

Citizen Brief

Virtual Access to Primary Care



PATIENT VOICES NETWORK



New Brunswick
Health Council

Conseil de la santé
du Nouveau-Brunswick

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The purpose of this report is to capture what we heard during the various citizen engagement activities conducted as part of the Patient Voices Network, an initiative of the New Brunswick Health Council.



Introduction

In November 2021, the Government of New Brunswick issued its provincial health plan entitled “Stabilizing Health Care: An Urgent Call to Action.” This plan encompasses a series of projects and deliverables in five action areas, including various success factors. The plan’s first pillar aims to improve access to primary health care for all New Brunswickers.

The Patient Voices Network (PVN) was established under this plan. It is intended to provide a forum in which New Brunswickers can share their experiences and opinions on specific components of the health care system. In this 2022-2023 edition, we explored the subject of **virtual access to primary care** using a qualitative approach.

This report discusses the main themes that emerged from the various discussions during the citizen engagement activities. The first part sets the context of the project, followed by a summary of what the participants told us. The last part of the report outlines the main proposed improvements, followed by our conclusion.

¹ www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/Stabilizing-health-care.pdf (gnb.ca)

Message from the CEO

It is with great pleasure that we present you with this report on what we heard during the various engagement activities carried out as part of the Patient Voices Network. Over the past few months, our team has mobilized its efforts to reach out to citizens across the province and better understand the realities of virtual care.

During the COVID-19 pandemic, virtual consultations grew exponentially because patients were urged to stay home in an attempt to prevent the spread of the virus. Consequently, health care providers carried out the vast majority of their routine consultations virtually, mostly by telephone, but also by videoconference and text message.

Thanks to this initiative, we are now able to better understand participants' experiences and to highlight the improvements they have suggested.

I would like to take this opportunity to thank everyone who took part in these important conversations. We are delighted to have been able to count, once again, on the participation of committed citizens to support our public participation initiatives to improve the quality of health care services.

Sincerely,

STÉPHANE ROBICHAUD
CEO

Executive summary

The various engagement activities carried out by the New Brunswick Health Council as part of the Patient Voices Network have produced a number of findings concerning virtual access to primary care. This summary of citizen engagement provides an overview of the experiences and opinions of those who participated.

The key findings include:

In some cases, virtual care allows easier and more timely access to primary care.

In terms of the appropriateness of virtual care, continuity of care is a concern.

Virtual care can be a good tool, but it cannot always replace in person care.

Some citizens face distinct barriers in accessing virtual care.

The citizens we met also shared with us various ideas for improving the quality of virtual care services in New Brunswick. The main suggestions can be summarized as follows: better promotion of virtual care services; better support to make services more accessible and equitable for all; and finally, better continuity of care to ensure the appropriateness and effectiveness of care received virtually.

Background



What is the New Brunswick Health Council (NBHC)?

The New Brunswick Health Council (NBHC) has a dual mandate: engage citizens in a meaningful dialogue about the improvement of the quality of health services in the province; and measure, monitor and report publicly on the quality of health services and population health.



Citizen engagement in health service quality improvements

Citizen engagement is a central pillar of the NBHC's efforts. Since the organization's mandate includes involving New Brunswickers in a meaningful dialogue on health care improvements, the activities organized as part of the Patient Voices Network have given people an opportunity to express their views freely and to actively address not only the system's shortcomings, but also how virtual access is contributing to primary care in the province.



What is the Patient Voices Network (PVN)?

The PVN is a forum in which New Brunswickers can share their experiences and opinions on specific components of the health care system.

The theme of the PVN's inaugural edition is virtual access to primary care. In particular, we interviewed New Brunswickers to gain a better understanding of their opinions and experiences in the area of virtual care and to determine whether this care met their needs and under what circumstances.

It should be noted that the PVN's engagement activities made it possible to document and gain insight into the lived experiences of the people we met.

The goal of this report is not to "overgeneralize" the results by extrapolating them to the entire New Brunswick population but rather to share what the participants told us.

A few definitions

Primary care

Typically, primary care is people's first point of contact with the health care system. It includes services such as appointments, medical tests walk-in clinics, mental health services, virtual care, etc. Primary care plays an essential part in helping people to stay healthy, prevent disease and manage chronic illnesses.

Primary care providers include family doctors and nurse practitioners. Other health professionals may also deliver primary health care, including nurses, pharmacists, dietitians, physiotherapists and social workers.

Virtual care

Virtual care is defined as any interactions between a health care provider and a patient, or between two health professionals, that occur remotely by means of information and communication technology.

Virtual consultations consist of clinical interactions during which patients receive care electronically from a health care provider. Consultations may be held via telephone, videoconference or secure messaging.

Range of virtual care options in New Brunswick

Tele-Care 811

- › This health information and advice line is free of charge, confidential and accessible to all New Brunswickers.
- › This bilingual province-wide service is available 24 hours a day.
- › Information is provided on health matters, including advice on the best ways to access services for specific needs.

eVisitNB

- › Created in January 2020.
- › This virtual health care platform facilitates primary care delivery by putting patients in contact with primary care providers.
- › eVisitNB Virtual Care is covered with a valid Medicare Care issued by the Government of New Brunswick and is delivered via the Maple platform.

