Telemedicine Consultation
Online Survey Report and Analysis

Introduction:

An external consultation on the draft *Telemedicine* policy was held from held from June 4 to August 5, 2014.

The purpose of the consultation was to obtain stakeholders' feedback on the draft policy to assist the College in evaluating the draft. In particular, to help determine how the policy can be improved in order to ensure it reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent out via email to all physician members, key stakeholder organizations, including those who represent patients, as well as members of the public and other individuals who had previously indicated a desire to be informed of College consultations. Notices were posted on the College's website, in *Dialogue* and *Noteworthy*,[1] and the consultation was also promoted through social media.

Feedback was collected via email, through an online discussion forum, via regular mail, and through an online survey using Survey Monkey software.

Feedback received through the consultation is posted online, in accordance with the College's posting guidelines. This report summarizes the stakeholder feedback received through the online survey.

Caveats:

65 respondents started the survey (see *Table 1* below). Of these, 14 respondents did not complete any of the substantive questions.[2] These respondents were removed from the analysis below. 16 respondents partially completed the survey, completing at least one of the substantive questions.[3] The results reproduced below capture the responses for both completed and partially completed surveys.

Table 1: Survey Status

Started	n=65
Complete	35
	54%
Partial Complete	16
	24.5%
Incomplete	14
	21.5%

The purpose of this online survey was to collect feedback from physicians, organizations, and the public regarding the draft *Telemedicine* policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

[1] *Dialogue* is the official College publication and *Noteworthy* is the College's free electronic newsletter for the public.
[2] These respondents completed only the demographic or 'warm-up' questions and dropped out of the survey before answering questions assessing the draft policy.
[3] These 16 respondents completed the section of questions assessing the clarity of the policy, but may have answered further questions as well.

The *quantitative* data shown below is complete and the number of respondents who answered each question is provided.

The *qualitative* data captured below is a summary of the general themes or ideas conveyed through the survey. The comments in their entirety are included as *Appendix A* at the end of this document. Please note that in keeping with our consultation processes, feedback represented in this report has been amended in accordance with our posting guidelines.

Respondent Profile:

48 respondents indicated that they were completing the survey on behalf of themselves (see *Table 2*). 3 respondents indicated that they were completing the survey on behalf of an organization.[4]

Table 2: Respondents

Are you completing this survey on behalf of yourself or an organization?	n=51
Self	48
Organization	3

As shown in *Table 3* below, respondents were primarily physicians (68.5%), although some respondents identified themselves as members of the public (17.5%), organizational staff (8%) and other (6%).

Table 3: Respondents (cont'd)

Are you a....?	n=51
Physician	35
	68.5%
Member of the Public	9
	17.5%
Organization Staff (e.g. policy staff, registrar, senior staff)	4
	8%
Other health care professional (e.g. nurse, pharmacist)	0
	0%
Other (please specify)[5]	3
	6%

Familiarity with the Policy:

As shown in *Table 4* below, a strong majority (92%) of the respondents indicate that they have read the draft *Telemedicine* policy.

[4] The organizational respondents included the following: Ontario Hospital Association; Physicians Canada; and Waypoint.
[5] The respondents identified themselves as: "patient heart transplant"; "eHealth; and "Enterprise Architect at Ontario Telemedicine Network".

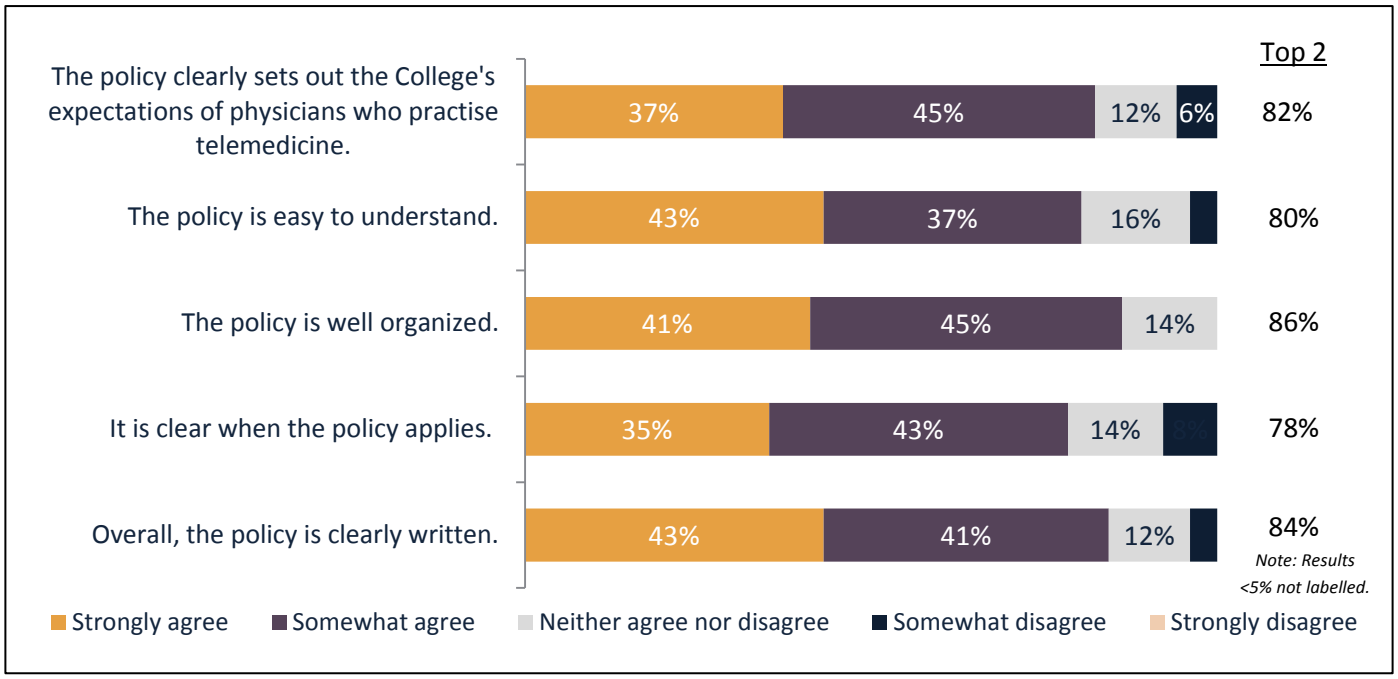
Table 4: Read Policy

Have you read the draft Telemedicine policy?	n=51
Yes	47
	92%
No	4
	8%

Assessments of the Policy:

As reported in *Figure 1* below, around four-fifths of the respondents think that the policy clearly sets out the College's expectations of physicians who practise telemedicine (82%), the policy is easy to understand (80%), and overall, the policy is clearly written (84%). A considerable majority of the respondents (86%) think the policy is well organized, and over three-quarters of the respondents think that it is clear when the policy applies (78%).

