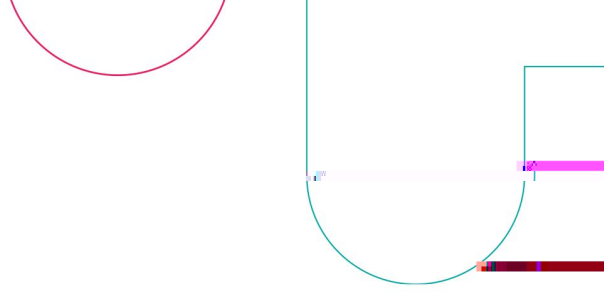




Promising practices to strengthen primary care in northern, rural and remote communities in Canada

If you are looking for strategies being used in other northern, rural and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.



Integrated Virtual Care

What is the promising practice?

Integrated Virtual Care (IVC), currently based in the rural community of Petawawa in Renfrew County, Ontario, is an innovative model of comprehensive, team-based care with family physician leadership.

Established in October 2021, IVC has improved equity in access to primary care in a traditionally underserved population. Funding for IVC is provided by the Ontario Ministry of Health.

IVC permanently attaches patients to a named family physician who works predominantly remotely (allowing access to a larger pool of family physicians). The patient is then embedded within an existing, local physician group and family health team (FHT) at the Petawawa Centennial Family Health Centre (PCFHC). Each IVC family physician is responsible for all aspects of their patients' primary care.

PCFHC is a community sponsored FHT (similar to a community health clinic) with a full complement of interdisciplinary health providers (nurse practitioners, registered practical nurses, pharmacists, dietitians, social workers, midwives, administration, etc.) and embedded home and community care and health links system navigators.

IVC patients receive 2.7 (patient)-6 visits (on average) 10.6 (range)-6 (standard deviation)-2 (interquartile range) 4.3 (median) 0 0 23.098 percent, and 0.2 (range)-2

Evaluation and impact

Evidence shows that IVC improves access to high-quality, safe, team-based primary care for patients who live in rural communities in Renfrew County. Example outcomes include:

- over 2400 unattached patients permanently attached to a family physician and local family health team

- over 6000 physician appointments

- over 3000 allied health professional appointments

- over 800 cancer screening tests completed

- 43 patients connected to a smoking cessation program

IVC is replicable in northern, rural and remote communities provided the following is in place:

- local allied health and in-person care options

- compensation mechanism for IVC family physicians (salaried models or sessional fees)

- for maximum impact, internet access and additional telemedicine equipment

Access, costs, safety and equity of care are all monitored for unintended outcomes.

Improvements made based on patient and provider feedback include:

- the patient enrollment process

- digital consent process

- internal communication between physicians and team members

- care options available to patients including video encounters and secure messaging

- care options available to providers including digital otoscopes and stethoscopes

An extensive evaluation program is ongoing, led by the IVC medical lead, who is also an assistant professor at the University of Ottawa and clinician researcher at the Institut du Savoir Montfort. Research partners include experienced primary care academics, post-doctoral fellows, data support specialists and other researchers. Evaluation is based on the Quintuple Aim framework and includes patients, community members, providers and local healthcare partners.

What do the providers who deliver the innovation think?

Two researchers conducted one-on-one semi-structured interviews with health providers working within IVC, working with IVC patients and administrators who support the program. Quotes from providers included:

“We provide such availability and flexibility to patients, which is cutting a lot of acute care business that is not required, from the emergency room ... In general, I feel like IVC is actually very comprehensive.”

“I find for all of our patients the transition to a more virtual option has been so positive because it's more flexible for their life ... They're more comfortable, they can be at home. There's less demand on patients in terms of leaving work, come sit in the waiting room, come get checked-in, you know, sit for 10 minutes and then leave.”

“... most of them [patients] have been orphaned for a chunk of time and they're so grateful to be connected. And then because IVC is still under the umbrella of a family health team, also with full OHIP coverage for us allied health, and that's a big deal for a lot of them when they didn't have that before.”

What do the patients and care partners who have received the innovation think?

Over 90 percent of patients were very satisfied or satisfied with care from their IVC family physician:

“I am genuinely excited to have a doctor who will care and listen to my needs for my body and health.”

“The enrollment process was very quick, and everyone has been very helpful and friendly.”

“This has been one of the best experiences of obtaining a doctor, including the initial contact and follow-up appointments, thank you! Excellent service!”

Facilitators of spread

The following can be utilized to facilitate the scale and spread of IVC:

Partnerships and interconnecting workflows with existing local and regional healthcare resources.

Funding from provincial governments and national or provincial organizations.

Policy agreement to facilitate flexible physician compensation within existing models or through alternative funding arrangements.

Intentional, extensive engagement and relationship building with the communities who will be served, to ensure that IVC meets their needs in a culturally safe way.

Tools exist that can support implementation elsewhere, for example the [Virtual Care Playbook](#).

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Costs

The cost of planning and implementing an IVC program is between \$200 to \$300 per patient in addition to existing physician and family health team costs, depending on the scale of the IVC program being implemented.

For more information

To learn more about IVC, contact:

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