VIRTUAL CARE – TOOLKIT

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Summary

This document is intended to provide at the very least, minimal information to enable a physician/clinic to get up and running with offering virtual care services within a relatively short time frame.

NOTE:

Providing virtual care can be as simple as a **phone call** and also includes text messaging, and video visits.

Essentials: Getting Started with Virtual Care

- **Phone calls** can be used for virtual care
- Obtain patient **email addresses** and **mobile numbers**
- Obtain **patient consent**
- **Inform** and educate **patients**
- Review the **billing**
- Select an appropriate **virtual care tool**
- Start providing virtual visits

Workflow: A Step by Step Approach

	Clinic Notes
Team engagement – Staff / MOAs are key to success Consider internal meetings to discuss the changes, workflow, and responsibilities.	
Obtaining and recording patient email addresses and mobile numbers ■ Email addresses can be used for communicating new virtual care services to groups of patients, as well as sending the virtual visit link/URL to an individual patient. ■ Mobile numbers are useful for communicating with a patient if there are any issues with the virtual visit, or to ensure they are ready for their visit. Consider storing this information in both the EMR and an email software solution (see section on Tools in this Toolkit).	
Informing patients about the new virtual care service Consider using an email software solution, which will enable you to email groups of patients with information about the new virtual care services. For an example, see the Patient Communication section in this Toolkit.	
Patient FAQs Consider creating an FAQ document for your patients. E.g. This could include how to book virtual visits, technical tips, troubleshooting, patient etiquette, etc. See the Patient Communication section in this Toolkit.	
Allowing patients to email back to the clinic Consider setting up a new email address to allow patients to send emails to the clinic.	
Obtaining patient consent Physicians providing health care services via video sessions should obtain patient consent for this specific purpose. ■ CMPA recommends the use of a signed informed consent form, click here for the Word doc, and click here for the PDF version. ■ Consider paper vs. electronic forms. ■ In some situations, obtaining a written consent might be difficult – verbal consent documented in patient's chart is also acceptable as long as it covers the details. **Short statement to initiate a Virtual Care patient encounter, which has been approved by the CMPA:** "Just like online shopping or email, Virtual Care has some inherent privacy and security risks that your health information may 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 also take steps to participate in this virtual care encounter 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 check the link on our [website/confirmation email/etc.]. If it is determined you require a physical exam you may still 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?"

Recording consent in the patient's chart
Consider where to record the patients consent in the EMR.

- Clinic's should develop a standard process for collecting consent, documenting in patient chart, and keeping track.

Recording verbal consent in a patient's chart. Copy and paste the following into the patient's chart:
Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and 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 patient understands the need to seek urgent care in an Emergency Department as necessary.

Patient suitability
Consider which patients are suitable for virtual visits. Reviewing your schedule over the last week could help with identifying potential patients and visit types.

Schedule planning
Consider specific days and time slots for virtual visits. How will this work with existing schedules?
Consider creating an appointment type for virtual visits.

Booking virtual visits
Consider how patients can book virtual visits.
Consider staff triaging the booking of patients for in person or virtual visits.
Depending on the tool chosen, consider a virtual waiting room or sending out individual meeting links.

Setting up the room
Consider placement of EMR screen vs. placement of video screen. Can both be displayed on the same screen, or are two screens needed?
Essential items include: webcam, microphone and speaker.

Virtual visit etiquette Consider the space that the patient will view during a virtual visit. Consider clarifying your actions to the patient if you are not looking at them. E.g. typing up notes on the EMR.	
Starting a virtual visit Consider how to ensure the patient is ready for their virtual visit. - Consider the role of the MOA. Will they contact the patient ahead of time? Will they set up the visit for the physician on the computer? - Does the tool have a virtual waiting room? - Does the patient need to call and 'check in'?	
Visit notes Consider having a standard method for recording that the visit was conducted over video.	
Sending documents If working away from the clinic office, consider how to transfer documents E.g. prescriptions, lab and imaging requisitions. Could an MOA send this from the clinic? Consider testing the EMR from home to see what is possible. Does the patient need access to a printer?	
Follow-up visit Consider the workflow for arranging a follow-up visit for the patient. What are the instructions for the patient?	

