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VIRTUAL CARE PLAYBOOK

MARCH 2020

VIRTUAL CARE PLAYBOOK FOR CANADIAN PHYSICIANS

This playbook was written to help Canadian physicians introduce virtual patient encounters (aka telemedicine) into their daily practices. It is intended to be virtual care platform and vendor agnostic. It focuses on video visits, though phone calls and patient messaging are also categorized as virtual care. While not exhaustive, the playbook covers all key considerations to succeed at providing safe, effective and efficient care:

- **Fitting virtual care into your practice workflow**
- **Technology requirements**
- **Scope of practice — what problems can be safely assessed and treated**
- **“Webside” manner**
- **The virtual visit from beginning to end**

We recommend reading the entire playbook to optimize your use of a very valuable innovation in clinical practice.

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FITTING VIRTUAL CARE INTO YOUR PRACTICE WORKFLOW

For virtual visits to be effective, you must determine how to integrate them into your practice workflow.

If you limit your virtual care to written messaging with patients (asynchronous virtual care), fitting that in is easy because most messages to patients are substitutes for messages to staff that they then relay to a patient. But remember that conventional email is not sufficiently private for exchanges with patients, which is why its use is prohibited by law/regulation in some jurisdictions.

The first requirement for any synchronous (aka "real-time") doctor–patient encounter is ensuring that the two parties are in the same place at the same time. While virtual care eliminates the need to be in the same place, the doctor and patient must still have an arrangement to meet at the same time (even if the patient has to first enter a "**virtual waiting room**"). That means that the same process for appointment booking applies, including having support staff to manage the arrangements

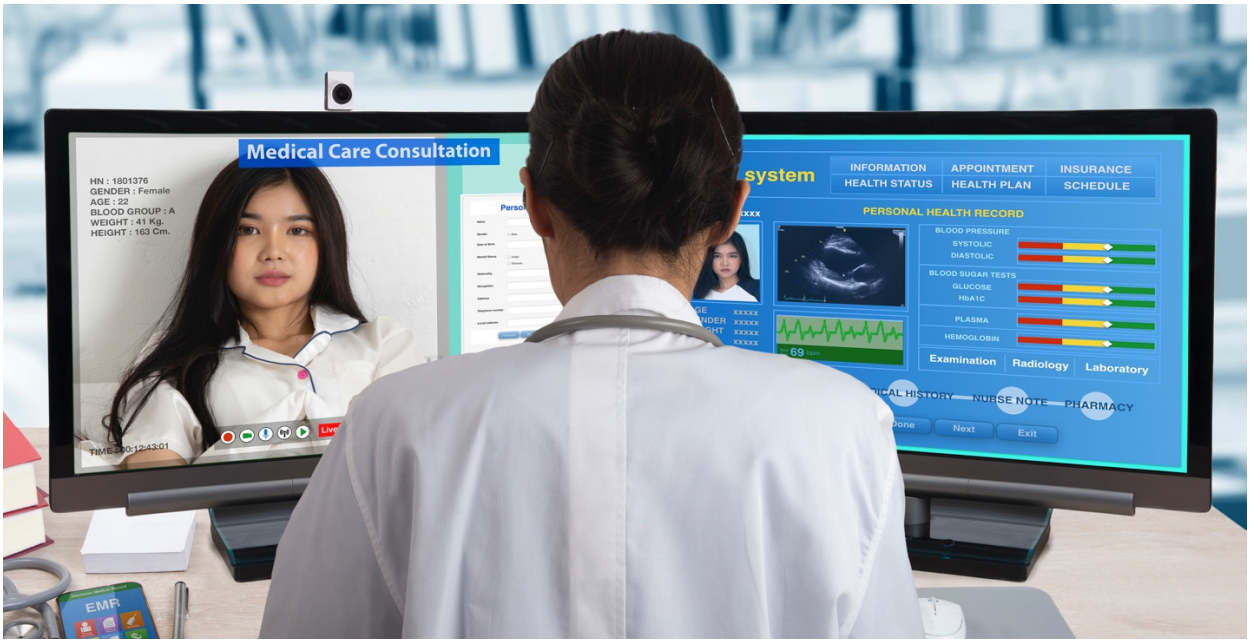
> **Remember:** Conventional email is not sufficiently private for exchanges with patients, which is why its use is prohibited by law/regulation in some jurisdictions.

