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COMMENTARY

It's not one size fits all: a case for how equity-based knowledge translation can support rural and remote communities to optimize virtual health care

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ABSTRACT:

Context: People living in rural and remote British Columbia (BC) in Canada experience complex barriers to care, resulting in poorer health outcomes compared to their urban counterparts. Virtual healthcare (VH) can act as a tool to address some of the care barriers, including reducing travel time, cost, and disruptions to people's lives. Conversely, VH can exacerbate inequities through unique difficulties in rural implementation, such as a lack of access to necessary infrastructure (eg internet), social supports, and technological capacity (eg devices and literacy).

Issue: The impacts of the COVID-19 pandemic induced a rapid shift to VH, providing new opportunities for health care while simultaneously highlighting and exacerbating inequities for people living in rural and remote settings. Equity-informed knowledge translation processes can help address these concerns. This commentary reports on an equity-informed knowledge translation process engaged by a diverse group of health researchers, community members, and practitioners in BC.

Lessons learned: Informed by equity principles from the Canadian Coalition for Global Health Research, this knowledge exchange and translation process led to the co-creation of two practical tools: a set of VH appointment tip sheets and an open access report. Through stakeholder engagement and literature consultation, VH appointments were found to have many benefits for those in rural and remote communities, including expanding access to basic and specialized health services. However, some hesitation was noted when relying solely on these modes of care, as they can lack relationality, clarity, and time to process medical information. The tip sheets resulting from this process are an interactional-level tool developed to address this concern and optimize VH appointments, for rural patients and care providers. They offer the respective stakeholder group insights on how to actively prepare for and participate in inclusive virtual care. On a systems level, there is a continually echoed need for equity-based processes to ensure that VH is striking the balance of meeting rural health needs without exacerbating inequities. Additionally, incorporating the voices of rural and remote community members is essential. To help address this gap, an open-access report was compiled to serve as a small-scale example of integrating rural voices with existing literature to recommend systems-level adjustments. Overall, VH holds promise as an effective tool for addressing inequities experienced by those living in rural areas. To maximize this potential, rural and remote stakeholders must be proactively engaged and listened to throughout the processes of considering, planning, and implementing shifts in the utilization of VH options.

Keywords:

British Columbia, Canada, COVID-19 pandemic, equity, integrated knowledge translation, stakeholder engagement, virtual health care.

FULL ARTICLE:

Context

British Columbia, Canada

British Columbia (BC) is a vast province, located on the western coast of Canada, with a population of just over five million residents[1]. Of these, approximately 2.6 million residents, or over 50%, are concentrated in the small, geographic area of Greater Vancouver. The rest of the province is considerably less densely populated, and 13.6% of the population live in small, rural and remote communities across the province's land mass[2]. BC's health system is centralized and fragmented, with little formal communication or coordination[3,4]. The structure of BC's healthcare system, combined with unique geographical, contextual, and cultural factors, has caused rural communities to experience enduring health inequities[5-8]. For example, rural and remote communities, which are often home to more Indigenous residents and those with lower socioeconomic status, experience structural inequities and disparities in access to care, such as the requirement

for extensive and costly travel[9,10]. Virtual health care (VH) has been proposed for and advocated as a solution to mediate health inequities for those living in rural and remote communities.

Virtual health care

VH involves the remote offering of health-related information, services, and/or supports using a range of technologies (eg telephone, e-mail, text message, video call, smartphone application)[11]. VH is considered to be a substantial innovation for its ability to improve quality of care and access to primary and specialized services, while carrying the potential to lower expenditures across the healthcare system[12,13]. Positive implications of using VH include decreased need for travel, decreased waiting times, increased convenience, and improved cost efficiency[14]. For example, telemedicine appointments have been shown to save US$19–121 per visit, as these appointments address concerns without accessing other resources (eg emergency departments)[14]. When VH is used in rural and remote communities, patients and healthcare providers can be supported to receive and deliver high-quality healthcare experiences. Patients have expressed that high-quality VH can lead to increased feelings of empowerment, improved self-management, increased access to culturally appropriate care, and reduced barriers associated with travelling (eg costs, lost work wages)[15-17]. For patients living with chronic conditions, VH can remove structural barriers (eg inaccessible doctor's offices) that impede the ability to attend appointments. For healthcare providers, using VH can allow them to diversify their knowledge and skillsets, and build and maintain collaborations, both of which can contribute to improving the overall quality of care they can provide[15,16]. For example, in BC, teletrauma programs have enhanced the capacity for local trauma care in rural communities by connecting rural communities in real time with colleagues from urban centers who have specialized trauma knowledge[18]. VH can also be used to support healthcare systems to improve the accessibility and equity of their healthcare services. Attending to equity and accessibility may decrease the health inequities that rural and remote communities endure. While VH has been demonstrated as an important way to improve access in rural and remote settings, critical barriers and inequities exist[19,20].

