentioned, with telehealth, telemedicine. But really, it means if you use a CMA, Canadian Medical Association

definition that they've referred to in the past, it's any interaction between patients and/or members of their circle of care occurring remotely, using any forms of communication or information technology with the aim of maximizing the quality and effectiveness of patient care.

**Rashad:** [00:04:23] So as Rashad explained, while there's this newfound interest in the term and idea of virtual health, it's really just a continuation of this larger lineage of telehealth and telemedicine. And it really goes a lot deeper than just a doctor and a patient talking over Zoom or Skype, in the same way that our health care system encompasses a lot more than just a patient and a provider talking. To make care virtual, we have to make virtual the entire system of data and records, monitoring, and intervention. And then Shelagh explained it well.

**Shelagh:** [00:04:59] You know, we've been at this for over 20 years now, and we started with building the basic infrastructure, so to get rid of paper in health care, so lab information systems, diagnostic imaging, getting X-rays off paper and digitized in that kind of thing, and getting physicians to adopt electronic medical records or EMRs in their offices. So while Rashad said virtual care might be a new term that we're using, we've certainly been in this business for a long time and in fact, Canada is one of the leaders in telehealth. We had 1.4 telehealth visits in 2019 alone across the country. We have a large, remote, rural population. So when the whole virtual care and COVID came up, there was a significant shift, but this was a rapid shift. But we sort of like to think of it as the sprint within a marathon that's been going on in the virtual care digital health space.

**Narrator:** [00:05:55] Dr. Collins talked to me a little bit about what that looked like.

**Dr. Collins:** [00:05:58] For example, if you'd had heart surgery, were sent home, the heart center would send along with you some sort of device whereby you could connect with people in the few days after your surgery to check in on your vital signs, your wounds, and so on. But we didn't really ever move beyond that.

**Rashad:** [00:06:23] Let's go back to just before the pandemic hit in March. And at that point, virtual care had, I would say, stalled a little bit in the public domain in Canada. And one of the big barriers, as you may have heard, and as Shelagh knows, is that the remuneration structures relating to virtual care were not present in many provinces in a very broad capacity. And so it was very challenging for clinicians in fee-for-service remuneration structures, which covers roughly 70% of the physician population in Canada. It was very difficult for them to be remunerated for services that were provided virtually except in certain circumstances.

**Female:** [00:07:12] So the pandemic virtually overnight lifted all of that, like the pandemic has done with a lot of things. Things have happened quickly in a lot of areas of our life than before. Things that were seen as obstacles, red tape, whatever you want to call it, seemed to disappear.

**Narrator:** [00:07:32] So to shave off just a bunch of subtlety and nuance from all of this, for decades, Canada is kind of a leader in telehealth, but for some pretty complicated reasons, the boundaries of what that entails are pretty narrow. Then the pandemic hits, and necessity being the mother of invention, those boundaries expand rapidly. We have more people communicating with their health care providers over phone, text, email, or video call than ever before. And that's great, right? Because more people have access to health care. But it also raises two big questions in our attempt at understanding what virtual care means for patients. And first, what medical issues actually lend themselves to this technology and which ones don't?

**Male:** [00:08:29] One of the pitfalls and challenges – and most doctors know this intuitively – many patients come to recognize this or know it themselves intuitively as well – that virtual care and virtual visits, whether it's telephone, video, text message, secure message, they're not ideal for every kind of clinical scenario. And there are some clinical scenarios, some medical issues that are better served by virtual than others. Some mental health issues can be very well-served by virtual care and virtual methods; some skin challenges, so dermatology problems; some urinary tract challenges; sinus and upper respiratory issues. So there are a number of examples there. In addition, review of lab tests – I think Shelagh may have mentioned this example – this is a great example. As Shelagh said, why do you have to travel into your doctor's office, spend, in the old pre-pandemic days, an hour in traffic there, an hour in traffic back, take half a day off work or a full day off work, just to speak to the physician or nurse or whoever it is for five minutes about some test results that you could have done over the phone?

