

Virtual Care for Urgent and Emergency Care

September 2, 2020

COVID-19 has accelerated the advancement of virtual care, making the access to healthcare safer and more convenient for all types of patients. Whether it's virtual appointments by phone or video, the rapid growth in virtual care has removed many of the usual barriers to quality care, such as taking time off work to travel to an in-person appointment, while reducing the spread of infection in the pandemic era.

Acute care providers are adopting virtual care to mitigate infection spread and keep care accessible to those at greater risk of a severe course of the coronavirus.

For example, the London Health Sciences Centre (LHSC) in London, Ontario has opened up a virtual clinic to provide urgent care to patients “to identify, triage, monitor, and manage the potential complications of COVID-19.” (1)

The clinic's goal is to address the fact that patients may not seek care until they reach a critical stage of the disease, because symptoms of low oxygen levels may not be noticeable early on. The clinic provides recovering coronavirus patients with a process to self-monitor their health with access to virtual physicians. (1)

Virtual care innovations like these in the wake of COVID-19 hold promise for the future, as virtual care technologies become more affordable, safe and accessible across the industry.

The Advantages of Virtual Care for Urgent & Emergency Care

Virtual care can involve the exchange of all types of information, from laboratory data to health advice and ideas. It can involve actors that include the patients themselves, their caregivers and providers, and the broader systemic players involved in the care of these patients, such as specialists, acute care providers, and emergency services.

The current fractured system often results in unnecessary fragmentation of communication. This can lead to not just poor patient outcomes, but also an overburdening of the system.

Virtual care can help by breaking down not only silos of care, but also the silos of response to urgent and emergency care. It does this by giving all integral parties shared access to the patient, their records, and each other via communications technologies. Following are a few examples:

1. Telecare service to triage alarm calls to the most appropriate responders. In turn, this can lead to reduced emergency service activity.

2. Phone and video visits to patients by primary care providers, such as family physicians and pediatricians. This can not only help to reduce unnecessary patient visits, but also reduce unnecessary transfers.

For example, the specialized acute care hospital CHEO now offers virtual urgent care for patients in Ontario and Quebec who would normally visit for medical care. While the emergency care department is still open to in-person visits, virtual care is an added solution so that patients can physically distance while still getting the care that they need. (2)

3. Having physicians on-call to virtually diagnose patients to determine whether they require emergency care, instead of needing a nurse to relay to them the patient's medical conditions.
4. Teleconsultation between community care, ambulance services, and acute care providers. This can facilitate communication and collaboration amongst the care team while supporting effective and efficient clinical decision-making.
5. Ongoing telehealth monitoring of patients not transported to hospital.
6. Telehealth for pre-operative assessment.

Reducing unnecessary patient visits and transfers via virtual care can help ease the burden on ambulance services, ERs, and other urgent and emergency response services, as well as reduce overall system overload.

In addition, where cross-institutional, cross-setting, and multidisciplinary care teams are the norm, virtual care can be not just a facilitator, but also a necessary precondition to optimal patient outcomes.

Supporting Better Patient Outcomes: MedThree Insurance Protection

Visit our website for more information on how MedThree Insurance can [meet the needs of your organization or practice](#).

Content is current as of the date of broadcast and is subject to change without notice.

Sources:

1. <https://globalnews.ca/news/7147482/coronavirus-london-clinic/>
2. <https://www.cheo.on.ca/en/visiting-cheo/emergency-department-virtual-care.aspx>