Figure 1: Clarity of Policy



Q4. For each item below, please indicate your level of agreement. Base: n=51

Open ended feedback regarding the clarity of the policy was collected from 18 respondents.[6] Feedback included suggestions that the policy should:

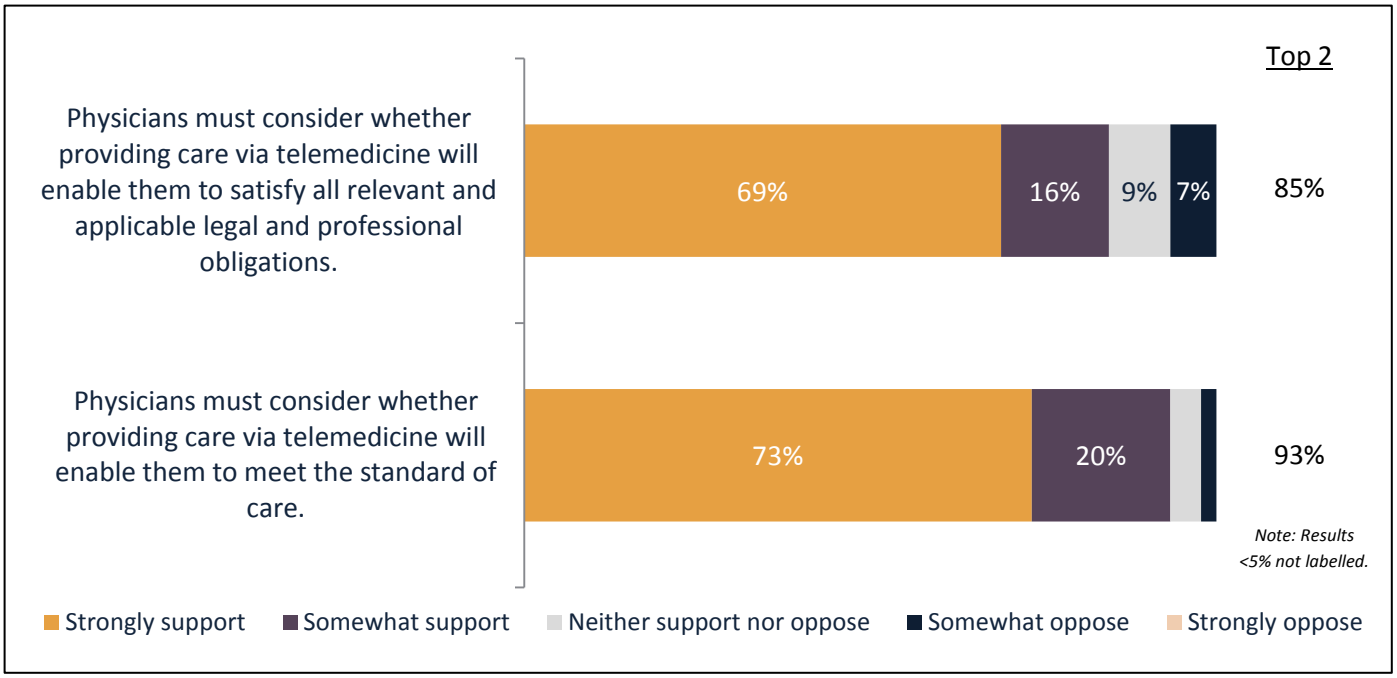
- Be simplified;
- Be less legal and more explanatory;
- Provide examples or scenarios;
- Clarify what the purpose of telemedicine is;
- Explain the differences between telemedicine within a "facility accredited by the Ontario Telemedicine Network (OTN)" and other types of telemedicine;

[6] Q5. How can we improve the draft policy's clarity? (Please feel free to elaborate on your answers above or touch on other issues relating to clarity).

- Clarify how and why the policy might be used for physicians/patients outside Ontario;
- Clarify the fiscal and legislative scope of the "referring patients to out-of-province physicians" section;
- Clarify what standard of care out-of-province physicians must meet; and
- Include specific expectations regarding how telemedicine can be used in practice (e.g. types of care/practice settings/technology that would be appropriate).

As *Figure 2* below reports, a considerable majority of the respondents are supportive of the draft policy expectation that physicians must consider whether providing care via telemedicine will enable them to satisfy all relevant and applicable legal and professional obligations (85%). In addition, a strong majority of the respondents are supportive of the draft policy expectation that physicians must consider whether providing care via telemedicine will enable them to meet the standard of care (93%).

Figure 2: Policy Issues – Evaluate whether telemedicine is appropriate



Q6: The draft policy states that physicians must evaluate whether telemedicine is an appropriate way to provide or assist in the provision of care. In order to do this, the draft policy sets out two expectations for physicians. Thinking about each expectation individually, please state whether you support or oppose each of the following expectations. Base: n=45

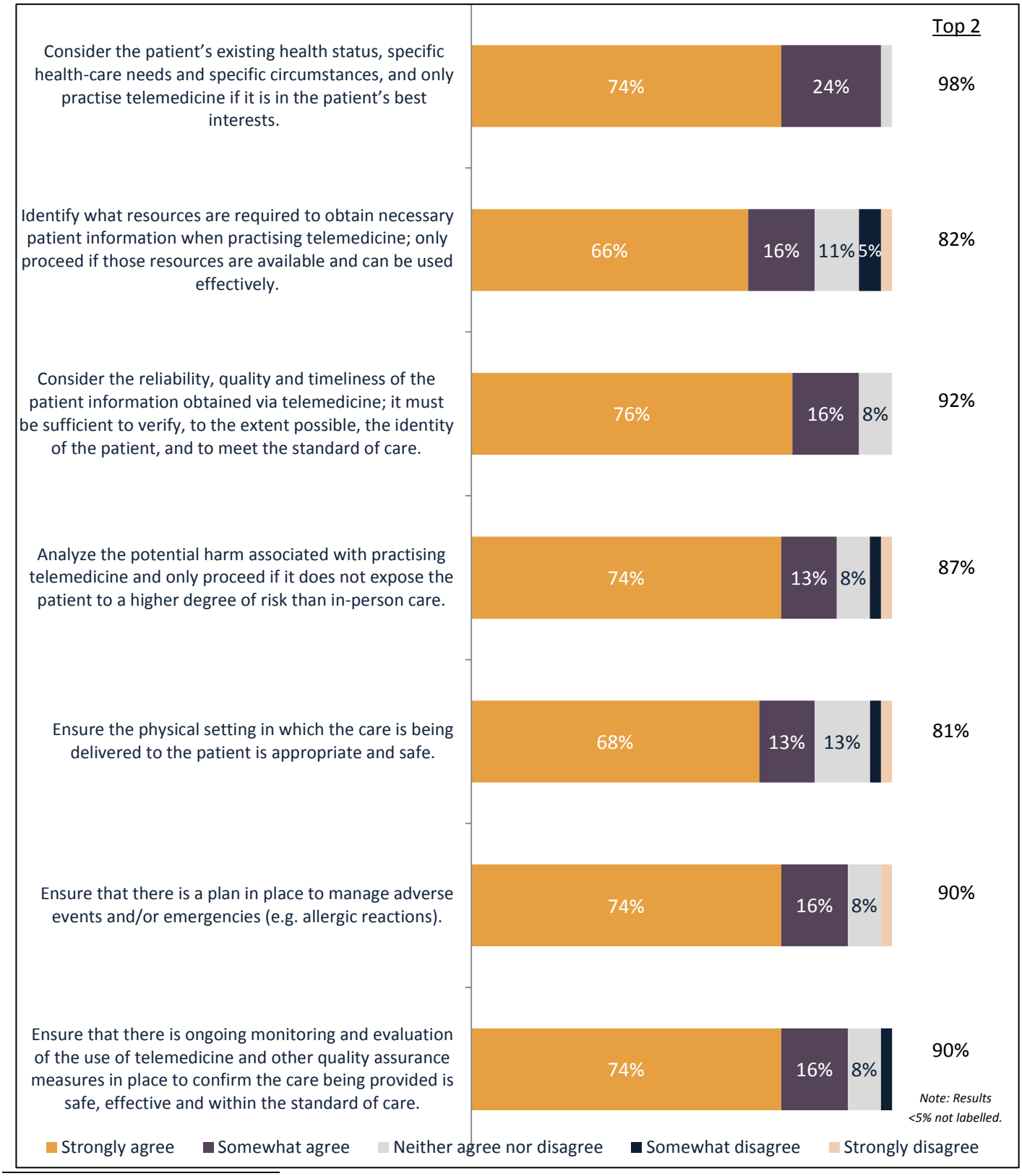
Open ended feedback regarding the reasons why respondents support or oppose each of the above expectations was collected from 22 respondents.[7] Feedback included the following:

- Both statements are entirely reasonable;
- The practice of telemedicine is the practice of medicine and the standards should remain the same. In addition, no specific area of care should be singled out for telemedicine restrictions. If the standard of care is maintained, that is all the should matter;
- It ensures the same expectations from physicians, regardless of the method of delivery;
- I think their wording should in fact be stronger e.g. "it is imperative..." etc.;
- I am unsure of my level of support because I am not familiar with the definition for "standard of care" or what the obligations of physicians are;
- I am not so sure what those statements actually mean; and
- By allowing the physician to decide, the monetary value of providing telemedicine may supersede the ethical considerations.

[7] Q7: Why do you support or oppose each of the above expectations?

As *Figure 3* below reports, a considerable majority of the respondents agree with the conditions for the appropriate use of telemedicine.

Figure 3: Policy Issue – Conditions for the appropriate use of telemedicine[8]



[8] The second condition in *Figure 3* has been abbreviated for formatting purposes; the complete question is as follows: "Identify what resources (e.g. information communication technology, equipment, support staff, etc.) are required to obtain necessary patient information when practising telemedicine (e.g. assessing the patient and/or referring the patient); only proceed if those resources are available and can be used effectively."

Q8: The draft policy sets out a number of additional conditions for the appropriate use of telemedicine. Thinking about each condition individually, please state whether you agree or disagree that physicians must... Base: n=38

Open ended feedback regarding the respondents' reasons for agreeing with any of the above conditions was collected from 19 respondents.[9] Feedback included the following:

- These conditions are reasonable expectations to protect patients;
- Public protection is paramount, and will be sufficiently protected in this policy;
- Telemedicine is medicine and the same high standards should apply across the board. No area should be singled out as inappropriate for telemedicine if the standards are maintained;
- It is important to ensure that the setting for the interaction be appropriate and that privacy be maintained;
- Quality of information obtained via telemedicine is critical;
- Should always be appropriate and safe for the patient unless you have no option; and
- These conditions are too vague and should be more specific. Too much seems left up to the subjective appraisal of the individual MD with respect to the conditions of their telemedicine practice.

Open ended feedback regarding the respondents' reasons for disagreeing with any of the above conditions was collected from 9 respondents.[10] Feedback included the following:

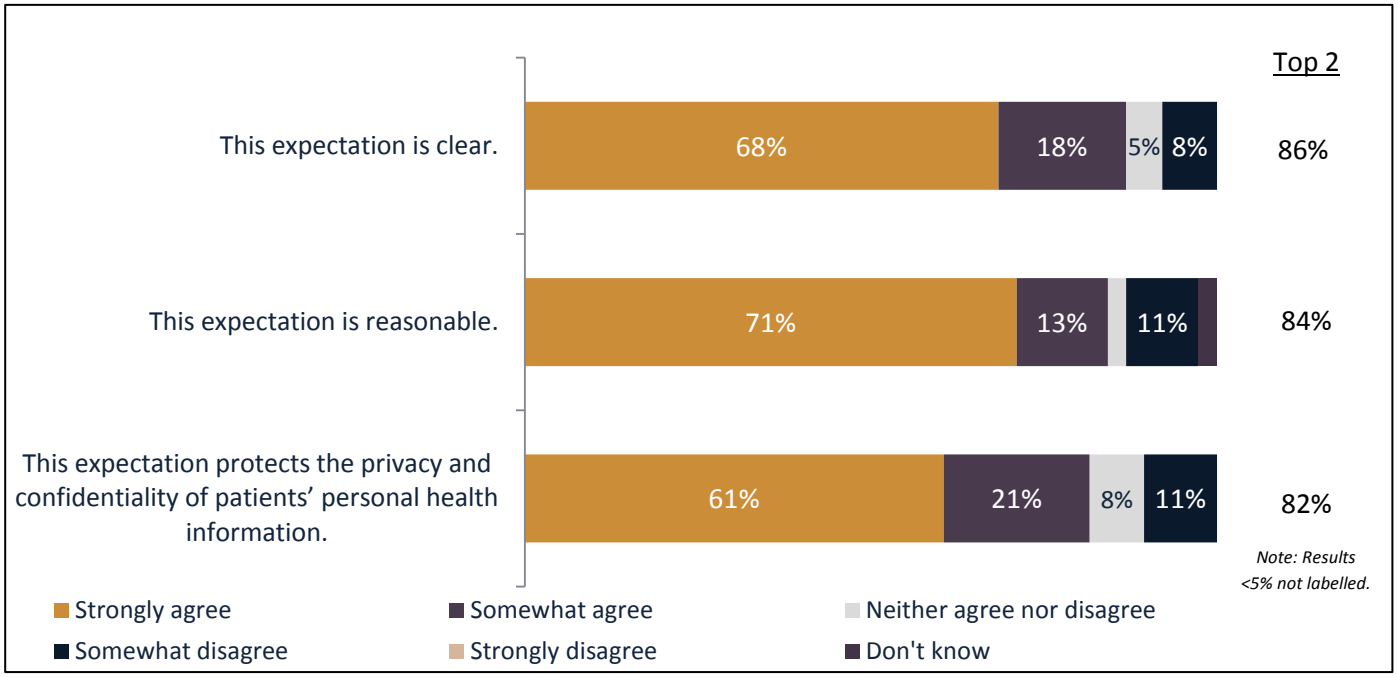
- I don't think it's fair to expect physicians to be responsible for conditions outside of their control;
- The standards should be consistent with what occurs when physicians are practicing medicine in-person;
- Regulatory bodies should identify minimum resources required and provide more detailed guidelines to assist physicians in using the technology appropriately. It should not be up to individual physicians, especially considering technology is not everyone's forte;
- With regards to only proceeding if the potential harms are no more than face-to-face consultations, I don't think this is the proper standard for rural areas as you need to consider if the service would be available if not by telemedicine. Also, assessment of risk needs to take into account the significant risk of the patient driving a significant distance to obtain a face-to-face consult; and
- I strongly disagree with the idea that telemedicine can only proceed if there is no higher degree of risk. It is reasonable for resource reasons to choose a slightly higher degree of risk if there is a large cost savings, for example.

As *Figure 4* below reports, a considerable majority of the respondents think the expectation to evaluate whether the technology and physical setting used by the physician has reasonable security protocols in place is clear (86%), and over four-fifths of the respondents think the expectation is reasonable (84%), and protects the privacy and confidentiality of patients' personal health information (82%).

[9] Q9: If you agreed with any of the above conditions, please elaborate on your answer (e.g. these conditions adequately protect the public, set reasonable expectations for physicians, are necessary for the appropriate delivery of telemedicine, etc.).

