

## Voice of Expert

### Telemedicine in Vogue

**Mangesh Tiwaskar Harihar<sup>1</sup>**

**1. How to define Telemedicine? In this COVID-19 pandemic time virtual CMEs are increasing profusely. What is your view on virtual medical education as an integral part of telemedicine? Technology dependent health has both merits and limitations. Would you please elaborate?**

World Health Organization definition of telemedicine which was adopted by Telemedicine Practice Guidelines<sup>1</sup> released by MOHFW in association with NITI ayog and under supersession of the Medical Council of India, - Telemedicine is defined as:

'The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.'

Also, "Tele" is a Greek word meaning "distance" and "mederi" is a Latin word meaning "to heal".<sup>2</sup>

Time magazine called telemedicine "healing by wire".<sup>2</sup>

Virtual medical education and virtual CMEs are need of the hour. However, they have been associated with their own pros and cons.

The advantages of virtual education include :

1. Cost and time saving
2. Easily connecting with experts in the field of medicine across country and globe
3. Easily connecting with large group of audience
4. Possibility to record and re-visit the session as per convenience of student

However, there are some disadvantages as well:

1. Audience may or may not be attentive - difficult to assess.
2. May not be able to address the queries of individual student

Therefore, it is better to understand the advantages

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and disadvantages and decide to opt for such programs.



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**2. "Health for all" - While talking about health care access and affordability, how do you place telemedicine?**

**Telemedicine has distinct advantages<sup>2</sup> which can fulfil "health for All" mission:**

- Easy access to remote areas
- Using telemedicine in peripheral health set-ups can significantly reduce the time and costs of patient transportation
- Monitoring home care and ambulatory monitoring
- Improves communications between health providers separated by distance
- Critical care monitoring where it is not possible to transfer the patient
- A tool for public awareness
- A tool for disaster management
- Second opinion and complex interpretations

Therefore, I would place Telemedicine high in the hierarchy that can be opted to achieve health for all mission with - better affordable and accessible health care.

**3. Communication is an important key for successful health care delivery. Compromised communication is a barrier to telemedicine. Would you please let us know how to improve compromised communications in background of telemedicine?**

As medicine is an art - telemedicine is also an art - that needs to be mastered over a period of time with constant learning and efforts. Alcocer Alkureishi *et al*<sup>β</sup> has published an article in the *JMIR Med Educ* 2021; **7(2)**: e29099 which provides beautiful tips to improve effectiveness and communication of teleconsultation. Summarizing it here:

## TELEMEDS

### Tips to Optimize Virtual Visits

<b>T</b>	<b>Test it out first</b>	Prior to the visit, <b>practice</b> using your virtual visit platform. Check audio & video. Test mute & screen share. Practice <b>splitting the screen</b> to allow you to see your patient & the EHR at the same time.
<b>E</b>	<b>Evaluate your schedule</b>	Identify patients that <b>should not</b> have virtual visits. Proactively <b>anticipate</b> needs for the visit (outside records, translation services, etc).
<b>L</b>	<b>Layout an agenda</b>	<b>Contextualize</b> your visit agenda by reviewing your patient's interval history (last note, labs, etc). Note any outstanding orders or preventative health needs that should be addressed.
<b>E</b>	<b>Establish visit rules</b>	<b>Introduce</b> yourself, team members & verify your patient. Determine a technical <b>back-up</b> plan. Identify your patient's <b>goals</b> for the visit & balance those with your agenda items.
<b>M</b>	<b>Modify your speech</b>	<b>Vary</b> tone & inflection. Speak <b>slowly</b> to allow for buffering & lag. <b>Pause</b> for questions often. Check for understanding.
<b>E</b>	<b>Encourage patient engagement</b>	Look for <b>opportunities</b> to educate patients using <b>screen share</b> - demonstrate websites, review EHR information. Engage patients in <b>note writing</b> when appropriate and jointly create an <b>after visit summary</b> to reinforce the plan.
<b>D</b>	<b>Demonstrate positive nonverbal communication</b>	Maintain good <b>eye</b> contact. Smile or express concern when appropriate. Signal <b>active listening</b> by nodding or shaking your head.
<b>S</b>	<b>Summarize next steps</b>	Be specific about <b>when &amp; how</b> to follow up. Encourage <b>patient portal</b> use to review their after visit summary & chart updates for reference. Elicit direct patient <b>feedback</b> .

