# Innovative Expansion of Virtual Care Family Medicine Services During the COVID-19 Pandemic

# Family & Community Medicine UNIVERSITY OF TORONTO

## Introduction

At the onset of the pandemic, Get Well Clinic - an integrated family medicine and rehab clinic - rapidly pivoted to a hybrid virtual / in-person care model by implementing a secure and comprehensive e-Platform and expanded our team of healthcare professionals to minimize disruptions in healthcare access, especially for COVID-19 vulnerable populations.

#### **Methods**

To evaluate the progress, we conducted a retrospective and quality improvement study using EMR appointment data from Jan '20 and continuously revised the clinic procedures in accordance with changing guidelines and restrictions. We monitored the change in number of appointments with family physicians, psychotherapists and other interdisciplinary health professionals for virtual (phone or e-Platform video visits) and in-person care; as well as for patients with diabetes, obesity, and cerebral or cardiovascular related diagnoses

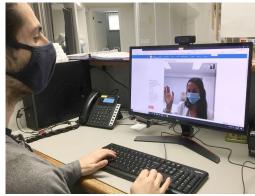


Figure 1. Volunteers using the e-Platform video call feature via the open-source Jitsi Meet application embedded in our clinic website.

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1. Family MD Appointments (2020-2021)

1250

1000

750

500

250

Number of Appointments

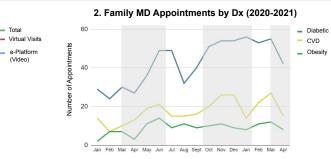




### **Results**

Total

(Video)

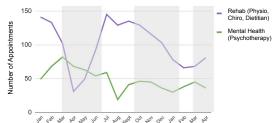


de. \*Jan - Jun '20: 3 MDs; Jul - Aug '20: 6 MDs; Sept - Nov '20: 7 MDs, Dec '20: 8 MDs; Jan '21: 6 MDs; Feb - Apr '21: 7 MDs

\*\* Shaded areas: Pandemic waves

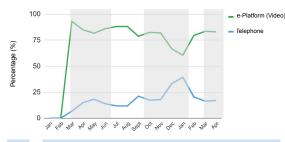
3. Percentage of Virtual Visits Relative to Total Visits





\*\*\* The Colleges for physiotherapy and chiropractor recommended closure of in-person services from Apr - May '20, A mental health provider discontinued services in Aug '20. A dietitian left in Dec '20.

#### 4. Breakdown of Virtual Visits (2020-2021)



### Outcomes

By expanding our team of health professionals, we were able to maintain and increase access to our integrated primary care clinic including walk-in services. Of the 4479 active patients in the clinic (Jan '20 - May '21), 2441 (54%) created an e-Platform account for secure video conferencing, chat and file transfer. Through staff restructuring, training, and a new volunteer program, we were able to successfully assist patients with using our e-Platform. Limitations to our study include the reliance upon the accuracy of appointment details in the EMR to determine which visits were in-person, via telephone, or e-Platform. We anticipate that errors are minimal and that our results do portray the general trends observed at the Clinic.