Executive Summary: The Social Impact of Virtual Group Care in British Columbia

How Innovative Care for Those with Complex Chronic Diseases Drives Social and Economic Benefits Across the Province

Executive Summary Prepared for the BC Centre for Long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome & Fibromyalgia (BC-CLMF)

BC-CLMF
BC CENTRE FOR LONG COVID ME/CFS & FIBROMYALGIA

December 2025

Suite 100, 655 Tyee Road
Victoria, BC V9A 6X5
T: 250.265.8883 F: 778.265.8879 **MNP.ca**

MNP

Picture Credits: Mehran Bab, Pixabay

Bowen Island, BC

Acknowledgements

We acknowledge with respect and gratitude that the work for this report took place on the ancestral and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations. MNP remains committed to reconciliation, decolonialization, and building relationships with the Indigenous Peoples of British Columbia.

MNP acknowledges the BC Centre for Long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome & Fibromyalgia and its affiliates for their commitment and generous sharing of expertise, experience, documentation and direction for this Social Return of Investment Study. Sincere appreciation is also extended to each patient, family member, caregiver and health care provider for their participation in the study.

In addition, we are very grateful for the collaboration and contributions of Constellation Consulting Group in supporting the peer review process.

Executive Summary

The Importance of Providing Care for Long COVID, ME/CFS, and Fibromyalgia in British Columbia

Long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and fibromyalgia are complex chronic diseases that seriously affect the quality of life along with daily functioning, such as the ability to work or study. In Canada, the prevalence of these conditions has risen substantially. Before the COVID-19 pandemic, around **5.5%** of Canadians (2.26 million people) were already affected by ME/CFS and fibromyalgia.[1] The pandemic has intensified this burden. As of June 2023, more than **3.5 million** Canadian adults are living with Long COVID alone,[2] and projections indicate that by 2027, Canada may surpass **10 million** total cases.[3]

Patients with Long COVID, ME/CFS, and fibromyalgia use health care services at disproportionately high rates, yet many still report unmet medical needs and difficulty accessing appropriate care.[4] Patients have raised that waitlists to receive treatment for their conditions are often years long, with access remaining limited for those in remote regions of the province or for those who are house- or bed-bound.

The BC Centre for Long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome & Fibromyalgia (BC-CLMF or clinic) is distinct in British Columbia as it offers quick access to services after referral that are accessible virtually from anywhere in the province. Other programs like the Complex Chronic Disease Program (CCDP), do not have the capacity to meet current and expected future demand according to those consulted as part of the study. Patients engaged in this study also reported that the BC-CLMF provided for ongoing physician-directed care at a level that is responsive to the current demand.

The economic implications are equally significant. In Canada health care costs attributable to Long COVID are estimated at a minimum of **$7.8 billion per year,** based on 2023 prevalence levels.[5]

[1] Park, J., Gilmour, H. (March 2017). Medically unexplained physical symptoms (MUPS) among adults in Canada: Comorbidity, health care use and employment. Retrieved from: Medically unexplained physical symptoms (MUPS) among adults in Canada: Comorbidity, health care use and employment

[2] Kuang, S et al (December 2023). Experiences of Canadians with long-term symptoms following COVID-19. Retrieved from Experiences of Canadians with long-term symptoms following COVID-19.

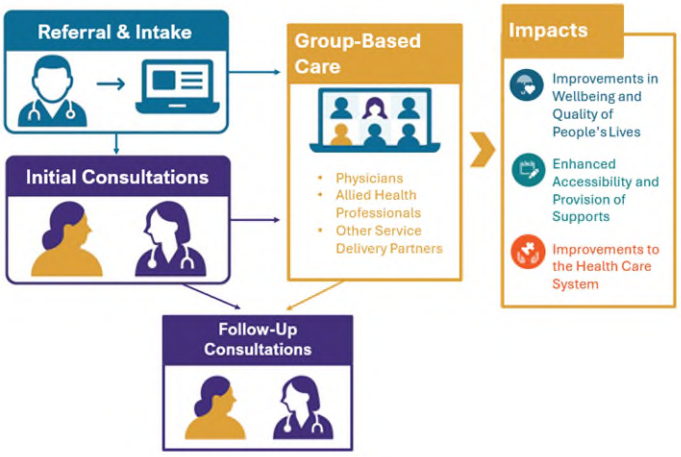
[3] International Long Covid 3 Conference Boston MA Nov 19-20, 2025.