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#### 4. What are the different modes of telemedicine communications? Please briefly let us know advantages and disadvantages of different modes of communications.

The mode of communication chosen should be based on the purpose of the communication.<sup>4</sup>

- **Video:**

Video consultations are closest to the in-person consultations. The communication is two ways, interactive and real-time. Patient identification is straightforward. This mode allows inspecting and getting visual cues from the patient. It also provides an opportunity to examine patient and demonstrate certain activities to the patients.

- **Audio**

Audio consultation is more convenient and readily available compared to the video consultation. The interaction is dynamic and real-time. The information provided can be exchanged iteratively between the provider and the receiver. Audio consultation provides verbal cues but misses non-verbal cues and is not suitable for conditions that require visual inspection.

- **Text-Based**

Text-based consultations are convenient and quick. These may be either real-time when the interaction is simultaneous or delayed, like in 'store and forward' systems. These are best for follow-ups and

second opinions. The text-based platforms also help in better transmission of documents, including the test reports and previous medical records. However, text-based platforms lack both visual and verbal cues.

There are multiple technologies for the implementation of telemedicine today. The technology used and the mode of communication used in telemedicine should be customized to the objectives of the interaction. Commonly, the types of interventions are differentiated based on the time of communication between the stakeholders.

- **Synchronous**

In synchronous interaction, the stakeholders or the participants of the telemedicine are interacting with each other dynamically in real-time. The communication is quick, and it provides an opportunity for the participants to solve queries (if any) in real-time. For example, video consultation is a synchronous teleconsultation.

- **Asynchronous**

It is also called the "store and forward" way of communication. Here the participants can interact or reply in their own time frame. There is no real-time interaction between the stakeholders. It is suitable when the consultation or communication is not urgent. It is mainly used for forwarding the investigation reports, or for routine follow-up. Examples include e-mail, text messages, fax.

- **Remote monitoring**

This is also called the remote patient monitoring and refers to the method of healthcare delivery that uses the advances in information and technology to monitor patients outside the healthcare settings. The patient data is electronically transmitted to the healthcare provider, who monitors the patient for the maintenance of health and development of any new disease states.

#### 5. Who is responsible to judge that telemedicine consultation is appropriate and sufficient as per context? How do they decide on this?

In India, the telemedicine administration goes under the purview of the Ministry of Health and Family Welfare and the Department of Information Technology.

On March 25, 2020, the Board of Governors ("BoG") entrusted by the Health Ministry to direct practice and specialists of present day medication, distributed a revision to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 ("Code of Conduct") that gave legal help and reason for the act of telemedicine in India.<sup>5</sup>

**The significant piece of the alteration is as per the following:**

3.8.1. Conference through Telemedicine by the Registered Medical Practitioner under the Indian Medical Council Act, 1956 will be passable as per the Telemedicine Practice Guidelines contained in Appendix 5 (of Code of Conduct).

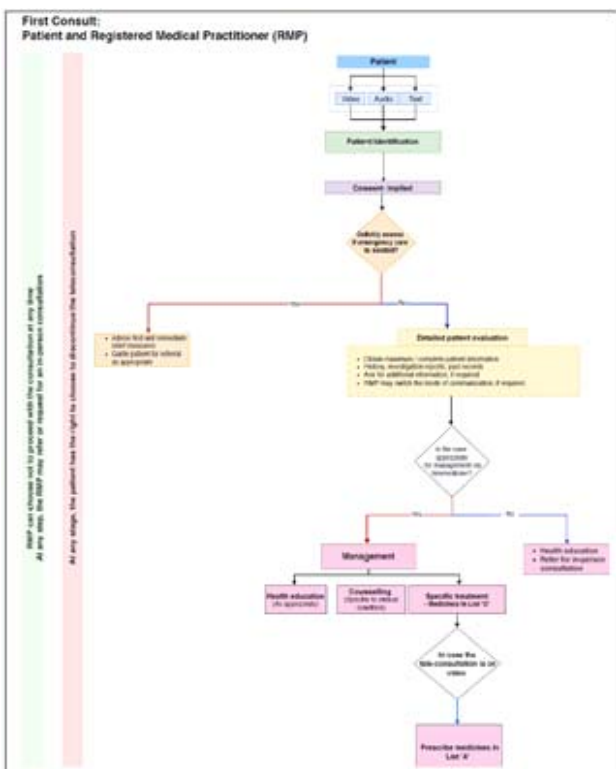
Therefore, the telemedicine practice should be as per the Telemedicine Practice Guidelines of Ministry of health and family welfare in association with NITI ayog under supersession of MCI.

