



NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION



## Balancing In-Person and Virtual Care

October 8, 2021

Dear Colleagues,

The NLMA and the CFPC-NL are providing the following information to members regarding the use of virtual care.

During the pandemic, virtual care has become an important tool that has allowed physicians to continue to care for their patients while ensuring compliance with social distancing restrictions. The provincial government has also relied on virtual care as part of the province's 811 service, and it has opened several virtual emergency departments in the province.

Use of virtual care has been mainly through telephone, which indicates there are fewer barriers for patients and providers to using this technology compared to video-based technology. The telephone provides equitable and inclusive access to medical care for all socio-economic groups, especially seniors and residents of rural communities with limited Internet access.

A Narrative Research poll conducted for the NLMA in May 2020 showed that 96% of Newfoundlanders and Labradorians who had a telephone medical appointment were satisfied with the experience. There was also widespread support among residents of the province for continued use of virtual care after the pandemic is over (75%).

The NLMA and the Department of Health and Community Services have been discussing the future of the interim pandemic virtual care fee codes, which have worked well to maintain the volume of medical services and access for patients. The NLMA is committed to advocating for the continued use of virtual care as we get back to normal and when the pandemic is over.

While virtual care has proven to be an efficient and effective way to deliver quality care, it has not replaced the need for in-person patient consultations.

Now that vaccination coverage is high and most aspects of normal life are returning, the vast majority of physician practices have returned to seeing patients in-person and are transitioning to a more balanced mixture of virtual and in-person care.

This transition has been gradual in order to accommodate social distancing requirements, such as in group practices where multiple physicians rely on the same waiting room. Doctors also continue to comply with the advice of the CMOH regarding the cleaning of examination rooms between appointments. Members are adapting to these situations, such as asking patients to wait in their vehicles and calling or texting them when they can be admitted. Others have managed social distancing by assigning specific times of the week for each physician to provide in-person care.

While the majority of patients appreciate the access and convenience of virtual care, some patients have complained that they can only see their doctor virtually, and not in-person. This issue was also raised by the CPSNL in a [notice to members](#) in February. We cannot evaluate the content or frequency of these complaints, but they serve as a signal, similar to what is happening in other provinces, that many patients are ready for more in-person care, and the re-balancing process should continue.

We are aware that a small number of physicians have continued to see patients exclusively, or nearly exclusively, by virtual means throughout the pandemic. We have verified this situation by examining anonymized MCP billing data provided to the NLMA by the Department at the NLMA's request.

We know of no evidence to indicate the appropriate ratio of virtual care to in-person care. Still, given the current epidemiology of the virus, it is reasonable to expect that all physicians can now give appropriate consideration to patient preferences when they wish to be seen in-person and when they wish to be seen virtually. We acknowledge that this may change if rates of COVID increase in the province due to the fourth wave, in which case we will rely on the public health advice of the CMOH.

In March 2020, the Canadian Medical Association, in collaboration with the Royal College of Physician and Surgeons of Canada and the College of Family Physicians of Canada published the [Virtual Care Playbook](#). The playbook outlines the types of patient encounters that are appropriate for virtual care and those that are not amenable to virtual care. The NLMA summarized these recommendations, as well as recommendations from the CMPA, [here](#). The CPSNL has also issued a Virtual Care Standard of Practice [here](#). Finally, the CFPC recently issued the *Strengthening Health Care—Access Done Right* position statement available [here](#).

Ultimately, all physicians must use their professional judgment when deciding whether a virtual visit or in-person visit is appropriate.

In closing, we would like to thank all our colleagues across the province who have stepped up, put their patients first and adapted to new models of delivering care during these trying times. The NLMA will continue to provide members with updates on the status of the interim pandemic fee codes as discussions with the government unfold.