

President's Message. Access or continuity?

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I am presently doing a locum in Moose Factory, and in this historical but isolated location, I am reminded of technologies that have improved communication among health-care professionals and with patients. The two-way radio allowed isolated nursing stations to communicate with physicians. This was followed by the telephone and the fax machine, then the Internet that allowed notes and images to be transferred. In Moose Factory, when I order an X-ray on a patient in the Emergency Department, the report, read by a radiologist in Timmins, is often available when I go back to reassess the patient.

Virtual care is a recent development in patient care. Initially, virtual care required telemedicine equipment that was only available in hospitals and clinics, and a nurse would be present with the patient to assist with examination. Now, it can be done from the comfort of one's home, or in some cases, from a local pharmacy.

Many rural communities have a doctor shortage, and free-standing clinics can improve access for patients. This must be balanced against their lack of continuity. We know that continuity of care reduces mortality¹ and decreases system costs.² Patients generally value access over continuity for acute problems but value continuity for chronic issues, multimorbidity and "checkups."^{3,4}

Family medicine is dependent on context, and local physicians are familiar with available resources and referral pathways, as well as economic and social issues that may affect the patient's health. Physicians providing stand-alone, episodic virtual care should be encouraged to spend clinical time in the community that they service, so that they too can understand their patients' context.

Some physicians who are unable to work full time in a rural community may be able to support a rural population through regular in-person visits supplemented by virtual care when they are not in the community.

And finally, virtual care could be used by physicians to see their own patients, who are unable to come to the office and do not need physical exams, so that continuity is maintained.

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