

# Primary Health Care Virtual Care Experiences: Collaborative Family Practice Team Perspectives

To help support patient care and health care providers in the current COVID-19 pandemic, Zoom for Healthcare was approved as a virtual care platform for use on an interim basis for all NSHA health care providers. On Thursday, May 7<sup>th</sup>, 86 NSHA Primary Health Care staff and providers joined a Skype session to hear about the virtual care implementation experiences among Collaborative Family Practice Teams, to discuss lessons learned, share promising practices, and identify next steps. **A recording of the session can be found [here](#).** Below is a summary of what we heard.

## Experiences to Date

***The Digby Collaborative Family Practice Team has been using virtual care to increase accessibility for patients in remote areas.***

- **Experience:** As early adopters of virtual care pre-COVID, patients and providers have been enjoying Zoom for Healthcare. Reduces need for travel for patients in remote areas. Clerical staff complete the initial call and go through a checklist, and have integrated the checklist in their EMR for providers to complete during the visit.
- **Lessons:** Enabling privileges so clerical staff can schedule on behalf of providers has been working well.

***The Sydney Collaborative Family Practice Team is using telephone calls for individual appointments, complemented with [Medeo](#) when imaging is beneficial.***

- **Experience:** They are able to provide check in phone calls with a variety of patient populations, including to support chronic disease management. Patients appreciate it, it has improved access and ability for frequent follow-ups, and has reduced anxiety for patients wanting to stay home during the pandemic.



***North Queens Medical Centre is using Zoom for Healthcare daily for appointments, including individual intake and follow-up appointments.***

- **Experience:** Patient and providers have been appreciating the visual connection and find Zoom to be user friendly. They have enjoyed a higher success rate than originally anticipated.
- **Lessons:** Internet access is key. Prior to each virtual visit, admin must contact each individual patient to review technological requirements which has been time consuming, but beneficial.
- **Future:** Would like to continue to offer virtual visits and suspect patients will still want the option. Also considering the exploration of Zoom as a joint healthcare visit with multiple providers.

***Social Workers in the Annapolis/Kings Network are offering grief therapy and counselling services over the telephone.***

- **Experience:** Patients have been enjoying the phone visits. While some were reluctant at first they have become quite comfortable with it. Patients have reported a reduction in anxiety regarding the need to travel. Provider finds it helpful to have the patients in their own home, where they will be practicing the information post-visit. Have observed a reduction in no shows, and allows patients to text admin if they need to cancel or rebook an appointment. At the beginning of each call, the provider goes through a checklist as well as confirms the time is convenient and the patient is in a safe place before beginning.
- **Future:** Will continue to offer phone appointments and have received requests to continue that service. Also hoping to offer groups via Zoom for Healthcare, such as a postpartum group and a stress management group.

## Virtual Care Evaluation Discussion

**What We Asked:** What would you want to understand about this new way of delivering services?

### What We Heard:

#### Patient perspectives:

- What about patients with low income and no internet access?
- Many rural and remote locations have limited reception and phone / internet access.
- Patient safety.

#### Access and quality:

- Increased efficiency for providers – Less time is spent waiting for the patient to arrive and register.
- Learn from others who are also implementing virtual care solutions.

#### Patient evaluation tools:

- Administer a survey after the visit to capture feedback regarding features, challenges, successes, etc.

*If things went back to “normal” tomorrow, what would you want to keep?*

For our patients:

- Flexibility in scheduling
- All of it – We need virtual care to provide multiple modalities to reach patients where they are

For our PHC teams:

- Billing for these visits has been beneficial for fee-for-service providers
- “The old ‘normal’ was not normal and we should not go back”

## Our Next Steps

- We are compiling the resources discussed during the session and will send those out soon.
- With so much learning and innovation, we are looking to create channels for further connection and sharing, including promoting cross-learnings throughout primary health care.
- We will continue to collaborate with the IMIT Virtual Care team to support the creation of resources to optimize virtual care.
- We will be participating in NSHA’s overall strategy to evaluate Zoom for Healthcare and Virtual Care during the time of COVID-19.

## Resources

- [NSHA Zoom for Healthcare](#): information, resources and training for healthcare providers and NSHA staff
- [NSHA Virtual Care](#): information and resources for patients and participants
- [Zoom Help Center](#): articles, videos and FAQs on a variety of Zoom support topics
- [Adverse Childhood Experiences Aware](#) offering webinar: Building Trauma-Informed Connections via Telehealth during COVID-19.

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