Meeting Patient's Needs - A Stepwise Approach to Delivering Care for Primary and Specialty Care Clinics

April 24, 2020

Supporting Resources and Q&A Summary

Tools and Resources

- **Virtual Care and "Referral for Advice" Tools:**
  - Meeting Patient's Needs Algorithm for Today's Primary and Specialty Care Teams
  - AMA Virtual Care Homepage
  - Privacy Tips
  - eReferral in Netcare
  - Connect MD: 1-844-633-2263

- **PPE Information:**
  - AHS PPE Homepage

- **CII/CPAR Information:**
  - CII/CPAR Tools and Resources
  - CII Specialty Tools and Resources
  - Email: cii-specialty@albertadoctors.org

Q&A Table of Contents

ALBERTA MEDICAL ASSOCIATION

Virtual Care Tools

How can we move forward with setting up a network of ways to do eReferrals? My understanding is that, at this time, they must be sent through Brightsquid, Medeo, or eFax which means that the referring doctor and consultant must use the same system. Is that correct? If yes, how does the receiving office determine which tool referring offices are using and coordinate this?

There are many clinics using multiple tools just as you say. This is a challenge which the AMA and Alberta Health are working to resolve so that, at some point, physicians can use the solution they choose as long as it is secure. This is a ways off, however. In the meantime, the AMA website provides details on some of the virtual care solutions that are out there: https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care

For now, you need to use the solution that is used by each physician with whom you are communicating. Other available "Referral for Advice" tools include eReferral in Netcare and Connect MD (1-844-633-2263).

Does anyone know the added cost for the TELUS Virtual Health tool? What additional technology supports are needed?

TELUS Virtual Health is $30 per month with the first 4 months free if you sign up before May 31, 2020. It requires a camera and mic at each end. A phone works well for this.

Using pre-COVID virtual care codes, you would have to do 2 visits a month to pay for it.

Is the $30 per month for TELUS Virtual Health per licence?

TELUS Virtual Health is $30 per physician per month.

Can you recommend a secure video call tool for virtual visits with patients?

There are a variety of secure solutions available. I would start with our webpage and toolkit and, if you have questions, feel free to contact Caroline Garland (AMA eHealth Consultant) directly. https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care

Secure Messaging

Is Brightsquid approved for all Alberta physicians to use as communication platform with patients?

Brightsquid has a PIA in Alberta and is widely used.

Do you have to make a new PIA if you start using Brightsquid?

You will need to do a PIA Amendment. In the interim, during the crisis, OIPC is accepting an email. We have details on our website, including a list of questions that OIPC needs answered: https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care#privacy

I have used BrightSquid for several patients. I have noted that the emails to and from patients CANNOT be deleted from BrightSquid. The emails "apparently" automatically self-delete after several days. Is this not a risk for Privacy Issues, in case the emails get hacked?

We are not familiar with the Brightsquid detailed functionality. We do know that a PIA has been submitted to OIPC with functional details and a risk assessment. We suggest circling back to Brightsquid with this question.

How is it a secure email message if the patient doesn't have a secure address on their end?

It is only secure if both parties are on the same system.

What secure messaging tools do you recommend for messaging patients since we are not supposed to use general public email due to confidential info?

The three big EMR vendors (TELUS, QHR, and Microquest) have a variety of solutions and solution partners that offer integrated portals and messaging.

How does Dr. Nanninga-Penner (Primary Care Physician – Sylvan Lake) inform patients that they need to give the clinic their email address for secure messaging?

We have created a clinic email address and added it to our website so patients can email us their email address. This helps avoid transposition errors and saves time for staff on the phone. Patients are also informed when booking an appointment and during virtual visits. The clinic's email address is simple and, therefore, quick to give out. Another idea is to build documenting patient emails as part of your reception intake process or demographic confirmation process.

For patient form data, is Dr. Cooper (Specialty Care – Pediatrician and Sports Medicine) using an EMR with a patient portal?

