PRESENTER DISCLOSURE

- ***No*** Relationship with Commercial Interests

- ***No*** Financial Support
  - This program has not received financial support or in-kind support from any organization

- ***No*** Conflicts of Interest
  - Ariane Siegel is an employee of OntarioMD she has not received payment or funding from any other organization supporting this program AND/OR organization(s) whose product(s) are being discussed in this program

- ***No*** Bias
  - There are no potential sources of bias

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OVERVIEW

1. **Context**

   - Why are Privacy and Security so Important?
   - Trending Toward More Virtual Care

2. **Virtual Care Delivery**

   - CPSO Telemedicine Policy
   - Virtual Visit Overview
   - Choosing Your Virtual Visit Solution(s)

3. **Data Management and Protection**

   - Contractual Arrangements
   - Privacy and Security Best Practices
   - Case Study – Babylon (AB)
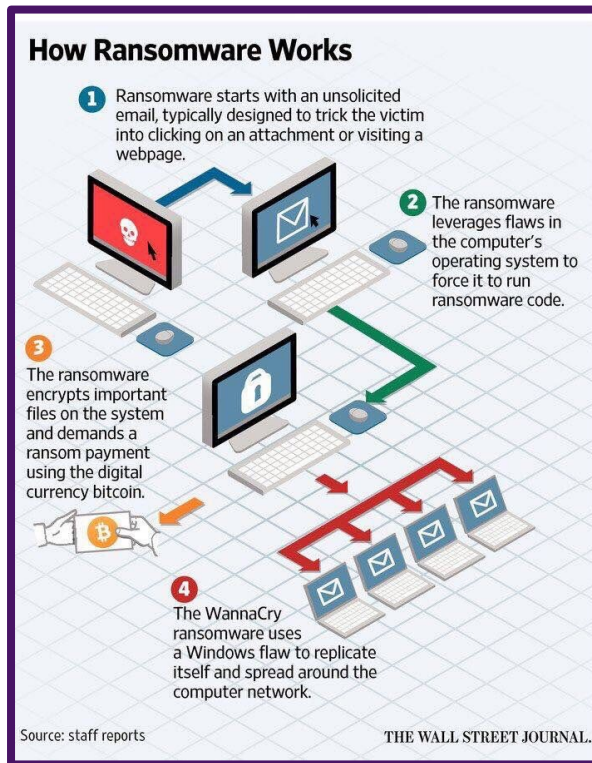
4. **Moving Forward**

   - 2021 IPC Virtual Care Recommendations
   - OntarioMD Training
   - Forthcoming Changes

5. **Summary + Q&A**

1. CONTEXT:
WHY ARE PRIVACY AND SECURITY SO IMPORTANT?

WSJ — Diagram explaining the 2017 "WannaCry" ransomware attack. The recent Newfoundland attack is believed to have worked similarly.

- You are subject to extensive regulation re: **collection, use, and disclosure** of **personal health information (PHI)**

- Protecting information is fundamental to maintaining **public trust** in the health care system

- *Increasing risk and prevalence of cyberattacks –*

  - **June 2021 – Humber River Hospital** (effective response)

  - **November 2021 – Newfoundland attack** *brought down provincial healthcare network*

- Ethics – it is *right* to protect patients' information!

