

BACKGROUND

- Remote monitoring, electronic medical records, and telehealth platforms have complemented the health care system for decades. However, in response to the COVID-19 pandemic, the need, demand and potential for virtual care exploded
- The lack and/or limited access to medical care is an ongoing concern for on-reserve Indigenous communities. The pandemic highlighted the access gap for healthcare on-reserve, particularly in the management of chronic conditions, communicable diseases, mental health and addictions, and access to social supports and other social determinants of health
- The Wellness Wheel (WW) mobile medical clinic provides community-based coordinated care to over 17 on-reserve communities across Saskatchewan (SK)
- Virtual Community Care Clinics (VC3) were implemented by WW in April 2020 to ensure the continuous and ongoing access to healthcare, specifically for HIV diagnosed patients residing on-reserve
- The VC3 provided multi-disciplinary care for the remote delivery, monitoring diagnosis, treatment, and coordination of care to minimize the overall impact of the pandemic on patient care for partnering Indigenous on-reserve communities

MODEL AND APPROACH

- A patient-centered and culturally-responsive approach is central to the VC3 model and design. Supported by the unique care approach of WW, the adaptive VC3 model considers individual, contextual and cultural factors, with outreach capacity, to reach rural on-reserve communities
- Integrating virtual models of care into in-community healthcare provides access to services and multi-disciplinary care, otherwise unavailable. Healthcare teams include physicians, specialists, nurse practitioners, pharmacists, registered nurses, psychologists, social workers, outreach and peer mentorship support, in partnership with community health care providers, outreach, and leadership. Team members are connected and supported through the VC3
- Point of care services include acute care, phlebotomy, screening tests, diagnostics, referrals, counseling, addiction support, outreach and education.

DATA

Figure 1: Average number of HIV visits per patient (three time points)

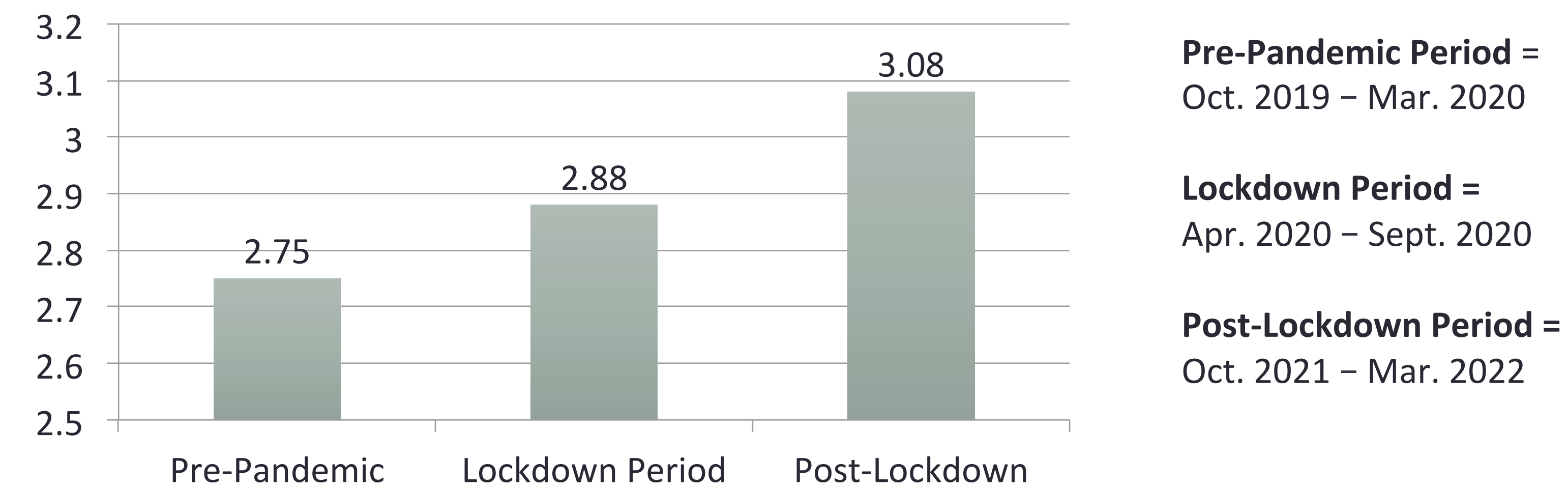


Figure 2: HIV Visit Type (three time points)

