

Addressing Physician Shortages in Mid-Sized Hospitals: Hybrid Model of Care Project

E-Health Presentation: June 2, 2025

We acknowledge with gratitude that we are gathered on traditional, ancestral and unceded territories of the First Peoples of British Columbia, who have cared for and nurtured the lands and waters around us for all time.

We give thanks, as Occupiers, for the opportunity to live, work and support care here.

Agenda

Topic

Introductions

Problem Summary

Overview of Virtual MRP: Hybrid Models of Care

- Virtual MRP Models of Care in Canada

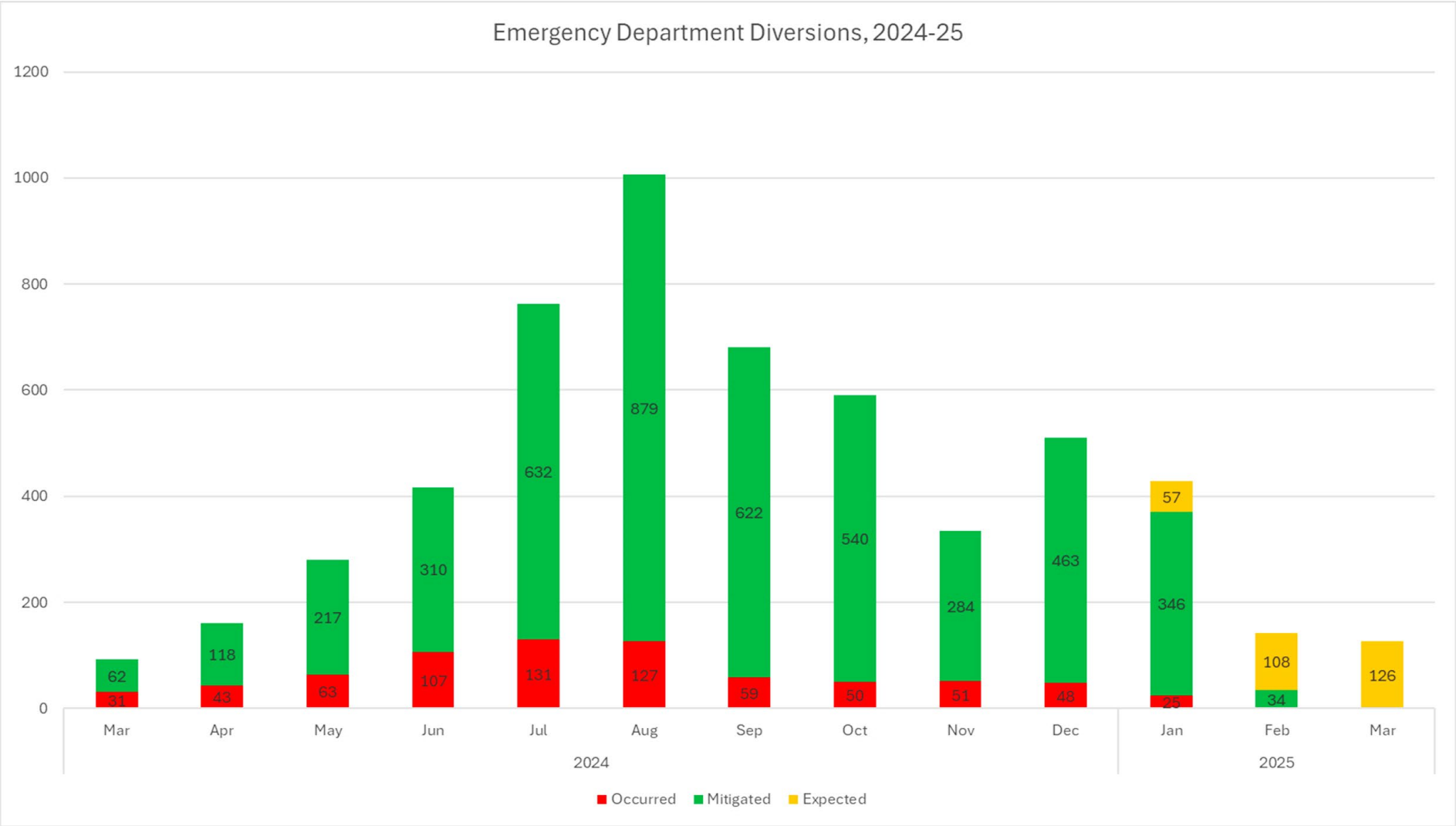
Overview of Cariboo Memorial Hospital

- Three Month Summary: Key Metrics

Building a Provincial Virtual MRP: Hybrid Model of Care

Problem Summary

2024 Hospital Service Interruption Data



of service interruptions: **710**
(395* d/t physician)

of projected service interruptions in Q1 2025: **291**
(90% projected to be mitigated)

Problem Summary

5 emergency rooms close in B.C. Interior over long weekend

All but 1 have since reopened, with Nicola Valley Hospital set to resume services Monday morning

CBC News · Posted: Sep 01, 2024 8:15 PM PDT | Last Updated: September 1, 2024



The Nicola Valley Hospital, the only hospital in Merritt, B.C., was closed on Sunday. Four other hospitals in B.C.'s interior paused emergency services over the long weekend. (Interior Health)



File photo (Image credit: CFJC Today).

