

PUTTING THE VIRTUE INTO VIRTUAL: GROUNDING HEALTH TECH IN THE PRINCIPLES OF PRIMARY CARE

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Oct. 29, 2024



Declarations and Acknowledgments

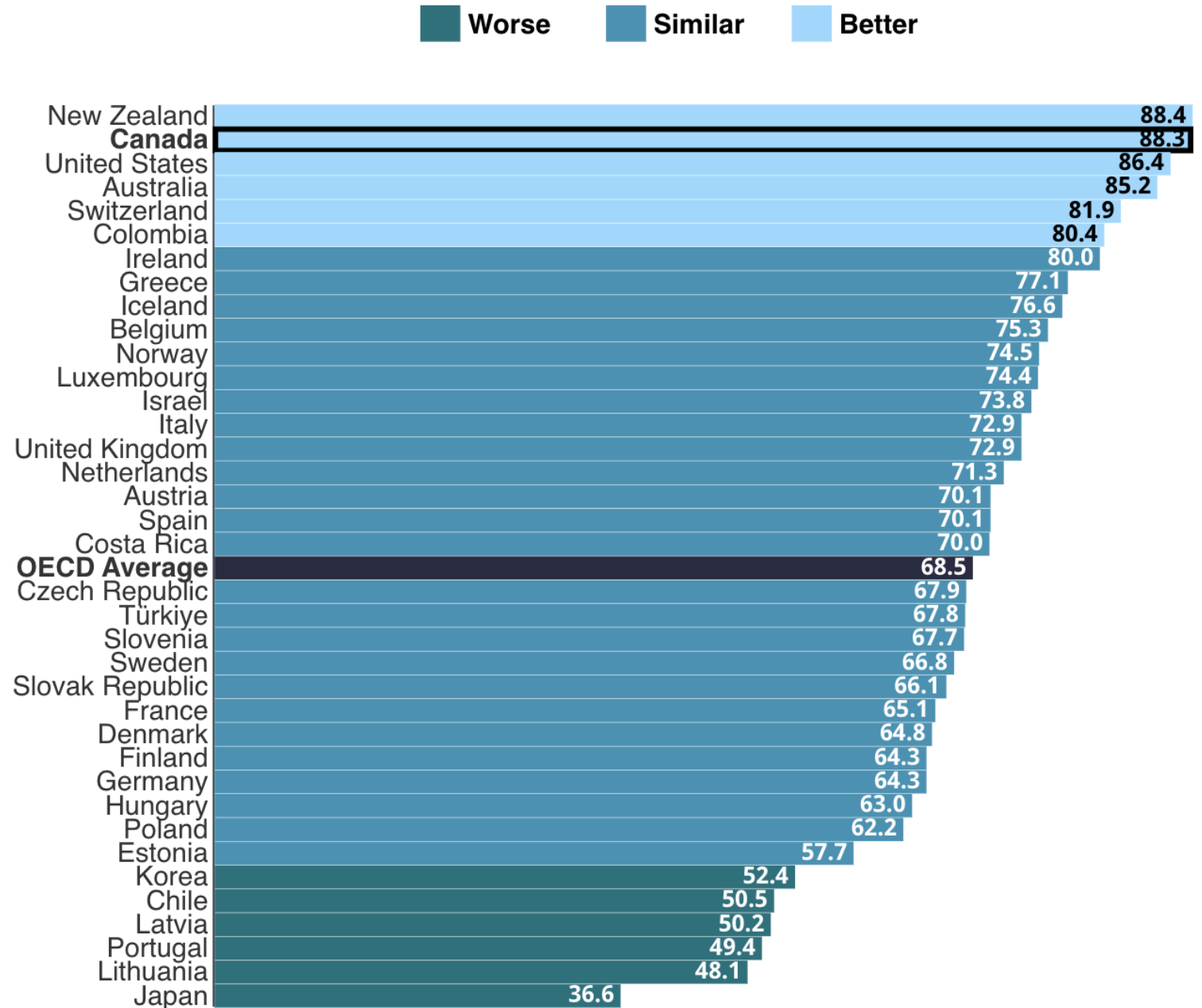
No conflicts of interest to declare

I am a salaried employee of the University of Toronto and receive clinical income from OHIP

Acknowledging with gratitude the work of Onil Bhattacharyya, Payal Agarwal, and the team at the WCH Institute for Health System Solutions and Virtual Care who have helped with this presentation and shaped my thinking

