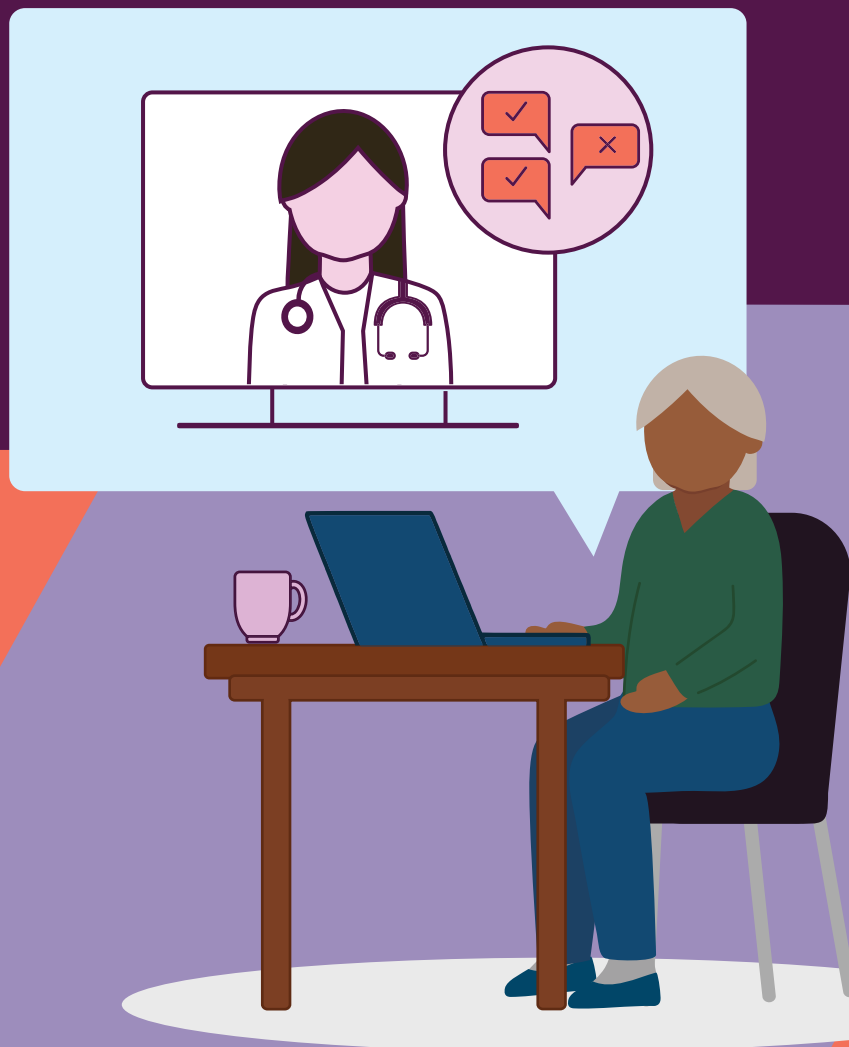


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Older, Online and Open to Virtual Care: Insights from the 2024 NIA Ageing in Canada Survey





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Mailing Address:

National Institute on Ageing
Ted Rogers School of Management
350 Victoria St.
Toronto, Ontario
M5B 2K3
Canada

About the National Institute on Ageing

Founded in 2016, the National Institute on Ageing (NIA) is celebrating a decade of impact in our mission to improve the lives of older adults and the systems that support them. Over the past 10 years, the NIA has become Canada's leading voice on ageing policy — convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision remains clear: a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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Authors

Tazeen Qureshi, MA

Researcher

National Institute on Ageing,
Toronto Metropolitan University

Gabrielle Gallant

Director of Policy (Interim)

National Institute on Ageing,
Toronto Metropolitan University

Talia Bronstein, MPH

Director of Policy

National Institute on Ageing,
Toronto Metropolitan University

Dr. Samir K. Sinha, MD, DPhil, FRCP, FRSM, FCAHS, AGSF

Director of Health Policy Research,

National Institute on Ageing,

Toronto Metropolitan University

Professor of Medicine, Family and Community

Medicine, Health Policy, Management and

Evaluation, University of Toronto and

Toronto Metropolitan University

Geriatrician and Clinician Scientist,

Sinai Health System and University Health Network

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Introduction

Virtual careⁱ has become an increasingly important component of health care delivery in Canada, especially for those aged 50 and older. This group includes many individuals managing chronic health conditions who may also be living with mobility challenges or geographical barriers, making timely and flexible access to care particularly relevant. While virtual care offers the promise of greater convenience and continuity with one's regular care providers, questions remain about how well it meets the needs of those using it.

This report draws on unpublished data from the [2024 NIA Ageing in Canada Survey](#) to better understand how Canadians aged 50 and older are using virtual care methods, how satisfied they are with their experiences and what challenges they encounter. It also aims to better understand the experiences of those who have yet to use virtual care by asking how likely they are to use it in the future.

The report highlights differences across Canada's geographical regions and older age groups, offering insights that can help inform improvements in virtual care delivery. While the use of virtual care has been studied in general populations, there remains a gap in research specifically focused on its use among older adults, particularly those facing multiple health or socioeconomic challenges.¹



ⁱ Virtual care is defined as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.” (Ontario Health, 2021)²

The COVID-19 Pandemic and the Rise of Virtual Care

How the Pandemic Accelerated Virtual Care Across Canada

The COVID-19 pandemic was a major catalyst for the widespread adoption and expansion of virtual care across Canada. Before the pandemic, only about 10-20% of health care visits were delivered virtually.³ By April 2020, that figure had surged to roughly 60% as in-person services were restricted.⁴ Between February and September 2020, the Canadian Institute for Health Information (CIHI) reported that in some provinces, the share of physicians providing at least one virtual care service rose from 48% to 83%, while the proportion of patients using virtual care increased from 6% to 56%.⁵ Although the rate of virtual care visits fell to around 40% in 2021 as in-person care resumed,⁶ usage has remained well above pre-pandemic levels,⁷ with approximately 45% of Canadians reportedly accessing health care virtually in 2023.⁸

Older adults were central to the expansion of virtual care in Canada. In Ontario, adults aged 65 and older engaged in more virtual than in-person visits during the peak of the pandemic: 74 versus 62 visits per 1,000 people.⁹ This shift challenged common assumptions that older adults are more disengaged from using digital tools and suggests that, when services are accessible and appropriate, older adults are both willing and able to engage with virtual care.

The broader health care system has also benefited from the expansion of virtual care. Deloitte estimates that digital health tools in Canada have generated more than \$30 billion in benefits since 2007.¹⁰ For example, during the pandemic, virtual care helped reduce emergency department visits and made it easier

to manage patients remotely. It has also led to improvements in system efficiency, such as reducing clinician burnout by automating administrative tasks and remote patient monitoring. These services further improved convenience, particularly for those facing travel barriers, caregiving responsibilities or time constraints.

However, these gains have not been universal: older Canadians with lower incomes or limited access to digital technologies, or those in poorer health, were significantly less likely to use virtual care.¹¹ Some older patients have found virtual appointments impersonal or difficult to navigate, expressing concerns about the lack of visual contact causing essential details to be overlooked.¹² Providers have also observed that older patients sometimes view telemedicine as less legitimate or struggle with how it's delivered, particularly when they are unfamiliar with the technology supporting it.¹³

Despite these challenges, many older adults are open to virtual care when it's delivered through user-friendly technologies and by familiar care providers. There is also a growing level of support for hybrid care models that combine virtual follow-ups for minor or well-understood issues with in-person visits for new, complex or sensitive concerns. This reinforces the view that virtual care should be used to complement, not replace, the provision of traditional in-person services.

