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New Brunswick College of Pharmacists
Ordre des pharmaciens du Nouveau-Brunswick

POLICY: VIRTUAL PHARMACY PRACTICE

DEFINITIONS/ACRONYMS

Anti-virus software: Installed programs that provide a defense against malicious attacks through scanning incoming files as they are transmitted through the network.[1]

Firewall: Type of software and hardware that provides defensive protection based on a set of predetermined rules.[1] Firewalls screen the incoming traffic data and utilize the rules to determine whether incoming data is harmful or safe for the user to access.[1]

Informed consent: Process by which a patient understands the treatment benefits and risks and can therefore participate in choices about their health care.[2]

Personal health information (PHI): Any identifying information of an individual in an oral or recorded form.[3] Examples of PHI include patient's Medicare number, provision of health care to patient, or the genetic information of an individual.

Secure network: Any network with security measures in place that help protect it from external attacks.

Therapeutic relationship: Partnership or alliance between the practitioner and patient formed for the purpose of optimizing the patient's medication experience.[4]

Virtual care: Any type of patient care delivery that is provided through a source of technology and not through an in-person clinical interaction.[5] [6] [7] Virtual care can be provided through electronic communication systems like a videoconference or telephone call.

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[1] Jang-Jaccard, J., & Nepal, S. (2014). A survey of emerging threats in cybersecurity. *Journal of Computer and System Sciences*, *80*(5), 973–993. https://doi.org/10.1016/j.jcss.2014.02.005

[2] New Brunswick College of Pharmacists. (2014). Pharmacists' Expanded Scope: Minor Ailments.

[3] Government of New Brunswick. (2009) Personal Health Information Privacy and Access.

[4] Cipolle, R., Strand, L., & Morley, P. (2012). *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management, Third Edition* (3rd ed.). McGraw-Hill Education / Medical.

[5] Bhatia, R. S., Chu, C., Pang, A., Tadrous, M., Stamenova, V., & Cram, P. (2021). Virtual care use before and during the COVID-19 pandemic: a repeated cross-sectional study. *CMAJ Open*, *9*(1), E107–E114. https://doi.org/10.9778/cmajo.20200311

[6] Greenhalgh, T., Vijayaraghavan, S., Wherton, J., Shaw, S., Byrne, E., Campbell-Richards, D., Bhattacharya, S., Hanson, P., Ramoutar, S., Gutteridge, C., Hodkinson, I., Collard, A., & Morris, J. (2016). Virtual online consultations: advantages and limitations (VOCAL) study. *BMJ Open*, *6*(1), e009388. https://doi.org/10.1136/bmjopen-2015-009388

[7] Canada Health Infoway. (n.d.). *Virtual Care | Canada Health Infoway*. Retrieved November 10, 2021, from https://www.infoway-inforoute.ca/en/digital-health-initiatives/virtual-care

Virtual health: The use of information technology or electronic tools to provide a range of health care services that does not involve direct interface with clients.[8] An example of virtual heath in pharmacy practice is remote review of medication orders. Virtual health differs from virtual care in that it does not include direct interface with a patient.

Virtual pharmacy practice: Term that encompasses virtual care and virtual health in the context of pharmacy practice
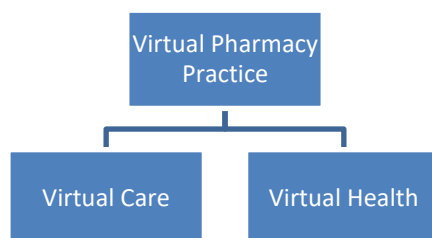
Virtual private network (VPN): A private communication network that establishes secure connection between two points, such as a computer from a remote worksite and an organization's network. VPN acts like a tunnel to allow encrypted data move securely through the Internet.[9]

PURPOSE

This policy outlines the expectations of pharmacy professionals engaging in virtual pharmacy practice such that patients receive quality care. The policy applies to two aspects of virtual pharmacy practice:
1. Virtual Care
2. Virtual Health

INTRODUCTION

Virtual pharmacy practice has long been established in the form of pharmacy professionals providing virtual patient care via telephone. More recently, virtual patient care has been achieved using novel communication technologies such as video/audio conferencing, and text communications. Virtual health is occurring routinely when professionals remotely access and create patient-related data.[6][6]