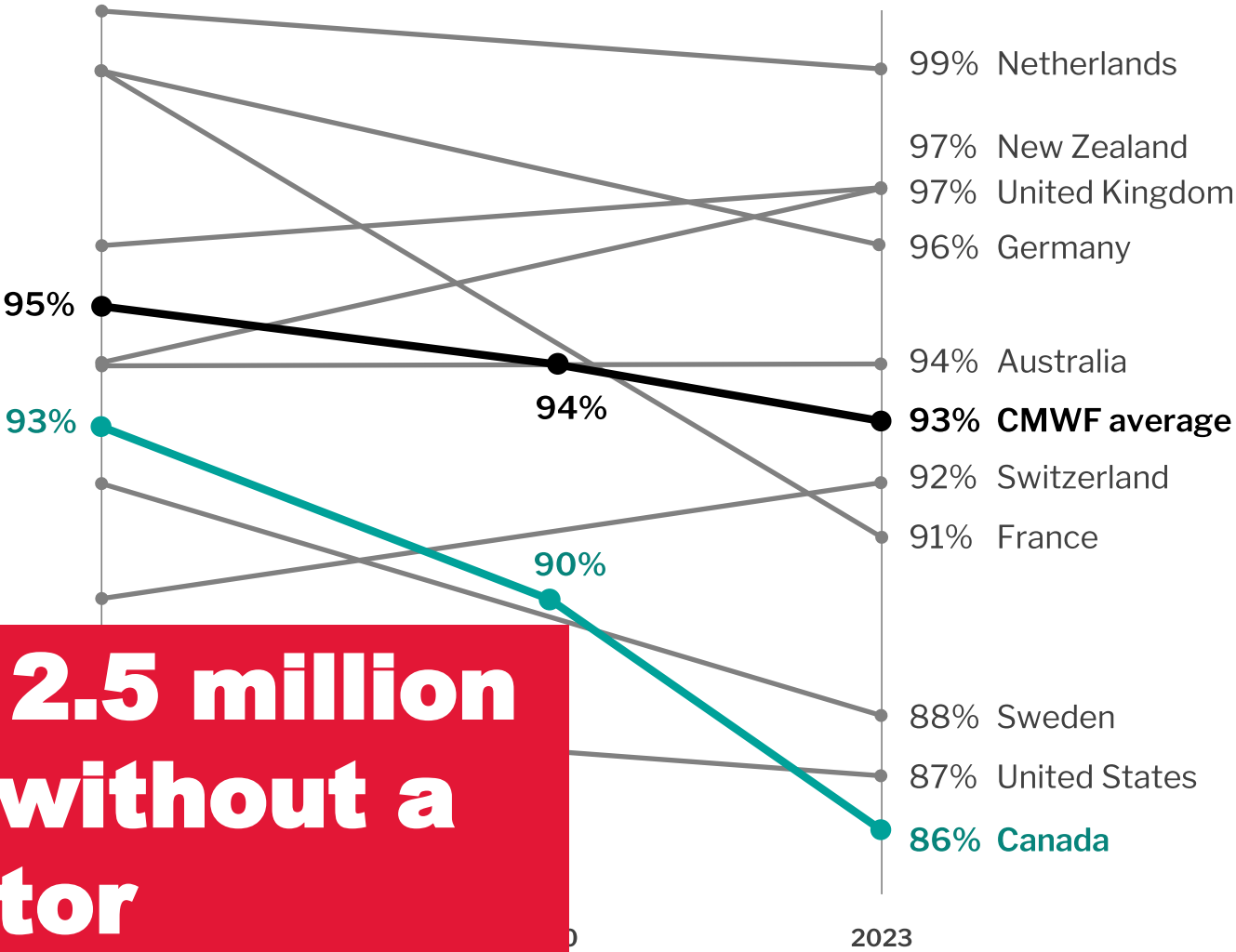


**In 2021,
88.3% of
Canadians
reported their
health as
good, very
good or
excellent**



And yet...

Proportion of adults who reported having a doctor or place they usually go to for medical care, by country, 2016, 2020 and 2023



More than 2.5 million Ontarians without a family doctor

Sources: International Health Policy Survey of the General Population, 2016, 2020 and 2023, The Commonwealth Fund

Why is access to primary care declining?

