

## Virtual Care Tips

### How to Initiate Virtual Conversations with Vulnerable Patients

1. Role of Family Physician During COVID-19
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## 1. Role of Family Physician During COVID-19 Pandemic

Patients need their family doctor, now more than ever.

The COVID-19 pandemic has changed the world as we know it. While we anticipate an eventual end to social distancing and other COVID-19 related public health measures, right now there are growing health needs in our vulnerable populations and an emerging opportunity for family physicians to meet those needs.

Patients may be reluctant to engage with the health system unless they have symptoms of COVID-19 or another need they deem to be medically urgent/emergent. Meanwhile, chronic comorbid medical and mental health concerns may go unaddressed:

- Frailty, Abuse, or Neglect,
- Mental Health and/or Substance Use,
- Complex Medical Needs.

These conditions may worsen with the addition of new stressors in our patients' lives. It is both possible and helpful to provide outreach calls to prevent decompensation of medical or mental health concerns in vulnerable individuals.

Though this represents a big paradigm shift for both family doctors and patients, telemedicine offers physicians the opportunity to connect with and provide care for those who need it now.

As we see a pause in the usual influx of imaging results, lab results and consultation reports, we can imagine a day in the future when we will be extra busy, reviewing and catching up on delayed investigations and in person visits. Using the time available now to review preventive health screening may assist in lessening the load when social distancing measures are relaxed.

As family doctors, you are needed now, even more than before the COVID pandemic, just in different ways.

**Check in with your most vulnerable patients, review medication supplies, major medical problems, and see how they are managing with social isolation and other stressors associated with the COVID-19 pandemic. Some of our members are finding patients not only appreciate this, but need it.**

Consider the following activities:

Patient Population	Activity
Frailty, mental health conditions or substance use disorders, chronic comorbid conditions.	Create an accurate database of active patients and medical conditions to identify vulnerable patients. The Practice Support Program (PSP Panel Management) can be contacted if you need support to gather this information.

<p><b>Complex Care/Frailty</b> Complex care annual planning visits</p> <ul style="list-style-type: none"> <li>• MOST discussions</li> <li>• Serious illness conversations</li> </ul>	<p>Just touching base with frail patients is beneficial. Book telemedicine phone or virtual appointments for these conversation-based visits. Consider including family members, if appropriate, through virtual platforms. See Section 2: Telephone Transcripts, for further details and examples.</p>
<p><b>Mental Health and Substance Use</b></p> <ul style="list-style-type: none"> <li>• Inability to use existing coping methods (exercise/social networking etc.)</li> <li>• Decreased access or increase usage of substances</li> </ul>	<p>Book counselling appointments, assess mental health with GAD 7/PHQ 9 or diagnostic interviews. Provide ongoing support or refer to available resources, check pathways for up-to-date status reports.</p>
<p><b>COVID Patients</b> Follow up with patients after emergency or UPCC assessment for COVID-19 symptoms or testing.</p>	<p>Advise of test results and assess for progression of symptoms or worsening respiratory illness. Check on adherence to and challenges with the recommended minimum 10 days of self-isolation.</p>
<p><b>Chronic Disease Management</b> Review panels and contact patients for review/initiation of action planning or lifestyle management. Population screening</p> <ul style="list-style-type: none"> <li>• Cervical/Colorectal cancer screening</li> <li>• Immunization updates</li> <li>• Diabetes monitoring</li> <li>• Blood pressure checks</li> <li>• Tobacco use</li> </ul>	<p>While in-person provision of these services should be delayed until COVID-19 risk is reduced, there is an opportunity to determine who is overdue and create a coordinated recall system to apply when social distancing measures are reduced. Physicians can discuss routine screening with patients, develop care plans, and set reminders and empower patients to follow up on screening post-COVID-19.</p>
<p>Utilize time to organize simple dissemination of information to patients through email or online formats. Update your office website to include commonly used handouts?</p>	<p>Collecting patient email addresses Obtain consent for use of electronic communication Identify a secure email communication (can create no reply emails).</p> <p>DoBC Technology Office (DTO) has resources to use.</p>
<p><b>Digital Health</b></p>	<p>Clean up your EMR</p> <ul style="list-style-type: none"> <li>• Build chronic disease registries in the EMR</li> <li>• Panel Management</li> <li>• Create missing electronic forms</li> <li>• EMR optimization</li> <li>• Opportunity for a Peer Mentor to guide you</li> </ul>
<p><b>Physician, NP and team wellness</b></p>	<p>Take some down-time to <a href="#">focus on wellness</a> for the entire team during this stressful time. Enjoy some balance.</p>

