

RheumVision: Harnessing Telemedicine to Improve Access to Care in Rural British Columbia

By Brent Ohata, MD, CM, FRCPC

The current COVID-19 pandemic has resulted in a widespread embrace of telemedicine inconceivable prior to the pandemic. Even after the resolution of the COVID-19 pandemic, ongoing acceptance and usage of telemedicine will likely persist.

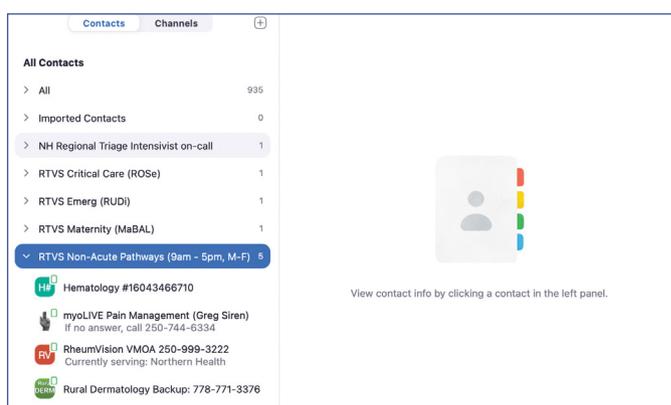
In British Columbia, we are trying to harness this newfound embrace of telemedicine to establish a video-based rheumatology hotline for rural physicians, called RheumVision. Rural physicians simply click on an app link to set up a video chat room with themselves, the patient and the rheumatologist on call. Visual data from the encounter is an improvement on the previous telephone-based hotline that currently exists in the province. Additionally, the RheumVision rheumatologist has the option to provide longitudinal care for the patient until the closest local rheumatologist can assume care.

This initiative is part of a suite of exciting apps now available to BC rural physicians. Similar video hotlines also provide critical care, pediatric, ER, dermatology, maternity, hematology, thrombosis and pain management advice on demand, in real-time. More subspecialty pathways will be added in the future. Beyond the subspecialized education that occurs, video technology has also facilitated procedural support. Intensivists have virtually assisted with the conscious sedation and cardioversion of unstable patients. RheumVision rheumatologists have coached physicians through first-time joint aspirations and injections.

As in many parts of Canada, rural British Columbians frequently face barriers accessing medical subspecialists, including rheumatologists. Most BC rheumatologists practice in only a handful of urban locations, and only sporadically visit smaller, more remote communities via traveling clinics. Perilous roads, unforgiving employers, limited finances, and personal struggles all contribute to missed in-person appointments for rural patients. Improving outcomes for these patients requires a change in our mode



Connecting with a family physician and patient on a remote reserve 14 hours from Vancouver. The patient had a definite flare of her rheumatoid arthritis, and we were able to advance care without her leaving her community.



A look at the app now available to all rural BC family physicians.

of healthcare delivery. Although increasing rheumatologic manpower in underserved areas has long been the envisioned solution to this problem, few gains have ever materialized.

Innovative models of care such as RheumVision have the potential to lower the barriers to care that many rural patients face. Instead of travelling hours to see their specialist, patients can access their rheumatologist at their local health clinic. Patients are also seen when their schedule permits, not when the rheumatologist has availability.

History teaches us that, after the Plague of 1347, came the Renaissance. Without the changes that accompanied the COVID-19 epidemic, a program such as RheumVision could never have been implemented. Patients and health-care providers alike were more resistant to telehealth one year ago. All of humanity has suffered as a consequence of COVID-19. But COVID-19 has also accelerated many necessary changes in society. One hopes that RheumVision is the beginning of many good things to come.

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