Growing & aging population

Shifts away from comprehensive care

Learner choices

Acceleration of retirements



Increasing complexity

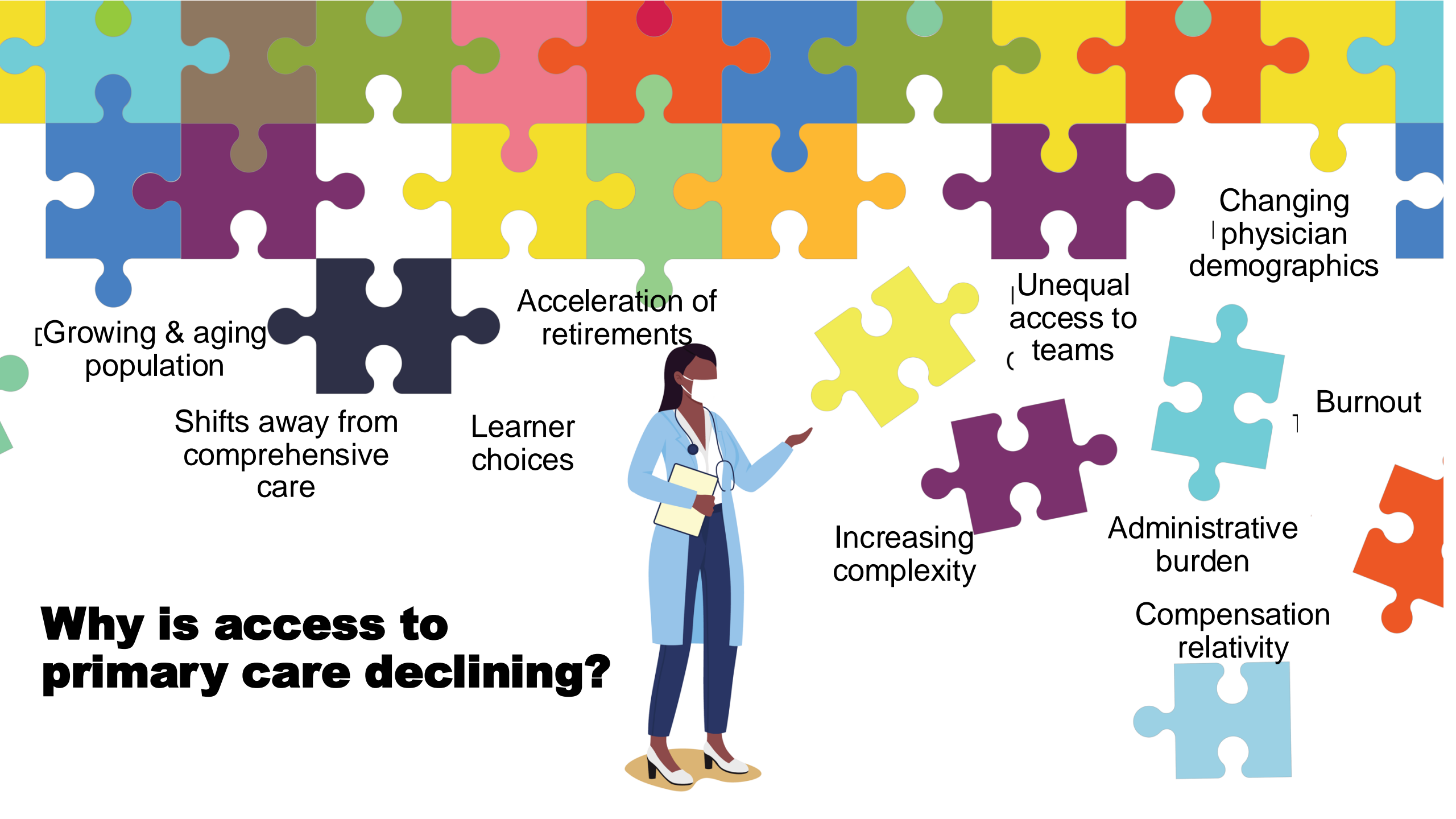
Unequal access to teams

Administrative burden

Compensation relativity

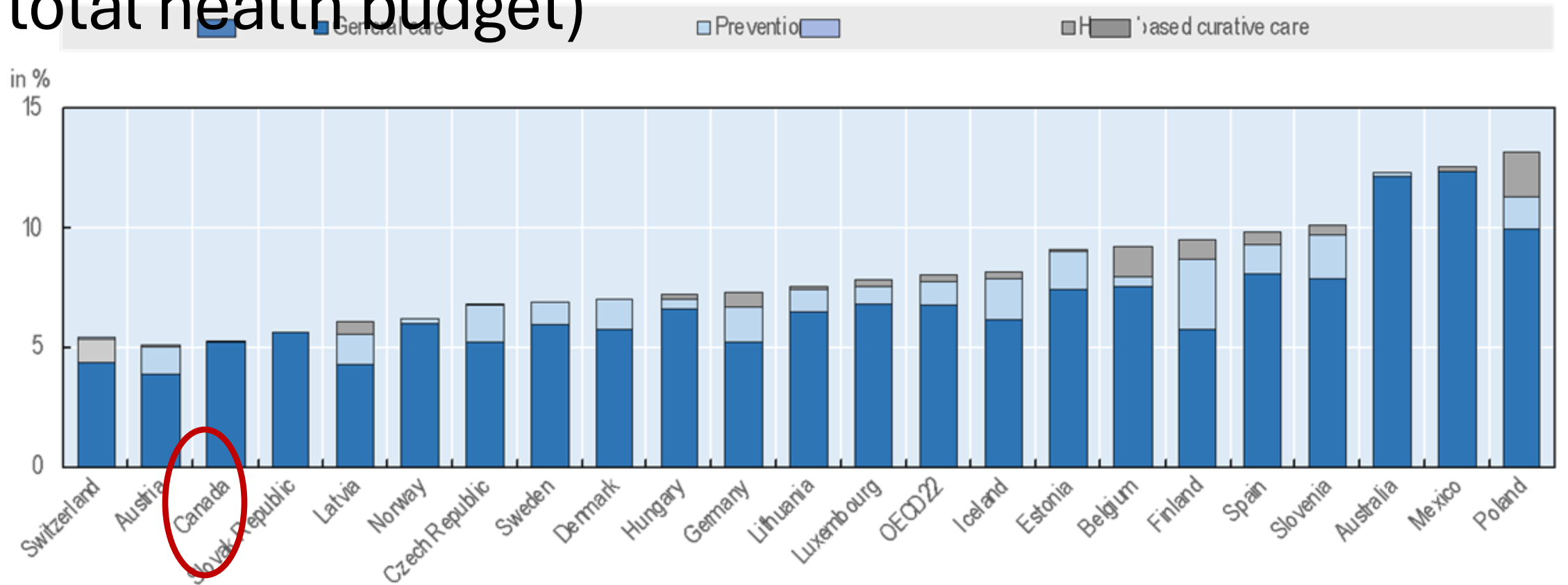
Changing physician demographics

Burnout



performance

Canada spends less on primary care services than 22 comparator OECD countries (5.3% vs 8.1% of total health budget)

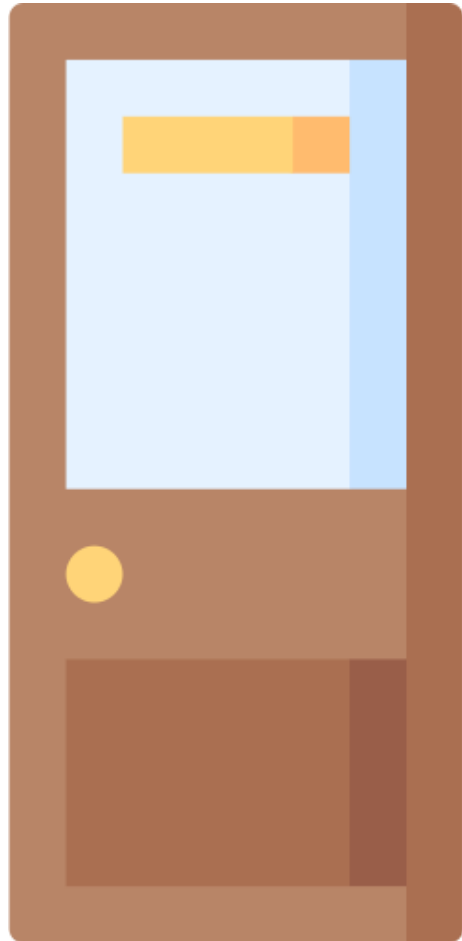




“Primary health care is where the battle for human health is won and lost.”

WHO Director-General's address to the World Health Assembly (2019)

Why primary care?



**Better health
outcomes**



**More
equitably**



**Lower
costs**

4 Cs of primary care

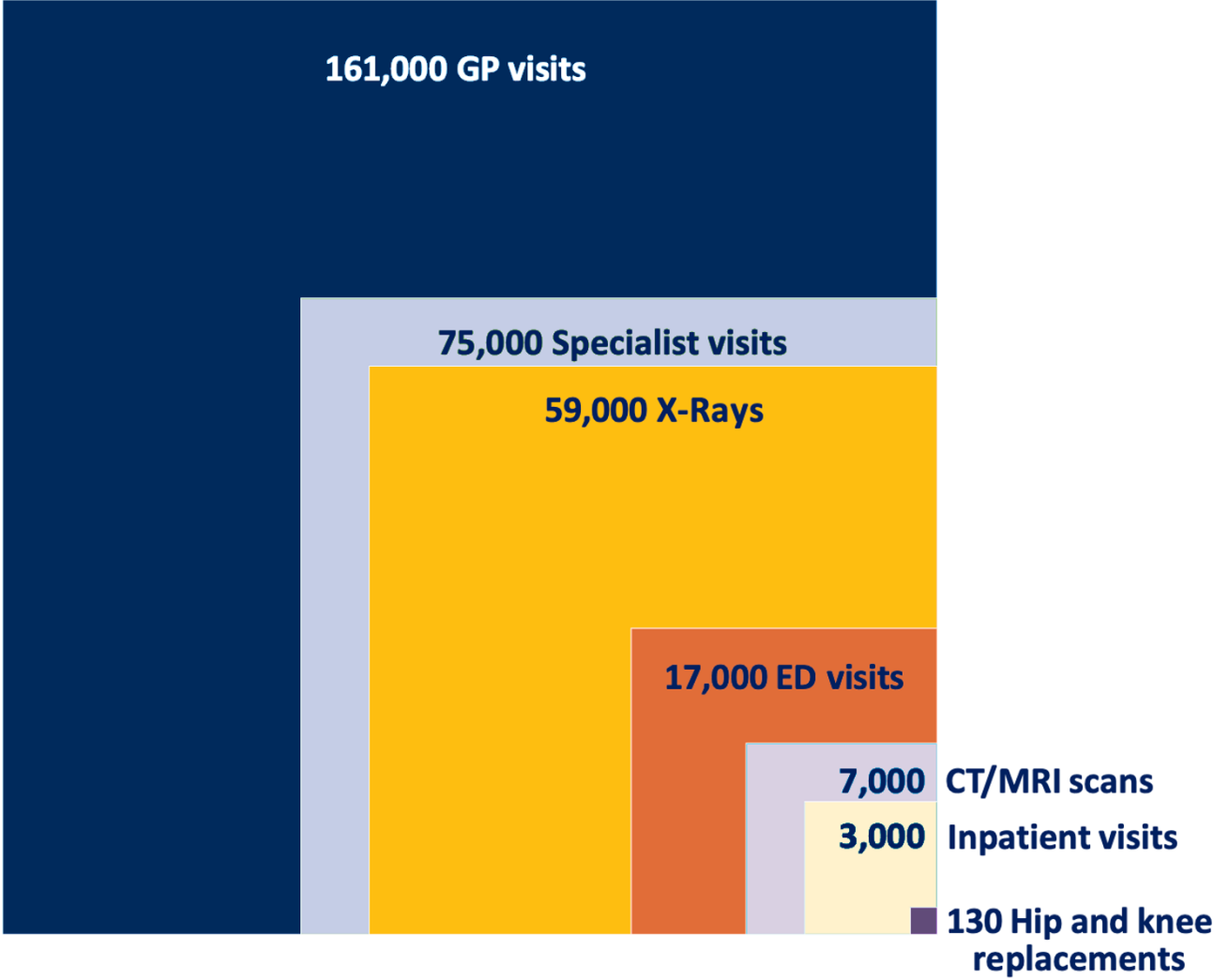
- **First Contact**
- **Continuity**
- **Comprehensiveness**
- **Coordination**
- **Community engagement**
- **Patient-Centredness**
- **Complexity**



THE PRIMARY CARE PARADOX

**Efforts to improve
the parts may not
necessarily improve
the whole.**

Primary care in Ontario



The OurCare Standard

1. Everyone has a relationship with a primary care clinician who works with other health professionals in a publicly funded team.