[4] Jamieson, K. et. al. (August 2025). POLICY BRIEF Virtual Healthcare Services for People Living with Long COVID.

[5] Rafferty, E., Unsal, A., Kirwin, E. (October 2023). Healthcare costs and effects of post-COVID-19 condition in Canada. Canada Communicable Disease Report (October 2023). Retrieved from: Healthcare costs and effects of post-COVID-19 condition in Canada - Canada.ca.

The Role of the BC-CLMF Model

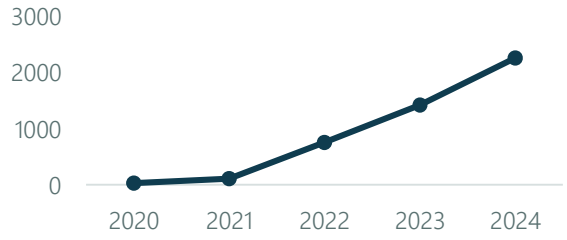
The BC-CLMF is a specialist clinical program that provides care to individuals living with complex chronic illnesses, including Long COVID, ME/CFS, fibromyalgia, and related post-viral and dysautonomic conditions. The clinic is staffed by internal medicine physicians and multidisciplinary clinicians (referred to as allied health professionals throughout this report) that provide direct patient care and operate an innovative virtual service delivery model (see the figure on the right). This model enables province-wide access to specialist care, including for individuals in rural and remote communities, as well as those too sick to travel to attend in-person appointments. It does so by delivering comprehensive, physician-led services through Virtual Group Medical Visits and complementary one-to-one consultations.



Overview of the BC-CLMF Model

Since its establishment in 2020, both referral volumes and service utilization have increased substantially, as demonstrated in the figure below.

Number of Unique Patients Served by Large Group Services



The clinic provided large group services[6] for 2,258 unique patients in fiscal year 2024, compared with 30 in fiscal year 2020, an average annual increase of 1,857%. Although the year has not yet ended, large group services have already reached 2,008 unique patients between April and November of 2025.

Virtual-care infrastructure allows the clinic to deliver physician-led Virtual Group Medical Visits for up to 50 patients at a time, reaching people across the province through a single session. Upon referral, patients gain immediate access to virtual group sessions and are placed on the waitlist for an initial internal-medicine consultation, while all medication prescribing occurs through appropriate individual clinical review. The clinic also assists with disability-benefit applications, provides a primary-care toolkit for community physicians, and offers mentorship and navigation support for individuals managing complex chronic illness. Patients may remain engaged with the clinic for as long as they continue to benefit, receiving ongoing support within a shared-care model alongside their primary-care providers.

[6] Large group services represent sessions with more than 20 patients.

The BC-CLMF delivers specialist consultation and continuing care in alignment with the Medical Services Plan (MSP) fee guide, with group medical visits allowing for physician and patient interactions during each session.[7]

Anticipated Impacts of Proposed MSP Policy Changes on BC-CLMF's Virtual Group Medical Visits

Recent policy proposals introducing a 20-patient cap for Virtual Group Medical Visits would have an impact on BC-CLMF operations. The clinic has noted that the model can only be sustained if costs are distributed across appropriately sized groups of approximately 50 patients. Physician billing revenue funds the multidisciplinary components of care, which are central to the structured group model, and cohorts below the 50-patient threshold do not generate sufficient resources to maintain this structure, according to clinic representatives. As a result, smaller groups would limit the ability to deliver the combined physician and allied-health approach that clinic representatives report as most effective for meeting the needs of its patient population. These impacts would be most significant for patients living in rural and remote regions, as well as those who are homebound, for whom virtual access is essential. It is with this understanding that reducing group size would compromise the financial viability of the informational sessions, multidisciplinary programs, and special lectures.

Given this scenario, clinic representatives anticipate the following impacts of the proposed policy changes:

- Longer wait times for physician consultations and medication-management follow-ups, as group sessions would be replaced with individual appointments.
- Loss of access to the ongoing, structured programs that provide multi-week, skills-based specialist support.
- The likely financial infeasibility of running physician-led patient groups.

Maintaining the current multidisciplinary structure and scale of the BC-CLMF model would support equitable and timely access to specialist care across the province. Doing so also preserves the BC-CLMF's capacity to generate social and economic value as presented in this SROI analysis, which depends on the continued viability of its physician-led and allied health virtual group service model.

The Province's investment through MSP generates substantial and measurable social and economic value when the BC-CLMF model's full benefits can be realized.

