

Virtual Care in BC

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Disclosures

- Compass Preventive Health Inc.
 - Works on the development of mobile health applications –not included in this presentation

Overview

- Patient Suitability
- Consent – What do I need? How to get it?
- Privacy/Security
- Billing
- Implementation
 - Consent
 - Informing the practice
 - Software (telemedicine, messaging, mHealth, etc)
 - Office Workflow
 - Billing

Virtual Care: Patient Suitability

Digital Health Myths

www.infoway-inforoute.ca/myths



Myth

Digital health is just for health care providers.



Fact

69% of Canadians who don't currently have online access to their medical records would like access. Growth in the availability of digital health services for Canadians more than doubled between 2014 and 2016. Providing patients with timely access to their health information is an important part of patient engagement and empowerment, which are directly linked to improved chronic disease management.



Source: Connecting Patients for Better Health: 2016. "The Case for the Connected Patient," Health Care Information Management & Communications Canada: <http://bit.ly/2n4PRpZ>. See also: <http://bit.ly/1L5MLly>



Digital Health Myths

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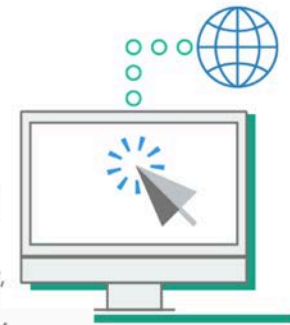
Myth

Digital health is only for the young and tech savvy.



Fact

Canadians are very connected, including seniors. 88.5% of Canadian households have Internet access. Digital health offers important opportunities for advancing care for seniors through programs such as telehomecare. In a study in which the average age of respondents was 75 to 84, 98.3% of telehomecare patients were satisfied with the program. Additionally, growth in the availability of digital health services for Canadians more than doubled between 2014 and 2016.



Source: Internet Live Stats: <http://bit.ly/1WSWBPv>. OTN Telehomecare Patient Experience Survey Summary, 2016. Connecting Patients for Better Health: 2016.



Patient-oriented Family Medicine ~~in the near future~~ today

Patient Health Concern



E-Communication

mHealth / eHealth

Asynchronous Text

Digital Tech Monitoring

Artificial Intelligence



Physical Exam Needed?



Yes



In Office Visit



Follow Up Needed?



Yes



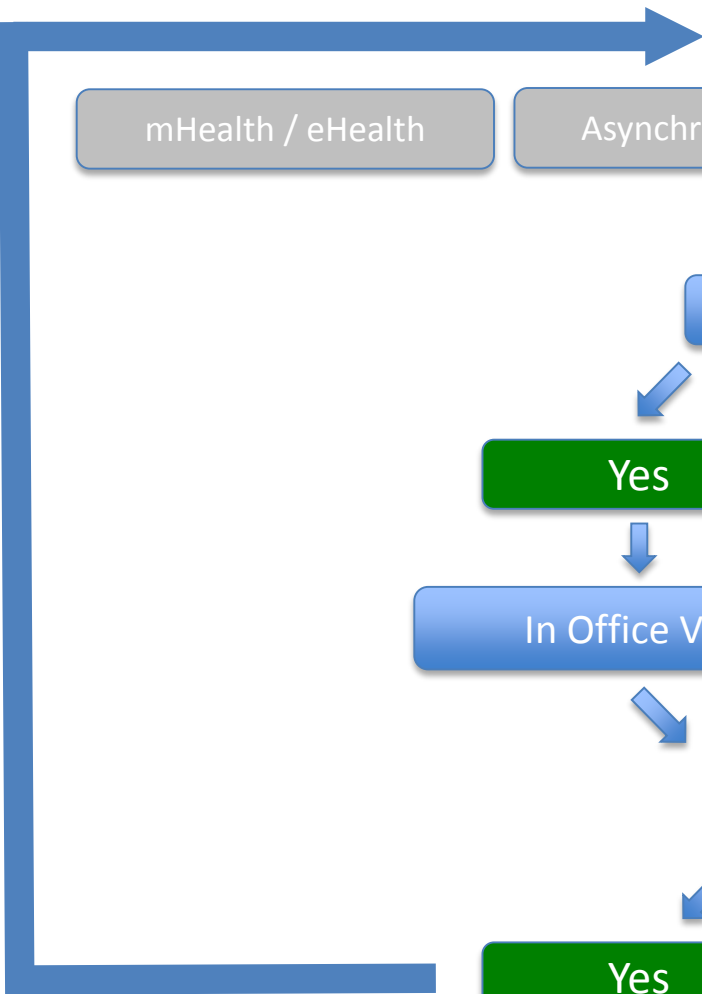
No



Virtual Care Response



No



Virtual Care: Patient Suitability

- When should it not be used:
 - Patient not comfortable with technology
 - Don't assume age is a factor
 - NOT for new/worsening symptoms
 - Not any time a physical exam may be needed
 - Not for first few visits to office / Not seen in long time
 - Sad/scary news

