

# Equitable Virtual Care in Canada: Addressing The Digital Divide

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Online healthcare services are rapidly transforming the landscape of healthcare in Canada. Although the digitization of healthcare delivery has been occurring gradually over the past two decades, the COVID-19 pandemic has catalyzed a “digital boom” in healthcare.<sup>1-4</sup> Now more than ever, healthcare practitioners and patients alike have transitioned from in-person appointments to virtual care via online platforms.<sup>3-5</sup> Virtual care, once an optional service, is becoming an essential one.

A recent survey conducted by the Canadian Medical Association (CMA) aiming to assess Canadians’ opinions about virtual care, reported that 19% of Canadians accessed routine healthcare via phone, telehealth, virtual service, or video conference with their physician(s) prior

to the COVID-19 pandemic compared to 53% since the beginning of the pandemic.<sup>5</sup> Due to necessity, virtual care evidently went from being uncommon to the status quo during the COVID-19 pandemic.

Although many healthcare practitioners and patients will convert back to in-person healthcare with reduced COVID-19-related restrictions,<sup>5,6</sup> virtual care is here to stay. The 2020 Canadian Attitudes on Healthcare and Telemedicine Report indicated that 70% of Canadians believe virtual care represents the future of healthcare due to its ability to reduce time lost from work or school and promote proactive healthcare of individuals and their families, decrease wait times, and mitigate travel.<sup>7</sup> The sentiment that virtual care is not only here to stay, but will continue to expand in the future, is echoed by the CMA, College

of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada, who created the Virtual Care Task Force (VCTF) in early 2019 to optimize the delivery and planning of virtual care in Canada.<sup>8</sup>

Indeed, virtual care offers benefits such as social distancing, decreased travel, increased convenience, and healthcare access for some.<sup>5,7,9</sup> A pertinent factor that is often forgotten amidst the excitement and potential of virtual care, is that it requires patients to have the appropriate resources and skills to access it. Internet access, computers/laptops, smart phones, cellular data, and technological literacy are prerequisites to accessing forms of virtual healthcare. A lack of these resources creates potential for individuals to be excluded from virtual care, which will risk exacerbating the marginalization of already-vulnerable groups. We live in a digital era where technology access and technological literacy is often taken for granted, yet a digital divide exists.<sup>10-13</sup>

The “digital divide” is a well-described phenomenon first coined in the early 1990s<sup>14</sup>; it describes the gap that exists between individuals advantaged by technological access and literacy and those disadvantaged by a lack thereof.<sup>15,16</sup> The digital divide can be due to personal and/or socioeconomic barriers, including low income,<sup>17</sup> housing insecurity,<sup>18</sup> low technological and health literacy,<sup>19,20</sup> and disability<sup>21</sup>; and structural/environmental barriers, namely a lack of device/hardware access and sufficient broadband internet access,<sup>22</sup> and geographical isolation.<sup>10-13</sup> As consistently reported in the literature, those who suffer the adverse consequences of the digital divide are prominently low-income, rural and remote, disabled, racial/ethnic minorities, immigrants, and elderly populations.<sup>10-14,18-22</sup>

As stated in the inaugural report from the VCTF, “although virtual care has the potential to increase access to medical and healthcare, it also has the potential to exacerbate inequalities in access to care”.<sup>8</sup> As healthcare undergoes this revolutionary digital shift, we must meticulously examine and address complex personal, socioeconomic, and structural barriers that contribute to the digital divide and have the potential to procure inequitable access to virtual care for some patients.<sup>23,24</sup> Despite the many benefits of virtual care, failing to bridge the digital divide and ensure equitable virtual care access may potentially

increase disparities in healthcare access and health-related outcomes in vulnerable populations.

The abrupt onset of the COVID-19 pandemic, and subsequent rapid shift to virtual care, which included messages urging patients to not attend in-person medical services, likely disproportionately affected the healthcare of patients and populations disadvantaged by the digital divide.<sup>25-29</sup> Now that virtual care is a key pillar in the delivery of healthcare, we must call upon and engage key stakeholders, from federal and provincial policy-makers to health organizations and patients to understand and address virtual care barriers. Given the lack of research on virtual care as a whole, rigorous data collection and research should be conducted to understand why patients are using or are not using virtual services; how and why virtual care benefits some patients but not others; and how virtual care influences healthcare access and health-related outcomes of respective patient populations.

Data and research should guide policy changes and evidence-based interventions aimed at mitigating barriers impeding patient access to virtual care. Experts have recommended increasing access to broadband internet in rural and remote communities; increasing access to technology via free and safe public access locations or subsidized technology access programs; supporting programs aimed improving digital literacy in elderly individuals and people with lower educational attainment; creating culturally and linguistically inclusive digital health platforms; and making platform accommodations for people with disabilities.<sup>8,26,30,31</sup> Intuitively, these proposed recommendations seem promising, but, as emphasized, research is warranted to assess their efficacy.

As healthcare providers we must first and foremost be aware that a digital divide exists and understand how this phenomenon impacts the patients we treat. We have a pivotal role to play in the continued expansion and rollout of virtual care. We must conduct research and analyses to ensure the expansion of virtual care is evidence-based and equitable; advocate for equitable access to virtual care; and, whether it be online or in-person, provide patient-centered care to meet the needs and capabilities of each respective patient. Let us not allow the interplay between the digital divide and virtual care to exacerbate healthcare

inequities and health disparities. Instead, let us bridge the digital divide, optimize virtual care for all individuals, and enhance healthcare from coast to coast.

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