2. Everyone receives ongoing care from their primary care team and can access them in a timely way.

4. Everyone can access their health record online and share it with their clinicians.

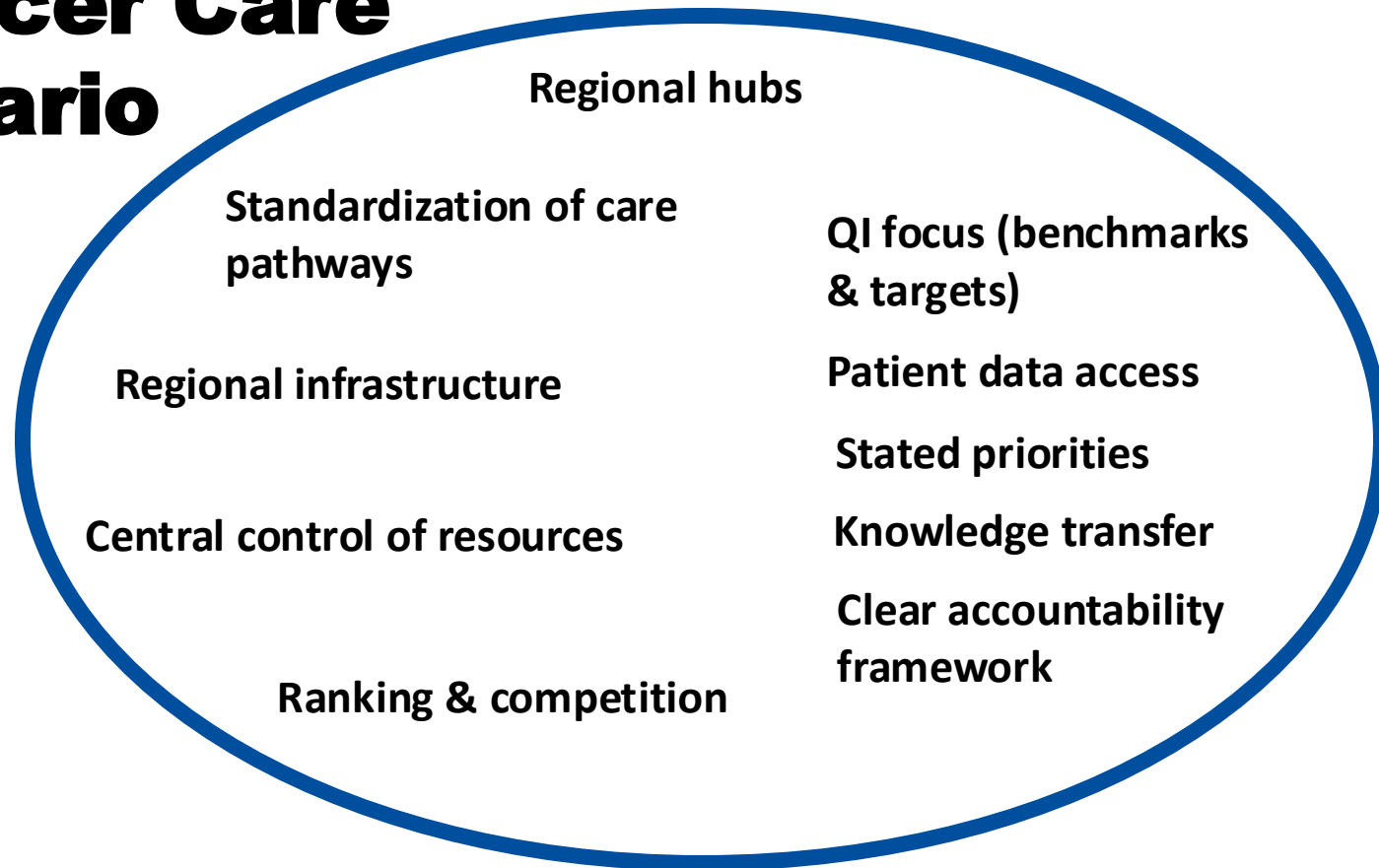
3. Everyone's primary care team is connected to community and social services that together support their physical, mental and social well-being.

5. Everyone receives culturally safe care that meets their needs from clinicians that represent the diversity of the communities they serve.

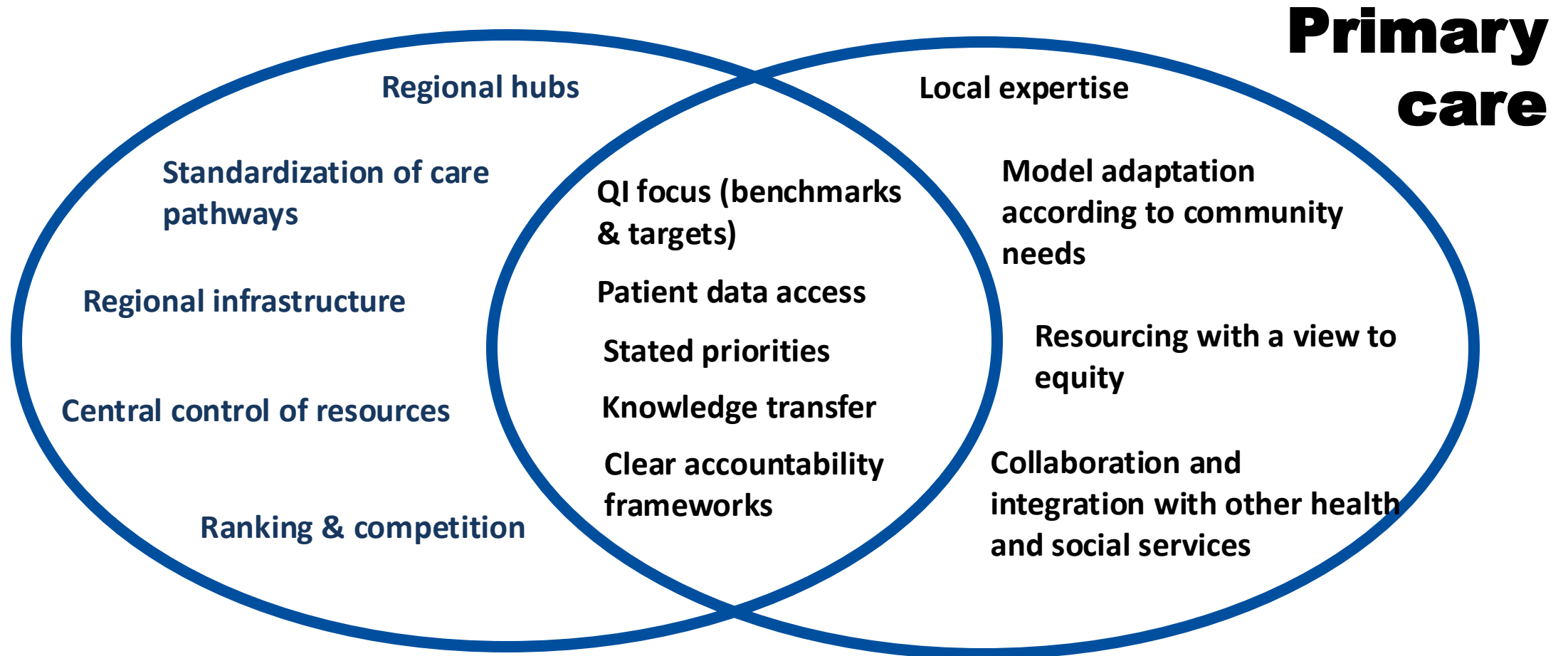
6. Everyone receives care from a primary care system that is accountable to the communities it serves.