**Narrator:** [00:09:53] And the next question. So who gets to benefit from this? See, technological literacy becomes really, really important when we decide as a society that virtual care is a viable path for health care, or when we find ourselves in a situation where that decision is made for us. Shelagh explained.

**Shelagh:** [00:10:14] We did find that the biggest barrier from a patient perspective is digital health literacy. So 40-something percent of Canadians felt that they didn't necessarily have the tools that they needed to fully get the full advantage of a virtual experience. So for example, they might not understand the technology well enough. "The Zoom thing, it kind of scares me. I don't know how to do it," or, "I don't understand the health information. I'm not comfortable with the medical terminology to have a full understanding." So one of the things that we certainly

found out from this – COVID gave us a good opportunity to find this out – was that, again, people are recognizing the benefits. When you ask them right away, they see the convenience. But I would say that the biggest barrier, Jordan, is probably that literacy piece. And there's a need for Canadians and clinicians, frankly, some of them, to ensure that they've got the tools and the training they need to make sure that they have the optimum experience when they're having a virtual care visit.

**Narrator:** [00:11:20] This really important word came up at the end of our last section: this idea of access. Who gets to access health care and how do they get to access it? And any discussion of access brings us to our last interview subject, Ayesha Choudhury [ph]. A member of Patients for Patient Safety Canada, Ayesha has spent her career studying and researching equity in health care and how to improve cultural competence of health care professionals. Virtual care is important, especially right now, in large part because it can help improve access to health care. But as Ayesha explained to me, access is not equity. We're going to chat a little bit more about that right after this break.

**Narrator:** [00:12:06] Silence can be confusing. During your virtual medical appointment, silence could indicate to your health provider that you have nothing to… even if what you really want to say is… and… oh, and… Always speak up whether you are online or on a phone call. Conquer silence for your health. This message brought to you by the Canadian Patient Safety Institute. ConquerSilence.ca

**Ayesha:** [00:12:35] Jordan, I am almost a lifelong now – I am a senior citizen now – an equity analyst and I have worked in all the different domains of government, the academia, the business, the industry. So my life has really been devoted and really committed to this issue. As I see the thing, my perspective is on the equity. Yes, virtual care is extremely efficient. I am not very sure about its effectiveness because it depends on who is the target. Who are we addressing? Depending on that, I'll accept or not accept its effectiveness. But that brings in to my mind, at least, the equity, that each one, every patient – that is our vision, right?

[0:13:34] I think, therefore, playing field is not even. And unless the playing field is even, access is not enough. Why I mention that, it is in connection with the safety. And I think there are three E's: efficiency, efficacy, and equity for patient safety to be comprehensive.

**Narrator:** [00:14:03] Efficiency, efficacy and equity. Virtual care certainly makes some kinds of health care more efficient. It makes some – those Rashaad mentioned; not all – more effective, but that still leaves this question of equity. Does it make our health care system more equitable? Ayesha and I had a roughly hour-and-a-half conversation on this topic, and we spoke at length

about a lot of the same things we spoke with Anna, Rashad, and Shelagh about: what health care issues lend themselves well to virtual care, which don't, and really, what virtual care is. But Ayesha was particularly interested in what virtual care isn't, what it can't do, won't, and doesn't do. We've made quite a few episodes of this show, literally called *Patient*, but I've never really interrogated who it is I picture when I picture a patient.

**Ayesha:** [00:14:58] We seem to have a kind of an idea who the patient is. I mean, you know, millions of research studies on patient engagement, patient empowerment, what is the patient's perspective, just like the word "diversity," right? But I keep telling my friends, diversity is us. We are all diverse, aren't we? I mean, whether it's demography, gender, our residence patterns, rural areas or urban areas, the province, Alberta or New Brunswick. And it goes on and on and on. And in our context of our traditions, our values, our beliefs. And what is disappointing is that again, I see this reference to patients as a monolithic, as a generic entity. Patients would. Patients are. Patients will. Which patients are we talking about?