<b>Improve your Practice's Equity Lens</b>	For physicians who are interested in Social Determinants of Health, <a href="#">this website</a> was designed for busy family physicians, by busy family physicians. It provides information for you and your colleagues to confidently bring physician leadership to this work, without overwhelming you with detail.
<b>Preventive Care</b>	Look into preventative care screening opportunities within the provincial work on the <a href="#">Lifetime Prevention Schedule</a> and set up lists of patients to follow up with who are due for screenings or create tasks within the EMR to trigger screening conversations the next time the patient comes to see their doctor/NP.
<b>Cultural Safety Training</b>	Bursaries of \$500 are available for San'yas: Indigenous Cultural Safety Training (ICS). This training is a unique and facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of health care professionals who work directly or indirectly with Aboriginal people. This Self-Learning program has been certified by the College of Family Physicians of Canada for up to 16 Mainpro + credits. The Core Health program is an Accredited Self-Assessment Program eligible for up to 8.0 Section 3 Credits
<b>Continued Medical Education</b>	There are so many opportunities for Continued Medical Education that are funded. Now is a great time to explore any education you may find helpful.
<b>Quality Improvement (QI)</b>	If your clinic is interested in any specific QI initiatives, PSP can support you with funded Facilitated Action Plans for QI projects in your clinic. These may be related to COVID response, clinical topics, EMR optimization, workflow or team-based care. Peer Mentorship offered. Clinical Small Group Learning, e.g. End of Life Activating Health Data Coalition (HDC) & Canadian Primary Care Sentinel Surveillance Network QI data aggregation tools within the EMR.
<b>Spring cleaning</b>	Deep cleaning of clinic; declutter :) Here is a bit of inspiration from: <a href="#">Good Housekeeping</a> <a href="#">Marie Kondo</a> <a href="#">Spring cleaning checklist for the office</a>

## 2. Telephone Transcript for Patients >60 y.o. for COVID-19 Check-In

### INTRO/BACKGROUND

- Basic chart review – age / sex / comorbidities (cardiac, resp) / substances – ETOH/smoking

### STATUS

- We are reaching out to our patients to check in and see how they are doing in the context of everything that is going on with COVID-19.
- *How are you doing? (screening for mood / knowledge / symptom / interventions)*
  - *How are you coping with these changes? (screen mental health and if using more ETOH etc. than before)*
  - *Financially - ability to make ends meet? (Are you having to choose between paying rent and feeding your family, etc.)*
  - *May want to consider screening for abuse/neglect/isolation (apparently incidences of abuse higher at this time, but less reported and less feeling of safe spaces to go for those experiencing abuse)*
- What do you understand about what is going on with COVID-19?
- SOCIAL/PHYSICAL DISTANCING: a new word that has come into our vocabulary in the last few weeks is “social or physical distancing.” What does this mean to you, and what are you doing in your life to socially/physically distance?
  - *Educate >2m is recommended (lots of people think 1m)*
  - *Hand washing*
  - *Cleaning surfaces at home*
  - *No Home Visits/group gatherings*
  - *Warn on risks of reusing masks if pt lists this as an intervention, ensure pt knows to wash hands prior to putting on and taking off mask and again after has disposed of mask*
  - *Home cleaning person?*
  - *Hair appointments – cancel if haven’t already*
- What are you doing for groceries and medications/prescriptions?
  - *Have you heard of/tried online shopping?*
  - *Can these be delivered, or can anyone pick these up for you?*
  - *Advised 1 trip per week.*
- Who do you have that could run errands for you if you needed to stay at home? Do you have any Family / friends / neighbours that could deliver things for you while still social distancing (i.e. to your doorstep)?
- Are you working? What is happening at work? Do you need to work? Can you work from home?
- Broach some concern if chart review showed risk factors of age, comorbidities, EtOH/ smoking

- Let them know there are government programs designed to help financially if they need to decrease or stop working.
  - *For more information they can google "CBC financial help for Canadians affected by Covid-19"*

## **MEDICAL REQUIREMENTS**

- One thing I'd like you to know is that even though the clinic building is closed to patients, the doctors are still working and able to schedule telephone/video appointments with you. If there is something we need to examine, we will together work out a way to safely ( for you and others) bring you into the clinic or send you for examination at the UPCC or ER in Vernon
- Is there anything that you require from us right now, for example a medication refill or a follow up appointment to discuss a medical concern?

