



Position Statement

February 2019

Use of Telepractice in the Delivery of Hearing Healthcare Services

Association of Hearing Instrument Practitioners of Ontario (AHIP)

Statement of Purpose

This document provides a general guideline for AHIP members regarding telepractice services.

“Telepractice” is a form of electronic care and services which uses information and telecommunication technology (which may include, but is not limited to, the use of land lines, cellphones, faxes, internet, video & audio conferencing and computer information systems) to assist people without always engaging in in-person contact.

The term “hearing healthcare telepractice” means the delivery, management and coordination of care and services provided through telepractice.

AHIP asserts that hearing healthcare telepractice is meant to serve as an “extension” of the hearing instrument practitioner’s care and services and should be delivered as such. The integrity and value of the patient/client relationship should be maintained and should not be diminished by the use of telepractice technology.

AHIP Supports:

AHIP supports the use of telepractice technology / hearing healthcare telepractice, if done so in an appropriate and competent manner, and may include, but is not limited to, aural rehabilitation, counselling, follow-up care, adjustments of /with hearing aids or other forms of assistive technology and troubleshooting. See also “AHIP Does not Support” below.

AHIP Does not Support:

AHIP does not support the use of telepractice technology / hearing healthcare telepractice for primary clinical care and services, including hearing evaluations, otoscopy, hearing aid fittings, hearing aid dispensing, initial hearing aid counselling and orientation, verification, validation and programming.

Principles of Care

AHIP members are ethically bound to provide care and services that are consistent with the scope of their competence, education and experience.

The AHIP By-laws, code of professional conduct, standards of practice, quality assurance and professional practice policies relating to members conduct and practice apply equally to hearing healthcare telepractice and to in-person care and services.

Consent, Confidentiality & Security of Information

The same professional obligations that exist for consent, confidentiality and security of information in in-person care and services also exist for hearing healthcare telepractice.

AHIP members are responsible to ensure that all laws, rules or regulation applicable to the provision of hearing instruments and associated devices are upheld. This includes, but is not limited to, the

Personal Health Information Protection Act (PHIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA).

In order to facilitate obtaining informed consent, patients/clients should be provided with information about care and services as well as how technology will be used in delivery of the care and services. This may include, but is not limited to, any information about how information is transmitted, and any risks associated with confidentiality e.g. the risks associated with email information that is not encrypted. Patients/clients should always provide written consent for any taping/recording of a conversation and be provided with information about how the taping/recording will be used and how it will be stored (where, for what period, who has access to it).

Records must be maintained in a format that ensures retrieval. All records relating to the services provided to the patient/client must be recorded and kept on file for a minimum period of seven (7) years or ten (10) years past the 18th birthday of a minor. Where records exist in electronic format, there should be attention given to the capacity to retrieve and print the record throughout the full retention period, even as systems and software changes are made.

Hearing instrument practitioners engaging in hearing healthcare telepractice should understand the security risks in all the information technologies they use and do what is necessary to manage all risks (which include, but are not limited to, risks related to potential breach of confidentiality). All reasonable steps must be taken to ensure that the technology and protocols used in hearing healthcare telepractice and its documentation are designed to protect against loss, tampering, interference or unauthorized use or access.

The above reflects only some points in relation to this topic. For detailed assistance on all consent, confidentiality and security of information matters, whether it be in relation to hearing healthcare telepractice or in-person care and services visit <https://www.ipc.on.ca>. Ultimately, each AHIP member is responsible for his or her delivery of care and services, whether in-person or through telepractice, in an appropriate and competent manner.

References

College of Dietitians of Ontario, “Guidance on the Confidentiality and Security of Records used in Telepractice”

College of Audiology and Speech-Language Pathologists of Ontario Position Statement, “Use of Telepractice Approaches in Providing Services to Patients/Clients. May 2004, Reformatted, 2014

College of Nurses of Ontario “Practice Guideline -Telepractice”, February 2017

Fabry D, Groth J. “Teleaudiology: Friend or Foe in the Consumerism of Hearing Healthcare?” Hearing Review. 2017;24(4):16-19.

IHS Board of Governors. “International Hearing Society Policy Statement on the Use of Telepractice in the Delivery of Hearing Healthcare”, April 2018

National Initiative for Telehealth Guidelines. (2003). National Initiative for Telehealth (NIFTE). Ottawa