CARIBOO MEMORIAL CLOSURE

By Aaron Schulze

Emergency department Cariboo Memorial Hospital temporarily closed for seventh time in 2024



Wolf Depner
Feb 27, 2025 11:54 AM



Rallies call attention to ER closures plaguing northern B.C.

Health minister says the province is hiring health-care workers at unprecedented rates, working with MLAs

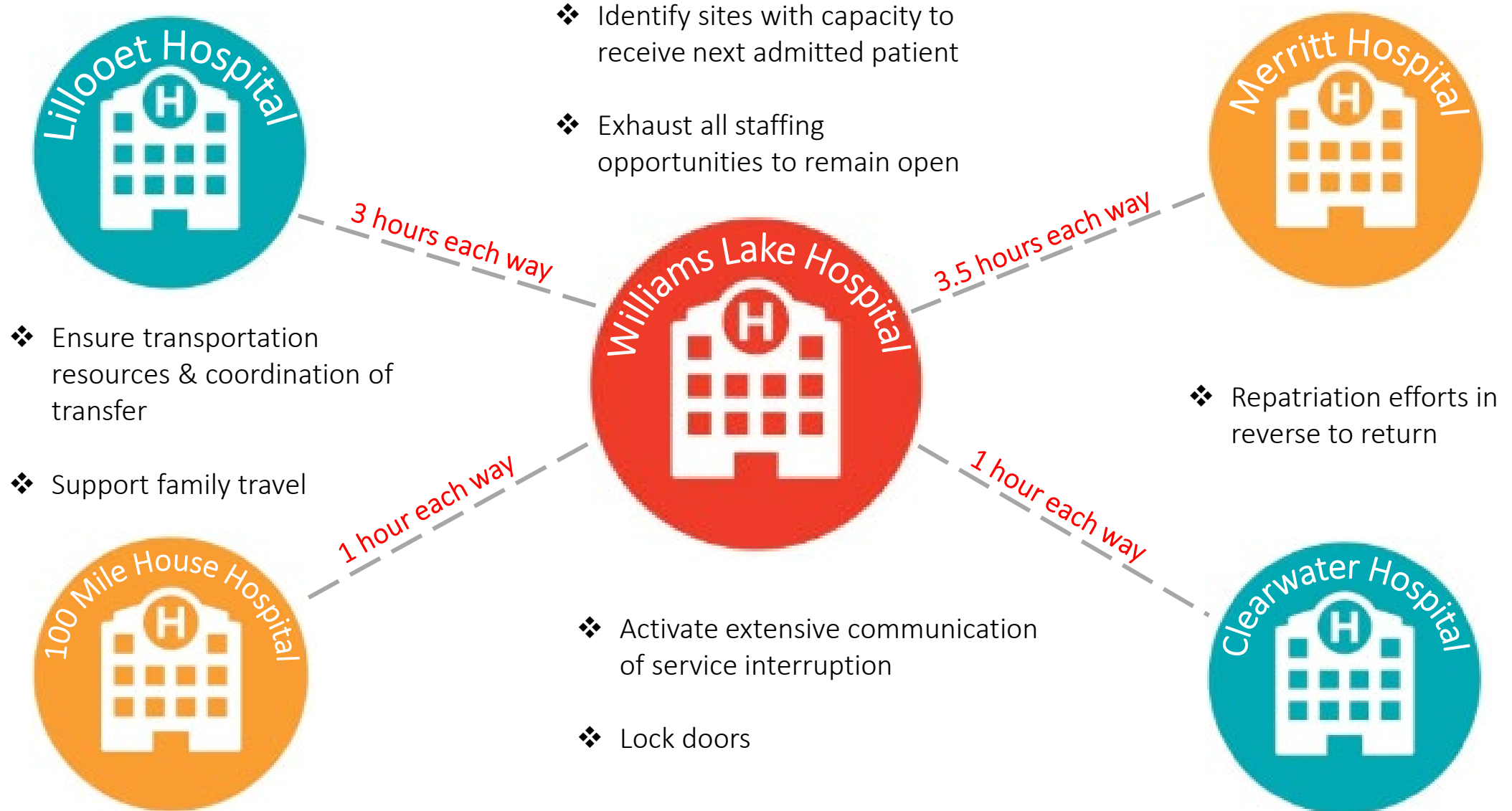


Bridget Stringer-Holden · CBC News · Posted: Jul 29, 2024 9:38 PM PDT | Last Updated: July 29, 2024



Dozens attended a rally in Fort Nelson, B.C., on Monday, as northeast B.C. grapples with a series of emergency room closures this summer. (Submitted by Dan Davies)

Service Interruption Provider/Patient Impacts



Mitigation Strategies



Interior Health



Provincial Health
Services Authority



Vision

Enabling equitable local access to quality health-care for all citizens of BC through virtual care.