## **RESOURCES**

- There is a lot of information coming from many different sources these days on COVID-19. I'd like to offer you a few good resources that can help you with medical and non-medical questions you may have. Do you have something to record these resources?
- COVID-19 telephone line = 1-888-COVID19 or 811
- Healthlinkbc.ca
- BCCDC

## **OTHER QUESTIONS**

- I have one more area I'd like to discuss with you today, but before we get to that I'm wondering what other questions you have for me today?

### **Common questions:**

- Who do I call if I get symptoms?
  - If you have a fever, cough, sneeze, or sore throat! SELF- ISOLATE FOR 14 DAYS
  - Your household contacts should isolate for 14 days and monitor for the development of symptoms
  - To determine if you need care:
    - BC Covid-19 Self-Assessment Tool <https://bc.thrive.health/covid19/en>
    - Call your family doctor
    - Call 811 (HealthLink BC) if you cannot reach your GP
    - Call UPCC 1-250-541-1097
  - If you need to be seen in the clinic or ER, please CALL FIRST before going if possible.
  - Reasons to seek emergency care include but are not limited to:
    - Trouble breathing - feeling short of breath, unable to speak full sentences
    - Persistent pain or pressure in the chest
    - New confusion or inability to arouse

- Bluish lips or face
  - Remind patients it is still important and necessary to attend the ER for other emergent symptoms and that hospitals have appropriate infection control precautions in place.
- How many people have it in town / in the hospital?
  - Educate on how the province CANNOT test everybody due to limited testing supplies
  - The testing criteria are frequently changing as testing capacity expands - discuss current testing criteria (As of April 10 patients can be directed to the UPCC by their family physician based on clinical judgement for Covid-19 testing)
  - IH policy to not disclose location of confirmed cases
- How long will this social distancing last?
  - We do not know yet, the public health officials have quoted weeks to months, but this will be ever changing as we learn more about the virus and see the impact of each of the restrictions that are added or lifted
  - Emphasize social distancing and validate how hard this is for most people, but how it is having a very helpful impact on the pandemic locally.
- What's the difference between social distancing and self-isolating?
  - Social distancing is a term used to describe keeping at least 2 meters between yourself and others who don't live with you and practicing appropriate hygiene with proper hand washing. This allows for people to go outside for exercise or essential errands (eg. grocery shopping). If however, you are self- isolating (no symptoms, but possible exposure history or mild symptoms not requiring hospitalization), there is a restriction to stay at home completely.

## **ADVANCED CARE PLANNING/MOST STATUS**

(See [https://pg.postmd.utoronto.ca/wp-content/uploads/2020/03/GoC-template-PGME-COVID\\_20mar-.pdf](https://pg.postmd.utoronto.ca/wp-content/uploads/2020/03/GoC-template-PGME-COVID_20mar-.pdf))

- One thing we're asking all of our patients, if things were to go sideways and you had to be hospitalized, what are your goals of care? For example, would you want to be resuscitated with CPR or sustained with intubation and a ventilator? I know these are big questions and can be uncomfortable to talk about, but it's important to us that your voice is heard. I would also recommend discussing these wishes and goals with your loved ones.
- Provide Information (Based on Advanced Care Planning Video by Dr Jensen, Ontario Physician - <https://www.youtube.com/watch?v=ijpH4SryNbo>):
  - The majority of people infected with the virus have mild symptoms and can be safely managed at home
  - Approximately 15% of all patients with Covid-19 will need to be cared for in an advanced care setting in the hospital
  - About 3-5% of people will require life support with a tube in their throat and being placed on a ventilator
  - Patients who require the use of a ventilator, typically require its use for 2 weeks. They are paralyzed and provided fluids and medications through an IV during this time.