Equipment Essentials and Testing

Equipment essentials

For a virtual visit the computer, laptop, tablet, or smart phone you are using needs to have:

- Webcam
- Microphone
- Speaker

Testing your equipment

It is important to test the hardware to ensure your webcam, microphone and speaker are all working and it also helps to be familiar with how to adjust the settings as well.

Testing the speed of your internet connection

Run an online speed test from the room you would use for video consults to find out the internet speed. Use the equipment you are planning to use for the most accurate test. You can use the site (https://www.speedtest.net/).

Billing Planner

The fee items cannot be interpreted without reference to the Preamble D.1. Telehealth Services in the MSC Payment Schedule. If a telehealth service is interrupted for technical failure and not concluded, claim can be submitted under the appropriate miscellaneous code. Refer to DTO's Billing & Incentives Guide for a more detailed description of applicable fees.

> **Note:** For up to date billing codes, current changes and removal of any constraints please see the DoBC website. Discussions continue regarding further possible billing changes.

Billing Code	Service	MSP Fee ($)	NOTE: *Current limits for Telehealth visits are suspended due to COVID-19 until further notice[1].*
P13037	Telehealth In-Office Visit[1]	34.44	One per day with the same patient*. In-Office refers to a clinic or home office.**
P13038	Telehealth In-Office Individual Counselling[1]	58.46	Prolonged visit: minimum 20 minutes. Start and end times of the visit must be recorded in the chart.
P13036	Telehealth In-Office GP Consultation[1]	82.43	Requested by a referral and includes report.
			** UNTIL FURTHER NOTICE: *As of March 16, 2020, use P13037 instead of G14076 regardless of whether telephone or video is used.***
G14076	GP Patient Telephone Management Fee	20.00	Max 1500 per calendar year; Can be delegated by a College-certified provider working in the practice; Cannot be delegated to an MOA; Not billable with another service provided to the patient on the same day; Not billable for appointment notifications, referrals, prescription renewals, anticoagulation therapy (anticoagulation therapy by telephone claim P00043 $6.90)***
G14078	GP Email/Text/Telephone Advice Relay	7.00	Maximum 200 per calendar year; Can be delegated to an MOA or allied health provider working in the practice. Not billable for appointment notifications, referrals, prescription renewals, anticoagulation therapy.***

*   In case when an immediate in-person examination is required, the subsequent visit can be submitted as a limited consultation.

** For fees related to patients coming to a health authority site, see the Telehealth Service Provided by GP in Health Authority Facility guide.

*** To ensure claims G14076, G14078 are accepted, submit GPSC Portal (G14070) or GPSC Locum Portal (G14071) at the start of the new year. Click here for more details.

Group Visits via Videoconferencing

P13041	Telehealth In-Office Group Counselling	86.94	More than 1 patient, first full hour
P13042	Telehealth In-Office Group Counselling	43.50	More than 1 patient; Second hour (per ½ hour or major portion)

Specialists billing

Many specialties have telehealth fee codes for billing however there are too many to list in this Toolkit.

Please refer to the summary here or to the appropriate telehealth section in the MSC Payment Schedule.

