

Webinar Q&A
Providing Virtual Palliative Care – Friday May 8, 2020 @ 4 pm ET

Question	CPC Exchange
<p>Maria 04:43 PM</p> <p>Has anyone used this platform in long term care especially as most of the MRP may not be able to visit the home?</p>	<p>There were several questions submitted during the webinar that the panellists were unable to answer due to the time restrictions of the webinar.</p>
<p>Mehry 04:45 PM</p> <p>Can OTN allow for an encounter with multiple people (i.e. family members who are out of town)?</p>	
<p>Aaliyah 04:57 PM</p> <p>Will the relief app have a cost to providers or patients?</p>	<p>Please continue the discussion by joining the Canadian Palliative Care Exchange and posting your question as a discussion topic.</p> <p>There is no cost to participate.</p>
<p>Robin 04:59 PM</p> <p>Does anyone have experience consulting with video in the home in First Nations communities?</p>	<p>Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca</p>
<p>Susan 04:59 PM</p> <p>Has anyone used the REACTS app for virtual communication?</p>	
<p>Ayn 04:59 PM</p> <p>There's a Zoom for healthcare version that meets PIA/PHIPA standards and approved for clinical interaction use. That's what is used in Alberta by our health system.</p>	

<p>Catherine 04:59 PM</p> <p>There are now Kardiopads; it is a small pad that you put 2 fingers from each hand – it doesn't give you the stethoscope hearing part, but it does give an EKG tracing, lead 1.</p>		
<p>Joanna 05:01 PM</p> <p>It is under my understanding that WhatsApp has end to end encryption so should be safe for use from a privacy perspective!</p>		
Question	Answer	CPC Exchange
<p>Jing 04:02 PM</p> <p>Do we know what does the law say about using face time and phone for pts' care during COVID 19? Do we need to ask the pts to give verbal and/or electronic consent in regard of above communication means? Thanks.</p>	<p>Good question. There is a need to ensure security, encryption., etc. Some provinces do have platforms to support virtual care. However, in some cases these have not been accessible and there are some regions that don't have access to them. There is a precedence to substitute these when they are not available with platforms like Doxy.me and non secured platforms like zoom and Face Time, but the clinician needs to make this very explicit to the patient/family/colleague at the other end and get their consent to use the unsecured platform.</p>	<p>If you'd like to continue this conversation head to the Canadian Palliative Care Exchange and create a discussion topic or contribute to a conversation already taking place.</p> <p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca</p>
<p>Anonymous 04:14 PM</p> <p>Do you anticipate that most end of life care will occur in the community or</p>	<p>Jose here: I don't think so. Other settings will remain pertinent. The issue is how can we ensure the best care at the right place at the right time. But the pandemic is</p>	

<p>home as an outcome of the pandemic?</p>	<p>showing that we can increase care in settings like home, LTC etc.</p>	
<p>Patricia 04:14 PM</p> <p>If you use FaceTime, your patient will have your phone number. Is it an intrusion into your privacy?</p>	<p>They really, really, like it and seems to feel so touched that we are doing this!</p>	
<p>Jean 04:16 PM</p> <p>What are examples of patient concerns that come up over virtual consult that would make you consider an in-person assessment or physical exam?</p>	<p>Narcotic issues- usage, etc. if I can't get a handle on that virtually. if they only have a land line and so many seniors still only have a land line; no other eyes in the home i.e. a pt. where they don't want or have limited homecare.</p>	
<p>Kate 04:20 PM</p> <p>Has anyone done a family meeting? I realize that this format might be an opportunity to do a consult with a family, include family members that are away. Many of my patients have family members out of province. I haven't done this, but the thought entered my mind. (Obviously with patients' permission)</p>	<p>Yes, I've done fam meetings. one had the daughter on face time on her moms' phone so also virtual. I find them very tender.</p>	
<p>Janie 04:21 PM</p> <p>The study is during time of COVID and this of</p>	<p>I believe the results being presented now by Ron Spice and also later by</p>	

