

Virtual Medicine/Telemedicine during COVID-19

NEW – Updated February 28, 2022

1. What do the latest (March 1, 2022) Public Health Orders mean for virtual medicine?

The [Standard of Practice for Virtual Medicine](#) came into effect on November 1, 2021. Due to the rapid spread of the Omicron variant, CPSM relaxed the Standard temporarily, ending on February 15, 2022. CPSM members are **required to resume in-person care**. Virtual medicine can complement in-person care delivered to each patient.

Review the Standard to ensure you are providing a blended model of care balancing in-person care with any virtual medicine provided. If you provide virtual medicine, you must have the ability to see a patient in-person in a timely manner when required or requested. The Standard's intent is:

1. **In-person care should be the routine medical care provided.** Virtual medicine should be used to complement your in-person practice.
2. Timely in-person care is required when clinically necessary or if it is requested by the patient.
3. It is not an acceptable standard of care to only practice virtual medicine.
4. Practicing virtual medicine through online telemedicine companies does not likely meet the Standard of Practice requirements. Virtual Medicine through online telemedicine companies can only meet the requirements for good care if each CPSM member can provide timely in-person care – usually within 24 hours for family medicine/primary care– to a patient that is in their immediate geographic vicinity. This includes psychotherapy.

PRACTISING WHILE TRAVELLING

CPSM members who travel temporarily outside of Manitoba, must still adhere to the CPSM Standards in Manitoba.

Travel within Canada

If you are travelling within Canada, it may be possible to engage in virtual medicine with your patients in Manitoba only if you are able to provide an option for timely in-person care with a practice colleague when clinically indicated or if it is requested by the patient.

Travel outside of Canada

The same does not apply when travelling outside Canada.

There are privacy considerations and possible legal impediments to your patients' personal health information being accessed anywhere outside of Canada (including the United States). The requirements of the Standard of Practice and providing good medical care cannot be met if there are privacy and legal impediments to accessing and creating your patients' medical records and discussing personal health information outside Canada.

Furthermore, in many jurisdictions, this would also be considered as practicing medicine (in that jurisdiction) without a licence, which could create problems for you. Additionally, you may not have liability coverage.

The following are directives provided prior to February 28, 2022, and may not reflect the guidelines currently applicable.

2. To minimize the rapid spread of the Omicron variant, can I schedule more patients for virtual medicine encounters?

There are concerns about the impact of the next wave of the pandemic, which is advancing extremely quickly in Manitoba. New Public Health restrictions became effective on Tuesday December 22.

In the circumstances, and given the upcoming holidays with expected higher transmission, CPSM will temporarily relax the Virtual Medicine Standard of Practice until there is a better understanding of the impact of the next wave. While some members will continue to practice as usual - including expected busy days in their clinics through the holidays - others will welcome more choices where patient care is not affected. In the very short term until February 15, 2022, the Virtual Medicine Standard of Practice will be relaxed to permit virtual medicine subject to the most important requirement for patient care: in-person visits are always required when medically indicated.

This relaxation of the Standard is only for the treatment of patients in an ongoing practice or in an established physical walk-in clinic. It does not permit the resumption of virtual medicine delivered by CPSM members through virtual medicine companies.

CPSM's current direction on virtual medicine is clear: physicians must continue to offer in-person visits; in-person visits are always required when medically indicated; and patients (including the unvaccinated) can choose in-person visits even where it is not medically necessary, and their physician offers a virtual alternative.

CPSM is aware of an increased number of members testing positive for COVID-19 or who are required to self-isolate, thereby not being able to provide patient care. The temporarily relaxation is in effect only until Public Health orders expire on January 11. CPSM will update guidance accordingly at that time.

3. Do I have to see patients in-person during the pandemic?

Yes. Good medical care requires a blended model of in-person and virtual care. An acceptable standard of care requires regular in-person care.