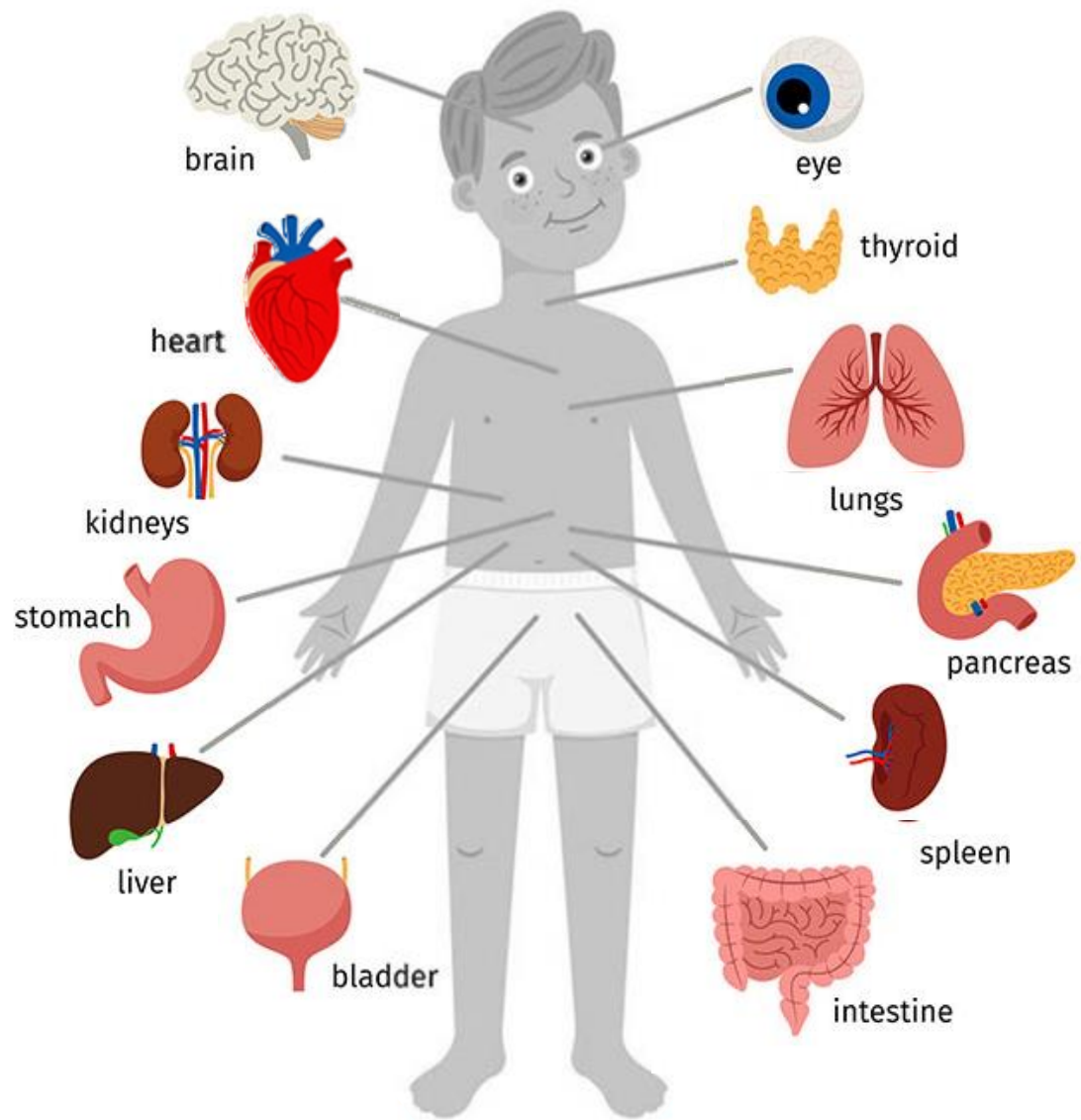
Learning from Cancer Care

Cancer Care Ontario



Learning from Cancer Care





Design for COMMUNITY not diagnosis

Design for RELATIONSHIPS not transactions

Design for:
First CONTACT
CONTINUITY
COMPREHENSIVENESS
COORDINATION

The tech landscape



maple



First
CONTACT

First Contact for Complex Needs (the norm!)



Martha
Benjamin

65 y/o (F)

- Interested to know benefits of Vitamin D supplementation
- Wants to find low-cost foot care near her home, last visit ~1 year ago
- Has not had a pap smear in 4 years, previous paps were N
- Burning sensation while peeing x 2 days
- Has diabetes on Janumet – last A1C 8% done 6 months ago

What?

Value of Vitamin D supplements

Low-cost foot care near home

Pap smear overdue

Burning sensation while peeing

Titrating diabetes meds

When?

Anytime

2 months

6 months

24-48 hours

1 month

Who?