The Use of Virtual Care Among Canadians Aged 50+

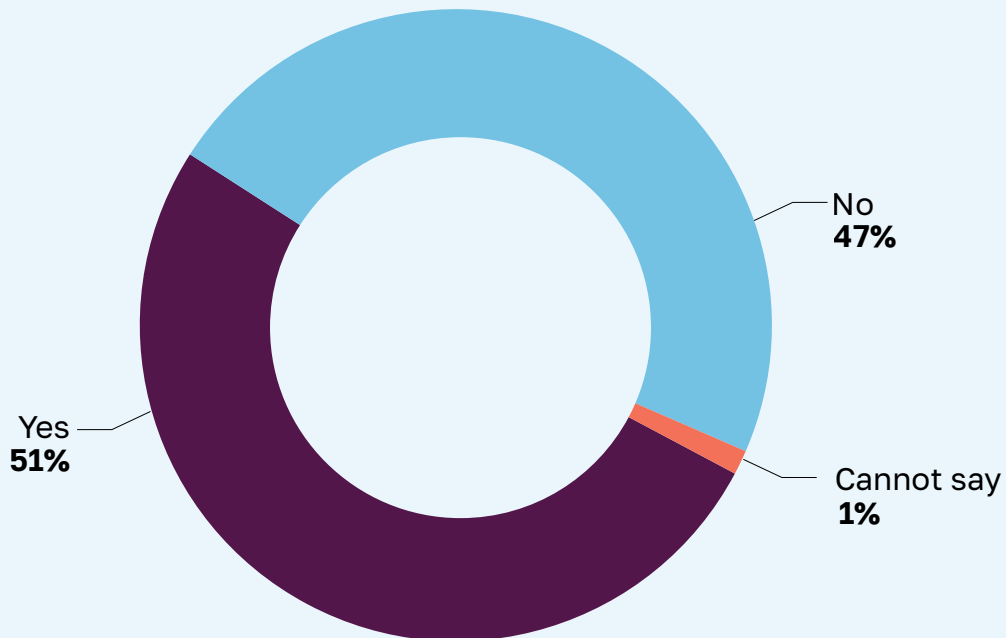
Age Isn't a Barrier: Virtual Care Adoption Increases with Age

According to the 2024 NIA Ageing in Canada Survey, just over half (51%) of Canadians aged 50+ have used virtual care at least once (Figure 1). While this may seem modest, a closer look reveals a surprising trend: usage increases with age.



Figure 1: Virtual Care Usage Rates among Canadians 50+

Percentage of Canadians 50+ who have used virtual care at least once

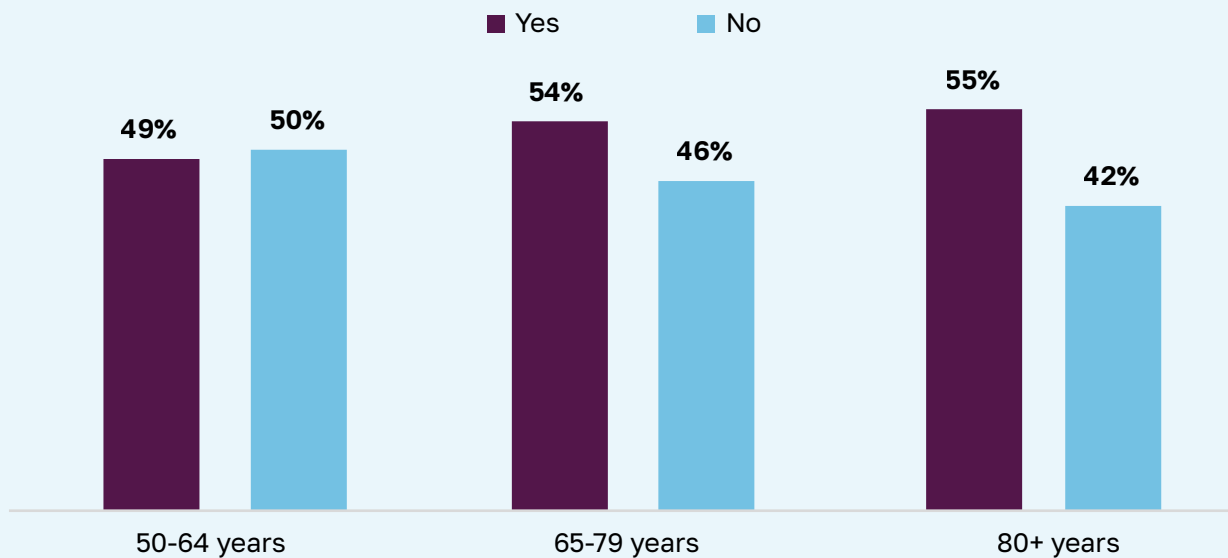


Among adults aged 50–64, about 49% had used virtual care. That figure rose to 54% among those aged 65–79 and to 55% among those aged 80+ (Figure 2). This pattern challenges the common belief that older adults are less likely to engage with digital tools. In fact, the oldest Canadians (80+) in the NIA’s survey were the most likely to report having accessed virtual care. However, this may also reflect the fact that the survey was conducted online, which

results in a higher sample of older adults who are more technologically proficient. While this data may have some limitations, it does suggest that when services are accessible and meet their needs, older adults are able to engage with virtual care.

These findings are consistent with broader research showing that older adults, when supported by accessible and relevant services, are often eager to engage with virtual care.¹⁴

Figure 2: Virtual Care Usage Rates among Canadians 50+ by Age Groups



The Likelihood of Using Virtual Care in the Future

Barriers to Virtual Care Adoption in Canada

Although a relative high percentage of Canadians 50+ reported using virtual care in the past, respondents *who haven't used virtual care* before reported mixed interest in trying it. When asked about their likelihood of booking a virtual care appointment in the future, only 37% said they were very or somewhat likely to do so (Figure 3). Almost half (47%) said they were unlikely to do so, and around 11% said it would depend on the situation.

Age appeared to clearly influence these attitudes. Among adults aged 50-64 who have not used virtual care before, 15% said they were very likely to use virtual care in the future (Figure 4). That number dropped to 12% among those aged 65-79, and to 10% for adults aged 80+. Reluctance also grew with age: nearly one-third (31%) of those 80+ said they were not at all likely to consider accessing virtual care in the future.