<p>course is all we can do, but when circumstances normalize, I wonder about patient/family preference virtual versus face2face.</p>	<p>Robert and Naheed was work done before COVID.</p>	
<p>Anonymous 04:22 PM</p> <p>Can you see primary doctor being involved as well in the consults?</p>	<p>Dr. Denise Marshall</p> <p>Oh, for sure yes!! That's ideal if the fam doc can link in or if the fam doc is in the home and patches in to our PCT</p> <p>Dr. José Pereira</p> <p>Very much so. This is something I think we should encourage and develop the means and processes to do so. It is important to build primary level palliative care capacity. Sometimes the virtual care is done professional to professional, instead of patient-professional.</p>	
<p>Anonymous 04:25 PM</p> <p>Do you believe first time consults should be done in person?</p>	<p>Dr. José Pereira</p> <p>Ideally, some of us would say "yes". In a pandemic situation, some exceptions may need to be made, but again, if the patient is not known to you/your service, an in-person visit would be generally encouraged.</p> <p>Dr. Denise Marshall</p> <p>Well from my point of view, ideally yes. With COVID we are doing a work around but</p>	

	<p>post pandemic I want to ensure that as many initial consults as possible are ones I do face to face then follow us</p> <p>P.S. virtually</p>	
<p>Robin 04:27 PM</p> <p>Would it be acceptable to you to provide a just in time end of life initial consult in the manor if a home care nurse identified someone imminently dying at home? I understand initial consult in person is preferred, but in this case, would that be a choice, or would they be sent to hospital?</p>	<p>Very interesting question... I do wonder if we can navigate growing in that direction.</p>	
<p>Garrett 04:28 PM</p> <p>Besides Nurses and Palliative Care Consultants, what are your thoughts of Paramedics filling a role as a Community Paramedic and providing this kind of service?</p>	<p>Dr. Denise Marshall</p> <p>I'm currently super excited about ramping up the EMs roles in our systems of care. I think plugging them in to virtual care is a terrific thing to explore</p> <p>Dr. José Pereira</p> <p>Good question. There are excellent examples from across the country (having started in Nova Scotia and PEI) of paramedics providing first-response palliative care (with the right processes in place and</p>	

	education such as LEAP Paramedics).	
<p>Finola 04:30 PM</p> <p>How can we as family physicians work well with palliative care teams to ensure coordination of virtual care, and avoid what Dr Spice mentioned re: displacement of primary care provider?</p>	<p>Great point. Pallium Canada is all about building primary level capacity. There are many examples across the country where there is a strong relationship with family docs providing fantastic primary level palliative care, supported by palliative care specialist teams for advice and help using consultation and shared care models. IN other provinces there are structural barriers that need to be addressed to make this happen a lot more.</p>	
<p>Michelle 04:31 PM</p> <p>Some cost savings yet again there would be additional costs either to the client or to the nursing services related to data use. How do we speak to this cost?</p>	<p>Yes, can these costs be born by our programs or regional partners I wonder?</p>	
<p>Jean 04:32 PM</p> <p>I wonder what the impact of nurse facilitation of virtual visit on patient satisfaction and willingness is to use again. If patients had to manage the technology themselves, would these results be different?</p>	<p>I suspect it did have a positive impact and results might have been different without nurse facilitation.</p>	