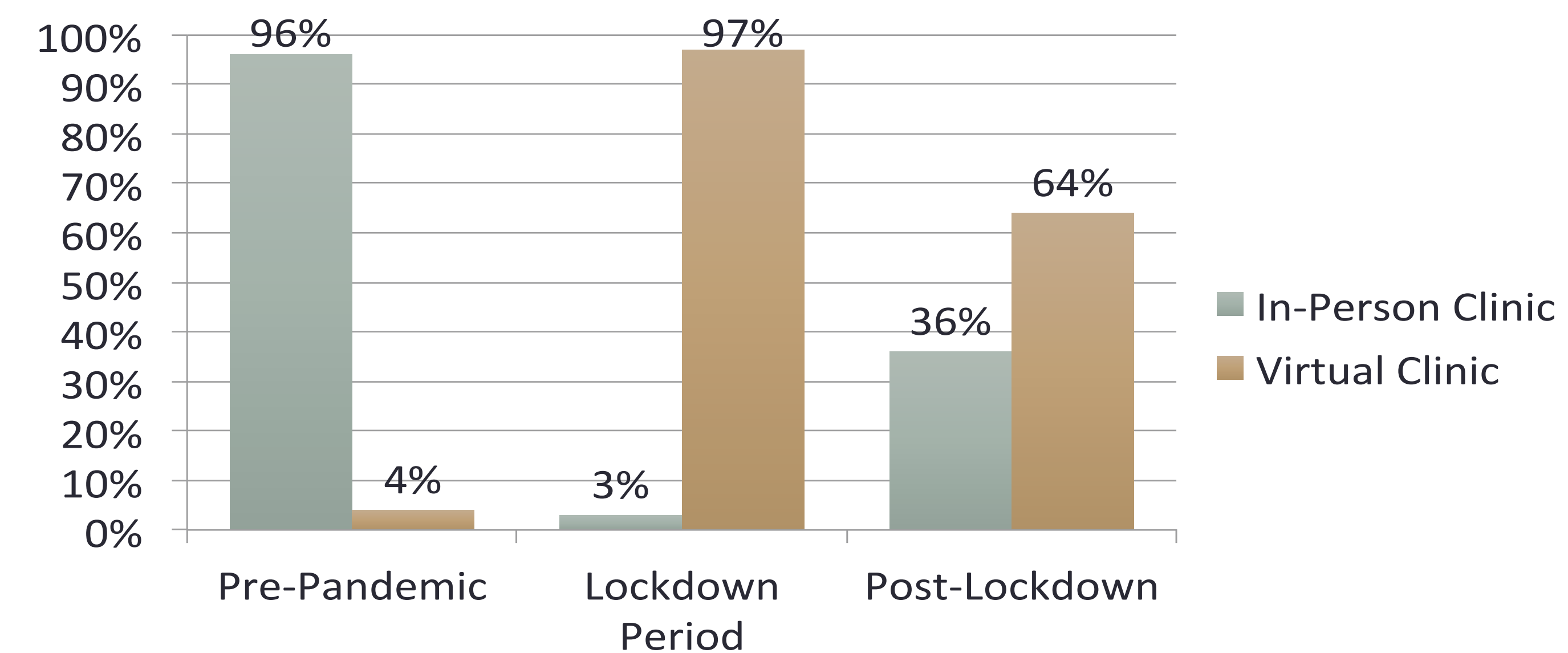
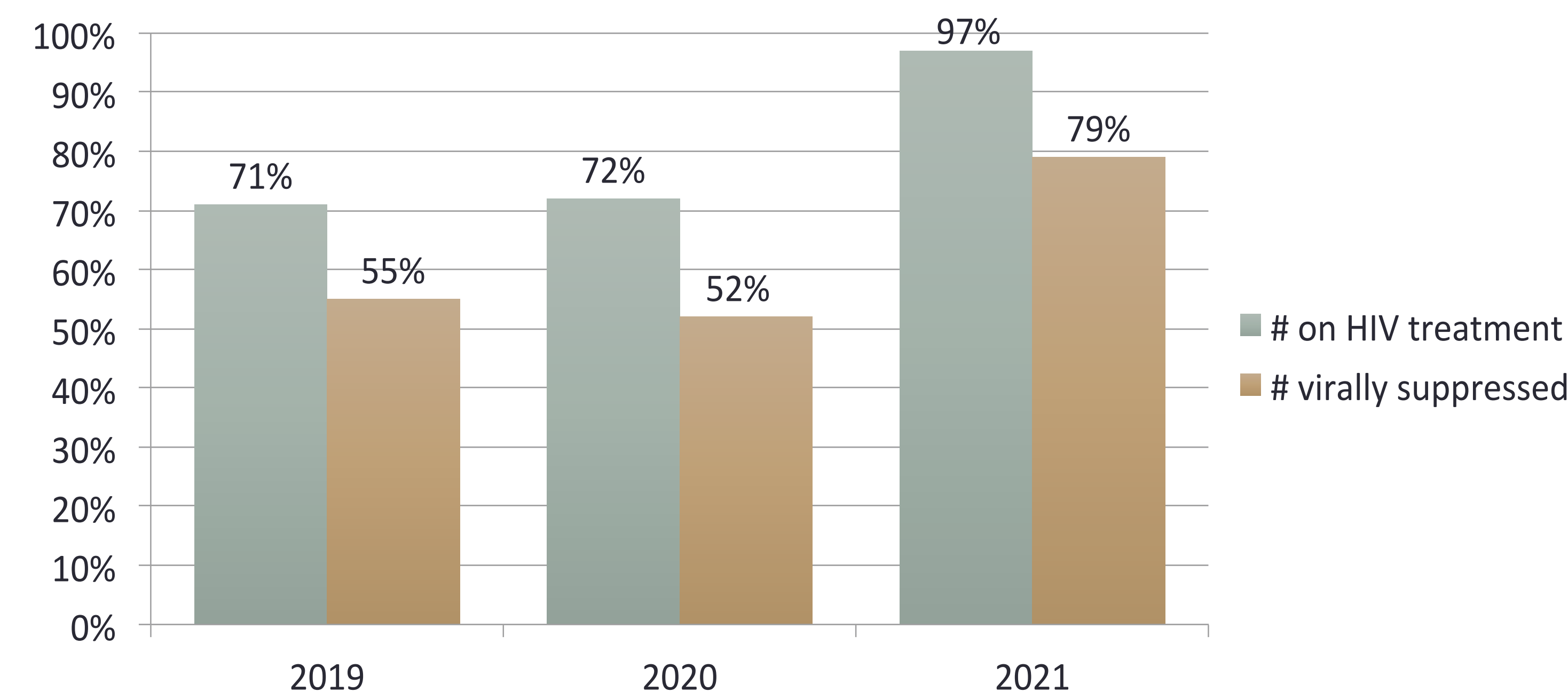


