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Reviewed by: Clinical Care Committee (CCC); Collaborative Practice Advisory Committee (CPAC)	Approved by: Medical Advisory Committee (MAC)

1.0 Purpose

This policy establishes expectations for the delivery of virtual health and mental health care by CAMH personnel to CAMH clients/patients. It outlines the roles and responsibilities of clinicians and CAMH personnel, to ensure that virtual care is provided in a safe, effective, and confidential manner.

2.0 Persons Affected

This policy applies to all employees, students, volunteers, physicians, and agents of CAMH (hereafter referred to as "CAMH personnel") involved in the provision of virtual care.

3.0 Policy

- 3.1 The delivery of virtual care has become an integral part of Ontario's health system, offering significant benefits to both health care providers and clients/patients where physical distance poses a challenge. It can improve access to physical and mental health care by providing clients/patients with increased access to health care professionals, expanded treatment options, and efficiencies in terms of travel and wait time.
- 3.2 However, virtual care also raises unique privacy and security considerations.
- 3.3 In order to ensure client/patient safety and maintain confidentiality, CAMH personnel must comply with the following expectations.

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- CAMH personnel may only provide virtual care if they have the necessary education, skill and experience to do so, including the knowledge and capability to use the technology.
- CAMH personnel shall be aware of and comply with the associated <u>Virtual</u> <u>Care Protocol for Outpatients</u> and directives, and complete any necessary training.
- CAMH personnel may provide virtual care to clients/patients who are normally resident in Ontario. Virtual care may also be provided to clients/patients who are normally resident in other provinces or territories of Canada. CAMH personnel who provide virtual care to clients/patients who are located outside of Ontario at the time must comply with the requirements in Section 6.5, below.
- CAMH personnel may only provide virtual care if it is appropriate to do so for a given client/patient.
- Only CAMH-approved platforms may be used for the delivery of virtual care.
- Before providing virtual care, CAMH personnel must confirm that participants have the appropriate technology (e.g., hardware and internet connectivity).
- Before providing virtual care, CAMH personnel must ensure they have immediate access to necessary technology (e.g., telephone, fax, and/or email) to communicate with relevant clinical supports or emergency services in case of an emergency or adverse event. This includes the ability to complete, print and securely transmit a Form 1 (Application for Psychiatric Assessment) if necessary.
- Video recording of virtual care appointments is strictly prohibited.
- Audio recording of virtual care appointments conducted using WebEx is permitted for <u>clinical supervision and training purposes only</u>, in accordance with the <u>Privacy Guidelines for Audio Recording of Clinical</u> <u>Sessions via WebEx for Supervision and Training Purposes</u>.
- CAMH personnel will only deliver virtual care from an off-site location (e.g., their home) if they have received the necessary approval from their manager or physician leadership.
- CAMH personnel will not deliver virtual care when a client/patient is in transit (e.g., in a vehicle or on public transportation).
- CAMH personnel will inform clients/patients of the expectation that the client/patient remain in the same location throughout a virtual care appointment, and of the desirability of using a private space.

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4.0 Definitions

Virtual Care: For the purposes of this policy, virtual care refers to clinical interactions (e.g., screening, assessment, treatment, intervention, etc.) between clients/patients and CAMH personnel that occurs remotely through any form of communication technology (including video or audio modalities). It does not include communication between CAMH personnel and clients/patients and/or families for instrumental reasons (e.g., booking appointments, providing general information, etc.).

5.0 Responsibilities

- 5.1 CAMH Personnel
 - 5.1.1 Obtain and document consent from the client/patient to use email to communicate about the virtual care appointment (e.g., to provide meeting link and related instructions, appointment reminders, clinic contact details, and link to client experience survey if applicable).
 - 5.1.2 Obtain and document consent from the client/patient to participate in a virtual care encounter.
 - 5.1.3 Provide virtual meeting details to the client/patient via email.
 - 5.1.4 Use only CAMH approved technology to collect self-assessment measures from a client/patient (e.g., MyCare Patient Portal, REDCap).
 - 5.1.5 Use <u>CAMH IT Managed Secure File Transfer</u> whenever delivering documents that contain personal health information.
 - 5.1.6 Provide virtual care from a private location only.
 - 5.1.7 Comply with policy <u>AIMG 4.1.1 Management of Personal Health</u> <u>Information and Personal Information</u> and related procedures and practices for the collection, use and disclosure of personal health information/personal information.
 - 5.1.8 Report all actual or suspected privacy breaches to the Information and Privacy Office (IPO) and submit a STRIDES report.
 - 5.1.9 Document all virtual care appointments in a client/patient's health record (I-CARE), in accordance with any applicable CAMH documentation standards.
- 5.2 Information and Privacy Office (IPO)
 - 5.2.1 Receive and respond to reports of actual or suspected privacy breaches relating to the provision of virtual care to clients/patients.

