

OTN has developed the following considerations for health care providers (HCPs) planning to use Direct-to-Patient Video Visits, via OTNInvite, to connect with patients in non-traditional settings such as the patient's home, the workplace, or school. These considerations outline information to consider before conducting an eVisit consultation, and address a short list of topics that are frequently top of mind for HCPs when integrating video into their practice.

Suitable Patient Candidates

Direct-to-Patient Video Visits are suitable when an in-person physical exam is not needed. They are typically used for follow-up visits, to connect with patients to review test results or response to treatment. They have been used extensively for mental health care delivery, cognitive behaviour therapy and counselling sessions. In primary care, they are also used to manage common health problems. Specialists and family physicians with specialized practice might use video visits for first-time patients, especially those who would have difficulty getting to the office.

Although the technology is simple, patients or caregivers need to be reasonably conversant with technology. Doing a video visit requires a good internet connection and a device with a camera and microphone, such as a PC, Mac, tablet or smartphone.

Physical Environment

The location of patient care and the level of patient support immediately available are also factors in determining the suitability of a patient for a video consultation. This is particularly important for mental health patients.

1. If the patient is at home or in another non-traditional healthcare setting, alone or with a family member, the patient will have to self-demonstrate their physical issues. Obviously an in-person encounter may be more appropriate when a detailed physical exam is required.
2. Both the patient and provider should conduct the call in settings that are private and conducive to the delivery of care and where privacy can be assured. Mobile devices are appropriate but providers should be very cognizant of their physical setting to ensure that the calls cannot be seen or overheard.
3. For patients requiring mental health services or psychotherapy, the consulting HCP should consider whether the patient is appropriate to use videoconference for this type of consultation (e.g. suicide risk assessment). The consulting HCP should know the

patient's address and emergency response numbers in the community where the patient lives in case the patient's condition deteriorates. (6) (7) (8) (12)

Office Scheduling Considerations

When the HCP sends an OTN Invite to the patient, the patient receives an email with simple instructions. They are asked to click a link which brings them to the OTN website to test their internet connection and video software. If there are any issues, the patient can call OTN for help. If the technology does not work, the patient is asked to call their HCP's office to reschedule the appointment.

Before undertaking a video visit, the consulting HCP's office should:

- Ensure they or their staff tells the patient to let their office know if the video test fails;
- Have a backup plan for the patient's care if there is a technical failure or if the patient's clinical situation becomes unstable during the video visit (2) (6) (7) (8) (12); and
- Have mechanisms in place to order prescriptions, laboratory tests and diagnostic imaging when required. (6)

General Considerations regarding video visits

1. Licensure, standards of care, professional regulations for virtual consultations: In general, these are the same as for in-person care. HCPs can consult with the College of Physicians and Surgeons of Ontario for more information (1) or their own professional College.
2. Privacy/security: OTN video services are encrypted and secure. Privacy practices must meet the requirements of the 'Personal Health Information Protection Act 2004' (PHIPA), as well as industry and professional standards (5) (11). Different jurisdictions (e.g. other provinces) might have different standards and policies on issues such as privacy, record keeping and consent which must be met (also applies to #9).
3. Patient facility with technology: Once a patient is deemed clinically appropriate for an eVisit, ensure their comfort level with technology. Inquire if they use a smartphone or other videoconference technology like Skype or FaceTime. Confirming this will ensure a more seamless experience for both HCP and patient.
4. Patient understanding: Ensure the patient understands what virtual care is and what to expect during their video visit. (10) (12)
5. Liability coverage: CMPA assistance is usually available for physicians as long as the patient and the consulting HCP are both within Canada during the consultation. (4)



6. Connectivity and equipment standards: Ensure equipment and connectivity support a quality video experience. Camera, sound quality, lighting and positioning during a call are vital to creating a professional video experience for the patient. Best practices for videoconferencing are outlined here: <https://support.otn.ca/en/connect-help#gsc.tab=0>
7. Physical setting: Ensure the physical setting is appropriate for the encounter, at each end, and permits the patient to share personal information in a private manner. (2)
8. Technical issues: Patients and consulting HCPs should be reasonably technically literate and able to troubleshoot technical issues. OTN Customer Care will provide patients with basic assistance.
9. Recording video: OTN is not involved in recording video visits. If a consulting HCP wishes to record the session, it is recommended that patient consent be obtained. HCPs are reminded that, through freely available technology, patients have the ability to record the session on their own and without the assistance or knowledge of OTN or the HCP. If this is of concern to the HCP, the HCP should advise the patient in advance of the event that recording the event is not acceptable and should document the conversation in their written clinical record of the event. (4) (5)
10. Record keeping and consent: In general, consent to a video visit is implied when the patient verbally accepts to use telemedicine. Written consent is not routinely necessary. Records must be kept to the same standard as in-person care. (1) (4) (5)
11. Prescribing: The consulting HCP should ensure that prescriptions are faxed to licensed pharmacies, not to patients or other healthcare providers. (9)



References

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