

Submission Id: 2944

Title

“Healthcare at its finest”: Patient perspectives on virtual care appointments in primary care

Priority 1 (Research Category)

COVID-19

Presenters

Rachelle Ashcroft, PhD, Bridget Ryan, PhD, MSc, Kavita Mehta, Judith Brown, PhD, Simon Lam, BA, MSW, Lisa Dolovich, PharmD, BScPharm, MS, Amélie Boudreault, MSc, Jennifer Rayner, PhD, Jean Grenier, Simone Dahrouge, PhD, Sally Abudiab, Sandeep Gill, MSc, Catherine Donnelly, PhD, Javed Alloo, MD, CCFP, David Verrilli, MD, BSc

Abstract

Context: COVID-19 led to a rapid uptake of virtual care appointments (telephone and video) in primary care (PC). Decisions on the future of virtual care need to consider patients’ experiences. Objective: To understand patients’ experience with virtual care appointments. Study Design: Mixed methods study, presentation focus on qualitative data. A semi-structured interview guide was co-created with patient advisors. A broad recruitment strategy included emailing patient and community organizations, research team network, and social media. Data analyzed using thematic analysis. Participant Eligibility: At least one synchronous virtual encounter in PC since March 2020. Setting: Ontario (Canada) offers universal coverage for PC visits with no co-payment. Results: N=55 interviews were conducted between January 2021 and March 2021. Technology: Telephone was preferred modality. Access: Virtual care was convenient and saved patients’ time and money. Appointment scheduling & booking processes were barriers. Privacy and Confidentiality: No concerns about privacy & confidentiality in patients’ environment, yet participants wanted assurance about privacy & confidentiality in providers’ environment. Communication: Providers’ detailed explanations, patients’ health literacy levels, and asynchronous methods of sharing information and documents before and/or after appointments facilitated good experiences. Lack of body-language was a barrier. Therapeutic Relationship: Strong pre-existing relationships facilitated good virtual care experiences. Participants expressed concerns about long-term erosion of relationship when using virtual care. Whole-Person Care: Virtual care facilitated easy inclusion of family members in appointments. However, virtual care appointments were more problem-focused and included less conversation topics outside of specific problem than in-person appointments. Quality of Care: Most participants reported quality of virtual care was similar to in-person appointments; although, a few participants reported it was worse. Conclusions: Virtual care was

effective for appointment reasons that did not require physical exam or visual assessment, with mixed opinions about mental health care. Patient experiences were largely positive and the adoption of virtual care must consider potential longer-term impact on the therapeutic relationship and whole-person care, and will require training/guidelines to optimize care and patient experience.