

Leveraging Virtual Care to Support Palliative Care

Purpose:

Many providers have embraced the use of virtual care to support the continuity of palliative care. However, this continues to be an emerging area of practice with areas of uncertainty in its optimal use. Importantly, the ideal balance between virtual and in-person visits is not yet known, and requires further study and evaluation. This document shares some considerations to help providers determine when virtual care may be leveraged to provide ongoing palliative care.

Background

The use of virtual care has accelerated rapidly during COVID-19, resulting in a virtual care revolution¹. Virtual care is defined as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.”² It can include telephone encounters, and video platforms. While virtual care cannot replace face-to-face visits, it can support some aspects of palliative care delivery and may help to reduce some access barriers.

The Ontario Palliative Care Network (OPCN) conducted an online survey in January 2021 to gain a better understanding of the current use of virtual care for palliative care. The survey targeted health care professionals who provide palliative care services. It asked about the types and frequency of information technology (IT) platforms used, perspectives on appropriate and inappropriate use, as well as barriers and facilitators to usage. There were 180 respondents, representing various professions, and care settings. Timing of the survey allowed for capture of lessons learned during a period of rapid shifting to greater adoption of virtual care, as result of the implications of the COVID-19 pandemic.

This document summarizes results from the survey, and incorporates some of the available literature in this area to offer some overarching considerations to help determine when to use virtual care for palliative care, along with some resources.

What are Some General Considerations when Using Virtual Care?

- Understanding professional and legal obligations (i.e. guidance provided by regulatory colleges)
- Ensuring the platform or technology complies with privacy and security regulations
- Existing organizational policies and procedures for the use of virtual care
- Professional standards of practice
- Ensuring the individual/family/caregiver has access to necessary equipment (i.e. laptop, phone, tablet, stable internet/phone line, etc.)
- The need for consent from the individual, and their family/caregivers
- Strategies to effectively incorporate others (i.e. Substitute Decision Maker(s), family, caregiver(s), as well as other providers)

¹ Bhatia, R. S., Jamieson, T., Shaw, J., Piovesan, C., Kelley, L. T., & Falk, W. (2020). Canada's Virtual Care Revolution: A Framework for Success. Commentary-CD Howe Institute, (586), 0_1-20. Accessed at:

<https://www.cdhowe.org/public-policy-research/canada%E2%80%99s-virtual-care-revolution-framework-success>

² Shaw, J., Jamieson, T., Agarwal, P., Griffin, B., Wong, I., & Bhatia, R. S. (2018). Virtual care policy recommendations for patient-centred primary care: findings of a consensus policy dialogue using a nominal group technique. *Journal of telemedicine and telecare*, 24(9), 608-615.

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When to Consider Using Virtual Care for Palliative Care?

It is important to assess the circumstances to determine whether the goals of the visit can be adequately achieved through virtual care. This includes considering the care setting, which can impact factors like privacy, available support (i.e. family, or other care providers), and access to equipment/technology, as well as the preferences of the individual, their family/caregiver(s), and the provider. It is also important to consider the type of technology. For example, a phone call may limit the ability to respond to emotions due to the lack of nonverbal cues and the potential to misinterpret silence. However, it may also be the only option available for some individuals without further limiting access. For a summary of non-clinical patient needs and provider characteristics to consider when offering virtual care, see section **A.1 Patient and provider needs** in the [Person-Centred Virtual Cancer Care Clinical Guidance](#) document.

The provider survey on virtual care asked their opinion on when a virtual visit would be appropriate for providing palliative care. The following categories and themes emerged, and may help providers with identifying an opportunity to leverage virtual care for palliative care. These would apply across all care settings. For tips on how to prepare for and conduct a virtual visit, refer to the [Appendix](#).

To provide certain aspects of care	Based on individual characteristics	To improve access
<ul style="list-style-type: none"> • For routine follow-up • For medication review • To triage for in-person visits • To provide psychosocial support • To provide consultation or mentorship to other providers • To share information or resources with the individual, family, or caregiver 	<ul style="list-style-type: none"> • Person has a stable health status • Person, family or caregiver is comfortable with technology • Person, family or caregiver requests or prefers virtual visit • Communication barriers that cannot be mitigated (i.e. through assistive technology, interpreters, etc.) • Health literacy • Established therapeutic relationship 	<ul style="list-style-type: none"> • To enable care in rural/remote areas • To enable care after-hours • To connect with family/caregivers (including those who live elsewhere) • To connect multiple providers (including across care settings)

Palliative care is person and family-centred, grounded in an interprofessional approach to care. Adopting virtual care as part of care delivery needs to consider how to ensure robust collaboration and communication continues between team members and across teams. Technology could be used to augment approaches to joint visit/assessments, including greater involvement of family/caregiver(s).

