HEALTH COALITION OF ALBERTA

From Access to Accountability: Patient Perspectives on Designing Virtual Care

2025

The landscape of health care delivery has evolved significantly, especially with the growing use of virtual care technologies and their rapid increase in use since the COVID-19 pandemic. What began as an emergency response has demonstrated that virtual health tools can safely and effectively deliver accessible care. As governments formalize the long-term role of virtual care, the question is no longer whether it will remain part of the system, but how it will be governed, funded, and implemented. Patients, caregivers, and patient organizations must be at the forefront as co-designers to fully realize the benefits of virtual care and optimize patient outcomes.

This requires more than consultation. Patients and caregivers must have formal roles in virtual care governance tables, procurement processes, evaluation frameworks, and regulatory discussions to ensure that decisions reflect real-world care experiences. As governments formalize the long-term role of virtual care, decisions about funding models, standards, interoperability, privacy, and clinical use must be co-designed with patients and caregivers and not simply tested on them after implementation.

What is Virtual Care?

The Institute for Health System Solutions and Virtual Care Women's College Hospital Toronto has developed one of the leading definitions of virtual care. They view virtual care as:

> "Any interaction between patients and/or members of their circle of care occurring remotely, using any form of communication or information technology with the aim of facilitating or maximizing the quality of patient care."[i]

The most common form of virtual care that health care providers use is telehealth/telemedicine. However, this is not new to Alberta. Telehealth has existed in the province for several decades, with clinicians and patients using telephone lines connected to video conferencing equipment in health care facilities to communicate in the late 1990s.[ii] In 2008, the Alberta Health and Wellness encouraged the use of telehealth to increase access to health care professionals for people living in rural areas.[iii] While telehealth has been around for some time, the concept of virtual care is considered rather new.

Value of Virtual Care for Patients

The value of virtual care for patients is multifaceted, and encompasses convenience, accessibility, affordability, and timeliness in accessing health care services. Patients and caregivers have shared with us how virtual care eliminates the need for travel and taking time off from school or work, allowing them to save vacation and/or sick days for emergencies, personal use, and other needs. Lost productivity can increase significantly for individuals who live with chronic diseases since most need to schedule yearly appointments for follow up and testing to monitor their conditions.

Virtual delivery of care also helps patients save on expenses related to transportation (e.g., transit ticket fees, gas), parking, and childcare. It also promotes accessibility and equity of health care services for individuals living in rural or remote areas, and underserved communities where hospitals and health care services are not as widely available.

Virtual care supports patients in their ability to be active participants in the management of their health, fostering a sense of control and ownership. Through regular virtual check-ins and flexibility with scheduling, patients can better manage chronic conditions, detect potential issues early, and adhere to management strategies, contributing to improved health outcomes. Additionally, virtual care removes exposure to infectious diseases present in health care facilities and crowded settings (e.g., flu, COVID-19, pneumococcal disease). This is crucial for patients who might be immunocompromised and are at high risk of severe outcomes, such as hospitalization or even death, when contracting infectious diseases.

Virtual care is not appropriate in every clinical situation. Certain assessments, procedures, and complex diagnostic decisions require in-person evaluation. From a patient perspective, virtual care should complement face-to-face care when clinically necessary. Decisions about care modality should be guided by clinical judgment and patient preference to ensure quality, safety, and trust.

Digital Equity Is Health Equity

While virtual care can expand access and convenience, its benefits are not experienced equally. Without deliberate safeguards, virtual care risks reinforcing existing health inequities.

Patients in rural and remote communities may face unreliable broadband connectivity. Individuals with lower incomes may lack access to appropriate devices or private spaces for virtual appointments. Older adults and patients with limited digital literacy may struggle to navigate platforms. Newcomers and patients whose primary language is not English may encounter additional barriers if interpretation services are not integrated into virtual systems. Patients with disabilities, including visual, hearing, cognitive, or mobility impairments, may face accessibility challenges if platforms are not designed inclusively from the outset.

Equity must therefore be embedded in virtual care design, funding, and evaluation. This includes investment in broadband infrastructure, device access programs, culturally safe services, language supports, accessible platform design, and digital literacy supports. It also requires collecting and publicly reporting data on who is using virtual care and who is not, so that disparities can be identified and addressed.

Virtual care must not create a system in which digitally connected patients benefit while others fall further behind. Funding and regulatory decisions made now will determine whether virtual care reduces disparities or entrenches them. Digital equity is therefore a fundamental component of health equity.

Informed Consent

In the context of virtual care, informed consent becomes paramount in ensuring patient autonomy, confidentiality and privacy, and health equity. However, there are significant challenges in the practice of informed consent with in-person care, and these may be exacerbated in virtual care. Disparities in health equity, such as the lack of strong internet service in rural areas present barriers to receiving virtual care.

There have been several attempts to address informed consent in virtual care. In 2020, Alberta Health Services developed resources to aid clinicians with obtaining consent for virtual health appointments to adapt to the new normal resulting from COVID-19 restrictions.[iv] The College of Physicians and Surgeons of Alberta also suggest that health care providers should offer a disclaimer to patients prior to appointments to ensure they understand the privacy risks associated with virtual care.[v]

Health care systems can also benefit from meaningful and effective patient engagement to develop patient-centred technologies for informed consent and virtual care. Researchers from the Yale University School of Public Health developed an app to give patients a more accessible tool for informed consent, called the Patient Centered Virtual Multimedia Interactive Informed Consent Tool (VIC). [vi] They sought patient input throughout its creation, development, and testing. The app contains a multimedia library that communicates information in different formats, such as videos, animations, and presentations. The content is easy to understand, translated into lay terms, and designed to grade eight reading comprehension level to ensure accessibility for patients with limited literacy. It also offers virtual coaching and interviews with patients. Patients can use the app on a tablet, and it offers text-to-speech audio features. It also contains an online record of the informed consent form that the patient can access in their home and whenever they need to throughout their care, including before and after the procedure. The app can integrate electronic health records in future models and there are security and privacy features available to protect patient information.

