

# Providing virtual care to patients

## Background

Virtual care provides access to professional services when a patient is not able to attend in person to see a regulated member. Subject to these guidelines, a regulated member may provide virtual care to the patient using an enabling technology.

## Purpose

This document interprets the legislative framework governing the practice of pharmacy in Alberta in the context of providing professional services using virtual care.

While it is understood that technologies evolve and new technologies will emerge, these guidelines establish universally applicable principles that regulated members can apply, regardless of the technology being used.

## Scope

This document provides regulated members guidelines for providing professional services using virtual care from a licensed pharmacy, institution pharmacy, or other practice site located within Alberta.

This guideline DOES NOT:

- enable a regulated member to provide virtual pharmacy services from outside of Alberta<sup>1</sup>;
- enable a regulated member to provide virtual pharmacy care to an individual located outside of Alberta, unless that individual
  - is currently a patient that ordinarily receives care in Alberta,
  - recently was a patient in Alberta and requires follow up or monitoring,
  - requires support to transition their existing care from Alberta to another jurisdiction, or
  - is being offered a professional service through a public program (e.g. PADIS) and the patient has access to a responsible health care professional within the jurisdiction in which they are located;
- relieve a regulated member from their obligation to meet the requirements of the Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT), the Standards for the Operation of Licensed Pharmacies (SOLP), the Alberta College of Pharmacy Code of Ethics (COE), the *Health Information Act* (HIA), the *Pharmacy and Drug Act* (PDA) and all other applicable legislation and privacy requirements;
- enable a regulated member to provide virtual care when an in-person encounter is required by the SPPPT<sup>2</sup>; or

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<sup>1</sup> A regulated member physically located and practicing pharmacy from another jurisdiction (regardless of the location of their patients), is subject to the laws of that jurisdiction and must contact the respective regulatory body for further direction.

<sup>2</sup> An in-person encounter is required by SPPPT 12.2, 13.2 and 14.2.

- permit a regulated member to provide a mail order pharmacy service<sup>3</sup>, as defined under the PDA, unless that mail order pharmacy service is provided from a licensed mail order pharmacy.

## Definitions

**Enabling technology** means any technology that permits the communication of health information between individuals in different locations. This includes novel methods, such as applications on smart devices or computers, video conferencing, and secure email transmission of data, but will also include traditional methods such as the telephone where complex clinical patient interactions will occur.

**In-person** means the regulated member sees the patient personally from a licensed Alberta pharmacy, institution pharmacy, or other practice site.

**Virtual care** means any professional interaction between a regulated member and a patient that occurs remotely using an enabling technology. The telephone, when used routinely for ancillary communication in the pharmacy, is not considered virtual care, however, complex clinical patient interactions that occur by telephone should be considered virtual care for the purpose of these guidelines.

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<sup>3</sup> A “pharmacy service” means the storing, compounding, dispensing or selling of drugs; and a “mail order pharmacy service” means a pharmacy service provided to or for a patient for which neither the patient nor the patient’s agent attends at the community pharmacy to receive the service. See PDA ss1(1)(s.1) and (n.2).

# Guidelines for applying virtual care in practice

## General

1. Regulated members who provide virtual care must meet or exceed the requirements of all applicable legislation, standards, and guidelines for in-person care.
2. Virtual care should be used only when the regulated member has determined that providing virtual care is in the best interest of the patient and that the benefits to the patient outweigh any potential risks.
3. A regulated member who provides virtual care must
  - a. take all reasonable steps to protect each patient's privacy, and the confidentiality of any information transmitted through an enabling technology<sup>4</sup>; and
  - b. ensure that the enabling technology is functioning properly and maintains adequate connectivity to support the assessment or professional service provided.

## Develop policy and procedure

4. Before implementing virtual care in a licensed pharmacy, a pharmacy licensee must develop appropriate policies and procedures that ensure there is a clear and comprehensive written standard operating procedure for all enabling technologies used<sup>5,6</sup>.
5. A regulated member who intends to provide virtual care in an institution pharmacy or other practice site should satisfy themselves that their place of practice has policies in place that meet the minimum requirements under guideline four before providing virtual care.

