

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA standards of practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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NOTE: This statement is applicable for the duration of the COVID-19 pandemic.

CPSA Perspective

The COVID-19 pandemic is putting extraordinary pressure on the health care system. CPSA recognizes physicians may be put in a situation where compliance with some of our standards of practice may not be in the best interest of their patients and may not be possible. We expect physicians will always practice within the scope of their training and expertise and act in the best interest of their patients.

CPSA Advice

CPSA is committed to ensuring physicians have the capacity to provide quality patient care in the face of the COVID-19 pandemic. Central to this effort is the importance of limiting viral spread by:

- reducing unnecessary patient and physician travel within Alberta and between Alberta and other jurisdictions;
- reducing unnecessary patient presentations to health facilities, and;
- enabling physicians to provide remote patient service within Alberta or from other jurisdictions.

The adoption of virtual care practices can help achieve these goals by enabling the remote:

- screening of patients who are worried or ill;
- care of patients with suspected COVID-19;
- care for other patients in your practice with the intent of decreasing exposure to those who may be ill; and
- care of patients when the physician is self-isolated but well enough to work.

What can physicians do?

Screening:

- use the phone, EMR-enabled virtual tools and/or video conferencing, if available to:
 - assess illness;
 - triage for care or screening;
 - record clinical notes from virtual visits in the EMR chart; and
 - direct patients quickly:
 - for self-care;
 - for an in-person visit;

- to screening/testing facilities; and
- to an acute care facility (ER) when required.

Care for patients with suspected COVID-19:

- use virtual means to keep contact with patients who have symptoms and who you are monitoring; and
- reassess patients virtually and, if worsening, arrange appropriate follow up.

Care for regular patients by virtual means whenever possible for the following reasons:

- to avoid unnecessary trips to the office;
- to manage patients with chronic disease; or
- to manage other acute illness that may not require a physical exam.

Privacy Impact Assessments

When deploying a new technology or process related to providing patient care, physicians, as custodians under the *HIA*, are required to take reasonable steps to safeguard individuals' health information (please refer to Section 60 on page 47 of the [HIA](#)).

Under Section 64 of the *HIA* (page 50), custodians are also required to prepare a PIA that describes how proposed administrative practices and information systems relating to the collection, use and disclosure of individually identifying health information may affect an individual's privacy. A PIA completed by a health custodian must be submitted to the OIPC for review before implementation.

If a health custodian is considering new administrative practices or information systems with implications for individuals' privacy to combat the pandemic, the PIA must still be submitted. However, when timing does not permit the submission and acceptance of a PIA prior to deployment, the OIPC is asking that health custodians, **at the very least**, notify the Commissioner about the new administrative practice or information system. Notification of a new administrative practice or information system **can** be submitted to the OIPC [via email](#).

It is recommended to include responses to the following questions in your email to the Commissioner:

Identity verification & notification

- What process is in place to reasonably confirm the identity of a patient in a manner that respects their privacy (for example, verification questions vs. scan of driver's license)?
- How will patients be informed about the virtual care solution and any inherent risks that may arise with its use, including what health information is being collected/retained and whether it will end up in their health record?
- Is there contact information for a patient to ask questions about the virtual care solution?

Security of the data

- Are terms of use or an agreement in place between the physician and the service provider that specify the service to be provided and safeguards in place to protect the data?
- Is the data secured in transmission by end to end encryption?
- Can the screen be shared without awareness of the physician or patient?
- Does the service provider have reasonable safeguards in place to protect the data, including privacy policies, limits on who has access to the data, and to ensure it is physically and technically secured?
- Is the service provider required to inform the physician if there is a breach?
- Is the data residing in Alberta, Canada or another jurisdiction with data protection laws?

Clinic access to the application & data

- What controls are in place to limit access to the application and data within the clinic, and are logs maintained that record accesses?

Use of the data

- Are safeguards in place, such as terms of use or an agreement, that restrict the service provider from using the data for purposes unrelated to the provision of care (for example, marketing or to sell the data)

Management & retention of the data

- What data is retained by the service provider and for how long?
- Can the physician meet legal requirements to respond to access and correction requests?

When notifying the Commissioner, health custodians need to describe what the new program is meant to achieve and any safeguards for health information.

Health custodians need to determine what reasonable safeguards are in these circumstances and be prepared to justify their decision. Health custodians should also ensure patients are aware of any heightened risks to privacy as a result of a new administrative practice or information system being implemented.

