

Advice to the Profession: Virtual Care

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

Virtual care plays an important role in the health-care system by improving access to care and increasing efficiencies in the way it is delivered. As technology continues to evolve, it will bring new opportunities and advancements in the delivery of virtual care. At the same time, virtual care may not be appropriate in every instance. Not all conditions can be treated virtually and not everyone has equal access to or is comfortable using technology.

CPSO's *Virtual Care* policy sets expectations for physicians about the appropriate use of virtual care. This companion *Advice* document is intended to help physicians interpret their obligations as set out in the policy and provide guidance around how these expectations may be effectively discharged.

Virtual Care is the Practice of Medicine

Does the policy apply to areas of medicine that do not involve patient care?

Yes. Virtual care is the practice of medicine and the principles set out in the policy are applicable to all areas of medicine, including those that do not involve patient care. For example, the same standards apply to Independent Medical Examinations (IMEs) conducted virtually as to those performed in-person. Where a physician is performing an IME, professional judgment will be required to determine if a virtual assessment is appropriate in the circumstances and can meet the standard of practice.

If I have the competence to provide in-person care, do I have the competence to provide the same type of care virtually?

Not necessarily. The provision of virtual care may require the use of new technology, as well as a modified approach to care that is distinct from in-person care and there may be a learning curve when you first begin to provide care virtually. For example, in the absence of seeing a patient in person, assessments done over the telephone or via video conferencing might require you to ask additional or different questions than you would in person. To ensure patient safety, the policy recognizes this unique skillset and requires that before providing virtual care, physicians ensure they have the competence to do so, including to effectively use the technology.

37 ***The policy requires the standard of care to be maintained when providing virtual***
38 ***care. How can I meet the standard of care in a virtual environment?***

39 The standard of care is always context-specific with a number of factors determining
40 what the standard is in each instance and whether it can be met with a virtual
41 encounter. The patient's presenting complaint and health care needs, their specific
42 circumstances (e.g., access to in-person care), the technology used to facilitate the
43 encounter and the ability to obtain the information needed to appropriately diagnose and
44 treat the patient, and the risks associated with in-person care are all factors that impact
45 the standard of care in a specific circumstance and whether it is appropriate to provide
46 care virtually.

47 A risk-benefit analysis can help physicians determine whether the standard of care can
48 be met with a virtual encounter.

49 ***Can I delegate controlled acts remotely?***

50 When practising virtually, you must continue to meet the same legal and professional
51 obligations that apply to care that is provided in person, including the expectations set
52 out in CPSO policies such as the [Delegation of Controlled Acts](#) policy.

53
54 The *Delegation of Controlled Acts* policy outlines expectations for physicians about
55 when and how they may delegate controlled acts. These include ensuring that:

- 56
- 57 • delegation only occurs when it is in the patient's best interest and that controlled
58 acts are not delegated primarily for monetary or convenience reasons;
 - 59 • delegation occurs in the context of a physician-patient relationship, unless patient
60 best interests dictate otherwise; and
 - 61 • the delegate has the appropriate knowledge, skill, and judgment to perform the
62 delegated act and is able to accept the delegation.

63
64 In addition, you must ensure that any adverse event that occurs will be managed
65 appropriately, which may involve specific considerations if the delegation has taken
66 place remotely.

67
68 ***Can I prescribe medication via virtual care?***

69 It depends. Before authorizing a prescription, you will need to consider whether you are
70 able to meet your legal and professional obligations and the standard of care in relation
71 to the specific patient and the specific care being provided, in the absence of physical
72 interaction with the patient.

73

74 You will also need to take into account the expectations contained in CPSO's
75 [Prescribing Drugs](#) policy which generally requires that the physician undertake an
76 appropriate clinical assessment of the patient prior to prescribing.

77

78 ***What do I need to know when considering opioid prescriptions or treatment via***
79 ***virtual care?***

80 In addition to the general expectations regarding prescribing, CPSO's [Prescribing Drugs](#)
81 policy also contains expectations specific to prescriptions for narcotic and other
82 controlled substances which must be complied with.