**Narrator:** [00:15:55] Patients are not a monolith. And while a teleconference might be a great resource for people who are familiar and in possession with the technology, there are heaps of people who don't. While a digital conversation is great for a person who shares a cultural background with their health care provider and can easily communicate their health needs, it's not as good of a solution for someone who has a language or cultural barrier, or, frankly, who is subject to any of the innate biases that exist within the health care system, same as they do within any system.

**Ayesha:** [00:16:28] I'm just thinking of many, many, many communities who are, you know, maybe socioeconomically challenged or any other ways. I mean, there are so many communities that are physically challenged, health-wise. Are they going to wait 'til they're very sick? And then what do they do? Then virtual care is not there for them to help. I mean, even if they're addressing inequalities in access, that cannot be mitigated unless we pay attention to these biases that are ingrained in our mental models in the larger society.

**Narrator:** [00:17:22] So where exactly does that leave us?

**Male:** [00:17:26] Yeah. So there's a few that come to mind. I think one is a patient of mine who has really struggled with mental health challenges and some addictions challenges as well. And, you know, during the pandemic, definitely we were checking in together, initially by a phone because that was the easiest modality at the time. But over time, our clinic had introduced a video visit app into our workflow and we had been testing it out with folks. And this patient became comfortable using the app. And I was really struck one day when we first connected by

video after a few weeks, maybe a month or two of connecting by phone. The patient said, "It's so great to see you." You know, and just that additional little bit of the visual connection really, really helped. And I was struck by that because there are a lot of Canadians who are struggling during this time just generally, but COVID has really exacerbated mental health and substance and addictions challenges. And, you know, when you see that a particular aspect of technology can make a little bit of a difference, it really does resonate. And so that's one example that really stood out to me. And it just makes me and other colleagues I know just want to work on making these processes easier for patients to use, easier for doctors to use, so it just becomes an easy thing to do that's part of the default processes.

**Narrator:** [00:19:07] An easy thing to do. So what can we say about virtual care? Virtual care, which is new, but also just another step in this long march of telemedicine, is full of opportunities. It can make our health care system more efficient, in some cases even safer. It can give more people access to those systems, which will improve outcomes, people struggling with mobility and mental health. It can be huge for them. But it's not a panacea. It doesn't fix the big issues that plague the health care system like they plague any system. It really just improves some people's ability in some instances to access certain parts of our health care system. But here's the thing, the thing missing in all of this analysis: Regardless of all of that, you're still going to use it probably at some point because virtual care is useful and efficient. And useful, efficient things tend to really thrive in health care. So the question for you, the question we'll wrap up with is, "How do you do virtual care well? How do you prepare for it? How do you stay safe?"

**Female:** [00:20:25] It's like any new function. I think we have to educate ourselves as best we can, and there are resources there, both for physicians and for patients. CMA has put out a playbook on virtual care for doctors and as well for patients in terms of how you set up that interaction, that the patient understands and consents to the visit in whatever means that you're doing it, that they understand that it's not being recorded, for example. And then from the patient side of things is to put yourself in the best position that you can to make the most of the visit. I did some visits where there were dogs barking and children crying in the background that are distracting. It's life, but it's distracting. So you want to set up in an environment that's as quiet as possible where you're able to tell your story in a confidential manner. Probably not in the lineup at Starbucks is a great place to do a virtual visit, in my view. Understand where it makes sense to have a virtual visit and when you need that face-to-face.

**Ayesha:** [00:21:48] So all that I'm saying is of course, virtual care is a major, major boon for us, major, major benefit for us, as long as we do not try to generalize it, saying that this is a be-all and end-all for all patients and all sort of safety situations.

**Narrator:** [00:22:16] Right now, you can find a virtual care toolkit at ConquerSilence.ca. There's virtual care checklists for patients, how-to-make-the-most-of-your-visit infographics, and website manner – I like that – information for providers. All these tools are up now at ConquerSilence.ca. Thanks for listening.