

## HEALTHCARE PROVIDER SATISFACTION WITH VIRTUAL CARE DELIVERY IN ALBERTA DURING THE COVID-19 PANDEMIC.

L. Olayinka<sup>2</sup>, G.G. Kaplan<sup>3</sup>, L. Reeb<sup>1</sup>, R. Panaccione<sup>3</sup>, K. Kroeker<sup>2</sup>

1. University of Alberta, Edmonton, BC, Canada; 2. University of Alberta Division of Gastroenterology, Edmonton, AB, Canada; 3. University of Calgary, Calgary, AB, Canada

**Background:** In light of the COVID-19 pandemic, gastroenterologists in Alberta moved to virtual care for many clinic visits. As the public health situation evolves, it is important to evaluate provider satisfaction with virtual care during these unprecedented times.

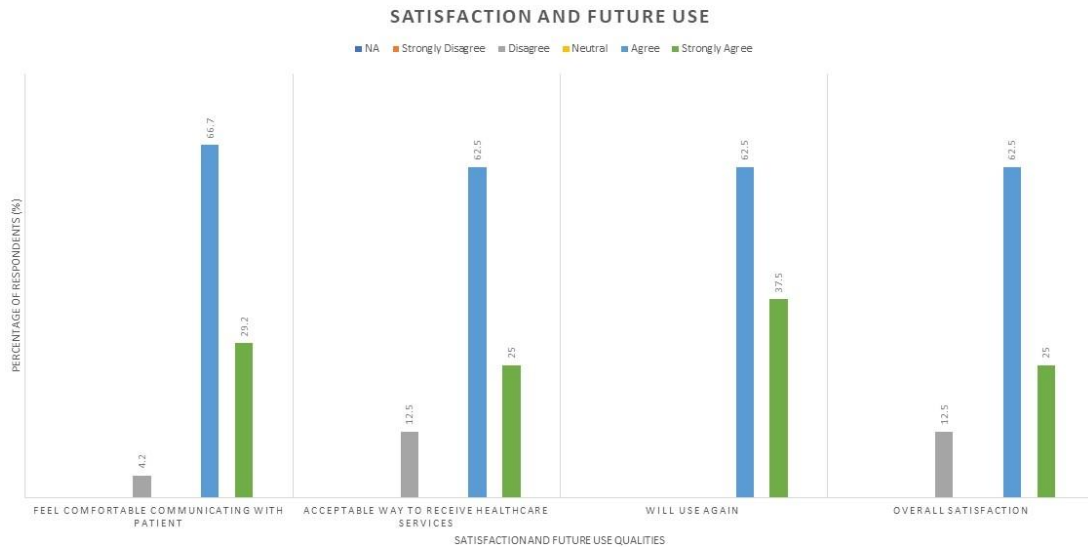
**Aims:** To assess healthcare provider (HCP) satisfaction with virtual care during the COVID-19 pandemic.

**Methods:** We administered a 20-item satisfaction survey that assessed the usefulness, ease of use, interface qualities, reliability, and overall satisfaction with virtual care tools for the delivery of care to patients with gastrointestinal diseases. One hundred and twenty-five gastroenterologists in Alberta were invited to participate via email. We used a modified Telehealth Usability Questionnaire (TUQ) which was open for response from June 19-August 30, 2020.

**Results:** The overall response rate was 19% (24/125) with 46% female respondents. Most respondents worked in an academic facility (63%) and had been in practice for a mean duration of 12.3 years. Respondents were from seven facilities within the South, Calgary, Central and Edmonton health zones. Virtual care reported was a hybrid model consisting of telephone and in-person (54%) or telephone and video consults (42%). Although 90% indicated that virtual care tools improved access to healthcare, provided location flexibility and were appropriate to meet healthcare needs, only 42% agreed that it saved time. Inconclusive virtual consultations due to the absence of physical examination and missing lab values was reported by 75% and 33% of HCPs, respectively. Ninety-five percent of HCPs who used video conferencing found it simple, easy to learn and were able to become productive quickly with it. Over 60% of HCPs reported that virtual care (irrespective of the platform used) was not the same as in-person visits. The mean overall satisfaction for HCPs who rarely or never had virtual care prior to the pandemic, was 0.57 points higher than those who often provided virtual care (4.36 vs 3.79; 95% CI: 0.26-0.88,  $p=0.001$ ). Overall, 88% of providers were satisfied with virtual care and all respondents were willing to use it again (Figure 1). Identified areas of concern included patient safety, patient education on best practices, adequate remuneration, additional administrative duties, and

challenges with providing care for new patients on virtual platforms.

**Conclusions:** This survey of GI providers in Alberta showed high satisfaction and acceptance with virtual care. However, the majority reported it to be less reliable than in-person visits. Access to Alberta Netcare to view investigations was deemed valuable. Areas of concern that needs to be addressed include patient education on virtual care best practices and provider resources to assist with new consultations on virtual platforms.



**Figure 1: Provider satisfaction with virtual care**

**Funding Agencies:** None