83

84 Opioids have a unique risk profile, including potential misuse, abuse, and diversion.
85 When determining whether it is appropriate to prescribe opioids virtually, you need to
86 consider whether you can appropriately assess and mitigate those risks.

87 **Virtual Care and Patient Best Interest**

88 ***Can I exclusively provide virtual care to patients?***

89 It depends. Every practice is unique and the right balance of virtual to in-person care will
90 require judgment on the part of the physician to determine how to best serve their
91 patients' needs and to meet the standard of care.

92

93 Generally, virtual care is not meant to replace but to complement in-person care as
94 there are limits to what can be done virtually and there are some patients that cannot
95 be appropriately treated virtually. Depending on the nature of the practice, meeting the
96 standard of care will likely require physicians to practise in a manner that includes a
97 mix of both in-person and virtual care or having coverage arrangements that allow
98 patients to have timely access to in-person care, when necessary. A fully virtual
99 practice would likely be very limited in scope regarding the type of care that can be
100 provided.

101

102 ***Why doesn't the policy specify the circumstances where virtual care would or***
103 ***would not be appropriate?***

104 Every patient's needs are unique, technology is continuously evolving, and a number
105 of considerations will play into the type of care that is appropriate in each instance. As
106 a result, the policy is flexible and enables physicians to use their professional
107 judgment to make these determinations based on the patient's needs and
108 circumstances, and the technology that is available to them.

109

110 ***Where can I find additional resources that can assist me in determining when***
111 ***virtual care is appropriate?***

112 The [Virtual Care Playbook](#) is a resource developed by the Canadian Medical
113 Association, the Royal College of Physicians and Surgeons of Canada, and the
114 College of Family Physicians of Canada that sets out key considerations for providing
115 safe, effective, and efficient virtual care and can assist physicians in determining when
116 virtual care is appropriate.

117 ***My patient and I disagree about whether virtual care or in-person care is***
118 ***warranted. How can disagreements be addressed?***

119 At times there may be disagreements about the preferred approach to care (in-person
120 or virtual). Not all patients are comfortable with technology or are able to receive care
121 virtually. At the same time, not all patients have equal ability to make themselves
122 available for in-person care. As always, you will need to consider what is in your
123 patient's best interest and work together to find a solution that satisfies the need for
124 patient access, safety, and quality care, while recognizing the patient's specific
125 circumstances, limitations, and preferences (e.g., distance required to travel to an in-
126 person appointment or ability to take time off from work). Effective and sensitive
127 communication in these instances can go a long way towards resolving
128 disagreements, including explaining why the preferred modality is in the patient's best
129 interest (e.g., the limits or benefits of virtual care).

130 **Privacy, Security, and Informed Consent**

131 ***Where can I find more information about how to comply with privacy and***
132 ***security obligations in a virtual environment?***

133 The Information and Privacy Commissioner of Ontario has released comprehensive
134 guidelines regarding [Privacy and security considerations for virtual health care visits](#) to
135 assist health care providers in complying with their privacy and security obligations in
136 a virtual environment.

137 ***When providing virtual care, am I allowed to use technology (e.g., platforms) that***
138 ***cannot guarantee privacy and security?***

139 The policy recognizes that in some limited situations patients' best interests might be
140 served by using technology that is less secure (e.g., unencrypted) and sets out
141 considerations to help physicians determine when using less secure technology might
142 be appropriate. It also requires that if doing so, physicians obtain express patient
143 consent. Ultimately, less secure technology may be best suited for minor tasks, such as
144 scheduling appointments and appointment reminders, or for exceptional situations in

145 which the patient is unable to receive virtual care using secure (i.e., encrypted)
146 technologies and consents to proceed with the technology available.

147 ***Where can I find more information about virtual care platforms (i.e.,***
148 ***videoconferencing and secure messaging solutions) that are appropriate for***
149 ***clinical use?***

150 To assist health care providers in the selection of virtual care solutions appropriate for
151 clinical use, Ontario Health has established a provincial standard and launched a
152 verification process for virtual care solutions. For a list of verified virtual visit solutions
153 (i.e., videoconferencing and secure messaging solutions that comply with provincial
154 requirements), see Ontario Telemedicine Network's (OTN) [website](#).