Dr. Cooper is using the new virtual care tool suite from TELUS Health with his PS Suite EMR.

How can you send fillable PDFs to patients? (e.g. can you use regular email?)

You can use unsecured regular email to send information like handouts or links to tools. If you need to include identifying information, ensure that it is encrypted and password protected. When gathering information from patients, you can use existing tools that are secure. Fillable PDFs can be used for things like the new virtual care patient consent form. Patients should be told that regular email is an insecure way to communicate. You could also house PDFs on your website and direct patients there to download them.

How did Dr. Wilson (Specialty Care) and Dr. Nanninga-Penner (Primary Care) incorporate virtual messaging into their workflows?

Dr. Wilson (Specialty Care – Neurology) - determine what your biggest pain point or difficulty is, look at all the options and choose the one that works best for you. Dr. Wilson looked for ways he could be more efficient and free up time to see the patients that really need to be seen. His biggest pain point was dealing with normal MRI results. A patient would have an MRI and almost immediately call the clinic for follow-up. If the result was normal, Dr. Wilson would feel bad about making the patient drive 3 hours to the clinic. So, he started embracing secure messaging through Brightsquid which, like anything, required a change management process.

Brightsquid is relatively easy and simple to use - it's just like using email but you don't have to worry about the privacy and security aspects of using regular email. Brightsquid is like a virtual front desk, with a shared inbox for messages that staff can triage and direct to physicians as appropriate. Physicians can also use their own inbox to directly message patients. Brightsquid further allows you to take a screen shot, save it as a JPEG, and attach it to a secure message.

Once he tested it, Dr. Wilson expanded the tool to the rest of his general practice. It engages the patient right away - they know that a referral has been received from a family physician and that Dr. Wilson knows who they are. The patients who engage right away are easier to book and move forward in the referral process.

One challenge is that Brightsquid is not directly integrated into the EMR. It is, however, tied into the back end of TELUS (through med dialogue) so Dr. Wilson would love to eventually get rid of the fax and directly message referral and specialist colleagues.

Dr. Nanninga-Penner (Primary Care Physician – Sylvan Lake): Dr. Penner uses the Wolf messaging portal which is EMR-integrated. It is a clunky messaging system with a lot of pre-work for the clinic team. The platform is also sometimes hard for patients to navigate (e.g. having to remember passwords and set the portal up right away when they get the code from the clinic team).

The clinic now has about 25-33% of patients on the portal – it is nice because patients can see the investigations and documents that the physician allows them to see. This has decreased the amount of time spent reaching out and looking up normal test results.

In terms of emailing itself, Dr. Nanninga-Penner's clinic has done a lot of work setting patient expectations about what is appropriate for email and how the clinic will respond. Every now and then, Dr. Nanninga-Penner will get something very urgent or emergent via patient email. Her clinic has, therefore, done a lot of work to script to patients that it is not appropriate to email physicians for urgent or emergent things. As a result, most emails from patients are appropriate (e.g. short questions).

The volume of emails (i.e. 10-20 emails a day from staff and patients) and having to work asynchronously (i.e. email not EMR-integrated) can be overwhelming and difficult to manage in between appointments. Dr. Penner, therefore, blocks out 15-20 mins each day to rapid-fire through emails.

Virtual Care Codes

For virtual care, why is time for documentation not counted?

Virtual care challenge: how do we get paid for time spent reviewing the chart and making notes if the code covers only the time spent on the phone with the patient?

At this time, AH has been very specific that documentation time is not included in the direct time requirements for visits. The AMA disagrees and continues to strongly advocate to both include this time and recognize the complexity/time modifiers for virtual care. AH has so far declined, but the AMA will continue to press AH. It is important to remember that AH introduced these codes with no input or commentary from the AMA and the AMA is not necessarily supportive of all the decisions regarding the requirements and structure of these codes.