Tools

EMR Vendors

EMR Vendor	Website	Further Information
Accuro (QHR)	https://accuroemr.com/	Medeo (https://medeohealth.com/) is free to clients for 6 months.
iClinic	https://www.iclinicemr.com/	
InputHealth	https://inputhealth.com/	Documentation to assist clinics on using the InputHealth CHR for the management of COVID-19 is available at http://help.inputhealth.com/en/collections/2203529-covid-19
Juno	https://www.junoemr.com/	CloudMD (Livecare connect https://livecare.ca/connect) is also a stand alone tool and is free to all physicians for 3 months.
Med Access (Telus)	https://www.telus.com/en/health/health-professionals/clinics/med-access	
MOIS	https://www.aihs.ca/mois/	Will waive the cost of miDASH, an AIHS product for OSCAR users, and its related virtual care features through May.
Mustimuhw	http://www.mustimuhw.com/	
Oscar – Mpeer	https://www.mpeer.net/	
Oscar – Open OSP Service Cooperative	https://www.openosp.ca/	
Plexia	https://www.plexia.ca/	
Profile (Intrahealth)	http://intrahealth.ca/	
Well Health	https://www.well.company/	The standard implementation fee for VirtualClinic+ is waived, and the EMR integration module is being offered at a discounted rate.

| Wolf (Telus) | https://www.telus.com/en/health/health-professionals/clinics/wolf |

Virtual Care Tools – Including Videoconferencing

Virtual Care Tools (Click on the name for their website)	Cost	CDN	Compatible with Health Authority Tech	FEATURES					PRIVACY & SECURITY	
				Video	Video Multiple Attendees	Secure Text	Online Booking	Patient Portal	Servers in CAN	Encryption
Doxy.me (Free)				✓						✓
Doxy.me (Paid)	$			✓	✓	✓				✓
FaceTime				✓	✓					✓
InTouch	$			✓	✓			✓		✓
Livecare	$	✓		✓	TBD	✓		✓	✓	TBD
Medeo	$			✓	TBD	✓	✓	✓	✓	✓
Medex	$		✓	✓	TBD					✓
Novari	$			✓	TBD		✓		✓	✓
OnCall Health	$	✓		✓	✓	✓	✓		✓	✓
P2P Doctor	$	✓		✓	TBD	✓	✓	✓	✓	✓
Skype				✓	✓					
Skype for Business / Microsoft Teams	$		✓ (if PEXIP is deployed)	✓	✓	✓			✓	✓
Synaptek	$	✓		✓	✓		✓		✓	TBD
Think Research	$	✓		✓		✓	✓	✓		✓
Vsee	$			✓	✓			✓	✓	✓
WebEx	$		✓	✓	✓					✓
WelTel Health	$	✓		✓	TBC	✓		✓	✓	✓
WhatsApp				✓	✓					
Zoom			✓	✓	✓				TBD	✓
Zoom for Healthcare	$		✓	✓	✓				✓	✓

If the tool that you are using does not record consent electronically, please be sure to obtain and document verbal consent using the script and documentation guidelines outlined in the Toolkit section - Workflow: A Step by Step Approach, Obtaining patient consent, and Recording consent in the patient's chart.

There are no specific technologies required. You should note that there are regulated virtual care products that have passed PHIPA rules, where consent from the patient is handled at sign-up. There are also non-regulated products that have not undergone PHIPA testing. If you choose a non-regulated product, then you should ask patients for their consent and record that verbal express consent was obtained.

Virtual Care Tools – Messaging/Secure Messaging/Secure Email

Virtual Care Tools (Click on the name for their website)	CDN Company	FEATURES					PRIVACY & SECURITY	
		Video	Secure Text	Secure Email	Online Booking	Patient Portal	Servers in CAN	Encryption
Memora Health			✓					✓
Hush Mail				✓				✓
SMS Text Messaging								

Virtual Care Tools - Other

Other tools	Website	Further Information
LanguageLine for Video Remote Interpreting (VRI)	https://www.languageline.com/interpreting	Video/audio remote interpreter : Provider and patient in-room Remote interpreting services
Telus Health – Home Health Monitoring (HHM)	https://www.telushealth.co/health-solutions/patient-and-consumer-health-platforms/products/home-health-monitoring/	Patient screening and/or monitoring for symptoms Video conferencing option for visual inspection of symptoms

Other tools – Email solutions

Need a solution to email groups of patients with information about your virtual care services? Example solutions include:

Email software	Website	Further Information
Mail Chimp	https://mailchimp.com/	Free if you have < 2000 people (patients). Can create a 'landing page' to use as the consent form, with the email signup. You can export the email list as a CSV into Excel.
Office 365 Business and Enterprise		If you have already purchased Office 365 Business or Office 365 Enterprise, you already have capability to send mass emails. Please reach out to Microsoft Support on setting up the mass mail function.

