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CANADA

Virtual doctor's visits did not drive patients to hospital ERs, study finds

The expectation that virtual visits with family physicians would drive more people to hospital emergency departments as a substitute for an in-person appointment didn't turn out to be true, according to a new study by the Ontario Medical Association.

By **Patty Winsa** Data Reporter

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In the first year of the pandemic, “seeing a doctor” typically meant picking up the phone, a type of virtual visit that wasn’t popular before COVID-19.

But the expectation that virtual visits with family physicians would drive more people to hospital emergency departments as a substitute for an in-person appointment didn’t turn out to be true, according to a new study by the Ontario Medical Association published today in the Canadian Medical Association Journal.

“As we continue to advocate for the very best care possible for our patients, we see now that inside this model, virtual care doesn’t result in an increase in emergency department visits,” said OMA president Dr. Rose Zacharias. “And so I think it takes away one potential negative effect that people were wondering about.”

Emergency departments have been overwhelmed with patients due to “patients reengaging in large numbers with the health-care system and even sicker because we backlogged a lot of surgeries and procedures while we dealt with the crisis of COVID,” said Zacharias.

“Also, we know that many over a million, maybe more, patients in Ontario don’t have a family doctor, which definitely impacts their ability to seek care,” she said, “and so many people have not had many options and so they resort to the emergency department.”

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The study used data from the claims of nearly 8,000 doctors submitted between April 1, 2020 and Mar. 31, 2021 and compared them to the times those same patients visited hospital emergency departments.

The data showed “that a physician’s proportion of virtual care was not associated with increases in the use of emergency departments by enrolled patients during the first year of the COVID-19 pandemic,” according to the study.

That finding is in contrast to a study published earlier this month that found patients who saw a physician who was not their family doctor through a virtual-only medical service were twice as likely to visit an emergency department within 30 days.

That study was conducted by the University Health Network, ICES, Women’s College Hospital and Unity Health Toronto.

The latest OMA study is important “given concerns about virtual care adversely affecting quality of care, leading to calls to substantially reduce care delivered virtually,” wrote Dr. Jasmin Kantarevic, the OMA’s chief economist and one of the paper’s authors, in a statement from the medical association.

Before the pandemic, virtual care was nearly unheard of.

In 2018, only four per cent of family physicians in the country saw patients virtually, according to the OMA, compared to about 40

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The rise in popularity of virtual visits led to the inclusion of new fee codes in the latest Physician Services Agreement, which took effect Dec. 1, allowing physicians to bill for video and phone appointments.

The pandemic also gave rise to a number of virtual-only medical websites, with no possibility of in-person followup.

During the pandemic, those doctors were allowed to bill on par for a virtual visit as they would if they saw a patient in person.

But the government lowered the fees for virtual-only medical fees to \$20 for a video appointment and \$15 for a phone appointment, less than what a family physician can bill when they see a patient virtually as well as in person, a model of ongoing care that many medical experts say is preferable.

“Virtual care was forced on to physicians when we didn’t want to spread the virus and patients still needed to see their doctors,” said Zacharias. “And then fast forward, we have now this virtual care framework in place.”

She says it’s now known that virtual visits can be good for certain tasks such as refilling prescriptions, reviewing lab results and mental health care consultations.

“And so looking towards what our priority is — and that’s providing good care — I think the convenience factor of having a virtual option with your family doctor is a good one.”



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