



# Getting Started With Virtual Care

Everything you need to know to  
provide synchronous virtual care

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Doctors Nova Scotia | May 2020 (updated September 2020)

## Contents

- |   |   |   |  |    |   |    |   |
|---|---|---|--|----|---|----|---|
| 2 | Introduction  | 5 | What professional standards must be followed when delivering virtual care? | 9  | What privacy and security safeguards are needed?                                | 16 | Appendix B – CMPA: Patient Consent to Use Electronic Communication Form (PDF) |
| 3 | How do I select the right virtual care solution for my practice?            | 6 | What steps are required to provide virtual care?                           | 9  | Appendices  | 19 | Appendix C – Key Steps to Virtual Care Worksheet (PDF)                        |
| 4 | What medical problems can be safely assessed and treated with virtual care? | 8 | Where can physicians and patients receive training on virtual care?        | 10 | Appendix A – March 18, 24 and 27, and Sept. 24 MSI Physicians' Bulletins (PDFs) |    |   |

# Introduction

**A**cross Canada and around the world, physical distancing measures are being implemented to help stop the spread of COVID-19. These measures aim to reduce close contact between people to slow the community transmission of the coronavirus. The Nova Scotia government has introduced fee code changes to help physicians provide clinical care to patients using technology that supports non-face-to-face encounters.

Delivering virtual care can be as simple as having a phone call with a patient or conducting a virtual visit. Doctors Nova Scotia (DNS) recognizes that as physicians respond to the COVID-19 pandemic they must adapt and be resourceful in the care they provide. By using the telephone or a virtual care tool, physicians can continue to provide care while keeping their team members, their patients and themselves safe.

There are two types of virtual care: *synchronous* and *asynchronous*. The objective of this tool kit is to provide information about synchronous virtual care because it is the type of virtual care covered in the new COVID-19 fee codes. Synchronous virtual care is care provided by telephone or video, including videoconferencing, telehealth and telemedicine. Asynchronous virtual care is delivered by secure messaging between providers and patients. This tool kit will reference asynchronous virtual care on occasion, however it is not covered in the new COVID-19 fee codes and is not the focus of this guide.

This tool kit also includes links to important information on other websites, such as the Nova Scotia Health Authority virtual care website [www.cdha.nshealth.ca/telehealth-zoom/zoom-healthcare](http://www.cdha.nshealth.ca/telehealth-zoom/zoom-healthcare) and the Canadian Medical Association's (CMA) *Virtual Care Playbook* [www.cma.ca/how-set-virtual-care-your-practice](http://www.cma.ca/how-set-virtual-care-your-practice).

Doctors Nova Scotia thanks Doctors of BC and the Newfoundland and Labrador Medical Association for permission to use content from their respective virtual care tool kits. The association also thanks the College of Physicians and Surgeons of British Columbia and the Office of the Information and Privacy Commissioner of British Columbia for providing advice on security and privacy safeguards.



# How do I select the right virtual care solution for my practice?

Virtual care is an important tool to assist physicians in providing care during the COVID-19 pandemic and into the future. Recent changes to Nova Scotia's fee schedules support the use of telephone or synchronous virtual care in the provision of care during the current COVID-19 response (Read more in Appendix A, page 10).

*The following "stand-alone" virtual care solutions are available to Nova Scotia physicians*

## **Zoom for Healthcare**

On March 23, 2020 the Nova Scotia government announced that it had secured an agreement with Zoom, a company specializing in videoconferencing, to license any physician in Nova Scotia (as well as a member of their staff) to use Zoom for Healthcare (sometimes referred to as Telehealth for Healthcare) at no charge for a one-year period.

### Zoom for Healthcare:

- Delivers consistent, reliable, clinical experiences through reliable videoconferencing services
- Provides high quality video and audio
- Uses resources and hardware that physicians most likely already have in their practices
- Uses straightforward user management processes
- Meets Nova Scotia privacy and security standards

Physicians can sign up for Zoom for Healthcare immediately. Registration for all physicians is handled by the Nova Scotia Health Authority (NSHA). To register, visit <https://www.cdha.nshealth.ca/telehealth-zoom/zoom-healthcare>.

## **QHR Medeo ("stand-alone")**

Medeo is a solution that offers secure video visits, as well as online booking and secure patient messaging. It is available as a stand-alone product or it can be integrated with the QHR Accuro electronic medical record (EMR) (described below). Medeo is available for six months at no charge to Nova Scotia physicians.

It takes one to two weeks to be onboarded to Medeo. If you wish to be included in the queue, complete the two-step online process at <https://medeohealth.com/sign-up>.

