

Intelligence MEMOS



From: R. Sacha Bhatia and Will Falk
To: Canada's Healthcare Policymakers
Date: August 16, 2019
Re: **IT'S LONG PAST TIME FOR VIRTUAL HEALTHCARE IN CANADA**

Virtual care is a natural next step in technological innovation for healthcare, which has the potential to improve both quality of life for patients, and access to care in remote areas, all while increasing the healthcare system's efficiency.

Healthcare has continued to be defined by visits to hospitals and doctors' offices and now, increasingly, by time spent in hallways. Answering healthcare's challenges in the 21st century will not be achieved by having more 20th century buildings. It will come from modernizing our system through the use of new digital tools and integrating them into the day-to-day work of caring for patients.

And Canadians are more than ready to embrace technology, as underlined last week in a poll contained in Canadian Medical Association [report](#) that also found 72 percent of respondents think Canada has been slow to move toward virtual care.

Indeed, our public system has had difficulty embracing modernization. Many valiant efforts have been made to drag healthcare delivery into the 21st century, but progress has been slow. The problem isn't with the technology, as other industries have made this leap, but rather with outdated regulations, policies and special interest groups that affect everything from privacy to labour negotiations, anchoring our ability to move forward.

Our recent [C.D. Howe Institute report](#) outlines key drivers of this transformation. All patients should have access to their own health information by 2020 for them to share directly with their health providers. Comprehensive reviews of all healthcare services are needed to determine which services to virtualize and their respective prices. We should evaluate the rollout of virtual care to see whether it improves health outcomes, the patient experience, value for money, and critically, does not increase the administrative burden on front-line health providers.

We risk losing the potential transformational benefits of virtual care simply by maintaining rigid, dogmatic rules that penalize providers and organizations that want to innovate.

Any new virtual model of care must also have an increased focus on the patient experience, a priority often ignored or downplayed in current health system evaluations. Many technological advances that are at least neutral on quality and costs, but more convenient or empowering for patients, have not gained acceptance by clinicians and governments. While delaying a diagnosis for a few weeks for instance may not be clinically significant to policymakers, it makes a huge difference to patients and their families; technologies that facilitate improved provider-patient communication are often undervalued as a result.

We recommend 10 practical steps towards virtualization of healthcare in Canada that any government could easily implement within four years. They include, for example:

- Having provincial regulatory colleges make it compulsory for every provider to have a secure email address.
- Including virtual-care services as part of hospital on-call responsibilities.
- Making the provision of emailed administrative inquiries, electronic renewals of prescriptions, and on-line scheduling part of the accountability agreements for primary-care practices.

None of this is hard, and much of it is overdue. Let's move forward now on modernizing our health system.

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