



Provincial Health  
Services Authority

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

National Community of Practice: July 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

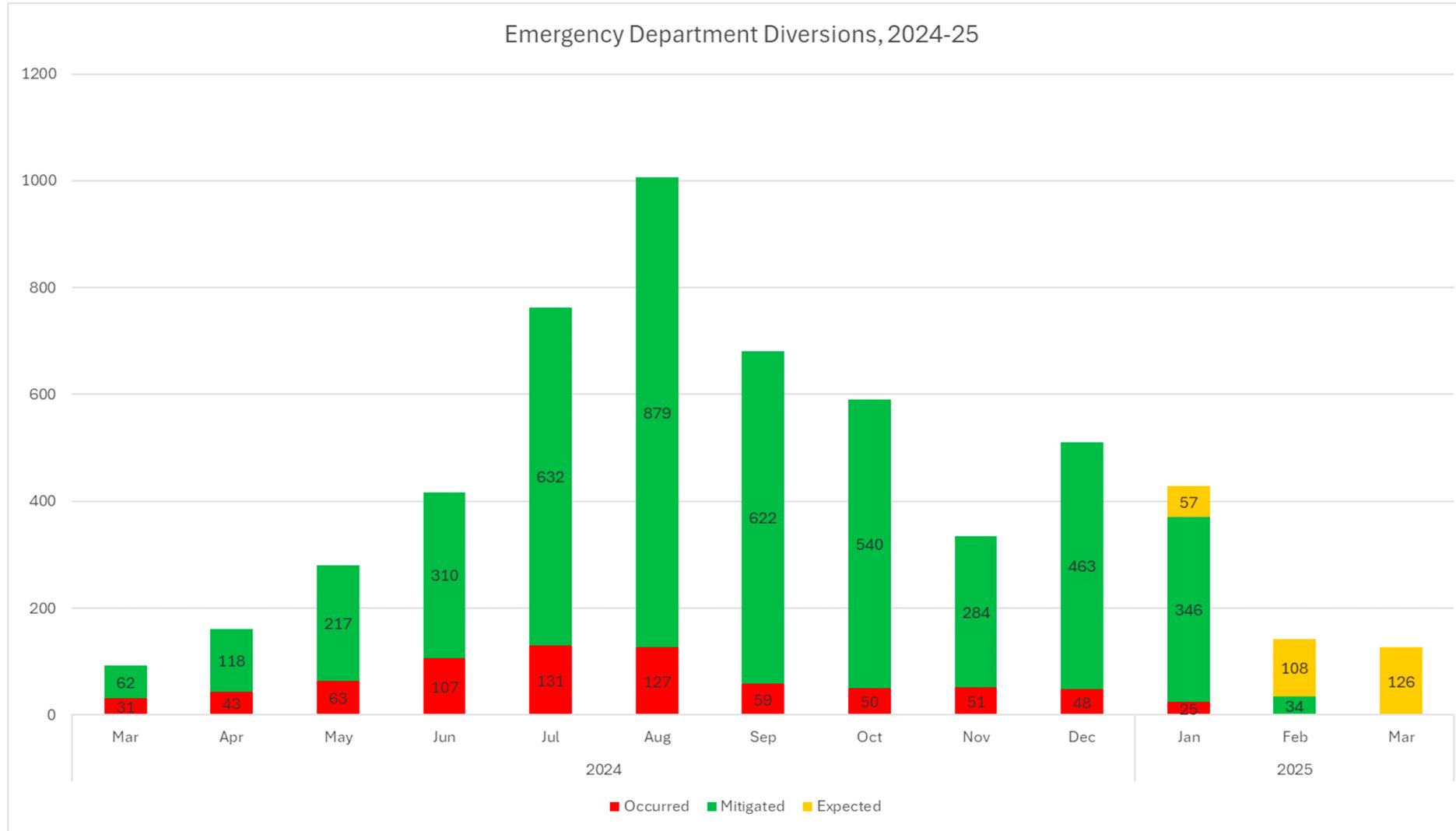
Building a Provincial Virtual MRP: Hybrid Model of Care



Provincial Health  
Services Authority

# 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)

## More than 1,400 hospital ER closures 'damning indictment' of B.C. Health: Opposition

B.C. Conservatives take aim at the status of health care in rural B.C.