Virtual MRP Principles



Virtual care
complements
in-person care



Strengthen &
support
quality
patient care



Equity &
access to care



Culturally safe



High-quality
patient-
centered care



Complementary
to existing
virtual care
services

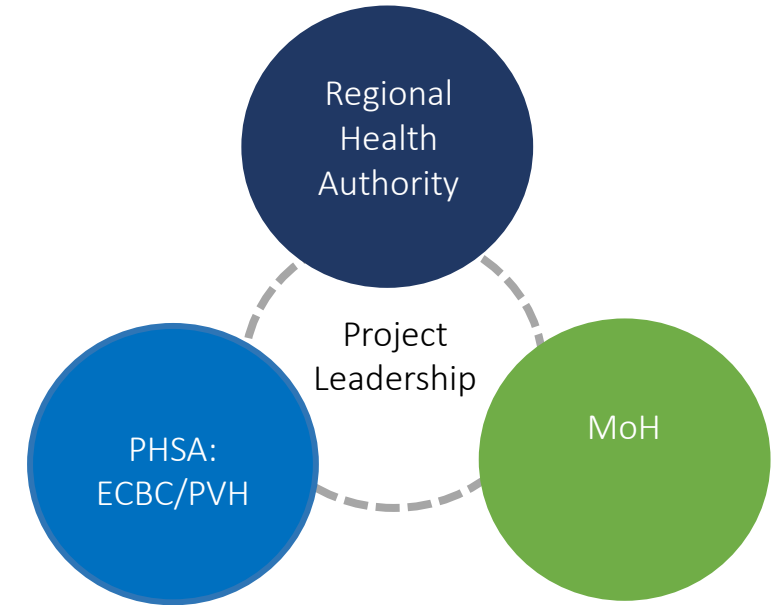


Improve
provider
experience

Project Collaboration Model

The Hybrid Model of Care projects are co-led by:

- Regional Health Authority
- PHSA Emergency Care BC (ECBC)
- PHSA Provincial Virtual Health (PVH)
- Ministry of Health



Virtual MRP: Hybrid Models of Care in Canada

Informant Interviews Across Canada



“Virtual care is safe care” –
Dr. Puneet Kapur, Saskatchewan

“Design the service based on the problem you are trying to solve” –
Dr. Jan Sommers, Nova Scotia



(On the patient experience) Ensure patient culture is considered in decision making –
Dr. Todd Young, Newfoundland

(On the provider experience) Focus on relationship building and making them feel like a team -
Dr. John Pawlovich, British Columbia



Jurisdictional Scan – Hybrid Virtual MRP



Alberta Health Services: Virtual Emergency Physician

- 24/7 Virtual Physician support to 5 rural EDs
- Regional pool of AHS physicians
- Low tech: iPads, single EHR
- Fully virtual

Ontario: PGY5 virtual support

- Implemented in handful of small rural sites
- Low tech: Phone primarily
- On-site & On-call Hybrid: Senior resident is on-site, virtual supervisor is first on-call, physician within community is second on-call

British Columbia – Cariboo Memorial Hospital

- Local Hospital – Inpatient Unit
- Medium Tech: Teladoc Lite4 & e-peripherals
- Hybrid: Virtual Physician (Teladoc recruited) and In-person Physician

British Columbia - RCCbc VERRa

- Provincial - ED in rural/remote and small sites
- Low tech: Zoom on iPad
- RCCbc recruited pool of physicians
- On-Call Hybrid:
 - VERRa MRP CTAS 2-5
 - On-site Physician CTAS 1

British Columbia – Fraser Health Eagle Ridge Hospital

- Local hospital model
- Low Tech: MS Teams/cellphones
- On-site hybrid: Virtual hospitalist (from same hospital) –existing, stable inpatient and covers all "ward calls" during evening

Newfoundland & Labrador – Virtual ER Services

- Provincial pool of physicians + Teladoc physicians as back up
- Medium tech: WOW with Cisco and Teladoc Litev4 systems for virtual ER physician coverage
- Fully Virtual and transfers patients where appropriate to tertiary sites

Nova Scotia – Virtual EmergencyNS

- Yarmouth Regional Hospital- ED
- Medium tech: Maple platform with videoconferencing connected to iPad on-site
- On-Site Hybrid:
 - Virtual physician assigned to low acuity patient
 - On-site Physician high acuity patients

