Guidelines for Virtual Clinical Visits (1:1 outpatient, group visits, inpatient visits)

PURPOSE: This document is a temporary set of procedural guidelines developed in response to immediate COVID-19 service needs. It is intended to support CAMH clinicians and staff in the delivery of care via virtual means[1] . The guidelines provide instructions to be followed when sending a video link to a patient, patient group, or other health care providers via the CAMH approved platforms Webex or OTN-PCVC (Ontario Telemedicine Network - Personal Computer Videoconferencing). These guidelines have been developed and reviewed by CAMH TeleMental Health Services, Privacy, Legal, and IMG Services in collaboration with representatives from medical leadership, the Professional Practice Office and clinical research.

Terminology:
Virtual mental health is a broad term referring to all of the technology-mediated ways that mental health services are delivered. This includes telephone and videoconferencing services, web-based interventions (also called internet interventions), and interventions using mobile devices and/or wearable sensors (often referred to as e-health).

Telemedicine refers to the use of video-visits to provide or assist in the provision of patient care.

Telepsychiatry is the specific practice of psychiatry via video visits.

Telemental health is the use of videoconference to provide mental health assessment and treatment at a distance (Hilty et al. 2013).

The terms used in this document include: video visits, virtual clinical visits and video appointments and refer to the use of videoconference to provide patient care.

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[1] If anyone hears, sees or receives patient information through a virtual clinical visit that is not supposed to or not authorized to, the meeting host must report the incident in STRIDES (formerly SCORE) as per existing CAMH policy

1. Physician/Clinician with One Patient (1:1) - Outpatient Setting

Prior to *initial* Webex or OTN-PCVC session (whether first-time appointment or follow-up appointment):

1. **Obtain patient's consent to use email** to communicate with the patient and to send them relevant documentation about videoconferencing and the session, using Consent for Email script, and document in the patient chart that express consent to email was collected.
    o **Notify** the patient that email is not a secure means of communication but CAMH takes measures to safeguard the patient's information and requires email to send the Webex or OTN-PCVC meeting link. Ask for consent to communicate over email.
    o Provide the patient with a copy of the CAMH **Patient Information Sheet for Video Appointments and Webex or OTN User Guide**.
        o **In person:** provide a hardcopy to the patient.
        o **Over the phone:** use Consent for Email script to ask for email address and consent to use email to send relevant documents or information, as well as the client experience survey, and clinic contact information.
    o **Remind** the patient to have their government issued identification (preferably health insurance card) with them for the session.
    o **Remind** the patient not to share the Webex or OTN videoconferencing link with anyone else unless discussed and documented (e.g., desire to have a family member join the session).

2. **Email** meeting details to the patient (Email script).
    o Attach Patient Information Sheet and User Guides
    o Include link for the client experience survey.
    o Include clinic contact information in case there are technical issues.
    REMEMBER:
    o Only include the patient's initials in the subject line of the email or meeting invite – not patient full names or identifiers.
    o Minimal or no PHI should be included in the body of the meeting invite – only the minimum information needed to set up the meeting.
    o Double check the patient's email address before sending the meeting invite – this will avoid inadvertent privacy breaches.

During Webex or OTN-PCVC session:

1. Confirm **patient consent** to participate in a virtual clinical visit using **CAMH Virtual Clinical Visit Consent Script for 1:1 Outpatient Visits** and document in I-CARE; complete virtual clinical visit PowerForm.
2. **Verify** the identity of the patient – request the patient provide two patient-specific identifiers as per CAMH policy PC 2.16.4. For the first visit, ask the patient to show government-issued identification via video camera to verify identity.
3. Confirm an **emergency contact** number for patient, and alternate phone number to contact them if there is an emergency, or the call/virtual session ends inadvertently.
4. Confirm patient **address**, and that they are in a **fixed location** for the duration of the call.

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5. If there is a **concern regarding the identity** of the patient, then call the patient back at their phone number in their health record.
6. If a **family member, SDM or friend is present** for the call (e.g., as a support to the patient) confirm that the patient gives consent for such person to be present.
    o   **Document** in the patient record who else was there and that consent was obtained.
7. Clinical sessions **should not be recorded –** please ensure that recording functionality is turned off.

RECORDING OF VIRTUAL CLINICAL VISITS

Clinical sessions should not be recorded – please ensure that recording functionality is turned off. There are aspects that need to be reviewed by legal, privacy and clinical leadership, relating to the recording, storing, sharing of patient data, and the consenting process for patients. These will be addressed in a forthcoming policy.