Wolf Depner  
Feb 27, 2025 11:54 AM



File photo (Image credit: CFJC Today).

### CARIBOO MEMORIAL CLOSURE

By Aaron Schulze

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

## 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



Interior Health



BRITISH COLUMBIA  
Ministry of  
Health



7



- ❖ Ensure transportation resources & coordination of transfer
- ❖ Support family travel

3 hours each way

- ❖ Identify sites with capacity to receive next admitted patient
- ❖ Exhaust all staffing opportunities to remain open



1 hour each way



- ❖ Repatriation efforts in reverse to return

3.5 hours each way

- ❖ Activate extensive communication of service interruption
- ❖ Lock doors



1 hour each way



# Mitigation Strategies



# 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

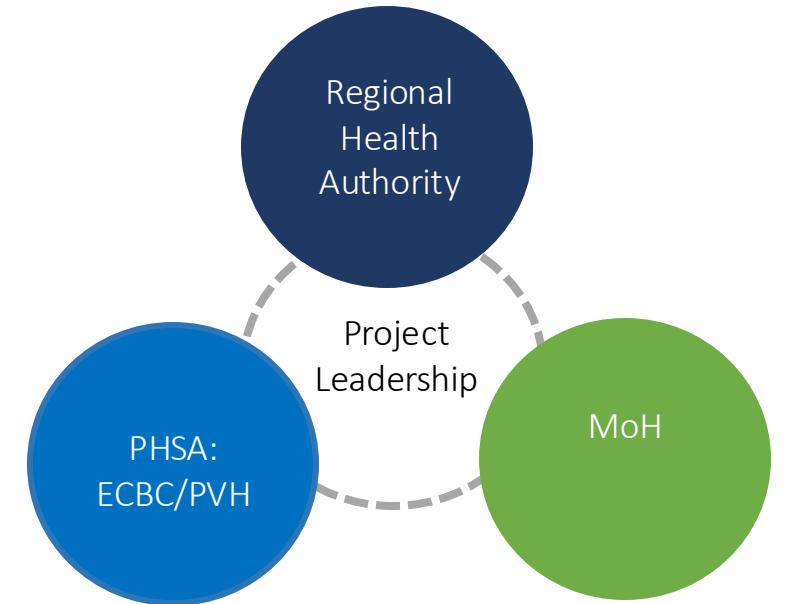


Improve  
provider  
experience

# 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





Provincial Health  
Services Authority

# 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

## 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

## 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

## 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

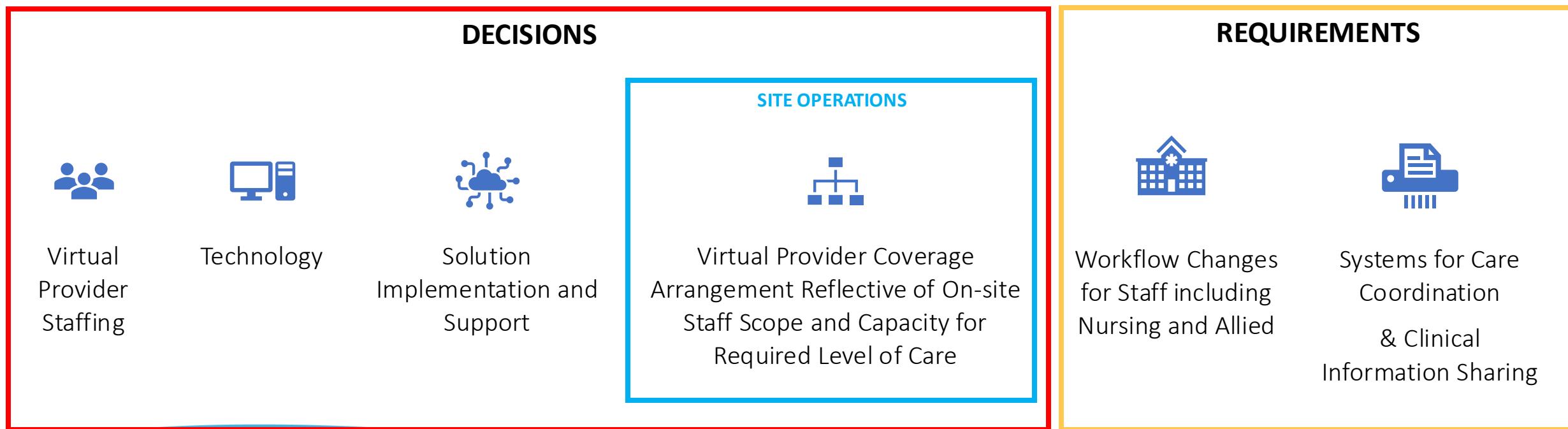
## Saskatchewan – Central Virtual Physician Emergency Room (VPER)

