



TELEMEDICINE GUIDELINES

MPHO MBODI

CONTENT

- Objectives of Telemedicine
- Definitions
- Responsibilities
- Informed consent
- Confidentiality
- Types of telemedicine
- Quality assurance
- Security
- Safety
- Telemedicine during pandemic



The HPCSA

- The Health Professions Council of South Africa is a statutory body established under the Health Professions Act No. 56 of 1974.
- The HPCSA is mandated to regulate the Health Professions registered with it and functions through 12 Professional Boards
- HPCSA guide the professions and protect the public.



OBJECTIVE OF THE PRACTICE

The objective of the South African Telemedicine System as established by the **National Department of Health** is to deliver healthcare services at a distance to South African communities in **under-served areas**.

The system has been established to alleviate the human resource crisis as experienced and is geared to improve the links and communication between **developed healthcare facilities and the underdeveloped rural areas**. Different categories of Health Care Practitioners will be involved.



DEFINITIONS

The **consulting healthcare practitioner** refers to the practitioner who conducts a “face-to-face” interview or examination with the patient or refers patient’s information to a remote location for further advice or intervention.

The **servicing healthcare practitioner** refers to the practitioner who offers advice or intervention or patient information from a remote location.

The **requesting patient** is the patient who requests to be treated by the servicing healthcare practitioner. **This applies only where there is already an existing relationship between the patient and the healthcare practitioner.**



RESPONSIBILITY OF PRCTITIONERS

The consulting practitioner remains responsible for the **treatment, decisions and other recommendations given to the patient, as well as for keeping detailed records** of the patient's condition and information transmitted and received from the servicing practitioner.

The servicing practitioner must keep **detailed records** of the advice he or she delivers as well as the information he or she receives and on which the advice is based.

The servicing practitioner must further ensure that the advice or treatment suggestions given were understood by the consulting practitioner or the patient.



All Telemedicine services should involve a healthcare provider where there is an **actual face-to-face consultation** and physical examination of the patient in a clinical setting. The consulting practitioner will communicate the information to the servicing practitioner, who will then provide the necessary assistance.



The practice of medicine using electronic communications, information technology or other electronic means between a **healthcare practitioner in one location and a healthcare practitioner in another location** for the purpose of facilitating, improving and enhancing clinical, educational and scientific healthcare and research, particularly to the under serviced areas in the Republic of South Africa.



Telemedicine involves secure videoconferencing or similar forms of technology which enable healthcare practitioners to **replicate the interaction of traditional face-to-face consultations** between healthcare practitioners and the patient.

Telemedicine as defined refers to where information is exchanged electronically either on or off-line, formally, informally or as a need for a second opinion.



GUIDELINES

According to the Health Professions Act, No 56 of 1974, **registration is a prerequisite for practising a profession** in terms of which a professional board has been established, where such practice is for gain within South Africa, or for any other health **profession the scope** which has been defined by the Minister in terms of the Act, unless a practitioner is registered in terms of the Act in respect of such profession.

Only practitioners who have been deemed competent and are registered in their respective professions are authorised to participate in telemedicine practice in South Africa either as consulting healthcare practitioners or servicing healthcare practitioners.



In the case of telemedicine **across country borders**, practitioners serving **South African patients should be registered with the regulating bodies in their original states as well as with the HPCSA.**

Consulting healthcare practitioners are responsible for ensuring that the servicing healthcare practitioner is competent according to South African healthcare standards.

Consulting healthcare practitioners and servicing healthcare practitioners are held to the same standards of medical practice as healthcare practitioners who conduct face-to-face consultations.



GUIDELINES

The relationship between the patient and the healthcare practitioner is established when the practitioner **agrees** to treat the patient and the patient agrees to be treated.

The relationship between the patient and the healthcare practitioner must be based on **mutual trust and respect**, and this applies to both servicing and consulting practitioners.

Core ethical values as outlined in the HPCSA guidelines for Healthcare practitioners are also applicable in telemedicine practice and the fact that a patient's information can be moved using electronic means does not alter the ethical duties of health care practitioner



The **professional discretion** of healthcare practitioners engaging in telemedicine regarding the diagnosis, scope of care or treatment should not be limited or influenced by non-clinical considerations of telemedicine technologies.



A documented medical evaluation must be done and the relevant clinical history necessary to diagnose underlying conditions as well as any contra-indications regarding the recommended treatment must be obtained before providing treatment, including issuing prescriptions, electronically or otherwise.

Treatment, including issuing a prescription based solely on an online questionnaire does not constitute an acceptable standard of care.

When prescribing care using telemedicine consulting practitioners should ensure that **informed consent** is taken in accordance with the standards practice used in face-to-face issuing of prescriptions



PROFESSIONAL DUTIES

Duties to patients include, but are not limited to, always **acting in the best interest** or well-being of the patient, **respecting patients' privacy and dignity**, **giving patients the information** they need about their conditions, and **maintaining confidentiality** at all times as required by the National Health Act No 61 of 2003 and the SA National Patients' Rights Charter.