NB Health Link

- › Created in 2022, NB Health Link was designed to eventually replace Patient Connect NB as the bilingual provincial registry.
- › This program aims to provide a continuous care experience to New Brunswickers without access to a primary health care provider.
- › This network will help connect patients registered with the program to the health care they need, with in-person, telephone, or online appointments in the official language of the patient's choice.

Virtual consultations

- › Since March 2020, doctors across the province have been able to bill for virtual consultations using their speciality codes, as they do for in-person visits.
- › Virtual consultations include all consultations with health care providers using information and communication technology.
- › This also includes all virtual consultations with a health care professional.

*PLEASE NOTE: During the PVN's various engagement activities, participants primarily shared their virtual care experiences with the **eVisitNB** platform. On p. 30 of this report, you will find a section presenting a summary of what they told us in this regard.*

Dimensions of health service quality

In the NBHC's founding legislation, health service quality in New Brunswick is defined in terms of six dimensions: accessibility, appropriateness, effectiveness, efficiency, equity and safety. This inclusive vision of quality was presented during the PVN's engagement activities in order to foster reflection and guide the discussions.



ACCESSIBILITY

Patients and clients are able to obtain care and services in the right place and at the right time, based on their respective needs and in the official language of their choice.



APPROPRIATENESS

The service or care provided is relevant to the patient's or client's needs and conforms to established standards.



EFFECTIVENESS

The care, services, interventions or actions taken achieve the desired results.



SAFETY

Potential risks associated with a given intervention or with the environment are avoided or minimized.



EFFICIENCY

This means achieving the desired results with the most cost-effective use of resources.



Methodology

Citizen engagement as a pillar of the PVN

The PVN's 2022-2023 edition is grounded in qualitative research methods aimed at exploring the theme of virtual access to primary care. The data collection tools that we selected enable us to get citizens involved, to make observations and to gain insight into people's virtual care experiences. In addition to shedding light on social realities, qualitative research gives us a stronger on-the-ground anchor point and facilitates our outreach efforts. Collective dialogue gives us access to a diversity of voices, in addition to providing an opportunity to gather ideas aimed at improving virtual access to primary care.

From January to April 2023, a little over 200 participants from all regions of the province attended various activities and helped to spark the discussions by sharing their reflections with great generosity and honesty.

PVN's advisory committee

At the beginning of the PVN process, the NBHC put together an advisory committee to guide the project. The committee's main responsibilities were to advise on defining the theme at hand and on the scope of the discussion questions for the engagement activities involving virtual care. The committee members included one representative from each of the following entities: New Brunswick Department of Health; Horizon Health Network; Vitalité Health Network; Extra-Mural Program and Ambulance New Brunswick; eVisitNB; New Brunswick Medical Society; and the Nurses Association of New Brunswick.

PVN's engagement principles

The PVN upholds certain engagement principles with a view to guide and support its activities. These principles are designed to facilitate monitoring of the activities and to guide discussions and conversations in a safe space for all participants.



COLLABORATION

We will foster an environment of collaboration with participants by establishing ground rules that promote listening, respectful communications, and a collaborative spirit.



TRUST

We will build and maintain an environment of trust with participants by encouraging discussions that value their experiences.



LISTENING

We will listen and take the time to understand your needs, concerns and key challenges.



RESPECT & INTEGRITY

We will act with fairness and integrity by adopting a respectful and courteous approach, both in actions and words.



ACCOUNTABILITY & TRANSPARENCY

We will ensure that we are communicating the results of our engagement activities in a timely manner.

