



Virtual Care Toolkit

This toolkit will continue to be updated
as circumstances change

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NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION



VIRTUAL CARE TOOLKIT

THANK YOU TO DOCTORS OF BC FOR DEVELOPING THIS TOOLKIT AND PERMITTING US TO ADAPT TO MEET OUR NEEDS IN NEWFOUNDLAND AND LABRADOR

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Workflow: A Step by Step Approach

Team engagement – Staff / MOAs are key to success

- Consider staff meetings to discuss the changes, workflow, and responsibilities.
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Obtaining and recording patient email addresses and mobile numbers

- When a patient calls the clinic ask for their email address and mobile number,
- Email the patient **the** consent for virtual care form.
- Email addresses is used to send the videoconferencing link to the patient
- Email can also be used for communicating new virtual care services to groups of patients
- 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.
- Consider storing this information in both the patient’s chart and an email software solution.

Informing patients about the new virtual care service

- Consider using an email software solution, which will enable you to email groups of patients with information about the new virtual care services. For an example, see the Patient Communication section in this Toolkit.

Patient FAQs

- Consider creating an FAQ document for your patients (e.g. this could include how to book virtual visits, technical tips, troubleshooting, patient etiquette, etc. See the Patient Communication section in this Toolkit).

Allowing patients to email back to the clinic

- Consider setting up a new email address to allow patients to send emails to the clinic but not your personal email. Let patients know that no personal health information should be included in the email. Some virtual care solutions have secure messaging so this may not be necessary.

Obtaining patient consent

- Physicians providing health care services via video sessions should obtain patient consent for this specific purpose. This does not need to be collected with every session with that patient.
- Long-term care patients may not be able to provide consent to the use of virtual care and their substitute decision maker may not be available. When a resident is not able to provide consent a physician can rely on the consent provided by the resident or their Substitute Decision Maker who, at the time of admission, gave the RHA consent for the appropriate examinations, investigations, treatments and care. Physicians can also consider CPSNL's Standard of Practice: Telemedicine which states, "Obtain informed consent from the patient, when applicable".
- **CMPA recommends the use of a signed informed consent to use virtual care form, [click here for the Word doc](#), and [click here for the PDF version](#).**
- In some situations, obtaining a written consent might be difficult – verbal consent documented in patient's chart is also acceptable as long as it covers the details.
- **This is the verbal** statement 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?

Patient suitability

- Consider which patients or visit types are suitable for virtual visits. Reviewing your schedule over the last week could help with identifying potential patients and visit types.

Schedule planning

- Consider specific days and time slots for virtual visits. How will this work with existing in person appointments?
- Consider creating appointment types for telephone and video virtual visits in the EMR.

Booking virtual visits

- Consider how patients can book virtual visits. Will your solution allow for online booking or are all appointments triaged by staff, or otherwise go through staff?
- Depending on the tool chosen, you will either be sending the patient a link to a virtual waiting room or a link for a specific appointment time.

Setting up the room

- Consider placement of EMR screen vs. placement of video screen. Can both be displayed on the same screen, or are two screens needed?
- Essential items include: webcam, microphone and speaker.
- Virtual visit etiquette
- Consider the space that the patient will view during a virtual visit.
- Consider clarifying your actions if you are not looking at the patient (e.g. typing up notes on the EMR).

Starting a virtual visit

- Consider how to ensure the patient is ready for their virtual visit.
- Consider the role of the MOA. Will they contact the patient ahead of time? Will they set up the visit for the physician on the computer?
- Does the tool have a virtual waiting room? Does the patient need to call and 'check in'?

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Visit notes

- Consider having a standard method for recording that the visit was conducted over video. Charting the patient encounter for video consults is the same as for an in-person visit.

Sending documents

- If working away from the clinic office, consider how to transfer documents (e.g. prescriptions, lab and imaging requisitions). Could an MOA send this from the clinic? Consider testing the EMR from home to see what is possible.
- Does the patient need access to a printer?

Billing

- Available service codes will be published in a forthcoming MCP Newsletter. Until the details are published and the system made ready, physicians are asked to hold their billing.

