

# Assessing the Quality of Direct-to-Consumer Teleconsultation Services in Canada

Jean Noel NIKIEMA<sup>a,1</sup>, Eleah STRINGER<sup>b</sup>, Marie-Pierre MOREAULT<sup>a</sup>, Priscille PANA<sup>a</sup>, Marco LAVERDIERE<sup>c</sup>, Catherine RÉGIS<sup>d</sup>, Jean-Louis DENIS<sup>a</sup>, Béatrice GODARD<sup>a</sup>, Mylaine BRETON<sup>c</sup>, Guy PARÉ<sup>f</sup>, Aviv SHACHAK<sup>g</sup>, Claudia LAI<sup>g</sup>, Elizabeth M. BORYCKI<sup>b</sup>, Andre W. KUSHNIRUK<sup>b</sup> and Aude MOTULSKY<sup>a</sup>

<sup>a</sup> School of Public Health, Université de Montréal, Canada

<sup>b</sup> School of Health Information Science, University of Victoria, Canada

<sup>c</sup> Faculty of Law, Université de Sherbrooke, Canada

<sup>d</sup> Faculty of Law, Université de Montréal, Canada

<sup>e</sup> Faculty of Medicine and Health Sciences, Université de Sherbrooke, Canada

<sup>f</sup> HEC Montréal, Canada

<sup>g</sup> Institute of Health Policy, Management, and Evaluation, University of Toronto, Canada

**Abstract.** The objective of this study was to describe and assess the quality of the direct-to-consumer medical teleconsultation landscape in three Canadian provinces. An environmental scan of primary care teleconsultation platforms was conducted in January 2022 to identify medical teleconsultation platforms in Quebec (Qc), Ontario, and British Columbia (BC). The quality of each teleconsultation platform was assessed using a modified version of the HONcode principles. Nineteen different direct-to-consumer medical teleconsultation platforms were identified across the three provinces. The quality of these teleconsultation platforms was very heterogeneous. The landscape of virtual primary care is changing rapidly in the Canadian ecosystem, and the transparency of current teleconsultation platforms could be improved.

**Keywords.** Teleconsultation, Honcode, primary care, virtual care.

## 1. Introduction and Methods

The COVID-19 pandemic has accelerated the transformation of medical consultation towards virtual care to reduce physical contacts [1]. In Canada, this meant accessing physicians primarily by telephone [2], while the transformation via online tools was driven by private enterprise [3]. With a universal but narrow health care system, (a limited number of health care services are universally accessible), the organization of the Canadian health care services is widely heterogeneous across provincial and territorial jurisdictions, especially for primary care access to medical consultation. While the rapid emergence of privately driven virtual clinics offered new ways of accessing a general

<sup>1</sup> Corresponding Author, DGEPS, Université de Montréal; E-mail: [jean.nikiema@umontreal.ca](mailto:jean.nikiema@umontreal.ca)

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practitioner, these novel channels of accessing medical expertise introduce unique challenges to the universal health care system. The objective of this study was to describe and assess the quality of the changing direct-to-consumer medical teleconsultation landscape across three Canadian provinces - Quebec (Qc), Ontario and British Columbia (BC) - in 2022. An environmental scan of primary care teleconsultation platforms in each participating province was conducted. A list of 19 different direct-to-consumer medical teleconsultation platforms were identified and assessed for quality using an adapted version of the Health on the Net Code (HONcode) principles (labtns.ca/HONcode/).

## 2. Results and Discussion

Only four teleconsultation platforms were in a Business-to-Business (B2B) model (for private insurance and/or employers). While most of them were only virtual, some were associated with physical clinics who provide virtual care in addition to their standard in-person consultations. Some teleconsultation platforms were covered by provincial public health insurance, most of them were accessible through direct patient contribution (ranging from \$20 to \$120 per consultation), either on a fee-for-service basis, or through monthly or annual subscriptions. This illustrates that, for the moment, it is unclear how teleconsultations fit within Canada's universal healthcare system, where medical consults are considered an 'essential' service that should usually not be restricted by fee for access. As the nature of teleconsultation platforms varies by provincial jurisdiction, business models were difficult to describe. Further research is needed to analyze the impact of these differences by province on equity in access to primary care. The compliance with the modified HONcode principles was very heterogeneous. It was particularly difficult sourcing details about participating practitioners, with only 31% (n=6) of teleconsultation platforms detailing the qualifications and location of their practitioners. While several teleconsultation platforms provided names, photographs, diplomas, etc. for their practitioners, other offered a general, blanket statement on their practitioners being authorized to provide medical services in Canada. When the backbone of Canadian primary care is based on an established relationship between family physicians (or nurse practitioners) and their patients, the complementarity of teleconsultation platforms is of utmost importance. While no formal integrative mechanism was discussed by any teleconsultation platform, 47% (n=9) clearly delineated the boundary of their service and interactions with primary providers (e.g. a patient's family doctor) contributing to continuity of care by providing a clear recommendation for services not offered. Just over half of the teleconsultation platforms (n=11) provided recommendations for emergency scenarios which, we argue, are required for patient safety (e.g. "call 911 in case of emergency"). Policy and regulation should be prioritized to ensure safe and equitable access to medical primary care.

## References

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