Pandemic timing, virtual care policies and data available for INTRePID countries

Country	Date local pandemic or state of emergency was first declared	Virtual care policy	Data coverage region
Argentina	The government declared Health state of emergency on March 12th, 2020. Lockdown started on March 20th, 2020	The government implemented a national telemedicine program (tele-COVID) in May 2020.	Select coverage. 46 level I Health and Community Care Centers (CESACs) and 39 Neighborhood Medical Centers (CMBs) in the autonomous city of Buenos Aires.
Australia	State of Emergency in Victoria March 16, 2020. State of Disaster in Victoria August 2, 2020	Commencing March 13, 2020, and extending until December 31, 2021, temporary telephone or telehealth services were made available to physicians and allied health providers. This service is only to be provided where safe and clinically appropriate and limited to patients where there is an established clinical relationship. Bulk billing rates are the same for virtual as they are for in-person visits and the government is encouraging virtual visits.	Select coverage (1256 primary care physicians in 103 general practices in Victoria)
Canada	State of Emergency in Ontario on March 17, 2020. Gradual lifting of restrictions in the summer of 2020. Second wave declared September 28, 2020, followed by gradual localized restrictions until province wide lockdown on December 26, 2020.	In Ontario, as of March 14, 2020, new billing codes were introduced to cover any physician service provided via telephone or video. Recently extended until 2022. Virtual care was very limited before the pandemic. Payment for virtual visits equal to payment for in-person visits.	Select coverage (392 primary care physicians in 95 clinics in Ontario)
China	On January 23, 2020, the Guang Dong province government declared a public health state of emergency,	Prior to the pandemic, the hospital did not offer virtual visits. Virtual consultations over a platform called "wedoctor" for any queries on COVID-19 were offered for free on February 1 - April 30, 2020, and the health care professionals were not paid additionally for these interactions. These virtual consultations are potentially underrepresented here as hospital-based doctors (shown here) have been found to have lower utilization of internet/telephone-based consultations compared to primary care physicians in the community.	Select coverage (13 primary care physicians and 3 psychotherapists in the University of Hong Kong Shen Zhen Hospital family medicine clinic)
Norway	There was an almost complete lockdown from March 12th. The lockdown was gradually lifted from April and onwards, but some restrictions were maintained during all 2020 and 2021.	Prior to the pandemic eHealth was already developed and used to a small extent. Patient co-payment was the same for virtual and in-person consultations. From March 16, 2020 consultations by phone was reimbursed in the same way. As of March 25, 2020 it was recommended to use telehealth (phone/video) services as much as possible in place of in-person.	Full coverage (National)
Peru	The government declared State of National Emergency on March 15th, 2020. Lockdown started on March 16th, 2020.	Before pandemic (2019)-Virtual health only oriented to communication between Health professionals. During pandemic (2020- 2021)-Implementation of telemedicine, obligatory services of teleorientation and telemonitoring	Full coverage (National level data from all 24 regions of Peru from the first level of care visits of the Comprehensive Health Insurance (SIS), ~ 8,263 primary care clinics, ~70% of the 33 million total population of Peru)

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Singapore	Singapore implemented a "circuit breaker" from 7 April 2020 to 1 June 2020, which is a set of safe distancing measures that significantly reduces people's movements and interactions in public and private spaces. People were also encouraged to wear masks when going out.	The public insurance system does not reimburse physicians for virtual care. Had a lot of virtual visits in the hospitals, less so in primary care. Most polyclinic patients had their appointments deferred during COVID and were followed up by phone without cost (hence not captured in the data presented here). Primary care physicians in the public health system were deployed to public health sites. Routine follow-up intervals for chronic disease management were extended.	Select coverage (886 primary care physicians in 6 public polyclinics)
Sweden	February 1, 2020, COVID-19 classified as a disease dangerous to the public and society. February 26, 2020, high alert at the National Board of Health and Welfare. March 16, 2020, people over age 70 years were urged to avoid all contact with others. Gradual limitations of public gatherings. In general Sweden was a relatively open society with no general lockdown, social distancing or mandatory mask wearing.	Payments for virtual visits are half of the amount for in-person visits. The virtual (telehealth) services have been open to everyone and in April 2020 the population was encouraged to use a telehealth solution if suitable for their visits. In Sweden the 21 regions provide care for their own patients, but there are also a few national providers of telehealth that charge fee-for-service.	Full coverage of Uppsala region, 150 primary care physicians.
United States	National emergency declared on March 13, 2020.	Very few US healthcare systems had used virtual care prior to the pandemic but by March 2020 most systems provided virtual care.	Select coverage (236 primary care physicians in one health organization in each of California, Texas, and Colorado).

Select coverage: convenience sample within a region.
Full coverage: all clinics/practices within a region

Updated in December, 2022. Adapted from previous study by Tu K, et al. Changes in primary care visits arising from the COVID-19 pandemic: an international comparative study by the International Consortium of Primary Care Big Data Researchers (INTRePID). BMJ Open. Published in May 9, 2022. 2022;12:059130. doi:10.1136/bmjopen-2021-059130