Also,

The professional judgment of a Registered Medical Practitioner should be the guiding principle for all telemedicine consultations: An RMP is well positioned to decide whether a technology-based consultation is sufficient or an in-person review is needed. Practitioner shall exercise proper discretion and not compromise on the quality of care.

**6. How to initiate telemedicine consultation? What could be our first statement to the patient? How to welcome our patients? Identification of patient and physician- what are the important steps to safeguard Medicolegal issues?**

Refer to MOHFW telemedicine guidelines<sup>1</sup> for steps to approach a patient during teleconsultation - outlined in Fig 1 and 2 in the appendix.



Also, a detailed explanation is given in the document - on how to approach the patient during teleconsultation.

**Tele-Consultation Process :**

**1. Start of a Telemedicine Consultation for First Consult**

- The telemedicine consultation is initiated by the patient (For example, a patient may do an audio or video call with a RMP or send an email or text with a health query)

**2. Patient identification and consent**

- RMP accepts to undertake the consultation
- RMP should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable

- Telemedicine consultation should be initiated by the patient and thereby consent is implied

**3. Quick assessment:**

- The patient's condition needs to be quickly assessed by the RMP based on available inputs and RMP uses his professional discretion if emergency care is needed, to decide if emergency care is needed.

- If the condition of the patient merits emergency intervention, then advice for first aid/immediate relief is provided and guidance is provided for referral, as appropriate.

If the condition does not merit an emergency intervention, the following steps are undertaken:

**4. Exchange of Information for Patient Evaluation**

- The RMP may ask the patient to provide relevant information (complaints, information about any other consults for the same problem, available investigation and medication details, if any). The patient shall be responsible for accuracy of information shared by him/her with the RMP.

- If the RMP feels that the information provided at this stage is inadequate, then he/she shall request for additional information from the patient. This information may be shared in real time or shared later via email/text, as per the nature of such information.

The consultation may be resumed at a rescheduled time after receipt of the additional information (this may include some laboratory or radiological tests). In the meantime, the RMP may provide health advice as appropriate.

- If the RMP is satisfied that he/she has adequate patient information for offering a professional opinion, then he/she shall exercise one's professional judgment for its suitability for management via telemedicine.

- If the situation is NOT appropriate for further telemedicine consultation, then the RMP should provide Health advice/ Education as appropriate; and/or refer

for in-person consultation.

#### 5. Patient Management

If the condition can be appropriately managed via telemedicine, then the RMP may take a professional judgement to either:

- Provide Health Education as appropriate in the case; and/or
- Provide Counseling related to specific clinical condition, including advice related to new investigations that need to be carried out before next consult; and/or
- Provide specific treatment by prescribing medicines as in List O (which are over the counter drugs or others as notified). Additional medicines (as per List A) can also be prescribed if the ongoing tele-consultation is on video.

### 7. Consent of the patient for any telemedicine consultation- is it required? How to define “implied consent” and “explicit consent”? What are the ways to record “explicit consent” from the patients?

Patient consent is necessary for any telemedicine consultation.<sup>1</sup> The consent can be Implied or explicit depending on the following situations:

1. If, the patient initiates the telemedicine consultation, then the consent is implied.<sup>1</sup>
2. An Explicit patient consent is needed if: A Health worker, RMP or a Caregiver initiates a Telemedicine consultation.<sup>1</sup>
3. An Explicit consent can be recorded in any form. Patient can send an email, text or audio/ videomessage. Patient can state his/her intent on phone/video to the RMP (eg, “Yes, I consent to avail consultation via telemedicine” or any such communication in simple words). The RMP must record this in his patient records.<sup>1</sup>

### 8. Telemedicine consultation and prescribing completely depend on how much informations regarding patients physician is receiving. Please let us know how to elucidate informations from patients?

An RMP would use his/her professional discretion to gather the type and extent of patient information (history/examination findings/Investigation reports/past records etc.) required to be able to exercise proper clinical judgement.

- This information can be supplemented through conversation with a healthcare worker/provider and by any information supported by technology-based tools.
- If the RMP feels that the information received is

inadequate, then he/she can request for additional information from the patient. This information may be shared in real time or

shared later via email/text, as per the nature of such information. For example, an RMP may advise some laboratory or/and radiological tests to the patient. In such instances, the consult may be considered paused and can be resumed at the rescheduled time. An RMP may provide health education as appropriate at any time.

