



VIRTUAL CARE QUICK START SESSION FOR PHYSICIANS IN BRITISH COLUMBIA

ONLINE WEBINAR, MARCH 19 2020

Presenter: Dr. Krystine Sambor

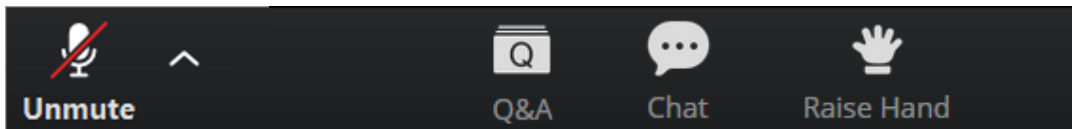
Moderator/Lead: Carol Rimmer, Director, Doctors Technology Office

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.



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.



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). CMAA 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

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OVERVIEW



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



OBTAIN PATIENT CONTACT INFORMATION

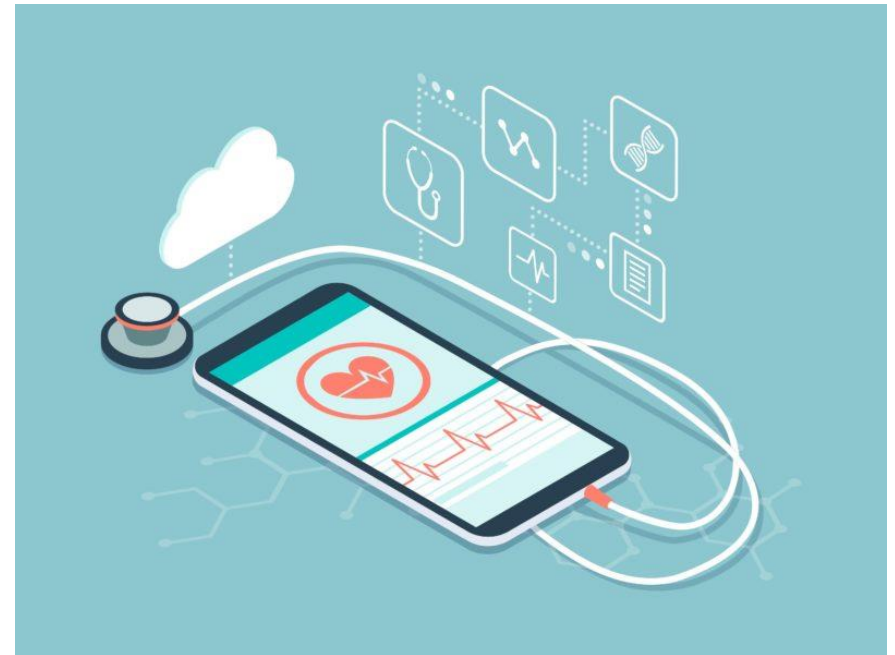
Step 1: Start gathering and obtaining patient **email addresses** and/or **mobile numbers**.



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

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?



Medeo

APPOINTMENTS MESSAGES Search patients by name, HN, or DOB...

TODAY < > FILTER Wednesday, May 23 CREATE APPOINTMENT

APPOINTMENT TIME	PATIENT	STAFF MEMBER	STATUS
3:43 pm - 3:58 pm	Janet Diamond	Mina Sphere	SCHEDULED
3:44 pm - 3:59 pm	Vanessa Oval	Sam Square	SCHEDULED
4:14 pm - 4:29 pm	Martin Cube	Anna Pentagon	SCHEDULED

START CONFERENCE

PATIENTS STAFF

No patients are currently online

Online

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>

Anna Pentagon

Martin Cube

Hi

4:17 PM

Write a Message

0 / 3000

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

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 Fees³

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](#).

Update on telemedicine



**College of Physicians and Surgeons
of British Columbia**

Serving the public by regulating physicians and surgeons

YOU CAN DO THIS! WE CAN HELP!



QUESTIONS

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.

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.



Thank you!

Speaker: Dr. Krystine Sambor

Moderator/Lead: Carol Rimmer, Director, Doctors Technology Office



QUESTIONS AND DISCUSSION

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