

Welcome to the Virtual Care Webinar

**We will be starting the
session promptly at 12:00 PM**

Please type in your questions & watch for live responses

Welcome to the Virtual Care Webinar

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Virtual Care Webinar

March 27, 2020

Presenter: Dr. Heidi Fell

Family Physician, AMA Informatics Lead

Presenter: Dr. Brad Bahler

Family Physician, ACTT Medical Director,
Alberta Primary Care Alliance Chair

Presenter: Norma Shipley

AMA Fees Consultant



Live Recording

- *Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.*
- *By participating in the Question & Answer function, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.*

Land Acknowledgment

- We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.



Purpose

- Provide urgent advice and guidance on how to start using virtual care to enable you to care for your patients, while minimizing risk of exposure to your patients, your staff and you during the COVID-19 pandemic



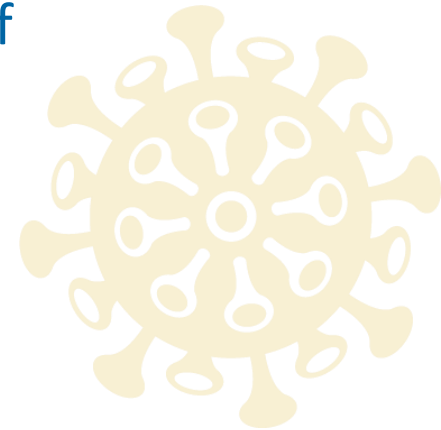
Session Overview

-  COVID-19 Impact
-  Billing Codes
-  Privacy
-  Getting started
-  Resources
-  Questions and Wrap-Up



Virtual Care during COVID-19

- **Changes in how patient care is provided**
 - Minimizing risk for patients, physicians and staff
 - Vulnerable patients, physicians and staff
 - Physicians/patients in isolation
 - Continuity of care/CPSA standards still important
- **Virtual Care options**
 - Phone calls
 - Messaging
 - Video



A word about Babylon...

- **The issues...**
 - Not linked to the medical home/ continuity of care
 - Perceived threat, privatization, competition, fees
 - No AMA input
 - Timing/political environment
- **What we know**
 - Current contract is for 5 FTEs maximum
 - ARP applied for through AH, process started before COVID or Feb 20
 - Docs paid hourly, less than usual sessional rates
 - Terms and conditions and privacy policy are Canada-specific
 - Health data kept on servers in Canada
 - PIA submitted but not yet reviewed by OIPC (1 year backlog)
- **What we don't know**
 - Exact amounts of fees/details of contract
- **What are doing**
 - Voicing our concerns
 - Working to get answers and advocating for clear messaging
 - Advocating for virtual care tools that support continuity of care now and in the future



Billing Codes

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Billing Codes

- **7 new billing codes for virtual services during the pandemic**
 - Not subject to daily cap on office visit services
 - Must be initiated by patient
 - How? Request for appointment, call to discuss problem, referral for consultation, part of ongoing follow-up care/treatment for illness/condition, etc.
 - Physician may not solicit the visit by cold calling
 - Similar to existing codes, but some differences
 - For example...



Billing Codes

- **Time/other requirements**
 - Physician:Patient contact time only; no other time may be included
 - 03.01AD <10 minutes
 - All other codes – at least 10 minutes, or other noted time requirement
 - Start/stop times must be part of detailed patient record
 - Must be patient driven (request, previous appointment or consultation request)



Billing Codes

- **Premiums and modifiers**
 - No complexity modifiers (CMGP, CMX series)
 - Business Cost and Rural Remote Northern not available
- **Limitations**
 - May claim only one of virtual care or in-person service on the same day; no add'l services
 - Not for general information about COVID-19



Billing Codes – Virtual Visits

- **03.01AD**
 - <10 minutes direct contact or email
- **03.03CV (virtual 03.03A)**
 - 10 + minutes direct contact, phone or video
- **03.03FV (virtual 03.03F specialist follow-up)**
 - 10 + minutes direct contact, phone or video



Billing Codes – Virtual Consultations

- **03.08CV (virtual 03.08A)**
 - 10 + minutes direct contact, phone or video
 - Comprehensive assessment, history
- **08.19CX (Virtual 08.19A)**
 - First 30 direct phys:pt min = 1 call, 15 min or >portion thereafter
 - Comprehensive psychiatric assessment, history
- **Direct contact requirement guides time**



Billing Codes

– Mental Health

- **08.19CW:** Family Med and Pediatrics (/full 15 minutes)
- **08.19CV:** Psychiatry and Generalists in MH (/15 minutes or portion thereof)
- Includes psychotherapy, group therapy, other psychiatric services
- Direct physician:patient time only
- Patient must have established hx requiring service



Effective Dates and Billing

- 03.01AD may be claimed for services March 12 forward
 - It is currently active and claims may be submitted
- The remainder of the codes are being programmed by AH
- Services may be claimed under them for dates March 17 forward
- How?
 - Record the services you provide
 - Hold those records until notified claims may be submitted (AH and AMA will publish)
 - Submit your claims for service





Privacy

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Privacy in a Public Health Emergency

- **CPSA and OIPC Guidance**
 - Critical to have ongoing awareness of privacy and security risks
 - Patient care and safety is number one priority
 - Short term use of unregulated tools in emergency situations
 - Updates to OIPC of any changes in practice
- **PIA Amendments**
 - Email OIPC immediately
 - PIA Amendment as time permits





Getting Started

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Getting Started

- Required pieces

- **Obtain patient contact information**
 - Email addresses and mobile numbers
- **Inform patients**
 - Change in clinic processes
 - Virtual care options
- **Confirm patient identity**
- **Obtain patient consent**
 - Verbal consent documented in the patient's chart is fine as a minimum. CMPA's electronic consent form can be used as a framework to guide discussions. View [Word version](#) or [PDF version](#)
 - CPSA has provided guidance on obtaining and documenting consent in the following [COVID-19 Virtual Care Statement](#).
- **Update patient chart**



Getting Started Continued

- **Selecting a tool**
 - Regulated vs unregulated
 - Unregulated only in urgent situations
 - Regulated tools meet privacy and security requirements and are already in use in Alberta with valid PIA
 - Considerations
 - Works with clinic workflow
 - Stand alone solutions vs those integrated with EMR
 - Used by peers and others in social network
 - Ease of use- physicians, staff, patients
 - Ability to implement quickly
 - Costs and commitment
 - AHS physicians – AHS zoom provided
<https://albertahealthservices.zoom.us>



Getting Started Continued

- **Establish processes, roles and responsibilities within clinic**
 - When and how will virtual care be scheduled and used
 - From clinic to patient home
 - Physician home to patient home
 - Determining patient suitability
 - Assessing available technology in clinic and at home
 - Tracking patient sign up and consent
 - Example of clinic set up using virtual care - Heidi





Resources

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Resources

- **AMA Virtual Care Website**
 - Toolkit
 - [OIPC](#), [CMPA](#) and [CPSA](#) resources
 - Solution options and links to vendor materials and tips
 - Links to other relevant materials from other jurisdictions
 - Billing Codes
 - [Connect Care](#) Virtual Care updates
 - Webinar materials
- **AMA COVID-19 Website**
 - CMPA materials and updates
 - [AHS materials and updates](#)
 - Business Continuity Material



Conclusion



Questions & Wrap-up

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Thank you!