

Telemedicine pitfalls:

Considerations in providing safer virtual care

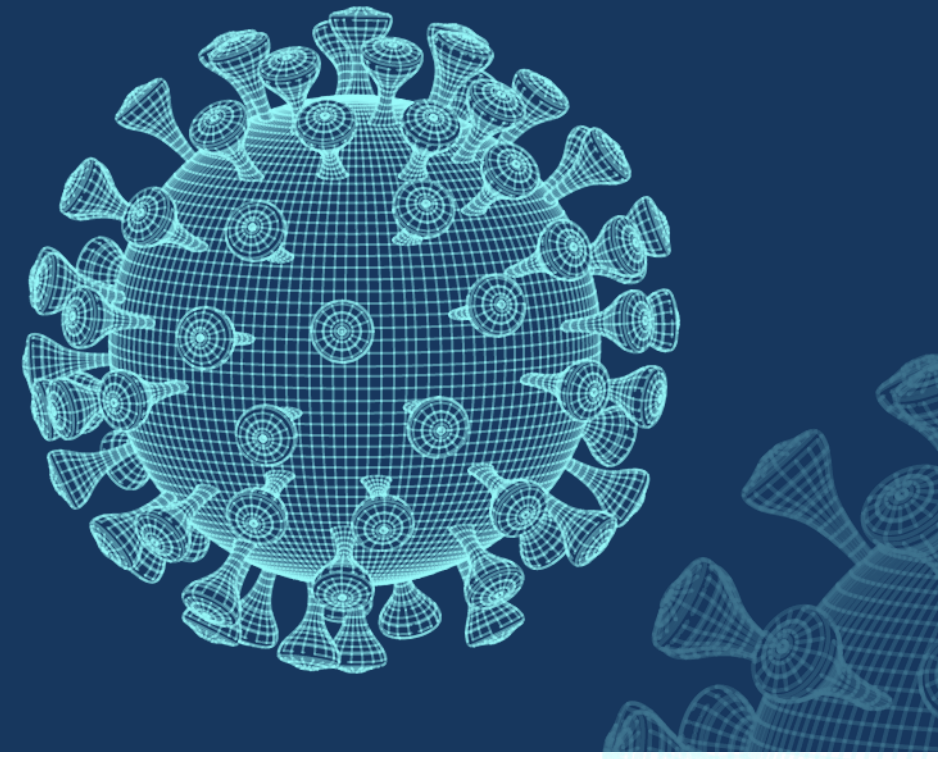


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**McGill Annual Refresher Course for Family
Physicians – Nov 30 2020**



Objectives

- Recognize the most common medical-legal pitfalls when providing virtual care
- Share strategies to mitigate risk and provide safer virtual care
- Consider potentially competing priorities when providing virtual care



Faculty / presenter disclosure

Faculty: Liisa Honey, Katherine Larivière

Employee of: 1. CMPA

Relationships with financial sponsors:

- Any direct financial payments including receipt of honoraria: None
- Membership on advisory boards or speakers' bureaus: Saegis scientific committees
- Funded grants or clinical trials: None
- Patents on a drug, product or device: None
- All other investments or relationships: None

Conflict of Interest: ¹Paid employees of The Canadian Medical Protective Association.

Disclosure of Financial Support: This program has not received financial or in-kind support .

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Poll #1

What is your conference snack today?