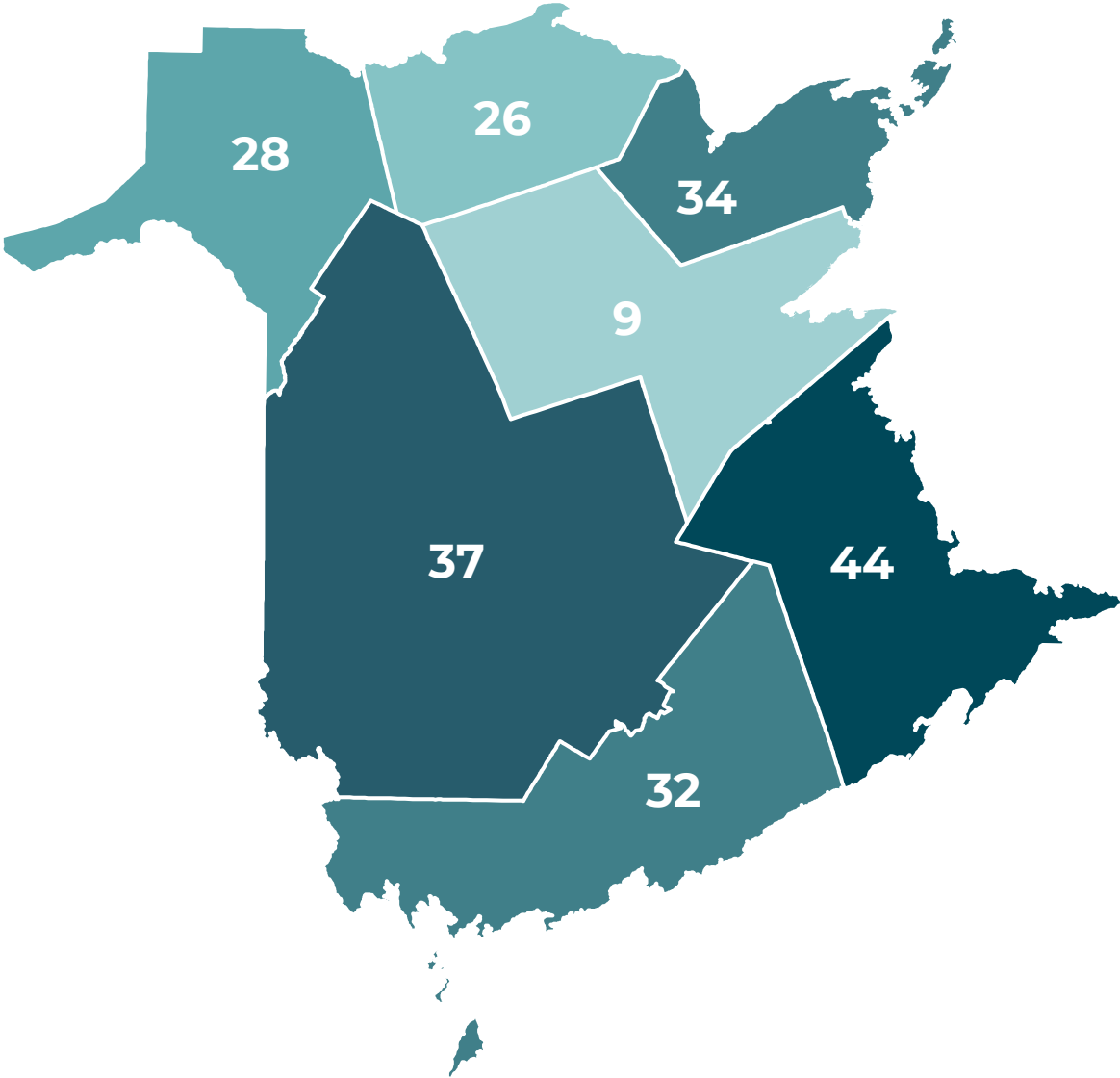


EQUITY, DIVERSITY & INCLUSION

We will ensure that all participants have what they need to participate and that they feel respected and heard.

Who took part in this initiative?

The NBHC organized citizen engagement activities in each of New Brunswick's health zones in order to ensure diversified representation while gaining insight into New Brunswickers' lived experiences province-wide. A total of 210 people took part.



Number of participants in the engagement activities of the Patient Voices Network by health zone

TOTAL:
210 participants

The various citizen engagement activities

VIRTUAL DIALOGUE SESSIONS

- › 7 virtual dialogue sessions were held in both official languages, i.e. one in each health zone.
- › Small-group discussions were designed to foster a collaborative and constructive dialogue space.
- › 45 people took part in the virtual dialogue sessions.
- › The topics explored included accessibility to primary care provided virtually; the effectiveness of virtual primary care consultations; and lived experiences in the area of virtual care.

FOCUS GROUPS

- › 14 focus groups were organized in various regions of New Brunswick.
- › 98 people took part.
- › This enabled us to launch the dialogue while shedding light on people's lived experiences.
- › The topics explored included accessibility to primary care provided virtually; virtual care experiences; barriers to virtual consultations; equity; and geographical differences.

In the focus groups, we adopted the qualitative method of “journey mapping”. This tool gives meaning to lived experiences and serves to guide the discussions based on participants’ individual journeys. In particular, journey mapping makes it possible to visualize the process through which an individual goes to reach a specific goal, i.e. accessing virtual care.

Focus groups are a useful tool for generating new ideas, clarifying needs and preferences and shedding light on potential service improvements.

Interviews with patients

- › 9 individual interviews were conducted with New Brunswickers with first-hand experience of virtual care.
- › The interviewees were asked to share their journeys and experiences in the area of virtual care, along with any obstacles they encountered and the positive aspects of their experiences.
- › The topics explored included lived experiences involving virtual consultations, i.e. concerns, opinions, emotions, fears, hopes and anecdotes; obstacles regarding virtual visits, particularly from the perspective of socio-economic factors and other characteristics such as age, sex, gender, ethnicity, social background, etc.

Interviews with health care providers

- › 13 interviews were conducted with care providers from various areas of expertise, professional backgrounds and geographical regions.
- › The interviewees were asked to share their views on the advantages and challenges associated with virtual care delivery.
- › This gave us insight into their perspectives as health professionals on virtual care options.
- › The topics explored included the equity of virtual access to primary care; the use of health care resources; and safety issues related to virtual care.

Anonymous feedback form

- › This form was designed to allow individuals who could not attend the engagement activities to share their reflections and experiences involving virtual access to primary care.
- › The form was available on the NBHC website from mid-December 2022 to late March 2023.
- › We received a total of 45 anonymous feedback forms.

Citizen testimonials

We have grouped our findings according to the dimensions of health service quality that we explored with the citizens we met, which were : accessibility, appropriateness, efficiency, equity and safety. At the end of this section, you'll also find a few other themes that emerged during the discussions.

Accessibility

The participants shared their testimonials describing the advantages as well as the challenges associated with virtual access to primary care in New Brunswick.

