Virtual care decision framework

Definition: virtual healthcare
Virtual healthcare has been defined as any interaction between patients and/or one or more members of their health circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care.

• Virtual care encompasses all the methods that healthcare providers use to interact with patients when separated by space (in different locations) and/or time (synchronicity). These interactions are called virtual visits.
• A virtual visit is an electronic exchange via teleconferencing, videoconferencing, secure messaging, or audio digital tools, where one or more health care providers deliver health care services to a patient.
• Includes: Provider to Patient/Family, and Provider to Provider

Virtual care ecosystem and core elements

System and environment
focuses on the health system and broader environment and reflect the infrastructure and social conditions within which organizations, clinical teams, individuals and communities interact and operate. Elements to consider may include leadership and governance, equity, social determinants of health, funding, policies, regulatory conditions and public health.

Organization
focuses on the facilities and services (such as hospitals, clinics, offices, nursing homes) that directly support the delivery of clinical care and healthcare team members by providing infrastructure, and shared resources. Elements to consider may include leadership, accountability, policies, human resources, liability and risk management.

Individual recipients of care
Patients and their support circles are at the centre of all healthcare planning and system design. They are impacted, directly or indirectly, by the other four components of this framework. Access, equity, cultural sensitivity, patient capacity, complexity, urgency and safety are all key components to consider when designing a virtual healthcare system.

Clinical care delivery
through healthcare team members who directly or indirectly interact with and on behalf of individuals and communities requiring health services. Elements to consider may include capacity and competence to provide virtual care, evidence-based guidelines and pathways, communication, coordination, integration, liability, and efficiency.

Telemetrics and technology
key infrastructure to enable a range of virtual healthcare services to be provided. Elements to consider may include access, affordability, compliance, capacity, privacy, security, reliability, confidence in the technology for clinical decision making and evaluating new and emerging technology.

Purpose
Health services are being reimagined—with a likely permanent transition to a hybrid model that includes both in person and virtual care. This framework has been developed to provide structure and guidance to health professionals and system leaders across disciplines and the continuum of healthcare as they plan, develop and implement sustainable and scalable systems and processes that fully integrate virtual modalities into care delivery. It incorporates five core elements of virtual care.

The Framework is a companion document to complement the H&S Virtual Care Toolkits for health professionals and public infographics that are available to guide the planning, delivery and follow-up of any virtual healthcare encounter.

heartandstroke.ca/what-we-do/for-professionals

Target audience
• Health professionals involved in the planning and delivery of healthcare services
  • Health system planners and leaders
  • Clinicians across all disciplines and specialties
  • Supportive healthcare providers
  • People with lived experience, Family members and caregivers
  • Technology system developers and digital services providers.

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A virtual care decision pathway has been created within the framework. This pathway encompasses several layers to consider in the decision-making process. They are presented in a cascading direction but can, and often will be, considered simultaneously. These steps have been separated within the model to allow users to clearly understand, reflect on, and consider the contribution of each of these concepts and issues. This will enable patient-centred decision making when choosing a modality to achieve optimal and effective care delivery. For detailed descriptions for the core elements and each step in the decision algorithm, please go to www.heartandstroke.ca/what-we-do/for-professionals

1. **Readiness**
   Considers elements that are required to safely, efficiently and effectively deliver health care services through virtual modalities. Some elements may be added over time and as experience, priorities and capacity allows.

2. **Initial triage**
   Considers whether it is possible and practical to achieve the main purpose of the healthcare encounter through virtual care. Must also consider the individual's ability and preference for a virtual or in-person visit.

3. ** Appropriateness**
   Considers a broader set of factors beyond initial triage that may impact the ability and effectiveness of virtual care delivery. This may include medical complexity, urgency, communication, coordination, individual capacity and preference, availability of technology, physical and cognitive status, and support needs.

4. **Safety and risk**
   Consider any safety or other risks that in-person or virtual care may pose, and whether they can be satisfactorily mitigated. This may include physical environment, privacy, public health risk.

5. **Modality selection**
   Select the modality (in-person or virtual, alone or in combination) to best address the reason for the healthcare visit for this individual at this time, based on assessment of readiness, triage, appropriateness, safety and risk.

**Virtual modalities may include:** video conference, telephone, secure messaging, remote telemonitoring, digital tools (biometrics), and remote triage.