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6.0 Procedures

- 6.1 Preparation for a Virtual Care Appointment with CAMH Inpatient or Outpatient
 - 6.1.1 CAMH personnel will obtain and document in I-CARE the client/patient's express verbal consent to use email to communicate about the virtual care appointment.
 - 6.1.2 CAMH personnel will provide the client/patient with a copy of the relevant guidance document(s) for the virtual care appointment (e.g., CAMH Patient Information Sheet, and/or User Guide for WebEx or OTN).
 - 6.1.3 CAMH personnel will email the details of the virtual care appointment to the client/patient. This email will include:
 - the link or call-in details for the virtual care appointment;
 - the link to the relevant client/patient experience survey (if applicable);
 - the name and contact details of CAMH personnel who can be reached during the virtual care appointment if there are technical issues;
 - a reminder for the client/patient to have their government-issued identification available during the virtual care appointment; and
 - notice that the client/patient is not to share the link or call-in details for the virtual care appointment with anyone else, unless this is discussed in advance with CAMH personnel.
 - 6.1.4 If it is known in advance that a support person of the client/patient (e.g., a family member, friend, substitute decision-maker or other support person) is planning to attend the virtual care appointment, CAMH personnel will confirm with the client/patient and document in I-CARE that they consent to the support person attending.
 - 6.1.5 If an external third party (e.g., an interpreter, staff member of a community agency, or referring clinician) is expected to attend the virtual care appointment, CAMH personnel will contact the third party to confirm their intention to participate. If so, CAMH personnel will confirm the third party's email address and send the meeting link or call-in details via confidential email.

6.2 Conducting a Virtual Care Appointment

6.2.1 Prior to the virtual care appointment, CAMH personnel will don their CAMH issued identification. At the outset of the appointment, this will

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be shown to the client/patient and any other participants by holding the identification up to the camera.

- 6.2.2 At the outset of the initial virtual care session, CAMH personnel will obtain express verbal consent from the client/patient to participate in the virtual care appointment, and document in I-CARE that consent has been received.
- 6.2.3 If a support person (e.g., a family member, friend, substitute decisionmaker or other support person) is in attendance, CAMH personnel will confirm that the client/patient has provided consent to the support person's presence. If the client/patient has not provided consent prior to the commencement of the virtual care appointment, CAMH personnel will take appropriate steps to obtain consent before proceeding (for example, by speaking with the client/patient privately via telephone).
- 6.2.4 At the outset of every virtual care appointment, CAMH personnel will ask any external third-party participants attending with the client/patient to introduce themselves, and will take steps to verify their identity, role and agency affiliation (if relevant). CAMH personnel will obtain express verbal consent from the client/patient to include the external third-party participant in the virtual care appointment, and document the third party's name, role and the client/patient's consent to their participation in I-CARE.
- 6.2.5 At the outset of every virtual care appointment, CAMH personnel will confirm and document the following information:
 - the client/patient's identity, in accordance with policy PC 2.16.4 Client/Patient Identification;
 - the client/patient's home address;
 - the client/patient's current geographic location;
 - if the client/patient is participating in the virtual care appointment from a clinic or health care setting in the community, the contact information for that location;
 - an alternative phone number at which the client/patient can be reached during the virtual care appointment (if available); and
 - details of an emergency contact person (if the client/patient is able and willing to provide such details).
- 6.2.6 CAMH personnel will inform the client/patient of the circumstances in which CAMH personnel may need to contact local emergency

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authorities (e.g., if a concern about someone's safety arises in the course of the appointment).

