

CASLPO E-Forum



Virtual Care Standards

December 2nd, 2020

Welcome!

- Close other running applications to help maintain a stable audio and video connection.
- If your connection freezes, exit GoToWebinar and return into the session.
- Recording and slides will be posted on the website. Visit "Events" and then "E-Forums (WEB BASED)" in the menu on the left.



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Topics

- 1) Virtual Care Standards
Normes sur la prestation de soins virtuels
- 2) Profession specific questions and scenarios
- 3) Your questions today

How is the E-Forum going to work?

- Please write questions in the question box on your screen
- We will monitor the questions during the E-Forum
- We will save unanswered questions and send out answers in FAQs or respond to you personally

Background

Questions about Virtual Care in Practice Advice

- March to September 2019: **23** questions
- March to September 2020: **529** questions

		2020 Virtual Care						
		Ma	Ap	My	Jn	Jl	Ag	Sp
Total		144	148	65	68	45	31	28
SLP		120	119	42	51	37	26	27
AUD		19	24	16	12	7	4	0
Other		5	5	7	5	1	1	1
Public		0	0	0	0	0	0	0

Background

The Practice Matters Committee decided to review the Position Statement on Telepractice on **August 13th, 2019**.

- The Standards for Virtual Care were:
 - developed with an **Advisory Working Group**
 - approved for stakeholder review
 - published on **September 3rd, 2020**.

Virtual Care Definition

Virtual care (formerly telepractice) is the provision of **direct, technology enabled** audiology and speech language pathology services to patients who are in a **different location** from the audiologist, SLP or supervised support personnel.

Virtual care includes:

- **training or educating** parents, partners and significant others, **via technology**, for the benefit of the patient.
- technology enabled **instruction and consultation to support personnel** and other professionals who are directly **interacting** with the **patient** in real time.

Virtual Care Standards Definition continued

Formats of virtual care include:

- **synchronous** (interacting with the patient in real-time)
- **asynchronous** (interaction not occurring at the same time)
- **telephone**
- **video**
- **audio**
- **written electronic formats** (emails and text messages)

Virtual Care Standards, FAQs & Scenarios

Virtual Care Standards

There are 7 standards for virtual care:

- Standards 1 & 2: [Consent](#)
- Standard 3: [Security & Confidentiality](#)
- Standards 4 & 5: [Audiology/SLP Services](#)
- Standards 6 & 7: [Technology](#)

Virtual Care Standards

Question: Can intervention be provided via different virtual care technologies combined with in-person services?

Answer:

- Yes, intervention can include a combination of in-person and virtual care with each patient.
- You will determine, along with your patient, the most suitable intervention choice(s), for each facet of care and adapt when appropriate throughout the plan of care.
- Be flexible when considering the options and keep the patient's best interests first.

Consent Standards

Standard 1:

Audiologists and speech-language pathologists **must obtain consent for services** and outline the nature, benefits, risks, limitations and alternatives **specific to virtual care.**

Standard 2:

Audiologists and speech-language pathologists **must obtain consent for the collection, use, disclosure and retention of personal health information** when using virtual care platforms, products and services.

Consent

Scenario 1

Demitri has autism and needs SLP services. He was receiving treatment at the local Children's Treatment Centre (CTC) prior to the pandemic lockdown in March 2020.

In the interim, the CTC SLP services are now only providing virtual care.

His parents consented to SLP services, but are not consenting to virtual care.

Consent

What are the SLP's options?

- 1) Tell the parents to find services elsewhere
- 2) Change your service model and provide in-person care
- 3) Put Demitri on the wait list for when in-person care resumes, and discuss alternatives



What are the SLP's options?

- 1) Tell the parents to find services elsewhere
- 2) Change your service model and provide in-person care
- 3) **Put Demitri on the wait list for when in-person care resumes, and discuss alternatives**

Consent and Alternative Services

Demitri's parents don't want to wait for in-person services.

They want to seek services elsewhere and start now.

They are still not consenting to virtual care.



Consent and Alternative Services

What is the SLP's obligation to help them find alternate services?