Figure 3: Likelihood of Future Virtual Care Use Among Current Non-Users

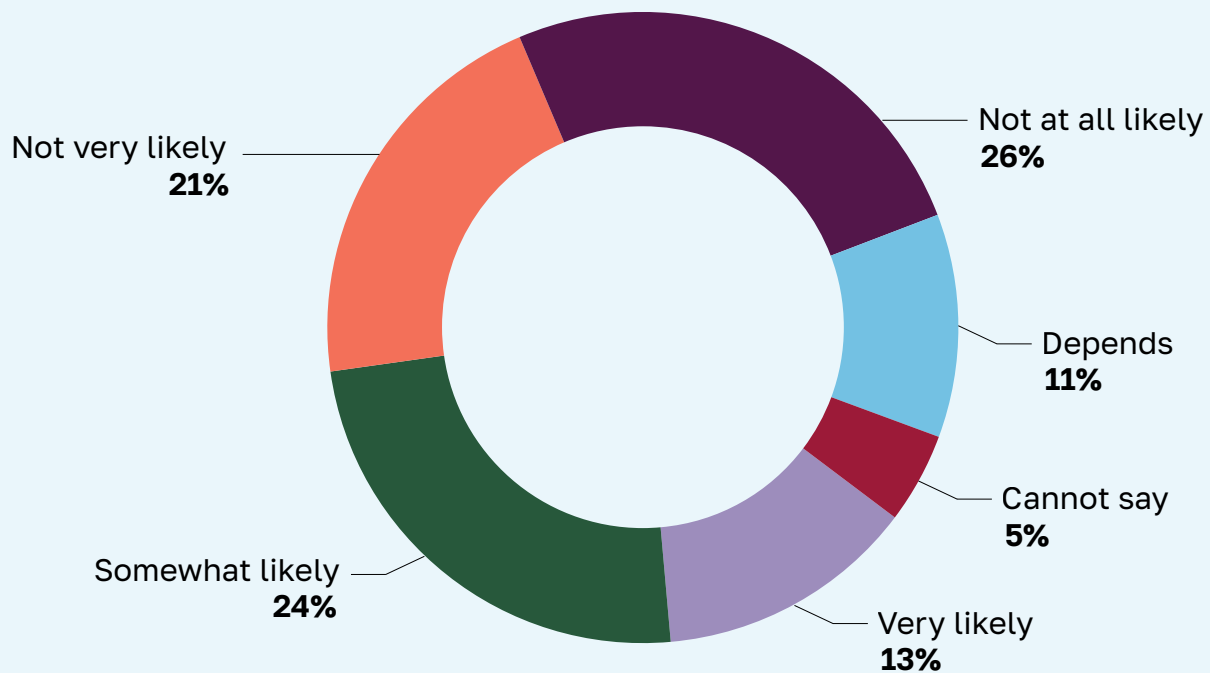
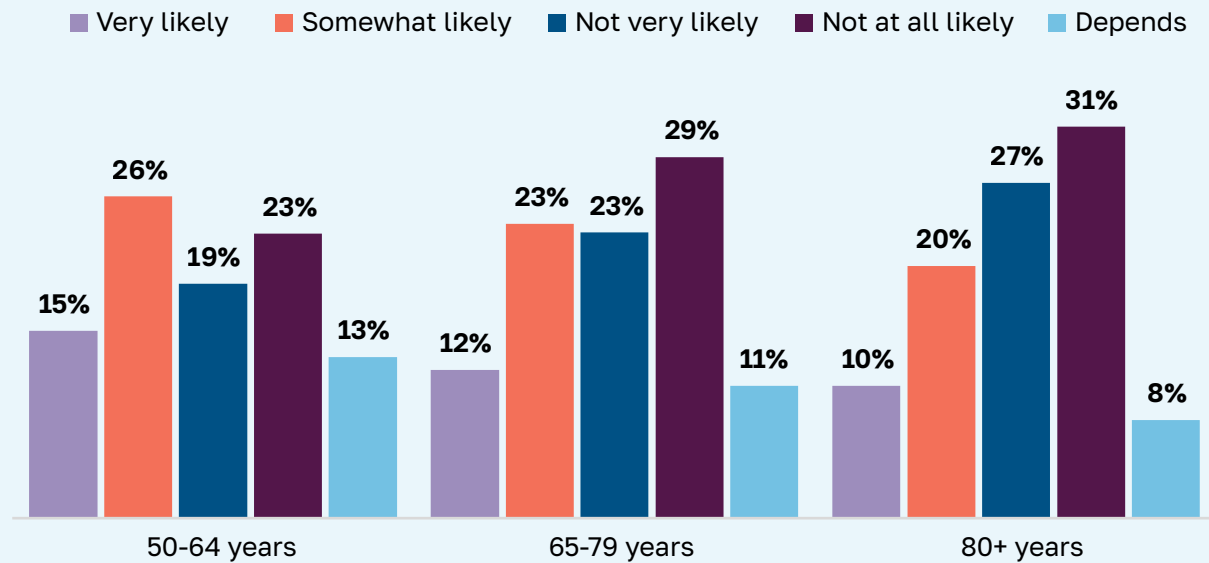


Figure 4: Likelihood of Future Virtual Care Use Among Current Non-Users by Age Groups



These findings suggest that people who haven't used virtual care in the past remain hesitant towards using it in future, especially amongst older adults aged 80+. Concerns may exist around lack of trust, ease of use and the relevance and quality of care that is delivered virtually. Encouraging widespread adoption will require more than just making services available: it also means building digital literacy and confidence, offering reassurance and better tailoring virtual care methods to meet individual needs and preferences.

These sentiments are supported by earlier research suggesting that trust, confidence and perceived usefulness strongly influence digital health adoption among older adults, particularly those aged 75 and older.¹⁵

Reported Experiences with Virtual Care

Older Canadians Report Positive Experiences, But Not Universal Access

Among Canadians aged 50+ who have used virtual care before, most reported having positive experiences. In total, 93% said their needs were either fully (60%) or mostly (33%) met (Figure 5). Only 6% said their needs were not met.

This reflects findings from other Canadian studies by CIHI and other organizations showing user satisfaction with virtual care has remained consistently strong since pandemic implementation,¹⁶ even in cases where patients remain unattached to a regular primary care provider.¹⁷

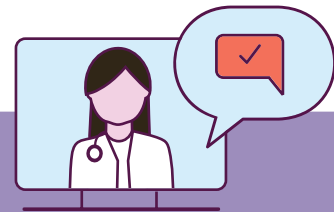
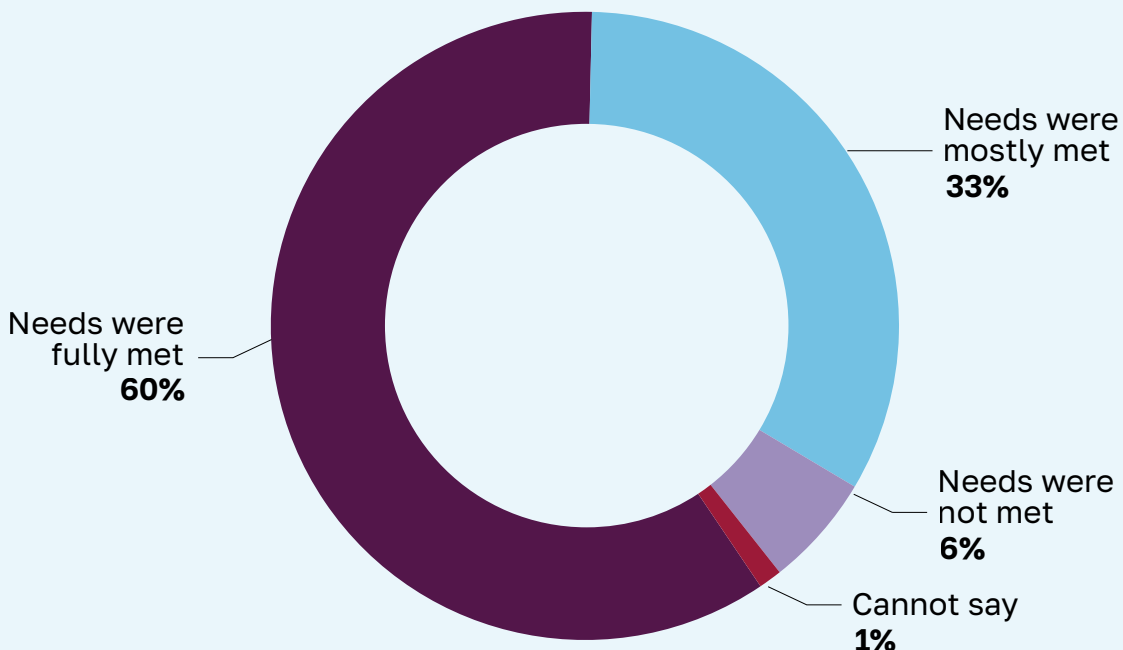


