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Clinically Appropriate Use of Virtual Care in Primary Care

Target Audience, Concept and Statements

November 2022

Preamble

Despite Canadian's reported interest in increased virtual health care services and a broader societal change toward digitization,[1] health care had been slow to shift to virtual care until the COVID-19 pandemic led to a necessary disruption of in-person care services. By June 2020, 70% of ambulatory care provided by Ontario-based hospitals and doctors' offices was conducted virtually.[1] Analysis of primary care–related data specifically,[2] though, demonstrated variation in virtual care use by primary care clinicians across province—within regions, within practice model types, and within practices.

To begin to address variation in primary care services, access, and experiences, Ontario Health, with input from a primary care expert panel, has developed initial guidance for the clinically appropriate use of virtual primary care. This guidance is intended to help primary care clinicians be purposeful and deliberate in their approach to planning and delivering virtual primary care. Above all else, the goal of virtual primary care remains the same of that of in-person care: to provide safe, equitable, person-centred care to achieve optimal health outcomes.

We hope this guidance helps support the use of virtual care in your primary care practice. We welcome your feedback as we take this next step, collectively, in advancing a more consistent approach to virtual primary care delivery.

This document is intended to provide guidance for the use of virtual care in clinical practice in Ontario. Physicians seeking information on how to bill OHIP for virtual care services are advised to refer to the Health Insurance Act, the regulations thereunder, including the Schedule of Benefits for Physician Services or to contact the Ministry of Health.

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[1] Bhatia RS, Jamieson T, Shaw J, Piovesan C, Kelley LT, Falk W. *Canada's virtual care revolution: a framework for success*. Toronto: CD Howe Institute; 2020 [cited 2022 June16]. <https://www.cdhowe.org/sites/default/files/2021-12/Commentary_586.pdf>.

[2] Kiran T, Green M, Wu F, Strauss R, Gozdyra P, Kopp A, et al. Association between virtual primary care and emergency department use [Internet]. Kingston, ON: INSPIRE-PHC; 2021 [cited 2022 May 12]. Available from: https://maphealth.ca/wp-content/uploads/PC-COVID_OH_final-deliverable.pdf.

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Concepts

The following concepts have been reviewed, discussed, and agreed upon by the Primary Care Expert Panel: Guidance - Clinically Appropriate Use of Virtual Care and are current as of June 17, 2022.

Target Audience

The intended audience of this guidance is primary care clinicians—those who have a professional obligation to use their clinical judgement to determine which, if any, virtual care modality should be used in a particular clinical context.

This guidance may also be useful to others responsible for planning and supporting primary care service delivery (e.g., Medical Office Assistants) and to patients receiving virtual primary care. Companion documents or tools may be developed in the future to support these other applications.

Primary Care

Primary Care is "first-contact, continuous, comprehensive, and coordinated care provided to populations undifferentiated by gender, disease, or organ system" and "a health service … that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions[3] and coordinates or integrates care provided elsewhere or by others."[4] Primary care serves to triage patient needs to more complex health care, such as specialists, or to acute care if necessary.

Clinical Appropriateness

Clinically appropriate care is safe, timely, and effective care provided within the scope of practice of the practitioner in a setting or using a modality that permits appropriate clinical assessment of presenting conditions and that is reasonable to the patient and practitioner.

Patient-centredness and equity considerations are critical to clinical appropriateness.

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[3] Generally speaking; we acknowledge that patients presenting to primary care clinicians are increasingly complex.
[4] Ontario Primary Care Council. Framework for primary care in Ontario [Internet]. Toronto, ON: The Council; 2016 [cited 2022 Mar 29]. Available from: https://www.afhto.ca/wp-content/uploads/OPCC-Framework-for-Primary-Care-2016-01-13.pdf

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Equity

Health equity "allow[s] people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are."[5]

Unlike the notion of equality, which is about treating everyone the same, equity speaks to treating people fairly and justly. In health care, equitable outcomes often require differential treatment and redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunity.

Virtual Care

Virtual care is defined as any interaction between patients and/or members of their circle of care,[6] occurring where the patients and/or members of their circle of care are not located in the same place, using any form of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.[7]

The term *virtual care* can be both an approach to care or a single interaction between a provider[8] and patient. Virtual primary care may be delivered using one of many different "modalities" ….

Virtual care modalities included in this guidance include:

- Secure messaging
- E-mail
- Telephone

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5 Health Quality Ontario. Health Quality Ontario's health equity plan [Internet]. Toronto, ON: Ontario Health; 2016 [cited 2022 Mar 29]. Available from: https://www.hqontario.ca/Portals/0/documents/health-quality/Health_Equity_Plan_Report_En.pdf

6 **"Circle of care"** refers to the health care clinicians (e.g., nurses, physicians, residents, clinical clerks, and any other health care practitioner providing care to the patient) treating a patient, who need the patient's personal health information to provide health care. This can include employees and/or administrative staff who need the patient's personal health information to carry out their duties. Family, friends, caregivers, the police, an insurance company, or the patient's employer are not considered part of the patient's circle of care, nor are health care providers to whom personal health information is provided for purposes other than providing health care to the patient (e.g., for research). (Source: College of Physicians and Surgeons of Ontario. Protecting personal health information [Internet]. Toronto, ON: CPSO; 2020 [cited 2022 June 8]. Available from: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Protecting-Personal-Health-Information.)