Providing care by virtual medicine does not alter the ethical, professional, and legal obligations of members to provide good medical care. CPSM recognizes the importance of virtual medicine in providing care and access to care especially for patients in remote and underserved areas, patients with mobility constraints, and in a pandemic. Virtual medicine is to be used to optimize and complement in-person patient care.

The virtual medicine tariff was introduced to protect patients and physicians. All CPSM members had the opportunity to receive vaccines at the forefront of society. This was to protect physicians in caring for their patients in-person.

4. Are there any examples of failing to meet the standard of care?

CPSM has sadly been informed of these recent instances of failure to meet the standard of good medical care:

- conducting their entire practice virtually
- refusing to see patients in-person when requested
- failing to conduct physical exams when warranted
- referring patients to specialists without the requisite physical examination
- sending patients to urgent care and emergency departments for physical examinations
- requiring patients to attend the clinic for diagnostic tests and insisting that they be seen via video link in the clinic rather than in person
- conducting a pre-op physical via virtual medicine

Adapt your practice and have a blended model of care.

For each and every clinical encounter, you have to assess the appropriateness of virtual medicine. At this stage in the pandemic, members should consider returning to in-person encounters for most patients.

5. What are the rules for Virtual Medicine? What can CPSM tell me about delivering care by Telemedicine/Virtual Medicine?

CPSM Council approved the [Standard of Practice for Virtual Medicine](#) in September 2021 that became effective November 1, 2021.

To the extent that is practical, take advantage of telemedicine and virtual medicine options. However, many patients' needs cannot be met through virtual since it requires a physical assessment. Use your judgment.

There are new virtual medicine tariffs recently announced. These are on the Doctors Manitoba website. <https://doctorsmanitoba.ca/managing-your-practice/covid-19/virtual-care/virtual-visit-tariffs>

The role of CPSM is to regulate physicians, Clinical Assistants, Physicians Assistants, Residents, and Medical Students, not technology. The College reminds members that the use of technology does not alter the ethical, professional and legal requirements around the provision of appropriate medical care. For clarity these provisions on Virtual Medicine these provisions apply to Clinical Assistants, Physicians Assistants, Residents, and Students (subject to University policies).

6. Do I require expensive special technology for telemedicine/virtual care?

You may use free visual digital communication platforms such as Skype, Facetime, Zoom, Facebook Messenger, What's App, if that is the preference of the patient, making sure that the patient consents to this usage. CMA's Joule REACTs platform is another possibility. The Provincial Telehealth system is another option. Texting and telephone are also permissible if the main visual digital communication platforms are not available to the patient.

PRESCRIBING AND VIRTUAL MEDICINE

1. Can I renew chronic non-M3P prescriptions by phone or fax?

It depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient. For patients who have been on chronic stable dosing of medications, you may consider providing refills for non-M3P medications over the phone or by fax to the pharmacy or utilize Virtual Medicine options.

For example, go ahead and refill a patient's hypertension medications which have been stable for the past 12 months in a reasonable quantity.

2. What about prescribing new non- M3p medications or renewing medications undergoing active titration?

Again, it depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient and the diagnosis or medical issue. Where appropriate, contact the patient to confirm effectiveness and tolerance of medications before authorizing refills. You can use Virtual Medicine options or in-person appointments, as appropriate.

For example, if you recently started a patient on an anti-depressant, prior to renewing the medication it would be prudent to confirm with the patient it is working and/or if an increase in dose is required. If a patient needs an antibiotic for a urinary tract infection, you may decide to prescribe using Virtual Medicine.

3. Can I prescribe M3P medications using Virtual Medicine?

Adjustments have been made to the permit prescribing M3P medications using Virtual Medicine. Read this link carefully. For M3P prescriptions (triplicates)

<https://cpsm.mb.ca/prescribing-practices-program/prescribing-practices-program-overview>

4. What about my patients that have daily dispensing of methadone or suboxone?

A guiding document for methadone and suboxone prescribers during the pandemic has been developed in collaboration with CPSM and the College of Pharmacy of Manitoba. <https://cpsm.mb.ca/prescribing-practices-program/prescribing-practices-program-overview>