Examples to Illustrate Successful Use of Virtual Care for Providing Palliative Care

- Technology that enables more than the clinician and the patient and family to participate (i.e. Use of three-way calls or video-based conferences) can enable collaborative practice:
 - Involving translation services or interpreters, if required by the person or their caregiver
 - Including social workers, pharmacists, or others to address various needs
- Use of video can facilitate improved access, assessment, and interpersonal connections:
 - Screening needs upon receipt of a referral to help deploy appropriate resources for further assessment and/or care (i.e. need for home safety / equipment assessment, psychosocial needs, complex symptoms, etc.)
 - Supporting an individual and their family/caregiver to [manage their symptoms at home](#).

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- Enabling family/caregiver(s) that live elsewhere to participate in family conferences, or to share songs, memories or religious rituals to help them continue to feel connected
- Intensive grief and bereavement services (i.e. virtual counselling and support groups)
- A combined approach, that connects a provider with palliative care expertise with a health care provider in the home can enable interdisciplinary care, foster collaboration between providers, support teaching and enhance clinical effectiveness:
 - Booking virtual care appointments to [coincide with a home care nurse](#), PSW, or home care coordinator can allow for a hands-on assessment and in-person support, as well as experiential learning opportunities to support capacity building. Real-time communication between multiple participants can also improve decision-making and care planning.
 - Supporting providers in Long Term Care (LTC) and Retirement Homes to help address complex needs of residents. Almost 90% of LTC homes in Ontario are equipped with technology to provide virtual care and support to their residents. Call the residence and speak with the RN in charge. They will be able to clarify their virtual care processes.
 - Supporting primary care providers to build their capacity to deliver palliative care.

What are some Limitations of Using Virtual Care for Palliative Care?

There are some notable limitations in using virtual care to support palliative care delivery, and additional support from an in-person provider may be required for some virtual care appointments. For example, careful consideration, and/or additional preparation may be required for the following:

- Assessing certain symptoms or conditions, especially when physical exams are required.
- Ensuring adequate emotional support is available for the individual and their family/caregiver.
- Teaching individuals about specific care tasks (using methods like teach back/show back).
- Ensuring new or additional barriers to care are not introduced for individuals with disabilities of speech, cognition, or hearing, individuals with mental health concerns or difficulty with coping, or those who may have an impaired ability to manipulate devices.

The virtual care survey asked providers their opinion on when a virtual visit would **NOT** be appropriate for providing palliative care. The following categories and themes emerged, and may help providers with **identifying the need for an in-person visit, or an opportunity to leverage a combined approach**:

To provide certain aspects of care	Based on individual characteristics	Based on environmental factors
<ul style="list-style-type: none"> • For an initial consult • For a comprehensive assessment • Providing direct care/intervention • During transitions • Establishing therapeutic relationship • For difficult or sensitive discussions • Assessing home/family environment 	<ul style="list-style-type: none"> • Person has new or unmanaged symptoms/ Complex needs • Person is actively dying • Person, family or caregiver has communication barriers • Person, family or caregiver is in crisis • Person, family or caregiver is uncomfortable with technology • Person, family or caregiver requests or prefers in-person 	<ul style="list-style-type: none"> • Safety concerns • Lack of access to technology (tools and/or internet) • Family/caregiver support is not available • Home support/health care provider not available

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Key Resources to Support the Use of Virtual Care for Palliative Care

The following is a list of available resources that can support the use of virtual care for palliative care:

- ✓ [Telehealth visit outline](#) summarizes how to start and how to close a virtual visit.
- ✓ [REACH PC April 2019 Newsletter](#) summarizes techniques for responding to emotion in all settings, and unique aspects of virtual care
- ✓ [Fostering Human Connection in the Covid-19 Virtual Health Care Realm](#) includes tips for increasing personal connection in virtual encounters
- ✓ [Telemedicine: Virtual Connection in an Age of Social Distancing](#) makes the case for leveraging virtual care for palliative care, and provides tips to help optimize the interaction.
- ✓ Center to Advance Palliative Care (CAPC) [Telehealth & Palliative Care toolkit](#)
- ✓ Pallium Canada's Webinar, [Providing Virtual Palliative Care](#) includes evidence and expert consensus to inform optimal provision of virtual palliative care.