- Coming off of a ventilator can be very difficult and the older you are the less likely you are to survive this process
  - Based on current information it seems that older adults, over the age of 80, have an approximately 3% chance of surviving this kind of life support
  - Those who survive typically do not return to their previous baseline and their care needs are much higher than prior to having the virus
- Reiterate, in general, the chances of surviving Covid-19, even for an older adult who requires oxygen in the hospital is approximately 85%, but we need to know what your wishes would be if you required more care.
- Discuss Concerns Re: Access to Medical Care
  - Currently it appears that if society continues to comply with the recommendations by the public health officials and we are able to continue “flattening the curve” that access to medical care should be adequate
  - It is important to note however that if the number of cases of Covid-19 were to climb in our area, there could be a significant shortage of ventilators and ICU beds. I think it’s important that you are aware of the possibility that if the worst case scenario happens and you do get sick and require hospitalization, there may not be enough equipment to provide the life-sustaining care you would want in normal times. These decisions are not made at a local level and the physicians in the hospital are provided guidance and criteria for allocation of care should a significant shortage occur.
- Summarize their response:
  - What I hear you say is that ...
  - Ex. You would want everything to be done to save your life, including receiving CPR, being intubated and put on a ventilator, should this care be available to you at the time.
  - **If you discussed MOST, update the patient’s clinical record and ensure a COPY IS SENT TO HOSPITAL**

## SUMMARIZE

- We’ve covered a lot of ground today, and I’d like to know what your big take-aways are from today
- The things I want you to know are:
  - The clinic building is closed but the doctors are still available to you by telephone/video
  - There are a lot of great resources out there, including the Interior Health COVID-19 telephone number and healthlinkbc.ca website I gave you and that you have written down.
  - It is important to think about what your wishes would be if you were to develop severe symptoms of the virus and communicate these to your doctors as well as your loved ones.

## Special populations to remember:

We know that people with chronic diseases are at higher risk of more severe disease with COVID. We want to remind you of the following health practices considering your chronic disease:

**Frail/Elderly** can be quite socially isolated at this time. May want to explore this with them. Also explore if they are doing high risk activities (ie not social distancing, etc)

and explain why it is important to reduce their risk. Ensure access to groceries and medications in a safe manner. If they live alone, do they have someone they can reach out to if they are feeling unwell. Encourage them to contact you early if they have any concerns about their health.

***COPD***

remember to r/v COPD Action plan (with COVID twist)

***Smokers***

may want to consider a discussion re: smoking cessation. Some more motivation due to higher risk of more severe resp complications/contracting COVID if a smoker.

***CHF***

reminder of daily weights and Fluid /Salt restriction

***CKD***

reminder no NSAIDs for symptom relief

***Maternity patients***

recommend that they talk with their maternity care providers, as they will be most up to date on what guidance to give. Many are still seeing patients in their clinics in low risk ways and supplementing those visits with telehealth visits. They have also modified which testing and investigations are best to do right now, so will be important for patients to keep connecting with them throughout their pregnancy.

***Mental Health Patient***

how are they coping with isolation, do they still have social supports through other means, worsening of mood or anxiety? Changes in coping mechanisms? (EtOH, MJ, etc.)



## VIRTUAL CARE – QUICK START GUIDE

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

You can use tools that both you and your patients are already familiar with, such as SMS text messages, WhatsApp, and FaceTime. There are other easy-to-use tools that are free or low cost that you might want to consider.

**Doctors Technology Office (DTO)** is here to support you, please reach out with your virtual care questions to:

☎ 604 638-5841 ✉ [DTOinfo@doctorsofbc.ca](mailto:DTOinfo@doctorsofbc.ca)

🌐 [www.doctorsofbc.ca/doctors-technology-office](http://www.doctorsofbc.ca/doctors-technology-office)

During times of medical emergency, whether caring for an individual patient or a large scale public health crisis, physicians should always give priority to providing patient care to the best of their ability. In the current situation we recognize that physicians' office practices and delivery of care may be significantly impacted. Physicians should continue to act in the best interests of their patients and may need to adapt and be resourceful in a rapidly changing and challenging environment. Virtual care is one important way you can continue to care for patients while keeping your patients as well as yourself and your staff safe. Choose tools that work well for you and your patient regardless of whether they formally meet privacy and security requirements. That is secondary to delivering care.

### The Essentials To Getting Started With Virtual Care

#### Obtain patient **email addresses** and/or **mobile numbers**

Email addresses can be used for communicating new virtual care services to groups of patients, and depending on the virtual care tool can be used for sending the virtual visit link/URL to a 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.

#### Obtain **patient consent**

Verbal consent documented in the patient's chart is fine as a minimum ([see below for Patient Consent Statements](#)). CMPA recommends the use of a signed informed consent form, [click here for the Word doc](#), and [click here for the PDF version](#).

