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TB or not TB: Are Virtual Health visits the answer?

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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 did we learn?

1

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

2

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

3

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

4

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

Connect with us!

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