



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.

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.

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

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 telehealth fees must involve video technology has been expanded to include telephone. Therefore, if you conduct services via telephone you can bill the appropriate telehealth fee codes in your Fee Guide. This includes services for all patients including COVID-19 patients.
- Consultations, office visits, and non-procedural interventions where there is no telehealth fee may be claimed under the face-to-face fee with a **claim note record** that the service was provided via video technology or telephone are payable by MSP.
- The General Practice daily volume limits are suspended.

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

Family Doctors **NOTE:** *Current limits for Telehealth visits are suspended due to COVID-19 until further notice¹.*

P13037¹ \$34.44	Telehealth In-Office Visit. In-Office refers to a clinic or home office.
P13038¹ \$58.46	Telehealth In-Office Individual Counselling. Start and end times of the visit must be recorded in the chart.
G14076 \$20.00	GP Patient Telephone Management Fee. <i>** UNTIL FURTHER NOTICE: As of March 16, 2020, use P13037 instead of G14076 regardless of whether telephone or video is used. **</i>
G14078 \$7.00	GP Email/Text/Telephone Advice Relay.

Specialists

Many specialties have telehealth fee codes for billing however there are too many to list in this Quick Start Guide. Please refer to the summary [here](#) or to the appropriate telehealth section in the [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

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.

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