ADVANTAGE

Virtual care provides easier and more timely access to primary care

For most of the people we met with, virtual care is a faster option and a more accessible way of addressing specific care needs.

For many individuals, not having to wait in an emergency room makes primary care more accessible. Consequently, virtual care is sometimes the most appropriate option, particularly when it comes to **reasonable wait times**. More specifically, for certain individuals who cannot see their health care provider on a timely basis, virtual care allows them to address this issue and to see a primary care provider more quickly. For others, the option of seeing their health care provider online provides them with a moment of contact prior to their next in-person visit. As a general rule, the people we met with who said they liked virtual care appear to appreciate this option's flexibility for schedules.

Various participants also mentioned that they prefer the video option, when available, so they can actually see their health care provider.

ADVANTAGE

Virtual care offers greater accessibility for people with disabilities

For individuals who have a disability, virtual care ensures better primary care accessibility in various respects. Some people mentioned that they opted for virtual care long before the pandemic began, so this care option suits their needs very well. This alternative facilitates accessibility because they do not have to worry about traveling to a medical appointment.

“I am a person in a wheelchair, so virtual care saves me a lot of energy when it comes to getting test results or prescription refills. This used to be a big deal for me since I needed to get a ride. For me, virtual care has been really good.”

ADVANTAGE

Virtual care saves time and money

Several testimonials described time and resource management opportunities, particularly among individuals who may have difficulty leaving work and who prefer virtual appointments. In other words, they appear to appreciate all the time they save. In addition, virtual care offers various advantages, in particular easier access to health care for people who previously could not consult a health care provider due to distance issues.

“In terms of advantages, it’s really the speed [of virtual care]. I can be at work and I don’t need to take time out of my day to go and see a doctor. I don’t have to go anywhere. That is a huge help! It means you don’t need to take sick leave.” [translation]

Another advantage mentioned during the discussions is that virtual care also enables patients to **save money** because **less travel is needed** for medical appointments, particularly for people living in rural or remote regions far from urban centres.

“I live 30 minutes away from my doctor in a rural area, so having virtual care means I don’t have to worry about traveling, plus I’m not exposed to other diseases (important if you’re immuno-compromised). Also, wait times are shorter.”

CHALLENGE

The various types of virtual care are not well known

Many participants said they were unfamiliar with the various virtual health services available in the province. The lack of promotion and visibility appeared to be the key concern. Many people were not aware of the eVisitNB platform or how to access it. Moreover, there was confusion regarding virtual access to primary care if not delivered by the primary care provider.

“I’d never even heard of eVisitNB before today. I don’t even know how to access it, there’s no information.” [translation]

CHALLENGE

Not everyone has the digital literacy or technological tools to access it

When it comes to accessibility issues, a number of participants voiced concerns, particularly regarding digital literacy. It is difficult for many people to understand and use technology in order to access primary care. It is not just a matter of having the required knowledge and skills to access virtual care; they also need the appropriate technological tools, which are not within everyone's grasp.

“There are so many things that we can do, but it is so hard for the elderly. For example [...], now you need a vehicle, internet access or a smartphone to even be able to functionally access services.”

Many people said they were reluctant to use the virtual care option as they do not necessarily feel comfortable with technological tools. In that regard, age seems to be a key factor in terms of digital literacy.

“Virtual care is definitely not accessible for everyone. For example, my mom, since she is aging, I feel she needs more tech support from me so I don't know if she would be comfortable receiving virtual care. I can see someone like her potentially having issues on how to log in or where to go online. There will be definitely a kind of spectrum of people who will or will not access virtual care.”

“Virtual health care can be a valuable tool and source of support in certain circumstances, as we saw in the pandemic, but it does not make accessibility to health care any easier.”

CHALLENGE

There is a lack of access to virtual care in language of choice

Accessibility, as a dimension of health service quality, also includes the ability to obtain health care in one's preferred language. For many people we met with, the importance of being served in one's own language is a key element. We received testimonials from various francophones who run into obstacles when seeking virtual care in French, particularly on the eVisitNB platform.

“When you're sick, you don't feel like speaking English. You want to be served in your own language, in a comfortable setting.” [translation]

Appropriateness and effectiveness

ADVANTAGE

The services and results obtained are satisfactory, for the most part

For many people we met with, the virtual care received met their needs and they were satisfied with the results obtained.

“I put a lot of trust in the health care system and doctors, so yes, I did feel like I received proper care virtually. I don't think it is more or less professional if it's virtual or in person.”

“[On] average, yes, I did receive the care I needed. I really feel that they are doing the best they can.”

“Anything I needed was done over the phone. I was OK with the phone. It seems to be more efficient since I did not have to get out of bed, shower, get dressed, get cleaned up and go sit in an office for five minutes. The phone calls are very much appreciated, and it made things simpler. I felt I got what I needed to get done over the phone. For me, there was no need to go in person. That way, it leaves more time for others to seek in-person care. I didn't have to take space away from someone who needed to go in and actually be seen in person. That's how I look at it.”