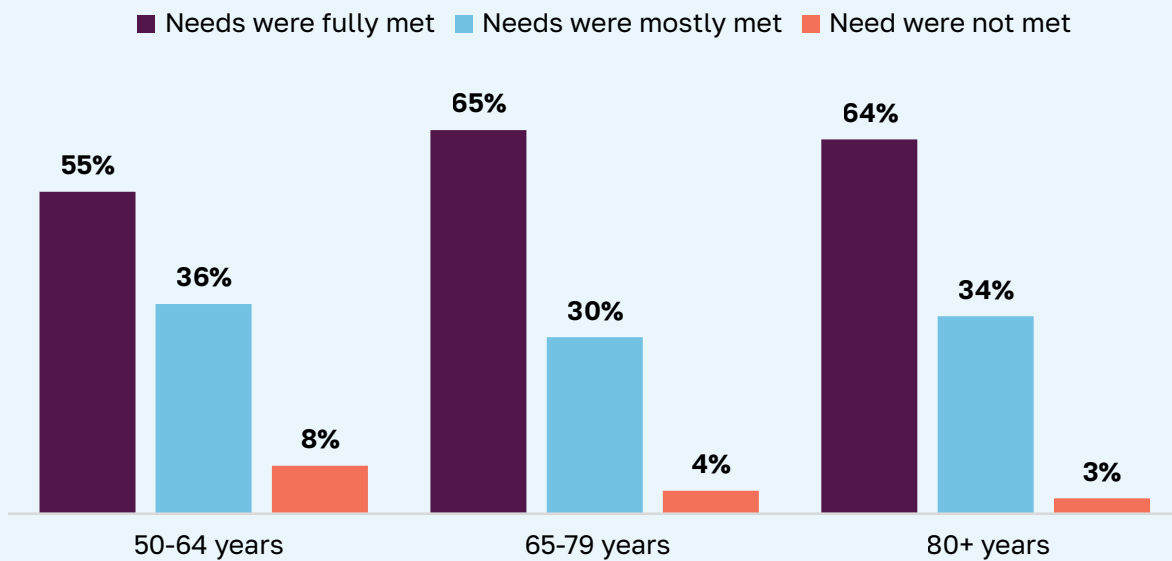
Figure 5: Satisfaction with Virtual Care Use among Canadians 50+



Satisfaction tends to grow with age. Among adults aged 65-79, 65% said their needs were fully met during their most recent virtual visit. For those aged 80+, satisfaction was at 64% (Figure 6). In comparison, adults aged 50-64 were slightly less satisfied (55%) and reported the highest rate of having unmet needs (8%).

Overall, these findings suggest that virtual care works well for many Canadians aged 50+. However, they also highlight important gaps: as discussed in the following sections, individuals with fewer resources or more serious health concerns may not benefit as much, emphasizing the importance of developing more inclusive and responsive systems.

Figure 6: Satisfaction with Virtual Care Use among Canadians 50+ by Age Groups



Limitations of Virtual Care

Some Older Canadians Still Prefer In-Person Visits

While overall satisfaction is high, many Canadians aged 50+ who have used virtual care described specific gaps when receiving virtual care, especially related to communication and the lack of benefits associated with an in-person clinical assessment.

The most frequently reported limitation of virtual care was the inability to receive a physical exam. Similar concerns have been documented across Canada by CIHI, where clinicians and patients alike emphasize the limitations of virtual platforms in delivering complex care, performing physical assessments and building relationships.¹⁸ Many Canadians aged 50+ emphasized the need for providers to see, touch or physically assess them in order to deliver proper care. One respondent shared:

“ A doctor needs to physically see you sometimes to know what’s going on. Not all problems can be solved on a phone or a computer.

Another respondent said:

“ They’re not able to check your baseline of anything – blood pressure, temperature, heart rate.

Communication barriers were also reported as a major concern. Some Canadians aged 50+ found it difficult to explain their symptoms, particularly for complex or physical conditions using virtual care.

Respondents shared comments such as:

Explain[ing to] the doctor what was wrong with me was very hard. ”

[It was] hard to describe some symptoms. ”

[It was] difficult to explain where the issue was and she couldn’t do a physical exam, so a diagnosis could not be made. ”

This impersonal nature was a recurring theme that contributed to lower satisfaction levels for some virtual care users. Several participants said they felt rushed or unheard. For example:

Virtual always seems rushed and things get missed. ”

The appointment was too short – not enough time to explain everything. ”

You are cautioned not to bring up more than two issues for each appointment. ”

Some respondents also spoke about a lack of provider engagement:

The interaction itself...just felt impersonal. ”

I would prefer to see my doctor in person. ”

Others highlighted delays in testing and diagnosis:

“[I am] still waiting for [the] results of a test.”
“[I am] unable to get tests in a timely manner.”

In sum, these insights show that virtual care can have meaningful limitations when used to address more complex concerns, or when an in-person exam was required. A number of older adults expressed the belief that virtual care should support, not replace, the traditional provision of in-person care. This underlines the importance of hybrid care models that provide flexibility and ensure high-quality care for a wide range of patient needs.



