

## Registrar's message: telemedicine and in-person care—striking the right balance as physical distancing measures ease



As the public health crisis and incumbent physical-distancing measures have shifted the paradigm on how medical care is accessed, rapid progress in telemedicine has occurred in BC. Optimizing telemedicine for the right reasons will continue to help mitigate the spread of COVID-19 and give the existing health system further opportunity to improve in terms of convenience and accessibility of safe services.

The provincial health officer has recently lifted restrictions on health-care services as long as important safety measures remain in place. This includes maintaining safe physical distances as much as possible. As in-patient care resumes, registrants must make thoughtful decisions regarding the most appropriate method of care for each patient, allowing for telemedicine services to endure when possible.

Appropriate use of telemedicine continues to include routine check-ups, follow-up appointments, and specialty consultations where physical assessment is not necessary. There are some medical conditions where episodic care via telemedicine may also be adequate. The appropriateness of providing care via telemedicine is left to a registrant's professional judgement of the risks and benefits to the patient and whether a virtual platform will allow for suitable care.

The suitability of providing psychiatric telemedicine assessments has been a common inquiry to the College. As with the above scenarios, it is a professional judgement call if an adequate psychiatric assessment of a patient can be completed by virtual means. If a registrant feels that they can do a suitable assessment and are seeing the patient in follow-up, there is nothing in the College practice standard, *Telemedicine*, that would preclude them from prescribing psychotropic medications.

The College expects that patients accessing care through routine or one-off virtual care visits receive appropriate follow-up and after-hours options, as would be expected for a patient attached to a bricks-and-mortar primary care provider. In other words, the standard of care including follow-up care remains constant irrespective of the communication channel or whether an ongoing relationship exists with the provider. Registrants are reminded that it is the medical care of the patient and not the setting of the medical practice that must guide the ethical, professional, and clinical decisions around the provision of appropriate medical care.

Although telemedicine has been vastly successful for many patients, gaps in quality and continuity of care have been identified. Telemedicine may be sub-standard for individuals with complicated medical conditions that require a physical examination.

The College commends registrants for their adaptability during these unprecedented times. Now that patients and physicians have seen the value of virtual care, we hope that every registrant incorporates both telemedicine and in-patient care into their practice. As telemedicine continues to be used in addition to in-person appointments, regulatory standards will evolve so that quality markers remain clear. Any major changes to College standards will involve consultation with the public, physicians, key external stakeholders, and will be communicated regularly with the profession.

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