- 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



# Service Model Definitions

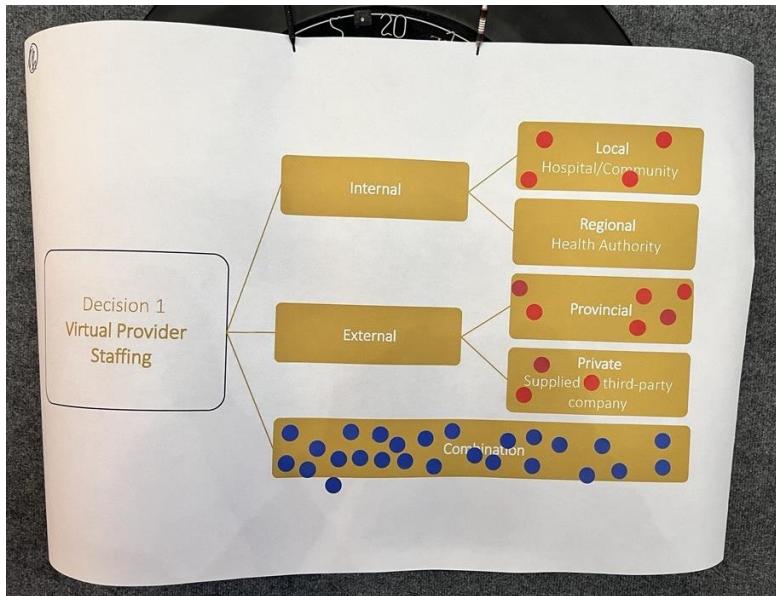
Service Model Description	Definition	Driver/Problem to be Solved	Staffing Support
Hybrid On-Site (workload augmentation)	<p>Virtual physician is working alongside an in-person physician and an in-person team.</p> <p>Workload is divided between providers based on care requirements.</p>	<ul style="list-style-type: none"> <li>• Long waitlists</li> <li>• Patients left without being seen</li> <li>• Service interruptions due to reduced physician capacity onsite</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual operations team</li> </ul>
Hybrid On-Call	<p>Virtual physician is working alongside an in-person care team, with back up from a community physician as needed.</p> <p><i>*Community or onsite resting physician back up required</i></p>	<ul style="list-style-type: none"> <li>• Service interruptions due to physician shortage</li> <li>• Proactive overnight coverage alignment with Corridors of Care work</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual operations team</li> <li>• Resting in-person physician</li> </ul>
Fully Virtual	<p>Virtual physician is the sole physician delivering care alongside an in-person team.</p> <p><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></p>	<ul style="list-style-type: none"> <li>• Ad hoc daytime or overnight coverage needed due to physician sick calls/vacation</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual operations team</li> <li>• Onsite airway protection: <ul style="list-style-type: none"> <li>• Upskill nurses and/or</li> <li>• Advanced care paramedic and/or</li> <li>• Respiratory therapist and/or</li> <li>• GP anesthetist and/or</li> <li>• And/or ambulance on bypass for high acuity</li> </ul> </li> </ul>