[10] Q10: If you disagreed with any of the above conditions, please elaborate on your answer (e.g. these conditions do not adequately protect the public, are unreasonable for physicians, are not necessary for the appropriate delivery of telemedicine, etc.).

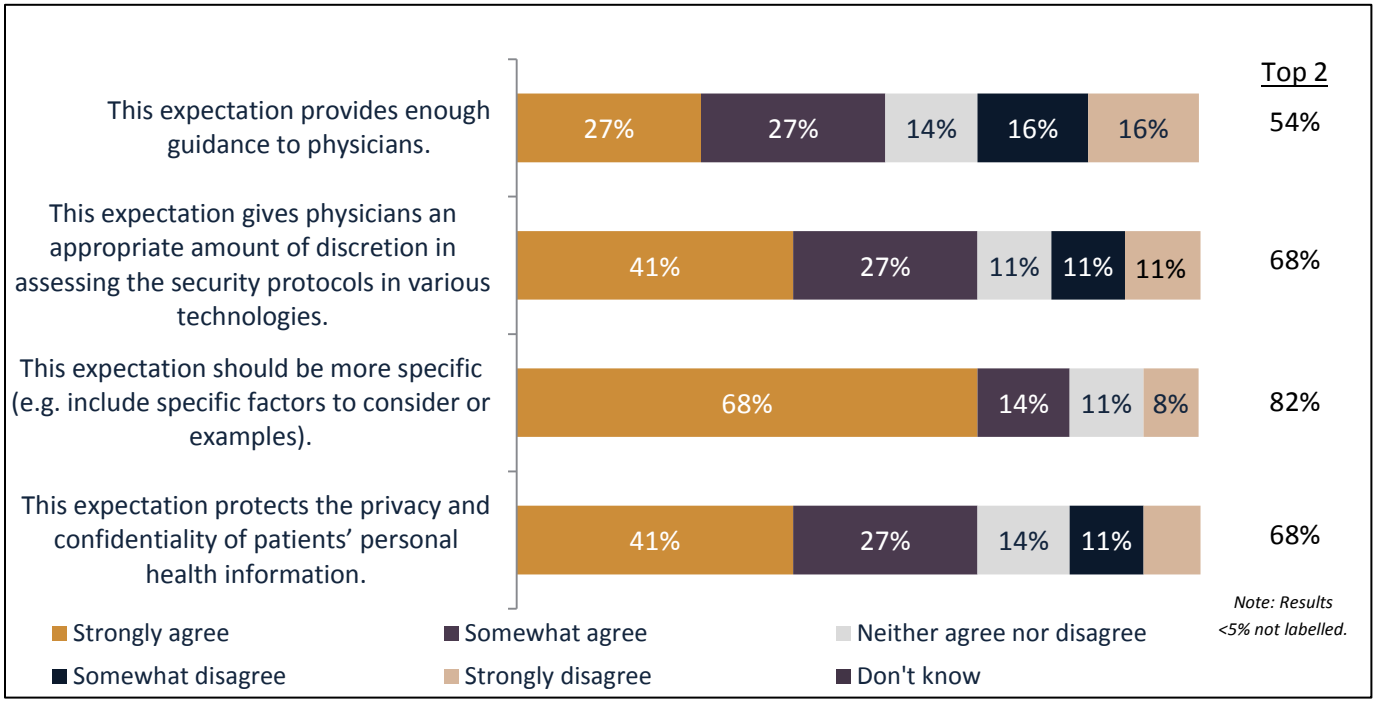
Figure 4: Policy Issues – Security of technology/physical setting used by physician



Q11. Physicians have a legal and professional obligation to protect the privacy and confidentiality of patients' personal health information. To help physicians fulfill this obligation when practising telemedicine, the draft policy requires physicians to: "Evaluate whether the information communication technology and physical setting being used by the physician has reasonable security protocols in place to ensure compliance with physicians' legal and professional obligations to protect the privacy and confidentiality of the patient's personal health information." Thinking specifically about this expectation, please state whether you agree or disagree with each of the following statements. Base: n=38

As *Figure 5* below reports, just over half of the respondents think the expectation to evaluate whether "reasonable security protocols" are in place provides enough guidance to physicians (54%). 68% of the respondents think the expectation gives physicians an appropriate amount of discretion in assessing the security protocols in various technologies, and think that the expectation protects the privacy and confidentiality of patients' personal health information. Around four-fifths of the respondents think the expectation should be more specific (82%).

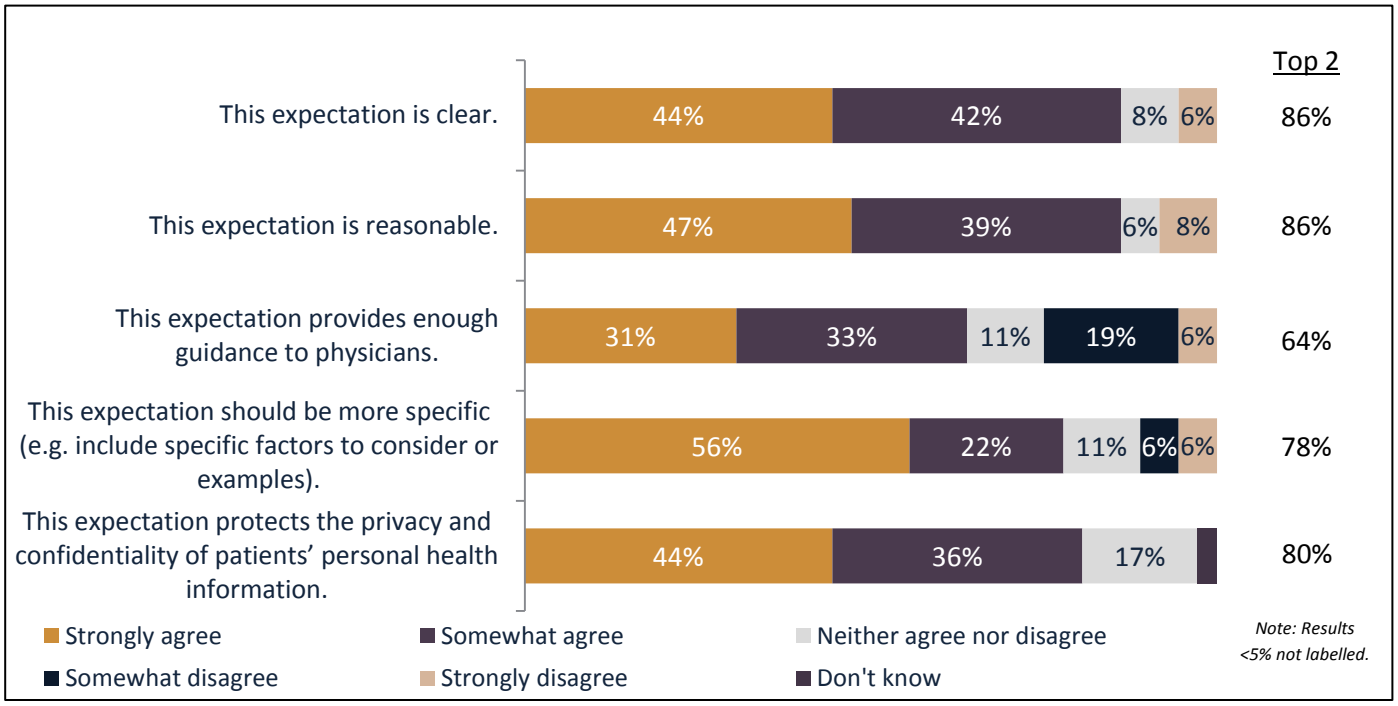
Figure 5: Policy Issues – Specificity regarding which technologies are secure



