Every patient is unique, with different levels of understanding of the use of virtual modalities in health care, different levels of access to them (and to in-person options for care), different preferences in terms of their use, and differing ability to effectively use them. This variation has an impact on how successfully available modalities may be used for different care conditions and circumstances.

In order to optimize patient, clinician and office staff experience at the time that a patient has a concern that needs to be addressed, it would be helpful to minimize, eliminate, or address some of these variables in advance, if possible, and to agree on a general approach. Some of the patient-related variables to consider are listed in Table 3.

Table 3. Patient barriers and drivers to virtual care

|  |  |  |
| --- | --- | --- |
| Variable | Virtual Care Driver | Virtual Care Barrier |
| Patient prefers to use virtual care for some care-related needs | √ |  |
| Patient lives at a distance from primary care practice or has limited access to transportation | √ |  |
| Patient has mobility issues or otherwise is constrained to place (e.g., small children, provides elder care) | √ |  |
| Patient has limited capacity to understand the benefits and risks of virtual care |  | √ |
| Patient has limited access to connectivity/virtual care tools |  | √ |
| Patient’s home environment not conducive to virtual visit (e.g., no private space) |  | √ |
| Patient has limited digital literacy |  | √ |
| Patient speaks a language other than that normally spoken at the primary care practice |  | √ |
| Patient has hearing deficits |  | √ |
| Patient has vision deficits |  | √ |
| Patient has a degree of cognitive impairment |  | √ |
| Patient has challenges with speech or with articulating verbally |  | √ |
| Patient has limited/issues with manual dexterity |  | √ |

Some patients may need accommodation to use virtual modalities or may experience a better outcome with an in-person experience. Accommodation to support the use of virtual modalities may be satisfied by inviting a third party to assist a patient, having a patient attend a site that provides patient support or by assessing for more specific needs and attending to them through a purpose-built solution. Further work is needed in developing guidance to support clinicians to assist patients who have unique needs.

When determining a person’s suitability for virtual care, other considerations include clinical, psychosocial, socioeconomic, cultural, and social identity needs and preferences. A recent study suggests that newcomers, people living with a lower income, and those reporting poor or fair health have a stronger preference for and comfort with in-person primary care. [[1]](#footnote-1)

*Original content is the courtesy of Ontario Health:* [*Clinically Appropriate Use of Virtual Care in Primary Care Guidance Reference (November 2022)*](https://www.ontariohealth.ca/sites/ontariohealth/files/2022-11/ClinicallyAppropriateUseVirtualCarePrimaryCare.pdf)

1. Agarwal P, Wang R, Meany C, Walji S, Damji A, Gill Toor A, et al. Sociodemographic differences in patient experience with virtual care during COVID-19 [Preprint]. medRxiv 2021 Jul 22 [cited 2022 May 12]. Available from: www.medrxiv.org/content/10.1101/2021.07.19.21260373v1. [↑](#footnote-ref-1)