Figure 3: HIV care outcomes (calendar year)



FINDINGS

- Virtual technology increased access to health care provided in community and an increase in the engagement in care. More visits per patient were recorded during the lockdown period (2.88) as compared to pre-pandemic period (2.75), and a significant increase in average visit per patient with the hybrid model of care (3.08)
- Adapting health care delivery in response to the needs of communities during the pandemic created a community-centered, hybrid health care model that extends virtual care to the delivery, diagnosis, monitoring, and access to treatment for HIV in on-reserve Indigenous communities
- Integrating virtual technology for in-community care resulted in better health outcomes across the HIV cascade of care, from 71% (n=20) to 97% (n=29) of patients on HIV treatment, and 55% (n=11) to 79% (n=23) of patients achieving viral suppression
- Offering virtual care for on-reserve communities transforms health care delivery to a new model of community-centered care and an overall improvement in clinical outcomes

SIGNIFICANCE

- Virtual care mitigated the impact of COVID-19, reduced barriers, and improved access to treatment and care for HIV individuals on-reserve
- Integrating virtual care into standard care has transformed care delivery, addressing health care inequities, and is an important model for HIV care going forward
- A hybrid care model supports community care providers to provide primary and specialized care to those living on-reserve
- Community care providers and outreach supports in community provide culturally responsive care and are pivotal for patient success for a hybrid model of clinical care

ACKNOWLEDGEMENTS

We acknowledge and thank our partnering community outreach and care providers. Without your leadership, this initiative would not be possible and patient care would not happen

We acknowledge and appreciate the clients who were willing to adapt to a new normal with the care team, and continue to engage in their HIV treatment and care in community