

## Virtual Care Guidance FAQ

Purpose: To provide standard guidance and information to clinical and business areas that are contemplating use of virtual care solutions to deliver patient care in response to COVID-19.

Target Audience: Physicians, clinicians, clinical directors and managers, business leaders

### Frequently Asked Questions:

#### **1. What is virtual care?**

Virtual care can be defined as the delivery of health care over a distance. As a service delivery method, it aspires to improve the patient experience and their health outcomes while realizing system efficiencies. Virtual care can include telephone, secure messaging, videoconferencing, and remote monitoring.

#### **2. Is virtual care right for me (/my practice, my clinic, my patients)?**

While virtual care can certainly help to maintain or increase capacity, it may not be a good fit or appropriate for every care provider or specialty, patient population, or situation. Providers should consider how to integrate virtual care into existing clinical workflows, including assessing program/clinic needs (people, process, technology / infrastructure) and individual patient needs. Therefore, for every patient and in each instance where the use of virtual care is contemplated for patient care, providers must use their professional judgment to determine whether virtual care is appropriate and will enable them to meet all relevant and applicable legal obligations, professional obligations, and standards of care.

During this time of COVID19, there are a few general scenarios where virtual care may support or fit:

- a) Screening of patients who are worried or ill
- b) Caring for patients with suspected COVID-19
- c) Caring for other patients in your practice with the intent of decreasing exposure to those who may be ill

#### **3. What virtual care solutions are available to me at Southlake?**

When choosing virtual care for a clinical program or patient population, consider how easy the technology is for you to use, how easy it is for patients to use, how the technology can help you keep patient information private and secure, and that you must document the interaction in the patients' medical record.

In Ontario, Ontario Telemedicine Network (OTN) has provided and continues to provide a suite of virtual care services and solutions for providers to interact with other providers and their patients. Southlake uses a variety of the OTN services, including Telemedicine (direct-to-patient virtual visits and hosted virtual visits) and Telehomecare, a remote patient monitoring program for patients with COPD and/or CHF. Use of OTN Telemedicine (also known as eVisits) in particular can be extended to support a variety of settings (e.g., types of outpatient clinics) across the hospital, particularly in response to existing system pressures and challenges. If you already provide virtual patient services using OTN, it is recommended that that practice continue.

However, with rapid progression of COVID19, a variety of other 3<sup>rd</sup> party, non-medically traditional video conferences solutions have surfaced for virtual care use (e.g., Microsoft Teams, Zoom, doxy.me, Skype). At Southlake, we have enterprise licenses for Microsoft Teams (Teams), which has the ability to support secure video-conferencing, virtual wait rooms, and secure messaging. As a trusted solution that is compliant with relevant privacy legislation, it is recommended that Teams be used if any one of OTN's virtual products and services does not fit or you do not yet have a [ONE ID](#) (a new requirement for OTN as well as access to a variety of provincial digital health assets).

The hospital is also rolling out and trialing the use of a virtual visit solution from Meditech that leverages the patient portal. More information will be provided over time.

In summary, it is preferred that providers leverage existing investments, programs, and services; however, we understand that these might not meet operational and immediate needs in light of COVID19. Consider the right type of contact, for the right patient, at the right time, for the right problem. Additional technical guidance may be provided by the Ministry to inform technology selection.

#### **4. What's the difference between video conference solutions like Teams, Skype, Zoom, FaceTime, etc.?**

While various technologies exist in market to facilitate virtual interactions with patients, not all are best suited for health care contexts. Traditional virtual care solutions are typically those that were designed for healthcare settings, comply with privacy and security provisions to protect patient health information, and have functionality that meets certain clinical requirements (e.g., consent management). At Southlake these predominantly include, but are not limited to, OTN (in this case, direct-to-patient virtual visits and hosted video visit) and Teams. Both of these solutions offer virtual waiting rooms, high-quality video, and a seamless user experience.

While other 3<sup>rd</sup> party solutions can be used (e.g., Zoom, doxy.me, FaceTime, Google Chat), it is not recommended as they have not been assessed in terms of privacy and security and are not supported by Southlake. In instances where these are used, it is critical to ensure patients are aware of these risks and that they express consent to proceed knowing this.