New Brunswick: Horizon Health Network

- Supports 2 Emergency Departments
- High Tech: Teladoc technology
- Hybrid: Virtual Physician (Teladoc recruited) and In-person physician

Saskatchewan – Central Virtual Physician Emergency Room (VPER)

- Provincial pool of physicians
- Low tech: Central home-grown video solution
- Fully Virtual, including higher acuity patients

Saskatchewan – Northern University of Sask. Remote Presence Robotics Program

- Northern remote communities
- High Tech: Teladoc technology
- Fully Virtual, including higher acuity patients



Components of Virtual Support for Hospitals Care Models

DECISIONS



Virtual
Provider
Staffing



Technology



Solution
Implementation and
Support

SITE OPERATIONS



Virtual Provider Coverage
Arrangement Reflective of On-site
Staff Scope and Capacity for
Required Level of Care

REQUIREMENTS



Workflow Changes
for Staff including
Nursing and Allied



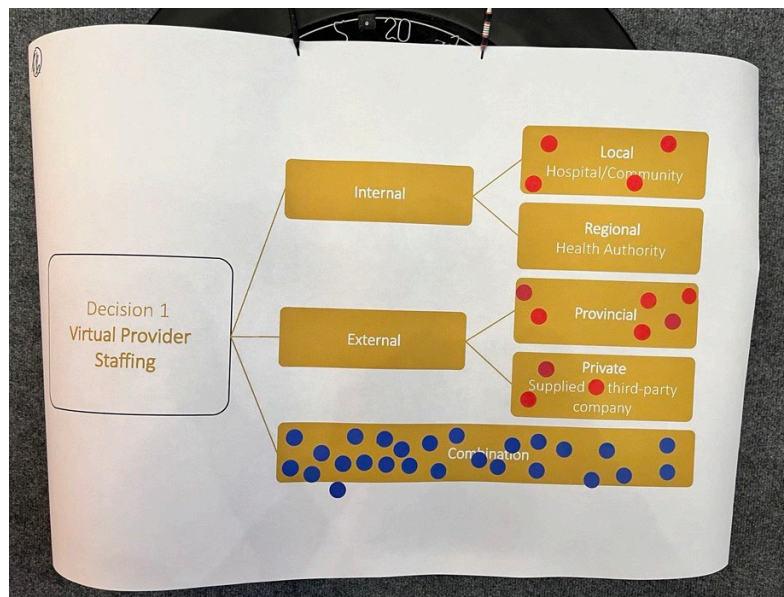
Systems for Care
Coordination
& Clinical
Information Sharing

Service Model Definitions

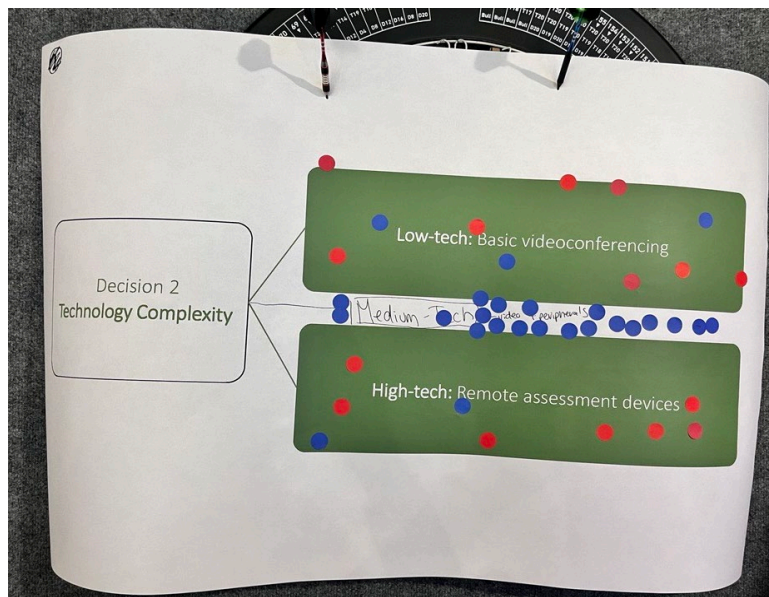
Service Model Description	Definition	Driver/Problem to be Solved	Staffing Support
Hybrid On-Site (workload augmentation)	Virtual physician is working alongside an in-person physician and an in-person team. Workload is divided between providers based on care requirements.	- Long waitlists - Patients left without being seen - Service interruptions due to reduced physician capacity onsite	Virtual operations team
Hybrid On-Call	Virtual physician is working alongside an in-person care team, with back up from a community physician as needed. <i>*Community or onsite resting physician back up required</i>	- Service interruptions due to physician shortage - Proactive overnight coverage alignment with Corridors of Care work	- Virtual operations team - Resting in-person physician
Fully Virtual	Virtual physician is the sole physician delivering care alongside an in-person team. <i>* Last resort, requires airway protection and/or management escalation plan via nursing rural/remote cert, advanced care paramedic, respiratory therapist and/or ambulance bypass for high acuity.</i>	Ad hoc daytime or overnight coverage needed due to physician sick calls/vacation	- Virtual operations team - Onsite airway protection: - Upskill nurses and/or - Advanced care paramedic and/or - Respiratory therapist and/or - GP anesthetist and/or - And/or ambulance on bypass for high acuity