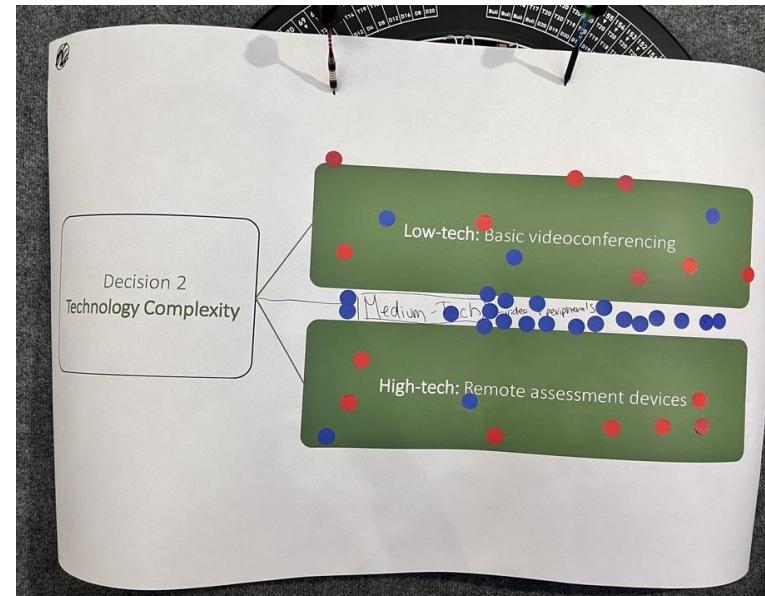
Provincial Health  
Services Authority

# Regional Pilot: Cariboo Memorial Hospital

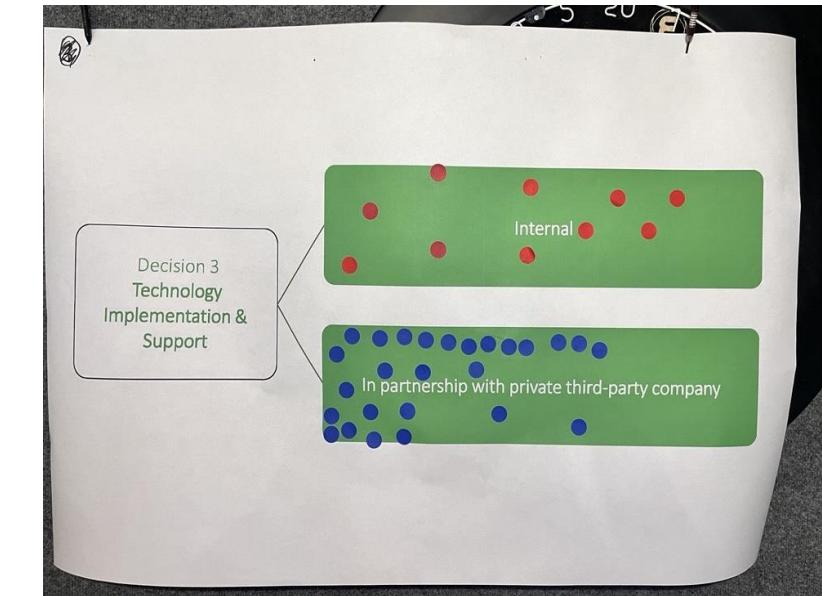
# CMH Virtual MRP Model Development



**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
<b>Analysis:</b> If the virtual model was not present, the hospital would be struggling to support patients	<b>Analysis:</b> Virtual care is safe care, with appropriate escalation pathways	<b>Analysis:</b> Virtual care maintains status quo for access and flow indicators	<b>Analysis:</b> Patients are pleased with service vs. transfer <b>Recommendation:</b> <ul style="list-style-type: none"><li>• Consistent provider over multiple shifts</li><li>• Ensure 1:1 time with virtual physician and patient</li><li>• Adequate training for virtual providers</li></ul>	<b>Analysis:</b> Better solution vs. service interruptions <b>Recommendation:</b> Continue to improve workflow efficiencies to decrease extra workload on staff