For more information, visit [medeohealth.com](https://medeohealth.com). For product information, pricing and availability information, contact [david.krish@QHRtech.com](mailto:david.krish@QHRtech.com).

## **Facetime, Skype or other stand-alone options**

If you are using another stand-alone synchronous virtual care product, such as Skype or Facetime, it's recommended that you transition to Zoom for Healthcare or Medeo. Both solutions are compliant with the Personal Health Information Act (PHIA) in Nova Scotia.



**Connect with DNS to discuss your virtual care solutions.**

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## ◀ How do I select the right virtual care solution for my practice continued

If you use an EMR, consider the following EMR-integrated solutions

If you use the **Med Access EMR**, consider the following virtual care products:

### **Telus EMR Virtual Visit (new)**

This new product is an encrypted, Med Access-integrated solution that enables seamless workflow, minimizes task redundancy and preserves continuity of care and documentation within your existing Med Access EMR. Conduct video calls, review patient records and take notes simultaneously.

Physicians can sign up at [plus.telushealth.co/page/emr/virtual-visit](https://plus.telushealth.co/page/emr/virtual-visit).

### **Health Myself (patient portal and video consults)**

This portal provides a convenient and Med Access EMR-integrated solution for patients and providers to engage virtually through video consults (a new feature). It also allows asynchronous provider to patient messaging, online booking and automated appointment reminders.

New Health Myself customers can sign up here. Existing Health Myself customers can sign up here.

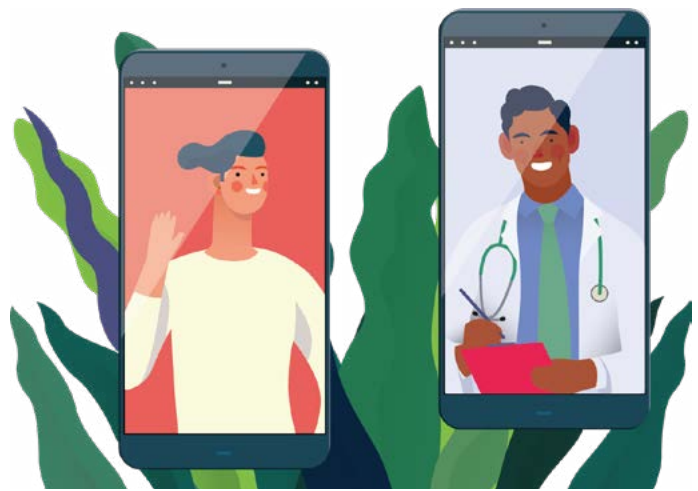
For product information, pricing and availability for Telus and Health Myself, contact Paul Cosgrove [paul.cosgrove@telus.com](mailto:paul.cosgrove@telus.com) or Steven Gower [steven.gower@telus.com](mailto:steven.gower@telus.com).

If you use **QHR Accuro**, consider QHR's integrated Medeo product.

Medeo can be integrated with QHR's Accuro EMR product. It offers secure video visits, online booking and secure patient messaging. Medeo is available for six months at no charge to Nova Scotia physicians.

It takes one to two weeks to be onboarded to Medeo. If you wish to be added to the queue, complete the two-step online process at [medeohealth.com/sign-up](https://medeohealth.com/sign-up).

For more information, visit [medeohealth.com](https://medeohealth.com). For product information, pricing and availability information, contact [david.krish@QHRtech.com](mailto:david.krish@QHRtech.com).



## What medical problems can be safely assessed and treated with virtual care?

Virtual care can play an important role in assisting physicians, staff and patients during the COVID-19 pandemic. Three key uses for virtual care include:

- 1 Triaging patients prior to clinic encounters**, helping them avoid unnecessary trips to the clinic
- 2 Managing acute illnesses that may not require an in-person visit** (remembering that a physician can always request that the patient have an in-person exam if necessary)
- 3 Managing patients with chronic disease**, especially for follow-up visits where a patient-provider relationship is already established

The "Scope of Practice – What Problems Can be Safely Assessed and Treated?" chapter from the CMA's *Virtual Care Playbook* provides additional guidance on this matter at [www.cma.ca/how-set-virtual-care-your-practice](https://www.cma.ca/how-set-virtual-care-your-practice).

