



May 28, 2019

Atlantic medical associations address virtual care

Dear Colleagues:

This President's Letter is being sent to all physicians in the Atlantic Provinces. It is a joint statement by the four Atlantic medical associations and the Canadian Medical Association (CMA) about the priority we attach to "virtual care".

Virtual care consists of patient/physician interactions, or episodes of care, that occur remotely utilizing information and communication technology. New channels for delivering care are growing quickly due to the growth of digital health tools and the dramatic expansion of mobile devices in the hands of patients and providers. Secure video conferencing, telephone, text, and email, supplemented with remote patient monitoring and decision-support tools, are all playing a role. Declining technology costs are allowing physicians and other providers to connect with patients in new and innovative ways. Private health care providers are already supplying many patient-pay medical services on a virtual basis, and health systems around the world are examining how virtual care can improve patient access and outcomes.

When virtual care tools are leveraged to their full potential – beyond traditional, institution-based telemedicine – we're better positioned to help solve many of the pressing problems in health care today. We know that patient access to care improves when both patients and physicians can access/provide appropriate care whether at office or home, and whether in rural and remote communities or urban areas where patients are unable to visit their doctors in person.

Communities and regions that have experienced difficulty in recruiting physicians can use virtual care to supplement access to medical services. Costly journeys for patients can be reduced. Health system efficiencies can be created.

Virtual care can also improve the work life of physicians. Properly integrated into a medical practice, virtual care tools can allow flexibility for health providers to accommodate personal and family priorities while maintaining full access for their patients

Integrating virtual care into Canadian health care must be done in a way that encourages innovation and experimentation. Models that work in Toronto may not work in Truro. Patient preferences in Calgary may be different than patient choices in Charlottetown. The new digital world is about customization and adaptation, not “one size fits all.”

The Atlantic medical associations will be collaborating together, and with the CMA, on strategies to ensure virtual care policies and payment models unfold in a timely way and deliver the promise and potential that early evidence is suggesting. We will share our research and experience, work together on issues like continuing medical education and advocating for supportive public policies. The CMA has appointed a Virtual Care Task Force, in conjunction with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, to help develop national strategies. Together we will advance the interests of physicians and patients to ensure the expansion of virtual care occurs in a wise and appropriate manner.

We recognize that integrating virtual care into the medical profession relies on support and innovation from our provincial governments and health-care stakeholders. Some of us are having those conversations and negotiations now. Progress in one province may look different than another. We will continue to support one another as each of us work towards achieving collaborative and productive forward momentum in our home provinces.

Dr. Tracey Bridger

Dr. Kris Saunders

Dr. Tim Holland

Dr. Serge Melanson

Dr. Gigi Osler