[7] College of Physicians and Surgeons of BC. (August, 2025). Letter Re: Physician Practice Enhancement Program Response.

The Social Return on Investment of the BC-CLMF Model

This Social Return on Investment analysis found that the BC-CLMF provides substantial value to patients, families and caregivers, health care providers, and the broader health system in BC. Using an internationally standardized methodology, MNP estimated the financial value of such realized benefits and for every dollar invested in the BC-CLMF model.

The analysis of the BC-CLMF Virtual Group Medical Visit model revealed a **SROI RATIO OF 1:6.85.**

This analysis draws on the shared experiences and insights from 1,246 patients, 348 family members and caregivers, and 17 service model administrators (including physicians at the BC-CLMF, allied health professionals, service delivery partners, and referring providers), in addition to testimonials and detailed case studies.

The resulting ratio indicates that, for **every $1** invested in the Virtual Group Medical Visit model through MSP billings, about **$6.85 in social and economic value** is generated for patients, their families and caregivers, physicians at the clinic, allied health professionals, the broader health care system in BC and the Ministry of Health.[8]

The BC-CLMF Model delivers measurable value across multiple layers of the health care system. Patients and their family members or caregivers are the main beneficiaries, reporting improvements in function, stability, and overall quality of life. Among surveyed patients, 83% of 1,128 patient survey respondents agreed that the clinic improved their physical health, and 86% of 1,135 respondents reported improvements in mental health. Many described the clinic's role as essential to their ability to manage daily living, often characterizing it as "*critical*" or "*life-saving.*"

Physicians, allied health professionals, and referring providers reported strengthened care pathways, greater access to specialist expertise, and reduced clinical burden associated with the model. At the system level, the broader health care sector (including MSP and the Ministry of Health) benefits in the form of lower demand on primary care, emergency departments, and diagnostic services, along with more efficient use of specialist time.

[8] These estimated values, and the ratio of 1:6.85, should be seen as conservative. The SROI method used to evaluate the BC-CLMF's outcomes is limited in its ability to translate impacts into financial terms. As well, BC-CLMF patients who have successfully returned to work are less likely to continue attending clinic visits and so the survey may not fully reflect the model's effectiveness in supporting return-to-work. The two-week period for collecting data, given the project's schedule, may have further limited the ability to take part in the consultations. Other considerations are that the SROI analysis looked at outcomes over a ten-year timeframe to capture lasting benefits such as fewer emergency room visits, improved quality of life, and increased return-to-work rates; however, many of these benefits likely extend beyond this period. Lastly, long COVID itself remains a complex and poorly defined condition, with ongoing debate in the research literature and a lack of consensus distinguishing it from Post-COVID conditions.

The table below provides a more detailed breakdown of the estimated financial value generated for each invested party included in the study.

Table: Value* Created by Invested Party Included in the Study

Invested Party	Value* Created (Rounded)
Patients	**$8,198,017**
Patients' Families and Caregivers	**$389,294**
Physicians at the BC-CLMF	**$23,184**
Allied Health Professionals and Other Service Delivery Partners	**$327,121**
Referring Health Care Providers	**$777,157**
BC's Health Care System	**$2,315,719**
Total Value Created	**$12,030,492**

* Value is the net present value over a ten-year period calculated using a 3.5% discount rate.[9]

The continued effectiveness and positive influence of the BC-CLMF, along with the benefits it provides for patients, families, and the health care system, depend on stable and supportive policy decisions. According to the clinic's analysis of internal data, if the proposed MSP limits had been applied to Virtual Group Medical Visits delivered between April 1, 2024 to March 31, 2025, approximately two-thirds of patients would not have been able to access the care they were receiving. In addition, uncertainty surrounding billing policies and the restrictions in group sizes creates substantial operational challenges and is seen to be undermining the clinic's ability to plan, invest, and continue innovating its model of care.

[9] Based on social discount rate suggestion from Boardman, Moore & Vining. (2010). Net Present Value represents the total value of projected benefits, including social and economic, in today's dollars. It adjusts future benefits for the time value of money, recognizing that a dollar today is worth more than a dollar in the future. In SROI analysis, net-present value is calculated by discounting all expected outcomes over the chosen a discount rate. This ensures that long-term impacts, such as improved health outcomes or reduced system costs, are valued realistically and consistently.

PRAXITY
Empowering Business Globally

Wherever business takes you

MNP.ca