The CMA states that you can safely use virtual care to:

- Assess and treat mental health issues
- Assess and treat many skin problems
- Assess and treat urinary, sinus and minor skin infections
- 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
- Review lab, imaging and specialist reports
- Conduct any other assessments that do not require palpitation or auscultation



## What professional standards must be followed when delivering virtual care?

The College of Physicians and Surgeons of Nova Scotia recognizes the role virtual care or telemedicine play in providing care and access to care, especially in remote and underserved areas. The College has jurisdiction over physicians licensed in Nova Scotia regardless of where they are located or how they practise medicine (for example, in person or via telemedicine). The College has published professional standards related to virtual care and telemedicine at [cpsns.ns.ca/resource/telemedicine-services](https://cpsns.ns.ca/resource/telemedicine-services).

### **Physicians must:**

- Provide care consistent with accepted standards of practice when using virtual or telemedicine technology while recognizing the limitations of the medium;
- Comply with the regulatory requirements of telemedicine in every jurisdiction where they treat patients;
- Use their professional judgment to determine whether patient consultation via telemedicine is appropriate in a particular case;
- Ensure the physical setting in which the care is provided is safe, appropriate, provides for confidentiality and that support is in place to manage adverse events;
- Communicate with referring and other treating physicians, and provide appropriate follow-up care;
- Subject to Clause (7) in this standard, exercise caution when providing prescriptions or other treatment recommendations to patients whom they have not examined in person; and
- Not prescribe opioids or other controlled medications to patients whom they have not examined in person, or with whom they do not have a longitudinal treating relationship, unless they are in direct communication with another regulated-health professional who has examined the patient.
- Physicians must ensure the following:
  - a. Security and confidentiality of personal-health information: Physicians must review the Nova Scotia Personal Health Information Act. Note that certain communication technologies may not adequately protect the security of personal-health information. Physicians may wish to consult with the Canadian Medical Protective Association, and
  - b. Informed-patient consent: Physicians must review the College's Professional Standards and Guidelines Regarding Informed Patient Consent to Treatment. In addition to the requirements of this document, the patient-consent process for telemedicine services must ensure the following information is reviewed by the patient:
    1. Where the physician is located and licensed to practice medicine; and
    2. How the privacy of the patient's personal health information will be managed.



**SUPPORT FOR VIRTUAL CARE**  
[NSHA virtual care resources](#)



# What steps are required to provide virtual care?

The following step-by-step approach has been developed from materials shared by Doctors of BC and the Newfoundland and Labrador Medical Association. Turn to Appendix C on page 19 for a chart you can use to take notes as you follow these steps.

1

## Engage your team.

- Involve all team members for a smooth and successful transition.
- Consider internal meetings to discuss the changes, processes and responsibilities

2

## Obtain and record patient email addresses and mobile numbers.

- When a patient calls the clinic, confirm their email address and mobile number
- Use email to communicate new virtual care services to groups of patients and to send the virtual visit link/URL to individual patients
- Use the mobile number to communicate with a patient if there is a problem with the virtual visit or to ensure they are ready for the visit
- Consider storing this information in both the patient's chart and an email software solution

3

## Inform patients about the new virtual care service.

- Use an email software solution that will let you email groups of patients (ensuring patients cannot see each other's email addresses) with details about the new virtual care services

4

## Create a Frequently Asked Questions document for patients.

- This can include advice on booking virtual visits, provide technical tips, troubleshoot problems and explain patient etiquette

5

## Provide an email address for your clinic.

- Set up a new email address so patients may send emails to the clinic but not your personal email
- Let patients know their personal health information will not be shared via email. Some solutions (such as Medeo or Health Myself) have secure messaging, so this may not be necessary

## Obtaining Consent for Virtual Care

The following is a short CMPA-approved statement to initiate a virtual care patient encounter

*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 that 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?*





## ◀ What steps are required to provide virtual care continued

6

### Obtain patient consent.

- Physicians providing health care services via video sessions should obtain patient consent for this specific purpose. It does not need to be collected for every session with that patient. Assume the consent is enduring, unless the patient states otherwise
- The Canadian Medical Protective Association (CMPA) recommends using a signed consent form (See Appendix B, page 16). During the COVID-19 pandemic, obtaining written consent might be difficult. Verbal consent documented in the patient's chart is also acceptable.

7

### Record consent in the patient's chart.

Consider where to record the patient's consent in the EMR.

- Develop a standard process in your clinic for collecting consent, documenting it in the patient chart and keeping track
- EMR users can consider creating a macro to record consent

To record verbal consent in a patient's chart, copy and paste the following into the chart:

*Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems and the patient understands the need to seek urgent care in an emergency department as necessary.*

8

### Determine patient suitability.

Consider which patients or visit types are suitable for virtual visits.

