

# Health Accord for Newfoundland and Labrador Update – Virtual Community Care

## Objective

To investigate progress in the Health Accord for Newfoundland and Labrador (HANL) objective: Give priority to improvements in virtual care provision.

## Introduction

HANL recommended increasing access to care by making virtual services more readily available. This Practice Point examines both virtual emergency care services and virtual primary care.

**Virtual Emergency Care**

An extension of the emergency department (ED), not a replacement for it.

- It operates much like a traditional ED but uses remote technology to connect patients with an emergency physician.
- Patients are typically seen in person by a nurse or clinician first, then connected to a virtual emergency room (ER) doctor for assessment and treatment decisions.
- The virtual physician works in collaboration with on-site staff to diagnose, treat, and arrange follow-up care.

**Virtual Primary Care**

A substitute access point for routine, non-emergency care, especially for people without a regular provider.

- It allows patients to communicate with a health care provider by video or phone, like a normal appointment.
- Providers can diagnose and treat common illnesses using digital tools.

## Practice Points

- Virtual Emergency Care brings remote emergency care doctors to virtually support emergency services in select Newfoundland and Labrador (NL) communities.
- Virtual primary care is a digital solution that is an option for individuals without immediate access to primary care. Users can access primary health care with Canadian-based family physicians and nurse practitioners who are licensed to practice in NL.

## Methods

Data was provided by Newfoundland and Labrador Health Services (NLHS) and are publicly available at: <https://nlhealthservices.ca/wp-content/uploads/2025/08/HA-Update-Aug-2025.pdf>

## Results

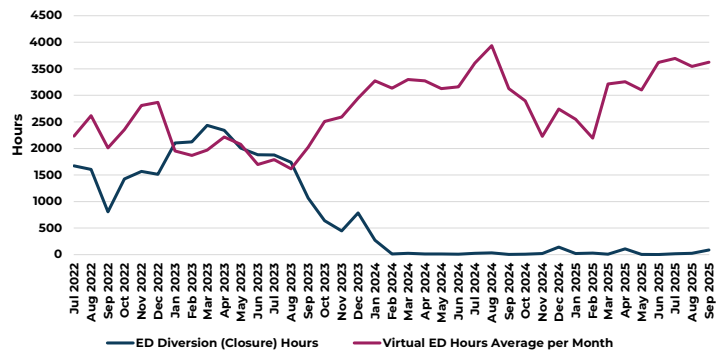
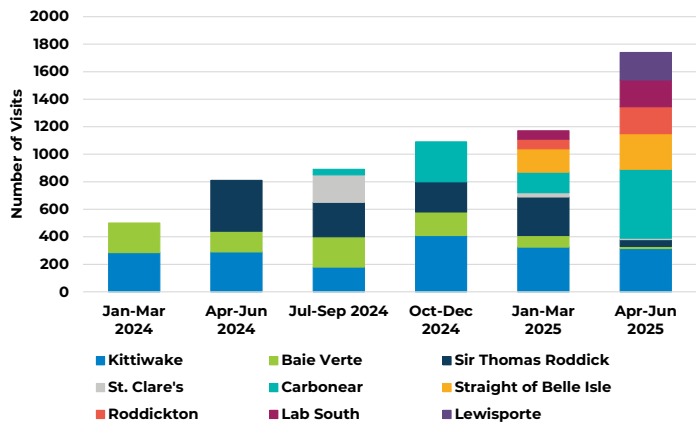


Figure 1. ED Diversion Hours, Jul 2022–May 2025

- In Aug of 2023, NLHS determined that nurses with the appropriate training and access to Virtual ED could be responsible for keeping rural ED open.
- As Virtual ED increases the need for ED Diversion (Closure) decreases.



- Teladoc Virtual Emergency Room visits have been increasing for the past 6 quarters.

Figure 2. Teladoc Virtual ER Visits by Facility and Quarter, 1 Jan 2024–30 Jun 2025