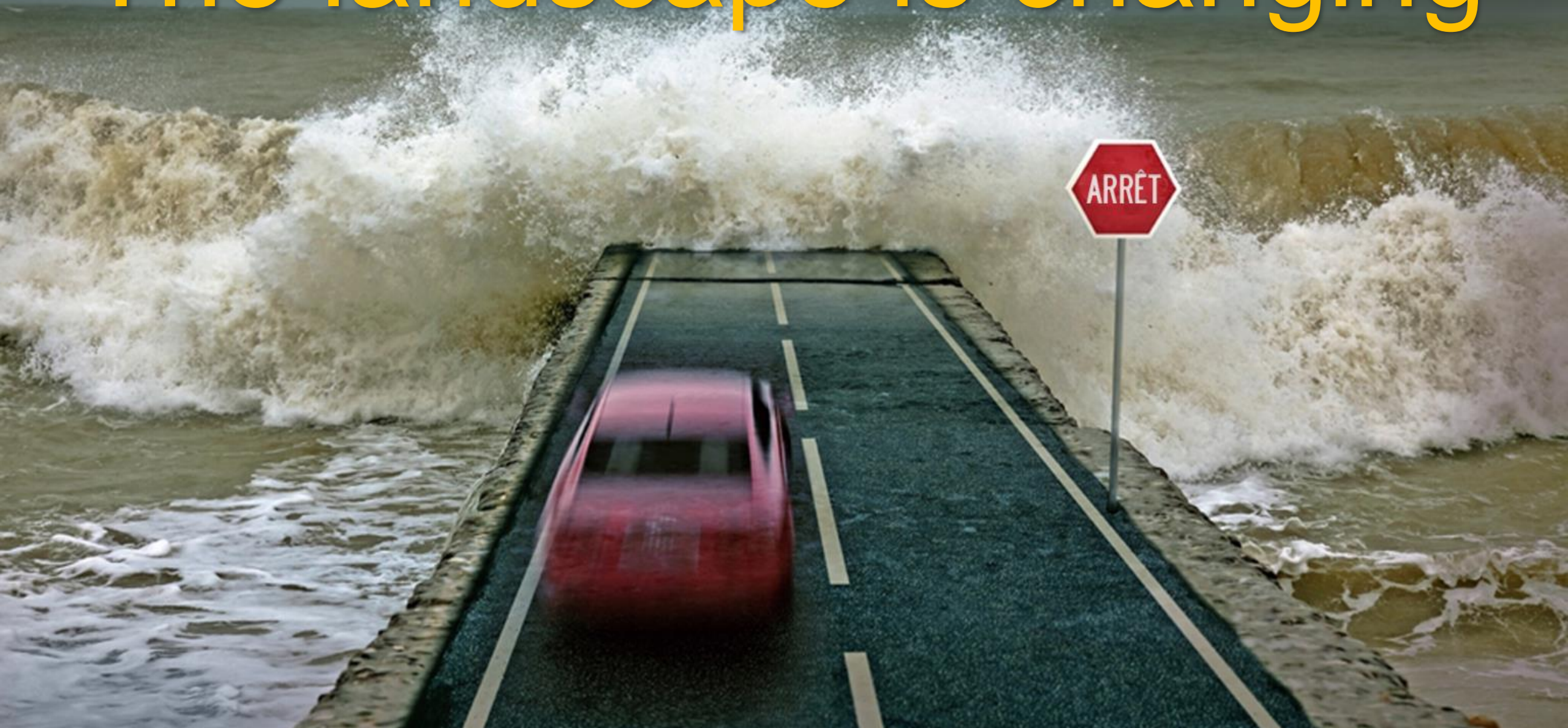
- Sweet: candy, cake, ...
- Salty: nuts, chips, ...
- Hearty: late lunch
- Healthy: veggies
- A glass of wine or other Friday afternoon beverage
- Something else?



Role of CMPA

- We are here to support you
- When in doubt, go back to basics:
 - Duty of care
 - Best interests of the patient
 - Reasonableness
 - Communicate
 - Document

The landscape is changing



Exercise reasonable care, skill and judgement





PERFECTION

Poll #2

I currently provide:

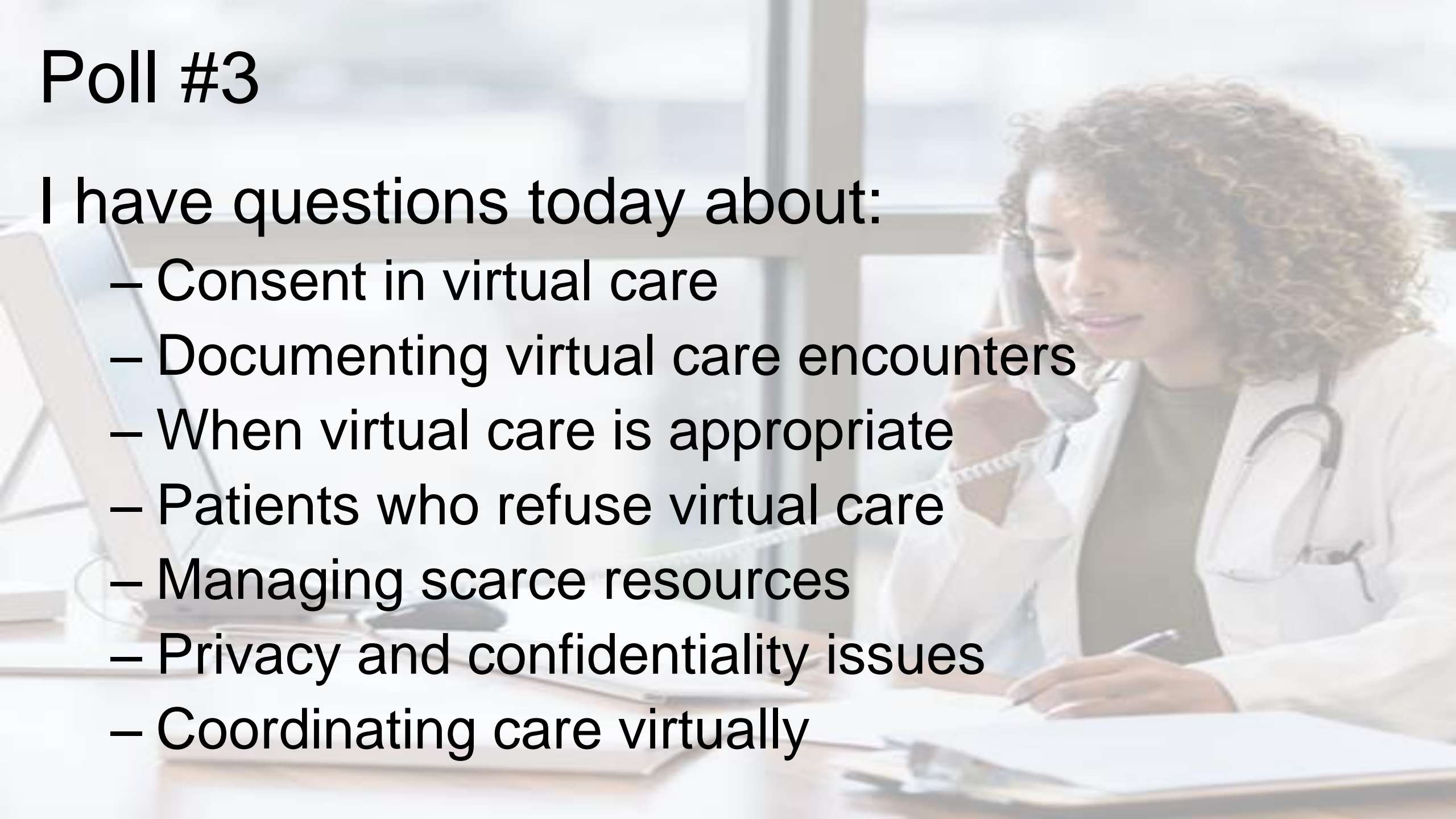
- Virtual care by phone
- Virtual care by video platform
- A mix of audio-only and video calls
- Only in-person care
- Other



Poll #3

I have questions today about:

- Consent in virtual care
- Documenting virtual care encounters
- When virtual care is appropriate
- Patients who refuse virtual care
- Managing scarce resources
- Privacy and confidentiality issues
- Coordinating care virtually



Ms. Jones calls
your office and
asks for an
appointment



Poll #4

- What do you do:
 - Plan to call her sometime in the next few days
 - See her over Facetime
 - Use your personal Zoom account
 - Triage the need to see her in person



Privacy

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Privacy of virtual platform



- Encryption
- Third party use
- Storage of information



**Do you have any tricks
to protect patient
confidentiality during
virtual encounters?**



Poll #5

Which is **false**?

- Consent for virtual care is required
- You must review risks and benefits of virtual care, including privacy risks and limits to care
- You must document that you obtained consent
- You are required to see a patient who refuses virtual care in-person

Consent discussion

- Limits to care
- Available alternatives
- Privacy issues

« En période de pandémie, la nécessité d'obtenir un consentement écrit à la consultation ne sera pas imposée; le consentement verbal du patient en début de consultation ainsi qu'une note au dossier seront suffisants, mais obligatoires. »

**Les téléconsultations
réalisées par les
médecins**

**durant la pandémie
de COVID-19**

**Guide à l'Intention des
médecins**

31 mars 2020

(dernière mise à jour : 11 mai 2020)


COLLÈGE DES MÉDECINS
DU QUÉBEC



VIRTUAL CARE PLAYBOOK

MARCH 2020

VIRTUAL CARE PLAYBOOK FOR CANADIAN PHYSICIANS

Sample Disclosure for Practice Website during the COVID-19 Pandemic

This disclosure has been created for use specifically during the COVID-19 pandemic.