- Review your schedule over the last week to help identify potential patients and visit types

9

### Plan your schedule.

Consider specific days and time slots for virtual visits.

- Think about how virtual care could work with existing in-person appointments
- Consider creating appointment types for telephone and video virtual visits in the EMR

10

### Book virtual visits.

Consider how patients can book virtual visits.

- Decide if your solution will allow online booking or if all appointments will be triaged or arranged by staff
- Depending on the tool chosen, you will either send the patient a link to a virtual waiting room or a link for a specific appointment time

11

### Set up the room.

Consider the placement of the EMR screen versus the placement of the video screen.

- Decide if both can be displayed on the same screen or if two screens are needed
- Essential items include: webcam, microphone and speaker

12

### Follow virtual visit etiquette.

Consider the space the patient will view during the virtual visit.

- Tell the patient what you are doing when you are not looking at them during the appointment (i.e. that you are typing notes on the EMR)

13

### Begin the virtual visit.

Ensure the patient knows the protocol for the virtual visit.

- Let the patient know if there is a virtual waiting room
- Let the patient know if they must call to "check in" for the appointment

14

### Record visit notes.

Have a standard method for recording that the visit was conducted over video.

- Chart the patient encounter for video consults in the same manner as an in-person visit

15

### Send documents.

If working away from the clinic office, consider how to transfer documents (i.e. prescriptions, lab and imaging requisitions).

- Arrange for a staff member to send documents from the clinic. Test the EMR from home to see what is possible
- Confirm if the patient needs access to a printer

16

### Manage billing.

Turn to Appendix A on page 10 to review the available fee codes.

17

### Arrange follow-up visit.

Consider the workflow for arranging a follow-up visit with the patient. Communicate instructions to the patient.



# Where can physicians and patients receive training on virtual care?

## Zoom for Healthcare

If you have signed up for Zoom for Healthcare, find an orientation package at [www.cdha.nshealth.ca/telehealth-zoom/zoom-healthcare](http://www.cdha.nshealth.ca/telehealth-zoom/zoom-healthcare).

### Key Resources

RESOURCE	LINK
Latest news	<a href="http://www.cdha.nshealth.ca/node/22339">www.cdha.nshealth.ca/node/22339</a>
Orientation package for NSHA/IWK, primary care providers	<a href="http://www.cdha.nshealth.ca/telehealth-zoom/orientation-package-nshaiwk-primary-care-providers">www.cdha.nshealth.ca/telehealth-zoom/orientation-package-nshaiwk-primary-care-providers</a>
Training	<a href="http://www.cdha.nshealth.ca/telehealth-zoom/training">www.cdha.nshealth.ca/telehealth-zoom/training</a>
Additional Zoom for Healthcare resources	<a href="http://www.cdha.nshealth.ca/node/22323">www.cdha.nshealth.ca/node/22323</a>
Inpatient resources	<a href="http://www.cdha.nshealth.ca/telehealth-zoom/inpatient-resources">www.cdha.nshealth.ca/telehealth-zoom/inpatient-resources</a>

## Medeo

If you have signed up for QHR Medeo, training material is available for patients and providers at <https://www.cdha.nshealth.ca/node/22360> and [www.medeohealth.com](http://www.medeohealth.com).

## Resource for patients

The *Virtual Care Guide for Patients* helps patients prepare for virtual visits with their doctor. It was created by the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Read the guide at [www.cma.ca/sites/default/files/pdf/Patient-Virtual-Care-Guide-E.pdf](http://www.cma.ca/sites/default/files/pdf/Patient-Virtual-Care-Guide-E.pdf).



# What privacy and security safeguards are needed?

The Personal Health Information Act (PHIA) is Nova Scotia's health privacy law. It governs how personal health information is collected, used, disclosed and maintained. Physicians in Nova Scotia must comply with PHIA and its regulations.

## Physician responsibilities

A physician is deemed to be the custodian of the personal health information in a patient's records (both paper and electronic) and is obligated to ensure processes are in place to protect the personal health information.

A physician who works in a hospital is deemed to be an agent of the personal health information contained in the hospital's records. As an agent, the physician is required to follow the rules set out by the custodian, in this case, the NSHA and/or the IWK.

Find in-depth information about PHIA on the Doctors Nova Scotia website at [doctorsns.com/contract-and-support/privacy-legislation](https://doctorsns.com/contract-and-support/privacy-legislation).

