

**COMMUNITY
PARAMEDIC**

RC VTAC

Renfrew County Virtual Triage and Assessment Centre

1-844-727-6404

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COMMUNITY PARAMEDIC

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To meet your medical needs In Renfrew County,
we encourage you to telephone a health care provider before going
to the doctor or hospital.

RC VTAC

Renfrew County Virtual Triage and Assessment Centre

1-844-727-6404



If you are feeling unwell and require medical
assistance or advice, please first contact your
primary health care provider / doctor by
phone directly for telephone assessment,

OR

If you are unable to reach your primary
health care provider, OR do not have a
regular doctor,

Call 1-844-727-6404

to speak to a team of health care providers.
The team will determine what level of care
you need.



911 or Emergency?

**Only in a life-threatening
emergency:**

- heavy bleeding,
- unconsciousness,
- severe breathing difficulties



Instructions on how
to best care for
yourself is you have
mild to moderate
illness



Health care provider
home or clinic visit if
essential to further
assess and/or
administer treatment



Directed to
Emergency
Department or 911
Paramedic

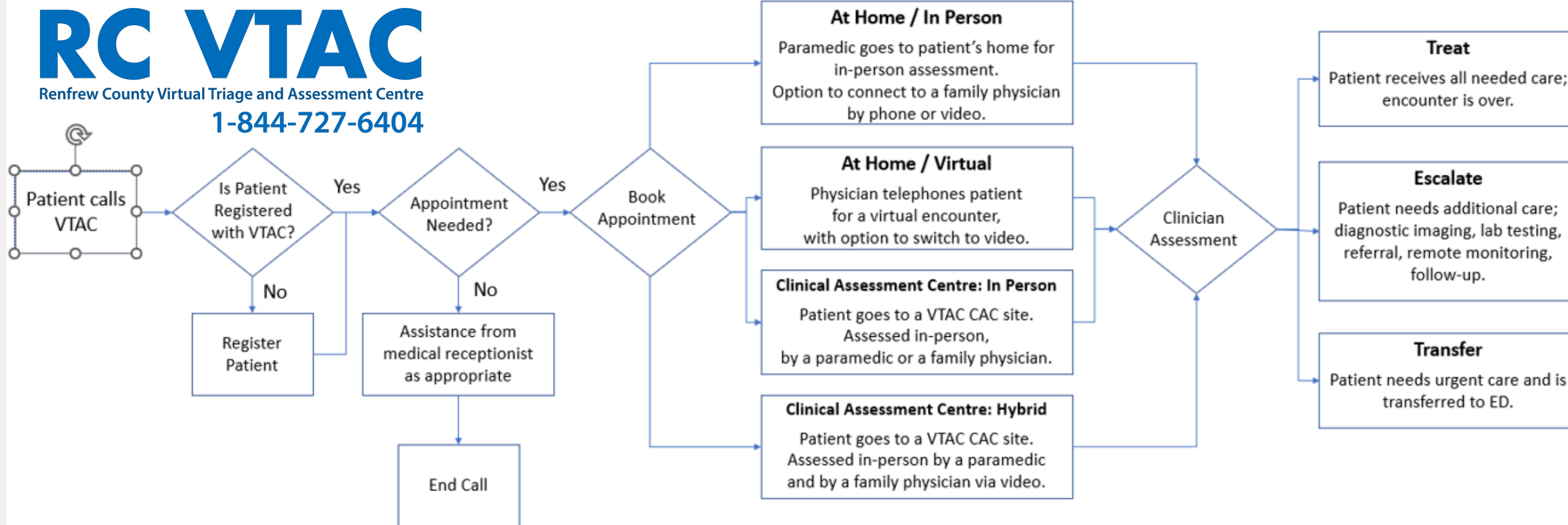


Figure 1: A simplified VTAC patient flow diagram.

County of Renfrew Community Paramedics and VTAC

Need to strengthen access to primary care

- Covers 7500 Km²
- Scores high on Ontario's rurality index
- 108,000 residents
- 74% unattached
- 26% attached to a primary care physician
- Lack of comprehensive team-based care
- No walk-in clinics and urgent care clinics
- High reliance on the ED
- Significant gaps in access to care for LTC waitlist clients

SOLUTION

Virtual Triage and Assessment Centre (VTAC)

- Collaboration between local family health team, physicians, nurse practitioners and CPs
- Combines virtual access to a primary care practitioner and in-person support from CPs.
- Shared care planning
- Comprehensive team-based care
- Remote care monitoring
- Provides acute and episodic primary care support.

IMPACT



Results

- 80,000+ virtual family physician encounters
- 2250 physician appointments/month
- 5,500+ CP home visits
- 1000 ED avoidances per month
- 7,112 patients on CP Program
- 44 average daily CP home interventions
- 30 average daily CP Clinic interventions

Open access

Original research

BMJ Open Clinical and economic impact of a community-based, hybrid model of in-person and virtual care in a Canadian rural setting: a cross-sectional population-based comparative study

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ABSTRACT

Objectives To determine the clinical and economic impact of a community-based, hybrid model of in-person and virtual care by comparing health-system performance of the rural jurisdiction where this model was implemented with neighbouring jurisdictions without such a model and the broader regional health system.

Design A cross-sectional comparative study.

Setting Ontario, Canada, with a focus on three largely rural public health units from 1 April 2018 until 31 March 2021.

Participants All residents of Ontario, Canada under the age of 105 eligible for the Ontario Health Insurance Plan during the study period.

Interventions An innovative, community-based, hybrid model of in-person and virtual care, the Virtual Triage and Assessment Centre (VTAC), was implemented in Renfrew County, Ontario on 27 March 2020.

Main outcome measures Primary outcome was a change in emergency department (ED) visits anywhere in Ontario, secondary outcomes included changes in hospitalisations and health-system costs, using per cent changes in mean monthly values of linked health-system administrative data for 2 years preimplementation and 1 year postimplementation.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- This study uses population-level health administrative data to investigate the empirical effects of a community-based, hybrid model of in-person and virtual care in rural, remote and underserved communities, where access to comprehensive primary care is insufficient.
- Population-level data from administrative data sets were linked using unique encoded identifiers and analysed at ICES, Ontario's population health data steward.
- The intervention jurisdiction is compared with two similar adjoining jurisdictions and with the whole Province.
- Because of the relatively short time period studied—2 years before the intervention and 1 year post—it remains to be seen whether the observed differences will persist over time.
- This study's design does not allow firm inferences about causality; however, the observed changes are in the right temporal sequence and benefit from local comparisons of similar jurisdictions.

Questions?