IN DETERMINING HOW TO SET A SCHEDULE THAT ACCOMMODATES VIRTUAL VISITS, TWO KEY VARIABLES WILL BE:

1. the proportion of your patient encounters that are booked well in advance as opposed to same day/next day
2. how much variability there is in the problems you assess and treat in your practice

At one extreme is a community family practice, which deals with a wide range of problems and often books patients the same day. In this case, virtual visits will have to be intermixed with in-person encounters in most half-days.

The other extreme would be a mental health practice where all visits can potentially be virtual. That allows you to choose whether you want to work any given half-day from home versus from a conventional office.



Many doctors will find that they can arrange their professional life so that at least some patient care hours can be when they are at home. Most will find that the advantages of that work flexibility will outweigh the need to have virtual care workstations at two locations.

A final consideration before introducing virtual care is patient education and consent. The most efficient way to educate patients is to direct them to a website with a clear explanation of the benefits, limitations and risks of virtual visits. (See Appendix A for a sample disclosure to patients.)

In terms of consent, **the more that a practice provides continuing primary or chronic disease care, the more value there is in getting written and enduring consent from the patient that you add to their medical record.** In contrast, one-time encounters in a consulting practice can more easily obtain a verbal consent and document it at the beginning of the consult.

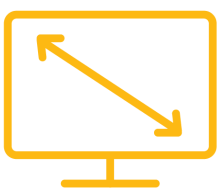
(See Appendix A for a sample written consent form and sample consent entries in charts.)

TECHNOLOGY REQUIREMENTS

The technology to provide virtual visits is widely available, and creating a full-featured workstation is cost-effective.

HARDWARE COMPONENTS

- Adequate screen space — Physicians who work at computer screens during patient encounters are generally using screens that are too small to optimize productivity. **Virtual visits then require additional screen space to accommodate the patient video image.** Best results usually require dual-screen setups, which recent computers can easily manage.
- High-definition video camera with microphone — Laptop computers are tempting because they have screens, cameras and speakers. However, the screens are too small (see above) and the camera's resolution is too low. **Invest in a good camera (about $100) and position it on a desktop screen so that it's right above the image of the patient.**
- Good-quality speakers or earphones/headphones — Because patient devices and connections have varying sound quality, good audio can help you hear them properly. **While earphones/headphones are visibly intrusive, they prevent the patient being overheard by other people**, which adds privacy in physician work environments that have substandard sound insulation.
- Secure USB drive — If you cannot save and edit third-party forms through your electronic medical record (EMR), you will need secure electronic storage for incoming forms and the copies that you complete and sign. **Use a USB key that automatically encrypts the data it stores (about $50) and secure it with a strong password (a random sequence of 12 or more characters).**



SUFFICIENT SCREEN SPACE

HIGH DEFINITION VIDEO CAMERA AND MIC

QUALITY SPEAKERS, EARPHONES, HEADPHONES

SECURE USB

SOFTWARE COMPONENTS

If you want to provide care via written messaging with patients, you will require software that secures the messages because conventional email cannot safeguard privacy. If secure messaging is not available within your EMR, you will have to look for third-party solutions. You will also have to collect patient emails and obtain consent to use email.

Videoconferencing software is the foundation of virtual visits. For physicians, your key decision is whether to use general videoconferencing tools with adequate security (the definition of adequate security varies by province/territory – check your local sources) or software "platforms" designed specifically for health care. **There are advantages to each:**

- General videoconferencing is widely available, there are versions for every computer and mobile device, and the platforms are supported by large companies that provide reliable service and can handle sudden surges in use (e.g., during pandemics)
- Health care specific platforms are designed for virtual visits, have less configuration complexity and may integrate into your EMR.