It is an act of professional misconduct to discontinue services that are needed **unless**: (Paragraph 8 of section 1)

- ii. alternative services are arranged, or reasonable attempts have been made to arrange alternative services
- iii. the patient or client is given a reasonable opportunity to arrange alternative services
- iv. restrictions in length or type of service are imposed by an agency



Consent and Alternative Services

When helping families find alternate services, the SLP can:

- direct the patient and/or family to the [Public Register](#) of Audiologists and SLPs on the CASLPO website
- provide a list of other companies, clinics or professionals in the same geographical area
- give information about the associations (OSLA, SAC and CAA) who have lists of practitioners with their focus of practice.

Consent

To learn more about the consent requirements for virtual care:

- Refer to the virtual care section of the [Consent Tool](#)
- The tool provides suggestions for obtaining consent for:
 - virtual care services
 - collection, use, disclosure and retention of personal health information when providing virtual care services.

Consent Tool



Consent Tool

As you move your cursor over the specific practice setting and the facet of consent, you will see a suggestions of possible information to discuss. These suggestions are not exhaustive, nor are all suggestions necessarily required. You must give careful thought to your own practice environment and the services you provide in order to ensure you are communicating appropriate information when obtaining consent.

Select a Setting and Consent Facet

Setting: Virtual Care Services
Type of Consent: Collect, Use and Disclose Information

Areas

Relates to Service | Purpose | Consent Given/Withheld

Suggestions for Discussion Points

Move you mouse cursor over an Area to view suggestions.

Knowledgeable consent for virtual care services is selected

Hover mouse over areas to see information.

- To get to the Consent Tool, go to "Resources"
- "Standards and Resources", then
- "Consent and Capacity" and scroll to find the Consent Tool.

QUESTIONS?



Security and Confidentiality Standard

Standard 3:

Audiologists and speech-language pathologists must take all reasonable steps to ensure that personal health information (PHI) is transmitted, managed and stored in a **secure and confidential** manner.



Security and Confidentiality

Scenario 2

Tahira is an SLP and works in a school board providing virtual care to students.

The SLPs work in a large open concept office. They are provided with headsets and microphones but can still hear each other's conversations.



Security and Confidentiality

Can Tahira work in a shared office space with other regulated health professionals, where PHI is frequently disclosed in this open environment? Is this allowed?

- 1) No – it is a breach of patient confidentiality
- 2) Yes – all health professionals must adhere to PHIPA
- 3) Not sure

Security and Confidentiality

Is this allowed?

1) No – it is a breach of patient confidentiality

2) Yes – all health professionals must adhere to PHIPA

3) Not sure



Security and Confidentiality

- ✓ Under PHIPA audiologists and SLPs cannot disclose PHI that may be **inadvertently heard**
- ✓ Confidentiality agreements should be in place
- ✓ Take reasonable steps to safeguard personal health information
- ✓ Restrict access to office areas



Security and Confidentiality

Scenario 3

Sam is an SLP who runs virtual social communication groups for patients with acquired brain injuries.

Sam's partner and three kids are at home as well.

Sam is concerned about security and patient privacy.



Security and Confidentiality

Measures Sam can take:

- ✓ Have a private workspace in the home
- ✓ If there are others at home, make sure conversations cannot be overheard
- ✓ The Information and Privacy Commissioner (IPC) advises using work issued computers and devices which must not be shared with others
- ✓ Use strong passwords and encryption
- ✓ Don't leave the device unattended or unsecured



Security and Confidentiality

Scenario 3

Sam has a few patients who are living in retirement homes.

Sam is concerned about her patient's privacy in the retirement home.



Security and Confidentiality

Is it Sam's responsibility to maintain personal health information (PHI) privacy in the retirement home?

- 1) Yes, as a regulated health professional Sam is expected to make reasonable attempts to maintain PHI privacy where the patient is located
- 2) Unsure if Sam is responsible or not
- 3) No, it is impossible for Sam to ensure PHI privacy in a different location



Security and Confidentiality

Is it Sam's responsibility to maintain personal health information (PHI) privacy in the retirement home?