Q12. Technology is always changing. As such, the policy does not provide specific guidance regarding which technologies are secure and therefore should be used when practising telemedicine. Instead, the policy sets out the expectation that physicians must evaluate whether "reasonable security protocols" are in place to meet their legal and professional obligations to protect patients' privacy and confidentiality. Thinking specifically about this expectation as it relates to technology, please state whether you agree or disagree with each of the following statements. Base: n=37

As *Figure 6* below reports, a considerable majority of the respondents think the expectation to confirm, to the extent possible, that the technology/physical setting used by the patient is secure, is clear (86%) and reasonable (86%). Four-fifths of the respondents think the expectation protects the privacy and confidentiality of patients' personal health information (80%). 64% of the respondents think the expectation provides enough guidance to physicians, and over three-quarters of the respondents think the expectation should be more specific (78%).

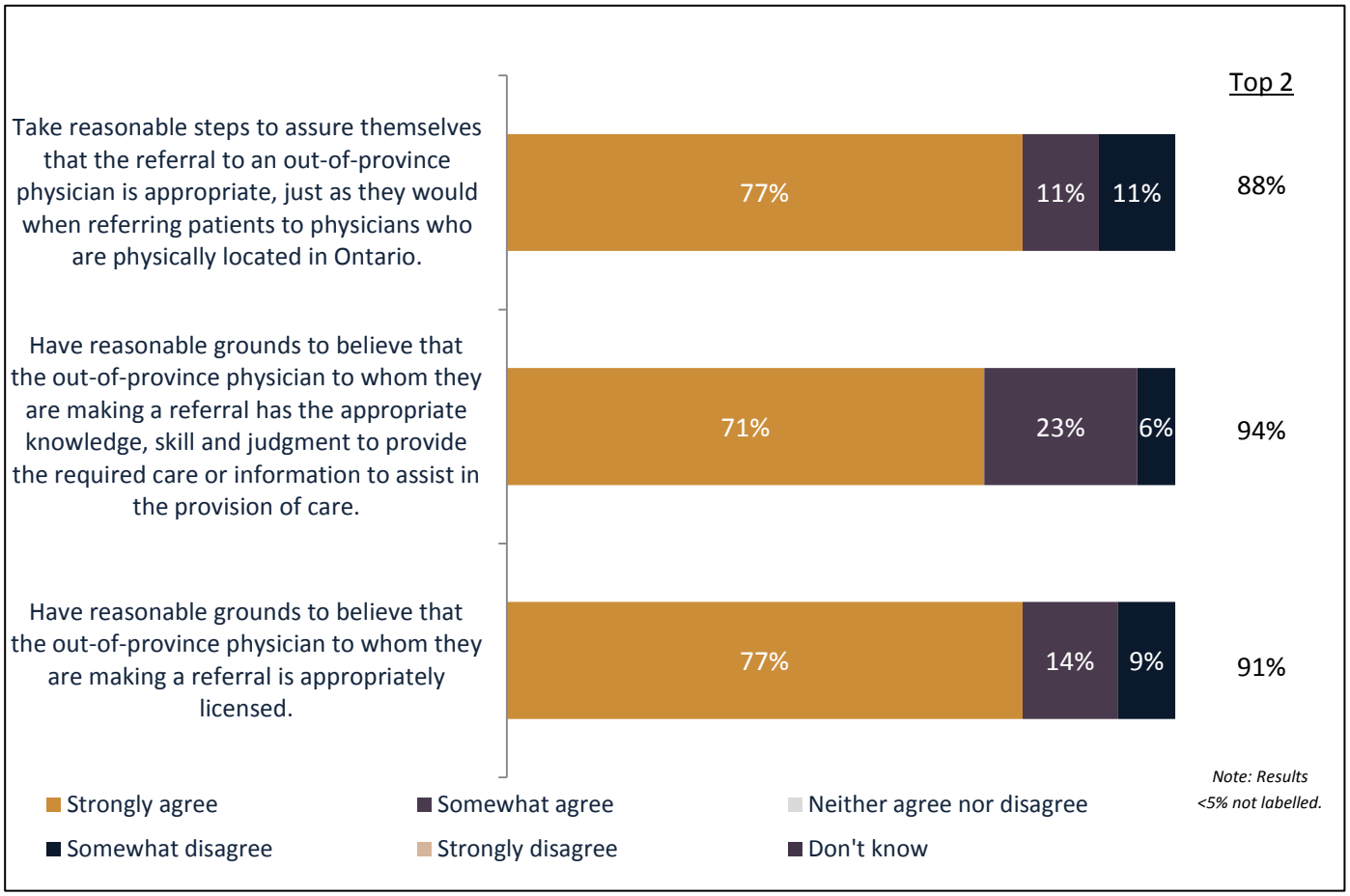
Figure 6: Policy Issues – Security of technology/physical setting used by patient



Q13. The draft policy currently requires physicians to: "Confirm, to the extent possible, that the patient is using the information communication technology in a private and secure manner, and is in a physical setting that permits the sharing of the patient's personal health information in a private and secure manner. "Thinking specifically about this expectation, please state whether you agree or disagree with each of the following statements. Base: n=36

As *Figure 7* below reports, a strong majority of the respondents agree with the expectations regarding the referral of patients to out-of-province physicians.

Figure 7: Policy Issues – Referring patients to out-of-province physicians



Q14. The draft policy also sets out expectations for CPSO members (physicians who are licensed with the CPSO) who refer patients to out-of-province physicians (physicians who are not physically located in Ontario, and may or may not be licensed by the CPSO). Thinking about each expectation individually, please state whether you agree or disagree that physicians must... Base: n=35