Self-help and general information

Automated triage and diagnoses

Administrative staff

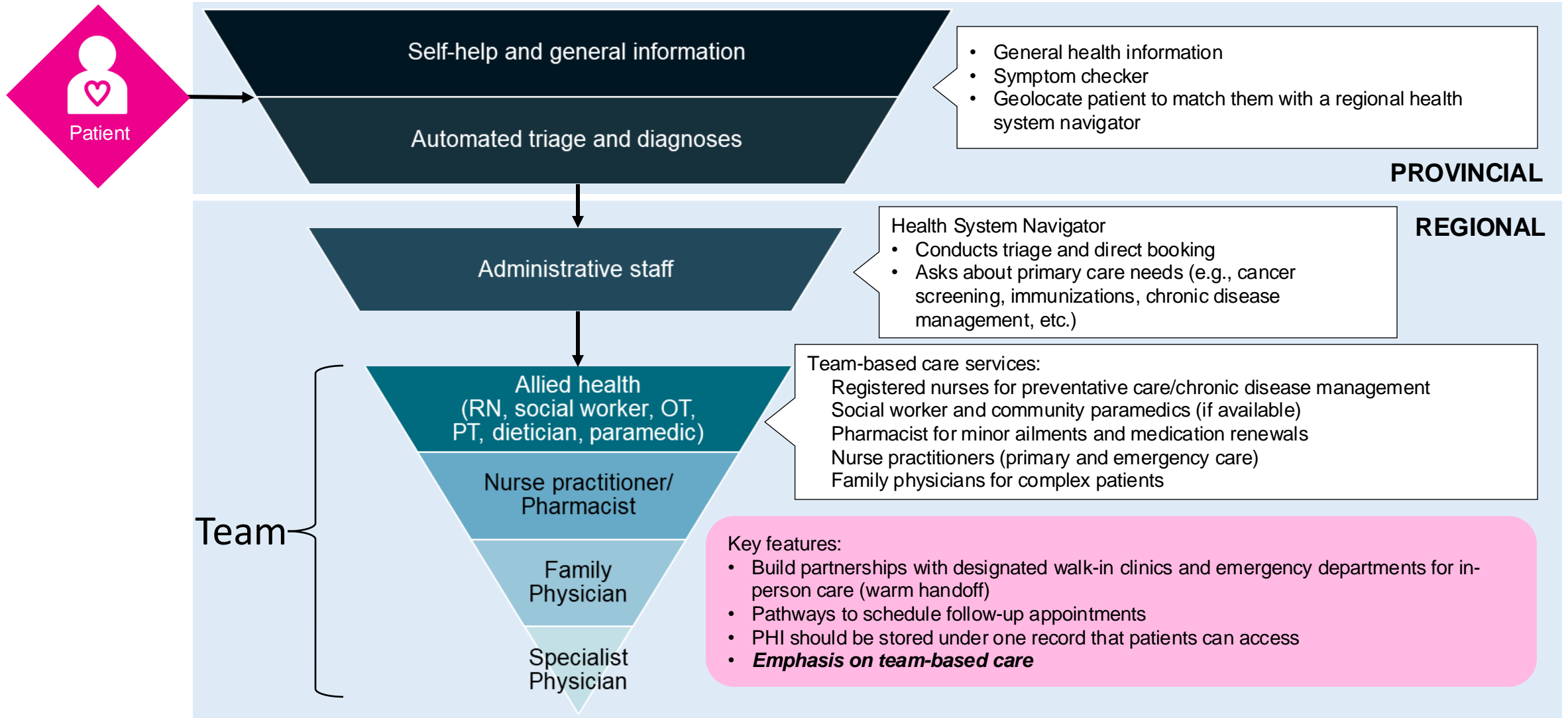
Allied health
(RN, social worker, OT,
PT, dietician, paramedic)

Nurse practitioner/
Pharmacist

Family
Physician

Specialist
Physician

Getting First Contact Right



CONTINUITY

Unconnected virtual care

Stopgap measures & unconnected virtual primary & emergency care initiatives 'raise concerns about cost, sustainability and deployment'.

Cost = \$22 million

<https://www.cbc.ca/news/canada/newfoundland-labrador/teladoc-contract-reaction-1.7034945>



Integrated virtual care

Permanently attaches patients to a remote family doctor, embedded in a local FHT with full access to local services to increase physician availability & attachment.