### Virtual Care Tools – Examples

Common tools for consideration in use by physicians. More tools are referenced in the [Virtual Care Toolkit](#).

#### [Doxy.me](#)

Videoconference provider to patient.

#### [Zoom](#)

Videoconference provider to patient, with multiple attendees. Zoom for Healthcare is also an option, which disables any ability to record/store information in the cloud.

#### [LiveCare](#)

Videoconferencing for provider to patient. \*Offered free to all doctors in BC for duration of the current COVID-19 crisis.

<a href="#">Memora Health</a>	Secure text messaging.
<a href="#">Mail Chimp</a>	Bulk email solution. Free if you have < 2000 people. Can create a 'landing page' to use as the consent form, with the email signup. Can export the email list to Excel.
EMR Vendors	Please contact your vendor for the most up to date information.

## Workflow

For information on patient suitability, schedule planning, booking visits, setting up the room, etiquette, documentation, follow up and other best practices and suggestions can be found in the [Virtual Care Toolkit](#).

## Billing Guide

**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.

**Ministry of Health and Doctors of BC will continue to work in partnership to address fee code constraints through the current health crisis. We will update this as it changes.**

The following is effective immediately, with an end date to be determined by the Provincial Health Officer:

- The requirement that services provided and billed under telehealth fees must involve video technology has been changed to allow billing of telehealth fees for services provided by telephone. Therefore, if you conduct services via telephone you can bill the appropriate telehealth fee codes in your section's Fee Guide. This includes services for all patients including COVID-19 patients.
- Consultations, office visits, and non-procedural interventions where there is no applicable telehealth fee may be claimed using the appropriate face-to-face fee and including a **claim note record** that the service was provided via video technology or telephone.
- The fee items cannot be interpreted without reference to the [Preamble D.1. Telehealth Services](#) in the MSC Payment Schedule. Please read the individual fee rules in the [Doctors of BC Fee Guide](#) or [MSC Payment Schedule](#). If a telehealth service is interrupted for technical failure and not concluded, claim can be submitted under the appropriate miscellaneous code.

**Services directly related to COVID-19 should include diagnostic code C19.** Physicians should continue to use their professional judgement to determine whether use of virtual technology is clinically appropriate based on the circumstances of each patient. Details for billing purposes can be found [here](#).

## Commonly Used Telehealth Fee Codes

### General Practitioner Telehealth Fees

Billing Code	MSP Fee	Service
<b>P13037</b>	\$34.44	Telehealth GP In-Office <sup>1</sup> Visit.
<b>P13038</b>	\$58.46	Telehealth GP In-Office <sup>1</sup> Individual Counselling.
<b>P13017</b>	\$41.10	Telehealth GP Out-of-Office <sup>2</sup> Visit
<b>P13018</b>	\$75.32	Telehealth GP Out-of-Office <sup>2</sup> Individual Counselling

<sup>1</sup>In-Office means the service is provided from a location other than a Health Authority site.

<sup>2</sup>Out-of-Office means physician providing the service is physically present in a Health Authority approved facility. The name of the facility and the results of the Telehealth service must be recorded in the patient chart.

### GPSC-Initiated Virtual Care Fees

Billing Code	MSP Fee	MSP Fee
<b>G14076</b>	\$20.00	GP Patient Telephone Management Fee. <sup>3</sup>
<b>G14078</b>	\$7.00	GP Email/Text/Telephone Advice Relay.

<sup>3</sup> **UNTIL FURTHER NOTICE:** As of March 16, 2020, physicians providing medical services to patients by phone may use P13037 instead of G14076. Telehealth fees may not be delegated and billed to MSP. Continue to use G14076 when delegating a phone call to a college-certified allied care provider employed by your practice.

### Specialists

Many specialties have their own telehealth fee codes. Rather than list them all here, please refer to the summary [here](#) or to the appropriate Specialty section of the [Doctors of BC Fee Guide](#) or [MSC Payment Schedule](#).

## Patient Consent Statements

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 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.

## DTO’s Virtual Care Enablement program

Supporting the implementation of virtual care across the province with:

- **Virtual Care Peer Program:** a network of Physician and MOA Peer Mentors to support their colleagues, and/or help facilitate webinars and learning sessions.
- **Webinar Series:** regular webinars will be offered to support you with getting started and optimizing use of virtual care. A list of available webinars can be found [here](#).

DTO is looking for VC peers, please reach out to DTO if you are interested.

