## A. Assessing Patient Population Needs and Virtual Service Capacity

1. Clinicians intending to deliver virtual care services assess which virtual services may benefit the patient population being served. This may vary among and within regions.
2. Clinicians determine their capacity (human resource, technical) to support virtual service delivery for each modality (secure messaging, e-mail, telephone, video, remote monitoring), and whether capacity could be reasonably strengthened to expand the range of modalities that can be used to offer virtual care services.

## B. Assessing Primary Care Clinicians’ Ability to Deliver Virtual Primary Care Services

1. In advance of offering virtual primary care services, clinicians assess their own competence and readiness to deliver virtual primary care.
2. Clinicians determine which virtual care services they are comfortable using to deliver virtual primary care; under which conditions; and using which modalities.

## C. Determining the Virtual Care Offering

1. Those leading primary care organizations and primary care clinicians mutually decide, based on the assessment of the needs of the patient population and in consultation with patients where possible, the degree to which the practice setting can support virtual primary care and which virtual primary care modalities (e.g., e-mail, secure messaging, telephone, video) will be offered.
2. Clinicians decide which modalities will be used in their practice, considering any limitations for their use in the delivery of primary care.
3. Clinicians determine generally the approaches that may be taken if patient-related challenges to the use of virtual modalities exist or arise over time (e.g., if a patient experiences cognitive decline or loss of vision or hearing, which may influence the effective use of the modality).
4. Clinicians determine generally how they will approach circumstances in which a virtual care visit using a particular modality (secure messaging, e-mail, telephone, or video) either proves to be unsuitable to provide safe, efficient, quality care or does not work as intended at the time of use.
5. Clinicians determine how they will assess the degree to which their use of virtual care meets the needs of their patients and whether it is resulting in the intended outcomes.

## D. Coordinating the Virtual Primary Care Offering Within the Practice

1. Clinicians communicate the intended offering to others within the practice and ensure others who are expected to support or participate in the virtual primary care offering are:
2. Informed about the offering and their role in supporting or participating in the offering
3. Have the necessary knowledge, skills, and ability to discharge their responsibilities
4. Primary care clinicians should periodically review their virtual care offering and update it as necessary (e.g., when a service may no longer be provided or when a new service may be made available) and communicate any updates to others within the practice.

## E. Communicating the Virtual Primary Care Offering to Patients

1. Clinicians communicate to their patients which virtual care modalities they will use in their practice, considering any limitations that may preclude the delivery of primary care.
2. Any updates to the virtual care offering (e.g., if a service is no longer provided or if a new service may be made available) will be communicated to patients in a timely manner.

*Original content is the courtesy of Ontario Health:* [*Clinically Appropriate Use of Virtual Care in Primary Care Guidance Reference (November 2022)*](https://www.ontariohealth.ca/sites/ontariohealth/files/2022-11/ClinicallyAppropriateUseVirtualCarePrimaryCare.pdf)