CHALLENGE

Certain communication barriers were expressed

A number of testimonials mentioned shortcomings and concerns regarding the appropriateness of virtual care. Some people mentioned that they do not feel comfortable with virtual care: technology sometimes acts as a barrier, particularly when it comes to communication. By communication, we mean people's ability to speak their minds, to be understood and to clearly understand the care being provided. The use of new technologies is an anxiety factor and represents a real obstacle, based on the experience of various people we met with. They expressed feelings of not being understood and difficulties explaining their state of health and related symptoms. All in all, for some people, virtual care can be overwhelming, hard to understand and impossible to master.

People often mentioned that virtual care can be a good tool or a practical option, but it cannot replace in-person care.

Several people voiced fears that we are becoming overly dependent on virtual care. At times, some felt that virtual appointments were too quick; they had the impression of being rushed, which raises questions regarding the appropriateness of the care received. There was palpable concern regarding the prospect of receiving an incorrect diagnosis in a virtual care setting.

“It’s hard to explain how you feel over the phone, it’s harder to get your point across.” [translation]

“I am worried that we will have less and less contact with doctors and fewer physical exams.” [translation]

CHALLENGE

Virtual care is perceived as impersonal

Various questions were raised regarding humanizing virtual care. The importance of **human contact** with health care providers came up frequently during the discussions. For some, virtual care is impersonal. In other words, virtual care has certain limits because it does not allow for the observation of non-verbal language, such as facial expressions, gestures and posture. It does not facilitate human contact, which is a very important factor in terms of appropriateness of care since it makes it easier to meet people’s needs.

“From a social work perspective, you may miss a little bit just by talking over the phone. If it’s not a video chat, you miss the body language, which can often tell you a lot about a patient’s health situation.”

CHALLENGE

Lack of continuity with other health services

When it comes to continuity of care, a number of issues were raised during the discussions. In particular, various participants mentioned that it is **important and necessary to have better connected health services**. In particular, it is important that professionals consulted virtually, e.g. via the eVisitNB platform, have access to the patient’s complete medical history so they can make the correct diagnosis. For some, continuity of care issues may have a negative impact on the appropriateness of the virtual care received.

Equity

CHALLENGE

Not everyone has the tools to access virtual care

Equity's role in primary care takes various forms. During the citizen engagement activities, a shared desire was expressed that virtual care should be equitable for everyone. For many, virtual care has the potential to increase inequalities in terms of health service accessibility. As mentioned previously, a lack of technological knowledge, the unavailability of appropriate electronic devices and/or a lack of digital literacy when navigating virtual care platforms such as eVisitNB are among the factors that make virtual care inequitable in many people's eyes.

Various other characteristics were identified that underscored inequitable access to virtual care, including geography, high-speed internet access, language and education level.

"People are living in isolation and poverty, so accessibility to virtual care [is difficult]. I would think it would be awfully hard for somebody up in age to comprehend and understand it. There is nobody to help them and explain how to access it."

"What are we supposed to do with the people the system forgot, the ones who don't have a computer and who need support?" [translation]

However, opinions are divided when it comes to equity. In the eyes of many virtual care **offers more equitable access since it is available to everyone, including those who do not have a health care provider.**

Safety

ADVANTAGE

Virtual care is an effective way to reduce the risk of spreading viruses

For many people we met with, virtual care is an effective way of reducing the risks of contamination and spreading viruses, particularly COVID-19. Since they do not need to meet with their care provider in person or the ER, they have safer access to health care by minimizing disease transmission risks.

CHALLENGE

Virtual care can potentially increase the risks associated with interventions

According to some of the people we met, virtual care can potentially increase the risks associated with interventions, such as receiving the wrong diagnosis or being diagnosed too late. In other words, some testimonials point to a lack of continuity of care in a virtual context, which raises concerns in terms of safety.



Other themes that emerged during the engagement activities

Importance of being able to choose care options

Many people we met with mentioned how important it is for them to be able to choose between a virtual and an in-person appointment. For them, the question of choice is crucial to allow autonomy.

“Decisions about whether appointments should be virtual or in-person should be patient-centred.” [translation]

Virtual care helps to take the pressure off the overloaded health care system

For the most part, the people we met with were well aware of the province’s health resource challenges and virtual care’s potential as an additional way to access health care. Many people noted that virtual care helps to make up for the lack of accessibility to primary care in the province. For many people, virtual care essentially means that they do not have to go to the emergency room.

“You don’t feel like hanging around a waiting room for hours and hours if you just have the flu. You don’t want to clog up the health care system with that, so virtual care is a good option. It’s very helpful and I found it easy.” [translation]

“There’s also the feeling that you shouldn’t clog up the system for no good reason. [...] If the ER looks like your only option, if you use [eVisitNB], you won’t need to go in person.” [translation]

“Lots of people go to emergency because they don’t have anywhere else to go. In those cases, virtual care can be helpful. Yes, virtual care has a role to play, but it shouldn’t be the only option.” [translation]

Summary

Dimensions of quality	Advantages	Challenges
Accessibility	<p>Virtual care provides easier and more timely access to primary care</p> <p>Virtual care offers greater accessibility for people with disabilities</p> <p>Virtual care saves time and money</p>	<p>The various types of virtual care are not well known</p> <p>Not everyone has the digital literacy or technological tools to access it</p> <p>There is a lack of access to virtual care in official language of choice</p>
Appropriateness and effectiveness	<p>The services and results obtained are satisfactory, for the most part</p>	<p>Certain communication barriers were expressed</p> <p>Virtual care is perceived as impersonal</p> <p>Lack of continuity with other health services</p>
Equity	<p>Offers more equitable access since it is available to everyone, including those who do not have a health care provider</p>	<p>Not everyone has the tools to access virtual care</p>
Safety	<p>Virtual care is an effective way to reduce the risk of spreading viruses</p>	<p>Virtual care can potentially increase the risks associated with interventions</p>

Health care professionals testimonials

We've grouped our findings according to the dimensions of health service quality we explored with the care providers we met which were: equity, accessibility, safety, efficiency, appropriateness and effectiveness. At the end of this section, you'll also find a few other themes that emerged during the discussions.