Cost = \$200 – \$300 per pt

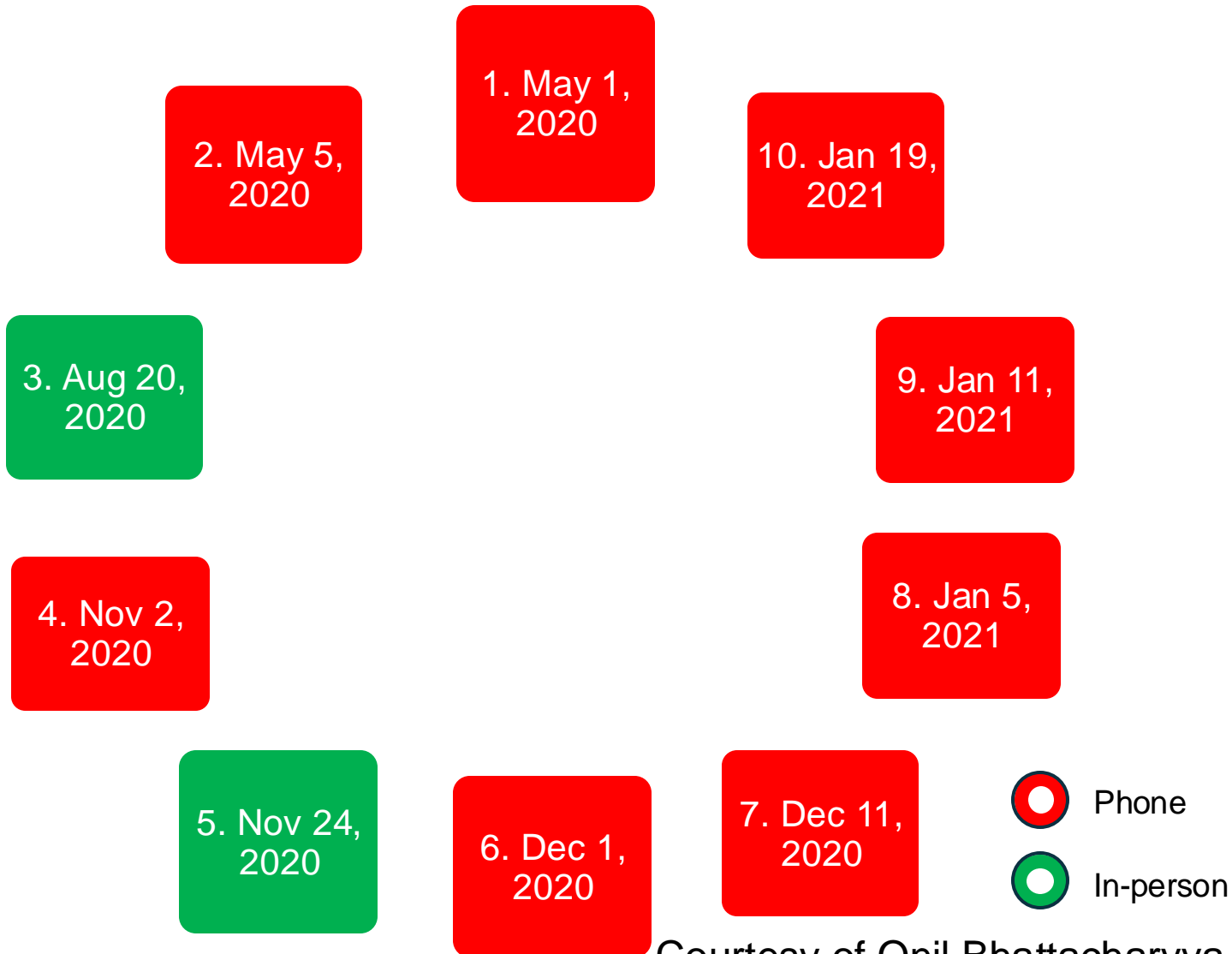


Getting continuity right



Profile

- 60 YO M
- Co-Morbidities: Dyslipidemia, HTN, OSA, DM, Bronchitis, Fatty liver, Diverticulosis, HSV, Anxiety, Depression, Hypersexuality
- Medications: Tadalafil, Rosuvastatin, Duloxetine, Tresiba, Metformin, Rabeprazole, Canagliflozin, Candesartan



Courtesy of Onil Bhattacharyya

COMPREHENSIVENESS

Tech as a barrier



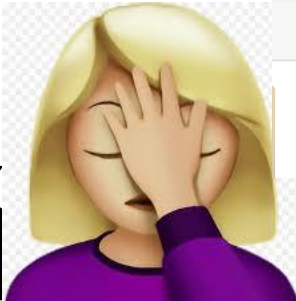
electronic
Child Health
Network



Patient



Primary Care
Provider



Outpatient Referral Form

The form is used to refer a child/youth to outpatient services at CPRI received, a clinical team works with the referent and community part referral and how to best meet the needs of the child/youth being ref

[Home](#) / [Data & Research](#) / [Submit Data](#) / [Wait Time Information System Portal](#)

Wait Time Information System (WTIS) Portal

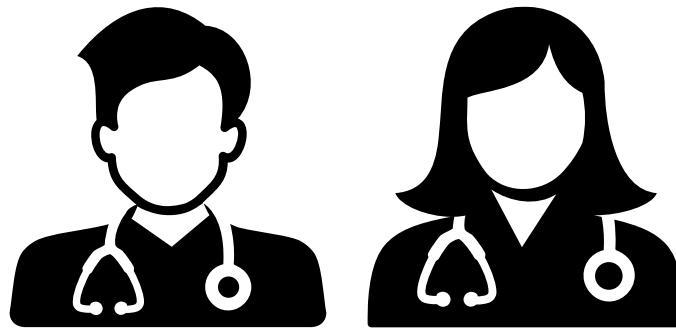
To log in to the Wait Time Information System (WTIS), select the Wait Time Information System button and your WTIS credentials as shown:

Important: Please type in **ACDS** as part of your username on the login screen. For example: ACDS\User

Getting comprehensiveness right



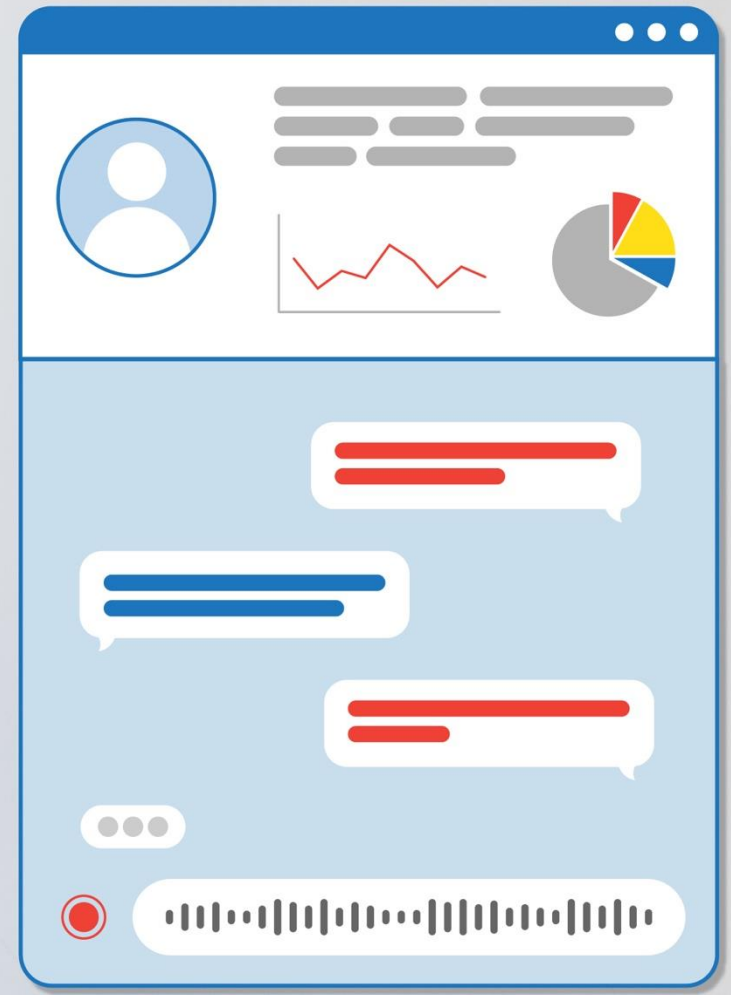
Patient



Primary Care
Provider



Can AI help?