Note that general videoconferencing software requires careful configuration to protect patient privacy. **Look carefully at the settings to:**

- disable any recording of "meetings" with patients
- ensure that only one patient can enter a meeting at a time and/or that no patient can enter without specific permission from you

Considerations for doctors who do not have these resources are addressed in Appendix B, as is guidance on how to electronically manage third-party forms activity.

SCOPE OF PRACTICE

— WHAT PROBLEMS CAN BE SAFELY ASSESSED AND TREATED

> Physician regulators all adhere to the same concept when it comes to virtual visits: a physician must not compromise the standard of care. That means that if a patient seen virtually provides a history that dictates a physical examination manoeuvre that cannot be executed remotely, the physician must redirect the patient to an in-person assessment.

For this reason, the scope of virtual practice is presently limited to encounters that require only history, gross inspection and/or data that patients can gather with cameras and common devices (e.g., glucometers, home blood pressure machines, thermometers and scales). **In practical terms, you can safely use virtual care to:**

- assess and treat mental health issues
- assess and treat many skin problems (photos submitted in advance provide resolution that is much better than the resolution of even a high-quality video camera)
- assess and treat urinary, sinus and minor skin infections (pharyngitis too if you can arrange throat swabs)
- provide sexual health care, including screening and treatment for sexually transmitted infections, and hormonal contraception
- provide travel medicine
- assess and treat conditions monitored with home devices and/or lab tests (e.g., hypertension, lipid management, thyroid conditions and some diabetes care; in-person consultations will still be needed for some exam elements)
- review lab, imaging and specialist reports
- conduct any other assessments that do not require palpation or auscultation

In contrast, the problems that are currently **not amenable to virtual care** include any new and significant emergency symptoms such as chest pain, shortness of breath and loss of neurologic function. They also include ear pain, cough, abdominal/gastrointestinal symptoms, musculoskeletal injuries or conditions, most neurological symptoms and congestive heart failure.

Note that the normal requirement for physical examination can be waived if doing so is truly in the patient's best interests, such as:

- during contagious disease outbreaks
- when the patient has temporarily limited mobility or lack of transportation

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"WEBSIDE" MANNER

It is easy to overlook the fact that conventional physician offices provide many visible cues that assure patients that they are in a professional office to see a medical doctor. Most of those cues are absent in virtual care.

In addition, because video connections do not allow patients to see either the doctor's screen or the doctor's surroundings, the patient will not know where your gaze has gone when you are not looking them in the eye. That impairs your ability to engage sufficiently to win patient trust, which is particularly important when you do not have an existing relationship.

Still, accumulating research provides reassuring evidence that patient outcomes and satisfaction after virtual visits are equal to conventional encounters.

KEY RECOMMENDATIONS

- Place your workstation in a location that protects the patient exchange from being seen, overheard or interrupted by others. That includes ensuring that there is no visibility of your screen(s) through a window.
- Use a professional/neutral backdrop and good lighting and wear a white coat. While many doctors resist wearing white coats, research shows that patients of all ages prefer their doctors to wear white coats and it reinforces for them that you are a health professional.
- If you use a separate web camera, position it so that the camera is directly above the computer window with the patient's video image. This allows you to always be looking directly at the patient.
- Eliminate all distractions from your computer and surroundings. In particular, turn off all visible and audible computer notifications, which create noticeable distraction.
- Make extra effort to engage with the patient at all times and assure them that they have your full attention. This includes eye contact, body language and attentiveness.
- Collect/create patient education texts and weblinks to share after the encounter to replace what you can show to patients when you are seated in the same room.

THE VIRTUAL VISIT FROM BEGINNING TO END

The preceding sections should prepare you well for virtual visits. However, there are still several steps to follow with each and every visit to ensure optimal safety and efficiency:

Prepare the patient for the visit, which includes everything your office does for a conventional visit:

- record/update patient demographic elements
- verify the patient's health insurance card
- note the reason for visit
- add any photos submitted in advance (particularly for skin complaints and sore throats)

Also try to collect consent to use video conferencing if this is the patient's first time. Ideally, these tasks should be delegated to office staff to complete before the video connection begins.