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8. Screen sharing in Webex with the patient or within a clinical team is permitted at the discretion of the clinician or clinic, if it is necessary for providing care to the patient. For example, to jointly complete an assessment or work plan with the patient; to review a schedule to determine a coordinated care plan or staff scheduling.
    o   All other windows or documents containing patient information **must** be closed (not minimized) to reduce potential of inadvertently sharing PHI.
    o   If required to send a final version of a patient document to the patient or a third-party (e.g., community support service), use **Secure File Transfer**.
    o   Save all documents to the appropriate CAMH system e.g., I-CARE, Scheduler, shared drive
        o   **Never** save documents to your desktop.
        o   **Never** email documents with PHI to staff that they should be accessing through I-CARE.

9. **Collecting and sending patient data to support virtual clinical visits**:
    o   Use CAMH approved technology to collect data from the patient: i.e., MyCare Patient Portal, Clinical REDCap.
    o   Limit the information sent over email to informational documents, appointment reminders, and links to CAMH clinical assessments.
    o   Where PHI must be sent to a patient, use the CAMH Secure File Transfer: https://securefiletransfer.camh.ca/
10. Refer to the Virtual Mental Health **Clinician Checklist for Video Visits** for more detail.

1.1.   Physician/Clinician with One Patient (1:1) and Third-Party Participants (e.g., Interpreters, Community Agencies, Hospitals).

Follow existing guidelines **Physician/Clinician with One Patient (1:1) Outpatient sessions outlined above**, as well as the following:

Prior to Webex or OTN-PCVC session:
- o **REMEMBER** to double check the third-party participant's email address before sending the meeting invite – this will avoid inadvertent privacy breaches.
- o Send all **email addresses in BCC line** with Webex or OTN-PCVC invite to keep confidentiality.

During session:
- o **Verify** the identity of the third-party participant – request the third-party participant show proof of identification and if possible, proof of professional role.
- o **Obtain patient's consent** to include the third-party participant in the session.
  - o **Document** in the patient chart that consent was obtained to include the third-party participant in the session, including the name of the third-party participant.
- o Remind all parties that they **must:**
  - o Wear earphones if not in a private space (e.g., roommates, family);
  - o Ensure screen not viewable by others if not in a private space; and
  - o NOT record the session or take photos/screenshots.

2. Virtual Groups (Physician/Clinician with Multiple Virtual Patients)

PLEASE NOTE CAMH IS CURRENTLY ONLY PILOTING SELECT APPROVED VIRTUAL GROUPS. IF YOU ARE LOOKING TO PILOT VIRTUAL GROUPS, PLEASE CONTACT EVA SERHAL (eva.serhal@camh.ca).

Prior to *Initial* Webex or OTN-PCVC group session (whether first-time appointment or follow-up):

1. **Obtain patient's consent to use email** to communicate with the patient using Consent for Email script and document in the patient chart that express consent to email was collected.
   - o Provide the patient with a copy of the CAMH "**Patient Info Sheet for Video Groups**"
     - o **In person:** provide a hardcopy to the patient
     - o **Over the phone:** Use Consent for Email Script to ask for email address and permission to use email to send a copy of the info sheet to the patient (see bullet below about consent to send emails)
   - o **Notify** the patient that email is not a secure means of communication but CAMH takes measures to safeguard the patient's information and requires email to send the Webex or OTN-PCVC meeting link.
   - o **REMEMBER:**
     - o Double check the patient's email address before sending the meeting invite – this will avoid inadvertent privacy breaches.

       Webex: Generate the WebEx meeting link from the app/browser or CAMH Outlook account and insert the Webex meeting information into the body of the email using BCC to maintain confidentiality of the patients' emails. (Note: Webex scheduled meetings will display the emails of all attendees so please do not send the invite directly using Webex or the Webex scheduler in Outlook).

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- o **OTN-PCVC:** Generate the guestlink from an OTN account and include the emails of the participants. (Meeting recipients will receive individual emails with the access information for the visit).
- o Send an e-mail to individual group participants with the patient information sheet, client experience survey, and the clinic contact information, using BCC to maintain confidentiality of the patients' emails.

2. **Remind** the patient to have their government issued **identification** (preferably health insurance card) with them for the session.

3. **Remind** participants that they should not share or forward the meeting link to others.

