

Telehealth

Guiding Principles July 2016

Preamble

The Rural and Remote Division of Family Practice supports the use of telehealth for providing care to rural patients. These 'guiding principles' will foster telehealth development in a manner consistent with the health care needs of rural communities and patients.

For the purposes of this document, the following definition is being used for Telehealth/Telemedicine/Virtual Care:

“Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology (The American Telemedicine Association).”

The physicians of the Rural and Remote Division of Family Practice (RRDFP) embrace telehealth as having great potential to enhance comprehensive, longitudinal care and contribute to health service provision in rural and remote communities, especially where health care human resources are scarce.

The provision of health care in the rural and remote setting involves integration of many human and physical resources. The co-ordination of this care is a central role of the rural general practitioner. The rural generalist works within an interprofessional team fostering integration across the full continuum of care, between providers and over the life times of patients.

These guiding principles for telehealth draw on three of the Four Principles of Family Medicine as described by the College of Family Physicians of Canada:

- Family medicine is a community-based discipline.
- The family physician is a resource to a defined practice population.
- The patient-physician relationship is central to the role of the family physician.

And the Triple C competency based curriculum:

- comprehensiveness
- continuity of education and patient care
- centred in family medicine

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Guiding Principles

1. Telehealth has great value in enhancing comprehensive longitudinal care for rural and remote communities.
2. The planning and delivery of telehealth services should be aligned with local service providers and be fully integrated with the healthcare system locally, regionally and provincially as part of a comprehensive rural health service strategy.
3. Telehealth should support 'on the ground' services to strengthen in-person relationships between patients, families and providers.
4. Telehealth service development should be a collaborative process involving existing, 'on the ground' family physicians, the interprofessional team of health care providers and health care administrators to ensure clarity of roles and responsibilities and continuity of care 365/24/7.
5. All new telehealth services should be evaluated to measure the changes to models of care and their impact on patients, providers and sustainability of 'in-person' health care services.
6. Providers of telehealth services should be part of a transparent continuous quality improvement process.
7. Telehealth delivery should be culturally safe and appropriate.
8. Telehealth should be implemented in ways that will strengthen community, reduce fragility and avoid fragmentation of care in vulnerable rural and remote health care settings.
9. Telehealth record keeping and team communication should happen in ways that ensure access to records at the point-of-care. This includes utilization of, and integration with, EMRs.

Reference Documents:

1. The College's professional standard *Telemedicine*; <https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>
2. An editorial in the *BCMJ* by Deputy Registrar Dr. W.R. Vroom, titled *Does telemedicine need stricter rules for engagement?* <http://www.bcmj.org/editorials/does-telemedicine-need-stricter-rules-engagement>
3. Northern Health Position Statement on the Effective Use of Telehealth Technology to Support Quality Primary and Secondary Care; <https://physicians.northernhealth.ca/PracticeHere/Telehealth.aspx>
4. Telemedicine—an adjunct to comprehensive care; not an end in itself; <https://www.cpsbc.ca/for-physicians/college-connector/2014-V02-03/04>
5. The College of Family Physicians of Canada, Four Principles of Family Medicine; <http://www.cfpc.ca/Principles/>