

COMMUNICATIONS IN AN ELECTRONIC ERA

Eric Benchimol, MD, PhD, FRCPC, NASPGHAN-F

Associate Professor of Pediatrics and Epidemiology, University of Ottawa
Pediatric Gastroenterologist, Children's Hospital of Eastern Ontario

Daniel Tardif, MD, MBA, LMCC, CRHP, CCPE

Director, Regional Affairs and Chief Privacy Officer
Canadian Medical Protective Association

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Canadian Digestive Diseases Week™

CanMEDS Roles Covered

	Medical Expert (as <i>Medical Experts</i> , physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. <i>Medical Expert</i> is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.)
X	Communicator (as <i>Communicators</i> , physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
X	Collaborator (as <i>Collaborators</i> , physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
	Leader (as <i>Leaders</i> , physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
X	Health Advocate (as <i>Health Advocates</i> , physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
	Scholar (as <i>Scholars</i> , physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
X	Professional (as <i>Professionals</i> , physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

Conflict of Interest Disclosure

(Over the past 24 months)

Name: Eric Benchimol

Commercial or Non-Profit Interest	Relationship
Organization	Committee Member, Chair
Company A	Advisory Board, Consultant, Investigator
Company B	Speaker
Company C	Stockholder, Employee
Company D	Advisory Board, Research Support

Conflict of Interest Disclosure

(Over the past 24 months)

Name: Daniel Tardif

Commercial or Non-Profit Interest	Relationship
Centre intégré de la santé et des services sociaux de l'Outaouais	Employee
Canadian Medical Protective Association	Employee

Conflict of Interest Disclosure

(Over the past 24 months)

Name: Eric Benchimol

No relevant relationships with any commercial or non-profit organizations

(Over the past 24 months)

Name: Daniel Tardif

No relevant relationships with any commercial or non-profit organizations

CASE #1

- You are a gastroenterologist in the community, specializing in care of patients with chronic diseases. You have heard that patient satisfaction scores are higher when electronic communication with their physician is possible. You are considering providing your patients with your email address and cell phone number, to enable What's App messaging.

GUIDELINES FOR ONLINE COMMUNICATION



PHYSICIAN GUIDELINES FOR ONLINE COMMUNICATION WITH PATIENTS

INTRODUCTION

The increased availability and use of the Internet have facilitated online communication between physicians and patients when the patient is not physically present at the physician's place of practice. Online communications may be directly related to the provision of patient care or may be used for transmitting more general information for administrative, educational or health promotional purposes. These guidelines are primarily concerned with the two most common vehicles of online communications: email and physician web sites.

Electronic communications offer many benefits, but require safeguards that differ from other forms of communication, such as paper document, telephone and fax. The digitized nature of electronic communications facilitates receipt and access

Information Privacy Code and Code of Ethics as well as specific laws or requirements in each jurisdiction for guidance in this respect.

These guidelines take as their starting point the best practices that have developed over the years in the use of paper documents, mail, telephone and facsimile in the setting of physician offices. They also take account of the unique issues posed by digitization and online communication as well as their potential to open up new ways to facilitate the provision of care and the dissemination of information. This document addresses physician communications with patients, health care providers, government agencies and other parties.

Given the possible range of uses for online communications, physicians should refer to the *Information Privacy Code* that describes how to protect



Use of Email by Physicians

This section will:

- Summarize the benefits and risks associated with the use of email in the medical office
- Identify key considerations required when using email for transmitting patient information
- Identify key considerations required if planning to use email communication for business purposes

The use of email for communication in medical offices has in some cases become a standard practice. Email is a quick and efficient method for sharing information between providers and patients. When used in addition to face-to-face communication, email can enhance the provider relationship. It can reduce non-essential office visits and save time on the part of both parties. It also allows supporting documents to be attached, if necessary.

Steps must be taken to reduce the risks associated with email communication. Reasonable safeguards are in place to protect personal information exchanged between providers and patients.

What are the risks?