If you're unfamiliar with Teams or OTN Telemedicine/eVisits or are unsure what solution is best for your needs and situation (clinic, provider types, workflow, patient population, etc.), it is recommended that you reach out to the contact listed below to discuss options and best path forward.

#### **5. Is the solution that I pick today the one I'll have to use tomorrow (in the future)?**

No, during this time of crisis, we are having to rapidly adapt to immediate needs, which includes deploying and embedding short to medium term solutions to accommodate. Longer term, Southlake is committed to designing, testing, and deploying a standard, consolidated, and integrated virtual care solution in line with our Corporate Strategic Plan.

## **6. Can a physician bill for virtual visits?**

As a result of COVID19, the province (via Ontario Medical Association) has released temporary fee/billing codes for physicians to adopt use of virtual care regardless of platform or technology. These codes are for all care, not just those COVID19 cases. In general, these new codes include minor and intermediate assessments, psychotherapy and psychiatric care, and specialist consults. Emails and text messages are not billable, but telephone and video visits are.

Further details and information on these fee codes and when they can be used can be found on the [Ministry of Health website](#) or via the Ontario Medical Association portal.

## **7. How should I verify patient identity through virtual care?**

Until a provincial patient digital identity authentication and authorization service is available, providers are required to verify patient identity prior to conducting the virtual visit. This includes following in-person protocols and policies established for Southlake. For example, providers should ask patients to confirm their full name, date-of-birth, and OHIP number.

## **8. Do I need to collect patient consent for delivery of virtual care?**

Yes, consent to virtual care is required. It is distinct from a consent to treatment. A script has been developed to support providers in obtaining consent for virtual care and is distributed with this document. If you would like a copy of these documents, please reach out to the Southlake Privacy Office at [privacy@southlakeregional.org](mailto:privacy@southlakeregional.org) or 905-895-4521 ext. 2395.

## **9. Am I required to document my virtual visit? If so, where?**

Yes, providers must comply with all relevant legislation and regulatory requirements related to medical record keeping, which includes virtual. For most, this will mean having Meditech open during or after the virtual visit to capture the interaction. It is recommended that front-end (voice-recognition) dictation software be used in combination with pdoc to ensure quality information/data is captured in near real-time for others in the care team to access and contribute.

## **10. Do you have any advice for someone who is new to virtual care?**

Below are a few tips and suggestions for those who are late adopters of virtual care:

- Help and support is available – see contact information listed below
- Set yourself targets and hold yourself and your team accountable (e.g., convert outpatient clinic services to 20% virtual)
- Start small (e.g., few patients, controlled environment) and scale over time once comfort is established and process is optimized
- Block time in your schedule for virtual visits as you would with in-person visits
- Think about how you can leverage existing resources (e.g., admin assistants, nurse educators) to facilitate workflow integration and adoption
- Determine where you expect to conduct virtual care as this may determine whether you need VPN access if remote (note: if you need this, contact the IT Service Desk at extension 2246)

## 11. Are there any novel risks associated with virtual care delivery?

Just like online shopping or banking, virtual care delivery has some risks that you should be aware of. These include, but are not limited to:

- a. Use of electronic communications to discuss sensitive information can increase the risk of information being disclosed to third parties.
- b. Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- c. Employers and online services may have a legal right to inspect electronic communications that pass through our systems (such as email and Teams).
- d. Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, or security settings.
- e. Electronic communications can be forwarded, intercepted, circulated, stored or even changed without the knowledge of permission of Southlake or the patient.
- f. Communications can be unintentionally misdirected, resulting in increased risk of being received by unintended and unknown recipients.

Links to additional external resources:

<https://ontariomd.news/>

<https://otn.ca/virtual-visit-guidance/>

<https://otn.ca/wp-content/uploads/2020/03/Virtual-Visits-Solution-standard-1.0-final.pdf>

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### Key Contact

If you have additional questions or are interested in learning more about virtual care solutions and opportunities, please contact Justin Saindon, Senior Project Manager, Digital Health Strategies @ [jsaindon@southlakeregional.org](mailto:jsaindon@southlakeregional.org).