DTO Doctors Technology Office
A GPSC initiative

VIRTUAL CARE QUICK START SESSION
FOR MEDICAL OFFICE ASSISTANTS IN BRITISH COLUMBIA

ONLINE WEBINAR, APRIL 2, 2020

Presenters: Dr. Krystine Sambor and Michelle Renzitti, MOA

Panelists: Patti Scott, Candace Travis

Moderators/Leads: Brigitte Mettler, Nicolas Chow, DTO

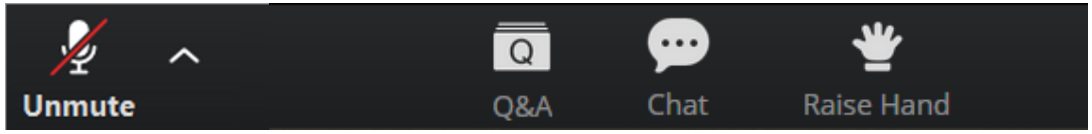
GPSC General Practice Services Committee

Housekeeping:

Control Panel:

By default the control panel is set to auto-hide.

By moving your curser to the bottom of the screen the control panel will appear. The control panel includes the mute, chat, raise hand and Q&A functions.



Mute: By default, you will be put on Mute when you join the Webinar.

Hand raising:

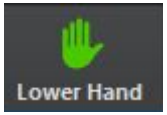
The hand raising feature is found on the middle of the Zoom control panel.

By default, your hand will not be raised.

When your hand is down, the button look like this:

Click on the button to raise your hand if you have a question or a comment.

When your hand is raised the button looks like this:



Click on the button to lower your hand if your question or comment has been addressed.

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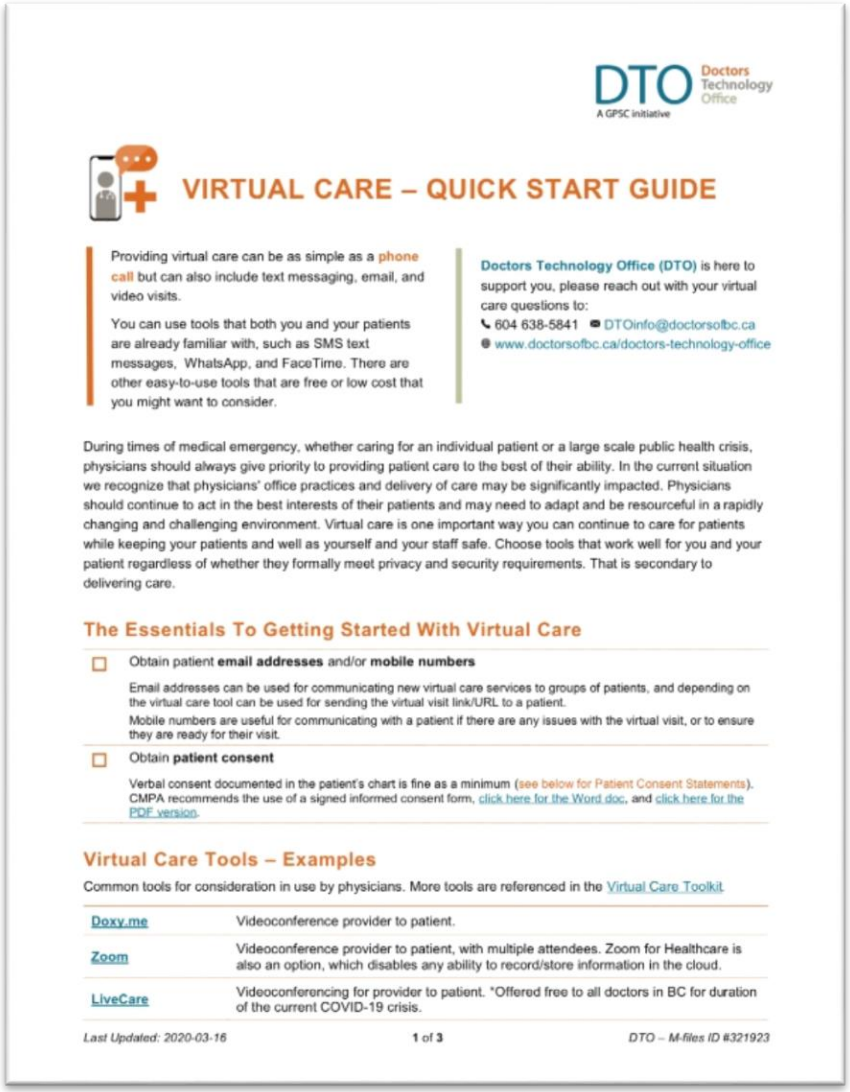
URGENT SUPPORT FOR VIRTUAL CARE

The Doctors of BC through the DTO is working in close partnership with the Ministry of Health, PHSA, and other stakeholders across the health sector to do everything we can to facilitate use of technology to enable you to continue to deliver patient care.