Equity and accessibility

Regarding the equity and accessibility of virtual care, most health care professionals agree that the option of caring for patients via new information technologies has enabled them to make their services more accessible. Some noted that they are now better able to care for their patients, particularly those living in more remote regions who do not have the financial resources and/or transportation options to attend an in-person medical appointment. All of them seemed to agree that **virtual care facilitates better access**, in part because it allows patients to save both time and money. Virtual care, therefore, is often the best option for some people.

"During the pandemic, we noticed with telephone care that all of a sudden we were seeing people we'd never seen before. Mental health practitioners were dealing with stay-at-home mothers, single mothers, people who can't afford to travel to the office or who don't have transportation options, seniors who are house-bound and don't have informal caregivers. So virtual care made access more democratic." [translation]

"A physician's ability to pick up the phone can save you countless hours. But also, if we look at the other social determinants of health: how much it is going to cost you to go to the doctor's office? Are you going to lose a day of work? Maybe you will need childcare, maybe there's not enough money for gas. These parameters were never considered in the past. We didn't care because we thought that the only place that healthcare could be delivered was in a physician's office, regardless of the disadvantages for people of lower socio-economic status."

"I practice in a really rural area and the community members are mostly low-income. A lot of people don't have access to a vehicle or even to transportation at all. A lot of them are elderly so it's physically quite difficult for them to get to the clinic, so the amount of care I was able to provide over the phone or video to patients who otherwise would not have been able to access care at all was huge."

When it comes to equity, various health care professionals noted that **virtual care is not equitable** because not everyone has access to the internet and/or to a smartphone or an electronic tablet. In addition, many of their patients do not necessarily feel comfortable with new technological tools.

“Is health care delivered through broadband equitable? Absolutely not, because not everyone has access to broadband and it’s not a fundamental right.” [translation]

“In terms of equity, there are still people who don’t have access to a cellphone. So just being able to make that contact, to make a connection, whether virtually or by phone, it’s still not even accessible to everyone.” [translation]

“For the population I serve, some of the lower-income people, which is most of our clientele, most of them don’t have a phone or a cell phone. So, during the pandemic, virtual care was very difficult for them. We had to think outside the box a little bit [...]. Not everyone is privileged to have a cell phone or a computer or WIFI and we really need to think about that.” [translation]

For the health care professionals we met with who work closely with more vulnerable clienteles (poverty, homelessness, mental health, drug consumption), **guidance is essential** so these individuals can access virtual care.

In contrast, for other service providers, virtual care is equitable because patients still have the **option of an in-person appointment**.

“I’ll speak from my clinical experience. When patients call, we offer them an appointment in person, by phone or using the MS Teams platform so they have a choice, so we feel it is equitable [...] Offering patients options has been well received.”

For those who work more closely with a vulnerable clientele (poverty, homelessness, mental health, drug use), patients’ guidance is essential to accessing virtual care.

“Just having access to [a cellphone] for a few minutes is often not possible for our mental health clientele. I imagine it depends on the clientele but ours is very poor. They need guidance.” [translation]

Safety

For the health care professionals we met with, safety is an important factor, although opinions are divided. On the one hand, some said that **virtual care is safe if used properly**. They thus have to use their own judgment and expertise when offering virtual care. Several professionals mentioned that their clinical experience and knowledge enable them to evaluate and decide whether virtual care is adequate or whether it poses a safety risk for their patients. In this regard, to ensure patient safety, virtual care must be standards-based.

“From a safety perspective, I will still make a clinical judgement if I feel that someone needs to be clinically seen for their safety but also for my own safety as a clinician. Because it’s my licence on the line so if I’m not comfortable doing something, I can articulate how I feel and give them options about where they can go. If they’re not left with any options, I don’t think that’s fair either for patients.”

According to some, virtual care ensures a higher degree of safety because patients do not have to run the risk of visiting the office in person, with risks including **falling and transmitting viruses and diseases**. For others, virtual care could have an impact on the **appropriateness of the care received**, with certain testimonials mentioning a **lack of continuity of care** in virtual settings that could compromise patients’ safety.

“Safety hinges on the completeness of the medical history and having access to all the patient’s past records.” [translation]

“First and foremost, if I don’t see the patient, from a danger perspective, I might not be able to size up the situation properly or identify how the patient is experiencing the situation. In that case, I might underestimate or overestimate what’s happening. If I can’t see what’s happening in the patient’s home, if it’s a telephone appointment, I might not know whether someone is there with him or her. Is the patient speaking to me freely and independently?” [translation]

Efficiency

For most of the health care professionals we met, this dimension takes many forms. Many believe that virtual care offers potential in terms of resource efficiency, particularly since it moves people away from emergency rooms.

