

Videoconferencing in Family Practice

Dr. Vanessa Young



Dr. Vanessa Young, B.Sc, MD, Dip Sport Med

- MD 1993 (UBC). In Westshore since 1996, in office practice, teaching students and residents.
- 2008 Diploma in Sport and Exercise Medicine and consulting since (no ICBC or WCB cases please!).
- 2014 to present, Board South Island Division of Family Practice, Chair since 2018.
- 2010 to present, using OSCAR (open source) EMR (because we feared PITO day's were numbered)



Presenter Disclosure:

- ◆ Relationship with commercial interest: none
- ◆ Mitigating potential bias: none

Increasing Efficiency and Access

- Time is money, not just your time, but for our patients too.
- Discussions with a colleague in October 2014, led me to the idea of offering appointments by skype.
- Doctors of BC and MSP have approved the use of Skype for physician-patient communication, with the acknowledgment that no form of communication is completely secure, and the patient must be informed of this, and consent to it, and this discussion must be documented in the record.
- Hundreds of my patients are interested in accessing appointments this way



Increasing Efficiency and Access

Advantages

- Saves travel time and fuel costs
- Eliminates mobility and distance barriers
- Ideal for follow up visits, eg to discuss results and next steps
- Ideal for mental health appointments
- Patients can take measurements at home and discuss these over video, eg HR, wt, BP, glucose levels, CPAP data, peak flow data
- Allows assessment and advice when patient might be too sick to come in, or high contagious risk, eg influenza, immuno-suppressed due to chemotherapy, infectious colitis
- Skype is a free download
- Is an awesome option for attached patients, encourages continued relationship, increased convenience



Access and Efficiency



Disadvantages

- Only visual examination and dialogue are possible
- Some patients don't have skype, or do not have home computer/tablet/smart phone/camera/speaker access, therefore they cannot participate
- Connection difficulties eg sound, image quality etc, not always perfect
- Skype is not 100% secure/confidential, and some patients may avoid skype appointment because of this
- According to MSP, the video call must be done from the workplace, not the yacht/cabin/ski hill
- Cost is \$125-300 per month for Medeo (encrypted)
- Follow up for unattached patients is the big can of worms for Medeo, eg referral recommendations? Test results? Who is responsible?

Origins of Telehealth

- Dr Brian Winsby, Chair of Tariff Committee, noted that originally telemedicine was to be done *from sanctioned health authority facilities*. It required the physician to travel to the facility in order to provide the services, which is why the original out-of-office fee was set at \$40.
- Since that time, virtual medical services allowed physicians to connect with patients *from anywhere with no additional travel time*, however, physicians continued to use the out-of-office fee of \$40.
- The Society of General Practitioners noted this provided incentives for doctors to do telehealth *instead of* in-office visits and encouraged 'kiosk-style' medicine
- Fee code is 13037, \$34.44 (vs phone call=14076=\$20.00)

- December 2015 CMPA newsletter says:



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#eHealth

Are you emailing, texting, or videoconferencing in your practice?

8 things providers should know when using eCommunications



Always protect patients' personal health information (PHI).



Verify PHI protection requirements in your jurisdiction (i.e. encryption).



Ensure virtual care is permitted and you are aware of billing limitations in your jurisdiction.



Have a discussion regarding consent and document it. Patients should be well informed of their options. CMPA's Consent to use eCommunications form could serve as a useful basis for discussion and record of the consent.



Determine if the tool you are considering using is appropriate for the clinical encounter, e.g. videoconferencing, email, etc.



Obtain the information you need for your assessment and document the encounter in the medical record.



If relying solely on videos and images for the encounter, ensure they are clear and adequate.



Give clear follow-up instructions.

For more information and advice on health privacy and eHealth matters in your practice, visit www.cmpa-acpm.ca.



How to Skype:

- Get a camera and speakers and connect them to your computer
- Download Skype (free)
- Can search by patient name or email, then
- Add contacts, send request to patient, who must agree
- Patient books appointment
- Doc/staff video calls at that time, GP enters notes in chart, bills for visit.



What it looks like:



Billing

- Visit code is 13037= telehealth GP in-office visit
- Amount paid is \$34.44
- Questions?