As provincial level solutions and supports develop, we will commit to ongoing communications with you.



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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
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 and 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.

Last Updated: 2020-03-16 1 of 3 *DTO – M-files ID #321923*

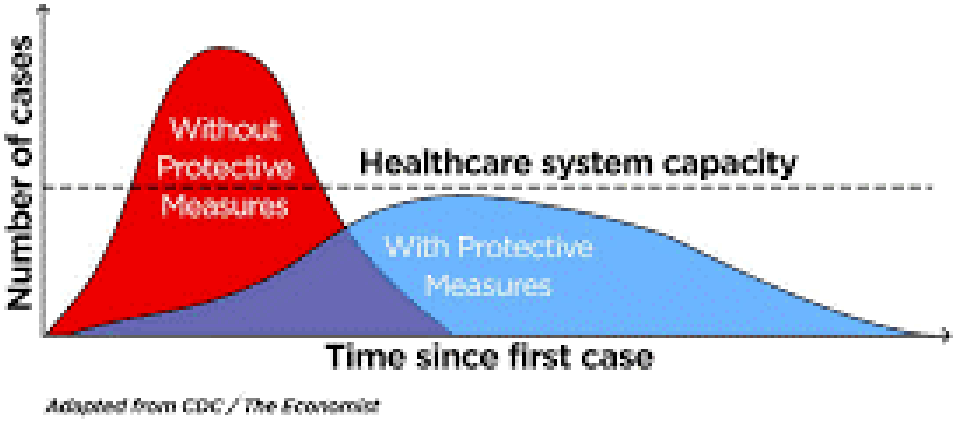
OVERVIEW

Session will cover:

- No more non-urgent F2F (Face to Face)
- Working from home - workflows
- Virtual visit set up
  1. Obtain patient contact information
  2. Obtaining patient consent
  3. Common virtual care tools in current use by physicians
  4. The virtual care visit – set-up and workflow
  5. Billing overview
- Questions and wrap up

WHY NO NON-URGENT F2F VISITS?

- Protect our patients.
- Protect our doctors.
- Protect our staff.
- Protect our community.



Adapted from CDC / The Economist

	DESCRIPTION	EXAMPLES
PRIORITY A	Patients who have urgent needs and require services / treatment and would otherwise have to go to hospital for care. Essential preventive services.	• Acute exacerbation of chronic illness that doesn't require hospitalization • Complications of pregnancy • Certain acute infections, such as otitis, UTI, cellulitis, STIs, acute diarrhea with blood • Acute major illness/injury (including fractures or potential fractures or dislocations) • Acute minor injuries (e.g. lacerations that require more than taping) • Acute psychiatric illness • Abdominal pain NYD • Musculoskeletal pain with trigger features (i.e. not a basic sprained ankle) • New onset headache • Palliative care • Patients recently discharged from hospital on new medications who must be followed closely (e.g. Warfarin) • Patients requiring pneumoococcal immunization • Flu vaccine when it becomes available • Other vaccines/prophylaxis required for outbreak control • Routine childhood immunization
PRIORITY B	Patients whose situation is non-critical and who require treatment / services that can be deferred for a few weeks (i.e. after the peak of the pandemic wave). Alternate method for prescription renewal for long-term medications is appropriate.	• Stable chronic disease management, including asthma, diabetes, hypertension, and stable cardiac, pulmonary, renal, neurological or hepatic disease • Uncomplicated pregnancy care – 1st or 2nd trimester • Well baby visit
PRIORITY C	Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g. automatic prescriptions) for the duration of the pandemic.	• Well child and adult checkups • Nutrition and weight counselling • Pap smears • Routine adult immunizations • Preventive services and clinics • Insurance and other forms

Adapted from Table 11-3 of the Ontario Plan for an Influenza Pandemic (August 2008)

[British Columbia's Pandemic Influenza Response Plan (2012)]

Pandemic influenza: Checklist for physician offices.