7 Adapted from a discussion paper, "Virtual care in Canada," presented at the Canadian Medical Association annual health summit, which took place in Toronto in August 2019, citing Shaw J, Jamieson T, Agarwal P, Griffin B, Wong I, Bhatia S. Virtual care policy recommendations for patient-centred primary care: findings of a consensus policy dialogue using a nominal group technique. J Telemed Telecare. 2018;24(9):608–15.

8 In this instance, "provider" and "clinician" are used interchangeably.

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- Videoconferencing

While other modalities exist, such as "chat bots" and "remote patient monitoring," these do not fall within the scope of this guidance.

Person-Centred Care

Cancer Care Ontario, now part of Ontario Health, developed a *Person-Centred Care Guideline* for the cancer system; however, many of its principles are relevant to health care professionals and others who interact with patients, their family members, and caregivers. Person-centred care is the evolution of patient-centred care, a shift that signals to the system the profound importance of being treated as a person first and a patient second. Use of the term "person" over "patient" is also intentionally inclusive of family members and/or caregivers and recognizes that a patient often experiences the health care system with a support network. [9]

The *Person-Centred Care Guideline* describes an approach to care that involves health care professionals partnering with people (patients) to:

- Give them a voice in the design and delivery of the care they receive
- Enable them to be more active in their journey for better health outcomes
- Support greater value through a wiser use of resources
- Improve their experience

The guideline further defines a person's experience as the sum of all interactions, shaped by an organization's culture, that influence their perceptions across the continuum of care (this definition is adapted from that outlined by the Beryl Institute[10]).

[9] Biddy R, Griffin C, Johnson N, Larocque G, Messersmith H, Moody L, et al. Percent-Centred Care Guideline [Internet]. Toronto, ON: Cancer Care Ontario; 2015 [cited 2022 Mar 29]. Available from: https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/38631
[10] theberylinstitute.org [Internet]. Nashville, TN: The Institute; c2022. Available from: https://www.theberylinstitute.org.

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Guidance Statements

The following guidance statements have been reviewed, discussed and agreed-upon by the Primary Care Expert Panel: Guidance - Clinically Appropriate Use of Virtual Care and are current as of June 17, 2022.

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The following guidance statements assume the understanding that the standard of care provided in virtual primary care should be no different than the standard of care provided in an in-person visit. All references to virtual primary care refer to clinically appropriate care that is safe, equitable, and person-centred. In this document, the use of the term 'clinicians' refers to 'primary care clinicians'.

I   Planning Virtual Primary Care

A. Assessing Patient Population Needs and Virtual Service Capacity

1. Clinicians intending to deliver virtual care services assess which virtual services may benefit the patient population being served. This may vary among and within regions.

2. Clinicians determine their capacity (human resource, technical) to support virtual service delivery for each modality (secure messaging, e-mail, telephone, video, remote monitoring), and whether capacity could be reasonably strengthened to expand the range of modalities that can be used to offer virtual care services.

B. Assessing Primary Care Clinicians' Ability to Deliver Virtual Primary Care Services

3. In advance of offering virtual primary care services, clinicians assess their own competence and readiness to deliver virtual primary care.

4. Clinicians determine which virtual care services they are comfortable using to deliver virtual primary care; under which conditions; and using which modalities.

C. Determining the Virtual Care Offering

1. Those leading primary care organizations and clinicians mutually decide, based on the assessment of the needs of the patient population and in consultation with patients where possible, the degree to which the practice setting can support virtual primary care and which virtual primary care modalities (e.g., e-mail, secure messaging, telephone, video) will be offered.

2. Clinicians decide which modalities will be used in their practice, considering any limitations for their use in the delivery of primary care.

3. Clinicians, determine generally the approaches that may be taken if patient-related challenges to the use of virtual modalities exist or arise over time (e.g., if a patient experiences cognitive decline or loss of vision or hearing, which may influence the effective use of the modality).

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4. Clinicians determine generally how they will approach circumstances in which a virtual care visit using a particular modality (secure messaging, e-mail, telephone, or video) either proves to be unsuitable to provide safe, efficient, quality care or does not work as intended at the time of use.

5. Clinicians determine how they will assess the degree to which their use of virtual care meets the needs of their patients and whether it is resulting in the intended outcomes.

D. Coordinating the Virtual Primary Care Offering Within the Practice

1. Clinicians communicate the intended offering to others within the practice.

2. Clinicans ensure others who are expected to support or participate in the virtual primary care offering are:

   a. Informed about the offering and their role in supporting or participating in the offering
   b. Have the necessary knowledge, skills, and ability to discharge their responsibilities

3. Clinicians periodically review their virtual care offering and update it as necessary (e.g., when a service may no longer be provided or when a new service may be made available) and communicate any updates to others within the practice.