It should be noted that the NBHC has not carried out a cost/resource analysis and is therefore unable to comment on the cost-effectiveness of virtual care.

“Virtual care is great for better use of resources and diversion from ERs, which are already overwhelmed. Sometimes the wait is up to 12 hours and sometimes the reason they need to go to the ER is because they don’t have a family doctor so they end up going to the ER and seeing someone for something that is not really urgent. In that sense, virtual care saves so much money and leaves spots open for patients who truly need emergency care, so you’re not just saving money but also saving resources.”

In terms of their medical practice, some noted that virtual care enables them to use their time more efficiently. It frees up their schedules and leaves more room for patients who need to be seen in person.

“Virtual care has boosted profitability and facilitated document management. For example, chronic diseases, diabetes cases and COPD cases [chronic obstructive pulmonary disease], having patients come to the office and taking up spots that could be used for urgent matters just to do diabetes codes doesn’t make sense. So in that respect, virtual care means more profitability.” [translation]



Appropriateness and effectiveness

For all the health care professionals we met with, virtual care can be **relevant and appropriate for specific needs**, including follow-up visits, prescription renewals, blood test results and even mental health care.

“Anything that would not require a physical exam, e.g. follow-up visits, just checking in, maybe it’s about medications, changes or adjustments that I want to make or discuss, education, counselling. Those type of things don’t always have to be done in person so I find that virtual care can be quite appropriate. Mental health follow-ups, certainly, I’ve done that a lot.”

Regarding the appropriateness of virtual care, one key issue emerging from the comments of most professionals is the fact that **virtual care is a tool and a resource, but it cannot replace in-person care**. Virtual care has certain limits and is definitely not suitable for all health needs. For example, not being able to access non-verbal cues, not being able to discuss things face to face or not being able to examine and monitor patients.

“Sometimes you have to see how the patient is breathing, whether there are any odours. You have to appreciate the patient’s overall appearance; you have to see them and listen to them. Sometimes, virtual care cannot give you that, you have to examine the patient, there are certain basic techniques that you just can’t do virtually [...]. The most appropriate method, in line with professional standards, is face-to-face examination, using all our senses. We have to use all our sense when evaluating patients. And you know, it’s happened a few times that people describe a situation on the phone but when they show up in person, it’s a completely different story. Some people minimize their symptoms on the phone.” [translation]

“In my view, virtual health care should continue but it can’t replace the in-person medical exam in terms of quality. It will never replace a face-to-face appointment.” [translation]

“If someone limits their practice to virtual appointments, they’ll lose the clinical experience that comes from examining. They’ll lose that technique, which is such a big part of our expertise. Examining patients is what we do in a clinical setting. If medicine becomes totally virtual, with no direct contact with patients, we’ll lose every technique we were trained to perform.” [translation]

For some, the possibility of seeing patients in person, particularly if the virtual visit was not fruitful and the desired results were not achieved, seems to be an important factor that should be taken into account when considering appropriateness and effectiveness.

“I never regard virtual visits as the ultimate solution. For me, the reassuring thing about a virtual visit is that I still have the option of seeing the patient in person afterwards.” [translation]

When it comes to appropriateness, certain health care professionals noted that virtual care also **facilitates better collaboration with health sector colleagues**. The fact that technology is used more regularly to communicate, collaborate and share knowledge means that resources are not only used more efficiently, but better care is provided.

“I also use virtual with my nurse or nurse practitioner colleagues. Take a look at this, I tell them, I don’t feel comfortable about this wound [...] So if I show them photos, that’s direct contact, it’s problem-solving.” [translation]



Other issues that emerged during discussions with health care professionals

Continuity of care

For some, quality of care may deteriorate when technology is used in a virtual clinical setting, instead of communicating directly with one's family doctor. Since continuity of care has such an impact on health, in addition to reducing emergency room visits and the hospitalization rate, **maintaining the existing relationship** between the patient and the health care professional is essential.

“If I’ve known you since you were a baby, then we have an ongoing trust-based relationship. When I hear your voice on the phone, I can sense your alarm because I know your normal voice, I know your normal cognitive response. I know what you’re interested in, I know whether you’re happy or sad. I can tell whether you’re feeling distressed or depressed. I can tell by your silences that something is wrong. So that gives me a clear advantage over someone who doesn’t know you at all.” [translation]

“With virtual care, they don’t have your electronic records with your prior history and all your medications, allergies, consultations and reports. They don’t have any of that. The further you veer away from continuity, which represents the emotional link with our clientele, and from trust-based relationships, the more dangerous things get.” [translation]

Environmental impact of virtual care

One final aspect that emerged from the discussions is the positive impact of virtual care on the environment. Some mentioned that virtual care **reduces our environmental footprint** thanks to a reduced need for travel and lower greenhouse gas emissions.

“In some cases, it does reduce some of the footprint that people leave behind them because they are not travelling in a car, they’re not travelling by bus, so they’re able to stay home, they’re not contributing to emissions, like carbon emissions and those types of things, so that’s helpful.”