Consent: CPSBC

<https://www.cpsbc.ca/files/pdf/PSG-Emailing-Patient-Information.pdf>

- “When transmitting patient information electronically, security and patient confidentiality must be maintained and guarded in the same way as traditional paper medical records are protected.
- Physicians are encouraged to adhere to the following guidelines when using email to transmit patient information:
 - Obtain the express and informed consent of the patient or representative before transmitting patient information electronically.
 - Confidential and sensitive patient information sent by email should be encrypted or, at a minimum, password protected with access provided only to designated individuals. The password or cryptographic key must be sent separately to the intended recipient, preferably by phone or other non-electronic communication.
 - Email addresses should be double checked before sending patient information.
 - Email may not be the appropriate mode of communication in all instances and should not be considered a substitute for effective personal communication. For example, email should not be used to inform a patient about a diagnosis or discuss sensitive information.
 - Develop clear, written policies around the use of email in your practice to communicate patient information and ensure they are followed consistently. “

Consent: CMPA

<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2005/using-email-communication-with-your-patients-legal-risks>

Using a consent form

Patients should be informed of the risks inherent in email communication and agree to assume those risks. This may be achieved by requesting patients sign a consent form [[PDF](#), [DOC](#)]. The consent form addresses the major legal issues and risks that could arise in electronic communications between physicians and patients. Whether or not a consent form is used, physicians should document in the patient's medical record the discussion with the patient and the patient's express consent to email communication.

The bottom line

- Members should understand the legal risks associated in communications by email with patients.
- Before engaging in email communication, members should review any applicable statutory and College requirements that may impact the use of email for transmitting patient health information.
- Patients should be aware of the potential risks and agree to assume those risks. A signed consent form that outlines the risks of email communication, as well as the obligations placed on patients who wish to correspond via email, provides a permanent record of the consent given.
- Physicians working within an organization should be aware of the risk of access by the organization to any email communications using an organization's computer system. This caution is especially pertinent for members who are being assisted by legal counsel.
- Physicians should establish policies and procedures for handling email communications and implement reasonable technical safeguards. Their employees should be informed of the risks associated with inappropriate email communication.

Consent: CMPA (cont')

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Risk management toolbox

Consider using these tools to manage medical-legal risk in your office practice.

- [Confidentiality/non-disclosure agreement](#)
- [Consent to use electronic communications \[PDF, DOC\]](#)
- [Governing Law and Jurisdiction agreement](#)
- [Photo and video consent form \[PDF\]](#)
- [Poster: Electronic records, 10 tips to improve safety](#)
- [Terms of use agreement template for physician websites \[PDF\]](#)
- [Infographic: #eHealth– 8 things providers should know when using eCommunications \[PDF\]](#)
- [Infographic: #mHealth– Smartphone, smarter physician: 7 tips to help you safely recommend mobile health apps in your practice \[PDF\]](#)
- [Infographic: Opioid crisis: How the CMPA supports Canadian physicians \[PDF\]](#)

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<https://www.cmpa-acpm.ca/en/advice-publications/risk-management-toolbox>

CONSENT TO USE ELECTRONIC COMMUNICATIONS

Dear patient,

We will soon be making available various forms of electronic communications, such as email, texting, video consults and more. This is **optional**, but will enable far greater access to care, and convenience. This consent form is required as a first step. If you sign this consent, then you will receive an email in the near future with complete details about what services will be offered, and how they may be used. Please do not initiate any contact with the methods below until that first email is received. This may take weeks-months. Please be patient, as we are focused at first on getting the whole practice enrolled. Once that is done, these services will be gradually rolled out, and you will be informed by email of this.

PHYSICIAN INFORMATION:

Name: Dr. Jonathan Hislop

Address: 250 16th Street, West Vancouver, BC, V7V 3R5

Email (if applicable): drhislop@gmail.com

Phone (as required for Service(s)): 604-926-1510

Dr. Hislop has offered to communicate using the following means of electronic communication ("the Services"):

Email	Videoconferencing (including Skype®, FaceTime® and others)
Text messaging (including instant messaging)	Website/Portal

Other (specify): Mobile Health Applications, other means of electronic communication

PATIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Patient name:

Patient address:

Patient home phone:

Patient mobile phone:

***** IMPORTANT ***** → Patient email:

Other account information required to communicate via the Services (if applicable):

Patient signature:

Date:

Witness signature:

Date:

Coming soon:
North Van
e-Consent
Project...

