

CONFERENCE ABSTRACT

Public Experiences and Perspectives of Virtual Primary Care Visits: Outcomes and Future Options

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Introduction

Virtual care has been part of part of the first line response to COVID-19 in Canada, which prior to March 2020 had low utilization of technology for patients to communicate with providers. Virtual primary care became the dominant option for addressing individuals' health concerns while maintaining physical distancing measures. With the urgency and rapid introduction of virtual visits in response to COVID-19, patient and public stakeholder input has been bypassed. This research gleaned the perspectives and insights from patients and caregivers around virtual care with respect to accessibility, acceptability and perceptions of quality of care.

Aims Objectives Theory or Methods

The primary objective was to explore public perspectives of the usability, acceptability and sustainability of virtual primary care visits and how virtual healthcare delivery can be improved. A multi-disciplinary and multi-sectoral team designed the study. Data was collected using a self-administered online survey, co-created with a public advisory committee. The survey consisted of 18 questions regarding perceptions of the virtual care visit experience, the outcomes of the visit, and feedback on how virtual visits might be sustained in future. A link to the survey was provided through primary care office visits and advertisements in local Manitoba news media.

Highlights or Results or Key Findings

Responses were received from 325 individuals, between 19-80 years old, with 76% identifying as female. Majority (77%) were from urban communities with 30 minutes or less travel time to their primary care clinics (69%). The virtual visits were primarily telephone (98%), used for a range of needs including follow-up test results (36%), chronic conditions (32%) and advice for a new health condition (32%). The virtual visit was reported as helpful (90%), saved time (78%) and more convenient for access to care (66%). Most virtual visits (92%) were considered completed, with no follow up or follow up if needed. For future, 67% reported they would like the option of phone or computer consultations; 27% were open to considering virtual visits for receiving test results,

prescription renewal and follow up for a health problem. Future preferences are for in-person (85%) or phone calls (78%) with one's provider in their usual clinic.

Conclusions

During pandemic restrictions, virtual care, although primarily telephone consultations, bridged care for patients and were well received. A number of considerations were identified for integrating into longer term use. This survey was an effective means of obtaining public feedback, which is essential for those most impacted by system changes.

Implications for applicability/transferability sustainability and limitations

The sample was limited to one province in Canada (Manitoba) with limited rural and remote respondents. However several important points are conveyed by patients and caregivers, and need to be considered in policy and operational decision making for the future of virtual health interactions.