Patients may experience preference for receiving care virtually.[10] However, virtual pharmacy practice may expose patients to risks such as:

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[8] Task Team on Equitable Access to Virtual Care. (2021, June). *Enhancing Equitable Access to Virtual Care in Canada*. Health Canada. https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency_229055456/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/template-ett-report-docx-eng.pdf

[9] Canadian Centre for Cyber Security. (2019). *Virtual Private Networks*. https://cyber.gc.ca/en/guidance/virtual-private-networks-itsap80101

[10] Reasons may include, but are not limited to, avoiding time constraints in accessibility of professional services, surmounting of patient mobility issues, elimination of geographic barriers, patient privacy (e.g. abusive relationships) and avoidance of public exposure (e.g. infectious disease, social anxiety).

- Breaches of privacy and confidentiality
- Technology failure resulting interruption in care
- Inappropriate use of virtual care

The following policy sets out requirements for engaging in virtual pharmacy practice generally (Section 1) followed by more specific requirements for virtual health (Section 2) and virtual care (Section 3).

1.0 VIRTUAL PHARMACY PRACTICE

1.1 PRIVACY AND CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION (PHI)

Virtual pharmacy practice must comply with the requirements outlined in New Brunswick's Personal Health Information Privacy and Access Act (PHIPPA) and pharmacy legislation pertaining to privacy and confidentiality (See Appendix 1).

Privacy and confidentiality of PHI is at greater risk through the provision of virtual pharmacy practice as compared with in-person practice. Given the patient and/or the pharmacy professional's location is external to the pharmacy, there may be less control over the environment in which practice occurs. Electronically transmitted information can be intercepted by individuals outside the circle of care and electronic media (text, photographs, video or sound) are more easily shared and may be at greater risk of inadvertent transmission or storage on devices. Pharmacy professionals must apply due diligence to prevent breaches of confidentiality or privacy due to factors within their control.

If privacy and confidentiality breaches occur, response must comply with privacy legislation and the policies and procedures established within the pharmacy's quality management program (QMP).

1.2 TECHNOLOGY AND TECHNOLOGICAL SAFEGUARDS

The technology and electronic communication systems used to practice pharmacy virtually must be reliable, professional and possess the necessary safeguards to protect patient privacy, confidentiality, and PHI.

Provision of virtual pharmacy services that occurs external to their practice site may require access to PHI that is stored within their practice site system. PHI must be accessed in a safe and protected manner.

The QMP of any pharmacy engaging in virtual practice must include policy and procedure that establishes technological safeguards. Policy and procedure must (at a minimum):
- Apply to any devices (internal and external to the practice) used in accessing PHI. [11]

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[11] Canadian Center for Cyber Security. (2020). *Cyber Security for Healthcare Organizations: Protecting Yourself Against Common Cyber Attacks*. https://cyber.gc.ca/en/guidance/cyber-security-healthcare-organizations-protecting-yourself-against-common-cyber-attacks

- Incorporating secure network requirements, VPNs, and security tools such as firewalls and anti-virus software.
- Describe the process for transmitting or creating clinical documentation of virtual care.
- Outline a process to ensure access to PHI is revoked when staff depart from their position.
- Outline a process to ensure devices used by former employees do not enable transmission of PHI intended for the previous user

1.3 NETWORK REQUIREMENTS

All web-based communications and electronically transmitted patient information must take place over secured networks. Pharmacy professionals are responsible for determining whether a communication platform is secure or not.

1.4 CONTINGENCY PLANNING

If a technology fails secondary to factors such as downtime, internet outage or cyber attack, there must be a process established within the QMP that directs:

- Measures to be taken to retain necessary documentation of the interrupted activity
- Timely backing up of data
- Process to ensure patient health is not compromised during a service disruption.

2.0 VIRTUAL HEALTH

Virtual health services must maintain integrity and security of PHI. Managers and pharmacy professionals must establish and comply with policies and procedures for all virtual health operations, as part of the pharmacy's QMP. These policies and procedures must align with requirements as set out within the Pharmacy Act, Regulations, NAPRA's Standards of Practice, and NAPRA's Pharmacy Practice Management System (PPMS). Pharmacy professionals engaging in virtual health activities must complete required documentation and ensure security control within the pharmacy practice management software and the New Brunswick Drug Information System (DIS).