My suggestion is that if you are phoning the patient, use a speaker phone and document as you speak to them so that your time documenting counts. Remember that you must spend 10 minutes or more direct time with the patient in order to claim 03.03CV. There are currently no time modifiers available. This is for primary care billings.

The AMA has raised clinical infrastructure/physician practice sustainability with AH a number of times, and most recently presented a formal proposal through Dr. Molnar (AMA President). The AMA believes this is a significant need and continues to strongly advocate with AH to implement.

Regarding the 10-minute time requirement for 03.03CV, as Norma Shipley (AMA Consultant – Fees, Health Economics) has pointed out, what is the time requirement for the 03.01AD?

03.01AD is for any phone call or videoconference of less than 10 minutes in length, or for secure asynchronous communication such as email. 03.03CV is for direct physician-patient contact of 10 minutes or more

Do the physician presenters who have 'open' email access to patients find that those short emails 'steal' a full 10-minute virtual code?

There is a separate code for emailing/messaging and during COVID: 03.01S = $20 (limited to 14 a week). You can also use 03.01AD.

When can we apply the 03.04A code?

03.04A may be claimed when you see the patient in person, take a complete history, do a head-to-toe examination of the patient (for primary care, this means all body systems), order any necessary diagnostic tests, and, as of March 31, 2020, document a care plan for the patient. At this time, it may not be claimed for virtual services to patients.

Is there a code for reviewing charts?

There is no code at the time that will pay for reviewing charts.

CII/CPAR:

Where can I find more information on CII/CPAR?

https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/default.aspx

What is the process for having consultation reports linked to a Netcare chart like Dr. Wilson (Specialty Care – Neurology)?

By participating in CII (Community Information Integration), Dr. Wilson is able to share his consult reports with Alberta Netcare. We have nearly 40,000 consult reports in Netcare now as a result of community physician offices participating in CII. A specialist FAQ can be found here: https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/CII-Tools-and-Resources.aspx

How do you sign up for eNotifications for patients admitted to hospital like Dr. Ojedokun (Family Physician, AMA Physician Champion – North Zone)? I don't get notified of admission until months later with the discharge summary.

If you sign up for CII/CPAR, you will get notices to your EMR (similar to your lab inbox) when your patients are admitted to hospital, discharged, have an ED visit or day surgery. There is more information on: https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/default.aspx

eNotifications are available to CII/CPAR participants. They are live for clinics in CII/CPAR using Wolf and Healthquest. Med Access launches May 4 and PS Suite is next. We expect Accuro to be live later in 2020. To sign up for CII/CPAR tell your PCN and you can get more information on the web page for primary care: https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/Tools-and-Resources.aspx

If you are using a TELUS, Microquest or QHR EMR, you are welcome to sign up for CII/CPAR. (FYI - Specialists sign up just for CII to share their consult reports with Netcare).

PPE:

Was there a webinar about the physical organization of the clinics when things open up again, and how should we protect ourselves and staff, and patients. Should we be wearing PPE with all patients?

Should we be wearing full PPE when we have to see patients in person, and can we wear it all day without changing?

Please go to the following AHS webpage for more information about proper use of PPE: https://www.albertahealthservices.ca/topics/Page17048.aspx

Other:

How do you create macros in the Wolf EMR?

In Wolf, a macro is called auto-replace and instructions can be found in the Wolf EMR help files by searching for the term 'Auto Replace' or going to the following link: http://www.wolfmedical.com/help/ab/06_Encounter_notes/Using_auto_replace_text.htm?Highlight=auto%20replace

Can you comment on the development of ARP's and how many practices are interested in them right now and the AMA resources dedicated to looking at them for MD practices?

Not sure we have that exact information right now, but we could consider a webinar with a deeper dive on this topic if there is interest.

Physicians considering ARPs or looking at the model should contact the AMA to explore risks/benefits and pros/cons. We can take this back to discuss whether a webinar on this would assist.