On or Prior to Patient's First Group Session:

1. **Collect and Document Consent and Identification Verification** (This should take place 1:1 prior to meeting, or in a private virtual waiting room/ breakout room with the individual patient and facilitator/clinician)

   Facilitators/Clinicians will:

   - o **Obtain consent using CAMH Virtual Clinical Visit Consent Script for Groups** to participate in virtual clinical visits and **document in I-CARE** (via Virtual Clinical Visit PowerForm)
     - o All patients must agree to participate through videoconferencing before the session begins, otherwise they will not be able to attend.

   - o **Verify patient identification and document in I-CARE**
     - o Ask participant to show government issued identification for the first visit. Once facilitators feel they can adequately identify participants in following sessions, showing ID is not required, but clinicians should use double identifiers for subsequent visits as per CAMH policy PC 2.16.4.
     - o Participants that **join late** are still expected to provide double identifiers or identification (for first time participants that are unknown to the facilitators) to the group facilitators. This should be managed in a way that minimizes disruption to the virtual group (e.g., private message to facilitator, or one facilitator connects separately on a new Webex link with the participant to confirm identity and once confirmed, they can log onto the group session).

   - o **Confirm an emergency contact number** for patient, and alternate phone number to contact them if there is an emergency, or the call/virtual session ends inadvertently

   - o **Confirm patient address**, and that they are in a fixed location for the duration of the call.

   - o The clinician will **document in I-CARE** (via the Virtual Clinical Visit PowerForm) that they have read the consent, and the patient has consented to the following items:

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- o Informed choice to participate; no recordings or extra people allowed; joining from a private space; learners may join the session, acknowledge there are risks because CAMH can't guarantee session won't be recorded / shared / data security & storage is cloud-based technology.

- o Patient will be made aware that:
  - o They can **withdraw their consent** at any time;
  - o Facilitator may contact them on the **alternate contact** phone number(s) provided in case of tech or safety issue, or contact emergency responders (i.e., in case of safety concern);
  - o Patient must notify the facilitator if they are **leaving** virtual group session;
  - o In the event of **technical issues**, a member of the CAMH IMG team (for Webex) or TeleMental Health Program (for OTN) may need to join the session.
  - o The facilitator may have to end session if they feel the norms/ privacy principles are not being followed;
  - o While CAMH will not record, there is a small risk that others may be on the call and although instructed not to, **somebody may be recording**.
  - o **Clinical sessions should not be recorded (**please ensure that recording functionality is turned off).

RECORDING OF VIRTUAL CLINICAL VISITS

Clinical sessions should not be recorded – please ensure that recording functionality is turned off. There are aspects that need to be reviewed by legal, privacy and clinical leadership, relating to the recording, storing, sharing of patient data, and the consenting process for patients. These will be addressed in a forthcoming policy.

Refer to the Virtual Mental Health **Clinician Checklist for Video Groups** for more detail.

For All Subsequent Sessions
Facilitation Support (in all meetings):
- o Consider limiting group size to ensure facilitators can manage safety (determine size reasonable to manage virtually and consider safety and risk); and
- o For larger groups (4+) consider including two facilitators/clinicians per session and a method for both to communicate in case one needs to step off the call to check with patient(s) if there is a safety concern.
- o Consider having an "on-call" moderator as back-up for those facilitators running the group on their own.

Documentation and Protocols
- o **Complete note** in the patient's I-CARE record (using the I-CARE virtual clinical visits PowerForm).
- o **Confirm patient identification** using double identifiers (using the Client/Patient Identification policy for reference) and document in the I-CARE virtual clinical visits PowerForm (This should take place 1:1).
  - o If a clinician is ever uncertain of the identity of a participant, the facilitators should take

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   steps to verify that person's identity either by creating a separate breakout room with that individual, or by calling the patient on their phone number in the I-CARE patient chart, to confirm it is them. In Webex, this requires meeting to be booked as a "training session".

   - o **Remove** anyone who has joined the call without permission or whose identity you cannot confirm.
- o For each patient, **confirm** an emergency contact phone number, their physical location (address) and alternate phone number to contact the patient if there is an emergency, or the call ends inadvertently (This should take place 1:1).
- o **Consider your in-person protocols for attendance, and follow similar approach** (e.g.,take attendance, ask people to introduce themselves, or review and announce the online participant list and document that all have consented to participating);
- o Remind patients that **existing group confidentiality requirements still apply.** Remind all participants at beginning of each group they are not allowed to have anyone else join the call and ask patients to have screen on, at least for beginning of session, or during 1:1 breakout room to confirm identity and that they are alone.
- o **Monitor participation** in group and document if patient needs to leave group session.
   - o **Check on patient(s) who leave/ drop off** virtual session (i.e., if there is a safety concern) by phone or separate video-conference.
- o It is strongly recommended that facilitators **disable the private chat function** so group members cannot connect with each other without the rest of the group privy to the communication; facilitators can enable Q&A function on Webex so questions can be reviewed by facilitator and are only visible to the whole group if responded to by facilitator.
- o Remind patients they **must:**
   - o Make all efforts to ensure privacy;
   - o **Not record session or take photos/screenshots** and attest they are in **private space;**
   - o While it is strongly recommended that all individuals are in private spaces, if patient is not able to participate from private space (e.g., roommates, family) and continues in the session (at the discretion of the facilitator), they must wear earphones and position camera so others cannot view the screen of their device.