Follow-up visit

- Consider the workflow for arranging a follow-up visit for the patient. What are the instructions for the patient?

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Equipment Essentials and Testing

Equipment essentials

For a video-based virtual visit the computer, laptop, tablet, or smart phone you are using needs to have:

- Webcam
- Microphone Speaker
- Headsets are recommended

Testing your equipment

- It is important to test the hardware to ensure your webcam, microphone and speaker are all working and it also helps to be familiar with how to adjust the settings as well.

Testing the speed of your internet connection

- Run an online speed test from the room you would use for video consults to find out the internet speed. Use the equipment you are planning to use for the most accurate test. You can use the site (<https://www.speedtest.net/>).

Tools

During the COVID-19 emergency physicians may use the videoconferencing tool of their choice. The Government of Newfoundland and Labrador is recommending physicians use Jabber, a videoconferencing tool supported by the Newfoundland and Labrador Centre for Health Information. Physicians using Med Access should consider Health Myself or Virtual Visits, both available through Telus.

The NLMA has created a list of other possible videoconferencing tools you could use, based on lists created by the medical associations in other provinces. These are not recommendations as the NLMA has not done any due diligence on them. It is not recommended that you use a free tool as they are less likely to offer the support or security that is required.

In selecting a vendor, consider:

- the security of the solution,
- the ease of use for both the physician and the patient, and
- the availability of support (is it in NL, Canada, or the US?).

Please review the vendor website to determine which one is best suited to your needs.

If the tool that you are using does not record consent electronically, please be sure to obtain or document consent. For verbal consent use the script and documentation guidelines outlined in the Toolkit section - Workflow: A Step by Step Approach - Obtaining patient consent, and Recording consent in the patient's chart.

Videoconferencing Tools – For Information Purposes

Tool	Cost	CDN	Servers in CDN	Encrypted	Website
Cisco Jabber (recommended by the NL Government and used in RHA Telehealth programs)	–			?	https://www.nlchi.nl.ca/register/telehealth/
Telus – Virtua Visits and Health Myself	Free for 4 months than \$30.00 per	yes	yes	yes	https://www.telus.com/en/bc/health/contact/sales/clinics?mkt_tok=eyJpIjoiWkdOa01HSmxNREI6TURSaSIsInQiOiireFJNXc9VekNCQlpTRk52WFIKSDhwNzhRVmp3THM2dVpoZFBNQkIITFlcL3RPSlwwZGFYYSYiImBGNvWk5VNFRcL0x5dnV6ZUxHY25DUk02bmNUdHppSVIIVVE9PSJ9
Cyno (currently being used by health clinics in NL)	?				https://www.cyno.ca/
Doxy.me	?			?	https://doxy.me/
drCall.me					http://drcalls.me/

FaceTime	?			?	
Livework (well used in BC)	?	?	?	?	https://livework.ca/
Medeo (well used in Ontario)	?		?	?	https://medeohealth.com/
Reacts (Tested by two groups of NL physicians with positive feedback)	?	?	?	?	https://reacts.com/en/plans/
Think Research	?		?	?	https://www.thinkresearch.com/ca/
Zoom Enterprise (used in Alberta and Nova Scotia)	?			?	https://zoom.us/

Patient Communication

With the popularity of smart phones and video chat, many of your patients may be familiar with the basic functions needed to enable virtual care visits. Still, it is important to clearly communicate with them so they know what to expect, what the benefits are and how they can get started with virtual care.

This guide provides useful templates and tools that will help patients learn how to connect with you using virtual care on their smart phone or laptop.



Promoting Virtual Care in Your Clinic

- Let patients know that the service will be available by providing information on your website, via email, via posters in your clinic and by telling them in person.
- Consider outlining the process of signing up for virtual care on your website, along with a list of the conditions that are eligible and excluded.
- Train your staff on how to troubleshoot the most common technical issues related to virtual care so they can assist patients over the phone. The NLMA's [Virtual Care – Frequently Asked Questions for Patients](#) also provides tips and tricks.