In general, any type of email communication has some embedded risks:

1. An email message, because it is usually not encrypted, can be intercepted and read by unintended recipients or delivered to the wrong address.
2. Email messages containing personal information can be sent or received from a computer that is not secure, such as a publicly accessible computer or a home computer. These messages



Communicating Personal Health Information by Email

September 2016

Email is one of the dominant forms of communication today. Individuals and organizations have come to rely on its convenience, speed and economy for both personal and professional purposes. Health information custodians (custodians) are no exception. While email offers many benefits, it also poses risks to the privacy of individuals and to the security of personal health information. It is important for custodians to understand these risks and take steps to mitigate them before using email in their professional communications.

OBLIGATIONS UNDER THE PERSONAL HEALTH INFORMATION PROTECTION ACT

The *Personal Health Information Protection Act* establishes rules for protecting the privacy of individuals and the confidentiality of their personal health information, while at the same time facilitating effective and timely health care. Custodians have a duty to ensure that health records in their custody or control are retained, transferred and disposed of in a secure manner. They are also required to take reasonable steps to protect personal health information against theft, loss and unauthorized use or disclosure.

UNDERSTANDING THE RISKS

Like most forms of communication, email entails an element of risk. An email can be inadvertently sent to the wrong recipient, for example, by mistyping an email address or using the autocomplete feature. Email is often accessed on portable devices, such as smart phones, tablets and laptops, which are vulnerable to theft and loss. An email can also be forwarded or changed without the knowledge or permission of the original sender. Email may also be vulnerable to interception and hacking by unauthorized third parties.

Personal health information is sensitive in nature. Its unauthorized collection, use or disclosure may have far-reaching consequences for individuals, including stigmatization, discrimination and psychological harm. For custodians and their agents, privacy breaches may result in disciplinary proceedings, prosecutions and lawsuits. In addition, such privacy breaches may result in a loss of trust and confidence in the entire health sector that was entrusted to protect this sensitive information.

GUIDELINES FOR ONLINE COMMUNICATION – MAIN POINTS

- Not confidential
- Frequently stored or backed up outside of Canada
- Obtain consent from patient
- Develop office policy for eCommunication use
- Regularly check accuracy of email addresses
- Use encryption and secure passwords
- Ensure all communications are in the medical record

INSTANT MESSAGING - APPS

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PLOS ONE

RESEARCH ARTICLE

WhatsApp in hospital? An empirical investigation of individual and organizational determinants to use

Anna De Benedictis^{1,2,oa,*,} Emanuele Lettieri^{3,oc,} Cristina Masella^{3,oc,} Luca Gastald^{3,oc,} Giordana Macchini^{2,ob,} Camilla Santu^{3,oc,} Daniela Tartaglini^{1,2,oa}

1 Department of Healthcare Professions, Hospital General Management, University Hospital Campus Bio-Medico, Rome, Italy, **2** Faculty of Medicine & Surgery, University Campus Bio-Medico, Rome, Italy, **3** Department of Economics, Management and Industrial Engineering, Politecnico di Milan, Milan, Italy

* These authors contributed equally to this work.

oa Current address: Department of Healthcare Professions, University Hospital Campus Bio-Medico, Rome, Italy.

ob Current address: Department of Nursing, University Campus Bio-Medico, Rome, Italy.

oc Current address: Department of Economics, Management and Industrial Engineering, Politecnico di Milan, Milan, Italy.

* a.debenedictis@unicampus.it



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WhatsApp Doc?

Donnchadh Martin O'Sullivan,¹ Eoin O'Sullivan,² Margaret O'Connor,¹ Declan Lyons,¹ John McManus¹

¹Department of Geriatrics, University Hospital Limerick, Limerick, Ireland
²Department of Renal Medicine, Royal Infirmary of Edinburgh, Edinburgh, UK

Correspondence to
Dr Donnchadh Martin O'Sullivan, Department of Geriatrics, University Hospital Limerick, Limerick, Ireland; dosullivan373@gmail.com

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Interest continues to grow around the most appropriate use of smartphones, tablet devices and related software in the modern healthcare setting. The meteoric rise of the smartphone in broader society has resulted in increasing numbers of healthcare professionals informally introducing this technology to the workplace. High-quality data to support device use in treatment and decision making are thus far lacking, but the potential benefits of deploying such technology are increasingly recognised.^{1,2}