Now

- ☐ Provide annual influenza vaccination to all office staff each fall.
- ☐ Provide annual influenza vaccination to all eligible patients each fall.
- ☐ Provide one dose of pneumococcal polysaccharide vaccine to all eligible patients (those 65 years and older, those with chronic health problems).
- ☐ Provide conjugate pneumococcal vaccine series to infants.

Now and during pandemic

- ☐ Post signs advising patients to check in with reception upon arrival.
- ☐ Separate patients from reception staff with Plexiglas partition *or* minimum distance of 1 m.
- ☐ Post cough etiquette signs in the waiting area.
- ☐ Provide liquid soap and paper towels in patient washrooms and at staff sinks.
- ☐ Provide staff with small bottles of alcohol-based hand sanitizer.
- ☐ Mount alcohol-based hand sanitizer dispenser at office entrance for patient use upon arrival.
- ☐ Provide disposable tissues and no-touch waste receptacles in waiting area.
- ☐ Replace cloth-covered furnishings with easy-to-clean furniture.
- ☐ Avoid carpeting in office.
- ☐ Provide surgical masks to be worn by ILI patients who are coughing or sneezing.
- ☐ Wash or sanitize hands before and after each patient contact.
- ☐ Wear surgical mask when face to face with ILI patients with cough.
- ☐ Wear fit-tested N95 respirator when face to face with suspected TB patients, ILI patients undergoing aerosolizing procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission.
- ☐ Wear gown, gloves, and eye protection only as needed to avoid contact with blood or other infectious body fluids.
- ☐ Provide paper sheeting for exam tables and change between patients.
- ☐ Clean and disinfect medical devices (e.g., stethoscopes) between patients.
- ☐ Clean and disinfect exam rooms and waiting areas daily.
- ☐ Monitor staff illness and ensure staff with ILI remain off work.

During pandemic

- ☐ Assign a staff member to coordinate pandemic planning and monitor public health advisories.
- ☐ Educate all staff about pandemic influenza.
- ☐ Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health).
- ☐ Telephone triage all patient requests for visits.
- ☐ Postpone all nonessential patient visits (e.g., routine checkups).
- ☐ If possible, schedule ILI patients during designated time slots.
- ☐ If possible, provide a separate entrance and waiting area for ILI patients *or* separate ILI patients from others in the waiting area by 1 m.
- ☐ Remove all magazines, books, and toys from the waiting area.
- ☐ Eliminate or limit use of shared items by patients (e.g., pens, clipboards, phones).
- ☐ Minimize ILI patients' time in the waiting area.
- ☐ If possible, designate one exam room for all ILI patients.
- ☐ In group practices, consider having one physician see all ILI patients.
- ☐ Assign staff who have recovered from pandemic influenza to care for ILI patients.
- ☐ Plan for disposition of all ILI patients:
  - Home with self-care guide.
  - Home with home care.
  - Admission to alternate-care site.
  - Admission to acute care.
- ☐ When referring ILI patients, notify receiving facility in advance.
- ☐ Clean ILI waiting area, exam rooms, and frequently touched surfaces such as doorknobs a minimum of twice daily and when visibly soiled.
- ☐ Ensure cleaners avoid vacuuming and dry dusting; damp dust only.
- ☐ Maintain a minimum 2-week supply of soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks.
- ☐ Develop a contingency plan for staff shortages (e.g., use of volunteers).

MOAS ARE ESSENTIAL!
WORKING FROM HOME

- Remote access to EMR and/or desktop
- Redirecting phone lines
  - Pick up phone messages remotely or redirect
  - Dealing with blocked calls
  - Cloud based phone systems – e.g. Fongo
- Faxing
  - Physical fax vs eFax
- Email and broadcasting – e.g.MailChimp
- Staying connected – e.g. Zoom, Google Hangout

VIRTUAL CARE IN THE TIME OF COVID-19

Virtual Care is ANY non face to face communication with patients.

Most visits can safely be done virtually.