155 ***Do I need to review the benefits, risks, and limitations of virtual care prior to***
156 ***each virtual encounter with the patient?***

157 If you have obtained informed consent for the use of virtual care during an initial virtual
158 encounter you may not need to review the same benefits, risks, and limitations prior to
159 each subsequent virtual encounter with the patient. However, if the benefits, risks, and
160 limitations change between encounters, for example if the technology or platform
161 being used changes, or the risks change, then you will be required to review these
162 new considerations with the patient and obtain informed consent once again.

163 ***Do I need to obtain express patient consent each time I provide virtual care to a***
164 ***patient?***

165 The nature of the interaction and degree of sensitivity of the personal health
166 information being shared during the virtual encounter are key considerations when
167 determining whether express or implied consent would be required in each instance.
168 The higher the degree of sensitivity, the more likely express consent will be necessary.

169 ***Am I required to document informed consent for the provision of virtual care?***

170 The policy does not require documenting consent for the use of virtual care; however,
171 it is in the physician's best interest to do so, particularly where patients express
172 concern or raise questions about the virtual encounter.

173 Physicians are reminded that obtaining informed consent involves a discussion with
174 the patient about the benefits, limitations, and risks of a virtual encounter and not just
175 a signed consent form.

176

177

178 Practice Issues

179 ***I work in a walk-in clinic where virtual care is available to patients who self-***
180 ***identify with specific complaints and presentations. What do I need to keep in***
181 ***mind in these situations?***

182 As in all cases, you need to keep in mind that the specific interaction may be
183 inappropriate for virtual care. Where a clinic permits patients to choose a virtual care
184 option based on a self-identified concern, new or additional considerations could arise in
185 the course of the patient interaction that change the nature of the investigation,
186 potentially making virtual care inappropriate. There may also be situations in which the
187 self-identified complaint presents issues or complications that cannot be completely
188 assessed through virtual care technology.

189
190 Where you feel that virtual care is inappropriate for the specific patient interaction, or
191 has become inappropriate in the course of the interaction, the policy requires physicians
192 to take appropriate action. Appropriate action includes informing patients of the need for
193 in-person care and arranging a timely in-person assessment or assisting patients in
194 seeking appropriate care, where possible.

195 For additional expectations pertaining to walk-in clinics, physicians can consult CPSO's
196 [Walk-in Clinics](#) policy.

197 Providing Virtual Care Across Borders

198 ***Am I allowed to virtually treat Ontario patients who are (temporarily) out of the***
199 ***province or country?***

200 If the policy expectations can be met, CPSO permits Ontario physicians to treat Ontario
201 patients who are temporarily out of the province or country as this supports continuity of
202 care and is in the patient's best interest. However, many jurisdictions consider the care
203 to occur where the patient is located, and physicians will also need to be aware of and
204 comply with the licensing requirements of the jurisdiction where the patient receiving
205 virtual care is located.

206 Physicians with questions about the liability coverage and billing in these circumstances
207 can contact the Canadian Medical Protective Association (CMPA) and the Ministry of
208 Health for more information.

209 ***Is it permissible for physicians licensed in Ontario to treat Ontario patients when***
210 ***the physician is (temporarily) out of the province or country?***

211 It depends. Licensing requirements vary between jurisdictions. Treating existing patients
212 while the physician is temporarily out of the province is permissible from the CPSO's

213 perspective when this is allowed by the jurisdiction where the physician is located at the
214 time and the standard of care is met. Physicians with questions about the liability
215 coverage and billing in these circumstances can contact the CMPA and the Ministry of
216 Health for more information.

217 ***If I am licensed in another jurisdiction, am I required to hold a certificate of***
218 ***registration in Ontario when providing virtual care to a patient who is temporarily***
219 ***located in Ontario?***

220 No. Physicians licensed in other jurisdictions are not required to hold a certificate of
221 registration in Ontario when providing virtual care to patients who ordinarily reside in
222 their jurisdiction but are temporarily located in Ontario (e.g., who are on vacation in
223 Ontario).

DRAFT