

Intelligence MEMOS



From: R. Sacha Bhatia, Trevor Jamieson, James Shaw, Carole Piovesan, Leah T. Kelley and William Falk
To: Canadian Health Policy Watchers
Date: January 14, 2021
Re: **EMBRACE A PATIENT-CENTRIC AND COST-EFFECTIVE HEALTHCARE SYSTEM WITH VIRTUAL CARE**

A virtual care revolution is underway in Canada, spurred on by the COVID-19 pandemic. Just four percent of doctors offered video consultation in February, but virtual care now represents about 70 percent of ambulatory care in hospitals and doctors' offices.

The COVID-19 pandemic has forced the health system to re-evaluate the costs of physical contact because of the material risk of viral transmission to providers and fellow patients, the scarcity of personal protective equipment, and increased cleaning costs. Patients who initially stopped seeking care in the first wave of the pandemic later sought care cautiously, although they are still reticent to physically interact with the health system. Globally, health systems must redesign care to minimize the costs of physical contact, while conserving face-to-face capacity for the care of patients who need to be seen in person.

As we discussed in our recent C.D. Howe Institute [Commentary](#), the pandemic represents an opportunity to substantially redesign healthcare delivery in Canada, making it more patient-centric and cost-effective, while substantially reducing the costs of physical contact borne by patients and healthcare providers alike.

Virtual models of care have been developed to meet these challenges; however, these models need to be situated in an approach to care that is equitable and oriented toward enhancing the health of populations. Doing so requires co-designing long-term solutions with patients, building trust among providers, and working with governments to establish sensible policies that will ensure the sustainable use of virtual care long term.

With that vision in mind, we suggest that care redesign starts with asking three simple questions:

- Is this medical service necessary?
- Can this medical service be delivered well without physical contact?
- What site of service is best for physical contact?

Applied broadly across the health system, this care redesign would lead a massive shift away from physical interactions, towards an almost equal ratio of physical to virtual interactions. This would greatly reduce infection risk, but also has the potential to reduce healthcare costs, increase patient convenience and create health system capacity. In order to operationalize this new way of caring for patients, however, new rules are necessary to ensure we can deliver high-quality, sustainable healthcare as the “new normal.”

This shift is a disruptive innovation. The costs of physical contact are a new dimension against which to measure health system quality and accessibility. Innovative delivery models that reduce the costs of physical contact can also create a new market opportunity and a new quality dimension upon which to compete.

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