Regional Pilot: Cariboo Memorial Hospital

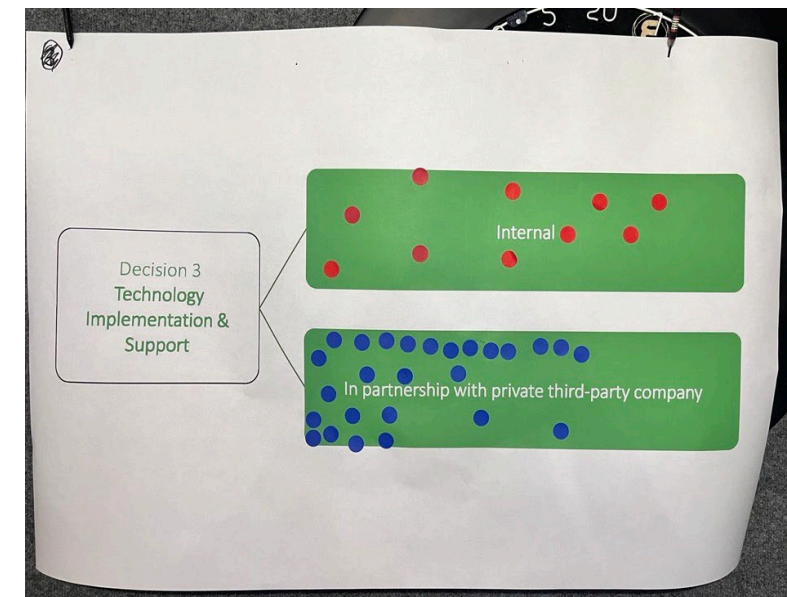
CMH Virtual MRP Model Development



Key Decision 1:
Combination of Internal and
External Virtual Provider Staffing



Key Decision 2:
Medium Technology Complexity



Key Decision 3:
Technology Implementation and
Support in Partnership with
Third-Party Company



Cariboo Memorial Hospital Pilot

Summary of Key Metrics (3 Month)

Higher admissions but occupancy trending downwards	No differences observed in key safety metrics	No difference in length of stay, readmission rates, or transfers back to the emergency department	Patient satisfaction is high	Provider satisfaction is high
Analysis: If the virtual model was not present, the hospital would be struggling to support patients	Analysis: Virtual care is safe care, with appropriate escalation pathways	Analysis: Virtual care maintains status quo for access and flow indicators	Analysis: Patients are pleased with service vs. transfer Recommendation: • Consistent provider over multiple shifts • Ensure 1:1 time with virtual physician and patient • Adequate training for virtual providers	Analysis: Better solution vs. service interruptions Recommendation: Continue to improve workflow efficiencies to decrease extra workload on staff