Healthcare practitioners should not give medical advice or provide treatment using telemedicine without obtaining proper informed consent from the patient for both the treatment to be given and the use of telemedicine technology.



INFORMED CONSENT

- **Written** informed consent documentation for telemedicine practice should include the following:
 - (a) The identities of the patient and the servicing healthcare practitioner.
 - (b) The servicing healthcare practitioner's practice number.
 - (c) The types of transmissions consented to using telemedicine technologies (e.g. prescriptions, refills, appointment scheduling, patient education etc.).
 - (d) Agreement by the patient that the servicing practitioner will decide whether or not the condition being diagnosed or treated is appropriate for a telemedicine consultation.
 - (e) Details of the security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or the use of other reliable authentication techniques.
 - (f) Any material risks to confidentiality arising from the use of telemedicine technologies that may influence the patient's decision to consent.
 - (g) The patient's express consent to the transmission of the patient's personal medical information to a consulting healthcare practitioner or other appropriate third parties.



INFORMED CONSENT

- (h) The patient's name and address and the location or site of consultation;
- (i) The consulting practitioner's name, practice address and number, and location;
- (j) The servicing practitioner's or practitioner's names, practice addresses and numbers, and location;
- (k) A brief explanation of telemedicine;
- (l) The types of transmissions consented to using telemedicine technologies (e.g. prescriptions, refills, appointment scheduling, patient education etc.).
- (m) Details of the security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or the use of other reliable authentication techniques.
- (n) Any material risks to confidentiality arising from the use of telemedicine technologies that may influence the patient's decision to consent.
- (o) The expected risks, possible benefits of and alternatives to telemedicine;
- (p) Agreement by the patient that the servicing practitioner will decide whether or not the condition being diagnosed or treated is appropriate for a telemedicine consultation.
- (q) The patient's agreement, after a full explanation was given, including the patient's express consent to the transmission of the patient's personal medical information to a consulting healthcare practitioner or other appropriate third parties.
- (r) The signature of patient, the patient's parent, the patient's guardian or the patient's caregiver - the relationship to the patient should be specified;
- (s) The signature of the witness.



CONSENT

A copy of the consent form should be kept with patient's records and a **duplicate** given to the patient.

In the case of videoconference consultations, the patient must be aware of the **presence of other people** on the other side, and that the patient's identity may be revealed to such people, and must consent to this.



CONFIDENTIALITY

The patient must at all times be assured that their confidentiality is protected.

Patient confidentiality should be ensured at both the consulting and servicing practitioners' sites and should follow the provisions of the Constitution, the National Health Act No 61 of 2003, the Promotion of Access to Information Act No 2 of 2000, the Protection of Personal Information Act No 4 of 2013, the Common law and the HPCSA's ethical guidelines on patient confidentiality

Every practitioner's duty to make sure that information is effectively protected against improper disclosure at all times.

Confidentiality guidelines further provides guidelines on how patient information may be disclosed for example, in the case of research, education, clinical audit, financial audit or even for the publication of case histories and photographs

Policies and procedures for documentation, maintenance and transmission of records regarding telemedicine consultations should be maintained at the same standard of care as face-to-face consultations



Policies and procedures for telemedicine should deal with:

- (a) Confidentiality;
- (b) Healthcare personnel apart from the healthcare practitioners who will process the electronic information;
- (c) Hours of operation;
- (d) Types of transactions that are permitted electronically;
- (e) Required patient information to be included in electronic communications (e.g. name, identification number and type of transaction);
- (f) Archival and retrieval oversight mechanisms; and
- (g) Quality oversight mechanisms.



Electronic transmissions, (e.g. email, prescriptions and laboratory results) must be secure within existing technology (e.g. password protected, encrypted electronic prescriptions or other reliable authentication techniques).

It is the responsibility of the healthcare practitioners to ensure that these non-healthcare personnel do not violate patient confidentiality.

All patient-practitioner electronic communications must be stored and filed in the patient's medical record file in line with traditional record-keeping policies and procedures.



ROUTINE TELEMEDICINE

Patient-initiated or second opinion telemedicine should be restricted to situations in which **a previously existing healthcare-patient relationship** enables the healthcare practitioner to gather sufficient knowledge of the patient's clinical condition to be able to render a proper and clinically justifiable diagnosis, treatment or recommendation.

This regulations ensures that **telemedicine is only used as an adjunct to normal medical practice, and only replaces face-to-face services where the quality and safety of patient care is not compromised and the best available resources are used in securing and transmitting patient information.**



SPECIALIST TELEMEDICINE

Specialist telemedicine consultations form the bulk of telemedicine practice in South Africa because of human resource capacity challenges – particularly in rural areas.

These challenges do not however mean that patients should be over- or underserved.

