

College of Medicine

The Impact of Virtual Care in Saskatchewan during the COVID-19 Pandemic: A Review of Local Research



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INTRODUCTION

- The advent of the COVID-19 pandemic caused a rapid shift from face-to-face interactions in healthcare delivery to virtual care (VC).
- Our study identifies the impacts of VC uptake during the COVID-19 pandemic in Saskatchewan, exploring its influence on patient/health care provider outcomes.

RESEARCH QUESTIONS

Research questions guiding our study were:

- a) How did VC impact healthcare delivery in Saskatchewan?
- b) What was the experience of family medicine residents with the learning and implementation of VC?
- c) What were the barriers/disadvantages and facilitators/advantages of VC during the COVID-19 pandemic?
- d) What were recommendations and opportunities for change beyond the pandemic?

METHODS

Ethical considerations

Ethics exemption was granted for this study (Bio # 3346)

Study Design

Rapid review and synthesis

Methods

- A systematic approach was used to source and gather data/literature published in SK on VC.
- We searched for peer-reviewed literature, preprints, abstracts, conference papers, technical reports and grey literature published from March 20, 2020, to April 30, 2022.
- The following specific keywords were used: virtual care, COVID-19, Saskatchewan.
- Next, we reached out directly to researchers, clinicians, and health professional bodies to inquire and retrieve research projects on VC during the pandemic in SK.

Data Analysis

Data were analysed thematically and descriptively for content.

RESULTS

• Ten studies were included in this review. Results are summarized by content and thematic findings.

IMPACTS OF VIRTUAL CARE IN SK



GREAT 20%

Improved quality of care and patient satisfaction

- Patients reported higher overall satisfaction with VC than Primary Care providers
- Use of VC increased access, reduced no-shows, and improved patient satisfaction.





POOR 40%

Diminished quality of care and patient satisfaction

- VC was less effective than in-person care for addiction and counselling services to youth, caregivers and families.
- Patients/primary care physicians report VC did not improve quality of care received/delivered
- Clinic metrics (visit volumes, duration, no-show rates, wait-times, and patient travel time, etc.) increased with the use of VC compared to in-person care.
- Surgical care follow-up left patients dissatisfied as physical exams could not be performed using VC.

FACILITATORS AND BARRIERS TO VIRTUAL CARE USE IN SK



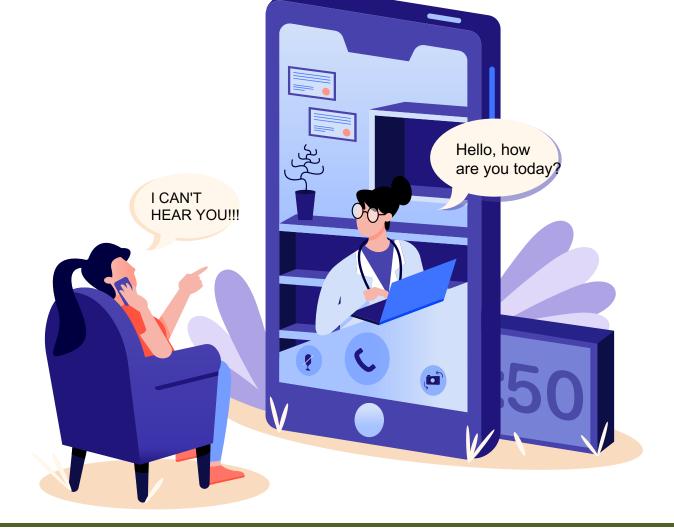
- Not engaging (decreased empathy and social connection)
- Technical and connectivity issues
- Unmet needs (no/poor physical exams, short appointments, intrusiveness, and cultural incompetency)

Barriers

Convenience and comfort

- Time and cost savings
- Reduces spread of pathogens
- Promotes inclusivity and access to remote areas

RECOMMENDATIONS TO ENHANCE VIRTUAL USE IN SK





Use person-centred approaches to enhance the quality of care delivered



More training for clinicians and patients on the use of VC



Employing multidisciplinary hybrid approaches to VC delivery

DISCUSSION

- The impact of VC during the pandemic showed mixed responses with regards to patient/student/ clinician satisfaction and quality of care delivered.
- Our study showed that VC should be used in the appropriate clinical/teaching contexts; however, should not replace face-to-face interactions.
- Interestingly, 73% family medicine residents were satisfied with the implementation of VC in the province, with 100% of them indicating interest to implement VC in their practice.
- The barriers from our study provides opportunities for exploring future directions for enhancing the use of VC in SK.
- For example, the SK government could invest in reliable and robust infrastructure that support VC by creating cost-effective solutions to accessing higher bandwidth options through partnerships with SaskTel or other telecommunication partnerships.

CONCLUSIONS

- The COVID-19 pandemic provided an opportunity to adapt healthcare delivery models.
- Our study showed there are opportunities for innovation using VC delivery that overcome barriers and engage patients/clinicians in a manner that may enhances quality VC delivery.

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