COVID-19: Virtual Care

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA standards of practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

Contents

NOTE: This statement is applicable for the duration of the COVID-19 pandemic.

CPSA Perspective

The COVID-19 pandemic is putting extraordinary pressure on the health care system. CPSA recognizes physicians may be put in a situation where compliance with some of our standards or practice may not be in the best interest of their patients and may not be possible. We expect physicians will always practice within the scope of their training and expertise and act in the best interest of their patients.

CPSA Advice

CPSA is committed to ensuring physicians have the capacity to provide quality patient care in the face of the COVID-19 pandemic. Central to this effort is the importance of limiting viral spread by:

- reducing unnecessary patient and physician travel within Alberta and between Alberta and other jurisdictions;

- reducing unnecessary patient presentations to health facilities, and;

- enabling physicians to provide remote patient service within Alberta or from other jurisdictions.

The adoption of virtual care practices can help achieve these goals by enabling the remote:

- screening of patients who are worried or ill;

- care of patients with suspected COVID-19;

- care for other patients in your practice with the intent of decreasing exposure to those who may be ill; and

- care of patients when the physician is self-isolated but well enough to work.

What can physicians do?
Screening:

- use the phone, EMR-enabled virtual tools and/or video conferencing, if available to:

  o assess illness;

  o triage for care or screening ;

  o record clinical notes from virtual visits in the EMR chart; and

  o direct patients quickly:

    ▪ for self-care;

    ▪ for an in-person visit;

    ▪ to screening/testing facilities; and

    ▪ to an acute care facility (ER) when required.

Care for patients with suspected COVID-19:

- use virtual means to keep contact with patients who have symptoms and who you are monitoring; and

- reassess patients virtually and, if worsening, arrange appropriate follow up.

Care for regular patients by virtual means whenever possible for the following reasons:

- to avoid unnecessary trips to the office;

- to manage patients with chronic disease; or

- to manage other acute illness that may not require a physical exam.

Virtual care tools

Virtual care is enabled by digital technology that permits the communication of health information across locations. Although there are current efforts in Alberta to rapidly deploy an enterprise video-conferencing solution, as well as patient and provider portals, in the time-frame required for an

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appropriate response to the COVID-19 pandemic the Alberta eHealth environment lacks some important assets, notably enterprise secure messaging between providers (physician-to-physician) and physician-to-patient and enterprise video-conferencing between providers (physician-to-physician) and physician-to-patient.

There are many virtual tools that can be used to help provide the best care in a rapidly changing outbreak environment. Health-specific platforms are usually regulated (privacy and security compliant) while more readily available consumer applications (e.g., Facetime, Skype) are unregulated and do not provide health system-level privacy and security compliance. If you have access to a regulated virtual care platform, CPSA recommends this be used for patient care.

However, CPSA recognizes that, in the extraordinary circumstances posed by the pandemic where patient safety may be compromised by a delay in deployment of virtual care technologies, short-term use of unregulated virtual care technology can be justified. While regulated platforms are preferred, using what is most easily accessible to patients is acceptable. If an unregulated platform is used, encrypted applications are preferential to unencrypted applications where possible.

To assist in the evaluation of unregulated platforms, please refer to the Virtual Care Toolkit from the Doctors of BC.

A list of common, unregulated virtual communication platforms includes:

- Skype and Teams by Microsoft
- Facetime by Apple
- Zoom Basic (Zoom also has a regulated platform)
- Google Hangouts
- WhatsApp by Facebook
- Doxy.me
- Texting
- Regular email
- many others

For more information on available platforms, please visit the Alberta Medical Association's (AMA) website: Helping physicians minimize the risk of exposure to COVID-19

Consent

When using unregulated virtual platforms for health purposes, it is recommended that express patient consent is obtained. This is achieved by:

- carefully establishing that the identity of the patient is correct;

- explaining to the patient at the start of the virtual encounter that:

  "Unregulated virtual care technologies increase the risk that your personal health information may be intercepted or disclosed to third parties. These tools are being used as an extraordinary measure during the COVID-19 pandemic when regulated technology is not readily available, and the necessity to keep people from congregating or attending health facilities where they may be exposed to the COVID-19 virus is thought to outweigh the risk of personal privacy breaches on both a personal and population health basis."

To support this consent process, we suggest that the following information be added to your service website, posted in your office, forwarded to your patient panel, or made available to patients as a reference when you obtain verbal consent:

"COVID-19 is placing stress on Canada's public health system. Our health service is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to

third parties when using video or audio communications tools. To help us keep your information safe and secure, you can:

- understand that video, emails, calls, or texts you may receive are not secure in the same way as a private appointment in an exam room; and

- use a private computer/device (i.e., not an employer's or third party's computer/device), secure accounts and a secure internet connection. For example, using a personal and encrypted email account is more secure than an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

If you are concerned about using video or audio tools for virtual care, other arrangements can be made. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus.

By providing your information, you agree to let us collect, use, or disclose your personal health information through video or audio communications (while following applicable privacy laws) in order to provide you with care. In particular, the following means of electronic communication may be used (identify all that apply): email, videoconferencing (including Skype, Facetime, etc.), text messaging (including instant messaging), website/portal, other (specify)."

Documentation

When using an unregulated virtual care tool, you should record that verbal express consent was obtained in the patient's permanent record. The following statement can be pasted in your encounter note:

"Informed verbal consent was obtained from this patient to communicate and provide care using virtual care and other communication 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"

Billing for telephone advice during COVID-19

Please be advised that CPSA's change in professional standards regarding appropriate security precautions when providing remote services to patients does **not** mean Alberta Health has amended its requirements and rules for billing visits or consultations with patients. Bulletins containing billing codes and instructions to be used during the pandemic can be accessed here: Bulletins for Health Professionals

For more information, please contact Provider Compensation and Strategic Partnerships Branch at 310-0000 (toll-free) or health-pcsp.admin@gov.ab.ca.

Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact Chantelle Dick, Standards of Practice Coordinator, at 780-717-2573 or chantelle.dick@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE
- *Continuity of Care*
- *Informed Consent*
- *Patient Record Content*
- *Telemedicine*

COMPANION RESOURCES
- Advice to the Profession documents:
  - Continuity of Care
  - Electronic Communication and Security of Mobile Devices
  - Informed Consent for Adults
  - Informed Consent for Minors
- Patient FAQs: Telemedicine
- Advisory for Communicating with Patients Electronically (OIPC)