Email Template example: Virtual Care - Introduction for Patients

- In order to expand our services and availability to patients, our clinic will be introducing virtual care visits as of [Date]. Patients will now be able to connect with their family doctor from the location of their choosing, using their smartphone or computer.
- Check out the NLMA's [Virtual Care – Frequently Asked Questions for Patients](#) attached to this email for more information about how to access this new service.
- To sign up for a virtual care visit, refer to our [Website] for appointment availability and clinic hours. For questions or assistance with troubleshooting, please contact the clinic at [Clinic Phone] or [Email].

Email Signature Disclaimer example: when sending emails to patients

DISCLAIMER: Please note, we cannot guarantee the confidentiality of information transmitted through e-mail. Please be aware of this limitation when contacting us.

Email Template example: Virtual Care - Visit Email Invitation

Depending on the platform, clinics may opt to utilize a virtual waiting room model or to set up scheduled virtual care sessions. The following template can be used as an email invitation for scheduled virtual care appointments if one is not provided in the videoconference solution you have selected.

This is a courtesy reminder of your virtual care appointment at [Name of Clinic]:

- Date & Time
- Virtual Care Meeting Link (Teleconference Phone # and Meeting ID) (Application help link or clinic contact)
- Please ensure you read the NLMA's [Virtual Care – Frequently Asked Questions for Patients](#) and any attachment accompanying this email, as they contain important information regarding your appointment(s).
- **Need to cancel or change your appointment date?**
- Please respond to this email or contact the clinic at [phone number] with at least 24 business hours advance notice to avoid missed appointment fees.

Email Signature Disclaimer example: Virtual Care - Visit Email Invitation

Consider including the following disclaimer in your virtual care invite emails or website pages:

DISCLAIMER: *This virtual care visit, email invite and any attachment(s) is/are for authorized use by the intended recipient(s) only and must not be read, distributed, disclosed, used or copied by anyone else. If you are not the intended recipient, please notify the sender immediately, disconnect and delete any attachment(s). Patients may be redirected to the clinic for an in person visit at any time if the concern is deemed not appropriate for virtual care. Thank you.*

Privacy and Security Safeguards

Session Safeguards

- Always **ensure the patient is ready** to have a confidential conversation. When appropriate, start video sessions with clear introductions and by confirming the patient's identity.
- Conduct the video session in a **private space in both yours and the patient's location**. Using a phone or other mobile device in public could compromise the patient's confidentiality. During the session, check if the volume is set to an appropriate but discreet level.
- A patient may want to include a family member or caregiver during the video consult. If so, **be aware of who is in the room with the patient**. Establish the level of patient comfort and follow the same principles as with in-person visits.
- **Do not leave the connection unattended** and/or set on automatic call answering. Once the session is over, all participants are expected to disconnect from the call immediately.

Technology Safeguards

- Refrain from using any unsecured public networks. When setting up a **wireless connection** in your clinic, use an adequate password that is shared only with authorized users.
- All systems, applications, and devices should be **behind the firewall** with anti-malware and anti-virus software installed.
- Updates and security patches should be applied as they are made available by the software vendor. Ensure the **device used for videoconferencing is not obsolete** and software is current so the **most recent updates can be applied**.
- All devices used for videoconferencing, and the sessions themselves, should be **password protected** to prevent accidental configuration changes or hacking attempts. Do not use default settings and be sure to create adequate passwords.
- **Avoid recording videoconference sessions** containing personal or clinical information unless it is absolutely necessary. If a recording must be made, the best is to retain it as part of the clinical record. Implement security measures such as secure storage behind a firewall. When using personal, mobile and desktop devices, the best practice is to encrypt a device and use two-factor authentication for access.
- **Disable cameras and microphones when not in use**, either by disconnecting power, connection cables, and/or using lens coverage.

Tool Selection

See section on Virtual Care Tools for guidance on assessing the appropriateness of virtual care tools.

Whenever possible, it is still recommended to take a structured, methodical approach to implementing any change into practice in order to minimize as much disruption as possible.