

Virtual Medicine/Telemedicine during COVID-19

VIRTUAL MEDICINE/TELEMEDICINE

1. What can CPSM tell me about delivering care by Telemedicine/Virtual Medicine?

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. This is the CPSM standard for Virtual Medicine.

<https://cpsm.mb.ca/assets/Standards%20of%20Practice/Standards%20of%20Practice%20of%20Medicine.pdf#page=86>

There are new virtual medicine tariffs recently announced. These are on the Doctors Manitoba website.

<https://doctorsmanitoba.ca/wp-content/uploads/2020/03/Virtual-Visit-Tariffs.pdf>

The role of the College 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).

2. 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>