Decision-aids are another way to increase patient involvement with their care, which can contribute to better care outcomes. Decision aids are available as web pages, brochures, decision tables, and more.[vii] These aids can also assist those who may have barriers to understanding traditional formal consent documents. Decision-aids are also compatible with shared decision-making practices, further enhancing the patient centered care model.[viii]

Governance, Challenges and Patient-Focused Solutions

Despite its benefits, virtual care presents important governance and system design challenges. These include limited patient involvement in oversight, misalignment between technology design and patient needs, and ongoing concerns related to privacy, transparency, equity, and system fragmentation. Addressing these challenges requires co-development with patients and patient representatives, ensuring that their perspectives and needs are central to the design and implementation of virtual care. This approach not only promotes health equity but also fosters transparency and trust between patients, health care providers, and decision-makers.

Meaningful involvement must begin before technologies are selected or policies finalized. Patients and caregivers should be embedded in provincial virtual care strategy development, procurement decisions, platform selection, and oversight bodies to ensure accountability and alignment with real-world care experiences. Governance must move beyond episodic consultation toward sustained partnership. This includes compensating patient partners for their expertise and establishing transparent feedback mechanisms that demonstrate how patient input informs final decisions.

From a patient perspective, effective virtual care must:

- Align the vision for virtual care with principles of the relational model of care, which recognizes patients, caregivers, designated care partners, and patient representatives as equal co-managers of their health with members of their health care team.
- Pursue meaningful and effective engagement with patients and patient representatives in its development, implementation, and evaluation. The Health Coalition of Alberta has developed a Guide to Patient Engagement founded on equity, recognizing patients as experts, respect, accountability and more. Visit www.healthcoalitionab.ca/patient-engagement for more information.

- Be designed to support seamless information sharing, accessibility, and transparency across care settings.
- Deliver culturally safe care and services.
- Supports continuity of care and communication among health care teams and different health organizations and facilities.
- Ensure privacy and security of patient health data.

Interoperability and Patient Access to Health Information:
Interoperability and transparency in digital health infrastructure are foundational to patient-focused virtual care. Virtual care cannot achieve its intended efficiencies or improve patient experience if health information remains siloed, delayed, or selectively accessible.

In Alberta, the lack of integration and clarity between Connect Care and MyHealth Alberta illustrates the broader risks of fragmented digital systems. When information is incomplete or difficult to access, patients and caregivers face barriers to understanding care plans, test results, follow-up requirements, and clinical decision-making. This undermines continuity, trust, and safety.

From a patient perspective, access to health information must be fulsome and timely. Patients and caregivers require complete access to their health records, including clinical notes, test results, care plans, and provider documentation, in order to become informed and educated co-managers of their health. Access limited to discharge summaries or selected results does not support meaningful partnership in care.

Transparent access to provider notes and documentation can strengthen—not weaken—clinical relationships. When patients are able to review their records, appointments can become more focused, misunderstandings can be clarified earlier, and care plans can be followed with greater confidence. Access also allows patients to identify potential errors or discrepancies, contributing to safer care.

Digital health modernization efforts must therefore include:

- Clear provincial standards for interoperability across platforms
- Guaranteed, timely patient access to complete clinical documentation
- Transparent policies outlining what information may be withheld and under what circumstances
- Patient representation in digital health governance and oversight

Without these safeguards, digital systems risk reinforcing information asymmetries between providers and patients. With them, virtual care can strengthen the relational model of care by supporting patients and caregivers as active, informed partners.

Key Recommendations for Government and Health System Leaders

To ensure virtual care strengthens equity, safety, and patient partnership, we recommend:

1. Embed patients and caregivers in virtual care governance, implementation, and evaluation processes, with formal roles and compensation for their expertise.

2. Ensure virtual care complements, rather than replaces, in-person care when clinically appropriate, guided by clinical judgment and patient preference.

3. Invest in digital equity, including broadband infrastructure, device access programs, accessibility standards, and language supports.

4. Establish clear provincial interoperability standards across digital health platforms.

5. Guarantee fulsome and timely patient access to complete health records, including provider notes and clinical documentation.

6. Develop transparent policies outlining privacy protections and circumstances under which information may be limited.

7. Collect and publicly report data on virtual care use and access to identify and address disparities.

Conclusion

Virtual care is no longer an emergency response; it is becoming a permanent component of Alberta's health system. The decisions made now regarding governance, funding, interoperability, privacy, and access to health information will shape patient experience and equity for years to come.

Virtual care has the potential to improve access, strengthen continuity, and support patients as active partners in their health. However, these benefits are not automatic. They depend on intentional design, meaningful patient partnership, and structural safeguards that prevent new forms of inequity or information asymmetry.

Patients and caregivers must be recognized not as end-users of technology, but as co-architects of the systems that increasingly shape their care. When governance structures reflect this partnership, virtual care can enhance the relational model of care and improve outcomes across the health system.

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