VIRTUAL CARE QUICK START SESSION
FOR PHYSICIANS IN BRITISH COLUMBIA

ONLINE WEBINAR, MARCH 19 2020

Presenter: Dr. Krystine Sambor
Moderator/Lead: Carol Rimmer, Director, Doctors Technology Office
Housekeeping:

Control Panel:
By default the control panel is set to auto-hide.
By moving your cursor 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.
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.

**URGENT SUPPORT FOR VIRTUAL CARE**

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 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). CMHA recommends the use of a signed informed consent form. [Click here for the Third step](#), 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.*
Session will cover:

- Virtual Care in the time of Covid-19
- Five Steps to get up and running quickly:
  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
- Additional support available (peers, partner programs, etc.)
- Questions and wrap up
VIRTUAL CARE IN THE TIME OF COVID-19

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

Use WHATEVER works for you and your patients.

1. COVID PATIENTS
   - Screening
   - Monitoring patient on self isolation

2. VULNERABLE PATIENTS

3. PHYSICIANS IN QUARANTINE
Step 1: Start gathering and obtaining patient email addresses and/or mobile numbers.

Email addresses

Mobile numbers
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?
VERBAL CONSENT FOR TELEHEALTH IS ACCEPTABLE

Verbal approval
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.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxy.me</td>
<td>Videoconference provider to patient.</td>
</tr>
<tr>
<td>Zoom</td>
<td>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.</td>
</tr>
<tr>
<td>Memora Health</td>
<td>Secure text messaging.</td>
</tr>
<tr>
<td>Mail Chimp</td>
<td>Bulk email solution. Free if you have &lt; 2000 people. Can create a ‘landing page’ to use as the consent form, with the email signup. Can export the email list to Excel.</td>
</tr>
<tr>
<td>EMR Vendors</td>
<td>Please contact your vendor for the most up to date information.</td>
</tr>
</tbody>
</table>
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
- Triage patient suitability
- Send invitation or email link
- (Patient instructions)
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.
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.
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

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>MSP Fee</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>P13037</td>
<td>$34.44</td>
<td>Telehealth GP In-Office(^1) Visit.</td>
</tr>
<tr>
<td>P13038</td>
<td>$58.46</td>
<td>Telehealth GP In-Office(^1) Individual Counselling.</td>
</tr>
<tr>
<td>P13017</td>
<td>$41.10</td>
<td>Telehealth GP Out-of-Office(^2) Visit</td>
</tr>
<tr>
<td>P13018</td>
<td>$75.32</td>
<td>Telehealth GP Out-of-Office(^2) Individual Counselling</td>
</tr>
</tbody>
</table>

GPSC-Initiated Virtual Care Fees\(^3\)

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>MSP Fee</th>
<th>MSP Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>G14076</td>
<td>$20.00</td>
<td>GP Patient Telephone Management Fee.(^4)</td>
</tr>
<tr>
<td>G14078</td>
<td>$7.00</td>
<td>GP Email/Text/Telephone Advice Relay.</td>
</tr>
</tbody>
</table>

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.
Update on telemedicine
YOU CAN DO THIS! WE CAN HELP!
Additional support available

- **Ongoing communications** with physicians as discussions with MoH, PHSA, HA partners, etc. as response, support and provincial level initiatives develop.

- **DTO’s Virtual Care Peer Program**: Network of Physician and MOA Peer Mentors to support their colleagues, and/or help facilitate webinars and learning sessions. DTOinfo@doctorsofbc.ca

- **Virtual Care Learning and Workshop Sessions** – Workshop facilitated by local peer mentor and can be delivered locally, regionally, provincially, and/or virtually. Leverages PSP’s practice facilitation action plan.

QUESTIONS

Seeking physician and MOA virtual care peers!

Peers do not need a technical background, just a willingness to share knowledge and support. Funding, training and support available.

Reach out to DTO if you know of someone who may be a good fit or if you are interested.

DTOinfo@doctorsofbc.ca
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.
QUESTIONS AND DISCUSSION

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

- **Phone:** 604 638-5841
- **Email:** DTOinfo@doctorsofbc.ca
- **Website:** www.doctorsofbc.ca/doctors-technology-office

Thank you!

Speaker: Dr. Krystine Sambor
Moderator/Lead: Carol Rimmer, Director, Doctors Technology Office