Issue

The COVID-19 pandemic

Worldwide, the rapid evolution of the COVID-19 pandemic has forced healthcare systems to promptly transition to primarily VH options. Through the agile and rapidly changing integration of VH, multiple strategies emerged to support the delivery of healthcare services to patients in the context of enduring physical distancing restrictions and critical demands due to COVID-19.

Despite the many advantages of VH, the unexpected nature of the pandemic caused the transition to occur haphazardly, and while unintended has exacerbated some pre-existing and introduced new health inequities between urban and rural and remote communities[21]. For example, insufficient broadband internet capacity has resulted in a lack of access to a range of healthcare services in rural areas of BC[22]. Likewise, rural communities often lack adequate infrastructure, including the technical supports necessary for fulsome VH services[23]. Beyond access, concerns about the quality of care received through virtual platforms throughout COVID-19 have been raised, including the potential for fragmented and lower quality care[24]. For rural and remote communities, VH is continuing to evolve. Thus, to ensure quality VH, the unique needs and context must be identified, prioritized, and addressed. Health system planners must consider the differences in how rural and remote communities view and use healthcare services[25], as well as differences in access to and use of technology[26].

A potential solution: knowledge translation

When designing and implementing VH options for rural and remote communities, enacting equity-informed knowledge translation (KT) processes may help to ensure that VH options are evidence-based, accessible, and responsive to patient needs[27]. In the Canadian context, KT has been defined as 'a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the healthcare system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity, and level of engagement depending on the nature of the research and the findings, as well as the needs of the particular knowledge user'[28]. From an equity perspective, adopting an equity-informed KT approach would ensure the voices of those with lived experience of health inequities are meaningfully included when making decisions about developing and implementing VH options.

To create equitable health services in rural and remote areas, health system planners must *proactively* rather than *reactively* engage community members' perspectives into priority setting and service planning. Using an integrated KT approach, which involves ongoing collaboration between a variety of relevant stakeholders, can help to ensure their unique perspectives and needs are incorporated at *every stage*, from defining the problem to developing and assessing solutions[29]. While specific resources that guide the process of adopting equity-informed KT approaches have been developed[30], routine use of these resources within health care is uncommon.

A journey of research co-production

The authors of this commentary represent a diverse group of researchers and healthcare practitioners who reside in BC. All authors of this commentary reside outside of the Greater Vancouver area, and have lived experience of navigating healthcare systems from outside this central urban hub. Each author also has an interest and passion in the practice and science of KT. These passions influenced each author to engage in the Canadian Coalition for Global Health Research (CCGHR) Knowledge Translation Program, either as a trainee or mentor. This course seeks to promote KT theory and practice through a focus

on research co-production and relational practice to address equity and global health concerns. This open-access program empowers learners to examine critical health issues from an equity standpoint, addressing theoretical, practical, and applied aspects of KT.

Brought together by common geographic, personal, and professional factors, the authors began discussing topics that were most relevant to supporting rural communities in BC. As these discussions took place amidst the COVID-19 pandemic, the impact of COVID-19 on rural communities quickly became an integral area of interest. Drawing from personal experiences and perspectives, the group agreed that preparing rural residents for optimal VH experiences was a relevant and impactful topic to explore.

This commentary aims to describe the equity-informed KT process that the authors engaged in during their time enrolled in the CCGHR program, and highlight how usable and accessible KT products were developed as a result of authentic partnership building.

Lessons learned

The equity-informed integrated KT approach

The authors recognized how the rapid expansion of VH during the COVID-19 pandemic provided a window of opportunity to proactively, rather than reactively, consider equity in addressing the group's aim. Identifying relevant stakeholders started with understanding who should be included in decisions around developing and implementing VH interventions in rural and remote communities (Fig1). Stakeholders were ultimately selected through the senior author's network for their expertise, knowledge of VH, and engagement with diverse patient populations from across the health system, including those who face structural barriers and challenges. The group's mentor facilitated the development of an authentic partnership with five stakeholders from rural and remote communities in BC (one patient, three healthcare practitioners, one healthcare administrator). Following an integrated KT approach, the CCGHR learners engaged in facilitated discussions, consultation of the literature, and information synthesis to determine appropriate KT products to prepare rural residents to experience optimal VH. Each stage was informed and guided by the CCGHR's Principles for Global Health Research, a set of six values (authentic partnering, inclusion, shared benefits, commitment to the future, responsiveness to causes of inequities, humility)[30] and critical reflective questions that aim to integrate equity throughout research, regardless of subject matter.