Research we have conducted at the University Hospital Limerick (UHL), Ireland, identified the widespread use of the instant messenger software 'WhatsApp' for communication between health professionals. Responding to an anonymised survey, 80% (n=41/51) of the intern cohort at UHL confirmed that instant messaging systems are already informally integrated into modern medicine in Ireland. We found that 100% of respondents have a WhatsApp account

and 100% of respondents use it for patient care. Interest in instant messenger without acquiring patient consent, despite the fact that 68% are concerned about sharing this information in such a manner. This cognitive dissonance is concerning, and perhaps reflects the pressures of modern medicine forcing doctors to behave in this way despite medicolegal misgivings.

Modern medicine thrives on rapid, efficient communication, driven in part by the ever-increasing numbers of patients, increasing complexity of patient data and the multidisciplinary nature of medicine. Every member of a team feels they need to be in multiple places simultaneously and needs the ability to exchange information rapidly for the efficient day-to-day running of the hospital. In fact, 90% of physicians feel that they cannot provide the best possible clinical care without using instant messaging. Thus, there may be a compelling patient safety argument for the use of instant messengers when one considers that 95% of respondents feel that it is better for patients if

O'Sullivan DM, et al. BMJ Innovations 2017; 3(4): 238-9

INSTANT MESSAGING - CHALLENGES

- How does it get into the medical record?
- Who has access to the patient or doctor's mobile devices?
- Where are the messages stored?
- Encryption?
- Remote wipe capability?



Information governance considerations for staff on the use of **instant messaging software** in acute clinical settings

INSTANT MESSAGING - OPPORTUNITIES

The image displays two overlapping screenshots of the MyChart patient portal. The left screenshot shows the login page with a 'MyChart' logo, a language selector for 'Français', a sign-in form with fields for 'MyChart Username' (containing 'ericben') and 'Password', a 'SIGN IN' button, and links for 'Forgot Username?', 'Forgot Password?', 'New User?', and 'SIGN UP NOW'. It also features logos for 'SickKids' and 'CHEO', and download instructions for the App Store and Google Play. The right screenshot shows the 'Message Center (Noah)' interface. It includes a navigation bar with icons for Health, Visits, Messaging (highlighted), Resources, and Profile. A green 'ASK A QUESTION' button is prominent. Below, there are tabs for 'Inbox' and 'Sent Messages', a search bar, and sorting options: 'Sort by: Received Date' and 'Filters: All Messages'. A list of messages is shown, all from 'Mychart M' and labeled as 'Appointment Reminder'. The messages are dated 27/09/2019 08:04 AM, 13/09/2019 08:05 AM, 08/01/2019 08:06 AM, and 22/11/2018 08:06 AM. A 'BACK TO THE HOME PAGE' button is at the bottom.

MyChart

Health Visits Messaging Resources Profile

Message Center (Noah)

ASK A QUESTION

Inbox Sent Messages

Search message list

Sort by: Received Date

Filters: All Messages

Mychart M	27/09/2019 08:04 AM	Appointment Reminder
Mychart M	13/09/2019 08:05 AM	Appointment Reminder
Mychart M	08/01/2019 08:06 AM	Appointment Reminder
Mychart M	22/11/2018 08:06 AM	Appointment Reminder

There are no more messages available.

BACK TO THE HOME PAGE

INSTANT MESSAGING - OPPORTUNITIES



Join Extra Crunch

Login

Search Q

Startups

Apps

Gadgets

Videos

Audio

Newsletters

Extra Crunch

Advertise

Events

—

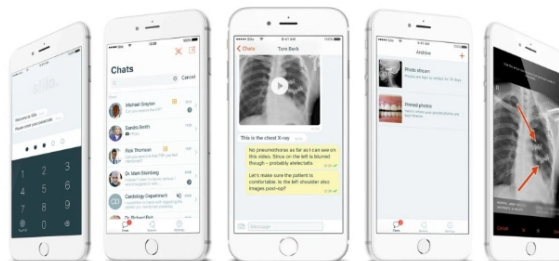
More

Transportation
Apple
Tesla
Security

Siilo injects \$5.1M to try to transplant WhatsApp use in hospitals

Natasha Lomas @riptari / 7:42 am EDT • October 5, 2018

Comment



Consumer messaging apps like **WhatsApp** are not only insanely popular for chatting with friends but have pushed deep into the workplace too, thanks to the speed and convenience they offer. They have even crept into hospitals, as time-strapped doctors reach for a quick and easy way to collaborate over patient cases on the ward.