Cariboo Memorial Team

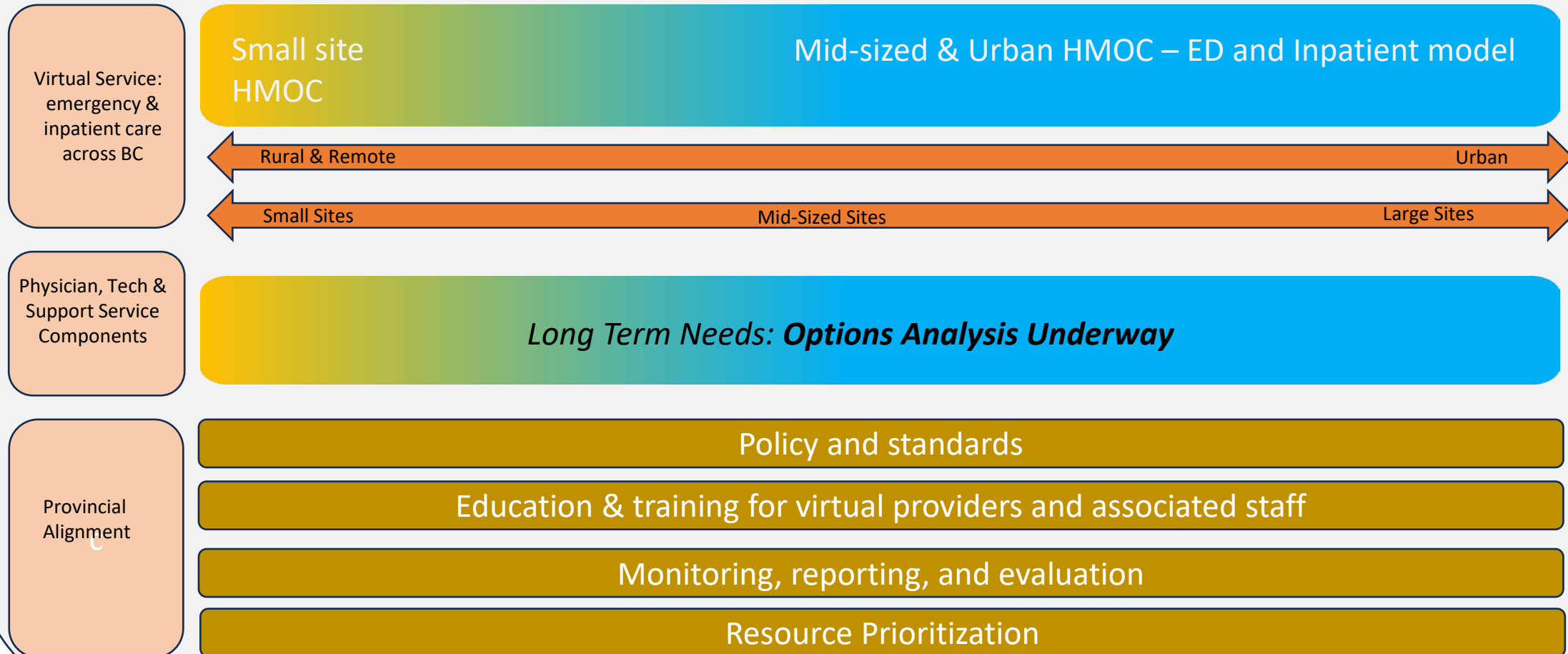


Building a Provincial Virtual MRP: Hybrid Model of Care

Provincial Digital Health and Information Services

Partnering with the BC health sector, providers and citizens

Provincial Virtual MRP: Hybrid Model of Care Scope



Provincial Approach to HMOC



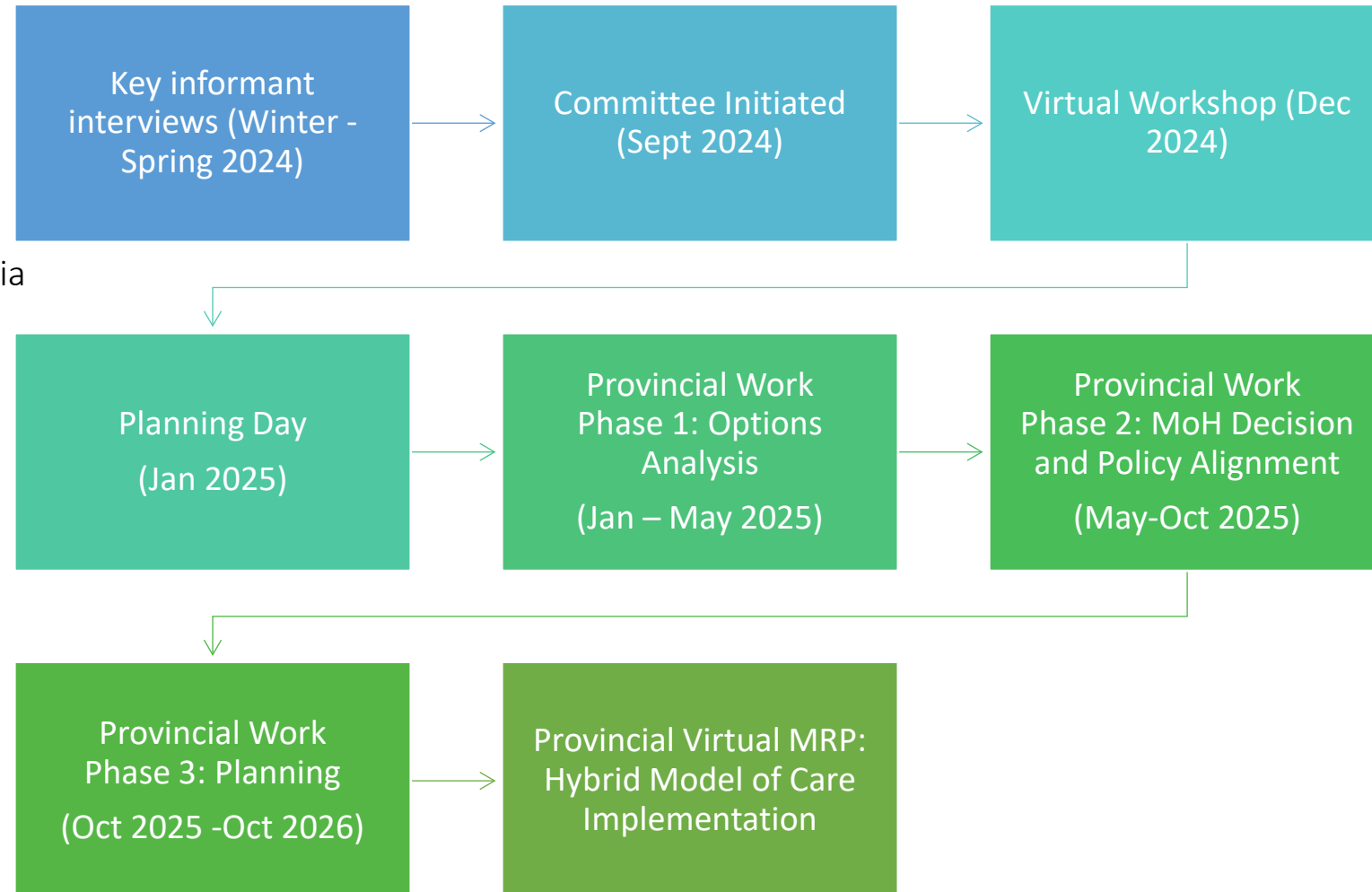
How we get there:

