

AHS Outpatient and Community Physiotherapy Services

Virtual Service Expectations for Contracted Physiotherapy Providers

Last Revised: January 2025

Virtual Physiotherapy Services

This document outlines the requirements of virtual physiotherapy services provided on behalf of Alberta Health Services as described in schedule K of the Community Physiotherapy Services Agreement.

Technology & Virtual Services

It is the contracted physiotherapy provider's responsibility to ensure their virtual platform is secure, and that clinic space and wireless network meet AHS and College of Physiotherapists of Alberta requirements. Providers must review and comply with the College's Telerehabilitation Guide located here: [Telerehabilitation Guide](#)

Virtual Visit Details

Physiotherapists are encouraged to:

- Adopt blended models of service delivery using virtual visits to augment judicious use of in-person care as appropriate, with the aim of achieving the best Client outcomes possible.
- Recognize when physiotherapy assessments or treatments cannot reasonably be delivered virtually. This format of service delivery may be appropriate for many Clients; however, it is unlikely to be appropriate for all clients seeking physiotherapy services.
- Only consider virtual as the sole means of service delivery when indicated by the Client's condition and/or the risk assessment.

With respect to virtual physiotherapy visits:

- A virtual session must have a specific clinical purpose and be documented thoroughly in the chart notes and be available for review by AHS on request.
- Assessment and treatment attendances must be reflected in the HealthFirst information system, observing the usual entry timelines.
- Clinical interventions provided in a virtual assessment and/or treatment attendance must align with the service standards outlined in the Guide to AHS Standardized Services and Approaches.

Funded virtual visits should be spaced similar to regular visits, allowing sufficient time for the client to be able to practice exercises and adopt self-management strategies. Generally, visits should be spread out with a minimum of one week between visits with the exception that the first two visits could be closer together if needed to ensure early adoption/understanding of program.

Client Suitability

Before offering a virtual visit, providers should assess both the Client and the clinical situation for eligibility and appropriateness, ensuring virtual care and the chosen platform (e.g., telephone, video, messaging, etc.):

- Supports best Client outcomes and is in the best interest of the Client
- Considers the Clients' context and symptoms
- Aligns with the content/sensitivity of the information being shared
- Considers the Client's primary language
- Corresponds to the Client's physical and cognitive ability
- Matches the Client technical abilities, access to equipment, and technical requirements (e.g., reliable Wi-Fi to connect with video, a microphone on their device, etc.)

When offering a virtual visit, the provider should inform clients in advance about:

- Available in-person alternatives
- The benefits and limitations of virtual visits, including possible internet/cellular service charges
- Planning the virtual visits around other activities to be sure they are in a safe space where they can focus their attention on the appointment (e.g., not driving or distracted in any way)
- How to prepare and what to expect during the initial visit
- How to contact the healthcare provider in the event of technical difficulties
- What to do in the event of an emergency during a virtual visit
- The option to refuse this method of care or change their mind at any time, without affecting their quality of health care or relationship with the healthcare provider

Safety Considerations and Adverse Events

Adverse events may occur during a virtual visit. Physiotherapy providers must anticipate the types of adverse events that could arise during the course of virtual visits and have a plan to manage events such as technology failure, client fall or other health emergency. Discuss safety contingency planning with the client at the beginning of each virtual session

Informed Consent

In addition to seeking informed consent from the Client for the virtual visit, the physiotherapy provider must disclose relevant information to Client regarding the security and privacy of the virtual platform including where data is stored.

Providers must disclose to the Client that the provider will not record the virtual visit, and the service recipient shall NOT record such sessions. Obtain the informed consent of the Client or Client's legal guardian with respect to both the virtual mode of service delivery and the virtual visit at the time of booking. This consent should be documented in the Client health record.

Where applicable, clinicians must obtain consent for the participation of members of the client's family in the provision of care. This consent should also be documented in the health record.

It is not necessary to obtain verbal agreement (consent) to the use of technology for subsequent encounters in the same episode of care. Clinicians should re-evaluate the need for verbal agreement (consent) to virtual service delivery if there is a significant change in clinical or logistical circumstances.

In all cases, healthcare providers working on behalf of AHS should adhere to any additional informed consent requirements specified by their healthcare professional college, regulatory authority, and association when providing virtual care.

Low Income Verification

The contracted provider must verify the low-income status of Clients pre-qualified by the Rehabilitation Advice Service for a General MSK Episode of Care. Clients appropriate for virtual services must have their low-income status verified by the contracted provider electronically via the video platform or in person presentation of documents.

Privacy Requirements

When providing any health care service, including virtual care, healthcare providers offering services on behalf of AHS are obligated to abide by AHS policies and standards, as well as standards determined by the College of Physiotherapists of Alberta.

Information collected by clinicians for care provided during the virtual visit must remain private and confidential, as guided by Alberta's Health Information Act.

When scheduling a virtual visit, ensure no personal or identifiable health information (including the client's name or personal health number) is contained within an email. Determine the Client's preferred method for receiving the virtual visit meeting details (e.g., Zoom meeting link, etc.).

If they wish to receive the meeting details via email:

- Confirm their email address and inform them of who the email will be sent from, what information it will contain, and approximately when to expect the email.
- Never include any identifiable health, personal, or business-related information via email.

Providers must have a private and secure phone line in their contracted clinic space. AHS will not fund Virtual PT Services if provided from a location other than the contracted clinic space. Contracted providers, as with in-person care, must provide virtual care within a private and secure space. Providers will protect personal health information shared by clients so that this information cannot be overheard or seen by others.

Maintaining client privacy should be a priority when providing any form of care (in-person or virtual). If the healthcare provider cannot conduct the virtual visit from within a private office with

the door closed, the healthcare provider should ensure they utilize a headset to privately communicate with the Client and adjust their computer screen away from the view of others.

Contracted providers must verify Client identity at the start of sessions using two approved Client identifiers such as personal health number and birthdate. Providers must comply with all privacy and security requirements set out by the College of Physiotherapists of Alberta and the Personal Information Protection Act (Alberta) both during virtual sessions and when in contact with the Client through other electronic means, such as email.

During the Visit

If the Client and clinical situation meet eligibility requirements for a virtual visit and the Client wishes to proceed with scheduling a virtual visit, the healthcare provider is responsible for following existing AHS policies and standards of practice, including:

- Introducing themselves to the Client and anyone else in the room or on the call, using Name and Occupation
- Confirming Client identity at the beginning of the virtual visit using two Client identifiers
- Obtaining verbal agreement (consent) from the Client to proceed with the virtual visit using technology
- Informing the Client and obtaining their consent when any other AHS healthcare providers are joining the virtual visit (e.g., student or resident)
- Ensuring whoever is present on the client's side has the client's explicit consent to participate
- Request the Client to introduce anyone else attending the virtual visit with the Client
- Know how to contact the Client in the event of technical issues, and ensure the Client is aware of the down-time procedure
- Ask if they have any questions and if they wish to proceed with the virtual visit
- Follow up the visits with a next steps conversation with the Client
- Documenting within the Client's record of care, following the virtual visit

Documentation

- Documentation of the virtual visit within the Client's legal record of care should include reference to the fact that the Client was provided with information about virtual care and that a virtual visit was offered
- Verbal agreement (consent) to proceed with the virtual visit using technology was obtained from the Client
- The Client verified their identity at the beginning of the virtual visit using (indicate Client identifiers provided)
- The Client has declined or began a virtual visit and subsequently refused the virtual visit resulting in an alternate method of service delivery.