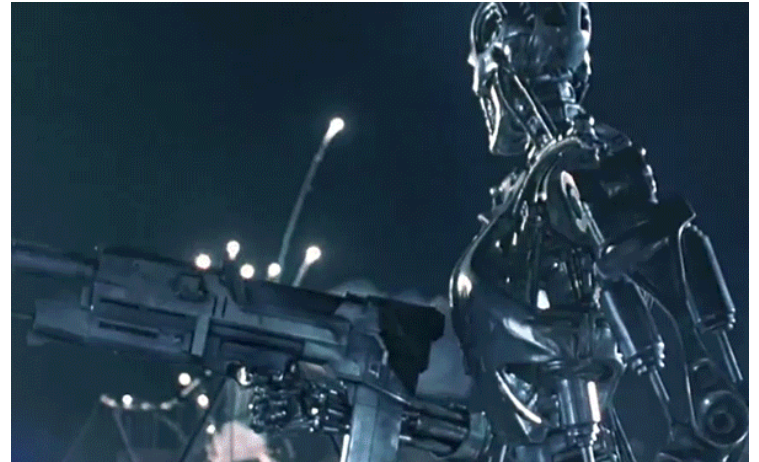
Yet WhatsApp is not specifically designed with the safe sharing of

- You have noticed many of your patients are accessing health information on social media platforms like Facebook and Twitter. You are considering joining the conversation online to help educate patients and the public. What should you be worried about when it comes to interacting with patients?

- Contact hospital/university PR first
- DON'T friend your patients/families
 - For patients: bring the conversation offline
- Diamonds aren't as forever as your posts
 - What is private could be public at any moment

TIPS FOR SOCIAL MEDIA

- Say online only what you would say in person
 - What would your mother say?
- Learn your privacy settings
- Google isn't human
 - (it may be SkyNet)



- Patient confidentiality
- Professionalism



TORONTO STAR

WEATHER HIGH 8 C | SUNNY | MAP 58

MONDAY, FEBRUARY 27, 2017

> STAR EXCLUSIVE

Ontario doctors rocked by vicious infighting

Bullying, threats and intimidation have escalated since failed ratification vote, resignations at OMA

Theresa Boyle
HEALTH REPORTER

A damaging wave of cyberbullying and intimidation is sweeping through the ranks of Ontario doctors, complete with obscene emails, threats against each other's medical careers and refusals to take patient referrals from adversaries.

Although experts say bullying has always been a problem in medicine, in Ontario it has escalated since last summer's failed ratification vote over a proposed deal between the government and Ontario Medical Association, which represents the province's 34,000 doctors and medical students.

The problem has grown even harsher since the sudden decision by the OMA executive to resign en masse following a vote of non-confidence by the group's 260-member elected council last month.

"I have not heard anything like this before to this degree," said Dr. Sharon Straus, vice-chair of the department of medicine at the University of Toronto and a researcher in the area of bullying within the profession. "It makes me sad, ashamed and distressed."

She said the perpetrators of unprofessional behaviour are a minority among physicians.

The targets are mainly doctors who opposed the move last month to oust the OMA executive team and who voiced support for last summer's tentative deal between the province and OMA. They range from the youngest in the profession — students seeking training positions in hospitals and universities — to those at the top, including past OMA president Dr. Virginia Walley.

Walley served at the helm of the organization during one of the most tumultuous periods in its 136-year history until her resignation this month. She and the rest of the six-member executive resigned a week after the OMA's council passed a non-confidence motion against them. (Votes on motions to force each member of the executive to step down failed.)

The Star has learned that dozens of disturbing emails were sent to Walley via the OMA. They include this misogynistic one from a southwestern Ontario anesthesiologist sent shortly before last August's ratification vote: "You are a c---. Crash and burn as you deserve to do! This will be a NO vote and the end of the OMA. Sincerely, F--- YOU and the OMA!!!"