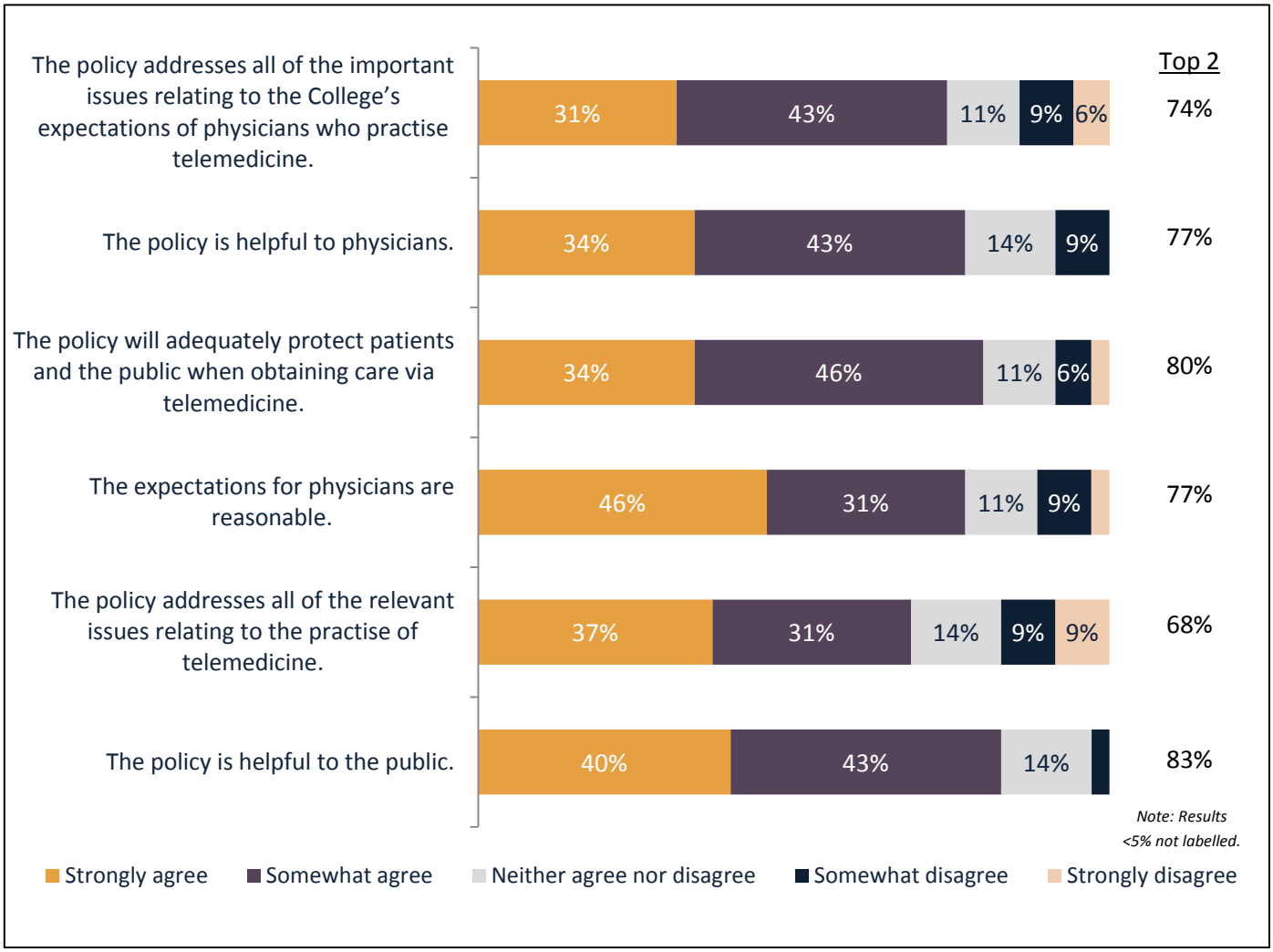
Open ended feedback regarding the above expectations was collected from 11 respondents.[11] Feedback included the following:

- This section does a good job addressing situations where doctors may need to seek outside help from (i.e. refer patients to) out-of-province for certain cases;
- Fully agree. Physicians should know who they're referring patients to;
- The expectations for physicians referring to out-of-province physicians should be consistent for physicians regardless of the modality in which they are practicing medicine (i.e. telemedicine/in-person);
- If the MD is licensed then I would believe that they have the appropriate knowledge; and
- I would imagine that this type of circumstance would not occur very often considering the expertise pool that exists in Ontario with CPSO members.

A number of metrics were used to assess the comprehensiveness of the policy (see *Figure 8*). Around three-quarters of the respondents think the policy addresses all of the important issues relating to the College's expectations of physicians who practise telemedicine (74%) and is helpful to physicians (77%), and the expectations for physicians are reasonable (77%). Around four-fifths of the respondents think the policy will adequately protect patients and the public when obtaining care via telemedicine (80%) and is helpful to the public (83%). 68% of the respondents think the policy addresses all of the relevant issues relating to the practise of telemedicine.

[11] Q15: Do you have comments regarding the above expectations? (Please feel free to elaborate on your answers above)

Figure 8 – Comprehensiveness



Q16. Please indicate whether you agree or disagree with each of the following statements regarding the comprehensiveness of the draft policy. Base: n=35

Open ended feedback regarding the comprehensiveness of the policy (any of the specific issues set out in *Figure 8* above) was collected from 16 respondents.[12] Feedback included the following:

- The draft policy is comprehensive and addresses the relevant issues that relate to the practice of telemedicine;
- The policy should address the impact on rural communities if primary care is delivered by remote physicians by telemedicine (i.e. risk of loss of comprehensive generalist skills in communities, risk of destabilizing local groups, risk of impaired future recruitment);
- The policy should clarify whether the patient needs to be seen in-person at least once and include examples regarding when telemedicine is appropriate/inappropriate;
- The policy should specify that physicians must retain a digital record of the telemedicine encounter and address whether physicians can use telemedicine to act as "physician supervisors" for medspas, where the physician doesn't physically attend the medspa and quick cellphone or Skype consults are done;
- The policy should address technical difficulties interrupting telemedicine sessions, cancellations or not showing up for appointments, and software use for telemedicine interactions; and
- The policy should address methods of secure communications to be used with both the patient and their documentation.

[12] Q17: What issues or topics did we miss? (Please feel free to elaborate on your answers above or touch on other issues related to comprehensiveness.)

Open ended feedback regarding any additional comments was collected from 9 respondents.[13] Feedback included the following:

- As technology is evolving quickly, the CPSO will need to review this topic more than once every 10 years;
- I feel there has to be a secure government approved site for physicians to use for telemedicine. The internet is not secure and physicians shouldn't have to be IT people;
- CPSO physicians should be permitted to bill for services provided to patients in Ontario via OTN when the physician is physically located outside the province;
- The relationship of secure controlled telemedicine by OTN and web-based Local Health Integration Networks needs to be clarified; and
- The expectation for physicians to comply with the licensing requirements of the jurisdiction in which they are practising telemedicine is completely unreasonable. The CPSO should require its physicians to be properly licensed with CPSO, not other outside/foreign bodies.

[13] Q18: If you have any additional comments that you have not yet provided, please provide them below, by email to telemedicine@cpso.on.ca, or through our online discussion forum.

Appendix A – Open End Responses

As indicated in the Report, open ended responses were collected for a number of questions. While summaries of this feedback can be found above, the verbatim responses for these questions are displayed below. Please note that in keeping with our consultation processes, feedback has been amended in accordance with our posting guidelines. Verbatim responses, however, are reproduced without correcting for any spelling or grammatical errors.

Question 5: How can we improve the draft policy's clarity? (Please feel free to elaborate on your answers above or touch on other issues relating to clarity)