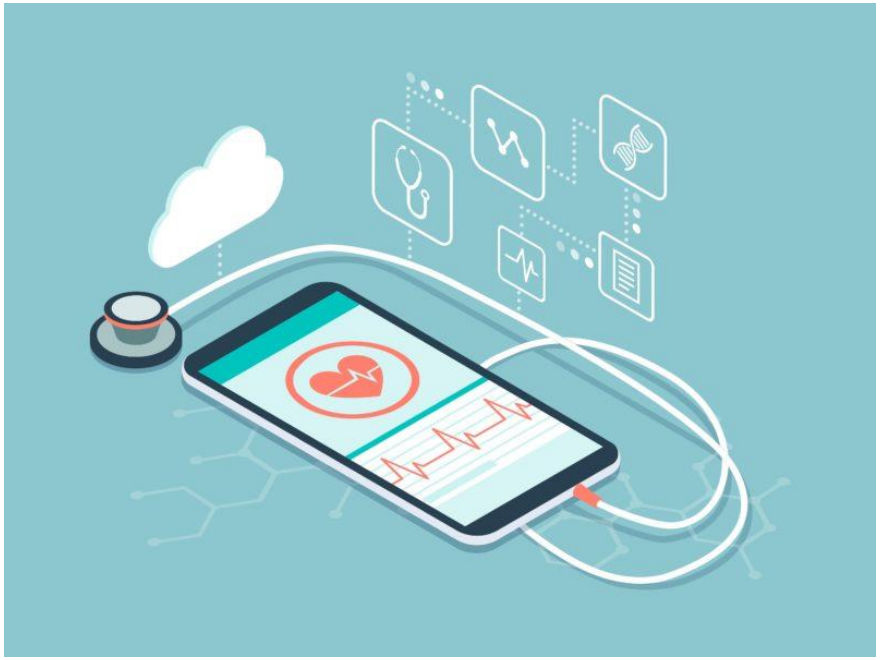
Use WHATEVER works for you and your patients.

OBTAIN PATIENT CONTACT INFORMATION

Step 1: Start gathering and obtaining patient **email addresses** and/or **mobile numbers.**

Email addresses

Mobile numbers



OBTAIN PATIENT CONSENT

Step 2: Patient Consent

CMPA recommends the use of a signed informed consent form.

click here for Word doc

click here for PDF version

How are you going to track patients you have signed consent?

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:

VERBAL CONSENT FOR TELEHEALTH IS ACCEPTABLE

Verbal approval

VIRTUAL CARE TOOLS

Step 3: Many tools available.

- Secure texting & emailing tools
- Video conferencing tools
- Integrated & standalone tools
- Costs range from freeware and subscriptions

Virtual Care Tools – Examples

Common tools 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.
Memora Health	Secure text messaging.
Mail Chimp	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.

THE VIRTUAL CARE VISIT: SET UP

- In home and/or in office
- Laptop vs Computer with webcam
- Printer? Scanner? E-fax?

