Virtual Medicine Standard of Practice FAQ

The Standard of Practice for Virtual Medicine has general principles which must be applied reasonably to each and every patient encounter and should be documented. The new Standard of Practice for Virtual Medicine has led to many questions. Here are several of the questions and answers provided.

I sometimes pick up calls for a virtual online platform. Can I continue to do so with the new Standard?

Generally no, unless you yourself can provide in-person care to that patient. Fundamentally, virtual medicine is to be used to optimize and complement in-person patient care – it is not a substitute for in-person care. This means that the physician-patient relationship is to be in-person and virtual medicine is to be used to enhance in-person care. There is a requirement for a blended model of care requiring each registrant to see their patient in person in a timely manner if needed. Digital platforms in which patients contact physicians virtually, on-demand do not conform to the requirements of the Standard unless that individual physician themselves can provide in-person care within 24-48 hours in a geographic location close to the patient’s location. This might be in the same city, or if rural/remote within the usual distance for rural/remote health care. See s. 5.2.1.ii of the Standard for health care system institutional arrangements.

I am a psychiatrist. Does this Standard apply to psychotherapy?

Yes, it applies to all patient encounters. Anyone performing psychotherapy must have a blended model of care with both in-person and virtual visits. Virtual medicine is to be complementary to in-person care, not a substitute for in-person care.

The recent Standard of Practice on virtual medicine requires each physician to provide a blended model of in-person and virtual appointments depending upon the patient's clinical needs, amongst other considerations. For a psychiatrist, the CPSM expectation is that many patients can have a blended model in which the psychiatrist delivers much of their care virtually. Depending upon the patient’s medical condition, the psychiatrist has the discretion to determine the frequency of the in-person encounters, unless the patient requests an in-person appointment and then a timely in-person assessment is required. The frequency of in-person
appointments will vary widely on the patient's needs, but an in-person clinical encounter is required periodically.

Many of my patients are elderly and have difficulties in travelling and want virtual visits. How can I comply with the Standard of Practice?

CPSM recognizes the importance of virtual medicine in providing care and access to care, especially for patients in remote and underserviced areas, patients with disabilities, patients in institutional settings, limited psychosocial supports or economic means, and during a pandemic, or state of emergency. This may include the elderly.

Depending upon your individual patients, a blended model balancing in-person and virtual medicine may require the patient to attend in person once every two or three visits. Other patients will require all visits to be in person. All of this depends upon your clinical judgment for each and every patient encounter and should be documented in the patient record. Your clinical judgment will also take into account that your patient may not be able to drive or have family that can bring them to an in-person appointment. Therefore, a virtual visit may be the only way the patient can access health care. Most importantly, if good care requires in-person care, then in-person care must be provided.

Some of my elderly patients only use telephones (not smartphones) for virtual medicine. Can I meet the Standard of Practice by only using a voice?

The Standard states to use video technology if available, if in the patient's best interest, and if preferred by the patient. It was specifically written to ensure access to care for patients such as the elderly who may not have a computer or video access and only use the traditional telephone. However, you will recognize the importance of non-verbal communication that cannot be captured by phone and so the phone can be limiting in some instances. Most visits are strongly encouraged to be in-person unless for routine filling of prescriptions or advising of non-problematic test results or as in the above question.

Is there a percentage of visits that are required for in-person vs virtual visits?

No. This ratio will vary by specialty and even within specialty, and even by patient, and even for that patient’s particular needs. For instance, a CancerCare surgical oncologist will have to physically touch and assess lymph nodes prior to scheduling an operation, but a CancerCare medical oncologist may be able to monitor the patient by reviewing PSA levels and virtual visits. For psychiatry, psychiatric care for high-risk populations will require more in-person care than a lower risk patient population, however a suicidal patient may be treated immediately on the telephone for patient safety. For family medicine general practice, depending upon your patient
population’s socio-economic-health-age demographics, and individual medical conditions that percentage will change too.

I have to provide family support for my elderly parent out of the province, whether in Canada or another country, for a week. Can I do some virtual visits with my Manitoba patients while I am away?