The ethical guidelines for good practice as well as the ethical rules of conduct for practitioners registered with the HPCSA should be taken into consideration at all times.



EMERGENCY TELEMEDICINE

Emergency telemedicine involves judgements by the healthcare practitioner often based on sub-optimal patient information.

In emergencies, the health and wellbeing of the patient are the determining factors with regard to stabilising the patient and having the patient referred for thorough medical care.

The practitioner must provide the patient with emergency instructions when the care provided by telemedicine indicates that a referral to an acute care or emergency facility is necessary for the immediate treatment of the patient.

The emergency instructions should be in writing and appropriate to the services being rendered via telemedicine



RECORDS

- Patient information and records should consist of copies of all patient-related electronic communications, including:
 - (a) Patient-practitioners communications;
 - (b) Prescriptions;
 - (c) Laboratory and test results;
 - (d) Evaluations and consultations;
 - (e) Records of past care;
 - (f) Instructions obtained or produced in connection telemedicine technologies; and
 - (g) Signed informed consents to treatment and use of telemedicine.



QUALITY ASSURANCE

Healthcare practitioners, both from the consulting and servicing sites, should not practice telemedicine without ensuring that the equipment and accessories used are optimally operational.

Periodical quality control **tests** and servicing of equipment should be carried out and records kept for verification.

The quality and quantity of patient information received should be sufficient and relevant for the patient's clinical condition in order to ensure that accurate medical decisions and recommendations are made for the benefit of the patient.

Good **communication** contributes to quality patient information being transmitted from one practitioner to the other.



QUALITY ASSURANCE

A standardised manner of documentation is recommended to ensure that all healthcare practitioners adhere to the same protocol in terms of history taking, reporting on findings, creation of reserves and hard copies where necessary.

Where images are transmitted from one location to the other, it is the responsibility of both the consulting and servicing practitioner to ensure that there is **no critical loss of image resolution from acquisition to final display.**



SECURITY

Patient information should only be transmitted from one site to the other and stored, **with the full knowledge and approval of the patient**, in line with the informed consent guidelines.

Only the information that is **relevant to the clinical** history of the patient should be transmitted electronically.

To protect the identity of the patient when information is transmitted between sites, it is essential that personal identification should be removed and the transmitted information is **encrypted**.

All personal computers of the telemedicine service should be accessed by authorised personnel only through the use of a **login password**.

There are three factors central to the security of patient information, namely:

- i) Privacy: Who can access it?
- ii) Authenticity: Who sends the information?
- iii) Integrity: Has the information been altered during its transmission through the public networks?

Access to information by other healthcare practitioner, patients or third party should be authorised by the healthcare provider in charge of the patient and be carried out according to the rules and regulations as outlined in the Promotion of Access to Information Act, of 2000.



SAFETY OF DATA

Avoid accidental damage and loss of patient information;

Provide safe procedures to avoid any alteration or elimination of patient data;

Ensure that patient information obtained electronically is kept in line with the HPCSA's guidelines on the keeping of patients' records;

Comply with the legal requirements for data messages in the Electronic Communications and Transactions Act No 25 of 2002 regarding the protection of information and the principles regarding the electronic collection of personal information.



TELEMEDICINE DURING THE PANDEMIC

1, Telehealth should preferably be practiced in circumstances where **there is an already established practitioner-patient relationship**, and where such a relationship does not exist, **practitioners may still consult using Telehealth provided such consultations are done in the best interest of patients;**

2, Requirement of consulting healthcare practitioners is **waived in order to ensure that healthcare services proceed during the pandemic even for those who are unable to physically contact their practitioners .**



TELEMEDICINE DURING THE PANDEMIC

Telehealth should preferably be practiced in circumstances where **there is an already established practitioner-patient relationship, and where such a relationship does not exist, practitioners may still consult using Telehealth provided such consultations are done in the best interest of patients;**

Practitioners are reminded of the following:

1. This guidance is only applicable during the COVID-19 pandemic. The HPCSA shall, soon after the end of the pandemic, inform practitioners of when this guidance will cease to apply.
2. The Ethical Rules of Conduct for Health Practitioners Registered under the Health Professions Act are still applicable during the practice of Telehealth.
3. When Indicated and possible, the patient must be referred for a face-to-face examination by another practitioner, within a reasonable period of time.
4. Healthcare practitioners shall not engage in or advocate the preferential use of any health establishment or medical device or health-related service or prescribe any orthodox medicine, complementary medicine, veterinary medicine or scheduled substance, if any financial gain or other valuable consideration is derived from such preferential usage or prescription or the advocacy of preferential usage by the healthcare professional as this amounts to perverse incentives.
5. The HPCSA will continue to perform environmental scan and amend necessary regulations to support the management of the pandemic.





Thank
You

THE END

- Mr Mpho Mbodi
- Tel: 012 402 1833
- Email: professionalpractice@hpcsa.co.za