## Develop and maintain technological competence

6. Before providing virtual care to patients, regulated members must develop, demonstrate, and maintain operational skills for any enabling technology used<sup>7</sup>.

## Evaluate appropriateness of virtual care technology

7. A pharmacy licensee must put reasonable administrative, technical, and physical safeguards in place to protect the security and integrity of data and maintain the confidentiality of the patient<sup>8,9</sup>.
8. A regulated member who intends to provide virtual care in an institution pharmacy or other practice site should satisfy themselves that there are sufficient safeguards in place to protect the security and integrity of data, and maintain the confidentiality of the patient that meet the minimum requirements under guideline seven before providing virtual care to a patient.

## Ensure use of the enabling technology has been accepted by the Office of the Information and Privacy Commissioner (OIPC)

9. A regulated member should not transmit health information using an enabling technology not submitted in a Privacy Impact Assessment (PIA) to the OIPC.

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4 COE Principle 4(6)

5 HIA s63(1)

6 Standard operating procedure requirements for consideration can be found in Appendix 1.

7 SPPPT 1.7, 1.8; COE Principle 9(6)

8 HIA 60(1); HIA 60(2)

9 Information on safeguards can be found in Appendix 2.

## Establish a professional relationship with the patient

10. Regulated members must ensure they establish and maintain a professional relationship with each patient for whom they provide virtual care<sup>10</sup>. Establishing a professional relationship means the regulated member must interact directly with the patient, their agent, or their caregiver<sup>11</sup>.
11. Before providing virtual care, a regulated member must
  - a. identify themselves to the patient by providing their name, practice location, and professional role, and be able to produce supporting documentation on request (e.g. practice permit); and
  - b. verify the identity of the patient or the patient's agent by confirming that patient's name, personal health number, and at least one other identifier, regardless of whether the patient is new to the pharmacy, or if a pre-existing patient relationship exists<sup>12</sup>.

## Consent

### *Informed consent to receiving [or "the provision of"] virtual care*

12. Regulated members must confirm the patient understands and acknowledges the risks and limitations of virtual care and obtain the informed consent of the patient to receive care virtually<sup>13</sup>.
13. A regulated member must obtain informed consent again if a previously used technology or process has changed in a manner that may have implications for the appropriateness and effectiveness of the enabling technology or patient privacy since the last time it was used with the patient.
14. The pharmacist must provide other options for care if the patient does not agree to receive pharmacy services by virtual care, including transfer of care to another pharmacy or referral to another healthcare provider<sup>14</sup>.

### *Consent needed to record virtual care encounters*

15. A regulated member must not record virtual care encounters unless they have the informed consent of the patient and can ensure the information is kept secure from access by third parties<sup>15</sup>.

## Assessment

16. A pharmacist who assesses patients virtually should consider the limitations of the technology or method of communication used and evaluate the clinical activity being conducted to ensure the pharmacist can reasonably
  - a. access any information required to make a clinical assessment,
  - b. complete a thorough clinical assessment of the patient,
  - c. identify and take appropriate action for any drug therapy problems, and
  - d. conduct follow up on the care they have provided.

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10 SPPPT 2 describes steps a regulated member must complete when establishing and maintaining a professional relationship. All of SPPPT 2 applies equally whether a patient encounter is in person or virtual.

11 SPPPT 2.3

12 SPPPT 8.1

13 COE Principle 2(3)

14 COE Principle 2(5)

15 HIA s60(1)

17. When a pharmacist determines that a patient requires an in-person assessment and the pharmacist is unable to perform it, the pharmacist must consider other options, including transfer of care to another pharmacy or collaboration or referral to another healthcare provider<sup>16</sup>.
18. A pharmacist who virtually assesses any patient's self-reported test results should consider factors that may affect the reliability of the data including
  - a. the technique of the patient or caregiver remotely using a device or point of care technology; and
  - b. other factors that may affect the validity of the data from the device or point of care test result, including device miscalibration, battery life issues, and test supplies that may be expired or have been exposed to inappropriate temperatures or conditions.