#	Response
1	The draft policy is unclear in lines 133-137, specifically with respect to the term 'practicing'. Clarity is required regarding whether the practice of telemedicine occurs where the physician is physically located or where the patient is located. If it is the latter, this will be a significant barrier to the practice of telemedicine.
2	As a patient I will contact you with more information
3	The draft policy as written applies only to individual patients and does not speak to the risk to communities. In other jurisdictions, physicians in urban settings are offering primary care to patients in rural settings which may be reasonable and helpful for the individual patient, but destabilizing for the primary care physician group in the rural setting. If some physicians provide only telemedicine based primary care, they will be doing so only for the "easy" problems in primary care, leaving local "in-community" physicians with teh on call work, the inpatient work and the more complicated primary care. Telemedicine primary care to rural communities may impair community ability to recruit physicains and to retain those that are in the community should it create two separate ways of providing primary care. While this is in part an issue for communities and small hospitals to work through, some clear statement about risk to populations of primary care delivery by telemedicine would help ensure that this is considered by the physician community.
4	The most important items in a successful introduction of telemedicine are the clarity of mission and scope of service. In spite of a massive introduction of technology in every day's life, most of the public is quite unclear about telemedicine. My personal experience in Health Care IT is immature approach to the organizational aspect of the technology deployment. The most important item is creating trust in the technology, both by patients and health care providers. And this can be done only if the deployed infrastructure supports full system audit and redundancy; it has to keep all the players honest and activity should be transparent. Health Care providers should have a clear understanding of the billing practices, and system accounting should prevent any fraud. In terms of telemedicine mission, the main factor is avoiding confusion in what is the purpose of telemedicine. The section "Referring patients to out-of-province physicians" should be much more refined and quite clear in scope and intent. Does it imply that a patient can seek advice from a specialist in US and ask for treatment in Ontario (reimbursed by MHLTC)? Or does it imply that telemedicine can facilitate specialist to specialist consultation, provided that the party providing direct health care service to an Ontario based patient is also based in Ontario? Clearly stating the fiscal and legislative scope is a must in creating successful province wide telemedicine environment. Properly defined and implemented, telemedicine can have a highly beneficial impact on reducing cost and increasing health care provider's efficiency, especially in communities distant from the major Ontario health care centres. Even in densely populated communities it is quite beneficial as it facilitates specialist's consultation with practically no wait time. Telemedicine is here to stay, but the success will depend on the initial steps. Nothing succeeds like success, and that is how the public opinion will be formed.
5	It doesn't really state WHY a physician would be referring someone to an out-of-province doctor in the first place. Shouldn't that be regulated as well?
6	1. A digital record of the tele health encounter must be retained (just as we must keep paper/digital record of in person patient encounter. 2. Must not be used to "jump the queue": I have seen urban patients who have had a tele health consult with an urban specialist, but then are not able to book a follow up with that physician. This patient is then seen by another office based specialist: duplication of services and costs to OHIP
7	simplify
8	Policy is OK as is
9	The policy should explain the differences between telemedicine within a "facility accredited by the Ontario

	Telemedicine Network" and other types of telemedicine.
10	I am a radiologist. I wonder whether the opening paragraph should make a specific reference to teleradiology as an example of telemedicine.
11	A better developed framework around how this might be used for docs and patients outside ontario
12	It should be more specific with respect tomwhatntypes of clinical encounters are amenable to telemedicine assessments and which are not, for eg, doing a neurological exam or MSK exam is not possible (in any meaningful way, in my opinion) and such limitations should be clearly outlined in this policy.
13	Make it less legal and more explanatory
14	Unclear of using methods such as Face Time and Sykpe. Is the normal office setting/computer considered secure for this purpose. Havig to go to on Ontario Network facility is too inconvenient and would not encourage me to use telemedicine which would be so appropriate for many in my practice
15	Some policies are little difficult to understand than others in such cases giving examples or scenarios can be helpful. It probably would be more interesting to read as well.
16	Essentially for psychiatry, to date the consultations have been to aid the family doctor or geriatrician with respect to diagnosis, treatment/management. I believe that aspect needs to be addressed clearly in the policy.

Question 7: Why do you support or oppose each of the above expectations?

#	Response
1	The OHA supports the above expectations because they ensure that physicians think carefully about the use of telemedicine as a safe and appropriate approach to providing patient care.
2	Provision of telemedicine is primarily for the convenience of the patient, but because a lot of medicine requires hands-on experience, it is assumed that there are significant aspects of care that may be less than ideal. Therefore, it is important that the choice of this mode of care be justified and its shortcomings acknowledged.
3	These are reasonable expectations and I think are the minimum requirements. The risk of minimization error is high in this environment and the burden on the system is high too if physicians commit to seeing patients that they cannot in fact appropriately manage by telemedicine. Seeing patients by telemedicine who have problems that are not adequately dealt with in this medium has the potential to create significant cost and waste in our system, which first and foremost is unfair to the patient, and secondarily is unfair to the system.
4	Quality of patient's care is the most important mission of health care providers, so physicians should have the right to make the most positive decision related to fulfillment of this mission. But it will also require physicians to change their behaviour from a singular decision making approach to a more collaborative one, as technology enables real time specialist consultations, which is in patient's interest. Physicians will have to see themselves more as a part of the health care team, as it will provide the best service to the patient in a more cost-effective way than is currently the case.
5	By allowing the physician to decide, the monetary value of providing telemedicine may supersede the ethical considerations.
6	polkicy
7	Trust is a very relevant factor in healthcare and it will be more difficult for physicians to know whether they are being mislead. I do believe the majority are capable of knowing when telemedicine is appropriate.
8	satisfying legal or professional obligations can sometimes be tricky, it should not only be up to the individual physician but also up to the cpso to set standards, for certain encounters, telemedicine may not fit, also provisions should be made for fulfilling legal obligations in telepsychiatry - ie faxed or emailed form 1's should be considered valid.
9	The practice of Telemedicine is the practice of medicine and the standards should remain the same. In addition, no specific area of care should be singled out for telemedicine restrictions. If the standard of care is maintained, that is all the should matter
10	The quality of patient care via telemedicine should not be different than the expectations from a live encounter with the patient.
11	Both statements are entirely reasonable.
12	A situation arose in a rural community I worked in where a group of doctors tried to set up a telemedicine " walk in"

	clinic. It was quite clear, in my mind, that they were seeking to cherry pick all of the easy lucrative visits as they really had no provision for proper follow up and thus difficult cases would end up a the er or community clinic and we would be cced lab results and left to deal with them which is time consuming. I strongly support the use of telemedicine in rural communities but I'm not sure that a walk in clinic is an appropriate use in this case
13	Suporting these are consistant with providing safe care to patients
14	they make sense
15	I think their wording should in fact be stronger eg "it is imperative..." etc.
16	If the patient is in an area where there is no other medical care then some care is better than none
17	telemedicine is excellent for interpreting findings which can be clearly transmitted (images, Photos, Tracings or Sounds but less for "soft signs". Physoical exam may not be as thorough
18	I support the above policies to maintain quality and standard of care.
19	I am not so sure what those statements actually mean. I think that there is a legal aspect in both and physicians are not necessarily being considered fully.

Question 9: If you agreed with any of the above conditions, please elaborate on your answer (e.g. these conditions adequately protect the public, set reasonable expectations for physicians, are necessary for the appropriate delivery of telemedicine, etc.).

#	Response
1	The OHA agrees with the majority of the conditions indicated above because it believes the conditions are necessary for the delivery of safe and quality telemedicine for patients and will adequately protect the public.
2	It is important to ensure that the setting for the interaction be appropriate and that privacy be maintained.
3	Most of the questions are self obvious.
4	Quality of info obtained via telemedicine is critical: this is not to be done on a cellphone!
5	these should protect the safety of the public
6	These conditions are reasonable expectations to protect patients.
7	confidentiality mus t be maintained.
8	It should be made clear that an assessment is also practice .
9	I am not directly involved in patient care as I do only Surgical Assists now
10	ok
11	Telemedicine is medicine and the same high standards should apply across the board. No area should be singled out as inappropriate for telemedicine if the standards are maintained.
12	The management of adverse effects or emergencies issue is not clear.
13	these conditions protect the patient
14	These are needed to protect the public
15	These conditions are too vague and should be more specific. Too much seems left up to the subjective appraisal of the individual MD with respect to the conditions of their telemedicine practice.
16	Care should always be appropriate and safe for the patient unless you have no option
17	Again, the best interest and best outcomes for the patient should be considered
18	I think that there are definite limitations in doing telemedicine that the consultant is not able to address or change or even be made aware of at the time of the consultation. He/she cannot be made responsible for outcomes when this is the case. The referring source is ultimately responsible because they do not have to accept what is being recommended by the consultant.