- 1) **Yes, as a regulated health professional Sam is expected to take reasonable steps to maintain PHI privacy where the patient is located**
- 2) Unsure if Sam is responsible or not
- 3) No, it is impossible for Sam to ensure PHI privacy in a different location



Security and Confidentiality

What can Sam do to ensure security in the retirement home:

Discuss the following options with the patient and retirement home staff:

- ✓ Set up a private workspace
- ✓ Discuss the staff confidentiality policy
- ✓ Ensure that phone or video conversations involving personal or sensitive information cannot be overheard by others
- ✓ Advise the patient to not leave computing devices unattended or unsecured at any time

Security and Confidentiality

- Consult with the [Information and Privacy Commissioner of Ontario \(IPC\)](#) for useful fact sheets and resources on protecting patient privacy.
- [IPC Fact Sheet: Working from home during the Covid-19 pandemic](#)
- [IPC Fact Sheet: Protecting Your Students' Privacy Online](#)
- [IPC Fact Sheet: What is Personal Information?](#)

Security and Confidentiality

Scenario 4

Amal is an audiologist.

He uses virtual care with patients in Ontario for validation of hearing aids, remote programming and patient support.

Technical and clinical patient information is stored in a cloud. Amal has concerns about security of patient PHI.

Security and Confidentiality

What are Amal's responsibilities in terms of privacy and confidentiality with cloud storage?

He must take reasonable steps to maintain privacy and security of the patient's personal health information that will be stored in the cloud. This will be included in the consent conversation.

The Office of the Information and Privacy Commissioner of Ontario (IPC) has published [Thinking About Clouds? Privacy, security and compliance considerations for Ontario public sector institutions](#)



Security and Confidentiality

Consult the following:

- Information and communication technology and/or privacy expert
- The cloud storage company
- The hearing devices manufacturer

When determining safeguards consider:

- the **sensitivity** and **amount** of information in the patient record
- the number and nature of people with **access** to the information
- any **threats** and **risks** associated with the way information is stored

Security and Confidentiality

When using mobile devices and cloud-based servers to access, store, or back up PHI, ensure that:

- the PHI on the device or the cloud server has reasonable **security** protocols
- You use **strong access controls** such as multi-factor authentication, and a virtual private network (VPN) with end-to-end encryption
- You never use **unsecured WIFI** when collecting, using or disclosing, or storing patients' PHI

Security and Confidentiality

Question: If my school board tells me that Google classroom is the recommended platform for virtual care, is that adequate or do I have to further verify the privacy and security of the platform?

Answer: If you have concerns about the virtual care platform, you must take steps to ensure that the platform meets security and privacy requirements.

- Consult your IT department, or
- Refer to CASLPO's [FAQs](#) on Telepractice (COVID-19 webpage) question 2.
- OSLA and SAC have information on virtual platforms for members



Audiology and Speech-Language Pathology Services

Standard 4:

Audiologists and speech-language pathologists must continually assess whether virtual care is an **appropriate service delivery model** based on the patient's unique needs, environment, technical abilities and equipment.

Standard 5:

Audiologists and speech-language pathologists must have the **knowledge and skills** to effectively integrate virtual practice into the patient's plan of care.

Scenario 5

Victor has had a stroke. He lives at home alone and receives care from a personal support worker twice a day.

An SLP is providing virtual care for a swallowing disorder. The SLP is concerned that Victor may choke during the course of the virtual care services.

What must the SLP do to manage a patient emergency?

- Have a risk-management plan outlining how you will handle a patient emergency while providing virtual care.
- Discuss the risk management plan with the patient and relevant others (PSW) as part of the consent conversation.

Risk Management Plan

Discuss the following:

- risks (where applicable) in the tasks you are doing
- support personnel or a helper who can assist the patient in an emergency
- patient's medical history and other significant information
- contact information for family members or caregivers who can be reliably contacted in an emergency
- the patient's location so that if you need to call 911 you can advise emergency medical professionals

Scenario 6

Layla receives both SLP and audiology services at school.

The school board employs communication disorders assistants (CDAs) who are supervised by SLPs and audiologists.

