

# Survey Results: Telehealth Use in Canada

On behalf of the CRA Telehealth Committee

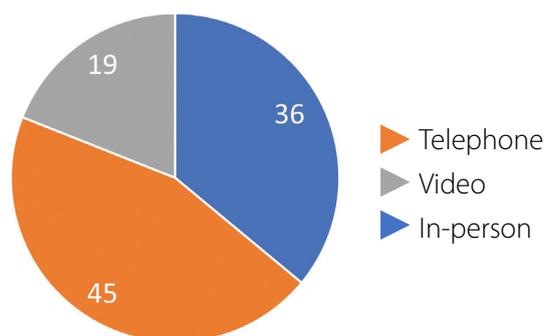
The COVID-19 pandemic has necessitated many changes in healthcare; for patients with rheumatic disease this has primarily translated into how patients are seen by their healthcare providers. While telehealth and e-medicine existed before, the pandemic has led to a dramatic shift in how these formats are used. For this issue's Joint Count survey, in December 2020, we reached out to the CRA membership to ask about their perspectives on telehealth use in Canada. For the purposes of the survey, "telehealth" encompassed telephone and videoconference visits.

The first survey question asked whether video and telephone visits are paid at the same fee as in-person visits in their province. For both video and telephone visits, approximately 70% responded that they are paid the same fee as in-person visits. Further to this, 73% agreed that in the future (post-COVID) telehealth visits should be paid the same fee as in-person appointments.

When asked to estimate what percentage of current patient appointments are conducted via telehealth (e.g., telephone or videoconference) vs. in-person visits, taking the collective average, 36% are in-person visits, 45% via telephone and 19% via video (refer to Chart 1).

The next question asked "What percentage of new patients are you seeing via telehealth?" Approximately a third (30%) responded that they are seeing the majority of their new patients (>75%) via telehealth. Another 28% indicated that they saw less than a quarter of their new patients via telehealth, with 20% saying they saw no new patients via telehealth.

CHART 1:  
**Format of Current Patient Appointments (%)**  
N = 130 (December 2020)



In terms of being comfortable seeing new patients by telehealth, only 8% said they were very comfortable. Sixteen percent (16%) indicated they were comfortable; 27% said they were somewhat uncomfortable; 13%, neutral; and finally, 35% said they were not at all comfortable.

When asked "which parts of the physical exam do you incorporate into your telehealth visit, when clinically indicated (choose all that apply)?" the most common responses included visual exam for swollen joints (66%); self-exam for tender joints (60%); dermatologic exam – either real time or with photos afterwards (57%); and virtual GALS/pGALS/or other range of motion exam (48%).

As one might expect, there are both benefits and disadvantages to telemedicine. Indeed, one respondent pointed out that "When there is no pre-existing relationship, it is likely harder for patients to have a sense of trust when the visit is only by phone. From the physician side, there are many features that you can miss without visual contact of some sort." Similarly, another physician commented that "...it is also difficult to assess patients whose first language is not English as I am never sure that my questions are understood even when there is a relative involved acting as a translator." Another stated that "Questions and history are easy by telehealth, but not physical exam which is essential to complete the initial rheumatology consultation."

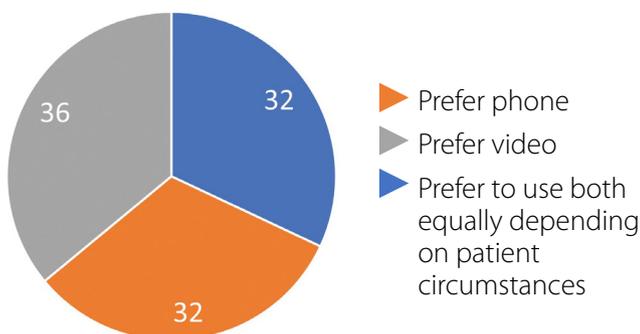
On the other hand, there is also a distinction to be made between a video visit and a telephone call. One physician wrote "I see all new patients by video if possible (over 90%). I find telephone consultations much less reliable." Others suggested that the technical difficulties of setting up video calls with patients who are not familiar with the technology are a significant barrier. Indeed, patient comfort with technology is a limitation, particularly with video calls, and there can also be technical barriers such as an inadequate internet connection. Finally, the lack of a proper setup and even privacy or noise can be concerns, with the presence of other members in a household, both for patients and physicians alike.

Additional barriers mentioned by survey takers included the lack of administrative support. For example, adding new ways that patients can be booked adds more variables to an already taxed system.

Nevertheless, telemedicine can certainly be convenient, particularly for rural patients in the winter months, and many reported that their follow-up patients are very

**CHART 2:**  
**Preferred Telehealth Platform If No Barriers Existed (%)**

N = 130 (December 2020)



happy with virtual visits. The wide variety of responses and comments in this survey confirm that telemedicine has an important role in the future of healthcare, though whether it will be used or not for a specific patient ultimately depends on the patient, their condition and their unique circumstances.

The CRA Telehealth Committee is working on best practice recommendations and looks forward to seeing results from multiple quality improvement and research efforts assessing telehealth models of care being carried out by CRA members.

If you have any additional feedback for the CRA, please contact Sue Ranta at [sranta@rheum.ca](mailto:sranta@rheum.ca).

\*The response rate to the survey was 130 out of a possible 599, equating to 22%. Approximately 44% of respondents were academic rheumatologists and 43% were community rheumatologists, and among these 24% were both; 14% were pediatric rheumatologists.

## Regional News: Update from Manitoba

By Liam O'Neil, MD, FRCPC

The big news from Manitoba (MB) is that the Canadian Institutes of Health Research (CIHR) has provided funding for a team immunology project (nominated principal investigator [NPI]: Dr. Hani El-Gabalawy, recently bestowed ACR Master) that will aim to understand and prevent rheumatoid arthritis autoimmunity in First Nations people. Dr. Liam O'Neil was hired in early 2020 as a clinician-scientist and co-investigator on this team grant.

In other news, we eagerly await the opening of a new Internal Medicine subspecialty outpatient clinic which is being developed by a team led by our very own Dr. David Robinson. Adult rheumatology is also now providing outreach clinics to serve Nunavut (Dr. Robinson) and Hodgson, MB (Dr. Konstantin Jilkine). Sadly, we also must announce the departure of Dr. Kerstin Gerhold from pediatric rheumatology, with Dr. Lilly Lim taking over as section head. Dr. Lim is also funded by CIHR to study lived experience and longitudinal employment in lupus patients.



Several bear statues, known as the "Bears on Broadway," decorate the grounds of Manitoba's Parliament in Winnipeg.

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