- Telemedicine has its own set of limitations for adequate examination. If a physical examination is critical information for consultation, RMP should not proceed until a physical examination can be arranged through an in-person consult. Wherever necessary, depending on professional judgement of the RMP, he/she shall recommend:

- Video consultation
- Examination by another RMP/ Health Worker ;
- In-person consultation
- The information required may vary from one RMP to another based on his/her professional experience and discretion and for different medical conditions based on the defined clinical standards and standard treatment guidelines.
- RMP shall maintain all patient records including case history, investigation reports, images, etc. as appropriate.

### 9. “First Consultation” and “Follow up Consultation” - how they differ?

There are two types of patient consultations, namely, first consult and the follow-up consult.

#### First Consult means —

- The patient is consulting with the RMP for the first time; or
- The patient has consulted with the RMP earlier, but more than 6 months have lapsed
- since the previous consultation; or
- The patient has consulted with the RMP earlier, but for a different health condition

#### Follow-Up Consult(s) means —

- The patient is consulting with the same RMP within 6 months of his/her previous in person consultation and this is for continuation of care of the same health condition.

However, it will not be considered a follow up if:

- There are new symptoms that are not in the spectrum of the same health condition; and/or
- RMP does not recall the context of previous treatment and advice

## 10. Prescribing medicines after telemedicine consultation- What are the concerns and Medicolegal issues?

Prescribing medications, via telemedicine consultation is at the professional discretion of the RMP. It entails the same professional accountability as in the traditional in-person consult. If a medical condition requires a particular protocol to diagnose and prescribe as in a case of in-person consult then same prevailing principle will be applicable to a telemedicine consult.

RMP may prescribe medicines via telemedicine ONLY when RMP is satisfied that he/she has gathered adequate and relevant information about the patient's medical condition and prescribed medicines are in the best interest of the patient.

Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct.

### Specific Restrictions

There are certain limitations on prescribing medicines on consult via telemedicine depending upon the type of consultation and mode of consultation. The categories of medicines that can be prescribed via tele-consultation will be as notified in consultation with the Central Government from time to time.

The categories of medicines that can be prescribed are listed below:

**List O:** It will comprise those medicines which are safe to be prescribed through any mode of tele-consultation. In essence they would comprise of

- Medicines which are used for common conditions and are often available 'over the counter'. For instance, these medicines would include, paracetamol, ORS solutions, cough lozenges etc
- Medicines that may be deemed necessary during public health emergencies.

**List A:** These medications are those which can be prescribed during the first consult which is a video consultation and are being re-prescribed for re-fill, in case of follow-up.

• This would be an inclusion list, containing relatively safe medicines with low potential for abuse. It is a list of medication which RMP can prescribe in a patient who is undergoing follow-up consult, as a refill.

**List B:** It is a list of medication which RMP can prescribe in a patient who is undergoing follow-up consultation in addition to those which have been prescribed during in-person consult for the same medical condition.

**Prohibited List:** An RMP providing consultation via telemedicine cannot prescribe medicines in this list.

These medicines have a high potential of abuse and could harm the patient or the society at large if used improperly

- Medicines listed in Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985

## 11. Is there any role of third person between physician and patients while having telemedicine consultation? Please let us know briefly how to respond if caregiver is consulting on behalf of the patient? In presence of health care worker physically with the patient, how physician can respond to telemedicine consultation?

Care giver from the family of patient or a health care worker can be a third person between physician and patient while telemedicine consultation.

"Caregiver" could be a family member, or any person authorized by the patient to represent the patient.

### There could be two possible settings:

1. Patient is present with the Caregiver during the consultation.

2. Patient is not present with the Caregiver. This may be the case in the following:

- Patient is a minor (aged 16 or less) or the patient is incapacitated, for example, in medical conditions like dementia or physical disability etc. The care giver is deemed to be authorized to consult on behalf of the patient.

- Caregiver has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult (explicit consult).

In all of the above, **the consult shall proceed as in the case of RMP and the patient.**

"Health worker" could be a Nurse, Allied Health Professional, Mid Level Health Practitioner, ANM or any other health worker designated by an appropriate authority.

### Proposed Set up

- This sub section will cover interaction between a Health Worker seeking consultation for a patient in a public or private health facility.