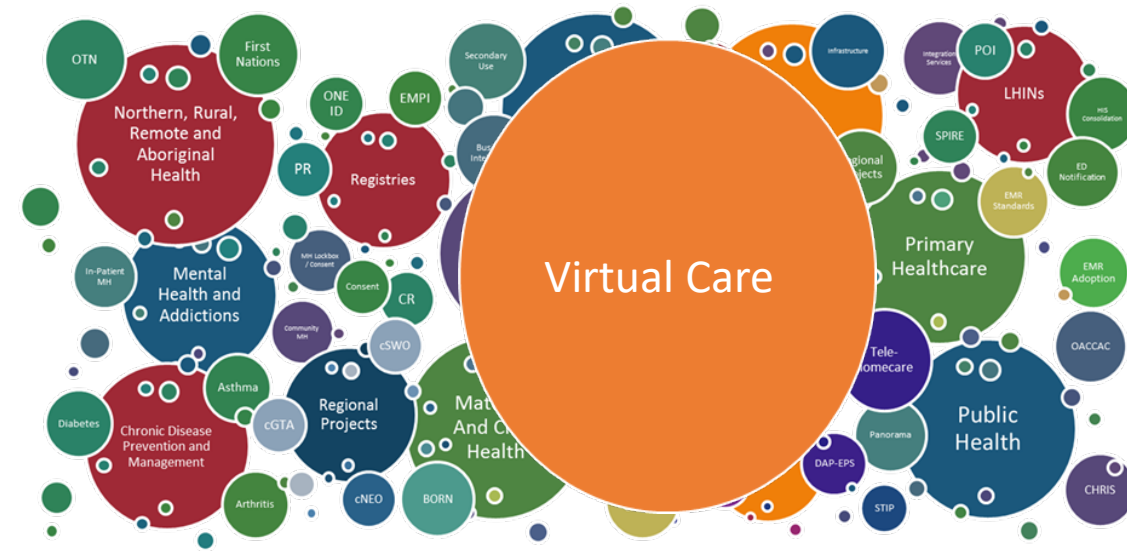OntarioMD

THE TREND TOWARD MORE VIRTUAL CARE

2019

- "Digital First For Health" Policy for Ontario

2020

- COVID-19 Pandemic necessitates rapid shift to virtual care

- Abundant virtual visit solutions

2021

- Virtual care is here to stay + regulatory guidance for same

- "PHIPA Modernization"

2. VIRTUAL CARE DELIVERY
CPSO TELEMEDICINE POLICY
(*Note: Policy Currently Under Review*)

Physicians must:

- consider patient's health status, specific needs and circumstances…**use VC only if in patient's best interest**;

- identify resources (e.g., IT, equipment, support staff, etc.) required;

- ensure that the **reliability, quality, and timeliness of the patient information** obtained via telemedicine is sufficient, and that the **patient is accurately identified**;

- protect the **privacy and confidentiality** of the patient's PHI;

- confirm IT and setting used by the patient permit sharing PHI in a **private and secure manner;**

- ensure setting in which the care is delivered is appropriate and safe, including having a **plan** in place to **manage adverse events and/or emergencies.**

VIRTUAL CARE

VIRTUAL VISITS

- Your discretion – is virtual care appropriate?

- The same legal and professional obligations apply

- Strike a balance between in-person and virtual care

- Fundamentally: ***virtual care is just care***

Detailed guides @
ONTARIOMD.VC

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VIRTUAL CARE

PRESCRIPTIONS, CONSENT...?

- **Consent Messaging**:
  "Virtual Care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this ..."

- **Prescriptions:** if you need to work outside established communication channels, make sure your prescriptions are:
  - Complete;
  - Specific to your patient; and
  - Include your and your patient's identifying information

- Coordinate in advance with your pharmacy colleagues

- If you are using *unencrypted* means of sharing prescriptions, ensure you have patient consent to do so

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VIRTUAL VISIT SOLUTIONS + SECURE MESSAGING

- **Your EMR** may have the best tools built-in:
  - secure messaging, consent collection, prescribing, etc.

- **Phone, Zoom, etc.**
  - Must transpose notes/records to EMR
  - Keep credentials secure; understand what data is saved and where

- **Email:** must follow substantial safeguarding procedures
  - See: **IPC Fact sheet re: Communicating PHI by Email**
  - ***Cannot*** prescribe controlled substances via Email

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PRIVATELY-DEVELOPED VIRTUAL VISIT SOLUTIONS

- Due diligence before using a solution:
  - Is the solution secure?
  - Where is **PHI stored**? Who owns it?
  - Does the solution comply with privacy laws?

- Ontario Health Verified Virtual Visit Program
  - Evolving regulatory regime
  - Current CEO attestation model with validation testing to come
  - Clinicians encouraged to use verified solutions
  (note: FUTURE FINANCIAL CODES)

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3. DATA MANAGEMENT + OWNERSHIP

CPSO Medical Records Management Policy
(2020)

- **Must** have a written agreement that establishes custodianship and clear accountabilities regarding medical records

  - where there are multiple contributors to a record-keeping system (e.g., EMR)

  - where you are not the owner of the practice and/or of the EMR licence

- See also: **CMPA Electronic Records Handbook**

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PRIVACY AND SECURITY BEST PRACTICES

- **DELETE EMAILS AND TRASH BIN**

- **Updated** software and hardware (i.e., operating system, firewalls etc.)