3.0 VIRTUAL CARE

3.1 ELECTRONIC COMMUNICATION SYSTEM SELECTION

The pharmacy manager or pharmacy professional must select an electronic communication system that is:

- Professional: The communication system must engender patient trust and align with the Code of Ethics. The interface design must be neutral and free of distracting graphics or messaging
- Reliable: To minimise risk of interrupted care

- Secure: To ensure communications and data remain private and confidential

3.2 APPROPRIATENESS OF VIRTUAL CARE

Pharmacy professionals must assess whether the individual patient is an appropriate candidate for virtual care. Important considerations in this assessment include:

- **Access to Technology**: Pharmacy professionals should discern whether their patient(s) have ready access to electronic devices and network connection.
- **Therapeutic Relationship**: Virtual care can only be provided to a patient with whom the pharmacy professional has an established relationship or with whom a relationship can be forged via a direct virtual interaction.[12]
- **Care Considerations**: The practice of virtual pharmacy must meet all standards of practice, Code of Ethics, legislative requirements, and policies specified by the New Brunswick College of Pharmacists.
    - Patient Factors: Pharmacy professionals must use professional judgement and decide whether virtual care is appropriate for their patient. The pharmacy professional must consider the patient's level of technology literacy, health status, specific health needs, communication challenges (language, cognition, hearing, vision), and other personal circumstances.[13] Depending on the patient's needs, virtual care alone may not be an appropriate substitute for in-person care. Virtual care may only be provided if the patient can be provided effective and safe care using the technology available.
    - Assessment Factors: The physical presence of a patient allows a professional to observe and perform active as well as passive physical assessment on a patient. Benefits of in-person assessment may outweigh the benefits to a virtual assessment if relevant data cannot be collected using the technology involved.

3.3 PATIENT CONSENT

Pharmacy professionals must obtain informed consent from the patient or their substitute decision-maker, and document the consent in the patient record, prior to providing virtual care. Pharmacy professionals must communicate relevant measures in place to provide ethical, safe and effective patient care such as:

- Measures to prevent confidential conversation being overhead or someone unintentionally accessing the communication
- How their privacy, confidentiality, and PHI will be protected

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[12] The interaction may be with the patient, their agent or their caregiver

[13] Ontario College of Pharmacists. (2021). *Virtual Care Policy*. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/virtual-care-policy/

- Delays in treatment resulting from requiring a subsequent in-person assessment due to inability to perform some aspects of patient assessment virtually
- The contingency plan in the case of technology failure resulting in a delay to their care

If the patient does not consent, pharmacy professionals must ensure the patient receives care in a timely and appropriate manner.

APPENDIX A: Existing Legislative and Practice Requirements

Pharmacy professionals are responsible for ensuring virtual pharmacy practice meets the requirements expressed in:

- The New Brunswick Pharmacy Act, 2014
- Regulations of the New Brunswick College of Pharmacists
- Code of Ethics (NBCP)
- Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada (NAPRA)
- Pharmacy Practice Management Systems [PPMS] (NAPRA)
- Personal Health Information Privacy and Access Act (PHIPAA)

	Relevant Sections
New Brunswick Pharmacy Act, 2014	-140: Non-disclosure of confidential information and documents
Regulations of the New Brunswick College of Pharmacists	-14.2 (d): provisions to protect the confidentiality of information relating to clients -17.27: All superfluous confidential records, labels and information concerning clients and prescriptions shall be destroyed by either shredding or incineration. -17.28 (3): The equipment for the receipt of the electronic transmission must be located within a secure area to protect the confidentiality of the prescription information -20.1 (c) ensuring confidentiality of client, and other sensitive, information
Code of Ethics	-Duties to the public: To promote and protect the health, well-being, safety and interest of the public -Value-based decision-making > protect the public interest -Bioethical Principles: Beneficence, Non-maleficence, Respects for Persons, and Justice
Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada (NAPRA)	-Domain 1: Providing Care -Domain 3: Communication and Collaboration -Domain 5: Professionalism
NAPRA PPMS	-Requirement 29: Remote Access
PHIPAA	-49(c): A custodian shall notify the individual to whom the information relates and the Ombud in the manner prescribed by the regulations at the first reasonable opportunity if personal health information is stolen, lost, disposed of, except as permitted by this Act, or disclosed to or access by an unauthorized persons. -50: Security Safeguards