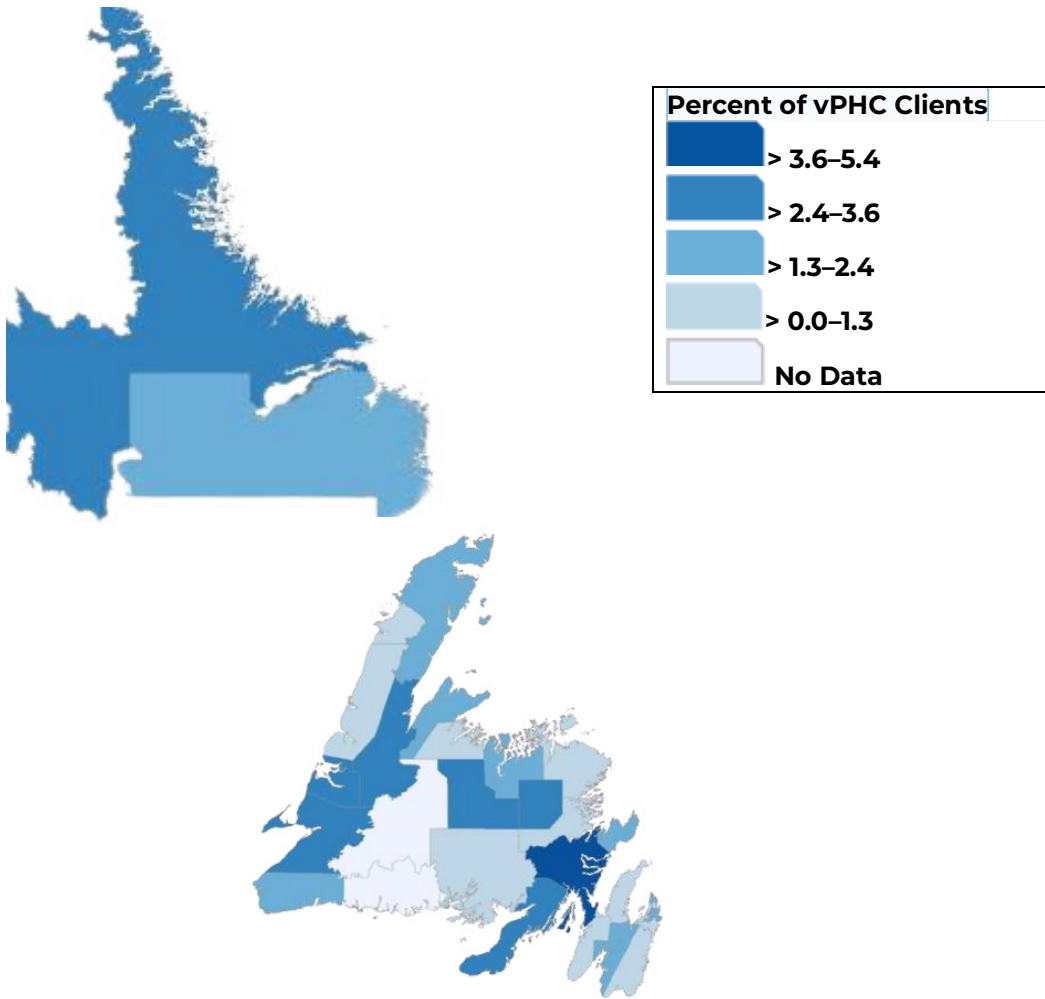


Figure 3. Percent of all Primary Care (vPHC) Visits Delivered Virtually by Region, Nov 2023–Jun 2025

- Usage of vPHC varies across the province, with some areas utilizing it over 3.6% of total Primary Care visits

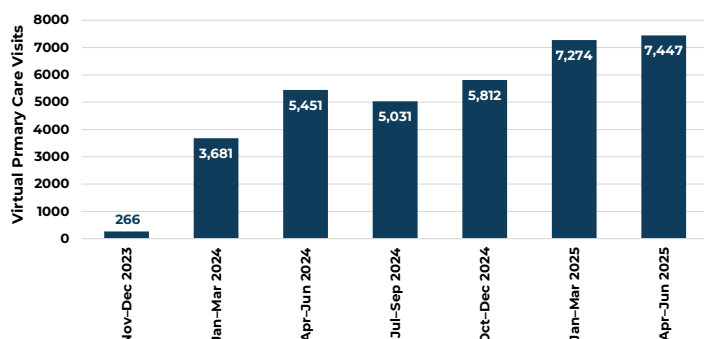


Figure 4. Number of Virtual Primary Care Visits by Quarter, Nov 2023–Jun 2025

- During the Apr to Jun of 2025. There were 7,447 vPHC visits in the province. This was a 37% increase from the same period of 2024.

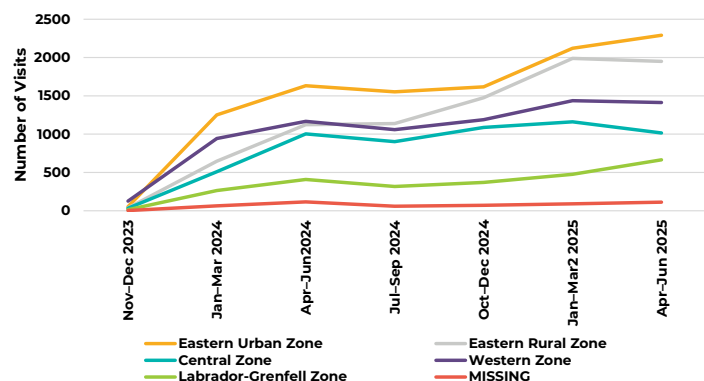


Figure 5. Virtual Primary Care Visits by Health Zone, Nov 2023–Jun 2025

## Conclusion

1. There has been a dramatic increase in utilization of virtual ED and vPHC over the past several years.
2. Increases in Virtual ED use was closely connected to a reduction in ED closure hours.
3. Virtual care can be a valuable option in some scenarios. While it is not always the appropriate option, it can still provide valuable support and reduce the workload for in-person primary and emergency care.