DR. SHARON STRAUS
LIFT
DEPARTMENT
OF MEDICINE

"It makes me sad, ashamed and distressed."

DOCTORS continued on A9

<https://policybase.cma.ca/documents/policypdf/PD12-03.pdf>

CMA: KEY ISSUES

- Understand the technology
- Be transparent
- Respect others
- Focus on areas of expertise

<https://policybase.cma.ca/documents/policypdf/PD12-03.pdf>

- Assume all content is public and accessible to all
- Exercise caution when posting information online that relates to an actual patient. Bear in mind that an unnamed patient may still be identified through a range of other information, such as a description of their clinical condition, or area of residence.
- Refrain from providing clinical advice. It is acceptable to use social media to disseminate medical information.

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Social-Media-Appropriate-Use-by-Physicians>

- Virtual care is the new thing.
 - Patients can consult their physician, receive their drug or lab prescriptions, reschedule their follow-up visit, all online.
 - Physicians can consult their colleagues and see their patients when at the cottage, new billing codes are in discussion and the private sector is moving in really fast...
 - You want in!

Virtual Care Challenges

- Virtual Care will take many different forms
 - Some of these forms will challenge the current legal and ethical framework
- Challenges:
 - Patient safety
 - Privacy
 - Adapting the regulatory framework
 - Billing



- General obligation to ensure that the technology used will allow the physician to:
 - Satisfy all relevant and applicable legal and professional obligations;
 - Meet the standard of care.



- Illustration: CMQ - Utilisation de plateformes Web pour la consultation médicale: derrière l'écran, de vrais patients! par la Direction des enquêtes
 - Effectuer une évaluation complète et de qualité.
 - Obtenir du patient un consentement éclairé.
 - Rédiger une ordonnance selon les règles.
 - Assurer le suivi médical pour éviter tout délai de prise en charge.
 - Constituer et maintenir un dossier médical – Protéger l'information.
 - Éviter toute situation potentielle de conflit d'intérêt.

- Some considerations – does the virtual care platform
 - Provide all necessary information (patient's allergies?)
 - Provide trustworthy information (current medication?)
 - Allow an appropriate trust relationship between the patient and the physician
 - Allow the physician to make proper use of his or her clinical judgment (no guessing...)
 - e.g.: algorithm-aided diagnosis

- Informed Consent
 - Patient must receive adequate information about the benefits and risks of the proposed treatment
 - Virtual care platforms may present additional challenges: patients must be informed
 - Informed consent comes from the discussion with the patient, not the signature or click on a consent form

Patient Safety and Privacy

- Record Keeping
 - How will the care be documented?
 - Will the information be available to other and subsequent caregivers?



- Virtual care platform must ensure
 - Technology and physical setting used by the patient permits the sharing of the information in a private and secure manner;
 - Information kept by the platform safe from unauthorized access and disclosure



- Cloud Based Systems:
 - Does provider have access to information?
 - Are appropriate security measures in place?
 - Access by third parties
 - Encryption
 - What use will be made of information?
 - What procedures are in place in case of breach?
 - What procedures are in place in case of data loss?
 - What will happen with the patient information when physician stops using the platform?



- Source: Office of the Privacy Commissioner of Canada: *Cloud Computing for Small and Medium-sized Enterprises*

- Important to ensure that the proposed virtual care platform is authorized
- Challenges
 - Existing regulations may not be adapted to novel care delivery platforms;
 - Uncertainty as to whether novel care delivery platforms are authorized by relevant regulator

Regulatory Framework

- Jurisdiction
 - Must ensure that medical act is authorized (cross borders...)
 - Is licensure required in the jurisdiction where the patient is located?
 - Regulatory framework is not uniform across jurisdictions...



Regulatory Framework

- Liability Protection
 - Is appropriate liability protection in place?
 - Limits to CMPA assistance
 - Non Canadian residents
 - Product Liability



- Billing codes may not be adapted to novel care delivery platforms
 - Is the service provided covered by the provincial health insurance regime?
 - Can the patient be billed directly for the virtual care provided?

Key takeaways

Patient safety first

Protect yourselves

Call you college or
call the CMPA if you
have questions

