

Virtual Care and Medical Regulation

00:00

Dr. Guylaine Lefebvre:

We'll now move on to our first panellist, Dr. Heidi Oetter, who is Registrar and CEO of the College of Physicians and Surgeons in BC. Heidi, please.

00:19

Dr. Heidi Oetter:

Can you hear me? Thank you, and it's a pleasure to be part of the education session of the Canadian Medical Protective Association. There is no doubt that COVID-19 has accelerated the widespread adoption of virtual care in Canada, and I think that we are really truly in a very interesting time in the delivery of health services in Canada. I'll take the next slide. And the next one.

00:50

So I – as Registrar of the College in British Columbia, I am a member of FMRAC, the Federation of Medical Regulatory Authorities of Canada. We are an association of regulators, and we work together collaboratively to, on the public's behalf, bring about the best that we can in the regulation of medical practice in Canada. And just to say that we do have the crisis of the Constitution in Canada, so we don't have one approach to delivering health care in Canada; we have ten provincial approaches and three territorial approaches, but we do try wherever possible to develop common standards and best practices for medical regulation. The next slide.

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As I said, there's no doubt that COVID-19 really accelerated the widespread adoption of virtual care in Canada. And really, prior to COVID-19, I think much of the narrative and discussion in health care was really about telemedicine versus face-to-face care, and people being quite deliberate about saying which was the better or which – which was a more effective platform for delivering care. And COVID really changed all of this, and, I have to say, in a very disruptive way. I think we can really say, now that there's been a taste of virtual care, both physicians and patients want to see it continuing. And as long as we continue to have waves of outbreak of COVID, virtual-first care I think is going to be an important aspect of care delivery in Canada. It's going to be there for screening patients who may have COVID-related symptoms, particularly as we enter the cold and flu season, so that people are appropriately triaged to areas for assessment. I think one of the biggest things that we've seen is that patients were often afraid to seek care during the first outbreak of COVID because they were worried simply about being exposed to COVID when they went to seek medical care.

3:07

We know that physicians can complete at least part of an assessment, if not the entire assessment, through the use of virtual technology, and that will be an important aspect of care going forward. And lastly, we are still trying to make up, I think, for care that was

put off, and it's an opportunity to prioritize those patients who need to be seen in person in a risk-based fashion by using virtual means. I'll take the next slide.

03:40

So what does the College expect of you, a physician in Canada? Well, first of all, we expect you to comply with licensing requirements. And I think it's important that, when providing virtual care outside of your host jurisdiction where you are licensed, that you are aware of what the licensing requirements might be. They do vary by province. You can always contact your provincial medical regulator and they can let you know what the expectations are. Likewise, you can always call the Canadian Medical Protective Association for their expert advice.

04:12

We do expect physicians to comply with standards and guidelines for virtual care, and those are all available on each of the medical regulatory authorities' website. And just a reminder that we expect the quality of care delivered virtually to match that as if it was an in-person assessment, subject to whatever the – the local prevailing COVID expectations are. I'll take the next slide.

04:40

What we've – what we have seen from the College's perspective is that there are – there are times when patients actually do need to be seen in person, and, for that reason, we make the – the observation that virtual care, in most instances, should be in a – provided in a situation such that the person, the patient who's being assessed by the physician, can make arrangements for in-person assessment if that is what the patient needs at that time. We know that there are some times where it's simply not appropriate to provide the care entirely virtually, and we know that there are concerns related to prescribing, ordering tests, and follow-up.

05:28

The second issue that we have seen is related to just – just how skilled are physicians in actually providing virtual care. As noted previously, for many physicians, that virtual care has simply been using the telephone to provide care. And we know that it's better if physicians can actually be using a video-enabled platform to provide their virtual care. So our questions back to the undergraduate, postgraduate, and continuing professional development departments are: how are you teaching physicians in practice to be able to deliver virtual care; and likewise, what are you doing to make sure that those people who are in the undergraduate and postgraduate programs are being taught real time the ability to provide virtual care. I'll take the next slide.

06:21

In terms of licensure issues, what we've experienced with COVID is that most of the virtual care has in fact been provided within the jurisdiction with which the physician has been licensed. We know that not all provinces developed fee codes for telemedicine. Most did, however, in the long run. But just because you may not need a licence to do – or to – hold multiple licences to do virtual care into multiple provinces, we know that that

doesn't necessarily mean that you will necessarily be paid for doing telemedicine across provincial boundaries. And that, again, is the constitutional crisis that we have in Canada. And as long as health care is still a provincial and territorial matter, there may be payment issues related to licensure that have nothing to do with what the College's expectations are. The next slide.

07:19

We – we take our role of protecting the public and ensuring patient safety quite seriously, and we have put together an expedited review of our current framework on telemedicine to make sure that the quality-of-care issues that we are identifying to – can be addressed through revisions to our current expectations for telemedicine in Canada. And with that, I'd like to say next slide and thank you very much, and I look forward to the panel's discussion.

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