Additional References for More Information:

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Appendix

Tips to Prepare for a Virtual Visit

- A virtual encounter work flow should mimic an in-person workflow as much as possible.
 - For detailed guidance on integrating virtual care into clinical practice, see Ontario Health's [Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance](#).
 - For a summary of the basic logistical considerations, see section **A.2. Logistics** in the [Person-Centred Virtual Cancer Care Clinical Guidance](#).
- Have appropriate phone numbers available, such as a technical help line in case support is required (i.e. OTN help line) or an alternative number to reach the patient.
- Ensure you have registered and trained with the virtual platform you plan to use, and that you have the appropriate equipment, and access to a stable phone line/internet.
- If using OTN, you must register with the MOH virtual care program. The registration form can be accessed here: [OHIP virtual care physicians registration form](#)
- If you are a **physician**, the [Virtual Care Playbook](#) can help you introduce virtual encounters into your daily practice. For information on how to bill OHIP for virtual encounters, see:
 - [Ministry of Health InfoBulletin on Virtual Care Fee Codes](#)
 - [Ministry of Health Virtual Care Billing Information Manual](#)
- If you are a **nurse**, you may wish to review the College of Nurses of Ontario [Practice Guideline](#).
- If you are a **social worker**, the Ontario College of Social Workers and Social Service Workers has developed [considerations for virtual services](#) which may be useful.
- If you require a health care provider to connect with the patient in-person, and assist with conducting the virtual visit, consider leveraging a telemedicine (TM) nurse.
 - 191 TM nurses located at community sites across Ontario,
 - Accessed through OTNs [Health Service Directory](#)
- If you require a TM nurse or health care provider to be with the patient in a clinic setting, consider leveraging a Patient Access Network (PAN).
 - The majority of PAN sites provide a dedicated clinical resource and peripheral telemedicine equipment to support the patient's virtual visit.
 - For more information, please refer to the [Patient Access Network FAQ](#)
- In a larger organization, a virtual care lead may be assigned to support virtual visits. This individual can help to coordinate virtual encounters and helps to ensure best practice

Tips for Conducting a Virtual Visit

- Effective communication is an essential aspect of high-quality palliative care, so it is important to maximize your telehealth-specific communication skills³
 - Wave hello when the person logs on
 - Use nonverbal responses to convey empathy
 - Acknowledge the awkwardness inherent in this unique visit format

³ Adapted from Lally, K., Kematick, B. S., Gorman, D., & Tulskey, J. (2021). Rapid conversion of a palliative care outpatient clinic to telehealth. *JCO oncology practice*, 17(1), e62-e67.

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- Allow intentional pauses when speaking to help minimize the feeling of talking over the person that can occur because of the audio delays that happen with video appointments.
- Sensitive discussions require extra attention to detail. Consider using an adapted version of the SPIKES protocol to support these discussions⁴
 - **Setting/Set-up:** includes preparing in advance for the conversation, discussing privacy considerations (i.e. secureness/privacy of platform, provider's environment, and the individual's environment), considering involvement of significant others, minimizing distractions, and signalling to the person that you have time to speak and listen to them.
 - **Perception, Invitation, and Knowledge:** Includes assessing the individuals' perception of their presentation, disease, and/or treatments, obtaining an invite from the person to share information, and providing knowledge and information to the person. Given the added complexities and shortcomings of remote conversations, disciplined use of communication skills such as signposting and explicit assessment of understanding will be important (i.e., summarize, tell-retell).
 - **Empathy:** includes identifying, exploring and validating emotions expressed by the individual, and responding with empathy. Voice changes and facial cues may help with inferring emotions. Resolving emotions may take longer. Silence can be used as a response. Provide additional time for pauses, questions and descriptions.
 - **Strategy/Summary:** includes setting a plan and discussing next steps. Some information may not be retained by the individual. Consider allowing a recording, or depending on institutional policies, send a summary through email or other secure transfer service.

For more details on each of the elements of the SPIKES protocol, see [Table 1 for Selected Considerations for Approaching Serious Discussions Remotely With Example Phrases](#). For more information about using SPIKES for telemedicine, please see [The Serious Conversation: Delivering Bad News by Telemedicine](#).

Tips for Conducting a Video Conference that includes Family and/or Caregivers⁵

- Prepare the family/caregiver in advance for what they may see (e.g., describe comfort measures being provided, how symptoms are being addressed, etc., before starting the visit)
- Establish clear expectations for using virtual care technologies (e.g. consider conducting a test call, have a backup plan if connections fail, set expectations on video/sound quality)
- Provide regular check-ins and reassurances (e.g., check in on emotions, explain how the individual is being monitored, support the family with what to say, etc.).
- Incorporate elements of physical and human contact with front line staff (e.g., demonstrate elements of comfort related care, guide family to share stories and legacy of patient)

For additional quick tips for virtual care focused on the outpatient setting, see: [Telemedicine in the Time of Coronavirus](#). The authors indicate many of the same principles would also apply for use in hospitals.

⁴ Adapted from Holstead, R. G., & Robinson, A. G. (2020). Discussing serious news remotely: navigating difficult conversations during a pandemic. *JCO Oncology Practice*, 16(7), 363-368.

⁵ Adapted from Ritchey, K. C., Foy, A., McArdel, E., & Gruenewald, D. A. (2020). Reinventing palliative care delivery in the era of COVID-19: how telemedicine can support end of life care. *American Journal of Hospice and Palliative Medicine*®, 37(11), Table 3, Humanizing Technology for Communication Near the End of Life.