Discussions were facilitated by a semi-structured question guide (Appendix I). An example of how equity was prioritized in this discussion was through intentionally having the patient begin the stakeholder discussions, followed by the healthcare practitioners and administrator. Further, the group adopted inclusive and sensitive engagement, ensuring that the voices of all involved were heard and that all parties felt safe and supported when sharing their perspectives and viewpoints. This type of engagement ensured that the team proactively attended to potential power imbalances within the group and supported open exchange and dialogue. The discussion was also structured to allow ample time to process and reflect on others' contributions to the conversation. Relevant evidence from the literature was shared during the discussion as a means of integrating emerging best practices.

Drawing from the stakeholders' unique knowledge and perspectives, all partners highlighted the importance of developing two preparatory VH tip sheets to support patients and healthcare providers for optimal VH appointments. Using the synthesis of the stakeholder discussions and consultation of the literature, the initial versions of the tip sheets were developed by the authors, and sent to the entire partnership to review and refine. Both sheets use accessible language to outline a temporal set of actions that residents (Appendix II) and healthcare providers (Appendix III) can follow to enhance VH appointments. The content of the tip sheets represent a synthesis of stakeholder suggestions and literature-identified promising practices.

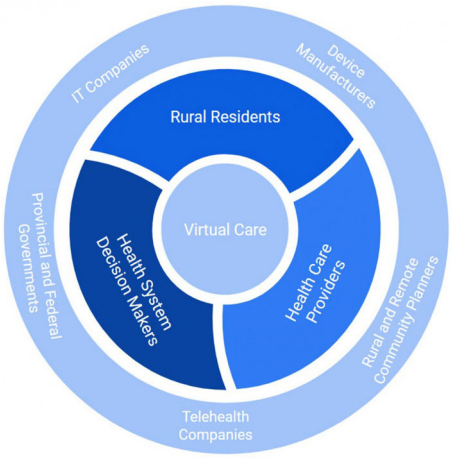

Figure 1: Visual representation of individuals, groups, and communities who should be included in decisions around developing and implementing virtual healthcare interventions in rural and remote communities.

Equity-informed KT products: tip sheets and open-access report

During our discussion, the patient partner reflected upon their experience of engaging with various aspects of the healthcare system through VH, including primary care and specialized services, while navigating multiple structural inequities and personal challenges. On an individual-interactional level, the patient partner discussed how elements of relationality and holistic assessment are often missing from VH appointments, and that there can be obscurity or misunderstandings about the intention and structure of appointments, leading to poorer health outcomes. Similarly, healthcare providers and administrators shared the challenges of delivering VH services in the absence of dedicated resources and supports, noting that they needed to be nimble and responsive when determining the best methods for supporting VH.

A recent study suggested that e-health literacy, or the 'capacity to understand and have personal and technical comfort with the receipt of health care through technology', is an essential part of the success of VH in rural contexts[17]. The tip sheets are a KT tool aimed at building e-health literacy, and responding to the unique rural health inequities identified during the integrated KT process. In addition to the idea of developing the tip sheets that emerged from stakeholder conversations, examples of equity considerations embedded throughout include plain language, tips for various modes of accessing VH, considerations of multiple practitioners, and prompts for providers to proactively inquire about barriers to quality care.

At a systems level, the authors learned that the rapid shift to primary reliance on VH can be concerning as VH can further isolate individuals and groups who lack access to necessary infrastructure (eg reliable internet connection, affordable devices), social support (eg after receiving difficult medical news), and/or capacity to engage virtually (eg technology literacy or language barriers)[31-34]. While many rural and remote communities have made longstanding calls for increased VH options, there is a resounding message that VH is useful as *one piece* of the health care continuum, not as a replacement for robust, in-person care[26]. Advancing rural VH requires context specific considerations and consultations to be intentionally woven into research, policy, planning, and implementation. In response, the authors produced an open-access report that delves deeper into rural VH equity. Ultimately, the authors leveraged an equity-informed KT process to produce multiple tools that engage different stakeholders.