# Cariboo Memorial Team





Provincial Health  
Services Authority

# Building a Provincial Virtual MRP: Hybrid Model of Care

# Provincial Virtual MRP: Hybrid Model of Care Scope

Virtual Service: emergency & inpatient care across BC

Small site HMOC

Mid-sized & Urban HMOC – ED and Inpatient model

Rural & Remote

Urban

Small Sites

Mid-Sized Sites

Large Sites

Physician, Tech & Support Service Components

*Long Term Needs: Options Analysis Underway*

Provincial Alignment

Policy and standards

Education & training for virtual providers and associated staff

Monitoring, reporting, and evaluation

Resource Prioritization

# Provincial Approach to HMOC



Provincial Health  
Services Authority

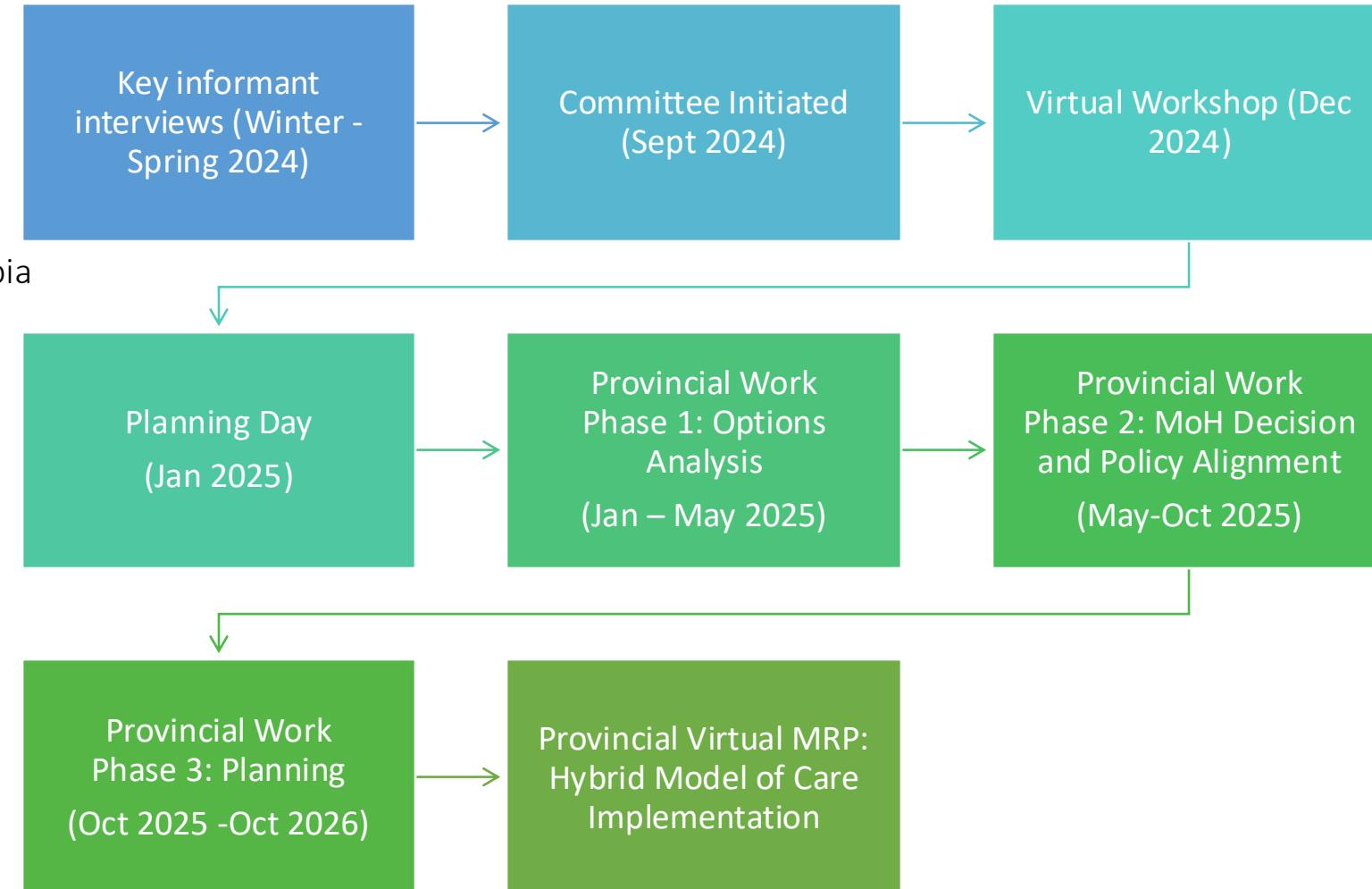
How we get there:

- 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



## LESSONS LEARNED

Access & Continuity

Patient-Centred Service Model

Strong Governance & Partnership

Team-Based Care & Local Engagement

Iterative Improvement

Monitoring and Evaluation

Resource Alignment

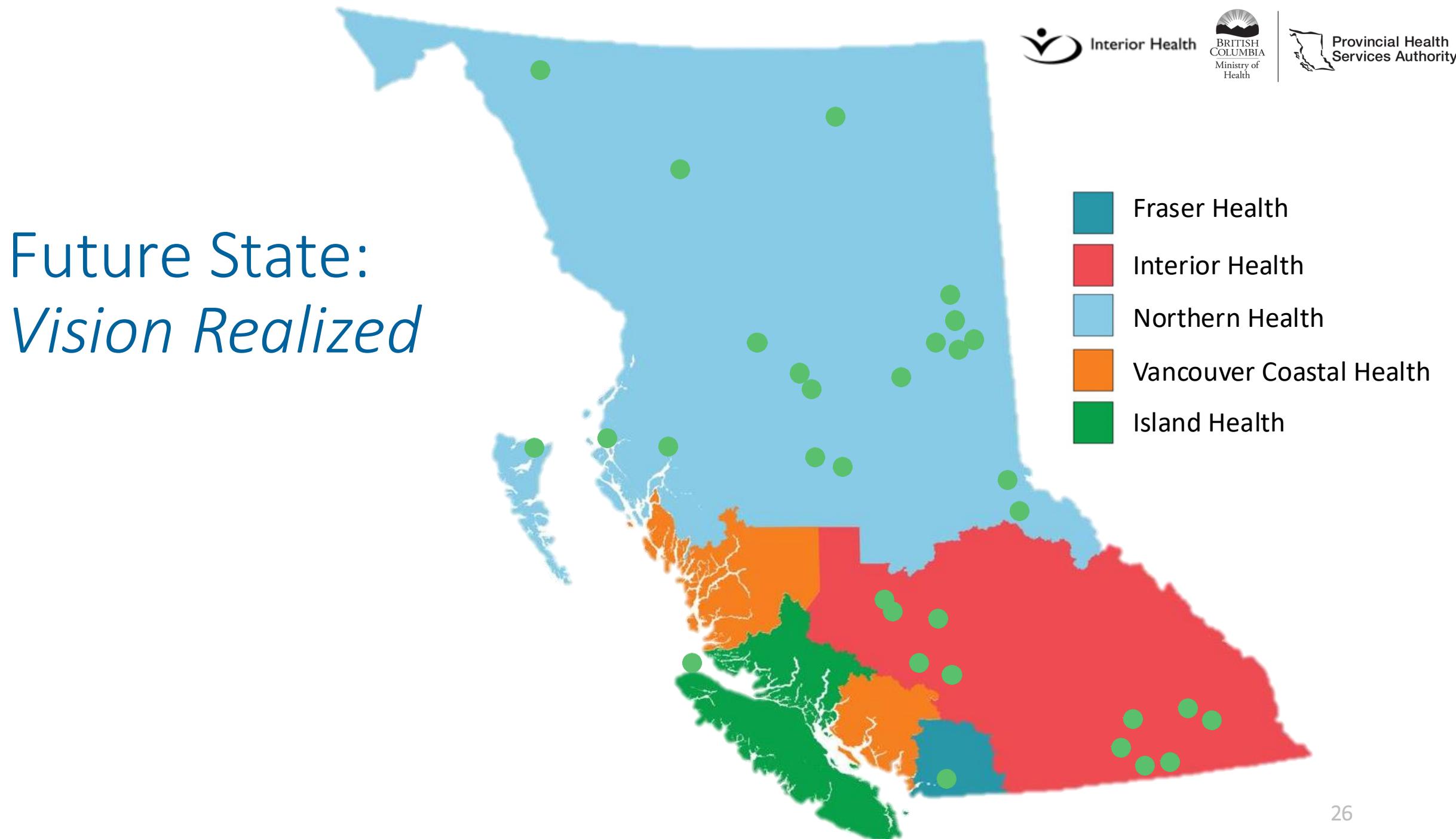
Governance Complexity

Physician Capacity

Critical Infrastructure Gaps

Training Demands

Balance Standardization with Local Autonomy





Provincial Health  
Services Authority

# Thank you

Contact information:

Robyn Emde: [robyn.emde@phsa.ca](mailto:robyn.emde@phsa.ca)