Privacy and Security: OIPC

- OIPC: Office of the Information and Privacy Commissioner of BC
- BC Physician Toolkit (BC Doctors, and Doctors Technology Office):
 - https://www.doctorsofbc.ca/sites/default/files/ptv3.0_full_document.pdf
 - The 1-page version:
https://www.doctorsofbc.ca/sites/default/files/privacy_toolkit_fact_sheet.pdf
 - Video consult 3-page document:
https://www.doctorsofbc.ca/sites/default/files/dto_health_technology_guide_-_videoconferencing_privacy_and_security.pdf.pdf
- Consent to exchange/share information:
 - Implied - inside circle of care
 - Express – outside circle of care
- Privacy:
 - Community physicians bound by PIPA (Personal Information Protection Act)
 - Health Authority/Facility physicians bound by FIPPA (Freedom of Information and Protection of Privacy Act)
 - Main difference: FIPPA information must be kept on Canadian servers / cannot pass through other countries.
- Use password protected, encrypted systems
- OIPC must be contacted in the event of a breach
 - Best to have a written protocol so that in the event of a breach, no one has to think, and a series of steps can be quickly followed to manage the situation.

Billing (\$\$)

- TeleMedicine / Telehealth:
 - General Visit 13037 (currently \$34.44)
 - Counselling Visit 13038 (currently \$58.46)
 - Still have to mark times down etc. and max 4/yr (combination of regular and telemedicine counselling visits)
 - * No code for additional counselling after mental health plan
- Email/Text/Relay: 14078
 - Pays \$7
 - Max 200/yr total, regardless of your practice size
 - Max 1/day per patient
 - Must provide some sort of clinical advice
 - No refills, appointment reminders, specialist appointment info etc
 - The advice must appear in the chart (within a message is adequate if that is seen in the clinical chart flow)

Implementation

- Get Consent AND ** eMail addresses **
- Create an email list
- Inform the Practice
- Select Physician Software
- Select Patient Software
- Office Workflow ***MOA's***
- Billing

Communicating with patients: Use a Webapp

- MailChimp (www.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
- FormSite (<https://www.formsite.com/>)
 - \$50 for a form for up to 2500 people
 - Can be exported as a CSV file into Excel
- There are certainly other options out there too

I have my Gmail List – now what?

- Welcome email
 - Thank them for enrolling
 - Let your patients know that services will be GRADUALLY rolled out – give them a rough time frame
 - Let them know (that in a 1-2 wks) the first service will become available (email for ex).
- Each 'New Service Option' email
 - What it is
 - When it starts
 - When to use it
 - When NOT to use it – and how this will be dealt with (ex – you will be advised to come in)
- Occasional reminders/updates about practice policies
 - No shows, number of issues per visit, what to bring to appointment

Skype / Facetime Visits

In an effort to improve our availability to you, we are introducing telemedicine visits.

What is a 'telemedicine' visit?

This is a meeting with your doctor, conducted from a remote site (usually your home, but anywhere with a computer, or a smart-phone). The meeting is conducted using freely available video software (see below) so we can see and speak to each other.

Why are we offering this?

We recognize that sometimes it is difficult to get in to the office. Some of you live further away. This 'electronic' visit is a way to eliminate the time you have to spend travelling to the office (sometimes during busy rush hour). You will be able to continue with activities like chores, or whatever else you are in the middle of, right up until a few minutes before your appointment time.

What do I need to have to do this?

You need an email address that you will share with us. You also need to download a free program called Skype (available at <http://www.skype.com>), or Facetime on an Apple smartphone. This program is what enables us to speak to each other via the computer. Both programs use email addresses to establish a link.

How do I arrange a 'Skype' or 'Facetime' visit?

You make an appointment just like always, but let reception know that it is for a 'skype' or 'facetime' appointment. **As your appointment time approaches you MUST call the office to check in**, just as you would if you arrived for an in-office visit. You then must be nearby the computer you plan to use, and login to the program (ex - for Skype). **** Please make sure your 'privacy' setting allows 'anyone' to contact you ****. When the doctor is seeing the patient just before you, reception will contact you and let you know to stay right by the computer (this is sort of like when reception shows you into a room just ahead of when the doctor is ready to see you during an in-office visit). When the doctor is ready, they will go in to an exam room at the office, and contact you. On your end the program will start 'ringing', and you will see an icon to 'answer'. Accept the call, and we will then begin the visit.

What are Skype visits best for?

It is very important to recognize that these visits are **best used when we only need to talk, and not perform a physical exam.**

Missed Visits

**** Please note that this type of visit is considered equivalent to an in-office booked visit, and missed appointment/no-show fees will apply if you are not available for the call.**

Use of the Doctor's email address

Note that the doctor's email addresses are to be used for these visits, AND NOT for general e-mail use, as they ARE NOT frequently checked (in some cases no more than monthly).

Telemedicine: Office Workflow

- Appointments should be scheduled
- Ideally OUTSIDE your usual clinic exam room hours
 - Let someone use the exam room and decrease your overhead
- Treat it JUST LIKE an in-office visit
 - No show fees still apply (may need to allow for technical issues though)
- MOA contacts the patient a few minutes before to let them know the visit is about to begin (this is instead of showing them into the room)
- Need to be able to transfer documents such as lab & imaging req's, prescriptions, etc.

Thank-you!