- 6.2.7 CAMH personnel will document the virtual care appointment in I-CARE in accordance with any applicable CAMH documentation standards.
- 6.3 Providing Virtual Care Via Telephone
 - 6.3.1 CAMH personnel will not provide group-based virtual care via telephone.
 - 6.3.2 Although virtual care by video is preferred, virtual care by telephone may be provided to individual clients/patients if the following requirements are met.
 - 6.3.2.1 Prior to providing virtual care by telephone, CAMH personnel must ensure that it is a clinically appropriate means of delivery care to the particular client/patient (e.g., taking into consideration whether it is an initial versus follow-up encounter, the client/patient's mental status, any safety issues, and the urgency of any care needs).
 - 6.3.2.1.1 If CAMH personnel determine that provision of virtual care via telephone is not appropriate for a particular client/patient, they will inform the client/patient of alternative means of receiving care. This may include, for example, recommending that the client/patient attend CAMH's Emergency Department (in case of urgent care needs), or follow-up with their primary health care provider.
 - 6.3.2.2 Prior to providing virtual care via telephone, CAMH personnel must obtain the client/patient's express verbal consent to receiving virtual care via telephone, and document this consent in I-CARE.
 - 6.3.2.3 Prior to providing virtual care via telephone, CAMH personnel must verify the client/patient's identity in accordance with policy <u>PC 2.16.4 Client/Patient</u> <u>Identification</u>, using one of the following methods:
 6.3.2.3.1 have the client/patient show their government
 - issued identification via video prior to the telephone appointment;

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- 6.3.2.3.2 have the client/patient deliver a photocopy and/or photograph of their government-issued identification to CAMH personnel prior to the telephone appointment, and at the commencement of the telephone session have the client/patient read the number on their government-issued identification aloud to ensure consistency;
- 6.3.2.3.3 have the client/patient say their name and date of birth aloud at the outset of the telephone appointment, and ensure this is consistent with information in I-CARE or referral documentation.
- 6.3.2.4 CAMH personnel will document all virtual care via telephone appointments in the client/patient's health record in accordance with any applicable documentation standards. Documentation will specify that care was provided via telephone.
- 6.4 Providing Virtual Care to Groups of Clients/Patients
 - 6.4.1 CAMH personnel shall adhere to all procedures above when providing virtual care to groups of clients/patients, as well as the additional procedures set out in this section.
 - 6.4.1.1 CAMH personnel shall generate and send the meeting link/details to group participants in a manner that maintains the confidentiality of the email addresses of all participants.
 - 6.4.1.2 CAMH personnel shall obtain each group participant's consent to participate in a virtual care group, and the information set out in Section 6.2.4, above, on an individual basis (e.g., in a discussion with each client/patient individually before the group begins, or in a private virtual care breakout room).
 - 6.4.1.3 At the beginning of the virtual care group session, CAMH personnel will inform group participants of any rules or expectations, including that they must notify the virtual care group facilitator prior to leaving a virtual care group session.
 - 6.4.1.4 CAMH personnel will document the client/patient's participation in the virtual care group session I-CARE, in

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accordance with any applicable CAMH documentation standards.

- 6.5 Providing Virtual Care to Clients/Patients Outside Ontario
 - 6.5.1 CAMH personnel may provide virtual care to clients/patients who are normally resident in Ontario. Virtual care may also be provided to clients/patients who are normally resident in other provinces or territories of Canada in circumstances where the requirements in Section 6.5.2, below are met.
 - 6.5.2 Whenever virtual care is provided to a client/patient who is located outside of Ontario at the time of the virtual care appointment, CAMH personnel must first:
 - 6.5.2.1 ensure that there is an appropriate plan in place to address any emergency or adverse event that may occur during the delivery of virtual care (e.g., a plan for how the client/patient would access emergency assistance if needed);
 - 6.5.2.2 ensure that the CAMH provider of virtual care is in compliance with the applicable licensing and regulatory requirements in both Ontario, and the jurisdiction in which the client/patient is located. This may include, for example, a requirement that the clinician hold a license to practice in that other jurisdiction;
 - 6.5.2.3 ensure that the CAMH provider of virtual care has the appropriate insurance coverage;
 - 6.5.2.4 be aware of and comply with any privacy and documentation requirements that may apply in respect of care provided in the other jurisdiction; and
 - 6.5.2.5 be aware of and comply with any limits that may apply in the other jurisdiction in respect of the number of virtual care encounters the health care practitioner may have with a patient located outside the health care practitioner's jurisdiction.
- 6.6 Ordering Diagnostic Tests and Prescribing Medication
 - 6.6.1 The same standard of care applies for face-to-face and virtual care with respect to the ordering of diagnostic tests and prescribing of medication. CAMH personnel may order diagnostic tests and prescribe medication as part of the delivery of virtual care, so long as they are able to meet the requisite standard of care.

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6.6.2 CAMH personnel who prescribe medication or order diagnostic tests as part of the delivery of virtual care must comply with all relevant CAMH policies and any expectations of their professional licensing body.