At the beginning of the video connection with the patient, perform the following verifications, disclosures and consent actions *(see Appendix A for suggested text)*:

- Authenticate the patient's identity — if it's a first encounter, ask the patient to hold up a piece of valid government-issued photo ID to the camera to confirm who they are. But, if you already know the patient by sight, that will suffice.
- Confirm that the patient is in a province/territory where you hold a licence and billing number — physicians usually must be licensed where the patient is located, and governments do not issue billing numbers to doctors without licences in their jurisdiction, so ask the patient which city and province/territory they are in and record that in the chart.

Ask the patient the following things:

- Ask whether they are in an appropriately private location. If they are, record their response in the record. If not, arrange for them to quickly change locations (parked cars are a common fallback) or reschedule the visit.
- Ask whether other persons are present off camera (always assume that there are, particularly with mature minors).

- Disclose the risks of a virtual visit and obtain verbal consent. Record consent in the chart.
- At the conclusion of the virtual visit, make extra effort to confirm the patient's understanding of the assessment and plan, then arrange to send any prescriptions to pharmacies and any requisitions or referrals to the patient or the appropriate office/facility.
- Complete the encounter note for the virtual visit, following the same standard as for a conventional visit.
- Bill the government health plan the appropriate fee code(s) for the virtual visit. The health plan and/or your provincial/territorial medical association can advise you on billing rules and any specific fee codes for virtual care.
- If necessary, complete, process and submit any forms associated with the visit.

WHILE VIRTUAL CARE IS NEW TO MOST PHYSICIANS, THE LEARNING CURVE TO GAIN COMPETENCE IS SHORT AND GRADUAL.

By following the guidance in this playbook, you should be able to integrate this innovation into your practice in a way that improves access for patients and work flexibility for you.

APPENDIX A – SAMPLE DISCLOSURES, CONSENT AND CHART TEMPLATES

Sample Disclosure for Practice Website during the COVID-19 Pandemic

This disclosure has been created for use specifically during the COVID-19 pandemic.
It can easily be edited for use in other circumstances.

Our clinic is starting to offer virtual care. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. Some of these technologies are provided by the province or territory. Others have been provided by vendors like Google or Apple to help make discussions with your care provider as easy as possible during these difficult times. Some health concerns can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health care facility if necessary, for a physical examination.

We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools.

To help us keep your information safe and secure, you can do the following:

- Understand that emails, calls or texts you receive are not secure in the same way as a private appointment in an exam room.
- Use a private computer/device (i.e., not an employer's or third party's computer/device), secure accounts and a secure Internet connection. For example, using a personal and encrypted email account is more secure than using an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

You should also understand that electronic communication is not a substitute for in-person communication or clinical examinations, where appropriate, or for attending the emergency department when needed (including for any urgent care that may be required).

If you are concerned about using video or audio tools for virtual care, you can ask our office to arrange for you to visit a different health care provider or another health care centre where you can be seen in person. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus.

By providing your information, you agree to let us collect, use or disclose your personal health information through video or audio communications (while following applicable privacy laws) in order to provide you with care. **In particular, the following means of electronic communication may be used [identify all that apply]:**

- Email:
- Videoconferencing:
- Text messaging (including instant messaging):
- Website/portal:
- Other (specify):

From OntarioMD
www.ontariomd.ca/pages/virtual-care-tools-for-physician-practices-to-help-practices-contain-the-spread-of-2019-ncov.aspx#3

CMPA CONSENT AND DISCLOSURE FORM FOR ELECTRONIC COMMUNICATIONS

The Canadian Medical Protective Association (CMPA) provides a comprehensive disclosure and consent form that covers video, audio and messaging communication. It is particularly suited for continuing care practice.

https://www.cmpa-acpm.ca/static-assets/pdf/advice-and-publications/risk-management-toolbox/com_16_consent_to_use_electronic_communication_form-e.pdf

VERBAL DISCLOSURE FOR VIRTUAL CARE RISKS AND BENEFITS

Virtual care has some privacy and security risks that could allow your health information to be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed.

