



# **COST AND IMPACTS OF VIRTUAL CARE ON OLDER ADULTS BEFORE AND DURING THE COVID-19 PANDEMIC EXECUTIVE SUMMARY**

DATED: November 15, 2021



# 1 Report Summary

To date, there is limited published work assessing equity of access to virtual care in older adults across various subgroups, such as income-level group, immigration status and literacy levels. The Centre for Digital Health Evaluation was commissioned by Canada Health Infoway to evaluate the impact of rapid virtualization of health care on older adults in Ontario during the COVID-19 pandemic using routinely collected health administrative data. This data was collected before and during the first year of the pandemic. This document is a summary of a more extensive report.

## 2 Objectives

The objectives of this study were to:

- Describe the changes in overall virtual care use among older adults in Ontario before and during the first year of the pandemic.
- Explore potential inequities in access to virtual care across subgroups of older adult patients in Ontario before and during the first year of the pandemic.
- Describe virtual care use relative to total health care spending and utilization among older adult patients with dementia in Ontario before and during the first year of the pandemic.

## 3 Methodology

- Data was obtained from linked and coded population-based health databases from the Institute for Clinical Evaluative Sciences containing population demographics, physician services, inpatient hospitalizations, emergency department visits, laboratory tests and publicly funded prescription medication use.
- The study could not distinguish between telephone or video visits because they are coded the same way in the provincial database.
- The analysis focused on all older adults age 65+ with valid Ontario Health Insurance Plan health care coverage, with a range of analyses for different subgroups.

## 4 Findings

- 4.1 Older adults (age 65+) had the highest rates of virtual care use (telephone and video visits) of any age group in Ontario during the pandemic (91 visits per 1,000 during the first wave of the pandemic)**
- 80 per cent of OHIP-billing physicians had at least one virtual care visit per week with an older adult patient from the start of the pandemic onwards.

**4.2 Virtual care use increased among major demographic groups in Ontario during the pandemic, however differences in virtual care rates were found for several groups. Rates were notably lower for non-English speaking newcomers and newcomers with dependent children (family class)**

- Newcomers who spoke only French, or neither French or English, had lower rates of virtual care use (73 and 69 per 1,000, respectively) compared to newcomers who could speak English, or both English and French (86 and 79 per 1,000, respectively).
- The highest rates of virtual visits were reported for those in the refugee or other newcomer classes, while the lowest rates were found in newcomers of the family class (102 vs 82 visits per 1,000 during first wave).

**4.3 Access to care was reduced for older adult patients with dementia in Ontario who were low virtual care users during the pandemic**

- Outpatient visits among high users of virtual care increased slightly during the pandemic, while low virtual care users saw a consistent decline in outpatient visits pre-pandemic and this remained low during the pandemic.

## 5 Take Home Message

- Virtual care has been crucial in helping older adult patients maintain access to care during the COVID-19 pandemic, since physical interactions have been discouraged.
- Subgroup analyses identified potential concerns regarding equitable access to virtual care, particularly within the newcomer and dementia populations.
- Virtual care provides a significant opportunity for older adult patients, who are among the highest users of the health system and may face financial and mobility challenges.
- More research needs to be conducted on the quality of virtual care and its impact on patient outcomes.

## 6 Policy Implications

- Subgroups identified as having inequitable access to virtual care are important populations to continue monitoring and highlight potential areas to focus additional support.
- Providing proper infrastructure to allow virtual care to be properly maintained in all communities may help older adults access care where physical barriers may otherwise prevent this.
- Different modalities (phone vs. video) may have been utilized to varying degrees of success with older adults. Specific physician reimbursement codes for different virtual care modalities may aid future research.

Further results from this report are expected to be published in academic publications. The results from this report have triggered a larger national study, which will examine the impact of the rapid virtualization of health care on older adults across Canada.

Canada Health Infoway commissioned the Centre for Digital Health Evaluation (CDHE) to conduct this study and create a report. The goal of the CDHE is to offer timely, high quality evaluations of digital health technologies at various stages of maturity by partnering with leading experts in the health and technology sectors. Together, we harness insights from Ontario's world-leading experts in digital health economic evaluation, implementation, policy and practice to support the Ministry of Health. More information can be found at <https://cdhe.wchwihv.ca/>

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