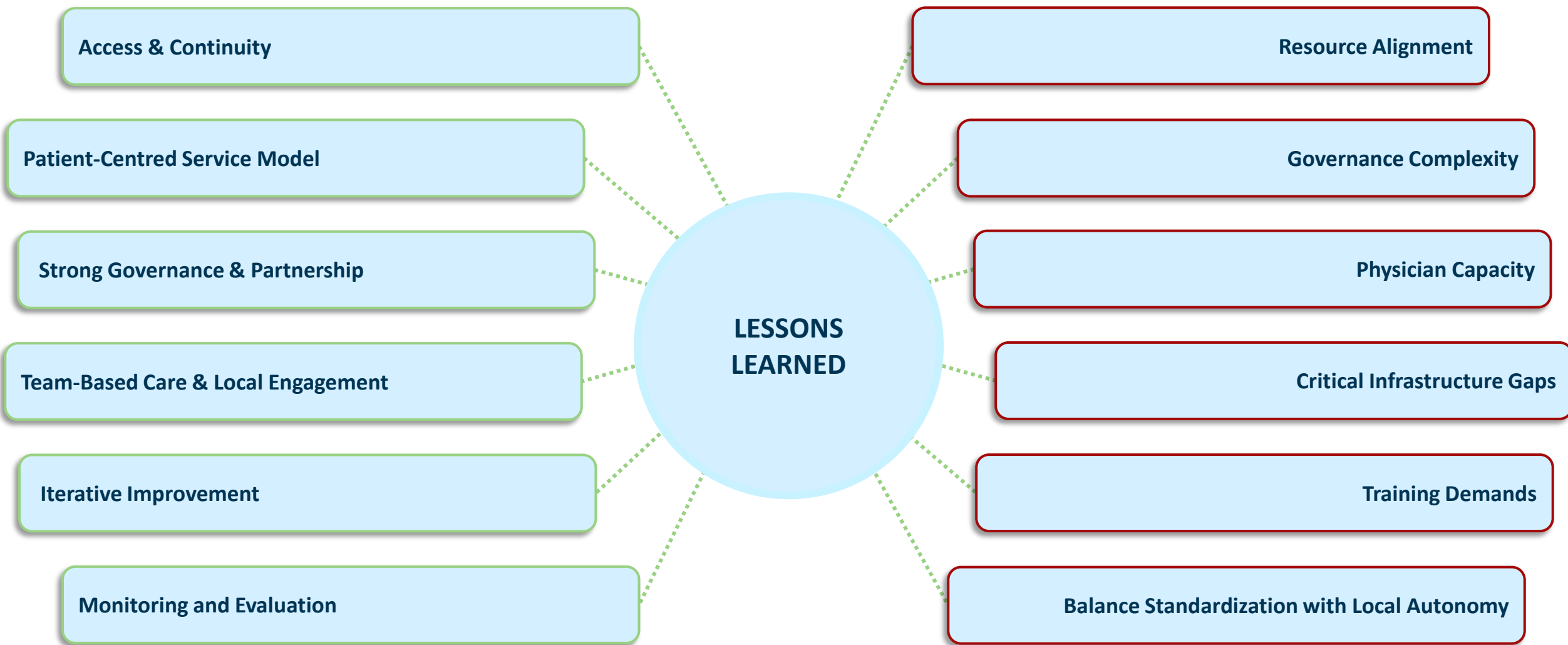
- Ministry mandate and direction on emergency service models of care and where virtual care augmentation is endorsed
- Implement provincial *HMOC guidelines and operational playbook* for provincial coordination, best practice standards, and implementation resources
- Develop *resource prioritization mechanism* to track and triage requests (optimize our limited physician resources and funding available)
- Develop consistent *training & education* for virtual providers and on-site staff
- Ensure provincial *monitoring, reporting, and evaluation* for quality and patient safety
- Build a provincial *sustainable* operational model