   - o **Collecting and sending patient data to support virtual clinical visits:**

   - o Use CAMH approved technology to collect data from the patient: i.e., MyCare Patient Portal, Clinical REDCap.

   - o Limit the information sent over email to informational documents or appointment reminders.

   - o Close all documents and windows on desktop prior to starting group sessions, to minimize inadvertent sharing of PHI, PI or other confidential information with group.

**If there are concerns with video and privacy/confidentiality among your group, another option for facilitators to consider is an anonymous webinar model: where video and audio are only enabled by facilitators and participants can enter questions and comments in chat.

3. Internal clinical work, CAMH clinical rounds, team reviews, CAMH inpatient seeing CAMH provider virtually

Follow existing guidelines for **OTN-PCVC** or **Corporate Use of Webex** as well as the following:

Prior to Webex or OTN-PCVC session:
o **REMEMBER** to double check the staff person's email address(es) before sending the meeting invite – this will avoid inadvertent privacy breaches.
   o Send invite to CAMH **secure email address** or other organizational workplace email if person is external to CAMH (e.g., No Gmail or personally created email account).

During session:
o **Client information can be discussed**, but remember to:
   o **Limit** discussion to what is required for the clinical activity and limit use of identifiers in conversations where possible (e.g., use initials for non-patient visits);
   o Do not email documents with PHI to one another in the session if information can be viewed through Webex screen share and individuals can access remotely on their own (i.e., Remote.CAMH.ca, secure file transfer);
o Obtain and document **consent** if this is the first time you are conducting a virtual clinical visit directly with a patient using the CAMH Virtual Clinical Visit Consent Script for Inpatient Visits*.

o Staff **must:**
   o Wear earphones if not in a private space (e.g., roommates, family);
   o Ensure screen not viewable by others if not in a private space; and
   o **Not record or take photos/screenshots of** the session with own device. Disable recording function and confirm with group that session will not be recorded.

4. Appendix: Consent Scripts

4.1 CAMH Virtual Clinical Visit Consent Script for 1:1 Outpatient Visits*

"Similar to other online activities, virtual care has some privacy and security risks. We are currently using videoconferencing platforms that have been approved for clinical use at CAMH. Note that CAMH cannot guarantee a completely secure system and it is possible that your health information may be intercepted or shared with others by accident. We want to make sure you understand this before we proceed. In order to improve privacy, you should also take steps in your virtual care including: being in a private setting during sessions, where possible, avoiding the use of someone else's computer/device including an employer's computer, or using free wi-fi, as others may be able to access your information, and not sharing the Webex or OTN videoconferencing link with anyone else.

Do you plan to have someone else join this session with you (e.g., family member)?

If yes→ Please confirm who will be attending and how they will join your session (e.g., joining from

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your same physical location, or joining from elsewhere through videoconferencing) so we can inform the clinician who will be meeting with you.

There is more information on the information sheet we have sent you. Please understand that virtual care is not a substitute for attending the Emergency Department if urgent care is needed.

Also note that CAMH is a teaching hospital fully affiliated with the University of Toronto and sometimes residents and other learners may be present at your visit, but you will always be introduced to anyone that is present for your appointment.

If at any time you do not feel comfortable with participating in the virtual visit, you can withdraw your consent to participate. As a clinician, if at any time I do not feel comfortable with the session, I also have the right to end the session. Do you have any questions? Do you consent to continue with virtual care?"

* Script adapted based on OMA script for virtual visits

4.2 CAMH Virtual Clinical Visit Consent Script for Groups*

"Similar to other online activities, virtual care has some privacy and security risks. We are currently using videoconferencing platforms that have been approved for clinical use at CAMH. Note that CAMH cannot guarantee a completely secure system and it is possible that your health information may be intercepted or shared with others by accident. In order to improve privacy, you should take steps in your virtual care including: being in a private setting during sessions, where possible, avoiding the use of someone else's computer/device including an employer's computer, or using free wi-fi, as others may be able to access your information. Note that you and other participants in the group and CAMH personnel are not permitted to record the sessions. There is a small risk that others on the call may be recording or will share information from the call, even though that is not allowed.