- Encryption – at rest and in transit

- Transmit PHI through encrypted messages
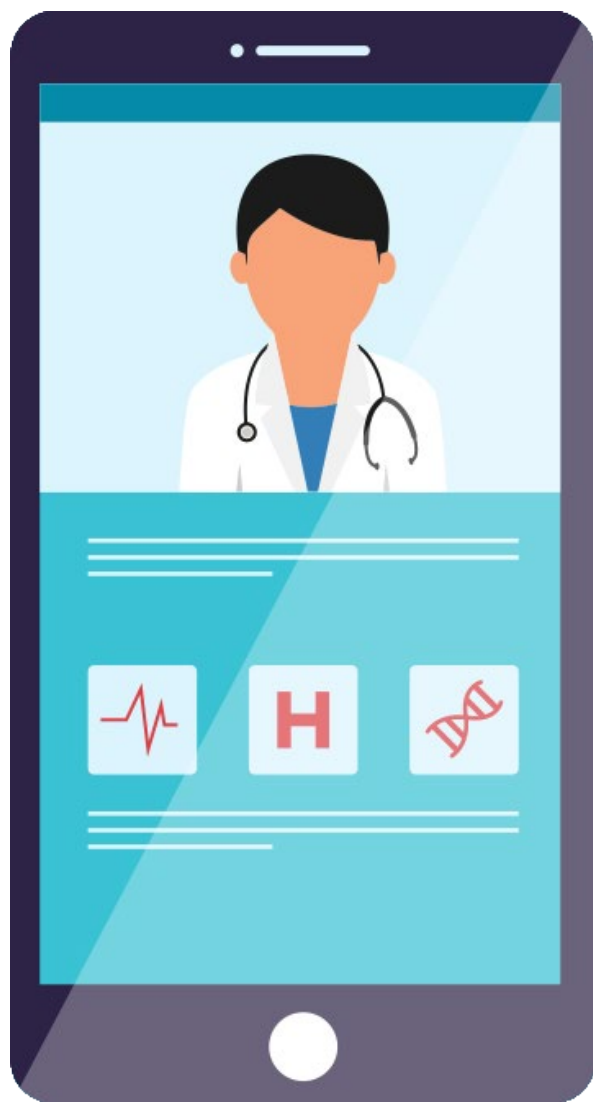
- **Two-factor** authentication

- **BACK UP**

Privacy Policies

Response Plan

Cyber Liability Insurance

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CASE STUDY:

babylon by *TELUS* Health

- **Babylon =** virtual visit solution *officially sanctioned by Alberta (AB) Health as a medium for primary care during the pandemic.* Mainly operated via phone app.

- **July 29, 2021** – AB Privacy Commissioner releases **Report (H2021-IR-01)**
  - Features non-compliant with AB healthcare (HIA) and private sector privacy (PIPA) legislation
    - **Identity verification**: collection of government-issued ID and selfie photos exceeds what is necessary to verify identity; unreasonable
    - **Recording** audio and video consultations through the app goes beyond what is essential to provide a health service
      - **Bad press**: July 2020 – reported error in U.K version of the app allowed users to **view recordings of others' private visits**. Canadians not affected.
    - **Policies**: privacy policy unclear, lengthy, inaccurate – did not clearly identify which PHI was collected for what purposes

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NEW
Privacy and Security Recommendations for Virtual Care
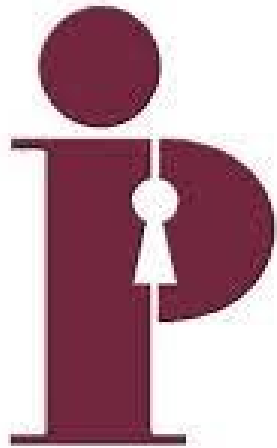
February 2021:

- **Integrating virtual visit solutions into existing IT/data infrastructure + contractual dynamics**

- **Additional Safeguards for Videoconferencing**
  - Review steps to protect privacy with patient
  - Check software settings to ensure "room" is secure + disable recording unless necessary
  - Verify patient identity using health card

- **Additional Safeguards for Email**
  - Ensure the exchange is with the correct person (send test message)
  - Minimizing the disclosure of PHI in subject lines and message contents
  - Encrypting or password-protecting document attachments and sharing passwords separately through a different channel or message

OntarioMD Privacy Training

- IPC - clinicians must undergo annual **Privacy Training Course**

- **OntarioMD created** Privacy Training and Attestation Program

  - Practical guidance on regulatory obligations

  - Obtaining and managing consent + implementing privacy policies

  - Contains relevant template resources

  - Accredited for CME credits for family physicians and specialists + available in English and French