Provincial HMOC Committee

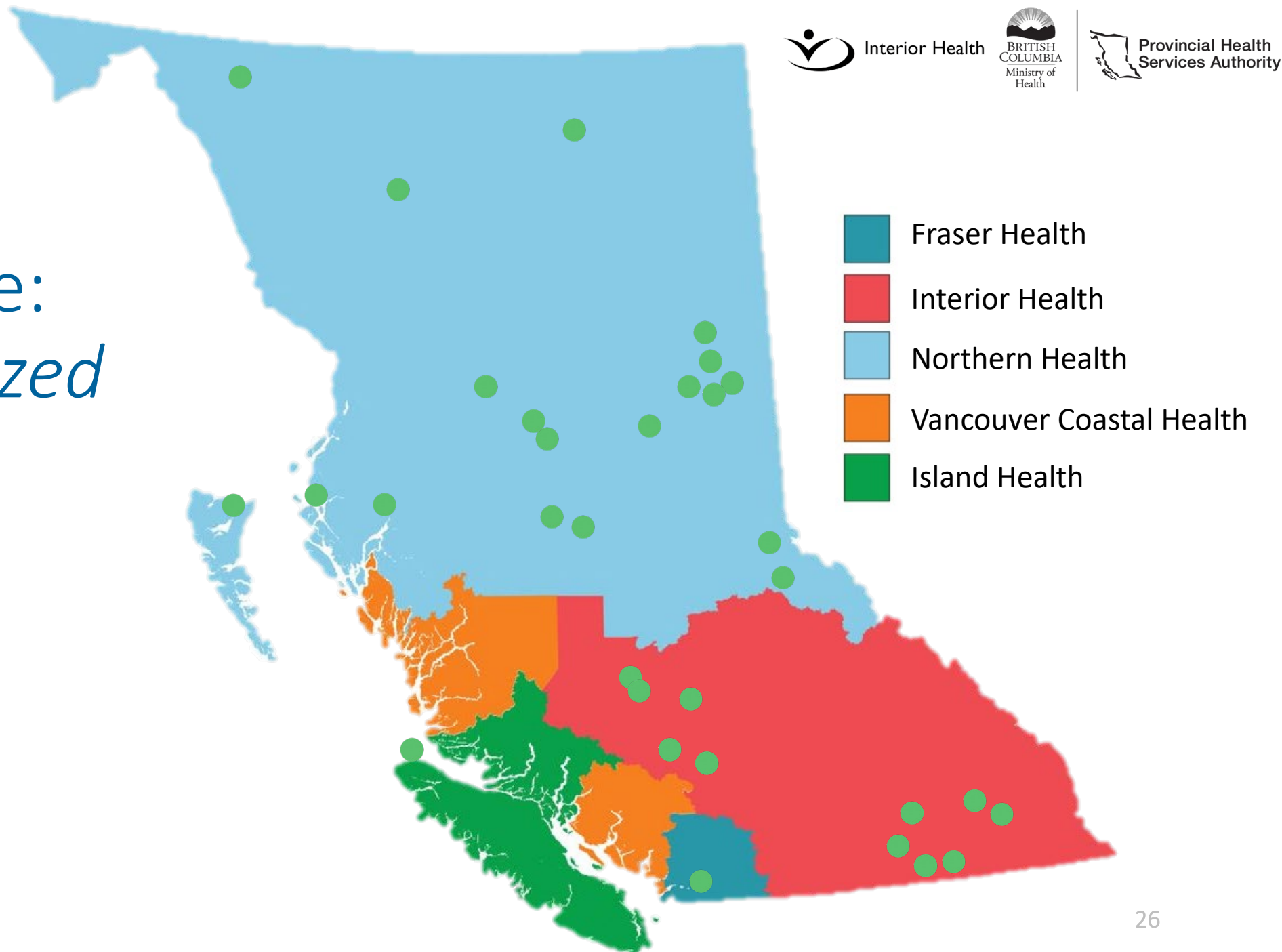
Partners:

- Ministry of Health
- Emergency Care BC
- Provincial Virtual Health
- Critical Care BC
- Rural Coordination Centre of British Columbia
- First Nations Health Authority
- Interior Health Authority
- Providence Health Care
- Fraser Health Authority
- Vancouver Coastal Health Authority
- Island Health Authority
- Northern Health Authority
- University of British Columbia





Future State: *Vision Realized*



Thank you

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