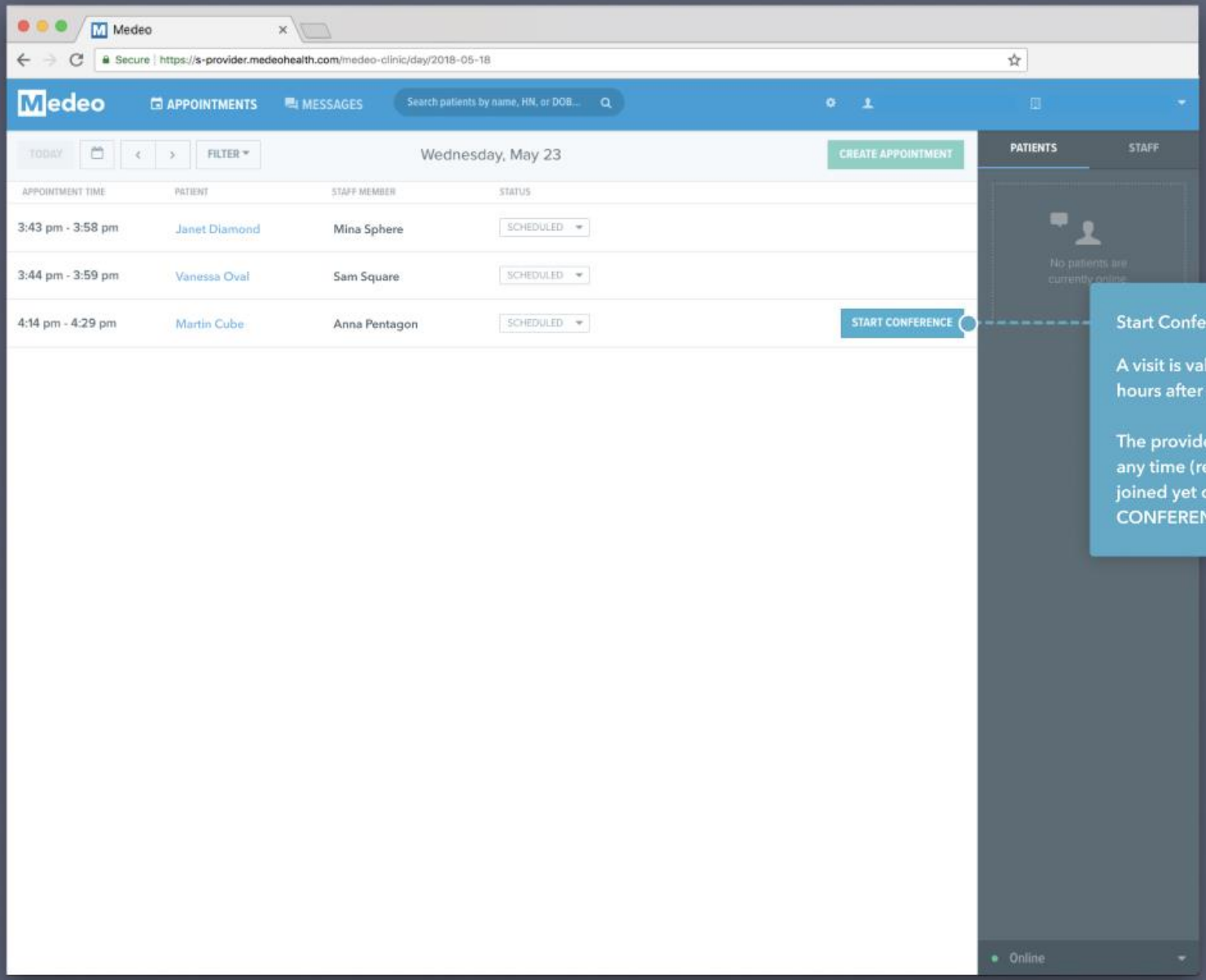
THE VIRTUAL CARE VISIT: MOA WORKFLOW

- Create a video appointment type
- All patients should be triaged virtually
- Send invitation or email link
- [Patient handouts
  - Virtual Care for Patients – FAQ & Troubleshooting Tips
  - Patient notification poster for clinics transitioning to virtual care
  - Patient communication templates DTO- Virtual Care Toolkit (PDF)]

THE VIRTUAL CARE VISIT: PHYSICIAN WORKFLOW

- Running EMR and Video at the same time.
- Sending Documents
  - Task MOA
  - Work independently
  - How will you sign documents?
  - Sending e-fax, attaching documents, email