Summary of testimonials regarding eVisitNB

Main advantages identified by the participants

eVisitNB is a virtual platform that gives New Brunswickers access to health services provided by doctors and nurse practitioners via telephone, video consultation or online chats.

For the people we met with who had used eVisitNB, most of the consultations took place using online chats, with the exception of some phone calls. Some people without a primary care provider told us they had used eVisitNB to access health services. For others with a primary care provider, eVisitNB enabled them to **access healthcare more quickly**.

For those who had positive experiences with the platform, virtual access to primary care proved **quick and highly effective**. In addition, many people we met with who had used eVisitNB seemed satisfied with the services they received. It should be noted that people who had positive experiences often had some ease with technology.

“My experiences with eVisitNB have been very positive overall. The system is wonderful, the idea is good, it saves lots of mileage and time. [...] Plus you don’t want to go to emergency because you might infect others.” [translation]

“Once it was for a case of sinusitis. I was in Fredericton for work, so I just used the platform rather than going to the ER. Finding services in a city I’m not familiar with, you know it makes things a whole lot easier. I didn’t need to leave the hotel, it was great. Plus it was kind of fun. Wherever you are in the province, it’s quick and easy.” [translation]

It should be noted that we met with some immigrants without a family doctor who told us they used eVisitNB to access primary care.

“It was so easy. I saw a flyer to get access to eVisitNB – it was pretty simple and straightforward. Also, we have a community of Mexican women in New Brunswick, and I have been telling them to use it since it is difficult to gain access to a family doctor. [...] For me, it has been easy to explain and easy to use. For me, it was very convenient.”

A health care professional we met with who works in the area of mental health told us that they often use eVisitNB for their patients.

“I use it a lot, I help them to submit applications, we do it on our cellphones. eVisitNB is a lifesaver when it comes to interventions. My personal philosophy is that we need to find cost savings in the health care system. Free up the ER. An emergency is an emergency and if we can do things differently, then that’s what we have to do.” [translation]

Main challenges identified by the participants

- › The process for accessing the platform is neither clear nor intuitive.
- › There is no timeframe identified, no wait time, which can sometimes be discouraging because people don’t know when the consultation will happen.
- › Sometimes there is the feeling that the consultation was too quick, which raises doubts about the appropriateness of the care received.
- › The lack of follow-up after being prescribed a medication.
- › The fact that there is no continuity of care, particularly for people who have a health care provider.
- › Difficulty in accessing French-language services.

“To better evaluate patients, eVisitNB should have access to medical records.”

“It is not the same as being there in person and seeing the practitioner’s face. eVisitNB does not always make accurate assessments.”

Participants’ suggestions

- › Regarding continuity of care, eVisitNB should be able to access patients’ medical records (medical history, chronic illnesses, medications, etc.).
- › eVisitNB should be better advertised. The promotion and visibility of this platform should be improved.
- › The platform should be more user-friendly.
- › Be able to gauge the service’s success/What is its impact?

Participants' suggestions for improving virtual access to primary care

Better promotion of virtual care options

For many people we met with, the lack of promotion of the virtual care options seems to be a key issue in terms of accessibility. On various occasions, people expressed hopes that information on virtual care options would be better disseminated, and thus more accessible, so the entire population can access and benefit from virtual care.

Better guidance

Many participants expressed hopes that virtual care would be better organized so it is more accessible and equitable for everyone, e.g. putting in place service partners and strategic locations such as community centres where people would have access to technological tools, in addition to receiving guidance during virtual consultations. To eliminate barriers, particularly for more vulnerable individuals, some people mentioned the importance of support networks and local organizations. The importance of putting in place a guidance system capable of directing less well-equipped individuals towards the right services is an idea that came up frequently during the discussions.

Better continuity of care

Continuity of care is a key issue that emerged from the discussions. For most participants, access to medical records is essential to ensure the appropriateness and effectiveness of the virtual care received. On several occasions, people insisted that health care professionals consulted in a virtual setting should be able to access the patient's medical history and all other relevant medical information. For example, when people who have a primary care provider consult eVisitNB, their medical information should be available to facilitate the provision of the appropriate services based on their needs.



Conclusion

Thanks to the Patient Voices Network, the New Brunswick Health Council collected an array of testimonials that shed light on the diversity of people's experiences and opinions regarding virtual access to primary care. This was a wonderful opportunity to involve New Brunswickers in a substantive dialogue.

During online sessions, focus groups and individual interviews, the NBHC was proud to be able to count on the participation of engaged citizens. We would like to extend our warmest thanks to them for their valuable contributions. Initiatives such as this confirm our commitment and our desire to pursue our efforts to get New Brunswickers involved in the process of improving health service quality.

"I think you're doing the right thing by meeting with people with lived experiences as part of efforts to improve virtual care, which is great."

"As the saying goes, every story deserves to be told. It was a real pleasure to meet with citizens to better understand their experiences with virtual care. To everyone who participated in the Patient Voice Network, I'd like to say a sincere thank you for your commitment and trust."

Monique Brideau, Citizen and Community Engagement Analyst, NBHC



"It will never replace an in-person visit."



"There are so many things we can do with virtual care. We just need to embrace innovation and technology."



"Virtual access to primary care is the way of the future."



"Virtual care is improvement."

"I feel lost with technology."

