Virtual visits have been introduced as a care option during the COVID-19 pandemic. A virtual care includes a phone or video appointment with a patient. The goal is to help patients continue to access care while also reducing in-person patient visits to clinics and health facilities.

It is relatively easy to shift many of your patient appointments to virtual visits. The following considerations should be reviewed as you get ready to introduce virtual care.

- **Technology**

  - **Phone visits**
    Leverage existing land line and cellular phones. You may want to consider functionality such as transferring calls to physicians from reception and placing patients on hold until the physician is ready. Conference call technology could be useful depending on your practice.

  - **Video Visits**
    Video visits will require hardware and a video app or software.

    - **Hardware**
      - Consider the device you will use to video chat: a computer, tablet or smart phone? Does it require a separate webcam, microphone and/or speaker?
      - Consider your clinic’s internet capacity to have multiple physicians provide video visits at the same time.
      - Disable cameras when not in use by disconnecting them or using a lens cover.

    - **Video Apps**
      - A variety of apps and software are available for video calls, and it is important that physicians endeavor to find a solution that offers privacy and works for their patients.
      - Shared Health’s Digital Health recommends the use of Microsoft Teams (formerly Skype for Business) and Zoom for Health, but recognizes the need for flexibility to rapidly introduce video visits during the pandemic.

      View our one-page overview of video app options and choose one that is right for your practice.
Virtual Care Quick Start Guide

Appropriate Space

Consider the following when deciding where you will conduct phone or video visits:

- Privacy: just like an in-patient visit, patient confidentiality should be maintained. The volume should be set at an appropriate level in a private room.
- EMR/chart access: where possible, have access to edit the patient’s EMR/chart during or immediately following the visit.
- Professional appearance: for video visits, ensure the patient sees a professional space around you, such as a clinic exam room or tidy office.

Conducting virtual visits from home? If the considerations above can be met at home in a secure and private manner that meets standards, virtual visits can be done at home. In fact, as social distancing advice from public health officials evolves, it may be preferable for you to offer virtual visits from home.

Note: Both the physician and patient must be in Manitoba.

Patient Contact Information

If you’re not already collecting email addresses and mobile phone numbers, get set up to start obtaining this information from patients. It can likely be stored in your EMR.

You may consider using a mail application to send notifications to patients, such as Mail Chimp or Office 365 Business.

Patient Suitability for Virtual Visits

Consider the types of health concerns that are suitable for phone and video visits and if an in-person patient visit is necessary. Reflect on your practice and the types of concerns you see and treatments you offer. You could review patient visits over the last week or two and review which could have been offered virtually. Determine what is safe and appropriate for your practice.

Consider limitations of virtual visits: you can’t feel a lump or administer a vaccine over the phone or video. But patients may have home blood pressure monitors and can give you a blood pressure reading.

For family medicine practices, clinical considerations have been offered by Dr. Jose Francois, the Head of the Department of Family Medicine at the University of Manitoba and Provincial Specialty Lead - Family Medicine with Shared Health. Examples of the types of concerns or conditions that may be suitable for virtual visits include:

- Follow-up care for chronic conditions
- Follow-up to in-person visit within last 2 weeks
- Cold/flu symptoms (ensure you review COVID-19 screening protocols)
- Conjunctivitis
\[\text{Virtual Care Quick Start Guide}\]

- Nausea/vomiting/diarrhea
- Minor injuries/aches and pains
- Skin conditions like a rash or bug bites
- Urinary issues
- Sleep or mood problems
- Medication questions
- Contraception advice
- Mental Health

\[\text{Workflow – How to Introduce Video Visits in Your Clinic Operations}\]

Whether patients call in to book or schedule appointments online, you will need to introduce a process change to offer virtual visits when appropriate.

Work with reception on modifying your clinic scheduling process. This includes screening patients for clinical suitability, informing patients about virtual visits, and obtaining patient consent. Email confirmation messages are particularly useful for video visits.