<p>Ayn 04:34 PM</p> <p>Ron: Can you comment on emerging experience with pandemic now and transitioning to Zoom platform? Differences or similarities between Zoom and Skype? Any of previously identified barriers better now in 2020? Any other points of emphasis for rest of us to be aware of if starting out? Thanks</p>	<p>Dr. Ron Spice</p> <p>Good question. Zoom seems to be better in connecting lots of people who are in different places... especially good in the current circumstances where family and patient and caregivers are in different places. Zoom is probably more user friendly in terms of sign on and connection. Still have issues related to the cell signal or strength of Wi-Fi...</p>	
<p>Anonymous 04:35 PM</p> <p>Home and community care are pushing for more virtual visits. Do you have specific questions lists to triage appropriately? or provide assistance to those clients we may have in more rural areas to help assist them?</p>	<p>I'm happy to hear that home and community care are pushing for this as they are indeed key partners to ensure collaboration and success. I think it ideal if these triage processes are put together with all care sectors involved. I plan on setting up post pandemic planning meetings with our homecare partners for this very reason. Good stuff!</p>	
<p>Taylor 04:35 PM</p> <p>Why are we not introducing palliative care right from the start? My take on this as a nurse is that patients see Dr's looking at and including palliative care later in the process instead of earlier on so that they can feel supported through the</p>	<p>Dr. José Pereira</p> <p>Completely agree. There is now a strong evidence base to support early palliative care. This can be done by all health care professionals caring for patients with serious illnesses, provided they have some core palliative care competencies. Relying on</p>	

<p>whole process. I know patients feel the word palliative means end of life and that there is no hope, but I feel for pain management and disease management, palliative care needs to be introduced sooner!</p>	<p>only palliative care specialists' teams to provide all palliative care, especially when we are needing to integrate palliative care earlier in the illness trajectory is not sustainable and will not be able to address all the palliative care needs of a population.</p> <p>Dr. Denise Marshall</p> <p>You are sure preaching to the choir here!! We are trying to live and breath and teach and role model and support the early identification and palliative approach to care here at McMaster and surrounding area</p>	
<p>Anonymous 04:36 PM</p> <p>Why was Home and Community Care included?</p>	<p>This question was answered in the webinar. Go to 55:49 in the recording.</p>	
<p>Jana 04:37 PM</p> <p>In some areas in Canada, opioid prescribing can only be done with a specialty Rx pad and prescriptions cannot be faxed. Does anyone have any experience they can share on how to remotely prescribe opioids (especially methadone) for remote palliative care consultation?</p>	<p>Dr. Denise Marshall</p> <p>Jana I'm hoping one of the other panelists can answer this as I haven't had this issue yet. Dave?</p> <p>Dr. David Henderson</p> <p>Dave here. It will obviously vary across the country but here in NS we have a provincial "Drug Information System" that we can order</p>	

	<p>meds online. Then we call the persons pharmacy and let them know it is on the system. The system is linked to all pharmacies so helps greatly prevent double doctoring and you can see previous prescriptions and quantities provided. Previously we have faxed scripts them mailed originals.</p>	
<p>Alison 04:44 PM</p> <p>Are those types of group visits available on OTN? or only platform like Zoom?</p>	<p>You can do OTN visits patching in people in a number of different settings i.e. a group visit – just need emails from them.</p>	
<p>Sandy 04:45 PM</p> <p>Is anyone using “peripherals” - equipment that permits physical exam - like stethoscopes which permit chest auscultation etc. that is audible by the clinician online? If so, how useful has that been?</p>	<p>Not me Sandy...not yet</p>	
<p>Zahraa 04:45 PM</p> <p>If primary care physician is part of the virtual visit how do you do the billing? Also, any suggestions to make FaceTime or sharing of images (e.g. Wounds) more secure -any tips? Thanks</p>	<p>That will depend on the province and what is in place in terms of billing for this type of work. Please look up your province's billing codes.</p>	

<p>Sandy 04:52 PM</p> <p>Any insight/ advise for virtual palliative care in LTC?</p>	<p>For me, I wish LTC to be part of our future discussion as a community setting of care for the exact reasons we are discussing today. I just feel it would be so helpful and allow us to be nimble</p>	
<p>Travis 04:53 PM</p> <p>Does zoom meet PHIPA laws in Ontario?</p>	<p>That's evolving. I've been following the updates that MOH is putting out and its currently not a fav of Ontario MOH. Post COVID will be different.</p>	