Overarching lessons

Incorporating the perspectives and experiences of diverse rural and remote community members into decision-making processes around VH is essential for moving towards more equitable systems and high-quality use of VH rurally. Those who reside in rural and remote areas are best equipped to know how the healthcare system works for them and are well positioned to identify mitigating strategies to address gaps in the system. When lived experience is used synergistically with academic knowledge and political will, the goal of an equitable healthcare system becomes increasingly conceivable[35].

VH holds immense promise as a healthcare tool to increase access, improve patient experience, and reduce patient and system-level costs. Perspectives from diverse rural and remote stakeholders – patients, support networks, and providers – must be included in decision making and implementation processes to ensure their unique needs and priorities are meaningfully addressed. Equity-driven KT processes can support these goals and lead to stronger rural and remote health systems. While the KT tools developed from this work are an example of equity-informed tools, they are not a sole solution. As the COVID-19 pandemic persists and eventually wanes, efforts to support equitable access to VH must continue in a way that meaningfully involves the voices of *all* who are directly impacted, regardless of where they live.

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APPENDIX I:

Appendix I: Semi-structured focus group question guide

Note: To attend to power dynamics within the stakeholder partners, ensure conversations are guided based on amount of decision-making power within the healthcare system.

Questions for stakeholders:

- Introduce yourself and how you have connected with virtual health.
- Tell us about your experience with virtual care (telephone/video) pre-covid and during covid
- What worked well?
- What did not work well?
- What would you like to see continued?
- What would you like to see discontinued?
- Which personal or professional supports are needed to make your experience go well?
- What might help patients be better prepared to access and use virtual care?
- What supports helped with virtual care?

APPENDIX II:

Appendix II: Rural resident tip guide

Accessing Quality Virtual Care:

In Canada, access to health care is a basic human right. Unfortunately, factors such as where you live or which services are available to you can make it difficult for you to access *high-quality* health care. A possible solution for improving access to high-quality health care is to use virtual options (e.g., telephone, video call), which became popular during the COVID-19 pandemic. In-person and virtual care are different from one another and require different preparation to get the most out of your experience. Here are some tips you can follow to improve your experiences with virtual healthcare.

General Tips:

- **Plan ahead.** Set aside time for your appointments just as if you were to set aside time for an in-person appointment.
    - Find a quiet and private location
    - Make sure your internet connection is working and your device is fully charged
    - Write down any questions you have ahead of time
    - Have your medications or a list of your medications with you
    - Have your Care Card or other personal information you will need

- **Work with community centres/buildings.** If you do not have access to the internet in your home, speak with your municipal/city government to see if it is possible to do your appointments in a private space at a local library or community centre.

- **Reach out to friends and family.** Connect with your social network to find other options for accessing the internet and your virtual appointments. For example, a trusted friend might have a stronger internet connection at their house.

- **Be clear with what you want.** Advocate for yourself and what you expect to find out during your appointment. Make sure you do not leave the appointment without expressing all your concerns and/or setting up a follow-up appointment to further discussion.

- **Advocate for better access.** Advocate for better internet and cell service connection in your community. Virtual health care will remain limited without proper internet connection available for all.

"Yes, I have my own primary care doctor"

Here are some tips for how you can improve your experiences with virtual care with your primary care doctor.

Before you meet with your primary care doctor:

- **Use virtual health care platforms.** Your provider may use a specific health care application or internet-based website portal. Take time to understand how to navigate the platform (e.g., ask for training or clear instructions prior to the day of your appointment).

- **Plan ahead.** Set aside time for your appointments just as if you were to set aside time for an in-person appointment.
    - Find a quiet and private location
    - Make sure your internet connection is working and your device is fully charged
    - Write down any questions you have ahead of time

- **Communicate your needs ahead of time.** Advocate for how you want your appointments to be conducted and what you expect out of your time with your care provider.
    - For example: Ask your care provider about their different options for virtual care. If their current methods do not work for you, propose a solution that does (e.g., if the clinic does video call appointments and you do not have access to the internet, ask if you can do your appointment over the phone).
    - Also, ask questions ahead of time about the process for sharing your personal information (e.g., images, scans) with your care provider. For example, do you share images through an online portal, text, email, etc.?

During your meeting with your primary care doctor:

- **Ask questions.** Ask your care provider the questions you prepared ahead of time that relate to your appointment. Also ask questions about your next appointment or any follow-up testing.