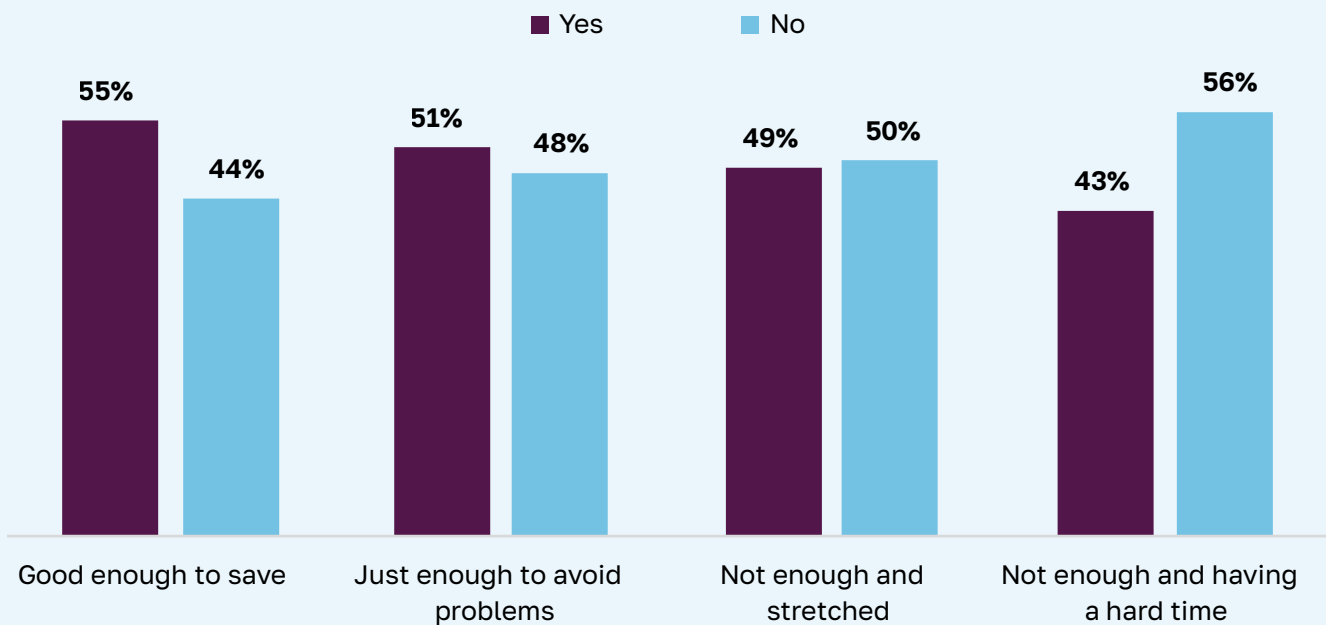
The Influence of Income Adequacy

Virtual Care Gaps Grow with Financial Insecurity

Virtual care usage, satisfaction and interest in future usage varies by income adequacy, revealing important considerations regarding equitable access. Among Canadians aged 50+, those with more secure incomes were more likely to have reported using virtual care and to report that their needs were fully met.

Just over half (51%) of all older Canadians said they had used virtual care. However, this number rose to 55% among those who said their income was “good enough to save” and declined steadily with lower levels of income adequacy: just 43% of those who said their income was “not enough and having a hard time” had reported ever using virtual care (Figure 7).

Figure 7: Virtual Care Usage Rates among Canadians 50+ by Income Adequacy



Satisfaction rates also followed this pattern. Among those who had reported using virtual care, 69% of respondents with an income “good enough to save” said their needs were fully met, compared to just 41% of those with income “not enough and having a hard time” (Figure 8). This latter group also had the highest rate of unmet needs, where 16% said their needs were not met during their most recent virtual appointment.

When asked why their needs weren’t fully met, respondents facing financial hardship were more likely to cite communication issues or receiving inadequate care. Among this group, 43% pointed to communication barriers (such

as feeling rushed or struggling to explain their symptoms), and 47% said they didn’t get the care they needed, including physical assessments or prescriptions.

Future willingness to use virtual care also differed by income. Among those who had reported not yet using virtual care, only 13% of older adults with the lowest income adequacy said they were very likely to book a future virtual appointment, while 32% said they were not at all likely to do so (Figure 9). This was the highest reported level of reluctance found across income groups.

Figure 8: Satisfaction with Virtual Care Use among Canadians 50+ by Income Adequacy

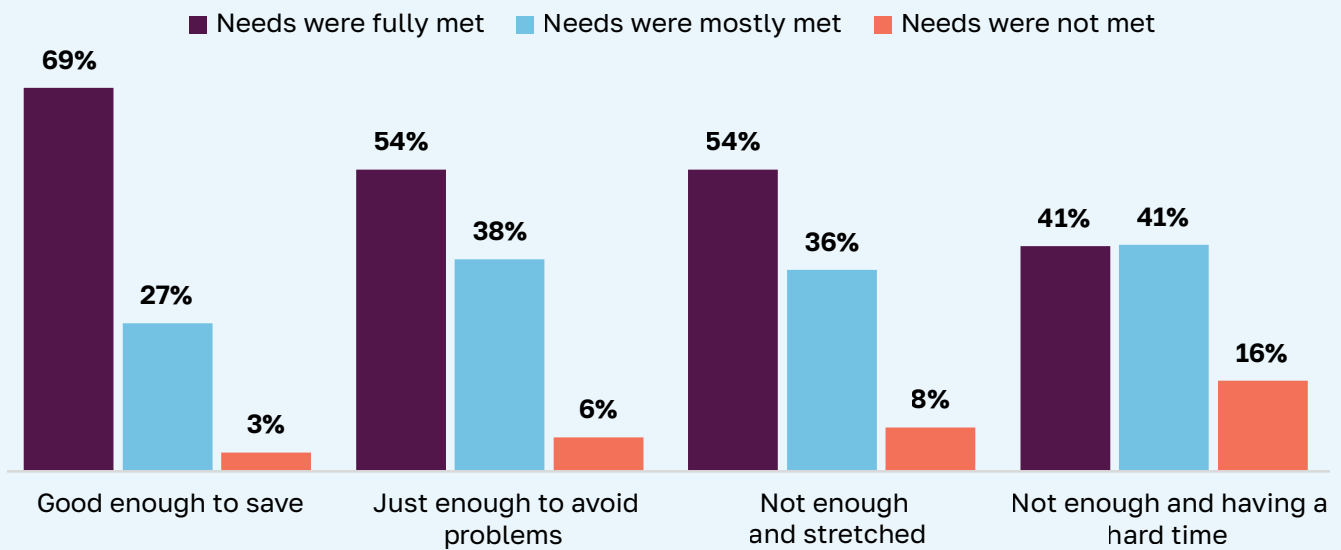
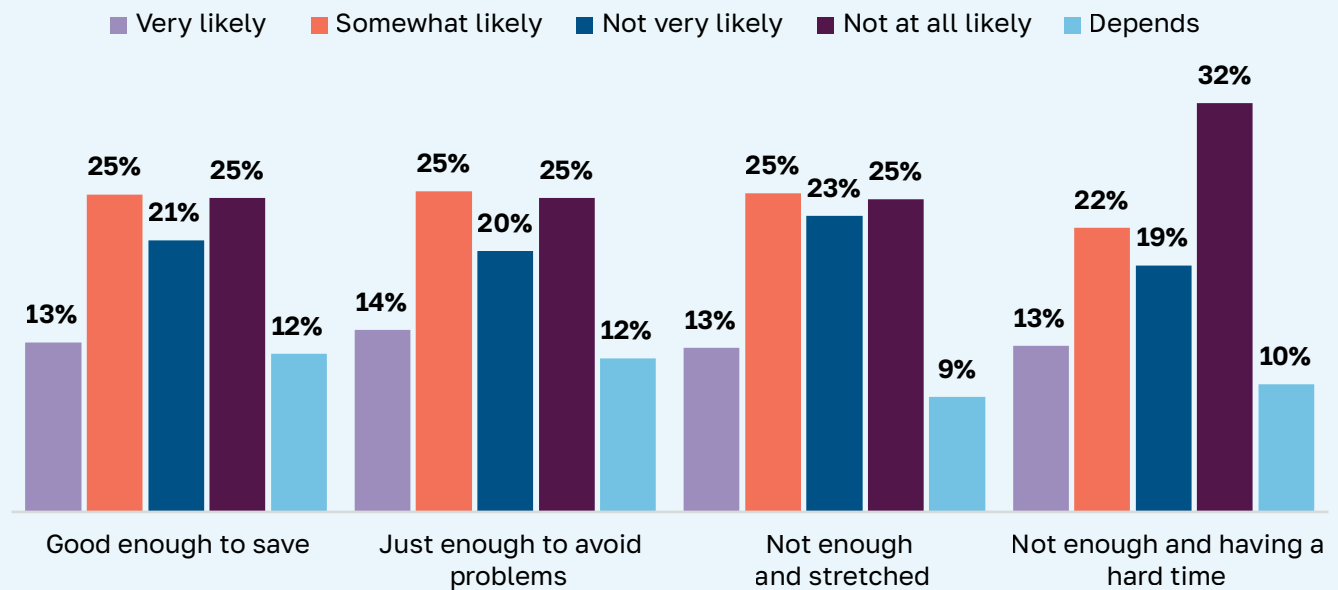


Figure 9: Likelihood of Future Virtual Care Use among Current Non-Users by Income Adequacy



These results reinforce the importance of making virtual care more inclusive and responsive. While many older Canadians benefit from virtual care, those living with financial insecurity are less likely to use it, more likely to have negative experiences and more hesitant to use it in the future. Expanding digital access and literacy, improving communication and offering more tailored support may be key to ensuring virtual care works better for everyone.

