

Intelligence MEMOS



From: R. Sacha Bhatia, Will Falk, Janine McCready, and Joshua Tepper

To: Canadians Concerned about Coronavirus

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Re: **RESPONDING TO THE CORONAVIRUS: BUILDING CAPACITY THROUGH VIRTUAL CARE**

In 2020, Canada's health systems are better prepared to respond to the Novel Coronavirus than they were 17 years ago during the SARS outbreaks.

We have learned the lessons from SARS, and those at the front lines of the healthcare system are better prepared and better protected.

But we remain concerned about the system's overall capacity to absorb the impact. That will come from the – likely small – number of infected but also from the far larger number of people who will seek care because they are concerned they may be infected.

And virtual care can help ease the burden on already overcrowded hospitals and phone lines across the country.

Ontario's hospitals are already chronically operating above capacity, some every day of year, according to a CBC [review](#) of six months of data from 162 sites. Further, Canada remains in peak flu season, unlike the SARS outbreak. The province is addressing the chronic overcapacity, but in the short term, many hospitals have little wiggle room.

China, meanwhile, is building a 1,000-bed hospital in 10 days, with a 1,500-bed facility to follow by the end of February. Fortunately, there are other ways of creating capacity and responding to patient need.

Virtual care, with its video visits, email or text messages between patients and providers is essential. This would increase capacity and could improve safety, as we outlined in a C.D. Howe Institute [paper](#).

The overwhelming majority of those concerned they have the coronavirus will not have it. This can often be assessed and the patient reassured with precisely the same few questions now being asked thousands of times a day in person at emergency departments, out-patient clinics and primary care clinics across Canada as part of screening protocols.

Among the very small number who might be infected, the vast majority seem likely to get mild cases that do not need hospital admission. However, those infected do need to self-isolate to prevent spread. Virtual home visits would improve triage, provide reassurance, prevent spread of the virus and free capacity of the health system to treat those who are acutely ill.

Virtual care can also help those who are already sick with other ailments, and do not want to risk being exposed. It can also be used for patients needing care, but too fearful to come to an office, a widespread phenomenon during the SARS period.

Virtual care has been used for more than two decades in Ontario and around the world. The Ontario Telemedicine Network schedules hundreds of thousands of visits a year, many primary care practices routinely use virtual care with their patients, private companies have emerged to supplement the public system because of the convenience. Its potential has been routinely cited in several Ontario reports seeking to reduce "hallway medicine."

There are barriers to widespread adoption of virtual care, such as privacy concerns and funding. But with a health system at capacity and a population anxious about both the flu virus and a new virus, this could be the time to thoughtfully unleash the potential of virtual care.

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