Layla's parents have consented to the CDA's clinical involvement.

Audiology and Speech-Language Pathology Services

Can CDAs carry out virtual care with students?

YES . . .

Support personnel under an SLP's or audiologist's supervision can carry out speech, language, and hearing therapy programs with students virtually.

- Ensure that support personnel have the required competencies to provide virtual care
- Provide further training if required

Audiology and Speech-Language Pathology Services

Are there differences with supervision when providing virtual care?

NO . . .

The SLP or audiologist will use different methods of supervision as deemed appropriate for effective patient care.

All support personnel must be directly observed providing patient intervention on a regular basis; however, not necessarily with every patient. Direct observation can be in person, via secure live video or video recordings as close to the therapy session as possible.

Audiology and Speech-Language Pathology Services

The amount and method of ongoing support personnel supervision depends on the following:

- **Complexity** of the patient and presenting disorders, issues, and concerns
- **Risk** of harm associated with the assigned task
- The specific **competence** of the support personnel
- Experience and level of **comfort** of the support personnel
- Experience and level of **comfort** of the SLP or audiologist

Scenario 7

Jaslene, SLP, has a private practice providing service to adults.

Jaslene is currently doing a mixture of in-person and virtual care intervention

Audiology and Speech-Language Pathology Services

Jaslene has researched publisher websites to see if there are virtual versions of standardized language assessments.

The standardized test she uses most frequently does not have a virtual version, but there are no specific publisher's restrictions.

Audiology and Speech-Language Pathology Services

Can Jaslene use the test when assessing patients via virtual care?

- 1) Yes
- 2) No
- 3) It depends

Can Jaslene use the test when assessing patients via virtual care?

1) Yes

2) No

3) It depends

Jaslene must use her clinical reasoning regarding the interpretation of the test results and the use of standardized scores.

Audiology and Speech-Language Pathology Services

For all assessments, the College's [Records Regulation 2015](#) requires you to document (paragraph 2 of section 32):

- the nature and results of each assessment (the combination of formal and informal testing used)
- the clinical findings
- any recommendation made to the patient
- what type of professional contact took place (in-person, telephone, virtual platform, other)

Any additional relevant factors

Scenario 7

Jaslene has completed her assessment and is in the process of billing the patient.

Audiology and Speech-Language Pathology Services

Does Jaslene need to include virtual service on her invoice?

- 1) No, she never adds 'in-person' service on the other invoices
- 2) Yes, because that describes the service provided
- 3) No, she is apprehensive the insurance company won't reimburse the patient for virtual care

Audiology and Speech-Language Pathology Services

Does Jaslene need to include virtual service on her invoice?

- 1) No, she never adds 'in-person' service on the other invoices
- 2) Yes, because that describes the service provided**
- 3) No, she is apprehensive the insurance company won't reimburse the patient for virtual care

Audiology and Speech-Language Pathology Services

- The [Professional Misconduct Regulation](#) states that submitting an account or charge for services that the member knows is **false** or **misleading** is an act of professional misconduct (re. paragraph 23 of section 1).
- The [Code of Ethics](#) requires:
Audiologists and SLPs shall be **honourable** and **truthful** in all their professional relations (4.1.3).
- Insurance companies and other funders who are third party payors for many patients **expect** this information to be **included** on the invoice.

Scenario 7

What type of insurance does Jaslene need if she is offering virtual and in-person care?

Audiology and Speech-Language Pathology Services

Jaslene needs the following:

- CASLPO requires registrants to have [professional liability insurance](#) in accordance with [By-law # 6](#) that is, \$2,000,000 per claim for every employment setting.
- The College does not require extra insurance for virtual care. The provision of virtual care has been well established as a mode of service provided by audiologists and SLPs.

Audiology and Speech-Language Pathology Services

Jaslene can also consider the following:

- Types of insurance required by an employer or contractor
- Explore additional insurance, for example, cybersecurity or insurance for virtual care
- Reach out to Audiology and Speech-Language Pathology Professional Associations who provide access to and preferred rates to insurance companies

QUESTIONS?