Please visit OIPC’s website to read its full news release: [PIAs During a Public Health Emergency](#)

Virtual care tools

DEFINITIONS

Virtual Care Tools with Privacy Impact Assessment (PIA) Acceptance: once a custodian’s PIA has been submitted to **and** accepted by the Office of the Information and Privacy Commissioner, the virtual care tool has PIA acceptance.

It is important to note that OIPC does **not** “approve” projects or systems, but accepts them when a custodian has demonstrated they have undertaken the due diligence involved in a PIA and implemented reasonable controls to mitigate identified risks.

Virtual Care Tools Not Yet PIA-Accepted: a virtual care tool identified as a solution during the COVID-19 pandemic in which custodians have notified the OIPC by email prior to use, as [outlined by the Commissioner on March 19, 2020](#). Physicians must continue the process of submitting a new PIA (or updating an existing one) while utilizing this virtual care tool during the pandemic until they receive acceptance for use from the Commissioner. For

While PIA-accepted platforms are preferred, using what is most easily accessible to patients is acceptable during the pandemic as long as reasonable measures have been identified and put in place to ensure the security of health information and email notification to OIPC has been completed.

more information on a custodian's responsibility of utilizing a virtual care tool not yet PIA-accepted, [please contact OIPC](#).

Virtual care is enabled by technology that permits the communication of health information across locations. Although there are current efforts in Alberta to rapidly deploy system-level video conferencing solutions and patient and provider messaging systems in the time-frame required for an appropriate response to the COVID-19 pandemic, the Alberta eHealth environment lacks some important assets, notably secure messaging between providers (physician-to-physician) and between physicians and patients.

While there are many virtual care tools that can be used to help provide the best care in a rapidly changing outbreak environment, readily available consumer applications may not provide the health system-level privacy and security required to meet current privacy legislation. Health-specific platforms are typically PIA-accepted (i.e., privacy and security compliant), while more common consumer applications (e.g., Facetime, Skype) generally do not have PIA acceptance, as they do not provide health system-level privacy or security compliance.

Even though a colleague may have received PIA acceptance to use a particular tool, Section 64 of the [Health Information Act \(HIA\)](#) requires each individual custodian obtain PIA acceptance before implementing **any** change to current procedures, processes, or technology changes that may affect how patient records are created, stored, or used. If you already have a PIA-accepted virtual care platform, CPSA recommends this be used for patient care.

However, CPSA recognizes that, in the extraordinary circumstances posed by the pandemic where patient safety may be compromised by a delay in deployment of a PIA-accepted virtual care tool, **short-term** use of a virtual care technology that has not yet received PIA acceptance can be justified. While PIA-accepted platforms are preferred, using what is

most easily accessible to patients during the pandemic is acceptable as long as reasonable measures have been put in place to ensure the security of health information and email notification to the OIPC has been completed with key considerations identified in the email (for example, if you are using Zoom for virtual care, you need to notify OIPC). Please [see below](#) for more information on the key considerations.

Consent

When using virtual care tools, that have not yet been PIA-accepted for health purposes, it is recommended that [patient consent](#) is obtained to ensure the patient is aware of the risks and agrees to the use of the technology. This consent does **not** negate or limit the physician's duty to safeguard the patient's information: physicians remain responsible for ensuring reasonable safeguards are in place, regardless of a patient's acceptance of the risks. Consent of awareness and authorization to use the not yet PIA-accepted virtual care tool is best achieved by:

Consent does **not** negate or limit the physician's duty to safeguard the patient's information.

- carefully establishing that the identity of the patient is correct;
- explaining to the patient at the start of the virtual encounter that:

“It is necessary to keep people from congregating or attending health facilities where they may be exposed to the COVID-19 virus, so virtual care technologies, which have not yet been accepted by the Office of the Information and Privacy Commissioner are being used as an extraordinary measure during the COVID-19 pandemic, as accepted technology is not readily available. These tools increase the risk that your personal health information may be intercepted or disclosed to third parties. However, limiting your chance of exposure to COVID-19 by practicing social distancing through virtual care outweighs the potential risk of personal privacy breaches on both a personal and population health basis.”

For suggestions on how to educate patients about the consent process via your website, please see [Appendix A](#).

