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Guidelines for the Use of Virtual Care in Primary Care or Specialty Care Settings

Key Messages

Of the 5 evidence-based guidelines summarized in the report, 2 provide recommendations on rheumatology, 1 on stroke, 1 on oncology, and 1 on digital interventions for all areas of health, while none focus specifically on primary care. Three of the guidelines were developed in the context of the COVID-19 pandemic.

In general, the guidelines recommend virtual care as a complement to, not replacement for, in-person care, and indicate that it should only be implemented when adequate resources and personnel are available and patient privacy can be secured.

The recommendations are broad in scope and address various aspects of virtual care, including when to offer or discontinue virtual care, patient privacy, fees and reimbursement, and staff training. The guidelines include recommendations on the use of virtual care across multiple geographic locations, patient conditions, and virtual care modalities.

While the guidelines identify the convenience, flexibility, and potential time and cost savings associated with virtual care, there is limited evidence describing the potential barriers or limitations to its use, such as issues with internet access, technical support, and infrastructure, and the appropriate use of virtual care in underserved populations.

While all 5 guidelines were informed by a systematic literature search, when literature was lacking, some recommendations were developed using expert consensus only. The quality of the evidence supporting the recommendations was generally assessed as low, and the strength of the recommendations was not reported.

Context

Virtual care includes any interaction between patients and care providers that occurs remotely, using any form of communication or information technologies, and aims to facilitate or improve patient care. Included in this definition are telehealth services, audio conferencing (e.g., telephone), video conferencing (e.g., Zoom), secure messaging (e.g., text), and patient monitoring systems.

The COVID-19 pandemic accelerated the adoption of virtual health care across multiple specialties and settings across Canada.

Contactcadth.ca[@cadth_acmts](https://twitter.com/cadth_acmts)requests@cadth.ca**Issue**

The rapid adoption of virtual care necessitates a post-pandemic review of the virtual care literature. A review of the evidence may help inform strategies and policies, and aid in the development of standards for the effective implementation and continuation or discontinuation of virtual care.

The objective of this report is to summarize recent evidence-based guidelines regarding the appropriate use of virtual care for individuals using primary care or specialty care services.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed and assessed for inclusion by a single reviewer. Full-text publications were evaluated for final article selection according to predetermined selection criteria specifying the population, intervention, comparator, outcomes, and study designs in scope for this report.

Results

The literature search identified 684 citations, 83 of which were deemed potentially relevant and underwent full-text review. Two potentially relevant publications were also retrieved from the grey literature search for full-text review. Of these publications, 5 evidence-based guidelines met the inclusion criteria and were included in the CADTH report. Additional references of potential interest, including guidelines that did not fully meet the selection criteria, were included in the appendix.



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