

Primary care program blending virtual with in-person options connects locals to family physicians

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An innovative health care program developed by researchers at the University of Ottawa has successfully paired residents with family

physicians at a time when Canada is lagging behind comparable, high-income countries in providing access to primary care providers.

This [recent publication](#) in the *Canadian Journal of Rural Medicine* demonstrates the success of Integrated Virtual Care (IVC), an innovative program aimed at increasing attachment to a family physician and comprehensive, team-based primary care in Renfrew County, which lies outside of Ottawa, Ontario.

The study shows how previously unattached patients were successfully connected to a family physician to receive comprehensive, team-based primary care.

"These findings show clearly that residents without a family doctor are ready and willing to embrace innovative ways of increasing access to primary care. They also show that patients were happy with the process of joining IVC," says study co-author Dr. Jonathan Fitzsimon, an Assistant Professor at the Department of Family Medicine in the Faculty of Medicine. Cayden Peixoto from the Institut du Savoir Montfort was the lead author of the study.

Addressing a rural shortage

Like many [rural communities](#), Renfrew County does not have enough [family physicians](#) to meet the needs of its population of 106,365. Approximately 20 percent of its residents do not have a family physician or an alternative primary care provider.

IVC addressed these problems by matching 790 [adult patients](#) without a primary care provider to a family physician who works mostly off-site. Physicians were embedded within the Petawawa Centennial Family Health Centre (PCFHC) as part of an existing local Family Health Team.

Over the course of the seven-month study period, over 2800 unique IVC patient appointments were done, with 70 percent conducted virtually. The matchmaking benefits included a review of cancer screening tests performed for [colorectal cancer](#), [cervical cancer](#), and [breast cancer](#), and the evaluation of new referrals and subsequent enrolments to smoking cessation programs among current smokers.

Helping the vulnerable

"When care is provided by allied health professionals, [nurse practitioners](#), and other physicians in the local family health team, these interactions are communicated efficiently with the patient's doctor," says Fitzsimon, who is a clinical researcher at Institut Savoir Montfort. "Partnership with the existing community paramedicine program allows a range of at-home care options for vulnerable, housebound patients."

Fitzsimon and the study's co-authors, which also include Judy Hill and Lisa Hawkins from the Petawawa Centennial Family Health Centre, envision these results guiding the expansion, development, and quality improvement of similar integrated primary care delivery concepts in rural and underserved communities, which are often large with dispersed facilities, increasing the travel burden to accessing primary care for most rural residents.

More information: Cayden Peixoto et al, Assessing new patient attachment to an integrated, virtual care programme in rural primary care, *Canadian Journal of Rural Medicine* (2024). [DOI: 10.4103/cjrm.cjrm_14_23](https://doi.org/10.4103/cjrm.cjrm_14_23)

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