This echoes findings within the Canadian Medical Association (CMA) and Canada Health Infoway (CHI) “Virtual Care in Canada” report, which also highlighted significant differences in virtual care uptake and satisfaction across Canada’s provinces – reflecting varying provincial leadership, digital infrastructure investments and provider-level engagement.¹⁹

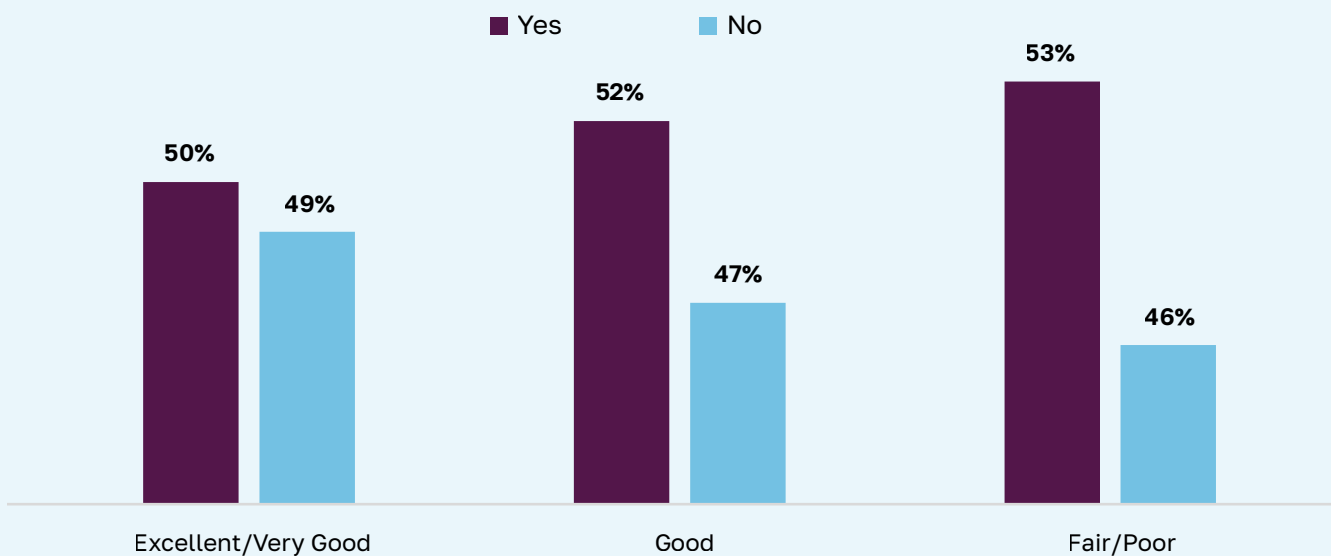
The Influence of Health Status

Older Adults in Poorer Health Aren't Getting What They Need

Health status is another key factor shaping how Canadians aged 50+ experience virtual care. While usage rates are relatively consistent across the reported health status levels of survey respondents, satisfaction and willingness to use virtual care again vary notably depending on how people rate their overall health.

Among all older Canadians, 51% reported they had used virtual care. This proportion was nearly identical across health status categories: 50% among those in excellent or very good health, 52% among those in good health and 53% among those in fair or poor health (Figure 10).

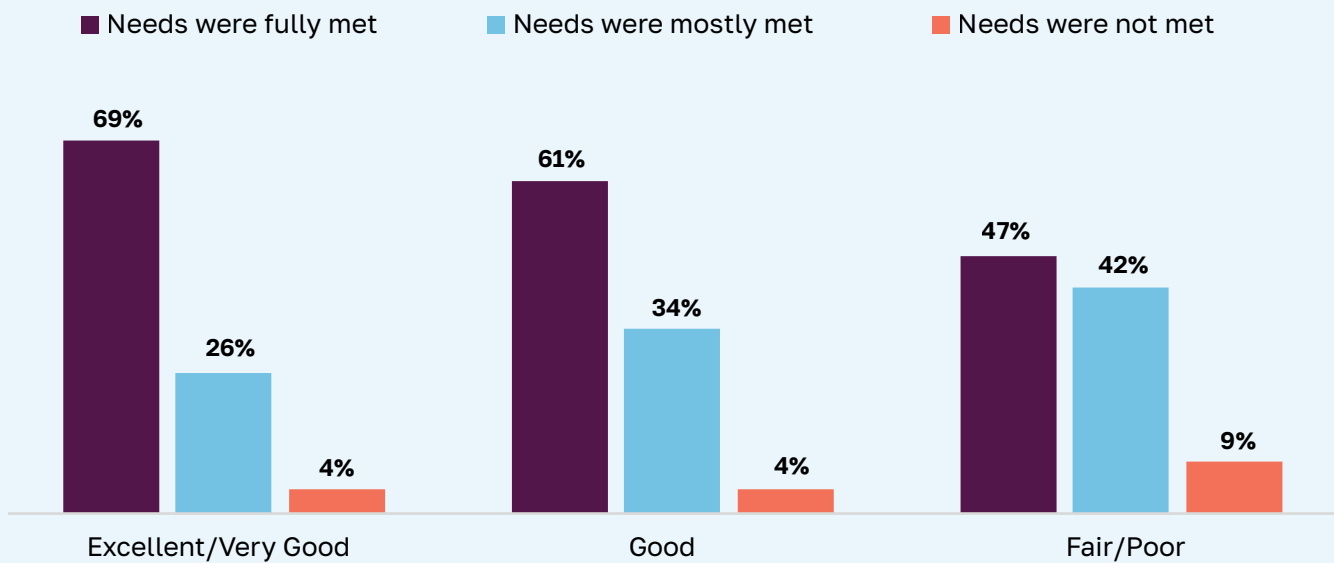
Figure 10: Virtual Care Usage Rates among Canadians 50+ by Health Status



However, experiences with virtual care varied substantially. Among those who had used virtual care, 69% of individuals in excellent or very good health said their needs were fully met, compared to just 47% of those in fair or poor health (Figure 11). The latter group was also the most likely to report that their needs were not met (9% compared to only 4% of those in better health).

Among those who reported that their needs were not fully met, people in fair or poor health were somewhat less likely to cite communication issues than those in better health. For example, 32% of this group mentioned poor communication, compared to over 41% of those in excellent or very good health. At the same time, reports of not receiving needed care, such as the inability to get a physical assessment or long wait times for appointments, were similarly common across health status groups.