Other tools – Document signing

Need a solution for your patients to sign a consent form for virtual care? Example solutions include:

Document Signing	Website	Further Information
DocHub	https://dochub.com/	DocHub is a document signing app which can be used to capture patient consent. It can be operated as a standalone application, or integrated into the Google suite as an add-on for easy access from Gmail or Google Drive. Unlimited document signing and sending for USD $4.99/month.
Docusign	https://www.docusign.ca/	This tool could be used for capturing patient consent. CA $33/month

Other tools – eFaxing

In the event that you are unable to send faxes when you are away from the practice, and you need an eFax solution which will enable you to send faxes. Example solutions include:

eFaxing	Website	Further Information
Fax Talk	https://www.faxtalk.com	FaxTalk FaxCentre Pro is a stand alone app which will allow you to fax documents from your computer. Has a one-time purchase fee of USD $59.99 and a 15 day free trial.
Telus Cloud Fax	https://www.telus.com/en/bc/business/medium-large/cloud/team-productivity/cloud-fax	Fully compatible with all email platforms.

Patient Communication

With the popularity of smart phones and video chat, many of your patients may be familiar with the basic functions needed to enable virtual care visits. Still, it is important to clearly communicate with them so they know what to expect, what the benefits are and how they can get started with virtual care.

This guide provides useful templates and tools that will help patients learn how to connect with you using virtual care on their smart phone or laptop.

Promoting Virtual Care in Your Clinic

1) Choose a date to start using virtual care in your clinic.
2) Let patients know that the service will be available by providing information on your website, via email, via posters in your clinic and by telling them in person.
3) Consider outlining the process of signing up for virtual care on your website, along with a list of the conditions that are eligible and excluded.
4) Train your staff on how to troubleshoot the most common technical issues related to virtual care so they can assist patients over the phone. The DTO Virtual Care - Quick Start Guide for Patients PDF also provides tips and tricks.

Email Template example: Virtual Care - Introduction for Patients

In order to expand our services and availability to patients, our clinic will be introducing virtual care visits as of [Date]. Patients will now be able to connect with their family doctor from the location of their choosing, using their smartphone or computer.

Check out the Virtual Care - Quick Start Guide for Patients PDF attached to this email for more information about how to access this new service.

To sign up for a virtual care visit, refer to our [Website] for appointment availability and clinic hours. For questions or assistance with troubleshooting, please contact the clinic at [Clinic Phone] or [Email].

Email Signature Disclaimer example: when sending emails to patients

DISCLAIMER: *Please note, we cannot guarantee the confidentiality of information transmitted through e-mail. Please be aware of this limitation when contacting us.*

Email Template example: Virtual Care - Visit Email Invitation

Note: Depending on the platform, clinics may opt to utilize a virtual waiting room model or to send set up scheduled virtual care sessions. The following template can be used as an email invitation for scheduled virtual care appointments.

This is a courtesy reminder of your virtual care appointment at [Name of Clinic]:

[Date & Time]
[Virtual Care Meeting Link]
[Teleconference Phone # and Meeting ID]
[Application help link or clinic contact info]

Please ensure you read the **Virtual Care - Quick Start Guide for Patients PDF** and any attachment accompanying this email, as they contain important information regarding your appointment(s).

Need to cancel or change your appointment date?

Please respond to this email or contact the clinic at [phone number] with at least 24 business hours advance notice to avoid missed appointment fees.

