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**Title**

*Perspectives and Recommendations from Patients and Caregivers on the Role of Virtual Care in Ontario's Primary Care System*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

Context: Primary care quickly transition to virtual care due to the COVID-19 pandemic, resulting in practices shifting from in-person appointments to virtual appointments with limited preparation. There has been significant research regarding the experiences of delivering virtual care from the perspective providers, but there is less data regarding the experiences of patients and caregivers with the impact of virtual care. This study is the second phase of a multiyear study looking to learn more about the diverse perspectives from patients and caregivers across Ontario.

Objective: To better understand patient and caregiver experiences with virtual care in the primary care context.

Study Design: Mixed-methods study consisting of a provincial-wide survey and descriptive qualitative focus groups running in parallel. Eligible participants were patients and caregivers in Ontario who have had at least one virtual care appointment in the past 12 months.

Results: We had 1,513 respondents complete the online survey and conducted 14 focus groups with 73 participants. Self-efficacy, as a dimension of virtual care had the highest experience score in contrast to whole person care which had the lowest experience score. Participants indicated that virtual care improves accessibility by saving time and money, accommodating for different populations, and making health care more approachable. Virtual care was seen as effective for specific types of appointments not requiring a physical presence like routine visits and prescription renewals. In-person care was still preferred for complex care situations and when the relationship with the provider was new or weak. Participants emphasized the value of continuing to offer virtual care as an option, as well as wanting

robust patient portals to facilitate communication with providers and online appointment bookings. Recommendations for primary care clinics include creating best practice guidelines and developing standard processes, whereas broader systemic suggestions include building digital connectivity in remote areas, training providers to communicate effectively, and addressing shortage of providers.

Conclusions: Virtual care remains an important option for patients and caregivers to increase access to primary health care in Ontario. Continued resourcing of virtual care is vital to address barriers to care for patients and caregivers from disadvantaged populations and rural communities.