

# Reaching remote indigenous communities through virtual care

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RESEARCH NEEDED FOR WIDER ADOPTION

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# Disclosure

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**I have no actual or potential conflict of interest in relation to this program/presentation.**

# Changes with COVID

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Since I first proposed this presentation COVID has inexplicably reshaped the Virtual Care landscape with massive uptake.

Many of these measures have been implemented with temporary codes in Canada and other jurisdictions, but that could be reversed in the future.

# Virtual Care considerations

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1. Policy assumptions that need to be broken down
2. Compensation systems for practitioners
3. Real cost to communities
4. Actual care outcomes
5. Infrastructure
6. Culture

# Policy assumptions

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Previous issues with policy have significantly shifted with COVID

Various jurisdictions in Canada have different policies for virtual care and all of them have become more relaxed during the Pandemic

Issues going forward will be how to maintain and continue the advances that have been done in virtual care.

# Compensation

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Many jurisdictions restricted virtual care billing codes, making it difficult to use virtual care in a financially viable model

Temporary codes have been created for billing in Canada however many of them are not equivalent to in person codes and are not time based. They do not account for technical issues or overhead costs associated with delivering virtual care.

Issues going forward will be to appropriately compensate physicians for their time and enhance access to care by offering Virtual care as an alternative

# Real cost to communities

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Fragmentation of care is happening, especially in the Virtual Care domain.

There are walk-in only / urgent care virtual clinics that provide one off virtual care with non-primary care providers

Consideration must be made regarding continuity of care for patients

# Actual care outcomes

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More care and more access to care does not equate to improved health outcomes

As virtual care becomes more integrated metrics should be monitored to assess the impact of virtual care in significant care outcomes such as morbidity and mortality.

# Infrastructure

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Internet infrastructure is a backbone of virtual care

Equipment and technology is also a crucial component

# Culture

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Cultural context varies dramatically from region to region and local differences must be taken into consideration

Many rural and remote communities have an indigenous language as their first language raising language barrier issues for delivery of virtual care

Thank you for your time

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