Question 10: If you disagreed with any of the above conditions, please elaborate on your answer (e.g. these conditions do not adequately protect the public, are unreasonable for physicians, are not necessary for the appropriate delivery of telemedicine, etc.).

#	Response
1	The OHA indicated 'somewhat disagree' because the standards should be consistent with what occurs whe physicians are practicing medicine in person. Recognizing that there are also benefits to telemedicine, the OHA recommends the CPSO revise line 89 to read 'Analyze the potential benefit and harm....'
2	I strongly disagree with the idea that telemedicine can only proceed if there is no higher degree of risk...it is reasonable for resource reasons to choose a slightly higher degree of risk if there is a large cost savings, for example
3	The question is should a physician be a sole decision maker, or should it be confirmed by external consultations? This should be clarified in terms of scope and responsibility.
4	People are mobile and physicians can't be responsible for their location at any given moment. Patients often don't disclose OTC drugs they take. I have had a life threatening reaction to a drug. I don't think anyone can predict or should be responsible for how patients get help.
5	these are essential
6	-regulatory bodies should identify minimum resources required, provide more detailed guidelines, to assist physicians in using the technology appropriately, should not be up to individual physicians escpecially considering technology is not everyone's forte -
7	For the ensure physical setting clause, add "To the extent possible," to the beginning to bring it in line with other clauses in the draft. It may be difficult for physicians to ensure conditions are appropriate and safe on the patient side in all cases.
8	With regards to only proceeding if the potential harms are no more than face to face consultation, I don't think this is the proper standard as, for rural areas, it needs to consider if the service would be available if not by telemedicine. Also assessment of risk needs to take into account the significant risk of the patient driving a significant distance to obtain a face to face consult. In rural areas the risk of death associated with travel to an appointment often exceeds the risk of the illness by orders of magnitude

Question 15: Do you have comments regarding the above expectations? (Please feel free to elaborate on your answers above)

#	Response
1	The expectations for physicians referring to out-of-province physicians should be consistent for physicians regardless of the modality in which they are practicing medicine (i.e. telemedicine/in person)
2	This decision cannot be done on individual basis. There has to be a mechanism in place to cross verify the facts and leave a clear audit trail of the decision making process. Transparency is the primary factor in creating trust and preventing fraud.
3	...
4	are essential fpr referring physician
5	you can probably look up doctors on regulatory websites for different provinces, so those should be trusted as well
6	This section does a good job addressing situations where doctors may need to seek outside help from (i.e. refer patients to) out-of-province for certain cases.
7	I would imagine that this type of circumstance would not occur very often considering the expertise pool that exists in Ontario with CPSO members.
8	if the MD is licensed then I would believe that they have the approprate knowledge.
9	From a patient care perspective- what I would really like to see is for Ontario MDs who are out of the province (i.e. at a conference) to be able to see their patients via telemedicine (when appropriate). This would reduce the need for patients to be seen by docs who don't them well and would improve continuity of care for patients. Referring patients to non-Ontarion docs is less of a concern for me.

10	It does not normally apply to my situation

Question 17: What issues or topics did we miss? (Please feel free to elaborate on your answers above or touch on other issues related to comprehensiveness.)

#	Response
1	The OHA believes that the draft policy is comprehensive and addresses the relevant issues that relate to the practice of telemedicine.
2	I would like some guidance as to whether a patient should be seen in person at least once to allow for confirmation of findings. Are there conditions that should never be treated by telemedicine? Perhaps the guideline may include examples where telemedicine is appropriate. Personally, I think that it should not be used for first time diagnosis in conditions that requires physical examination beyond visualization, unless there is a competent medically-trained examiner on the other end assisting.
3	See prior comment - re: impact on communities if primary care is delivered by remote physicians by telemedicine - risk of loss of comprehensive generalist skills in communities, risk of destabilizing local groups, risk of impaired future recruitment.
4	Some topics will require a higher degree of clarification, and should provide a forum in case of unexpected events. The forum should be flexible enough to make decisions in a timely manner, so that patients benefit from the timely response.
5	1. Must retain a digital record of the telemedicine encounter 2. Are we going to allow MDs acting as "physician supervisor" for a medspa, who not located or ever attend the medspa, to use this technology to manage nurses/estheticians providing direct patient care? This is a huge consideration: many medspas and salons that offer injectable fillers and Botox and laser, have a "figure head" physician listed as medical director. This doctor's license is required for purchase of Botox. Quick cellphone or Skype consults are done by this physician (who may not be located in the same town/city or even province). In these instances, telemedicine is being used by the business owner of the spa to circumvent CPSO rules.
6	none
7	-if patient does no want to do telepsychiatry in a secure for location that should be their right and not up to the physician if they are capable to consent to treatment -it should not be the doctors responsibility beyond informing the client what is necessary for the most confidential setting/computer needs, but beyond that it should be the client's choice
8	Ensure that this policy encompasses all areas of practice and that no area is singled out as being held to any different standard.
9	Again, telemedicine provided through an accredited facility such a OTN or a Web based secure LHIN initiative by CPSO members should not be a problem. It is the other types of less controlled telemedicine that may be a problem and need to be clarified.
10	I disagree with the wording around the physician being in any way responsible for the patient being in a private environment unless that environment is provided by the physician as part of the service. If a patient chooses to consult me from his computer at a Starbucks that is their choice and should be entirely their responsibility
11	Technical difficulties interrupting telemedicine session Cancellation or not showing up for appointments Software use for telemedicine interactions
12	well, how to get a physical exam done if telemedicine is the only treatment option
13	Docs are not IT experts. It should not the doctor's job to ensure security of the telemedicine technology. The technology needs to be vetted by a panel that know how to assess this. This is the way it works with OntarioMD in terms of EMRs. Only EMRs that meet certain criteria are eligible for funding. I also really want to make the policy specifically addresses the need for Ontario MDs to be able to use telemedicine to see their patients if/ when they leave the province (to go to a conference for example). Docsa often travel to conferences etc. Allowing Ontario docs to see Ontario patients when the doc is out of the province would really improve patient continuity of care.
14	As per previous comments. Thank you.
15	?

Question 18: If you have any additional comments that you have not yet provided, please provide them below, by email to telemedicine@cpso.on.ca, or through our online discussion forum.

#	Response
1	On behalf of member hospitals, thank you for the opportunity to provide input on this draft policy.
2	As technology is evolving quickly, the CPSO will need to review this topic more than once every 10 yrs.
3	nil
4	I feel there has to be a secure government approved site for physicians to use for telemedicine. The internet is not secure and physicians shouldn't have to be IT people.
5	Please see previous comment re: my practice
6	CPSO physicians should be permitted to bill for services provided to patients in Ontario via OTN when the physician is physically located outside the province. It is exceedingly silly that this is not the case. Please lobby OHIP to make this change as there is no logical reason for the current rule.
7	The relationship of secure controlled telemedicine by OTN and by Web-based LHINs needs to be clarified. Any other form of telemedicine needs to be presented with examples for a clearer understanding of the CPSO Telemedicine Policy. Direct contact of a doctor by a patient by iPhone or Email?