✉ [DTOinfo@doctorsofbc.ca](mailto:DTOinfo@doctorsofbc.ca)

## Virtual Care Toolkit

For a deeper dive on implementing Virtual Care in your practice we also have a Virtual Care Toolkit, which can be accessed [here](#).

Updates to this guide will be made on an as-needed basis, please check back [here](#) for the most recent version.

**Doctors Technology Office (DTO)** is here to support you, please reach out with your virtual care questions to:

☎ 604 638-5841 ✉ [DTOinfo@doctorsofbc.ca](mailto:DTOinfo@doctorsofbc.ca) 🌐 [www.doctorsofbc.ca/doctors-technology-office](http://www.doctorsofbc.ca/doctors-technology-office)

## 4. Consent Information

See attached DTO Quick Start Guide with CMPA approved messages to read to patient to obtain verbal consent and to put in chart note.

See attached CMPA written consent form and below Q&A from CMPA re: virtual care.

<https://www.cmpa-acpm.ca/en/covid19>

### Can I use virtual care to see patients during the COVID-19 outbreak? If so, what products should I use?

The CMPA supports the appropriate use of virtual care tools that enable physicians to more efficiently and safely provide care to their patients during these extenuating circumstances. Virtual care may be as basic as a telephone call or may involve video conferencing and other internet-based tools.

Many Colleges are encouraging physicians to use virtual care as an alternative to interact with patients, especially those who are exhibiting symptoms of COVID-19 or may be at higher risk if they were to be inadvertently exposed to COVID-19 (e.g. pre-existing medical conditions). Virtual care can be an effective means of providing treatment to patients. Physicians will want to use their professional judgment in assessing their ability to use virtual care, with regard to guidance from Colleges on how to provide care in the current context.

Physicians will want to be mindful of the limitations of virtual care and ensure patients are provided the opportunity for in person care where appropriate and available. It continues to be important to document all virtual care encounters with reference to the technology that was used.

A physician's duty of confidentiality and privacy obligations continue despite the COVID-19 outbreak. Physicians will want to use best efforts to protect their patients' privacy in the provision of virtual care. Physicians should obtain consent from their patient to use virtual care. Such consent should be obtained following an informed consent discussion regarding the increased privacy risks associated with electronic communications and documented in the patient chart, even if it is not possible to obtain a signed consent form from the patient. Patients should also be encouraged to take steps to participate in virtual care encounters in a private setting and through the use of their own personal electronic device/computer.

- Virtual care can be an effective alternative means to interact with patients during the COVID-19 crisis.
- The duty of confidentiality and privacy obligations continue despite the COVID-19 outbreak.
- Physicians should obtain consent from their patients to use virtual care

## CONSENT TO USE ELECTRONIC COMMUNICATIONS

This template is intended as a *basis for an informed discussion*. If used, physicians should adapt it to meet the particular circumstances in which electronic communications are expected to be used with a patient. Consideration of jurisdictional legislation and regulation is strongly encouraged.

### PHYSICIAN INFORMATION:

Name:

Address:

Email (if applicable):

Phone (as required for Service(s)):

Website (if applicable):

The Physician has offered to communicate using the following means of electronic communication ("the Services") [check all that apply]:

Email

Videoconferencing (including Skype®, FaceTime®)

Text messaging (including instant messaging)

Website/Portal

Social media (specify):

Other (specify):

### 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:

Patient email (if applicable):

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

Patient signature:

Date:

Witness signature:

Date:

# APPENDIX

## Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services (“Services” is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

### If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

### Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, **the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**

- If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician’s electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and the Physician will not use the Services to communicate sensitive medical information about matters specified below [check all that apply]:
  - Sexually transmitted disease
  - AIDS/HIV
  - Mental health
  - Developmental disability
  - Substance abuse
  - Other (specify):
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

Patient initials \_\_\_\_\_

**APPENDIX CONTINUED**

**Instructions for communication using the Services**

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer’s or other third party’s computer.
- Inform the Physician of any changes in the patient’s email address, mobile phone number, or other account information necessary to communicate via the Services.

**If the Services include email, instant messaging and/or text messaging, the following applies:**

- Include in the message’s subject line an appropriate description of the nature of the communication (e.g. “prescription renewal”), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.

- Ensure the Physician is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing “read receipts” to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Physician’s office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: *(patient to initial)*

**I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.**

Patient signature

Date

Patient initials \_\_\_\_\_