Figure 11: Satisfaction with Virtual Care Use among Canadians 50+ by Health Status

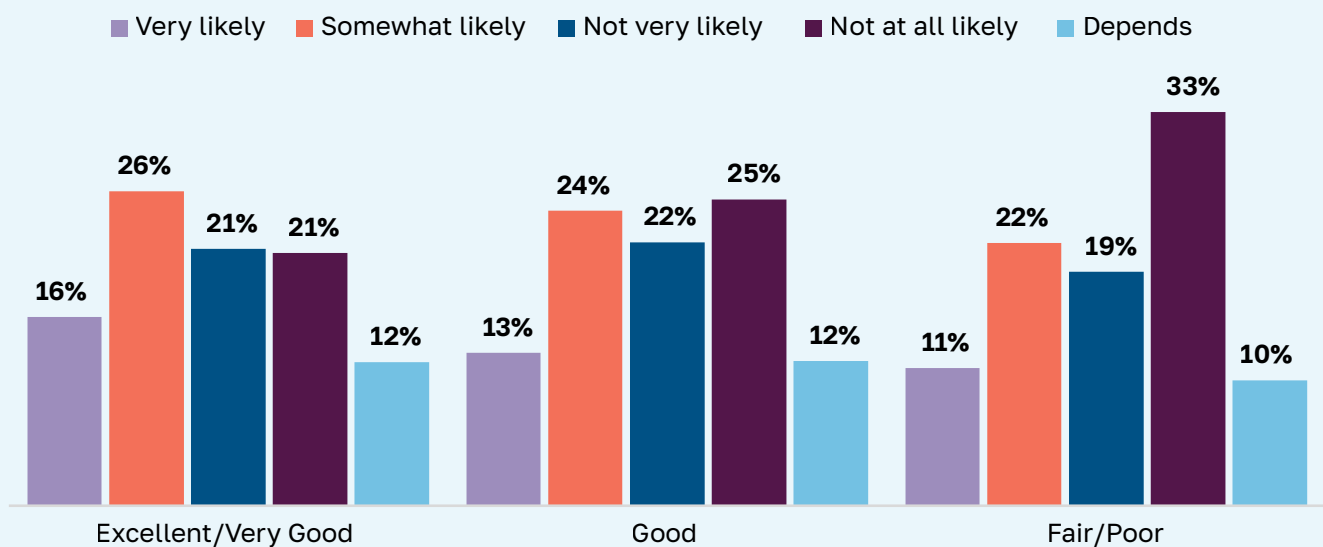


Differences also emerged in future willingness to use virtual care. Among those who had reported not using it, 33% of people in fair or poor health said they were not at all likely to book a virtual appointment, compared to 21% among those in excellent or very good health (Figure 12). Fewer in poor health said they were very likely to consider using virtual care in the future (11%) than those in better health (16%).

Given the slight disparity in virtual care usage and satisfaction rates based on an individual’s health status, improving virtual care for lower health status groups may require more

personalized follow-up, better integration with in-person care and systems that can adapt to the needs of those with more complex or ongoing health concerns. This aligns with CIHI’s research showing that while virtual care is widely used, individuals managing chronic or complex health issues often require in-person care to fully meet their needs.²⁰ Furthermore, research among Ontario geriatric professionals suggests that while telemedicine can support most standard geriatric care, it remains less effective for the complex, specific needs of frail older patients and their caregivers.²¹

Figure 12: Likelihood of Future Virtual Care Use among Current Non-Users by Health Status



Regional Differences

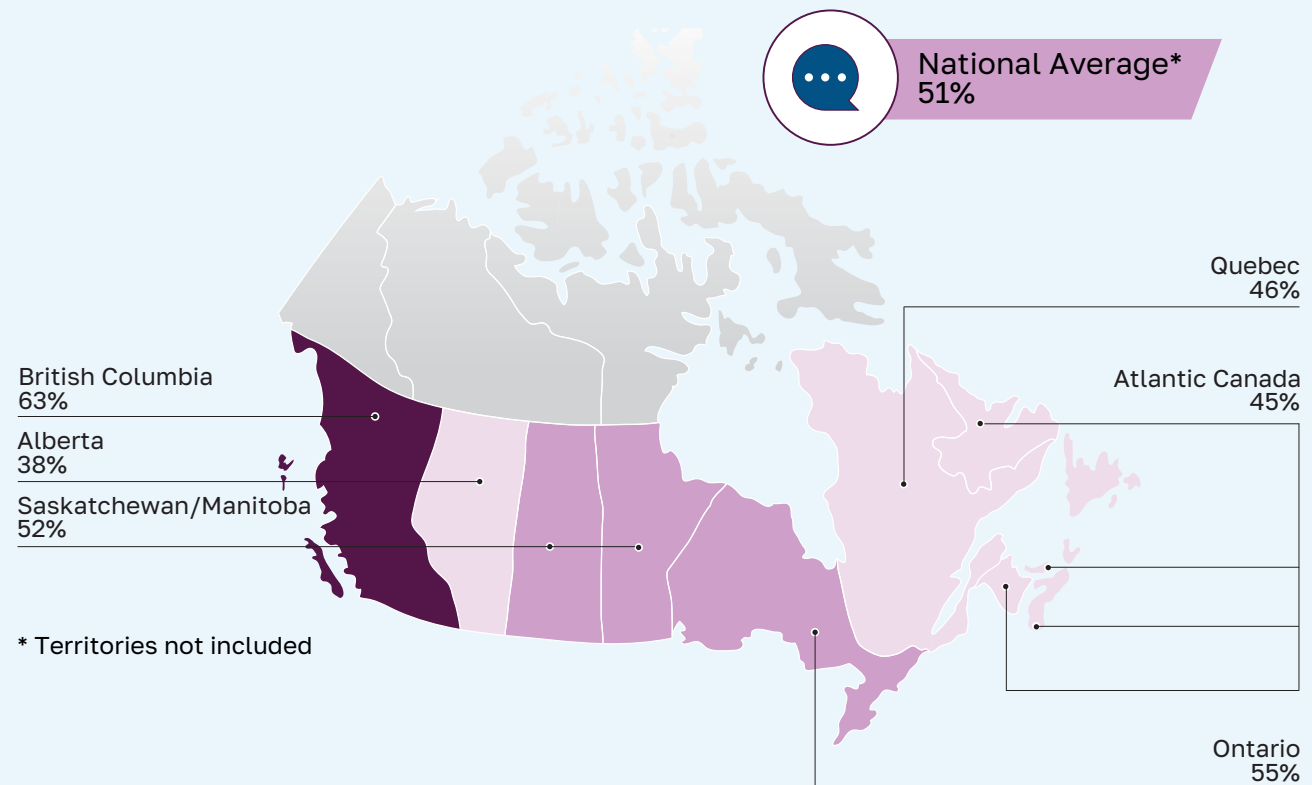
Cross-country View: Uneven Access and Satisfaction

Reported usage, satisfaction and future willingness to use virtual care varied significantly across Canada, shaped by differences in provincial health care systems, provider practices and overall digital access.

Among all Canadians aged 50+, reported usage of virtual care was highest in British Columbia (63%) and Ontario (55%), and lowest in Alberta (38%) and Atlantic Canada (45%) (Figure 13).