- In a public health facility, the mid-level health practitioner at a Sub-center or Health and wellness center can initiate and coordinate the telemedicine consultation for the patient with a RMP at a higher center at district or State or National level. Health and Wellness centers are an integral part of comprehensive

primary health care.

- This setting will also include health camps, home visits, mobile medical units or any community-based interaction.

#### **Tele-Consultation Process —**

The flow of the process is summarized in the steps are detailed below:

#### **1. Start of a Telemedicine Consultation through a Health Worker/RMP :**

- The premise of this consultation is that a patient has been seen by the Health worker
- In the judgment of the health worker, a tele-consultation with a RMP is required
- Health Worker should obtain the patient's informed consent
- Health worker should explain potential use and limitations of a telemedicine consultation
- He/she should also confirm patient identity by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- Health Worker initiates and facilitates the telemedicine consultation.

#### **2. Patient Identification (by RMP) :**

- RMP should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- RMP should also make their identity known to the patient

#### **3. Patient Consent (by RMP):**

- RMP should confirm the patient's consent to continue the consultation

#### **4. In case of Emergency :**

- The Health Worker would urgently communicate about the underlying medical condition of the patient to the RMP.
- If based on information provided, if the RMP identifies it as an emergency condition necessitating urgent care, he/she should advise for first aid to be provided by the Health Worker for immediate relief and guide for referral of the patient, as deemed necessary.

In case, the condition is not an emergency, the following steps would be taken:

#### **5. Exchange of Information for Patient Evaluation (by RMP) :**

- The Health Worker must give a detailed explanation of their health problems to the RMP which can be supplemented by additional information by the patient, if required.

- The RMP shall apply his professional discretion for type and extent of patient information (history/examination findings/Investigation reports/past records) required to be able to exercise proper clinical judgement.

- If the RMP feels that the information provided is inadequate, then he/she shall request for additional information. This information may be shared in real time or shared later via email/text, as per the nature of such information. For eg, RMP may advise some laboratory or/and radiological tests for the patient. For such instances, the consult may be considered paused and can be resumed at the rescheduled time. RMP may provide health education as appropriate at any time.

#### **6. Patient Management :**

- Once the RMP is satisfied that the available patient information is adequate and that the case is appropriate for management via telemedicine, then he/she would proceed with the management. Health worker should document the same in his/her records.

- The RMP may take a professional judgement to either:

- # Provide health education as appropriate in the case,
- # Provide counseling related to specific clinical condition including advice related to new investigations that need to be carried out before next consult;
- # And/or prescribe medications.
  - o as prescribed for use in guidelines from time to time for a particular cadre of Health Workers.

#### **Role of Health Worker :**

In all cases of emergency, the Health Worker must seek measures for immediate relief and first-aid from the RMP who is being tele-consulted. Health worker must provide the immediate relief/first aid as advised by the RMP and facilitate the referral of the patient for appropriate care. The Health Worker must ensure that patient is advised for an in-person interaction with an RMP, at the earliest.

For patients who can be suitably managed via telemedicine, the Health Worker plays a vital role of

- Reinforcing the health education and counseling provided by the RMP
- Providing the medicine prescribed by the RMP and providing patient counseling on his/her treatment.

## 12. How to assess emergency conditions of the patients and respond proactively? What are the possible steps taken by the physician in such situations while telemedicine consultation?

### Quick assessment:

- The patient's condition needs to be quickly assessed by the RMP based on available inputs and RMP uses his professional discretion if emergency care is needed, to decide if emergency care is needed.
- If the condition of the patient merits emergency intervention, then advice for first aid/immediate relief is provided and guidance is provided for referral, as appropriate.

### Quick Assessment for Emergency Condition:

- If the patient presents with a complaint which the RMP identifies as an emergency condition necessitating urgent care, the RMP would then advise for first aid to provide immediate relief and guide for referral of the patient, as deemed necessary.

### Managing Emergency situations during teleconsultation:

In all telemedicine consultations, as per the judgment of the RMP, if it is an emergency situation, the goal and objective should be to provide in-person care at the soonest. However critical steps could be life-saving and guidance and counseling could be critical. For example, in cases involving trauma, right advice and guidance around maintaining the neck position might protect the spine in some cases. The guidelines are designed to provide a balanced approach in such conditions.

