

Clarifying expectations set out in the updated Virtual Care practice standard

Practice Standard

The recently updated *Virtual Care* practice standard clarifies that when virtual care is provided by a registrant to a patient who lives in a different community, access to in-person and longitudinal care must be available when needed. In such cases, formal affiliation with an in-person provider in the community where the patient resides must be established so that timely in-person assessment can be arranged.

For example, a registrant living in Vancouver choosing to provide virtual care to a patient in Kamloops must establish a formal affiliation with a provider in Kamloops so that timely in-person assessment can be arranged. This expectation is central to ensuring BC patients receive the right care, at the right time, by the right provider. Its importance has been underscored by concerns of inappropriate referrals and unnecessary visits to the emergency department.

The College appreciates that it can be challenging for patients to find a new primary care provider when they relocate to a new community. However, patients who do not identify a family physician or nurse practitioner as being responsible for their primary care, but who attend the same walk-in clinic repeatedly and consistently, must be assumed to be receiving their primary health care from that clinic. The registrants and medical director at a walk-in clinic are collectively responsible for offering these patients longitudinal medical care, including the provision of appropriate in-person health examinations. Patients

who relocate to a new community, and who are no longer reasonably able to obtain timely in-person care from their previous provider when needed, are encouraged to establish relationships with health-care providers closer to home.

The College acknowledges that this guidance may not always be fitting as patients in rural and remote communities face unique challenges. Registrants are encouraged to use their best judgement as they consider the appropriateness of maintaining relationships with patients at a distance.

Though the first example describes a scenario when a registrant providing virtual care would be expected to establish a pathway for their patient to access to in-person care, there are some circumstances where this requirement would not apply. For example, if a specialist accepts a referral from a patient's primary care provider (family practitioner or nurse practitioner), they may provide virtual care to that patient without having to see them in person. In this case, the specialist could appropriately rely on the referring provider to be the in-person care provider on their behalf. In other words, the primary care provider who is making the referral to a specialist on behalf of the patient would be expected to be available to the patient in the event in-person care is needed. Prior to accepting a referral, however, it would be prudent for the specialist to confirm this agreement with the referring provider. The specialist's care would also need to be appropriate for the virtual care medium.

The College has also received numerous questions from registrants wondering whether they may provide virtual care services when either they, or their patients, are temporarily located outside of BC. Expectations on cross-border virtual care have been added to the updated *Virtual Care* practice standard (see page four). If the expectations in the standard are followed, the appropriateness of providing virtual care to such patients is rightly left to the professional judgement of the registrant.

Questions regarding the revised *Virtual Care* standard may be directed to communications@cpsbc.ca.