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Title

Translating complex clinical environments to virtual care: Standards of Care in Virtual Medicine in Canada

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context - Rapid adoption of virtual care in early 2020, meant there was little time to develop or plan integrated virtual health care services, resulting in an urgency to establish governance for quality-based virtual care in Canada. Improvements in implementation of virtual care are needed across Canada for safer, equitable and accessible healthcare.

Objective - To identify existing regulatory frameworks and evaluate standards for virtual health care across Canada.

Study Design and Analysis - This is a comparative study, analyzing the variability of virtual care standards.

Setting or Dataset - Virtual care standards available on the website of the 13 Canadian provincial/territorial College of Physicians .

Population Studied - The 13 provinces and territories in Canada that are regulated by their relative College of Physicians.

Intervention/Instrument - Published Virtual care standards were searched on each College of Physicians website and Google. Only the most recent published standards were used in analysis.

Outcome Measures - 1) Definition of Virtual Medicine, 2) Ethical, Professional and Legal Obligations, 3)Requirements that preceded Engaging in Virtual Medicine, 4) Establishing a Patient-Physician Relationship, 5) During and After Engaging in Virtual Medicine, 6) Prescribing and Authorizing.

Results - Regulatory bodies defined virtual care similarly, however differences were noted in the inclusion of synchronicity and interprofessional consultation. Ethical, professional and legal

requirements were alike for virtual care and in-person settings . Some governing bodies require prior licensure for "out-of-province" physicians to provide telemedicine within their jurisdictions. When establishing a Patient-Physician relationship the disclosure of the patient's location, identity and verification of a safe physical setting was not mandatory across all jurisdictions. Not all regulatory authorities authorize virtual prescribing of controlled substances.

Conclusions - Standards for virtual health care are generally consistent with those established for in-person settings; however there remain serious gaps between regulatory bodies. These gaps and the lack of implementation planning render standardized training and learner competency development in virtual care management difficult. A pan-Canadian standard would diminish variability and allow for the development of standardized physician training to improve implementation of virtual care.