Audiology and Speech-Language Pathology Services

Question:

My patient had a stroke last year and attends our aphasia conversation group. He is going to Florida for a month and he is eager to continue with the group.

As he is a resident of Ontario, can he still attend the group virtually?



Audiology and Speech-Language Pathology Services

Question:

Can he still attend the group virtually?

Answer:

Registrants providing virtual care to patients outside Ontario must comply with any jurisdictional licencing requirements and standards.

Contact the regulatory authority (college, state board, council, etc.) in the location the patient is temporarily residing, explain the situation, ask if you can provide services, and follow all their registration requirements and standards.

You can provide SLP and audiology services to patients outside of the province if there are no jurisdictional licencing requirements.

[SAC Regulatory and Licencing Bodies across Canada](#)

[ASHA State by State](#)

[ASHA Telepractice and License Policies](#)

[Audiology and Speech-Language Pathology Associations Outside of the United States](#)

Technology Standards

Standard 6:

Audiologists and speech-language pathologists must **obtain and apply** the technical knowledge and skill to select and use the most **effective** and **secure** technologies for virtual care.

Standard 7:

Audiologists and speech-language pathologists must take reasonable steps to ensure that any equipment used in the provision of virtual care for clinical assessments, measurements and interpretation of results is **adequate and reliable**.



Technology Standards

Question: Under what circumstances can an audiologist conduct a remote hearing assessment?

Answer: It depends.

[See E-Forum Audiology Practice In a Pandemic](#)
slides **49&50**

Considerations –first time or repeat assessment, patient characteristics, appropriateness (VC Standard 4), risks involved, patient's best interest, clinical reasoning and rationale, and document.

Ensure you meet the standards for virtual care.

Technology Standards

Standard 6:

Audiologists and speech-language pathologists must **obtain and apply** the technical knowledge and skill to select and use the most **effective** and **secure** technologies for virtual care.

Standard 7:

Audiologists and speech-language pathologists must take reasonable steps to ensure that any equipment used in the provision of virtual care for clinical assessments, measurements and interpretation of results is **adequate and reliable**.



We are currently revising and updating the standards for hearing assessment by audiologists!

Virtual hearing assessment will be a big consideration in the revision, and we will be recruiting an Advisory Working Group (AWG).

If you are interested in participating in the AWG, please contact us!

Technology Standards

Question: How and where do I obtain sufficient training on platforms, equipment and materials to work effectively in virtual care?

Answer:

- OSLA, SAC and CAA have training information on virtual care for members
- Reach out to leaders in the field
- Develop or join special interest groups
- On-line courses and blogs
- Talk to colleagues
- Practice, practice, practice!



Information on virtual care for different areas of practice:

[The Ontario Association of Speech-Language Pathologists and Audiologists \(OSLA\)](#)

- [Telepractice resources](#)

[Speech Audiology Canada \(SAC\)](#)

- [Webinar series, SLP and audiology focused resources](#)
- [COVID-19 Update: Dysphagia Management via Telepractice](#)

[Canadian Academy of Audiology \(CAA\)](#)

- [Webinars, \[Improving hearing accessibility during virtual meetings\]\(#\)](#)

Quality Assurance

Question:

I have a question regarding continuing education credits. This past year I spent numerous hours doing self-directed training for virtual learning. This included watching on-line training videos for platforms such as zoom, as well as many hours spent practicing using the zoom platform for the purpose of providing virtual speech therapy. Can this be included in our continuing education credits?



Quality Assurance



Question:

Can this be included in our continuing education credits?

Answer:

Yes. You can go into your SAT anytime during the year and add, delete or alter your learning goals to reflect new learning that took place.

You can obtain CLACs for any new learning on virtual care, such as researching platforms and products, attending e-forums, webinars, online training.

Including practice of different virtual platforms will be at your discretion, depending on how extensive the practice was, and how much of it entailed additional learning (hours versus days or weeks).



QUESTIONS?



Practice Advice

Welcome To Practice Advice

How Can We Help You?

Practice advisors are here to help everyone: patients, families, public, audiologists, speech-language pathologists, other professionals and employers.



THANK YOU

Connect with CASLPO:

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