E. Communicating the Virtual Primary Care Offering to Patients

1. Clinicians communicate to their patients which virtual care modalities they will use in their practice, considering any limitations that may preclude the delivery of primary care.

2. Any updates to the virtual care offering (e.g., if a service is no longer provided or if a new service may be made available) be communicated to patients in a timely manner.

II   Assessing, Documenting, and Communicating a Patient's Ability to Receive Virtual Primary Care Services

A. Assessing a Patient's Ability to Receive Virtual Primary Care Services

1. Clinicians, with their patients/patients' caregivers,[11] assess and periodically reassess:
   a. Patients' preferences for virtual care options that may be offered/available

   b. Patients' level of comfort in using the virtual care options

   c. Patients' level of competence in using the virtual care options

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[11] Caregiver is defined as family members, friends, or other people not necessarily related to the patient but who provide support or care to the patient.

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d. Barriers/potential barriers to the successful use of virtual care (e.g., language, cognition, access to technology)

e. Plan to accommodate the barriers/potential barriers (if possible)

f. Back-up plan in case a virtual care option, if employed, fails

B. Documenting and Communicating Patients' Preference and Capacity to Receive Primary Virtual Care Services

1. Clinicians delivering virtual primary care ensure mechanisms are in place for documenting patient/caregiver preferences and their ability to effectively receive virtual primary care services.

2. Clinicians document patient/caregiver preferences and their ability to receive virtual care and communicate/ensure this information is accessible to others within the practice who may need to know their preferences (e.g., Medical Office Assistant, other members of the care team). The documentation should include any limitations or known risks in delivering virtual primary care services to patients/caregivers and any back-up plan that will be used in the event of a failure of the chosen modality.

3. Clinicians document and communicate any changes to patient/caregiver preferences and any changes in patients'/caregivers' ability to receive virtual primary care services following reassessment or when changes are observed that may affect the safe, effective use of virtual primary care.

III   Delivering Virtual Primary Care

A. Using Current Evidence

1. Clinicians keep current with the evolving nature of virtual care delivery and apply current evidence/leading practices to their virtual primary care practice.

B. Determining Use of Virtual Care Modality in Patient-Initiated Primary Care Encounters

1. Clinicians delivering virtual primary care services provide others interacting directly with patients with the necessary direction when screening requests for virtual primary care services. The choice of whether to offer virtual care and which modality to use should be made according to this direction and should consider:

   a. Feasibility of use
   b. Acceptability to both patient and provider
   c. Whether the benefits of the virtual care choice outweigh the risks

   Note: In the instance where an online system is used for booking or triage, the system should include a provision for incorporating this direction.

2. Clinicians who have delegated the authority to determine clinical appropriateness for use of virtual care to others, and who are made aware of uncertainty or conflict related to a clinical-appropriateness decision, should:

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      a. Consider which modality, if any, is feasible and allows for safe, quality care to be delivered

      b. Provide direction to the delegate

3. Clinicians consider the scope of practice and which type of clinician may be best suited to address patient needs virtually when providing direction to those who may be determining whether and which virtual care modality should be used.

4. Clinicians consider whether the patient's request for virtual primary care is aligned with the patient's ability to receive virtual primary care services or whether any change/accommodation may be required to meet the request.

5. Clinicians consider whether the patient's choice of modality is consistent with the nature of the reason for contact (e.g., if it is anticipated that a diagnostic test or in-person physical assessment will be required to address the reason for contact, then the patient should be scheduled for an in-person appointment and/or make other arrangements for the diagnostic test).

6. Clinicians consider whether the patient's choice of modality is consistent with the level of urgency/timeliness required to address the reason for the request (e.g., if it is anticipated that the presenting complaint may need to be addressed urgently, redirecting the patient to a suitable venue may be required).

C. Determining Use of Virtual Care Modality in Practitioner-Initiated Virtual Care Encounters

1. Clinicians consider the following when determining the appropriate modality for a virtual care encounter:

      a. Patients' and caregivers' stated and documented preference for virtual encounters and their choice of modality

      b. Patients' and caregivers' ability to access a virtual care modality

      c. Patients' and caregivers' capacity to effectively use a virtual care modality

      d. The reason for initiating a patient contact, which may impact whether the modality will result in a positive patient outcome; for example:

            i. Sensitive information is likely to elicit an emotional response that may impact the patient's ability to receive the information and be supported effectively

            ii. Complex information is likely to have an impact on the patient/caregiver's ability to effectively receive and understand the information using a virtual channel

            iii. Urgency of information may impact choice of modality (i.e., which modality is more timely)

            iv. The need for a hands-on assessment/intervention that may not be otherwise accommodated

D. Documenting Virtual Primary Care Encounters

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1. Clinicians ensure there is a way to document virtual primary care encounters. The documentation should be accessible to others within the practice setting as is necessary to arrange for and provide continuity of care and interdisciplinary care and to assess outcomes of the virtual primary care encounter.

2. Documentation of each virtual care encounter note the virtual modality used.

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