

VIRTUAL VISIT GUIDE FOR MIDWIVES

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1. CONSIDERATIONS FOR VIRTUAL VISITS

Understand your professional and legal obligations

Generally, regulatory colleges recommend that members use their professional judgment to determine whether virtual care is appropriate and whether it will enable the provider to meet the standard of care. While the CMO does not have such a policy, the same standard would likely apply. Under usual circumstances, colleges will use the same standards to judge care, whether it is in-person or virtual. In a pandemic, midwives will be held to the standard of what other midwives would view as reasonable under the circumstances.

Identify a virtual visit solution

The AOM has provided a list of [common virtual care options](#) and their characteristics (cost, ease of use, video capabilities, privacy and security, etc.).

As more and more people are using the zoom platform for virtual meetings, a number of vulnerabilities have surfaced. However, these are *restricted to the free version*, the healthcare version (cost associated) appears to be more secure. If using the free version for meetings, consider the following precautions:

- Always make sure you are using the most updated version of Zoom
- Set up a meeting using a randomly generated meeting ID and set a password for all meetings.
- Set up meetings so that participants cannot join until you open the meeting.
- Consider adding meeting controls such as: blocking file sharing and private chat, disabling screen sharing.

For more information, please visit: <https://nakedsecurity.sophos.com/2020/04/03/5-things-you-can-do-today-to-make-zooming-safer/>

Comply with privacy and security requirements

Virtual visits involve the collection, use and disclosure of personal health information and personal information. While safety trumps privacy where needed, midwives should take steps that are reasonable at the time to protect privacy. Possible privacy and security risks and strategies to protect personal health information can be found [here](#)

Onboard clients

Midwives will need to ensure that clients agree to receive care virtually and that they can use the technology effectively. Beforehand, consider the potential benefits and risks of virtual care for a given client. If you can, start small and go slow, manage client expectations proactively (e.g. how to access care for urgent concerns), develop a standardized registration process (e.g. email the client with a letter describing the program), and identify required technical support.

Assessment needs

A virtual visit solution may enable both video visits and secure messaging. When considering what modality to use for a virtual visit, consider the unique circumstances of each client, their clinical needs, and whether a virtual visit is appropriate for the clinical encounter.

Ensure the setting for video visits is private and secure

When conducting video visits, consider the privacy offered by the physical locations. Ideally, both individuals should be located in a private setting where the client can comfortably share confidential information and where the midwife can assess the client and provide advice.

Ensure appropriate resources are available

Midwives should ensure the right resources (e.g., technology, equipment, etc.) are available and can be used effectively when practicing virtual care. The midwife should also have mechanisms in place to order prescriptions, laboratory tests, and diagnostic imaging, when required.

Other factors that could influence the effectiveness of virtual visits include connectivity between sites, bandwidth, and resolution. Diagnostic assessment requires good bandwidth and resolution to identify non-verbal behaviours (e.g., tics, dysmorphia, etc.).

It is equally critical to consider the level of client support immediately available, particularly for clients with higher acuity.

2. STEPS TO CONDUCT A VIRTUAL VISIT

Confirm identity

Midwives should ensure the client is accurately identified at a virtual visit. For midwives, confirming a client's identity could be as simple as visually confirming the patient in a video visit.

Obtain consent for virtual visits

Informed consent is considered a requirement for virtual visits and is regarded as separate from consent for treatment. Consent can be implied, based on what a client does (e.g. accepting or initiating a virtual visit). If the mode of communication is encrypted, then implied consent is sufficient.

Expressed consent (provided either orally or in writing) is required in some circumstances; for example, when a health care provider collects, uses, or discloses personal health information for the purpose of marketing or market research.

Document the clinical encounter

Virtual visit records must be kept to the same standard as in-person care. Midwives should also document specific details about the electronic aspects of the encounter, including a notation as to how the visit was conducted (telephone, OTN, Skype, etc.). If multiple midwives are involved, identify the most responsible midwife. Client data, messages, files, or images exchanged during a virtual visit should be transferred to a medical record. To this end, virtual visit solutions should facilitate documentation in medical record systems by recording data with personal health information exchanged during the encounter.