Email Signature Disclaimer example: Virtual Care - Visit Email Invitation

Consider including the following disclaimer in your virtual care invite emails or website pages:

DISCLAIMER: *This virtual care visit, email invite and any attachment(s) is/are for authorized use by the intended recipient(s) only and must not be read, distributed, disclosed, used or copied by anyone else. If you are not the intended recipient, please notify the sender immediately, disconnect and delete any attachment(s). Patients may be redirected to the clinic for an in person visit at any time if the concern is deemed not appropriate for virtual care. Thank you.*

Privacy and Security Safeguards

Please refer to DTO's [Videoconferencing Guide: Privacy and Security Considerations](#) for a more in-depth overview of privacy legislation and protective measures to take before the session, including consent, confidentiality agreements, information sharing agreements, and internal policies and procedures.

Session Safeguards

- Always **ensure the patient is ready** to have a confidential conversation. When appropriate, start video session with clear introductions and confirming the patient's identity.
- Conduct the video session in a **private space in both yours and the patient's location**. Using a phone or other mobile device in public could compromise the patient's confidentiality. During the session, check if the volume is set to an appropriate but discreet level.
- A patient may want to include a family member or caregiver during the video consult. If so, **be aware of who is in the room with the patient.** Establish the level of patient comfort and follow the same principles as with in-person visits.
- **Do not leave connection unattended** and/or set on automatic call answering. Once the session is over, all participants are expected to disconnect from the call immediately.

Technology Safeguards

- Refrain from using any unsecured public networks. When setting up **a wireless connection** in your clinic, use an adequate password that is shared only with authorized users. If you require assistance using your software on the **Private Physician Network (PPN),** contact DTO for support.
- All systems, applications, and devices should be **behind the firewall** with anti-malware and anti-virus software installed.
- Updates and security patches should be applied as they are made available by the software vendor. Ensure the **device used for videoconferencing is not obsolete** and software is current so the **most recent updates can be applied.**
- All devices used for videoconferencing, and the sessions themselves, should be **password protected** to prevent accidental configuration changes or hacking attempts. Do not use default settings and be sure to create adequate passwords.
- **Avoid recording videoconference sessions** containing personal or clinical information unless it is absolutely necessary. If a recording must be made, the best is to retain it as part of the clinical record. Implement security measures such as secure storage behind a firewall. When using personal, mobile and desktop devices, the best practice is to encrypt a device and use two-factor authentication for access.
- **Disable cameras and microphones when not in use**, either by disconnecting power, connection cables, and/or using lens coverage.

Tool Selection

See section on Tools for guidance on assessing the appropriateness of virtual care tools.

Policies and Guidelines

Title	Organization	Overview
National		
eCommunication	CMPA	High-level information from the CMPA regarding the use of eCommunications. including privacy considerations, protecting information, obtaining patient consent, and suitability.
Public Health Emergencies and Catastrophic Events	CMPA	Overview of protection against medical-legal risk for physicians during emergencies that overload health resources.
Telehealth Information Package	CMPA	Suite of articles outlining the CMPA's principles of assistance, duties and responsibilities, and advice for physicians using telemedicine.
Provincial		
Telemedicine	College of Physicians and Surgeons of British Columbia	The role of the College is to regulate physicians, not technology. Practice Standard includes advised practices for physicians providing medical care using telecommunications technologies.
Medical Records, Data Stewardship and Confidentiality of Personal Health Information	College of Physicians and Surgeons of British Columbia	Practice Standard outlining the use of emails and text messages as they relate to a patient's medical record.
Virtual Health Policy	PHSA	This policy provides direction for the safe, effective, and strategic use of virtual health services across PHSA and supports staff in the use of Virtual Health at PHSA.

Frequently Asked Questions (FAQs)

Does the virtual care tool need to be integrated into EMR?