## Privacy and security safeguards

- Always ensure the patient is ready to have a confidential conversation. Start video sessions with clear introductions and by confirming the patient's identity.
- Conduct the video session in a private space for both you and the patient. 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 must disconnect from the call immediately.

## Technology safeguards

- Do not use 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, 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, encrypt the 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.

For more insight on technology safeguards, consult this document by Doctors of BC titled [\*Doctors of BC Physician Office IT Security Guide: General Guidelines for Physician Leads, Clinic Staff, Office Managers and Clinic IT Support\*](#). Though the document is based on laws in British Columbia, the legal principles in the B.C. Personal Information Protection Act align with those in PHIA, which makes it a valuable resource. Doctors Nova Scotia is in the process of making a similar guide with the appropriate references to PHIA. However, the guide will need to be finalized and endorsed by the College of Physicians and Surgeons of Nova Scotia and the Office of the Information and Privacy Commissioner of Nova Scotia.

## Appendices

**Appendix A** – March 18, 24 and 27, and Sept. 24 MSI Physicians' Bulletins (PDFs)

**Appendix B** – CMPA: Patient Consent to Use Electronic Communication Form (PDF)

**Appendix C** – Key Steps to Virtual Care Worksheet (PDF)

# PHYSICIAN'S BULLETIN

March 18 2020: Vol. LXV, ISSUE 3



## Notice to Physicians

### COVID-19

Due to the current risk of Coronavirus (COVID-19) effective March 13, 2020 the following new interim service fee code is available for Telephone Management and Telehealth Management for presumptive/confirmed Covid-19 diagnosis as well as routine/interval care during pandemic.

Category	Code	Description	Base Units
VIST	03.03X	<b>Telephone Management and Telehealth Management for presumptive/confirmed Covid-19 as well as routine/interval care during pandemic</b>  <b>ME=TELE</b> <b>ME=VTCR</b>  <b>Description</b> Telephone or Telehealth communication between the physician and an established patient or a new patient seeking care during a pandemic (or patient's parent, guardian or proxy as established by written consent). Telephone or Telehealth communication is intended to take the place of an office visit initiated by the patient (or patient's parent, guardian or proxy as established by written consent). Telephone or Telehealth management requires two-way synchronous communication between the patient and physician on a clinical level.  <b>Billing Guidelines</b> <ul style="list-style-type: none"><li>Physicians to bill no more than 2 telephone or telehealth management sessions per patient per day.</li><li>Ideally can differentiate between presumptive/confirmed diagnosis of Covid-19 or exacerbation of Covid-19, vs a follow up visit that would have otherwise been scheduled by either the physician or the patient, when a physical examination of the patient is not required. (i.e. Covid-19 related and non Covid-19 related)</li><li>The encounter must include a discussion of the clinical problem and a management decision.</li><li>The HSC is not reportable for administrative tasks.</li><li>The service is not reported if the decision is to see the patient at the next available appointment in the office.</li><li>The HSC is not available for walk-in clinics.</li><li>The HSC is not reportable for facility-based patients.</li><li>The HSC is reportable for Health Authority supported clinics.</li></ul>	15.28 MSU Increasing to: 15.95 MSU Eff. April 1, 2020

The service is not reportable when the purpose of the communication is to:

- Arrange a face to face appointment
- Notify the patient of an appointment
- Prescription renewal
- Arranging to provide a sick note
- Arrange a laboratory, other diagnostic test or procedure
- Inform the patient of the results of diagnostic investigations with no change in management plan.

The service is not reportable for other forms of communication such as:

- Written email or fax communication
- Electronic verbal forms of communication that are not PHIA compliant.

The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another professional such as:

- Nurse practitioner
- Resident in training
- Clinical fellow
- Medical student
- Clerical staff

#### **Documentation Requirements**

- Date, start and stop times of the conversation must be noted in the medical record.
- The medical record must indicate the content of the discussion, the management plan and that the patient (or patient's parent, guardian or proxy as established by written consent) understands and acknowledges the information provided.
- The start and stop time of the call must be included in the text field on the MSI claim
- Use ME=TELE for services provided over the telehealth network; or ME=VTCR if provided over a virtual care platform. For telephone calls, no additional modifier is required.
- If for a presumptive/confirmed diagnosis of Covid-19 submit electronic claim with diagnostic code: 487.8 Influenza with other manifestations.