Prescribing

Prescriptions should be sent through an EMR, phoned in, or faxed to licensed pharmacies, not to patients or other healthcare providers.

Document virtual visits in BORN

BORN Ontario is encouraging midwives to enter virtual visits and add them to the tally under Visits:

- If the virtual visit replaces a clinic visit, add it to Clinic Visits
- If the virtual visit replaces a home visit, add it to Home Visits

Platforms for Virtual Visits: A comparison chart

Updated April 20, 2020

	Adracare ⁱ	Doxy	FaceTime	Medeo	OTN	Skype	Telephone	VirtualCare ⁱⁱ	Zoom
Privacy & Security	Secure – PHIPA and PIPEDA compliant	Secure – PHIPA compliant	Not secure, end-to-end encryption but not PHIPA compliant	Secure (PHIPA compliant)	Secure – (PHIPA compliant)	Somewhat secure – Skype-to-Skype calls are encrypted. Skype for Business is HIPAA compliant (not PHIPA compliant)	Somewhat secure – landlines generally more secure than cell phones (not PHIPA compliant for most uses)	Secure – PHIPA and FIPPA compliant	Somewhat secure – end-to-end encryption (PHIPA compliant version is minimum \$270/mo for 10 hosts) ^{iii iv}
Cost	Basic Virtual: \$14/mw/mo Premium: \$39/mw/mo *20% off for AOM Members w/ 1 yr commitment	Free for audio calls, \$35-50/mo for video features	Free	Contact for quote (prices for OPA - \$17/mo for messaging only version, \$149/mo for messaging + video) ^v	Free	Free	Free	MPGs with <10 mw: \$20/mw/mo for 1 st year MPGs with 10+ mw: \$10/mw/mo for 1 st year	Free (PHIPA compliant version is \$270/mo or \$225/mo if billed annually)
Provider Sign-up Process	Easy – short sign-up process	Easy – short sign-up process	Easy	Easy – 2-step process	Possibly onerous (AOM working with OTN to see if this can be streamlined)	Easy	Easy	Easy – short sign-up process	Moderately Easy
Timeframe for Initial Use	Immediate – can sign-up and book appointment within 5 minutes	Immediate	Immediate	After signing up, providers will be contacted by Medeo	3-5 business days (expect delays due to COVID-19)	Immediate	Immediate	24 hours or less	Immediate

	Adracare ⁱ	Doxy	FaceTime	Medeo	OTN	Skype	Telephone	VirtualCare ⁱⁱ	Zoom
Client Ease of Use	Easy – access through browser on any device	Easy – doxy URL invitation for clients	Easy – requires iPhone or Apple iOS	to implement services Easy – download free app on their smartphone to use	Easy – email invitation for clients	Easy	Easy	Easy – clients setup a VirtualCare account on website or smartphone app	Easy – zoom URL sent to client
Video Capabilities	Y	Y	Y	Y	Y	Y	N	Y	Y
Additional Features	Group Conferencing (up to 8 people/video session) 24/7 Support for Clients and Providers Document Sharing Demo available							Product offered in English and French 24/7 Support for Clients and Providers ^{vi} Document Sharing Demo available	

ⁱ Adracare support contact: Henry Yu (henry.yu@adracare.com)

ⁱⁱ VirtualCare support contact: Holly Crystal (holly.crystal@thinkresearch.com)

ⁱⁱⁱ <https://blog.zoom.us/wordpress/2018/11/12/zoom-serves-canadian-healthcare-pipeda-hipa-compliance/>

^{iv} <https://zoom.us/buy?plan=biz>

^v <https://www.psych.on.ca/OPA/media/Public/Membership%20Benefits/Medeo-OPA-Cost-Summary.pdf>

^{vi} <https://www.thinkresearch.com/ca/products/virtualcare/>