Not every EMR vendor offers virtual care tools at this time (although some are in progress). Some EMR vendors may also have the ability to integrate with third-party vendors. If your EMR does offer virtual care capabilities, you should consider the difference in workflow compared to using a tool that is outside of your EMR. DTO has summaries of virtual care capabilities for the majority of EMR vendors and you can reach out to find out more.

Which virtual care tool should I choose?

There are many different virtual care platforms on the market that will vary with respect to cost, functionality, privacy and security, workflow and user interface. There are also differences in the device requirements to run a tool (e.g. Windows operating system only) and whether any downloads are required (web-based vs. app-based), which can impact workflows and accessibility. In the Tools section of this Toolkit you will find a high-level overview of some of the tools that have been used in BC. You can also contact DTO to find out whether your EMR vendor offers any tools. We recommend speaking with your colleagues, Division of Family Practice, Health Authority (if applicable) and/or DTO to discuss your options.

How do I know if a technology is secure?

DTO, PHSA and other partners are acquiring privacy and security assessments on a number of tools and will update the section on Tools once this information becomes available. We recommend referring to DTO's privacy and security guide for an overview of privacy requirements and security safeguards related to videoconferencing in private practice. We suggest speaking with the vendor to clarify the following security safeguards:

- Is the transfer of data encrypted? (Recommend tool that uses end-to-end encryption with 256-bit security certificate as a minimum standard)
- What information is collected and where is it stored? (FIPPA des not allow the transfer of private information outside of Canada except under limited circumstances, while PIPA does not address data residency. Best practice is to choose software that uses servers located in Canada as one of the measures to reduce risks.)
- Are the videoconferencing sessions recorded? (Recommend to avoid recording videoconference sessions containing personal or clinical information unless it is absolutely necessary. If a tool does has the ability to record we recommend disabling this feature – ask your vendor for support.)

Contact DTO if you would like to discuss the security of virtual care tools in more detail.

Do you have any information on the approximate costs for the various virtual care solutions?

Virtual Care pricing varies depending on a number of factors including number of licenses, usage (e.g. number of participants or duration of services allowed), service model, customization, etc. Some of the tools are free of charge – refer to the section on Tools in this Toolkit for a list of options. For tools that are not free, you will need to contact the vendor directly for a personalized quote. Be sure to also ask about other services that the vendor may

charge for, such as IT support and training, custom reporting, and data analytics, as these costs can also vary among vendors.

How do I ensure that the device I am using for virtual care is secure?

All systems, applications, and devices used for virtual care should be behind a firewall with anti-malware and anti-virus software installed. You should ensure the device used for videoconferencing is not obsolete and software is current so the most recent updates can be applied. Furthermore, all devices should be password protected using a complex password.

Does the PPN support video visits?

DTO will do its best to support videoconferencing on the private physician network (PPN). Some may work with little to no issues while others may post some challenges. We recommend testing a platform on the PPN before going live. If you experience issues, please contact PHSA for support at ppnadmin@phsa.ca.

Will this Toolkit be updated?

Yes, this Toolkit will continue to be updated over time, please check back here for the most recent version.

DTO's Virtual Care Enablement program

DTO is also in the process of setting up a Virtual Care Enablement program to support the implementation of virtual care across the province, this includes:

- **Learning & Planning Sessions**: A total of 3 workshops to be delivered. The approach is broken into four steps focused on practical tasks and leverages the PSP facilitation framework, with incentives paid to physicians to attend sessions followed by action cycles.
- **Virtual Care Peer Program**: Build a network of interested Physician and MOA Peer Mentors and upskill as needed to support their colleagues and/or help facilitate learning sessions.
- **VC Enablement Clinic-Level Support**: Match physician and MOA peers with clinics to deliver hands-on support during the action cycle.

Whenever possible, it is still recommended to take a structured, methodical approach to implementing any change into practice in order to minimize as much disruption as possible.

For more information, guidance, or support please contact:

Doctors Technology Office

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