- **2021 – *NEW* Virtual Care Training Module** w. OMA + Canada Health Infoway

  - How to select and use virtual care tools + best practices

  - Additional Safeguards for Email and Videoconferencing

PRIVACY AND SECURITY
TRAINING AND RESOURCES

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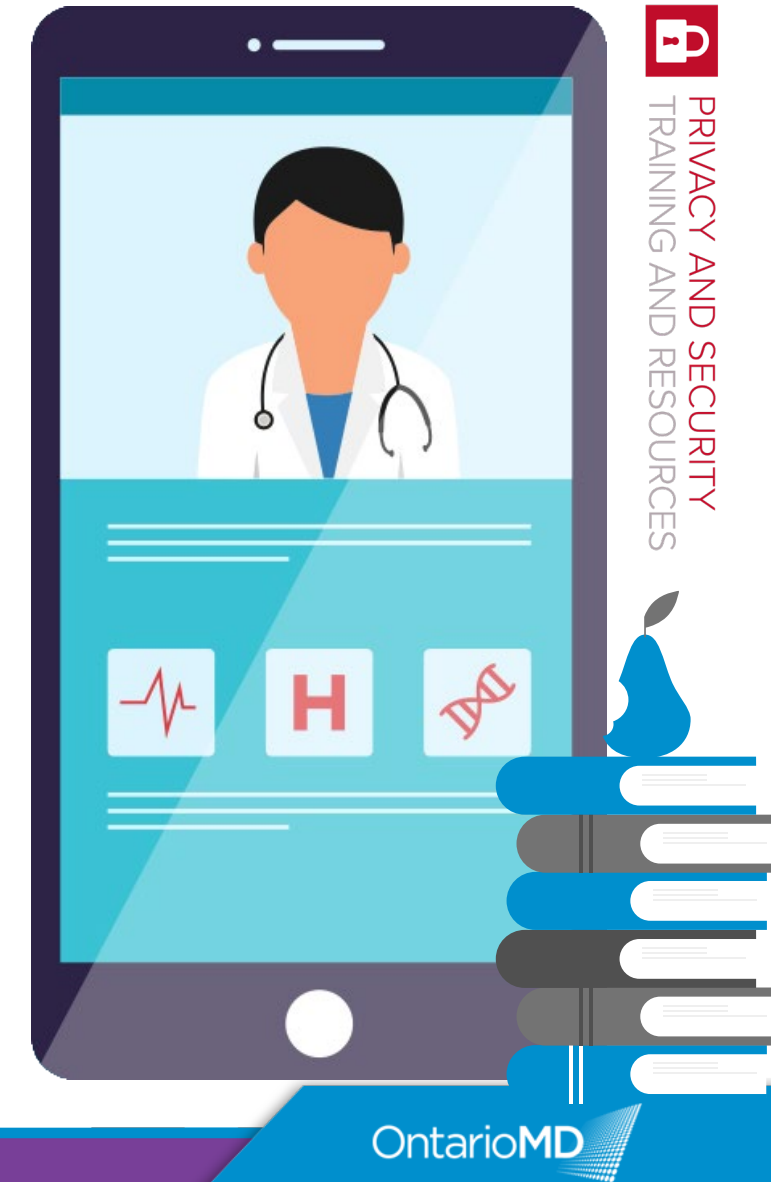
FORTHCOMING CHANGES
"*PHIPA Modernization*"

- **Audit Logs –** required collection of standardized data points (consider existing CPSO requirements)

- **Patient Access to Records –** standardized method for providing patients with copies of their records

- **Consumer Electronic Service Providers –** likely to affect broad category of virtual visit solutions and related applications

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5. SUMMARY

VIRTUAL CARE – ROUNDING UP WITH KEY POINTS

MEET & GREET

- Is virtual appropriate?
- Identify patient
- Patient environment
- Consent depends on platform/reminder
- Practice documents
- Consent for use of email- not secure

RECORDS

- Integrated products - Move information to your EMR
- Toggle between screens (EMR, ZOOM)
- Do you own your own record- your own practice?
- Ensure records kept/available
- Electronic Audit Logs

PRIVACY

- Password
- Private environment, consent
- Encrypted tool/jurisdiction
- Auditing
- Records Deletion email/trash bin – deleted pictures bin
- **Back up**

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RESOURCES

OntarioMD:

- Virtual Care Microsite
- Privacy Training + Resources

ON Information and Privacy Commissioner:

- Considerations for Virtual Health Care Visits
- Communicating PHI by Email

CPSO:

- Telemedicine Policy
- Medical Records Management

AB Privacy Commissioner: Babylon Report

CMPA Electronic Records Handbook

CMPA: Providing Virtual Care During COVID-19

Ontario Health – Verified Virtual Visit Solutions

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