## Documentation

19. A regulated member who obtains informed consent to provide virtual care using an enabling technology, whether verbal or written, must document that consent in the patient record.
20. In addition to the documentation required by the SPPPT, a regulated member who provides virtual care should document the time, date, and enabling technology used to provide virtual care services.

## Resources

### *Legislation*

- Alberta College of Pharmacy, [Standards of Practice for Pharmacists and Pharmacy Technicians](#)
- Alberta College of Pharmacy, [Standards for the Operation of Licensed Pharmacies](#)
- Alberta College of Pharmacy, [Code of Ethics](#)
- Government of Alberta, [Health Information Act](#)
- Government of Alberta, [Pharmacy and Drug Act](#)

### *Privacy information*

- Office of the Information and Privacy Commissioner, [Advisory for Communicating with Patients Electronically](#)
- Office of the Information and Privacy Commissioner, [Privacy Impact Assessments](#)

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<sup>16</sup> SPPPT 1.7(d), 3.1

# Appendix 1 – Standard operating procedures for enabling technologies

Standard operating procedures should

- a. ensure the use of enabling technology is patient-centred, effective, and appropriate for the intended interaction;
- b. ensure use of the enabling technology complies with the requirements of applicable legislation and the manufacturer specifications;
- c. ensure all enabling technology is properly managed and maintained in accordance with manufacturer requirements;
- d. provide contingency guidance for technical disruptions including interruptions or unavailability of service;
- e. ensure that regulated members who deliver virtual care are trained and competent in the use of any enabling technologies used;
- f. describe how to maintain and ensure privacy and security while using enabling technology;
- g. include a quality assurance process that periodically examines the enabling technology and process used, and evaluates risks to privacy<sup>17</sup>; and
- h. include a quality assurance process that periodically evaluates the quality of patient care provided and the patient health outcomes achieved.

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<sup>17</sup> Section 8(3) of the Health Information Regulation requires that custodians must periodically review the safeguards they have in place to protect health information privacy. This means that custodians need to regularly review the privacy risk mitigation plans set out in PIAs to ensure they continue to protect against reasonably foreseeable risks to the privacy of health information.

# Appendix 2 – Safeguards to protect security and data integrity

The safeguards required depend on the nature of the enabling technology used, whether health information is retained, and who can access retained information<sup>18</sup>. Safeguards to consider may include:

## Security of the data

- a. A terms of use agreement between the pharmacy and any enabling technology provider (the “service provider”) that defines the service to be provided and outlines the safeguards in place to protect data<sup>19</sup>.
- b. Data is secured in transmission by end-to-end encryption.
- c. The screen cannot be shared without authorization of the regulated member or patient.
- d. An understanding of where any data resides, what the data protection laws are in that jurisdiction, and whether there is compliance with the HIA.
- e. Ensure that where required, a PIA is prepared and submitted to the OIPC.

## Pharmacy access to the application and data

- f. Controls to limit access to the enabling technology and data within the pharmacy.
- g. Audit logs maintained that record access to the data.

## Use of the data

- h. Restrictions preventing the service provider from using the data for purposes unrelated to the provision of care (e.g., marketing or to sell the data).

## Management and retention of the data

- i. An awareness of what data is retained by the service provider and for how long.
- j. The ability to meet the legal requirements to respond to access and correction requests.

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<sup>18</sup> Traditional methods of communication such as the telephone may not require the consideration of additional safeguards unless the conversation is recorded and retained.

<sup>19</sup> Safeguards in place to protect the data should include privacy policies, limits on who has access to the data, a method to ensure it is physically and technologically secured, and a timeframe under which the service provider will inform the pharmacy if there has been a data breach.