

## **BOUCHER INSTITUTE POLICY**

**Policy Title:** Telehealth policy

**Date of Initial Board Approval:**

**Date of Last Approved Revision:** April 9, 2020

**Person(s) Responsible for Implementation & Adherence:** Associate Dean of Clinical Studies, Clinic Manager, clinical faculty, students

**Related Procedures:** Telehealth Procedure

### **Purpose:**

The Boucher Institute recognizes the need for utilizing telehealth/telemedicine in order to;

- provide continuity of care when in-person visits are not feasible
- provide access to a broader range of patients including those in remote areas
- reduce barriers to care including travel, time management, and accessibility issues
- improve staff recruitment from remote locations
- develop competence in telehealth for student clinicians

The use of telemedicine does not alter the ethical, professional and legal obligations of the institute and naturopathic physicians.

### **Definitions:**

*Telehealth/telemedicine:* The use of communications and information technology to deliver health and health care services and information over large and small distances. Telehealth uses the transmission of voice, data, images, and information rather than moving clients, health provider, or educators.

*Remotely:* without physical contact and does not necessarily involve long distances.

*Clinical Telehealth Support:* Physical client support, provided by appropriately trained health care providers may be required to:

- Assist positioning the client
- Take the client's vital signs
- Assist and report physical testing

## **Telehealth Standard of Care Guidelines**

In accordance with the College of Naturopathic Physicians, the College of Physicians of BC and the Province of BC Health Authorities, BINM has adopted the following guidelines for the use of Telehealth.

The Institute must;

1. Ensure the duty of care for Telehealth follows the same principles, and meets the same quality and safety as face-to-face care
2. Inform their insurer of their intention to practise telemedicine and confirm that their insurance coverage will meet the minimum standards set out in the College's bylaws;
3. Consider the patient's existing health status, specific health care needs and specific circumstances, and only use telemedicine if the risks do not outweigh the potential benefits and it is in the patient's best interest.
4. Identify inclusion and exclusion criteria for prospective Telehealth clients
5. Ensure that the communication technology used and the physical location of both the registrant and the patient are consistent with applicable privacy law and regulations;
6. Ensure the privacy and confidentiality of the patient's personal health information;
7. Take reasonable steps to confirm that the information and communication technology and physical location used by the patient permits the sharing of the patient's personal health information in a private and secure manner;
8. Ensure that the reliability, quality, and timeliness of the patient information obtained through telemedicine is sufficient;
9. Ensure that the registrant's identity, location, and registration status is known to the patient and the identity of the patient is confirmed at each consultation;
10. Ensure that the identities of all other participants involved in the telemedicine encounter are disclosed to and approved by the patient, and documented in the patient record;
11. Inform each patient of the limitations of telemedicine, as well as any heightened potential privacy, confidentiality, and information security risks associated with telemedicine;
12. When necessary, for example where a physical examination is required, arrange for clinical telehealth support
13. Obtain informed consent in accordance with all ethical and legal requirements;

14. Keep adequate records in accordance with professional and legal requirements;
15. Communicate with the patient's other healthcare practitioners and provide follow-up care as appropriate;
16. Provide an appropriate assessment based on the current symptoms or condition, past history, medications, and limited examination possible;
17. Recognize when Telehealth approaches are not appropriate for the clients' needs
18. Prescribe medication only with extreme caution, particularly in the absence of a recent physical examination or laboratory results;
19. Avoid the prescription of substances which may be addictive or susceptible to abuse to patients with whom the registrant does not have a long-term naturopathic doctor-patient relationship, unless the registrant is working in conjunction with another healthcare practitioner with whom the patient has such a relationship, and prescribe only in accordance with the CNPBC's standard regarding **Prescribing Practices: Countersigning Extra Provincial Prescriptions**.
20. Establish evaluation methods for quality measurements for access (patient numbers), outcomes/client satisfaction and productivity.

References:

1. <https://fmrac.ca/fmrac-framework-on-telemedicine/>
2. [http://www.phsa.ca/Documents/Telehealth/TH\\_Clinical\\_Guidelines\\_Sept2015.pdf](http://www.phsa.ca/Documents/Telehealth/TH_Clinical_Guidelines_Sept2015.pdf)
3. CNPBC Standard of Care <http://www.cnpbc.bc.ca/wp-content/uploads/Standard-of-Practice-on-Telemedicine-March-20201.pdf>
4. CPBC Practice Standard <https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>