Documentation of a virtual care encounter

A virtual care encounter should be treated like [any](#) patient encounter and must be documented in accordance with the [Patient Record Content](#) standard of practice.

Patient records are key in allowing healthcare professionals to understand the patient while providing a valuable communication tool with other members of the patient’s medical team. They are also paramount in allowing [continuity of care](#), ensuring patients don’t “fall through the cracks.” Visit notes should be accurate, complete, legible, in English, compliant with legislative and institutional expectations, and completed as soon as reasonable to ensure accuracy.

If the virtual care encounter is with an established patient, documentation should occur in accordance with the [Continuity of Care](#) standard, including all contacts with patients, including failed attempts to notify a patient about follow-up care.

If the virtual care encounter is episodic in nature (i.e., not a patient with whom you have an [established relationship](#)), documentation should follow the [Episodic Care](#) standard:

- a summary of presenting concern;
- relevant findings during the assessment;
- details of the management plan, prescriptions, investigations, or referrals issued;
- and follow-up instructions given to the patient.

Additionally, if the patient has a primary care provider, a copy of the encounter should be given to the patient and/or their primary care provider.

More information can be found in the [Episodic Care Advice to the Profession](#) document.

Documentation of consent

When using a virtual care tool that has not yet been PIA-accepted, it should be noted in the [patient’s record](#) that verbal consent was obtained. The following statement can be pasted in your encounter note:

“Informed verbal consent was obtained from this patient to communicate and provide care using virtual care and other communication tools. The risks related to unauthorized disclosure or interception of personal health information, the steps the clinic is taking to ensure security and the steps they can take have been explained to the patient.”

Billing for telephone advice during COVID-19

Please be advised that CPSA's change in professional standards regarding appropriate security precautions when providing remote services to patients does **not** mean Alberta Health has amended its requirements and rules for billing visits or consultations with patients. Bulletins containing billing codes and instructions to be used during the pandemic can be accessed here: [Bulletins for Health Professionals](#)

For more information, please contact Provider Compensation and Strategic Partnerships Branch at 310-0000 (toll-free) or health-pcsp.admin@gov.ab.ca.

Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact Chantelle Dick, Standards of Practice Coordinator, at 780-717-2573 or chantelle.dick@cpsa.ab.ca.

To assist in the evaluation of platforms that have not yet been PIA-accepted, please refer to the [Virtual Care Toolkit](#) from the [Doctors of BC](#).

For more information on available platforms, please visit the Alberta Medical Association's (AMA) website: [Helping physicians minimize the risk of exposure to COVID-19](#)

RELATED STANDARDS OF PRACTICE

- [Continuity of Care](#)
- [Episodic Care](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Telemedicine](#)

COMPANION RESOURCES

- [Advice to the Profession documents:](#)
 - [Continuity of Care](#)
 - [Electronic Communication and Security of Mobile Devices](#)
 - [Episodic Care](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)

- [Patient FAQs: Telemedicine](#)
- [OIPC](#)
 - [Advisory for Communicating with Patients Electronically](#)
 - [Notice: PIAs During a Public Health Emergency](#)

Appendix A

To support the consent process, we suggest that the following information be added to your service website, posted in your office, forwarded to your patient panel, or made available to patients as a reference when you obtain verbal consent:

“COVID-19 is placing stress on Canada's public health system. Our health service is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools. We will:

- check the cached data and temporary files in our system to ensure confidential information is not stored in these areas unless secured or encrypted;
- ensure network access is limited to authorized users and/or devices and that data is encrypted during transmission;
- use encryption to protect data from this exposure; and
- manage additional security concerns if telemedicine is provided using a mobile device.

To help us keep your information safe and secure, you can:

- use only a secure connection, either a landline or password-protected, preferably encrypted Wi-Fi (public hotspots are not protected and could compromise their privacy);
- check for adequate bandwidth and screen resolution if using videoconferencing technology; and
- find a quiet, private space to avoid interruptions and the potential for others to overhear.

For example, using a personal and encrypted email account is more secure than an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

If you are concerned about using video or audio tools for virtual care, other arrangements can be made. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus.

By providing your information, you consent to let us collect, use, or disclose your personal health information through video or audio communications (while following applicable privacy laws) in order to provide you with care. In particular, the following means of electronic communication may be used (identify all that apply): email, videoconferencing (including Skype, Facetime, etc.), text messaging (including instant messaging), website/portal, other (specify).”