As a team, consider your daily workflow. It may be appropriate, during the pandemic, to stagger in-person and virtual visits to help reduce and spread out patient traffic to your clinic, rather than doing all virtual visits as a block.

\[\text{Professional and Legal Obligations}\]

Like in-person visits, virtual appointments must comply with CPSM standards and applicable legislation, such as PHIA. Doctors Manitoba has incorporated virtual care standards into this guide, but physicians are encouraged to review the CPSM standard on virtual medicine as well as their FAQs.

\[\text{Privacy and Security}\]

Professional and legal obligations include considering the risks to privacy and security and taking steps to mitigate those risks. During the coronavirus public health emergency, it is reasonable to approach privacy compliance in a streamlined manner to avoid delays in decreasing the risk of exposure to COVID-19.

The basics still apply. Take precautions to ensure both and the patient are in a private setting. Patients should be encouraged to use their own device in a private location, rather than at work or in a public place. For video visits, inform patients of the inherent risks of using a third-party video app and obtain their consent.
Test First!

Before conducting virtual visits with patients, especially using new technology, test your set-up first. This is also an opportunity to help you get comfortable with the new format.

Billing

Doctors Manitoba and Manitoba Health have agreed to introduce virtual visit tariffs during the pandemic. Virtual visit tariffs apply to patient assessments conducted via phone or video and to all fee-for-service physicians.

All physician blocs can use tariff 8321 for virtual visits, paid equal to the regional history and examination rate or subsequent visit rate for the physician’s bloc of practice.

Example: For family practice, the rate is equivalent to tariff 8529 ($37.40)

Psychiatrists can use tariff 8533 for virtual psychotherapy, paid at the same rate as in-person psychotherapy.

The virtual visit tariffs can be used regardless of modality (phone or video)

The Fine Print: Do’s and Don’ts

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<tr>
<th>DO</th>
<th>DON’T</th>
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<tr>
<td>DO conduct the visit yourself. Virtual visits by non-physicians are not covered. Where a Physician Assistant carries out part of the visit the physician must also see/speak with the patient.</td>
<td>DON’T use the new tariff for phone advice you would normally have provided following an in-person visit, such as sharing normal test results.</td>
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<td>DO continue to provide PCH care in person, unless you are ill or required to self-isolate. You can continue to use tariff 8000 for calls from PCH staff.</td>
<td>DON’T invite patients to call for routine questions about COVID-19 and then claim a virtual visit. These are best directed to provincial online resources or Health Links.</td>
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<td>DO claim interpretations of any diagnostic tests (e.g., Audiograms, EKG, EEGs...) that are usually billed in addition to visits under the applicable tariff in addition</td>
<td>DON’T claim a virtual visit on the same day as an in-person visit</td>
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<td>DO include start and stop times in your documentation.</td>
<td>DON’T claim office/home visit tariffs for services provided virtually.</td>
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<tr>
<td>DO claim rural and northern premiums if both you and your patient are outside of Winnipeg</td>
<td>DON’T claim after hours premiums unless the service is urgent/emergent nature.</td>
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You may continue to bill for services provided by a Resident under your supervision in accordance with past practice.

**Consultation or Complete or Regional examinations:** Where a physician determines that it is medically necessary, after providing a virtual visit, to see the patient for an in-person examination, the appropriate visit tariff may be billed except where that visit occurs on the same day.

Review the Doctors Manitoba virtual visit tariff information for more information. If you have questions about virtual care and the new tariffs, please contact covid19@doctorsmanitoba.ca.

**DISCLAIMER:** This document provides general information and advice. We strongly recommend that you retain a knowledgeable and qualified professional to regularly assess and maintain your clinic’s technology. We recommend you review applicable standards and requirements to ensure you are meeting professional and legal obligations. Please monitor for updates as advice on virtual care could change as more information emerges.