



'Phase I Guidance for Clinically Appropriate Use of Virtual Care for Primary Care'

GUIDANCE STATEMENTS IN PRACTICE

Download the Guidance related 'tools' at ontariohealth.ca/virtualcareguidance

I. Planning Virtual Primary Care

- I have assessed which virtual services may benefit my patients
- I have determined my own capacity, competency, and comfort in delivering virtual care (for example by phone, video, secure messaging, email)
- I have determined my approach if a particular type of virtual care is determined to be unsuitable or does not work as intended at the time of use
- I have communicated my intent to offer virtual care within my practice and have ensured others involved have the necessary knowledge and skills
- I have communicated with my patients to outline the types of virtual care I offer in my practice (phone, video, secure messaging, email)



The **'Learning About Virtual Care Options'** tool is intended to assist clinicians and office staff with communicating virtual care offerings to patients. Download this tool at ontariohealth.ca/virtualcareguidance

II. Assessing, Documenting & Communicating a Patient's Ability to Receive Virtual Primary Care Services

- I have discussed with my patients their comfort, competence, and abilities in using the available virtual care options
- I have communicated a plan to accommodate patient-related challenges in using virtual care, including a back-up plan if technical issues arise
- I have a mechanism to document patient preference and share this information with required team members
- If circumstances change, I have a method to reassess, document and communicate any such changes



The **'Checklist for Use of Virtual Care'** tool is intended to be shared with patients and allows them to reflect on preferences and abilities. Download this tool at ontariohealth.ca/virtualcareguidance

III. Delivering Virtual Primary Care

- I keep current on evidence/leading practices related to virtual care delivery
- I provide appropriate direction and support to those within my practice involved in virtual care delivery
- I consider the reason for and level of urgency of the encounter and switch to in-person if indicated
- I consider the complexity of the clinical presentation and sensitivity of the information shared in the encounter and switch to in-person if indicated
- I have a mechanism to document encounters including modality used as per my professional requirements and can use it