



NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION

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### The balance between virtual care and in-person care

Prior to the ongoing outbreak, the NLMA received requests from members for advice regarding appropriateness of virtual-only clinics and how to balance virtual care appointments with patients who may require in-person visits. Requests have increased in light of confirmation community spread of COVID-19 in the Metro area. To date, the Chief Medical Officer of Health has not issued any changes or restrictions regarding community physician practices.

The NLMA supports the best practice advice from the Canadian Medical Association, the College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada regarding virtual care. These organizations have provided advice on virtual visits and in-person care, including situations when there are disease outbreaks in the community, which is outlined below. We have also included advice on this subject from the CMPA for members' consideration.

#### Virtual Care Task Force Advice:

The Virtual Care Task Force was created by the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. The Taskforce has developed a [Virtual Care Playbook for Canadian Physicians](#), which advises that:

“Physician regulators all adhere to the same concept when it comes to virtual visits: a physician must not compromise the standard of care. That means that if a patient seen virtually provides a history that dictates a physical examination manoeuvre that cannot be executed remotely, the physician must redirect the patient to an in-person assessment. For this reason, the scope of virtual practice is presently limited to encounters that require only history, gross inspection and/or data that patients can gather with cameras and common devices (e.g., glucometers, home blood pressure machines, thermometers and scales). In practical terms, you can safely use virtual care to:

- assess and treat mental health issues
- assess and treat many skin problems (photos submitted in advance provide resolution that is much better than the resolution of even a high-quality video camera)
- assess and treat urinary, sinus and minor skin infections (pharyngitis too if you can arrange throat swabs)
- provide sexual health care, including screening and treatment for sexually transmitted infections, and hormonal contraception
- provide travel medicine
- assess and treat conditions monitored with home devices and/or lab tests (e.g., hypertension, lipid management, thyroid conditions and some diabetes care; in-person consultations will still be needed for some exam elements)
- review lab, imaging and specialist reports
- conduct any other assessments that do not require palpation or auscultation.

In contrast, the problems that are currently not amenable to virtual care include any new and significant emergency symptoms such as chest pain, shortness of breath and loss of neurologic function. They also include ear pain, cough, abdominal/gastrointestinal symptoms, musculoskeletal injuries or conditions, most neurological symptoms and congestive heart failure.

Note that the normal requirement for physical examination can be waived if doing so is truly in the patient's best interests, such as:

- during contagious disease outbreaks
- when the patient has temporarily limited mobility or lack of transportation.”

### **Canadian Medical Protective Association (CMPA) Advice:**

The CMPA states on its [website](#) that “the decision to deliver medical services to a specific patient using virtual means will rely on professional judgment and consideration of the standard of care. Important to that consideration is whether an accurate assessment of the patient's problem can be performed, whether the patient's medical history and information about medications and allergies is accessible, and whether appropriate medication monitoring and follow-up care can be provided or arranged.”

The CMPA has also developed an [FAQ on its website](#) regarding telehealth and virtual care, which states:

“The CMPA supports the appropriate use of virtual care tools that enable physicians to more efficiently and safely provide care to their patients during these extenuating circumstances. Virtual care may be as basic as a telephone call or may involve video conferencing and other internet-based tools. Many Colleges are encouraging physicians to use virtual care as an alternative to interact with patients, especially those who are exhibiting symptoms of COVID-19 or may be at higher risk if they were to be inadvertently exposed to COVID-19 (e.g. pre-existing medical conditions). Virtual care can be an effective means of providing treatment to patients. Physicians will want to use their professional judgment in assessing their ability to use virtual care, with regard to guidance from Colleges on how to provide care in the current context. Physicians will want to be mindful of the limitations of virtual care and ensure patients are provided the opportunity for in person care where appropriate and available. It continues to be important to document all virtual care encounters with reference to the technology that was used.”

The CMPA has also developed an article on *Providing virtual care during the COVID-19 pandemic*, which states:

“The bottom line

- Virtual care can be an effective way of delivering patient care during the COVID-19 pandemic.
- Use professional judgment when assessing if, when, and how to use virtual care. Many regulatory authorities (Colleges) offer guidance on how to provide care in the current context. Contact the CMPA for advice on managing the risks associated with using virtual care.
- Be mindful of the limitations of virtual care and ensure patients are provided the opportunity for in-person care, where appropriate and available.
- Document consent from patients to use virtual care. Privacy obligations and the duty of confidentiality continue when using virtual care, even in a public health emergency such as COVID-19.

Clinical care

- Virtual care is not a substitute for in-person assessments or clinical examinations, where required, or for attending the emergency department when needed for any urgent care.”

The full article is available here: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/providing-virtual-care-during-the-covid-19-pandemic>