In the Corner with...

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Virtual vs In-person Care
Scientific Advisory Group COVID-19 Recommendations
novel coronavirus (COVID-19)

AHS’ Scientific Advisory Group is connecting with clinicians, operational leaders, researchers and other experts to review emerging evidence and guidance of national and international bodies to provide information for focused areas of healthcare in relation to COVID-19. These resources are created to provide research informed advice to AHS physicians, staff, patients and families. Reports are updated frequently based on emerging evidence or concerns.

COVID-19 Resources for AHS Staff & Health Professionals

COVID-19 Scientific Advisory Group
Rapid Evidence Report

Key Research Questions:
1. What is the impact of virtual visits (e.g. videoconferencing, telephone, texting, email) compared with or in addition to in-person visits on process outcomes, patient and provider satisfaction, quality of care, and access to provider?
2. Are there differences in the evidence base and recommendations for types of visits and provider?

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Key Messages from the Evidence Summary

- Primary Care address multiple issues
  - Systematic reviews, meta-analysis of small RCTs (risk of bias)
  - Patients and MDs are satisfied with virtual care
  - Virtual care = ↓ visit time, ↓ travel costs, ↓ lab/DI test, ↓ urgent / F2F visits
- Specialty Care more narrow focus
  - Larger number of high-quality studies, including meta-analysis (risk of bias)
  - High levels of satisfaction across broad patient populations
  - Virtual care = in-person care with improved access and lower costs (rural setting)
- Uptake and satisfaction
  - Age, rurality and socio-economic status may influence (requires further study)