#### **Specialty Restriction:**

N/A

#### **Premium:**

No evening/weekend premium

#### **Location:**

N/A

*Note: Please hold all eligible service encounters to allow MSI the required time to update the system. Once the system has updated it will be published that the code is available to submit.*

## Notice to Physicians

### IMPORTANT INFORMATION ON NON FACE TO FACE SERVICES PROVIDED DURING PANDEMIC

Last week the new health service code 03.03X was announced to facilitate the provision of synchronous clinical care by physicians to their patients using technology that supports non face to face encounters; Telephone, Telehealth, and PHIA compliant virtual care platforms. This was provided at the same rate as is afforded to physicians who provided comprehensive primary care to their patients (ME=CARE) and is meant to encourage provision of non face to face care wherever possible and appropriate.

**This new health service code will be available to load into your vendor software on Friday, March 27<sup>th</sup>. Once your vendor software has been updated, you may submit claims for any services rendered since March 13<sup>th</sup>.**

In view of the extenuating circumstances and recommendations for social distancing, and in order to promote continued delivery of patient care as seamlessly as possible, **effective March 13<sup>th</sup>, 2020 all office based non-procedural services that are normally rendered in a face to face setting will be permitted to be reported whether they are provided in person, by telephone, via telehealth network, or via a PHIA compliant virtual care platform.** Such services would include limited visits, consultations, psychotherapy, and counselling where appropriate to be delivered in a synchronous non face to face encounter. Long Term Care, Residential Care, and Hospice services normally rendered face to face due to medical necessity could be reported using this format. During this interim measure these services will be paid at the same rate as they would be if delivered face to face.

Please submit your claims for encounters as you usually would, using your normal practice location. For all services not rendered face to face at that location, include the following text on the claim to denote the mode of synchronous care delivery:

- If service was provided via phone call: **Pandemic telephone**
- If service was provided over the telehealth network: **Pandemic telehealth**
- If service was provided over a virtual care platform: **Pandemic virtual care**

If the service is rendered to a patient with suspected or confirmed diagnosis of Covid-19, include diagnostic code **487.8** in the appropriate diagnostic field. For the duration of the pandemic, diagnostic code 487.8 should only be used in confirmed or suspected cases of Covid-19. For other influenza strains please use a separate applicable diagnostic code.

## IMPORTANT INFORMATION ON NON FACE TO FACE SERVICES PROVIDED DURING PANDEMIC *(CONTINUED)*

### **Please note:**

We recognize that due to the extenuating circumstances of these difficult times, the ability to perform a comprehensive physical examination using these platforms may be limited, otherwise the usual preamble requirements apply to all services.

- The HSC is not reportable for administrative tasks
- The service is not reportable when the purpose of the communication is to:
  - Arrange a face to face appointment
  - Notify the patient of an appointment
  - Renew prescription
  - Arranging to provide a sick note
  - Arrange a laboratory, other diagnostic test or procedure
  - Inform the patient of the results of diagnostic investigations with no change in management plan

The service is not reportable for other forms of communication such as:

- Written email or fax communication
- Electronic verbal forms of communication that are not PHIA compliant.

The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another professional such as:

- Nurse practitioner
- Resident in training
- Clinical fellow
- Medical student

The service is not reportable if the decision is to see the patient at the next available appointment in the office or outpatient clinic and is not available for walk-in clinics. The HSC is reportable for Health Authority supported clinics.

All encounters must be recorded in the patient's health record. It is recognized that the health record may not be available at the time of the call, but a note should be made and placed in health record as soon as feasible. This should include the location of the provider (if other than office) and the technology used to render the service.

Physicians should offer and book their telephone, telehealth and virtual appointments during the same time periods in the same manner as they would for face to face encounters.

## Notice to Physicians

### COVID-19 UPDATE

As announced in the March 18, 2020 MSI Bulletin, effective March 13, 2020, health service code 03.03X is available for billing on an interim basis for telephone management and telehealth management for presumptive/confirmed Covid-19 diagnosis as well as routine/interval care during the pandemic.

[March 18, 2020 Physician's Bulletin](#)

As announced in the March 24, 2020 MSI Bulletin, effective March 13, 2020 on an interim basis all office-based non-procedural services that are normally rendered in a face to face setting will be permitted to be reported whether they are performed in person, by telephone, via telehealth network, or via PHIA compliant virtual care platform.

[March 24, 2020 Physician's Bulletin](#)

Both Bulletins state that these services are only reportable when the communication is rendered personally by the physician reporting the service is not reportable if the service is delegated to another professional such as a:

- Nurse Practitioner
- Resident in training
- Clinical Fellow
- Medical Student

Update:

Effective March 13, 2020, the services announced in the March 24 bulletin may be claimed if performed by a resident including a licensed post graduate medical trainee (e.g. PGY-6 or PGY-7) under the direct supervision of a physician. The clinical record must indicate that they were supervised as well as the name of the supervising physician. The supervising physician must be onsite at the time the resident renders the service and additionally must be immediately available to render assistance.