It can easily be edited for use in other circumstances.

Our clinic is starting to offer virtual care. 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. Some of these technologies are provided by the province or territory. Others have been provided by vendors like Google or Apple to help make discussions with your care provider as easy as possible during these difficult times. Some health concerns can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health care facility if necessary, for a physical examination.

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 do the following:

- Understand that emails, calls or texts you receive are not secure in the same way as a private appointment in an exam room.
- 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 using 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.

You should also understand that electronic communication is not a substitute for in-person communication or clinical examinations, where appropriate, or for attending the emergency department when needed (including for any urgent care that may be required).

If you are concerned about using video or audio tools for virtual care, you can ask our office to arrange for you to visit a different health care provider or another health care centre where you can be seen in person. 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:
- Text messaging (including instant messaging):
- Website/portal:
- Other (specify):

CMPA : 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 risks. 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:





**How do you manage
consent for
telemedicine visits in
your practice?**

Ms. Jones tells
your front desk
staff that she is
having chest pain



Poll #6

Regarding virtual care (choose the best answer):

- Anything can be managed over the phone
- Some situations require a physical assessment
- During the pandemic, it's ok to compromise the standard of care
- You are expected to manage every situation to the same standard as pre-pandemic

Standard of care



Published guidelines

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VIRTUAL CARE PLAYBOOK

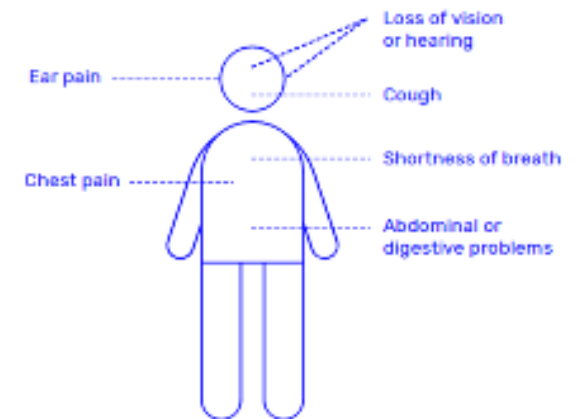
MARCH 2020

SCOPE OF PRACTICE

— WHAT PROBLEMS CAN BE SAFELY ASSESSED AND TREATED

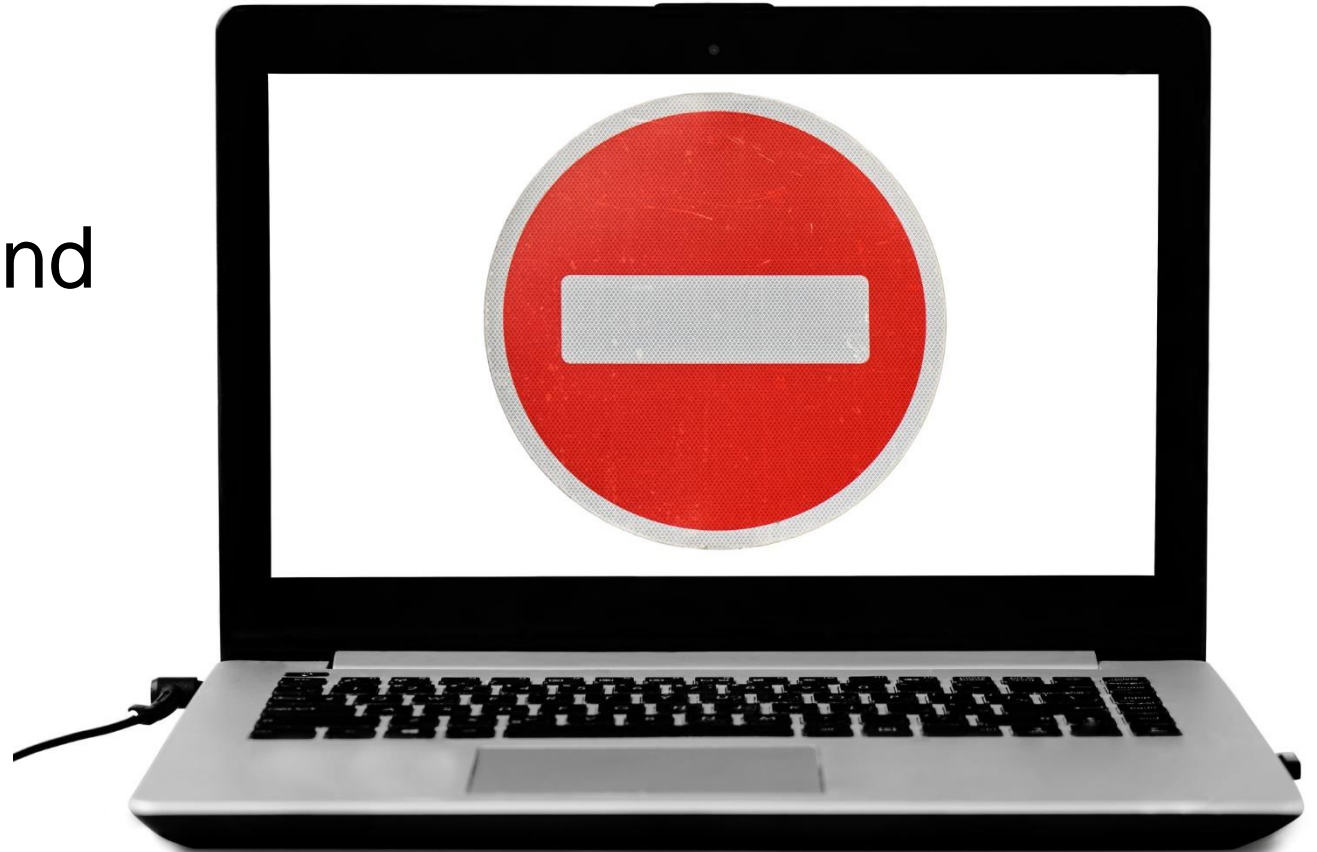