COORDINATION

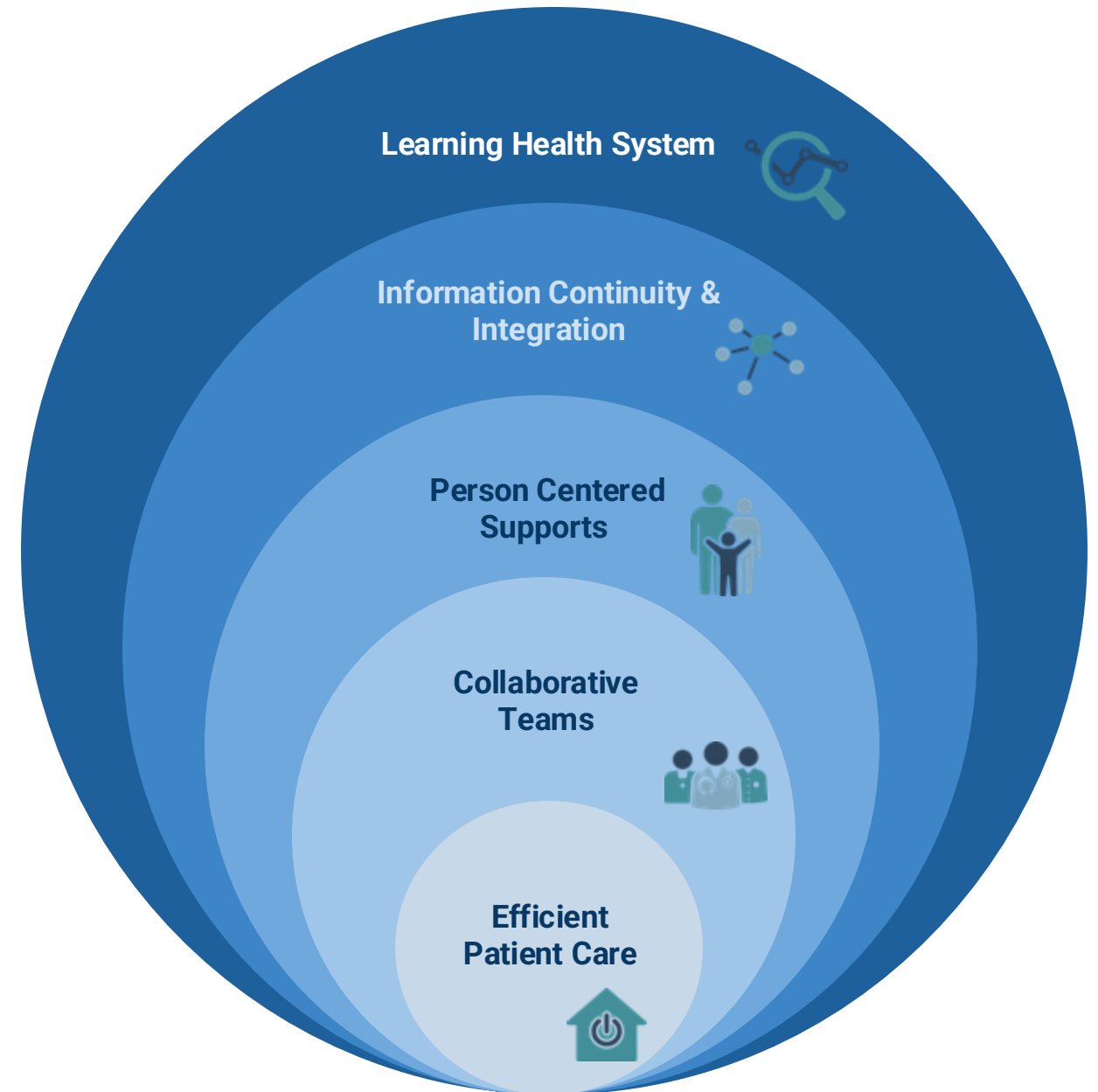
Coordination requires data

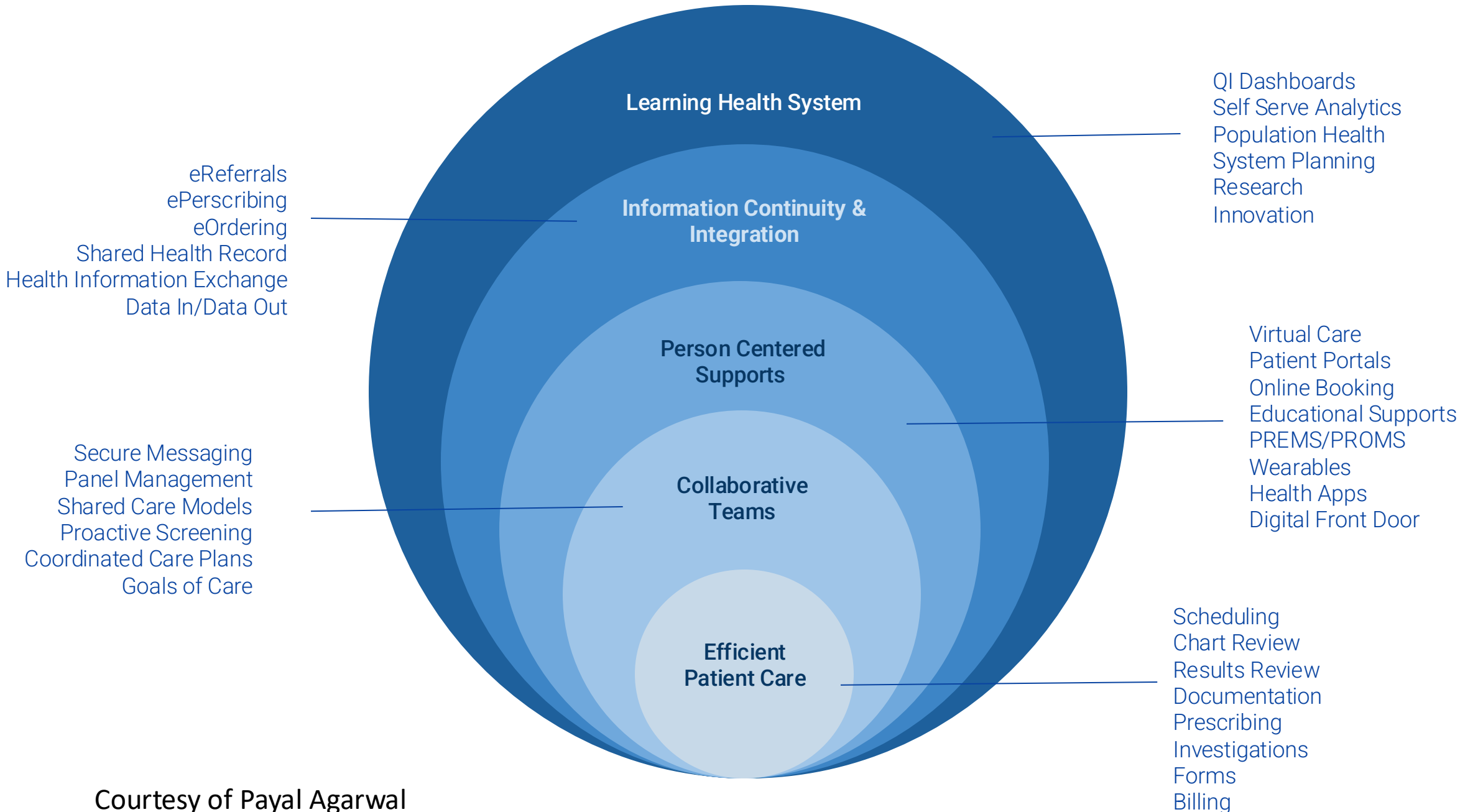


Future State Vision

A comprehensive, efficient digital health ecosystem that empowers primary care to provide equitable, high quality, person centered care

- Has the required supports for success including:
 - Shared vision and trusted partnerships
 - Clear and accountable governance
 - Strong and responsive implementation and change management resources
- Supports the 4 Cs
- Enables the vision of integrated care, Primary Care Networks and the Patient Medical Home





Courtesy of Payal Agarwal

**Yes,
we
can**

- **Invest more in primary care**
- **Set a goal of 100% attachment**
- **Scale up community-governed teams**
- **Use tech in service of the principles of primary care**

NEWSCHOOL
THINKING

COMMUNITY
RELATIONSHIPS
LEADERSHIP



Family & Community Medicine
UNIVERSITY OF TORONTO