Figure 13: Virtual Care Usage Rates among Canadians 50+ across Canada

Percentage of Canadians 50+ who report having used virtual care at least once

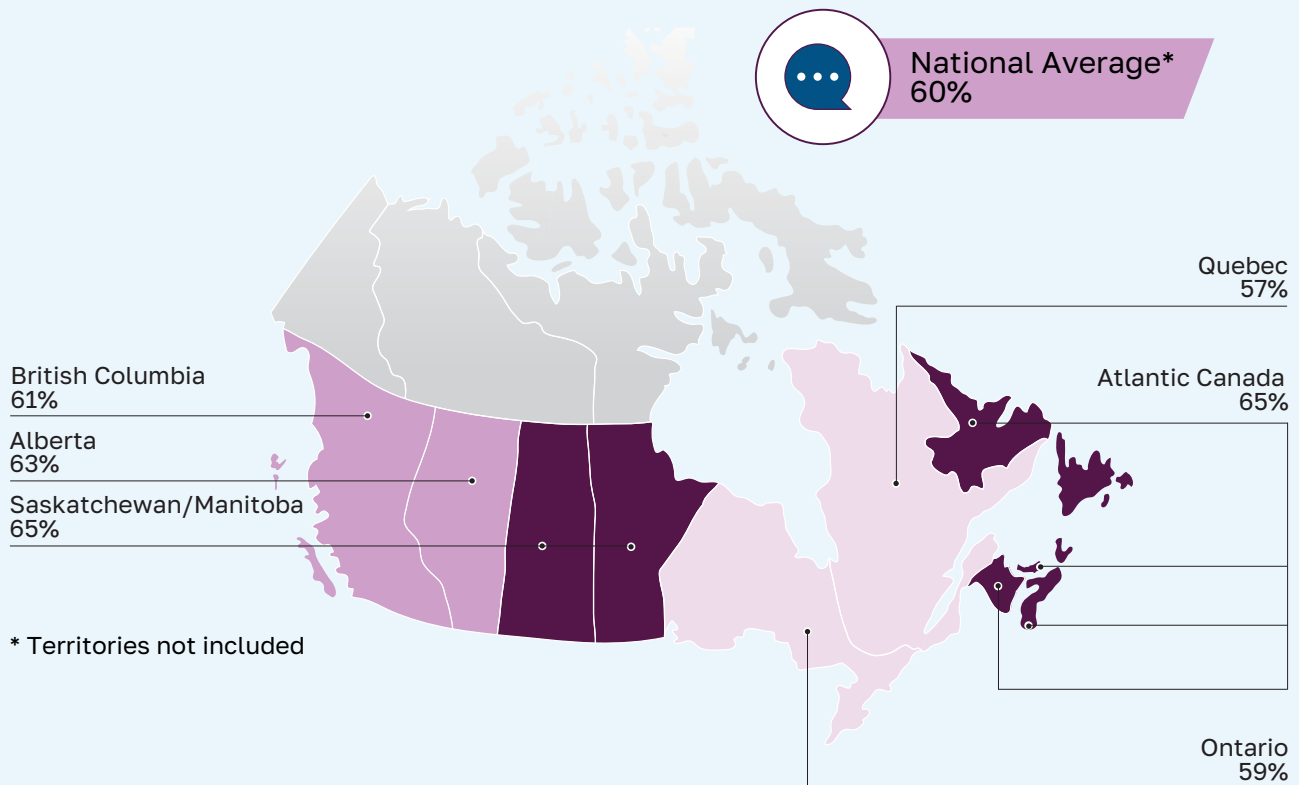


Among those who had reported using virtual care, satisfaction was also found to differ by region. In Manitoba/Saskatchewan and Atlantic Canada, 65% said their needs were fully met with virtual care, the highest rates in the country (Figure 14). By comparison, those in Quebec (57%) and Ontario (59%) were slightly less likely to report having fully met needs, though still close to the national average.

Reported unmet needs were generally consistent across Canada at 5-7%, with the exception of Atlantic Canada, where unmet needs were observed to be lower at 3%.

Figure 14: Satisfaction with Virtual Care Use among Canadians 50+ across Canada

Percentage of Canadians 50+ whose needs were fully met with virtual care



Future interest in using virtual care also varied by region. Among older adults who had not yet used virtual care, Quebec residents were most open to it, with 17% saying they were very likely to book a virtual appointment in the future. In contrast, Manitoba/Saskatchewan (9%) and Alberta (11%) had the lowest share of Canadians 50+ who said they were likely to book a virtual appointment in the future, and the highest percentages saying they were not at all likely to consider using virtual care (34% and 31%, respectively).

These differences align with other national research by the CMA and CHI and others showing that virtual care implementation varies widely across Canada's provinces, shaped by differences in policy, infrastructure and provider adoption.^{22,23}

These regional patterns show that access alone isn't enough. While usage may be high in some areas, satisfaction and future interest depend heavily on how virtual care is delivered. In regions where confidence is lower, improving the quality and awareness of virtual care may be just as important as expanding its availability.



Conclusions

Virtual Care Is Valuable, But Not Equally Accessible and Effective among Older Canadians

Virtual care is clearly playing an important and growing role in the health care experiences of Canadians aged 50 and older. The NIA's survey shows that many are using it successfully, especially older adults (aged 65+) and that satisfaction with it is generally high. However, the NIA's findings also highlight significant barriers, particularly for those who are less financially secure or in poorer health.

There is no one-size-fits-all virtual care model. While virtual care offers clear benefits like convenience and better access for older adults with mobility or transportation challenges, it is not a suitable method of care for all situations. Many older patients still need in-person visits, particularly when physical exams or personal interactions are essential or preferred.

Yet, despite its rapid expansion, Canada lacks a consistent national framework or policy to guide virtual care delivery, especially when compared to other developed countries such as Australia, the Netherlands, New Zealand, Sweden, the United Kingdom and the United States.²⁴ This absence has led to uneven access, variable quality and a reliance on regional systems and provider-level decisions across Canada. As a result, older Canadians' experiences with virtual care often depend more on where they live and their personal circumstances than on the standardized adoption of best practices.

This is also a field where more research is needed. While virtual care has been widely studied in general populations, there is a notable gap in research focused on its deployment and

use among older adults, particularly those facing complex health or socioeconomic challenges. Understanding how to make virtual care more inclusive, equitable and effective for this rapidly growing segment of the population remains an urgent priority, especially when older Canadians are also the greatest overall users of Canada's health care systems.

While this report helps fill the gap, older adults' perspectives remain under-represented in broader digital health research, despite growing demand for age-friendly digital health solutions.²⁵ At the same time, recent national reports by the CMA, CHI and CIHI highlight the urgent need for the creation of formal policy frameworks and consistent quality standards to ensure virtual care can be scaled effectively and equitably across Canadian jurisdictions.^{26 27}

Looking ahead, Canada's health systems need to focus on making the future delivery of virtual care more inclusive, responsive and flexible. This includes expanding digital access and literacy, addressing communication challenges and supporting a greater hybrid approach to care delivery that combines virtual and in-person options based on appropriately addressing patient needs. Indeed, with the right policy supports, investments and research, virtual care can continue to evolve as a powerful tool in meeting the future health care needs of Canadians as they age.

Appendix

Questions from the 2024 NIA Ageing in Canada Survey

Q1. Have you ever had an online or virtual appointment with a doctor, nurse or other health care practitioner? This would include a consultation on a smartphone, tablet or computer, but not in person.

01 - Yes

02 - No

99 - Cannot say

Q2. [If 'YES' (01) in Q1] Thinking about your most recent online or virtual appointment with a doctor, nurse or other health care practitioner, were your needs met in terms of the reason or reasons for this appointment?

01 - My needs were fully met

02 - My needs were mostly met

03 - My needs were not met

99 - Cannot say

Q3. [If 'NEEDS WERE MOSTLY MET (02) OR NEEDS WERE NOT MET' (03) in Q2] In what way were your needs not fully met during the online or virtual appointment?

Please specify _____

99 - Cannot say

Q4. [If 'NO' (02) in Q1] How likely are you to book an online or virtual appointment with a doctor, nurse or other health care practitioner for something that might not require an in-person visit, if this type of appointment was available to you?

01 - Very likely

02 - Somewhat likely

03 - Not very likely

04 - Not at all likely

05 - Depends

99 - Cannot say

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