7.0 References

College of Physicians & Surgeons of Ontario: <u>Prescribing Drugs Policy</u> (refer to Section on ePrescribing)

College of Physicians & Surgeons of Ontario: Telemedicine Policy

- Hilty, Donald M et al. "The effectiveness of telemental health: a 2013 review." Telemedicine journal and e-health: the official journal of the American Telemedicine Association vol. 19,6 (2013): 444-54. doi:10.1089/tmj.2013.0075. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/.
- Serhal, Eva et al. "Implementation and Utilisation of Telepsychiatry in Ontario: A Population-Based Study." Canadian journal of psychiatry. Revue canadienne de psychiatrie vol. 62,10 (2017): 716-725. doi:10.1177/0706743717711171. Available at: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5638186/</u>.

Ontario College of Pharmacists: Faxed Transmission of Prescriptions Policy

Ontario Health Verified Virtual Visit Solutions for Providers

Ontario Telemedicine Network (OTN).

8.0 Links/Related Documents

8.1	Related Policies and Procedures
	AHR 3.14.3 Management and Reporting of Safety Incidents
	AIMG 4.1.1 Management of Personal Health Information and Personal
	Information
	AIMG 4.1.5 Storage of Personal Health Information/Personal Information on
	Mobile Computing Devices
	AIMG 4.1.6 Privacy Incident Management Protocol
	AIMG 4.1.7 Email
	F 3.29 Medications for Opioid Use Disorder in the Emergency Department
	and for Inpatients
	IMG 4.4.2 Acceptable Use of Computing Resources

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PC 1.21.1 Use of Personal Electronic Devices on CAMH Property PC 2.16.4 Client/Patient Identification

- 8.2 Related Forms Virtual Care – PowerForms
- 8.3 Other Resources

 <u>CAMH IT Managed Secure File Transfer (MSFT) Service</u>
 <u>Directive for Audio Recording of Clinical Sessions via Webex for the</u>
 <u>Purposes of Supervision and Training</u>
 Documentation Standard: <u>Virtual Care</u>
 HowTo: <u>Use Breakout Rooms in Webex Meetings</u>
 <u>Tip Sheet for Outpatients Non-Physician Clinicians Conducting Virtual</u>
 <u>(Phone/Web-based) Suicide Risk Assessment</u>
 <u>Virtual Care Protocol for Outpatients</u>

9.0 Review/Revision History

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
December 2019	1.0	New policy	• N/A.
March 2020	1.1	Minor edit	 Section 3.2 – clarified TeleMental Health services may only be delivered from a CAMH facility; and Section 3.3 – clarified first consultation must occur at clinical site.
March 2020	1.2	Minor edit	 Amendments in respect of COVID- 19 Pandemic. Refer to Appendix 2 (page 10); and Updated links to Tip Sheet and Guidelines.
October 2020	1.3	Minor edit	 Amendments to reference CAMH personnel donning CAMH issued identification for during the provision of TeleMental Health services; and

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Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
			 Added Virtual Suicide Risk Assessment Tip Sheet link to Section 8.3.
January 2021	1.4	Minor edit	 Added Directive for Audio Recording of Clinical Sessions via WebEx for the purposes of Supervision and Training link to Section 8.3.
June 2021	2.0	Complete revision	• All sections reviewed and modified.
December 2021	2.1	Minor edit	 Updated definition of Virtual Care in Section 4.0; Added clarifying language to Section 6.5.1 and 6.5.2.2; and All sections reviewed and modified as needed to align with Virtual Care Protocol.
May 2022	2.2	Minor edit	 Replaced reference and link to F 3.25 Prescribing, Dispensing, and Administering Methadone for Inpatients with F 3.29 Medications for Opioid Use Disorder in the Emergency Department and for Inpatients.

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Appendix 1 – Technology Troubleshooting

For any Ontario Health (OH)/OTN connectivity-related issues, call OTN <u>1-855-654-0888</u> or the most appropriate third-party support services directly. For Webex: Contact the relevant program's administrative support and/or call CAMH Service Desk at ext. 6011. For clinicians working onsite at CAMH, contact the relevant program's administrative support.

For hardware troubleshooting with (OH)/OTN equipment onsite at CAMH, contact the relevant program's administrative support.

For client/patient-site related issues (i.e., where the client/patient is at a non-CAMH clinical location), contact your program's administrative support personnel.