Physician regulators all adhere to the same concept when it comes to virtual visits: a physician must not compromise the standard of care. That means that if a patient seen virtually provides a history that dictates a physical examination manoeuvre that cannot be executed remotely, the physician must redirect the patient to an in-person assessment.

Symptoms not
suitable for virtual
care include but
aren't limited to:



Beware of technology limitations

- New risks
 - Accuracy eg. image resolution
 - Quality eg. reliability and timeliness



Have you had challenges meeting the standard of care over telemedicine?



Ms. Jones explains
when she calls that
she has cough and
fever





What do you
consider before
bringing a patient
in?





Ms. Jones refuses to wear a mask to her in-person appointment ...



Poll #7

Which of the following is true:

- Documentation in virtual care is not required
- “*Followup as needed*” is sufficient documentation of the care plan
- It will be clear in the future how the pandemic context affected today’s encounter with Ms. Jones
- Documenting that you obtained consent is required

Documentation Pearl # 1

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**Document
informed
consent**

Documentation Pearl # 2

**Document how you
obtained the
information used to
make a diagnosis**

Documentation Pearl # 3

**Document if your
clinical decisions
were affected by the
pandemic context**

Documentation Pearl # 4

**Take extra care
documenting
discharge
instructions**

Ms. Jones requires a
chest xray and a
cardiology
consultation



Poll #8

Which is most accurate?

- Your usual referral pathways may not be appropriate
- It may be prudent to check-in or have Ms. J. followup
- You may need to advocate if wait times are long
- It helps to have Ms. Jones informed of care limitations, and have her partner with you in her care
- All of the above

Resource limitations?

- **Prioritization**
 - Collaboration
 - Transparency
- **Procedures**
 - Standardize
 - Build in flexibility (expectations)





Questions/comments?

■ **CMPA Safe Medical Care**

[www.cmpa-acpm.ca /covid19](http://www.cmpa-acpm.ca/covid19)

■ **CMPA Good Practices Guide**

www.cmpa-acpm.ca/gpg

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