



The Canadian Orthopaedic Association L'Association Canadienne d'Orthopédie

Position Statement

Regulating Virtual Care for Orthopaedic Practice

September 27, 2021

Virtual care in Canada has been a long-standing aspect of health care and a means to regularly connect with patients for decades. Due to the COVID-19 pandemic, drastic changes to traditional care and the need to rapidly adapt to a virtual setting have normalized telemedicine as part of daily practice. There are notable benefits to virtual consultations for the patient and physician, such as: empowering patients to be more autonomous, improving access to primary and specialist health care for rural and remote populations, minimizing travel time and contributing towards a sustainable health-care system. However, virtual care is not appropriate for all patients and cannot take away from the ability to access in-person care. There are also limitations to the ability to assess patients using virtual care, which is enhanced through the different mediums of phone or video consultation platforms. As such, there is a consistent need to evaluate and fine-tune the quality and quantity of virtual care offered, while identifying and addressing any unintended consequences, including overabundance and inappropriate referrals to specialists without a comprehensive physical examination through primary care.ⁱ The Canadian Orthopaedic Association (COA) supports a planned and coordinated approach to the use of virtual care where patient benefits are optimized by appropriately using synchronous (real-time) and asynchronous (deferred) modalities. Virtual care methods should be constantly evaluated and improved as evidence becomes available.

Virtual care infrastructure and standardization: Since May 2020, the Government of Canada has invested over \$240 million to accelerate the use of virtual tools and digital approaches to support Canadians, with an additional \$150 million earmarked in bilateral agreements to provide provinces and territories with virtual servicesⁱⁱ. To be successful, the technological infrastructure to ensure data safety and patient confidentiality, along with training and standardization processes should meet regulatory standards for the health-care practitioner. The COA supports the investment in infrastructure, training, standardization and funding sustainability to ensure that virtual care may be used effectively within primary and tertiary care sectors.

Virtual Care Physician Compensation: Even though virtual care is now a focal part of Federal investment and a key part of daily physician practice, there are differences to the physician billing practices that include ongoing commitment to funding as well as differences in compensation rates. The COA supports ongoing billing for virtual care including addressing the billing discrepancies between provinces and interprovincial billing processes.

Therefore, the COA recommends:

1. Ensuring a planned and coordinated approach to the use of virtual care to ensure appropriate referrals are made.
2. Sustaining virtual care through investment in infrastructure, training and standardization to optimize health system resources.



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3. Federal and Provincial Governments and professional Associations should work together to set appropriate rates for virtual care payment.
4. An evaluation and collection of data and evidence as it becomes available to modify standards and improve practices.

The Canadian Orthopaedic Association supports virtual care as a means to delivering the most accessible and best orthopaedic care for all Canadians when used in a coordinated way that leverages the benefits for suitable patients.

ⁱ Retrieved from Virtual Care Physician Compensation Review Final Report March 2021

ⁱⁱ Retrieved from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19.html>

Version 1.0 of this Position Statement was developed by the COA Standards Committee and Rhona McGlasson, Executive Director of Bone and Joint Canada. Version 1.0 was approved on September 27, 2021 by the COA Executive Committee and COA Board of Directors.

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