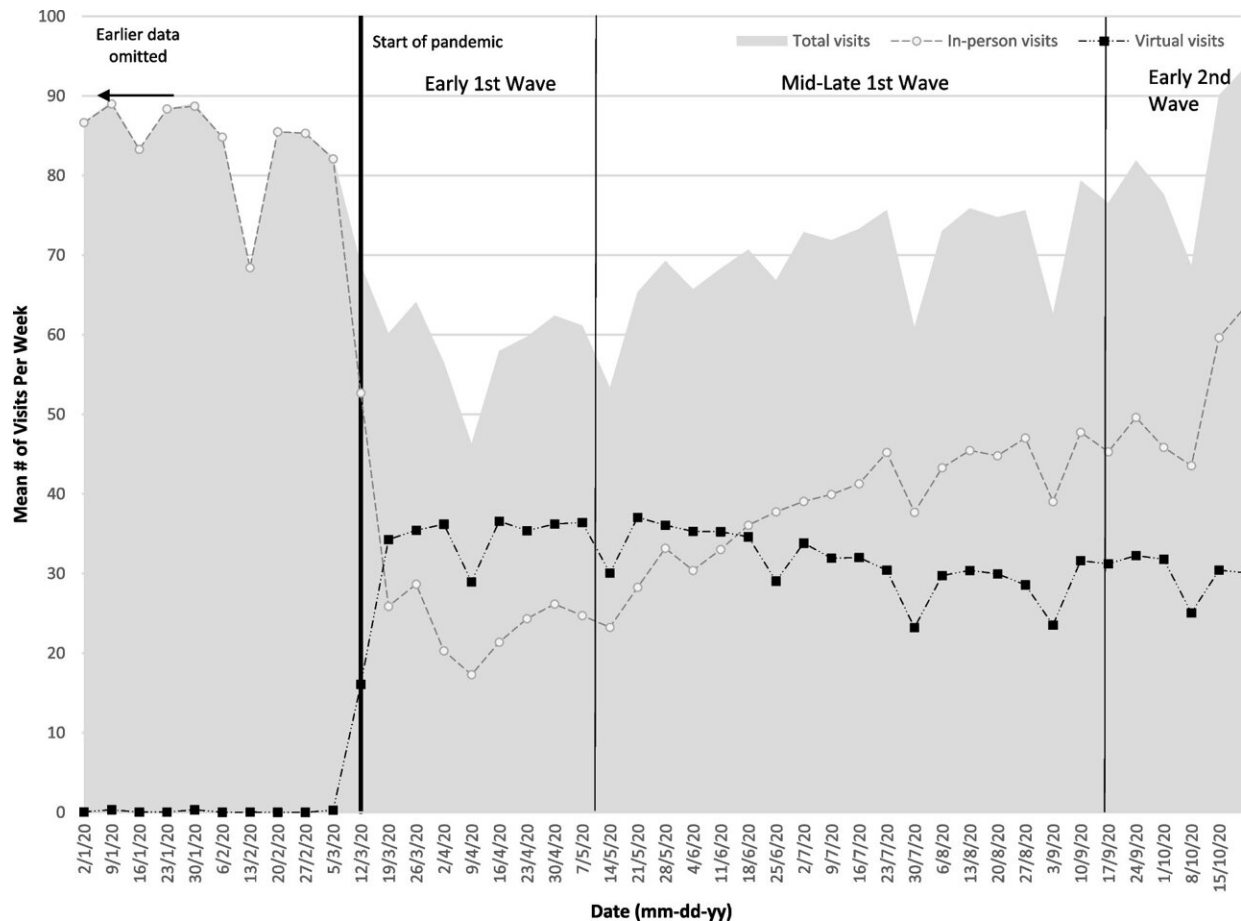


Study shows virtual care removed barriers for patients during pandemic

January 24 2023, by Cam Buchan



Mean Number of Weekly Visits for London and Middlesex County, Ontario Family Physicians Before and During the COVID-19 Pandemic. (Pre-pandemic defined as 12 months prior to March 14, 2020, Early 1st Wave defined as March 14–May 10, 2020, Mid-Late 1st Wave defined as May 11–September 17, 2020, Early 2nd Wave defined as September 18–October 31, 2020). Credit: *BMC Primary Care* (2022). DOI: 10.1186/s12875-022-01902-9

New research from Schulich School of Medicine & Dentistry, Lawson Health Research Institute and ICES Western shows the move from in-person to virtual primary health care removed barriers for patients during the COVID-19 pandemic.

Specifically, the shift to virtual care helped patients who rely on public transportation and those who have difficulty taking time off work to access health care. The research also revealed that during the pandemic waves, [family physicians](#) saw a greater proportion of patients with high needs, such as those 65 years and older and those with multimorbidity (two or more chronic conditions).

The study, recently published in *BMC Primary Care*, was led by Dr. Bridget Ryan, assistant professor in the Center for Studies in Family Medicine, the department of [family medicine](#) and the department of epidemiology & biostatistics at Schulich Medicine & Dentistry.

"It was encouraging to see quantitatively that patients seen during the early pandemic were on average older, with a higher percentage having multimorbidity, and more likely to be materially deprived; in other words, patients with high need," said Ryan, also an associate scientist at Lawson and an adjunct scientist at ICES.

All physicians interviewed for the study reported that virtual care improved access for many of their patients. "In our interviews, family physicians told us how young moms with kids didn't have to take three buses to get to their office or how truck drivers traveling to the U.S. could do virtual visits for their diabetes with the [family doctor](#) from their cab," said Ryan.

In contrast, family physicians who care for highly vulnerable patients,

such as those experiencing homelessness, cautioned that virtual care was a challenge for those without access to telephones. Virtual care was also difficult for patients and family physicians in [rural areas](#) with limited access to reliable high-speed internet.

The study—which included both interviews and quantitative analysis—was done in London, Ont. and Middlesex County. Through interviews and ICES data, the research team examined the rapid uptake and delivery of virtual care during the first and second waves of the pandemic from March to October 2020.

The volume of in-person visits dropped more than 72% in the two weeks following March 14, 2020, driven by concerns for patient and staff safety, and an initial shortage of personal protective equipment (PPE) in family [physician](#) offices. During the same period, virtual visits made up more than 56% of total visits. By June 15 of that year, the number of in-person visits overtook virtual visits and by October 2020, overall family physician visit volumes had returned to pre-pandemic levels.

The study also revealed the inequity of different physician compensation models in Ontario. Physicians who were in capitation models received basic payments from the [provincial government](#) regardless of the overall decrease in total visits, while physicians in a fee-for-service model were paid only when they had an encounter with a patient and were more greatly affected by the initial overall drop. A delay in the Ontario government being able to accept virtual visit fee codes submitted through OHIP, meant that fee-for-service physicians experienced an almost two-month delay in receiving compensation for virtual care.

The move to virtual care has been seen in other Canadian jurisdictions and internationally in areas such as Australia, U.S., China, Norway, Singapore, South Korea, Sweden and U.K.

"Our study found the move to virtual care during the pandemic was primarily a move to telephone care rather than to video appointments; this highlighted for us that, when looking at the future of virtual care, we must consider the method of care delivery that is acceptable to both physicians and patients," said Ryan.

Current work is focusing on the future of virtual [family](#) physician care as the health sector emerges from the pandemic.

More information: Bridget L. Ryan et al, Virtual family physician care during COVID-19: a mixed methods study using health administrative data and qualitative interviews, *BMC Primary Care* (2022). [DOI: 10.1186/s12875-022-01902-9](https://doi.org/10.1186/s12875-022-01902-9)

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