Why Virtual Health for TB?

**CONTEXT**
- The BC Centre for Disease Control Tuberculosis Services (TBS) provides screening, diagnosis and care to patients with active and latent TB in BC.
- The Provincial Health Services Authority (PHSA) Office of Virtual Health (OVH) provides strategic direction and leads Virtual Health initiatives across PHSA.

**ISSUE**
- TBS delivers >10,000 visits per year through 2 TB clinics located in Greater Vancouver.
- TB patients across BC do not have equitable access to care. For many, travel to TBS clinics is impossible or difficult, time-consuming and costly.
- Treatment for latent TB infection (LTBI) requires weekly or monthly visits to a TBS clinic, placing a burden on patients who engage in this care.

**AIM STATEMENT**
Improve accessibility and acceptability of LTBI treatment by using Virtual Health visits to reduce time and travel costs for patients.

What did we do?

**OFFICE OF VIRTUAL HEALTH**
- Identified common Virtual Health needs across clinical areas in PHSA, then selected a Virtual Health solution to demonstrate and supported its implementation in each clinical area.

**TB SERVICES**
- Recruited patients on a 4 month course of LTBI treatment (Rifampin) that requires monthly visits. Patients were provided all medication at time of enrollment.
- Developed recruitment protocols and clinical and pharmacy workflows, trained clerical and clinical staff, performed simulation testing, and conducted monthly Virtual Health visits with enrolled patients.

**EVALUATION**
- Based on the BC Health Quality Matrix Dimensions of Quality and included patient and staff surveys, and estimates of time savings.

What were the outcomes?

**In TB Services**

- 21 Patients offered virtual visits
- 12 Patients enrolled
- 11 Patients completed treatment*
- 9 Patients completed all virtual visits**

* 1 patient withdrew due to treatment intolerance
** 1 patient moved to clinic (in-person) visits; 1 patient did not adhere to Virtual Health visits but completed treatment

Virtual Health visits saved patients an estimated average of 1 hour driving time…

…an estimated average of 2 hours & 20 minutes transit time…

…an estimated average of 15-30 minutes waiting time at the clinic.

Across Provincial Health Services Authority (patient survey, N=38):

97% of patients agreed that the Virtual Health visits platform was easy to navigate

95% of patients feel that Virtual Health visits are better or the same as in-person visits

80% of patients reported being very satisfied with Virtual Health visits

What target population is important. Virtual Health is not the right fit for everyone. Consider criteria like comfort with English & technology.

Thorough testing is essential. Technical issues can impact staff and patient engagement. Comprehensive testing leads to a smoother roll-out.

Dedicated resources are required. Even a small Virtual Health project can be resource-intensive in a clinical setting. Resources = buy-in!

Improving access to care means... Giving up a degree of clinical control and trusting that patients will act in their own best interest.

What are the next steps?

- Identify additional clinical pathways that could shift to Virtual Health (for example, other short-course LTBI treatments)
- Develop strategy for creation of a formal virtual TB clinic that offers a suite of Virtual Health tools for patients.
- Seek funding for dedicated resources to support full integration of virtual clinic with current clinical processes

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