The physician may claim for either the resident's services or his/her own, but not both, if they are performed at the same time.

For clarity, health service code 03.03X can only be claimed when rendered personally by the physician and not when provided by a resident.

Neither health service code 03.03X nor the services announced on March 24 may be claimed when rendered by another health care provider such as a nurse or nurse practitioner.

\*All services are only eligible to be claimed when rendered by a physician currently physically located in Nova Scotia.



# PHYSICIAN'S BULLETIN

September 24 2020: Vol. LXV, ISSUE 16



## Notice to Physicians

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### NON-FACE-TO-FACE SERVICES DURING PANDEMIC

Physicians are advised that eligible dates of service for non-face-to-face services provided by telephone, via telehealth network or via PHIA compliant virtual care platforms as outlined in the [March 27, 2020 bulletin](#) have been extended to December 31, 2020. As a reminder, all services are only eligible to be claimed when rendered by a physician currently physically located in Nova Scotia.

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### EXPANDED ELIGIBILITY FOR HIGH-DOSE INFLUENZA VACCINE DURING 2020/21 FLU SEASON

Effective from October 13, 2020 to April 1, 2021 the high-dose influenza vaccine will be available to patients equal to or greater than 65 years of age who are also hospitalized and designated alternate level of care awaiting long-term care facility placement. This eligibility is limited to the 2020/21 influenza season only. Please hold your eligible hospital inpatient claims for HSC 13.59L RO=HDIN until MSI is able to update the billing system. Once updated a communication will be provided via the Physician's Bulletin.

# PATIENT CONSENT TO USE ELECTRONIC COMMUNICATIONS

**This template is intended as a basis for an informed discussion. If used, physicians should adapt it to meet the particular circumstances in which electronic communications are expected to be used with a patient.**

**Source: CMPA Website - <https://www.cmpa-acpm.ca/en/advice-publications/risk-management-toolbox>**

## PHYSICIAN INFORMATION:

Name: [click here](#)

Address:

Email (if applicable):

Phone (as required for Service(s)):

Website (if applicable):

The Physician has offered to communicate using the following means of electronic communication ("the Services"):

Email

Videoconferencing (including Zoom®, Medeo®, HealthMyself®)

Text messaging (including instant messaging)

Website/Portal

Social media (specify):

Other (specify):

## PATIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Patient name:

Patient address:

Patient home phone:

Patient mobile phone:

Patient email (if applicable):

Other account information required to communicate via the Services (if applicable):

Patient signature:

Date:

Witness signature:

Date:

## APPENDIX

### Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

#### If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

#### Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time.

The Services will not be used for medical emergencies or other time-sensitive matters.

- If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and the Physician will not use the Services to communicate sensitive medical information about matters specified below:
  - (Yes/No) Sexually transmitted disease
  - (Yes/No) AIDS/HIV
  - (Yes/No) Mental health
  - (Yes/No) Developmental disability
  - (Yes/No) Substance abuse
  - (Yes/No) Other (specify):
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

Patient initials \_\_\_\_\_

**APPENDIX CONTINUED**

**Instructions for communication using the Services**

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.

**If the Services include email, instant messaging and/or text messaging, the following applies:**

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.

- Ensure the Physician is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician.
- If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services. Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: *(patient to initial)*

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**I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.**

Patient signature

Date

Patient initials\_\_\_\_\_

## Appendix C

Key Steps to Virtual Care – Clinic Workseet	Clinic Notes
<p>1. Engage your team – Involve all team members for a smooth and successful transition.</p> <ul style="list-style-type: none"><li>• Consider internal meetings to discuss the changes, processes and responsibilities</li></ul>	
<p>2. Obtain and record patient email addresses and mobile numbers.</p> <ul style="list-style-type: none"><li>• When a patient calls the clinic, confirm their email address and mobile number</li><li>• Use email to communicate new virtual care services to groups of patients and to send the virtual visit link/URL to individual patients</li><li>• Use the mobile number to communicate with a patient if there is a problem with the virtual visit or to ensure they are ready for the visit</li><li>• Consider storing this information in both the patient’s chart and an email software solution</li></ul>	
<p>3. Informing patients about the new virtual care service.</p> <ul style="list-style-type: none"><li>• Use an email software solution that will let you email groups of patients (ensuring patients cannot see each other’s email addresses) with details about the new virtual care services</li></ul>	
<p>4. Create a Frequently Asked Questions document for patients.</p> <ul style="list-style-type: none"><li>• This can include advice on booking virtual visits, provide technical tips, troubleshoot problems and explain patient etiquette</li></ul>	
<p>5. Provide an email address for your clinic.</p> <ul style="list-style-type: none"><li>• Set up a new email address so patients may send emails to the clinic but not your personal email</li></ul>	