If at any time, we are concerned for your safety, we may contact you, your emergency contact or emergency responders to follow-up.

We would ask that if at any time you need to leave a group session, notify a facilitator prior to leaving, and someone might follow-up with you afterwards. If there are technical issues, one of our tech staff may join the call to provide support.

There is more information on the information sheet we have sent you. Please understand that virtual care is not a substitute for attending the Emergency Department if urgent care is needed. Also note that CAMH is a teaching hospital fully affiliated with the University of Toronto and sometimes residents and other learners may be present at your visit, but you will always be introduced to anyone that is present for your group.

If at any time you do not feel comfortable with participating in virtual groups, you can withdraw your consent to participate. As a group facilitator, if at any time I do not feel comfortable with the session, I also have the right to end the session. Do you have any questions? Do you consent to continue with virtual group sessions?"

* Script adapted based on OMA script for virtual visits

4.3 CAMH Virtual Clinical Visit Consent Script for Inpatient Visits*

"Similar to other online activities, virtual care has some privacy and security risks. We are currently using videoconferencing platforms that have been approved for clinical use at CAMH. However, CAMH cannot guarantee a completely secure system and it is possible that your health information may be intercepted or shared with others by accident. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting. Please note, this session will not be recorded and you must not record the session either. If you do not want to participate in virtual care, you have the right to refuse or withdraw your consent at any time.

Finally, we want to remind you that, CAMH is a teaching hospital fully affiliated with the University of Toronto and sometimes residents and other learners may be present at your visit, but you will always be introduced to anyone that is present for your appointment."

Do you have any questions? Do you consent to continue with virtual care?"

* Script adapted based on OMA script for virtual visits

4.4 CAMH Consent for Email Script

[Script for booking virtual clinical visits over the phone]:

"Hello,

Given the pandemic and the need for physical distancing, we can schedule a video appointment for you from your home. Video visits can be done using your personal device with a camera and microphone over the internet. Do you have one of these devices available (e.g., smartphone, tablet, computer)?

If yes→ We will need to send you an email to schedule the visit and support other activities related to your appointment. These things will include:

•   Invites for virtual visits
•   Links to surveys (e.g. clinical assessments or client experience)
•   Resources for your clinical use (not information in your health record)
•   Virtual visit appointment reminders

Email does not replace clinical care such as face-to-face assessment or intervention. Please understand that the security and confidentiality of the email messages that you send to and receive from CAMH cannot be guaranteed. Note that links to CAMH assessment surveys and the information you enter in these surveys will be encrypted, which increases the security of this information. If you no longer wish to communicate over email or your email address changes, please let CAMH know. Do you provide consent for us to communicate with you by email as we've just discussed?

If yes→ you will receive an email from "OTN" or CAMH (check your junk mail if you do not see it), which contains the video link that you open at the time of your appointment.

Please:

- Provide your email address
- Provide a phone number that we can reach you at on the date of your appointment as a back-up for communication purposes
- Ensure you are in a private, fixed location (e.g. not a moving vehicle)
- Ensure you have a piece of government-issued ID, such as your health card, for the doctor to verify your identity over camera"

[Draft email script which includes patient information sheet and OTN or Webex resource doc (include relevant platform resource)]:

Dear XX,

Your videoconference appointment with XX will take place on [date] at [time] over the Ontario Telemedicine Network (OTN) or Webex platform [identify relevant platform]. Please review the attached information sheet in preparation for your appointment. We have also included a user guide for tips on starting your virtual visit, as well as the following client experience survey link to provide us with feedback on your virtual appointment: [insert link].

Please remember to be in a private, fixed location (e.g. not a moving vehicle) and have a valid piece of government-issued ID ready for the doctor/clinician [identify relevant provider type] to verify your identity over camera.

[For Webex] To access your virtual visit at the time of the appointment, click the join button below. You can also go to https://www.webex.com/ click "Join" and enter the Meeting ID (access code).

[For OTN] You should have received an email from OTN which contains the link to start your appointment. Please let us know if you have not received it (note, this may be in your "junk" folder).

Do not hesitate to call or email us if you have any questions or concerns.

Thank you,

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If you have any questions on the content in this document, please contact:

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