

# Moving Forward with Virtual Care: Lessons for the Post COVID-19 Era

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**O**n March 11th 2020, the World Health Organization declared COVID-19 a global pandemic.<sup>1,2</sup> We had realized the gravity of the situation before but, until that day, did not comprehend how our reality was about to change for the foreseeable future. Following that declaration, most countries and states implemented strict public health restrictions to contain the spread of the virus and decrease its mortality rate by enforcing physical distancing measures. Albeit effective, such measures did not come without consequences on the quality of life and wellbeing of people worldwide.<sup>3</sup> Social isolation, loneliness, loss of employment and income, and housing instability were some of the adverse events that arose during what we call “the lockdown”.<sup>4,5</sup> A friend of mine who had migrated to Canada from a war-torn zone felt the magnitude of this lockdown. “It’s like moving from one prison to another” he explained, reminiscing about a time he was forced to stay home to avoid the unforgiving jaws of man-made conflict.

One consequence, in particular, was inevitable; enforcing physical distancing measures meant limiting traditional face-

to-face interactions with health care providers. Suddenly, millions of patients around the world were subject to a degree of interruption to their health care. An interruption of this calibre would have caused catastrophic health disparities had it been left unaddressed. Fortunately, we rapidly resorted to virtual care and extended safe channels of communication with patients without jeopardizing their health or ours. Some believed virtual care was the key to our survival, but many doubted this novel technology and its ability to serve humanity. Nonetheless, using a seamless and time-sensitive transition to a virtual environment has allowed millions of patients to access an otherwise interrupted health care.

“We are all students of life” the anonymous quote claims, and when life presented us with COVID-19, we first sought survival by all means necessary, and then used our experiences to reflect upon our limitations and strengths. Indeed, using virtual care has brought about multiple lessons on our ability to use technology in our pursuit of survival. For example, soon after the pandemic began, we

learned that the majority of our fears about virtual care were internalized and, when the need called, they became obsolete. For years we had perceived virtual care to negatively impact the quality of relationships with patients. Yet, when we were obliged to use technology to deliver care, it proved itself as an alternative for building personal safety in the patient's own physical environment and promoting health discussions otherwise left unaddressed. Similarly, we had perceived using virtual care as a process that required complex and longitudinal training for both the patient and the provider. However, the resilience of patients and providers alike allowed for a rapid implementation of this technology with timely and affordable training. Overcoming such barriers has widened our horizons on the capacity of virtual care and its ability to reach diverse cohorts of patients, who might be disadvantaged by their locations, backgrounds, and social identities. Indigenous and rural communities in Canada, for example, have long suffered from discontinuity of health care on the account of major geographical and cultural barriers they continue to experience.<sup>6</sup> Pregnant and postpartum women have also suffered from limited access to timely health services.<sup>7</sup> Refugees and immigrants are no different.<sup>8</sup> These populations represent some of many who face avoidable and unjust health disparities and social injustice. They face what we call health inequity.<sup>9,10</sup> Luckily, virtual care has presented an opportunity to "reach the unreachable" and connect patients with services that are tailored to their levels of need, as well as their cultures, backgrounds, and social identities. My immigrant friend has been seeing a physician who speaks the same language and shares the same cultural background as his. They live hundreds of kilometers apart, yet my friend joyfully shares how this experience has helped improve his wellbeing whenever the opportunity arises. "He understands, man. He knows what I'm talking about," he explains.

Now that we have learned about the might of virtual care, how can we cultivate its potential for the survival of humanity in the future? Inoculating populations against the virus has set the stage for the "post COVID-19 era" in which certain aspects of life could return to normal, including face-to-face provision of health care. We should anticipate that this return will be gradual and reversible, depending on the status of the pandemic and immunization coverage. Nonetheless, the lessons we have learned over

the past year must not go in vain and should guide us into the future of health care and for the benefit of all patients. For example, exploring and addressing the inevitable and unavoidable barriers to implementing virtual care should always be a priority to researchers and policy makers. As well, educational institutions should prioritize initiatives that allow future providers of care to build the needed competency for using virtual care when needed. Finally, and probably the most important lesson to note; virtual care is positioned to reduce the health inequities of many disadvantaged populations. This novel approach of health care delivery should, therefore, always remain an available option for patients who need it, long after the pandemic is gone.

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