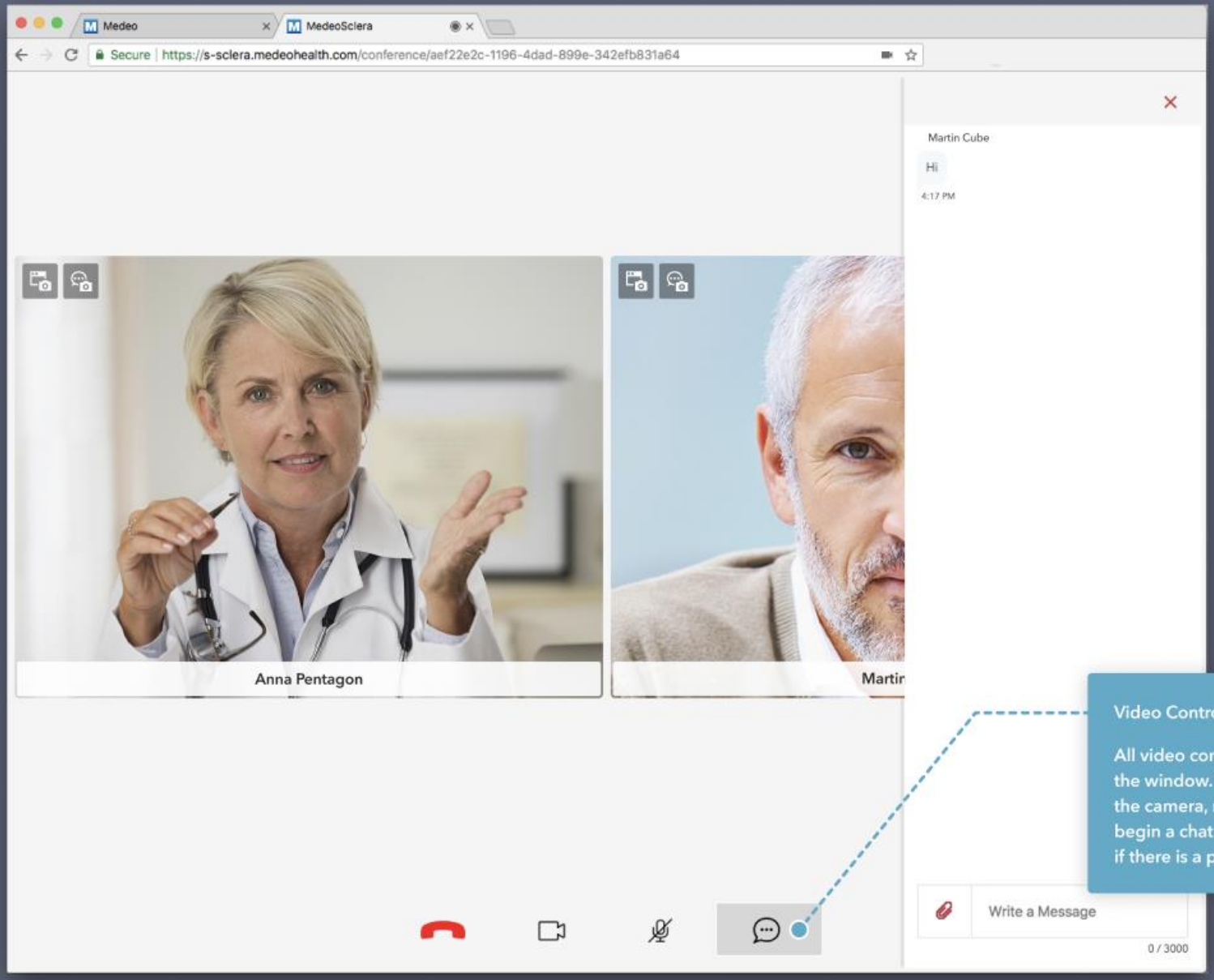
- What's your plan if a patient does need to be examined?



Start Conference - Provider

A visit is valid for 4 hours before and 4 hours after the scheduled time.

The provider can start the conference at any time (regardless if the patient has joined yet or not) by clicking on START CONFERENCE.


Medeo
MedeoSclera
Secure | https://s-sclera.medeohealth.com/conference/aef22e2c-1196-4dad-899e-342efb831a64
Martin Cube
Hi
4:17 PM
Anna Pentagon
Martir
Video Controls
All video controls are along the bottom of the window. You can end the visit, turn off the camera, mute the microphone, or even begin a chat conversation with the patient if there is a problem with the audio.
Write a Message
0 / 3000

THE VIRTUAL CARE VISIT

Step 5 - Billing

Ministry of Health and Doctors of BC are working in partnership to address any fee code constraints. Information will be updated as changes are made.

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 college-certified allied care providers.*

General Practitioner Telehealth Fees

Billing Code	MSP Fee	Service
P13037	$34.44	Telehealth GP In-Office[1] Visit.
P13038	$58.46	Telehealth GP In-Office[1] Individual Counselling.
P13017	$41.10	Telehealth GP Out-of-Office[2] Visit
P13018	$75.32	Telehealth GP Out-of-Office[2] Individual Counselling

GPSC-Initiated Virtual Care Fees[3]

Billing Code	MSP Fee	MSP Fee
G14076	$20.00	GP Patient Telephone Management Fee. [4]
G14078	$7.00	GP Email/Text/Telephone Advice Relay.

Specialists

Many specialties have their own telehealth fee codes. Refer to the appropriate Specialty section of the Doctors of BC Fee Guide or MSC Payment Schedule.

