

Team 5 – KPMG – Virtual Care in Canada Identifying Appropriate Incentives

1. Executive Summary

During the fall term of 2021, our team collaborated with KPMG to analyze and develop recommendations on how to address the inappropriate distribution between virtual healthcare versus face-to-face healthcare in Canada as a result of the COVID19 pandemic. When the COVID-19 pandemic first broke out in March of 2020, patients meeting with their physicians virtually quickly became widely adopted in order to adhere to social distancing protocols. It quickly surpassed face-to-face doctors' visits during the most severe lockdowns, and still continues to be the preferred method for Canadians to meet with their doctors. The concern raised by KPMG is how this shift has affected the quality of healthcare in Canada, and what incentives could they recommend to federal or provincial governments to correct the situation.

The team approached the problem by considering two paths; (1) to increase the face-to-face doctor visits, and (2) to improve the quality of virtual healthcare. The current Canadian primary healthcare and the gaps were analyzed using health quality metrics, comparative analysis with the policies and practices from other countries were also done to identify their key features and the potential applications to Canada. Countries like the USA and Norway have continued to promote a "virtual first" approach to healthcare, and in fact, see the current shift as an opportunity. Israel has also promoted the use of virtual healthcare and has incorporated more innovative health monitoring to improve the quality of virtual healthcare they provide. The UK has taken the approach to propose legislative mandates to increase face-to-face doctors' visits. Our team has considered all the findings from our international survey to generate ideas for solutions that could be applied to Canada.

After our literature searches, discussions with practicing physicians, and consultations with our client, KPMG, our team recommends a balanced approach that combines increasing face-to-face visits with improving the quality virtual care in both short-term and long-term solution strategies. For the quick wins, we recommend (1) legislating mandates for in-person choice by the patient, and (2) standardizing the virtual healthcare platform to ensure quality. For more long-term initiatives, we recommend (1) a doctor's office subsidy to encourage physicians to increase their office size to allow them to see more patients, (2) an automated checklist for determine when to use virtual versus in-person visits for healthcare, and (3) a tax on virtual software platforms to fund the improvement of that tool in order to provide higher quality care.

It is now obvious that virtual care is no longer only an emergency life raft during pandemic times, but rather a permanent element in the health care system. In order to improve the quality of care delivered for Canadians in general, virtual care should approach above-mentioned two issues through improvement of virtual care quality, and better integration with in-person primary care.