In order to improve privacy and confidentiality, you should be in a private setting and should not use an employer's or someone else's computer/device as they may be able to access your information.

If you want more information, please [ask and/or check the link on our website/confirmation email, etc.]. If we determine during the visit that you require a physical exam you will need to be assessed in person. You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed.

Are you OK to continue?

Adapted from Virtual Care – Quick Start Guide *from Doctors of BC Doctors Technology Office*

https://www.doctorsofbc.ca/sites/default/files/dto_virtual_care_quick_start_guide.pdf

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SAMPLE TEMPLATE FOR ENCOUNTER NOTE IN PATIENT CHART

- Authenticated the patient identity visually [from ongoing relationship OR with comparison to valid photo ID]
- Patient confirmed that they are in a private location and using their own communication device
- Disclosed to the patient my geographic location and patient states that they are in [City/Town], [Province/Territory]
- Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. The risks related to unauthorized disclosure or interception of personal health information have been explained to the patient and they have been informed about steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems, and the patient understands the need to seek urgent care in an emergency department as necessary.

APPENDIX B — PROVIDING VIRTUAL CARE FROM A REMOTE LOCATION

FOR DOCTORS WITHOUT EXISTING REMOTE ACCESS TO EMR SYSTEMS IN THEIR OFFICE

Physicians without remote access to EMR systems face a significant challenge providing virtual care that meets professional standards when they are working from a remote location.

Specific tools that you will require if you want to try to overcome the lack of a comprehensive EMR with remote access include the following:

- Secure patient communication — Arranging an appointment with a patient and communicating with them regarding appointment-related items (e.g., arrangements for tests and referrals, incoming results) requires secure channels. Phone calls are fine but secure electronic messaging with patients offers valuable efficiency and makes it easy to share virtual visit "meeting" weblinks.
- Outgoing prescriptions/requisitions and incoming reports — Communication with other points of care (pharmacies, labs, imaging, other physicians, etc.) presents the same challenges in virtual care as in conventional care. If you want to work remotely from your regular office infrastructure and information systems, you will need one of the following:
    - fax capacity (a machine or Internet faxing service)
    - secure messaging that can manage incoming/outgoing documents
- Patient records — Alternatives to remote EMR access are complex, laborious to use, and introduce privacy risk. Seek assistance from a trustworthy consultant and advice from the CMPA if you want to create separate patient records that you use remotely.

MANAGING THIRD-PARTY FORMS FROM REMOTE LOCATIONS

Even physicians with comprehensive EMRs still perform one activity with paper and pen: the completion of third-party forms.

If you plan to spend a significant part of your time providing virtual care remotely, consider acquiring document management software that allows you to process a scanned or photographed form, then complete, sign and encrypt it in a password-protected PDF document. Adobe and other companies offer subscription versions (about $25/mo) that provide the functionality you need to securely perform these tasks. In contrast, free versions are usually less efficient and are more likely to pose a security risk to your systems and documents.

ABOUT THE AUTHOR

Dr. Mark Dermer is a telemedicine primary care physician and health care consultant. He worked as a community family physician from 1992 to 2018 and was the founder and lead physician of an 11-doctor practice in Ottawa that is recognized as a Canadian leader in innovative, high-quality care. He also has experience in acute hospital and nursing home care.

Since 1996, Dr. Dermer has provided strategic advice, clinical expertise, program development, research and communications for organizations and clients in a wide variety of health care environments. His consulting work focuses on enhancing the quality, safety and efficiency of care through innovation, optimization of information systems and the measurement of outcomes.

Dr. Dermer has also worked as a clinical advisor and physician educator for a subsidiary of the Canadian Medical Association (CMA), served as a senior medical advisor to Canada Health Infoway and was medical director and chief privacy officer at Dialogue Technologies. He holds an MD from McGill University.