The RMP, based on his/ her professional discretion may

- Advise first aid
- Counseling
- Facilitate referral

In all cases of emergency, the patient MUST be advised for an in-person interaction with a

Registered Medical Practitioner at the earliest

## 13. What are the recommendations for technology platforms facilitating telemedicine consultation? Where AI or machine learning could not be utilised and where could we use it?

- Technology platforms (mobile apps, websites etc) providing telemedicine services to consumers shall be obligated to ensure that the consumers are consulting with Registered medical practitioners duly registered with national medical councils or respective state medical council and comply with relevant provisions

- Technology Platforms shall conduct their due diligence before listing any RMP on its online portal. Platform must provide the name, qualification and registration number, contact details of every RMP listed on the platform

- In the event some non-compliance is noted, the technology platform shall be required to report the same to BoG, in supersession to MCI who may take appropriate action

- Technology platforms based on Artificial Intelligence/Machine Learning are not allowed to counsel the patients or prescribe any medicines to a patient. Only a RMP is entitled to counsel or prescribe and has to directly communicate with the patient in this regard. While new technologies such as Artificial Intelligence, Internet of Things, advanced data science-based decision support systems etc. could assist and support a RMP on patient evaluation, diagnosis or management, the final prescription or counseling has to be directly delivered by the RMP

- Technology Platform must ensure that there is a proper mechanism in place to address any queries or grievances that the end-customer may have.

- In case any specific technology platform is found in violation, BoG, MCI may designate the technology platform as blacklisted, and no RMP may then use that platform to provide telemedicine.

## 14. Interdisciplinary referral with telemedicine consultation like telepathology, telecardiology, teleradiology, teleophthalmology, teledermatology or tele-clinical pharmacology etc could optimise patient care. How to utilise these services rationally?

Registered Medical Practitioner might use telemedicine services to consult with another RMP or a specialist for a patient under his/her care. Such consultations can be initiated by a RMP on his/her professional judgement.

- The RMP asking for another RMP's advice remains the treating RMP and shall be responsible for treatment and other recommendations given to the patient.

- It is acknowledged that many medical specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. may be at advanced stages of adoption of technology for exchange of information or some may be at early stage. Guidelines support and encourage interaction between RMPs/specialists using information technology for diagnosis, management and prevention of disease.

- o Tele-radiology is the ability to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, MG, Ultrasound) from one location to another.
- o Tele-pathology is use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research.
- o Tele-ophthalmology access to eye specialists for patients in remote areas, ophthalmic disease screening, diagnosis and monitoring.

### 15. What are the misconducts in reference to telemedicine practice?

It is specifically noted that in addition to all general requirements under the MCI Act for professional conduct, ethics etc, while using telemedicine all actions that wilfully compromise patient care or privacy and confidentiality, or violate any prevailing law are explicitly not permissible.

#### Some examples of actions that are not permissible:

- RMPs insisting on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation
- RMPs misusing patient images and data, especially private and sensitive in nature (e.g. RMP uploads an explicit picture of patient on social media etc)
- RMPs who use telemedicine to prescribe medicines from the specific restricted list
- RMPs are not permitted to solicit patients for telemedicine through any advertisements or inducements

### 16. How to emphasise on data safety and data management in this regard? Privacy and confidentiality are two important rights of patients. How to ensure these two important issues?

#### Data Safety & Management:

It is incumbent on RMP to maintain the following records/ documents for the period as prescribed from time to time:

- Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc).
- Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained by the RMP.
- Specifically, in case a prescription is shared with

the patient, the RMP is required to maintain the prescription records as required for in-person consultations.

#### Data Privacy:

- Registered Medical Practitioner would be required to fully abide by Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 and with the relevant provisions of the IT Act, Data protection and privacy laws or any applicable rules notified from time to time for protecting patient privacy and confidentiality and regarding the handling and transfer of such personal information regarding the patient. This shall be binding and must be upheld and practiced.

- Registered Medical Practitioners will not be held responsible for breach of confidentiality if there is a reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach or by a person other than RMP. The RMPs should ensure that reasonable degree of care undertaken during hiring such services.

### 17. To decide on fees for telemedicine consultation, how do physicians approach?

- Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective: RMP may charge an appropriate fee for the Telemedicine consultation provided.
- An RMP should also give a receipt/invoice for the fee charged for providing telemedicine based consultation.

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**Dr. Mangesh Tiwaskar Harihar,  
thank you for the valuable insight into  
'TELEMEDICINE'.**