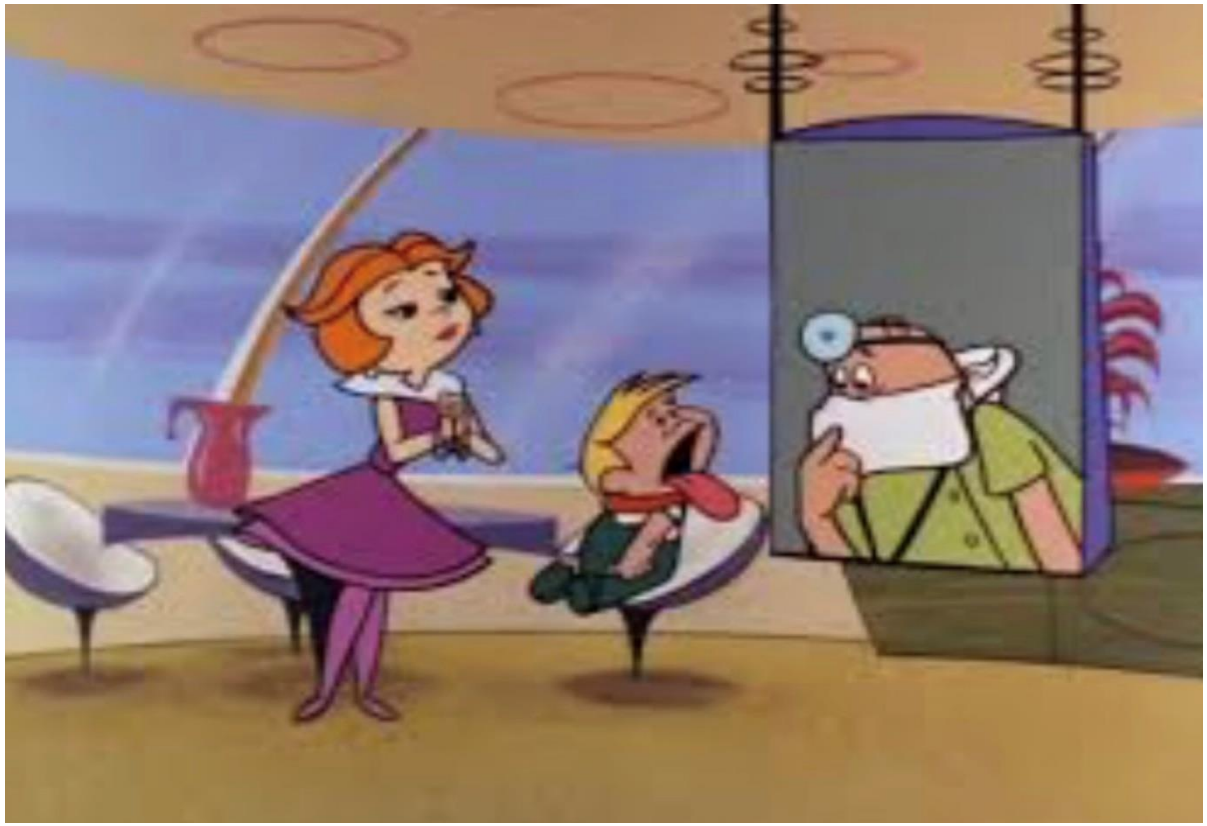
WHAT CAN YOUR DOCTOR DO TO HELP?

- Do their own faxing from home.
- Call their patients about results directly.
- Virtual staff meeting or daily huddles e.g. Zoom
- Local IT support

WHAT CAN YOU DO TO HELP YOUR PATIENTS

- Broadcast emails/FAQs to keep patients informed.
- Online booking.
- Keep the referrals going. Specialists are doing virtual visits too!
- Change phone message requesting patients leave email.
- Ask patients to be patient if video visit doesn't start right on time. Doctor will call if any technical issues.
- Keep your doctor on time with text reminders if they are going over time (a virtual knock on the door).
- Let patients know that even though we are not seeing patients in person we can stay connected! We are just a phone call or virtual visit away and if they need urgent care we will arrange for them to be seen safely.

YOU CAN DO THIS! WE CAN HELP!



IN-PRACTICE SUPPORTS

The DTO and PSP are mobilizing a network of Regional Support Team members to provide clinics with virtual at-the-elbow coaching services to implement virtual care in their practice.

For more information or to request one-on-one support from a PSP regional support team coach or peer mentor, please email DTOinfo@doctorsofbc.ca.

Thank you!

Speakers/Peer Mentors:
Dr. Krystine Sambor and Michelle Renzitti, MOA, North Shore Medical Group

Panelists:
Candace Travis, North Shore Division of Family Practice
Patti Scott, Fraser North West Division of Family Practice

Moderators/Leads:
Brigitte Mettler and Nicolas Chow, Doctors Technology Office

QUESTIONS AND DISCUSSION

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

- 604 638-5841
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- www.doctorsofbc.ca/doctors-technology-office