<ul style="list-style-type: none"> <li>Let patients know their personal health information will not be shared via email. Some virtual care solutions (such as Medeo or Health Myself) have secure messaging, so this may not be necessary</li> </ul>	
<p><b>6. Obtain patient consent.</b></p> <ul style="list-style-type: none"> <li>Physicians providing health care services via video sessions should obtain patient consent for this specific purpose. It does not need to be collected for every session with that patient. Assume the consent is enduring, unless the patient states otherwise</li> <li>The Canadian Medical Protective Association (CMPA) recommends using a signed consent form (See Appendix B). During the COVID-19 pandemic, obtaining written consent might be difficult. Verbal consent documented in the patient's chart is also acceptable</li> </ul> <p>The following is a short statement (CMPA approved) to initiate a virtual care patient encounter:</p> <p><i>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.</i></p> <p><i>If you want more information, please check the link on our [website/confirmation email/etc.]. If it is determined that 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?</i></p>	
<p><b>7. Record consent in the patient's chart.</b></p> <p>Consider where to record the patients consent in the EMR.</p> <ul style="list-style-type: none"> <li>Develop a standard process in your clinic for collecting consent, documenting it in the patient chart and keeping track</li> </ul>	



<ul style="list-style-type: none"> <li>• EMR users can consider creating a macro to record consent</li> </ul> <p>To record verbal consent in a patient's chart, copy and paste the following into the chart:</p> <p><i>Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an emergency department as necessary.</i></p>	
<p><b>8. Determine patient suitability.</b></p> <p>Consider which patients or visit types are suitable for virtual visits.</p> <ul style="list-style-type: none"> <li>• Review your schedule over the last week to help identify potential patients and visit types</li> </ul>	
<p><b>9. Plan your schedule.</b></p> <p>Consider specific days and time slots for virtual visits.</p> <ul style="list-style-type: none"> <li>• Think about how virtual care could work with existing in-person appointments</li> <li>• Consider creating appointment types for telephone and video virtual visits in the EMR</li> </ul>	
<p><b>10. Book virtual visits.</b></p> <p>Consider how patients can book virtual visits.</p> <ul style="list-style-type: none"> <li>• Decide if your solution will allow online booking or if all appointments will be triaged or arranged by staff</li> </ul>	

<ul style="list-style-type: none"> <li>Depending on the tool chosen, you will either send the patient a link to a virtual waiting room or a link for a specific appointment time</li> </ul>	
<p><b>11. Set up the room.</b> Consider placement of the EMR screen versus placement of the video screen.</p> <ul style="list-style-type: none"> <li>Decide is both can be displayed on the same screen or if two screens needed</li> <li>Essential items include: webcam, microphone and speaker</li> </ul>	
<p><b>12. Follow virtual visit etiquette.</b> Consider the space that the patient will view during a virtual visit.</p> <ul style="list-style-type: none"> <li>Tell the patient what you are doing when you are not looking at them during the appointment (i.e. that you are typing notes on the EMR)</li> </ul>	
<p><b>13. Begin the virtual visit.</b> Ensure the patient knows the protocol for the virtual visit.</p> <ul style="list-style-type: none"> <li>Let the patient know if there is a virtual waiting room</li> <li>Let the patient know if they must call to “check in” for the appointment</li> </ul>	
<p><b>14. Record visit notes.</b> Have a standard method for recording that the visit was conducted over video.</p> <ul style="list-style-type: none"> <li>Chart the patient encounter for video consults is the same as an in-person visit</li> </ul>	
<p><b>15. Send documents.</b> If working away from the clinic office, consider how to transfer documents (i.e. prescriptions, lab and imaging requisitions).</p> <ul style="list-style-type: none"> <li>Arrange for a staff member to send documents from the clinic. Test the EMR from home to see what is possible</li> <li>Confirm if the patient needs access to a printer</li> </ul>	
<p><b>16. Manage billing.</b></p>	

Turn to Appendix A to review the available fee codes.	
<b>17. Arrange follow-up visit.</b> Consider the workflow for arranging a follow-up visit for the patient. Communicate instructions to the patient.	