Yes. The recent Standard of Practice on Virtual Medicine requires timely in-person care when clinically indicated or requested by the patient. If there is a requirement for an in-person assessment, please arrange for a colleague to see your patients that require in-person care. There may be privacy considerations and possible legal impediments to your patients’ personal health information being accessed anywhere outside of Canada. Some jurisdictions will consider you to be practicing medicine – maybe without a licence!

I am registered in another province and not in Manitoba. Can I conduct virtual medicine visits for Manitoba patients?

No. The patient's location in Manitoba means that you are practicing medicine in Manitoba without a licence. There are a few limited exemptions for federal jurisdictions such as federal prisons, military, airline transportation. There are also exemptions for complex care that is organized through Shared Health such as transplant surgeries and follow-up care and pediatric cardiac surgeries through Children’s Hospital.

My patient moved out of the province. Can I continue to provide care through virtual medicine?

No. The Standard requires a blended model of in-person and virtual visits in a timely manner, so this will not be possible. Furthermore, if the patient has moved, they are a resident of another province and must seek healthcare within that province. The patient is to have a local prescriber, and should they require the care of a specialist or scheduled procedures, these are to be performed in their home province. Note – Patients living in Northwestern Ontario may be treated via virtual medicine for acute care follow-up or cancer care. However, depending upon the nature of the care being provided you may continue to treat your patient while they establish residency in another province (for instance the 90-days while they obtain another health card) if you have a license to practice medicine in that province or that province allows virtual medicine based upon your Manitoba registration.
Why is it important to confirm that the patient is in Manitoba?

Five reasons.

1. You may not be able to order tests, prescribe drugs, refer to a specialist, or undertake a timely in-person assessment if required. This does not constitute good medical care.

2. Depending upon where that patient is located, you may be considered by that location to be practicing medicine in that jurisdiction and will need to be licensed there. The rules are different for every jurisdiction, both within Canada, amongst the 50 different US states, and in other countries worldwide.

3. You may not have CMPA coverage. “The CMPA is structured to assist members who encounter medical-legal difficulties arising in Canada from their medical professional work done in Canada. The CMPA does not generally assist with difficulties that arise outside of Canada or that result from care provided outside of Canada, owing to the potential for prohibitively expensive legal actions in other jurisdictions, particularly the United States.”

4. CPSM is informed by Doctors Manitoba that the virtual care tariff is only to be charged for patients located in Manitoba, NorthWestern Ontario, and Nunavut.

5. Health care is provincial, not federal, and it is governed by Manitoba legislation. Different legislation exists in other provinces and countries and governs the practice of medicine there.

My patients are snowbirds. Can I provide virtual medicine visits while they are south?

Generally, no. However, for continuity of care make sure you follow-up on test results, consultations with specialists, and other appropriate urgent matters. Do not provide on-going care.

There is a snowstorm warning. Can I close my clinic and offer virtual medicine to those scheduled patients?

Yes overall, depending upon your practice. This is a benefit of virtual medicine both for the patients and registrants. However, some of those patients will likely have to be seen in-person, and some immediately after the storm. Similarly, if a physician can not travel in the North or rural areas due to weather or airplane delays then virtual medicine may used to provide care if appropriate. Again, some of those patients may require in-person care soon.
I want to provide virtual medicine only. Can I have an arrangement with a physical clinic to refer patients who require in-person care?

No. You yourself have to provide timely in-person care and this care has to be in reasonable geographic proximity to the patients.

Can I move to another province, continue to be registered with CPSM, and just see my Manitoba patients virtually?

No. Again, you yourself must provide timely in-person care and this care has to be in reasonable geographic proximity to the patients. That timely in-person care might be required within 24-48 hours.

I am a specialist scheduled to provide in-person consultation services. Can I perform the initial assessment to interview the patient virtually and subsequently perform the in-person assessment?

Yes, for the most part. For instance, as a neurologist travelling to a distant rural or remote area to treat a number of neurology patients, you can interview your patients virtually first and then perform the in-person assessment later as scheduled when you travel to treat them. This applies whether you are a specialist living in Winnipeg or another province and travelling to the distant rural or remote area.