**VIRTUAL CARE TASK FORCE REPORT**

**EXECUTIVE SUMMARY**

**The Virtual Care Task Force (VCTF)** was created by the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. As these organizations represent or speak for physicians, the VCTF focused on physician-related issues, but it hopes its recommendations will be relevant to all members of health care teams and that ultimately the recommendations will benefit patients.
The report was developed in partnership with representatives of patients, families and caregivers, who all provided insight on the basis of their lived experiences.

**The VCTF took a pan-Canadian approach to the issue of virtual care and strongly believes national leadership is needed on this issue.**

This report is intended to outline the actions required to promote excellence in virtual care in Canada and set the stage for broader discussion and more detailed efforts.

**WHAT IS VIRTUAL CARE?**

In this report, virtual care is defined as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.”1

The mandate of the VCTF was to develop strategies and recommendations for promoting the delivery of publicly insured medical services — by the Canadian medical community — through virtual means.

**THE CURRENT STATE OF VIRTUAL CARE IN CANADA**

Technologies to deliver health care virtually, such as telemedicine/telehealth, have been around for decades. Work has also been underway for at least three decades to implement virtual care, but most of this work has been undertaken at the provincial/territorial level in the absence of a national framework.

While the majority of Canadian physicians’ offices and health care facilities now use some form of digital record keeping, and a majority of households have Internet access, there is a long way to go in terms of the use of digital technology to provide publicly insured, virtual care.

1 Shaw J, Jamieson T, Agarwal P, et al. Virtual care policy recommendations for patient-centred primary care: findings of a consensus policy dialogue using a nominal group technique. *J Telemed Telecare* 2018;24(9):608-15.



Recently, there has been an explosion of interest in pursuing digital health strategies. The main drivers of this interest are the ongoing challenge of timely and convenient access to health care, and consumer/patient demand. Pressures to improve access, make care more equitable and reduce costs have added to the focus on virtual care.

It is essential that physicians providing publicly insured medical services in Canada are enabled to keep pace. Currently, the fact that there is a limited variety of physician payment models in Canada means that virtual care is growing primarily in the private non-insured sector, outside provincial medical care plans. This is inconsistent with the expectations of Canadians and the principles of the *Canada Health Act*.

**THE VCTF CREATED FOUR WORKING GROUPS TO ADDRESS SOME OF THE KEY BARRIERS TO VIRTUAL CARE:**

**1. INTEROPERABILITY AND GOVERNANCE**

Digital interoperability across the health care system is essential to support comprehensive virtual care. This working group identified the barriers to the exchange of health information and suggested solutions. A broad definition of interoperability was adopted, which includes the ability of technical devices to exchange information as well as legislative, policy and workflow factors that support interoperability.

**2. LICENSURE AND QUALITY OF CARE**

The mandate of this working group was to identify the barriers to virtual care created by differential licensing requirements for physicians, across Canada, and to suggest solutions. The group also looked at the quality of care issues associated with the delivery of virtual care, both as a supplement to in-person care and on a stand-alone basis. This group supports simplified registration and licensure processes that would enable qualified physicians to provide virtual care across provincial and territorial boundaries. Principles and recommendations also reinforce the requirement that virtual care must meet the standards required for high-quality care.

**3. PAYMENT MODELS**

Physician payment for virtual care services is a major barrier for expanding the use of digital tools. This working group provided an overview of payment models for the delivery of virtual care and made recommendations for how these can be enhanced to increase the uptake of virtual care in Canada.

**4. MEDICAL EDUCATION**

This working group dealt with the issue of how to train medical students, residents and practising physicians to use virtual tools and platforms appropriately to deliver care. The working group noted that to fully realize the benefits of virtual care within the health care system, virtual care must be incorporated into the medical curriculum and continuing professional development.

**KEY VCTF RECOMMENDATIONS**

* Develop national standards for patient health information access.
* Support the efforts of the Federation of Medical Regulatory Authorities of Canada to simplify the registration and licensure processes for qualified physicians to provide virtual care across provincial and territorial boundaries.
* Encourage provincial and territorial governments and provincial and territorial medical associations (PTMAs) to develop fee schedules that are revenue neutral between in-person and virtual encounters.
* Engage the CanMEDS consortium in incorporating and updating virtual care competencies for undergraduate, postgraduate and continuing professional development (CPD) learners.
* Develop a standardized pan-Canadian lexicon for virtual care.

**CONCLUSION**

While consumer demand and the drive to improve access will probably make virtual care more common
in the Canadian health care system, a pan-Canadian framework is needed to establish excellence in virtual care that upholds quality health service and supports continuity of care among care teams. Without such a framework, there is a risk that a series of fragmented virtual care services will be established that detract from continuity and potentially lead to quality of care issues.