**BRIEFING NOTE**

 **TOPIC: Physician Leadership for the Virtual Physician for Emergency Rooms Program**

**SUBMITTED TO: Brenda Schwan, VP Integrated Rural Health & Dr. Roodt, PE Integrated Rural Health**

**DATE: January 19, 2025**

**SUBMITTED BY:** Marlee Cossette, Director Provincial HealthLine 811 & Dr. Kapur, Leader Virtual Physician Programs

**REVIEWED BY: Rod MacKenzie, ED PCSS-Community Care & Roberta Wiwcharuk, ED Acute Care, IRH**

**PURPOSE OF SUBMISSION:** [ ] Information [x]  Decision/Approval

# Situation:

For 18 months HealthLine 811 (HL 811) and the Virtual Physician for ER (VIPER) program have successfully provided support for emergency departments (EDs) in rural and remote communities across Saskatchewan experiencing ED service disruptions due to no physician availability. Funding for physician services has now been formalized for 2 years but funding for the physician leadership work on this project continues to lag behind

# Background:

The VIPER program has now successfully launched to 20 sites and been in operation for almost 18 months. The initial briefing note for this program was entitled “Utilization of HealthLine 811 Virtual Triage Physician Program for Rural & Remote ED Stabilization” and submitted to ELT May 11, 2023. That BN outlined the pilot phase of the program and made no allowance for physician leadership funding but alluded to the need for such funding should the program be formalized.

There is a model to follow for Physician Leadership for the Virtual Physician for Emergency Room program, namely the structure for physician leadership under its sister program the Virtual Physician for 811 (aka VIBEX program also formerly known as the Virtual Triage Physician / VTP program). Leadership for that program was approved under a briefing note submitted by Dr. V. Behl in 2021/22 which allocated 0.3 FTE for managing the group. While both programs provide virtual care there are significant differences. The Virtual Physician for 811 program provides low acuity, non-urgent services with no nighttime coverage. Absence of a physician and/or temporary loss of service is managed by Healthline 811 falling back to referring patients to emergency departments. Since patients are calling from home the loss of physician services does not result in ED service disruptions.

Conversely the VIPER program operates with high clinical acuity and the high political visibility of the program requires considerable physician leadership to succeed. Tasks range from liaising with other provincial governments seeking to launch similar programs, meeting with physician leaders in local communities, media requests, and regular meetings with internal stakeholders. In terms of day-to-day operation, the service requires a physician leader to be available 24/7 for any one of the innumerable eventualities that can arise when dealing with a service that demands a zero-downtime guarantee. As such the program requires (a) FTE greater than it’s sister program and the services of (b) primary leadership and assistant leadership for uninterrupted support. Moreover the 811 program operates as 3 physicians per day while the VIPER program operates with (potentially) 15 physicians per day.

# Assessment:

 The Virtual Physician Program for ER requires stable physician Leadership funding to work in tandem with the already approved funding for physician clinical services.

# Recommendation:

1. Approve funding request for 0.8 FTE for Physician Leadership for 2 years to support VIPER (0.4 primary physician leader, 0.2 FTE to be divided among 2 deputy leaders)