- **Have what you need.** If you have any medications, test results, or personal information that your care provider might need to see or have questions about, make sure to have those beside you while you are in your appointment.
    - Have your medications or a list of your medications
    - Have your Care Card or other personal information
    - Test results
    - List of questions

"No, I do not have my own primary care doctor"

If you do not have a primary care doctor, there are still many options available to you to ensure that you receive high-quality virtual health care.

Here are some tips for how you can find a primary care doctor that is willing to help you through a virtual platform.

- **Familiarize yourself with what is available.** In response to the COVID-19 pandemic, many forms of virtual care have emerged. Educate yourself on the different options to see what works for you. To start you off, here are some virtual care options that are available in British Columbia:
    - https://www.doctorsofbc.ca
    - https://www.phsa.ca
    - Dial 811 to connect with an available BC healthcare provider

- **Use virtual health care apps.** There are many Smartphone applications and internet-based websites that are designed to support people to receive 24-hour care from a certified doctor.

  Examples of Health Care Applications:

    - Telus Health: https://www.telus.com/en/health/virtual-care

    - Maple: https://www.rbcinsurance.com/group-benefits/plan-member/maple-virtual-care.html

During your meeting with a primary care doctor:

- **Ask questions.** Ask your care provider questions you have related to your health concerns. Also ask questions about your next appointment, any follow-up testing, and the process for connecting with a primary care doctor.

APPENDIX III:

Appendix III: Health care provider tip guide

Patient's top three reservations about virtual care are:

- Privacy and security,
- Lack of relationality, and
- Gaps in technology or infrastructure.

This document is intended to help improve the virtual appointment experience for you and your patients. These tips are based on recent literature and stakeholder consultation. While some may increase the amount of time spent on each patient, the overall impact will improve quality of care and the practitioner-patient relationship.

Before the Appointment:

- Consider multiple ways of sharing this information – mail, email, phone call, text messages.
- Ensure you have sufficient training and competency to manage patients through virtual care.
- Clearly communicate the expectations, intentions, and limitations of the appointment.
- Assess for and find solutions to communication, language, or cultural differences.
- Briefly explain how confidentiality and privacy is protected, especially if there are personal images being shared from the patient to the practitioner.
- Inform patient of what they need to have ready for the appointment (i.e., medication lists, symptom logs, updates from other health care practitioners).
- Ask the patient if there is anything they need to make it easier to participate in the appointment (e.g., recognizing your own limitations).
- Create and communicate a plan in case technology fails (e.g., have alternative phone numbers on file, provide potential waiting time and plan for disconnection, explain possibilities for rescheduling, etc.)

During the Appointment:

- Take time to check-in about the patient generally – you may need to ask more questions than in a face-to-face appointment to get a well-rounded understanding of the patient's condition and to maintain relationships.
- Assess/consider the limits of virtual assessment and decide if an in-person assessment/examination is needed.
- Allow time for patient to process information and ask clarifying questions, if needed.
- Avoid technical or medical jargon.
- Listen and watch for verbal, emotional, or behavioural cues that can convey important patient information (tone of voice, body language, background noise, etc.).
    - If you have safety concerns or if you sense things didn't go well, explicitly ask if they need additional support and have resources on hand to give to the patient. When possible, notify staff where the patient is doing their appointment.
- Explore patient's self-diagnosis.
- Ask open-ended questions to draw out sufficient information for decision-making.
- Ask questions in a logical sequence.
- Let them know how they can contact you or another resource if additional questions or concerns arise after the appointment.
- Discuss how reports or test results can be shared or accessed (process, timelines).

After the Appointment:

- When possible and appropriate, send a brief appointment summary to the patient.

If you would like to learn more, information can be found in the following links:

Physicians:

- https://www.cpsbc.ca/files/pdf/PSG-Virtual-Care.pdf
- https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Nursing:

- https://www.crnnl.ca/sites/default/files/documents/Virtual%20Nursing%20Practice%20-%20FINALpublisher.pdf
- https://www.cno.org/globalassets/docs/prac/41041_telephone.pdf

Occupational Therapy:

- https://cotbc.org/wp-content/uploads/COVID-19-Practice-Guidance-Telehealth-in-Occupational-Therapy-Practice-March-31-2020-Update_FINAL.pdf
- https://www.caot.ca/document/3717/T%20-%20Telehealth%20and%20E-Occupational%20Therapy.pdf

Physical Therapy:

- https://cptbc.org/physical-therapists/practice-resources/advice-to-consider/tele-rehabilitation/