

THE HONOURABLE DIANE THOM  
MINISTER OF HEALTH AND SOCIAL SERVICES

**Virtual Healthcare**

Mr. Speaker, I have a Return to Written Question asked by the Member for Kam Lake on March 10, 2020 regarding Virtual Healthcare.

In the Northwest Territories, Virtual Care is one of the ways that health care providers have been treating residents from a distance. Virtual Care also allows for enhanced physical distancing, which is a priority during the COVID-19 pandemic. By offering Virtual Care options to our patients we can reduce the in-person interactions they have within our health system in waiting rooms, with our clinic staff, and with their healthcare providers.

Residents in smaller communities may lack on-the-ground health services and providers such as physicians, physiotherapists and mental health workers. However, Virtual Care can enable patients to see these health care providers between community visits, and on a more immediate basis. A second benefit is that patients can continue to be cared for by the same provider virtually between the in-person visits.

# Return to Written Question Retour à la Question écrite

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Virtual care enables relationship-based care, which is foundational to culturally safe and effective primary care. It can decrease medical travel, both within the territory and to Alberta based consultants. When a patient receives care virtually in their home community from a remote provider, it means decreased inconvenience to the patient, decreased cost related to the patient being away from work and family for the duration of medical travel, and decreased cost to the system.

In response to the COVID-19 pandemic, the Northwest Territories Health and Social Services Authority has set up a COVID-19 Virtual Care initiative, which is broken into three phases. Phase 1 is the immediate deployment of virtual care capacity to meet the urgent needs of the pandemic and limit an initial viral outbreak. This included setting up virtual visits by phone and expansion of video-conferencing, as well as remote access to the Electronic Medical Records (EMR). Phase 2 is currently being planned and will add secure messaging between health care providers and patients, and potentially between the Northwest Territories and Alberta. A future Phase 3, post-COVID-19, will align longer term investments, policy, and care delivery to support virtual care longer term, using the COVID-19 Virtual Care response to inform and guide future direction.

More broadly speaking, both during and after COVID-19, Virtual Care is valuable and benefits patients because it can improve equity, timeliness, safety and access to care. Virtual care also limits the necessity for patient and provider travel, thereby decreasing the potential for viral spread.

Thank you, Mr. Speaker.