Annexure - 1

Guidance Document for Tele-Medicine at AIIMS During COVID-19

Summary of Key Points from MCI BOG Telemedicine Practical Guidelines

TELEMEDICINE
‘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.’

TELEHEALTH
‘The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.’

REGISTERED MEDICAL PRACTITIONER
‘A Registered Medical Practitioner [RMP] is a person who is enrolled in the State Medical Register or the Indian Medical Register under the Indian Medical Council Act 1956.’ [IMC Act, 1956]

Purpose
The purpose of these guidelines is to give practical advice to doctors so that all services and models of care used by doctors and health workers are encouraged to consider the use of telemedicine as a part of normal practice. These guidelines will assist the medical practitioner in pursuing a sound course of action to provide effective and safe medical care founded on current information, available resources, and patient needs to ensure patient and provider safety.

These telemedicine guidelines will help realize the full potential of these advancements in technology for health care delivery. It provides norms and protocols relating to physician-patient relationship; issues of liability and negligence; evaluation, management and treatment; informed consent; continuity of care; referrals for emergency services; medical records; privacy and security of the patient records and exchange of information; prescribing; and reimbursement; health education and counseling.

These guidelines will provide information on various aspects of telemedicine including information on technology platforms and tools available to medical practitioners and how to integrate these technologies to provide health care delivery. It also spells out how technology and transmission of voice, data, images and information should be used in conjunction with other clinical standards, protocols, policies and procedures for the provision of care. Where clinically appropriate, telemedicine is a safe, effective and a valuable modality to support patient care.
Like any other technology, the technology used for telemedicine services can be abused. It has some risks, drawbacks and limitations, which can be mitigated through appropriate training, enforcement of standards, protocols and guidelines. These guidelines should be used in conjunction with the other national clinical standards, protocols, policies and procedures.

Telemedicine applications can be classified into four basic types, according to the mode of communication, timing of the information transmitted, the purpose of the consultation and the interaction between the individuals involved—be it RMP-to-patient / caregiver, or RMP to RMP.

1. **According to the Mode of Communication**
   a. Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Face time etc.)
   b. Audio (Phone, VOIP, Apps etc.)
   c. Text Based

2. **According to timing of information transmitted**
   a. Real time Video/audio/text interaction
   b. Asynchronous exchange of relevant information

3. **According to the purpose of the consultation**
   a. Non-emergency consult
      i. **First consult** with any RMP for diagnosis/treatment/health education/counseling
      ii. **Follow-up** consult with the same RMP
   b. **Emergency consult** for immediate assistance or first aid etc.

4. **According to the individuals involved**
   a. Patient to RMP
   b. Caregiver to RMP
   c. Health worker to RMP
   d. RMP to RMP
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. Seven elements need to be considered before beginning any telemedicine consultation (see panel)

Seven Elements to be considered before any telemedicine consultation

1. Context
2. Identification of RMP and Patient
3. Mode of Communication
4. Consent
5. Type of Consultation
6. Patient Evaluation
7. Patient Management

Provided below are key issues pertaining to prescribing:

Prescribing:
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 teleconsultation 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 teleconsultation. In essence they would comprise of:

i. 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

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

**List B:** 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 medicine 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

The drugs in the above mentioned list is summarized in Annexure 1.

**Issue a Prescription and Transmit**

1. If the RMP has prescribed medicines, RMP shall issue a prescription as per the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules. A sample format is suggested in Annexure 2
2. RMP shall provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform
3. In case the RMP is transmitting the prescription directly to a pharmacy, he/ she must ensure explicit consent of the patient that entitles him/her to get the medicines dispensed from any pharmacy of his/ her choice

**MAINTAIN DIGITAL TRAIL/ DOCUMENTATION OF CONSULTATION**

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

   i. Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).
   ii. Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained by the RMP.
   iii. 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.
Framework for practicing telemedicine in 5 scenarios:
1. Patient to Registered Medical Practitioner
2. Caregiver to Registered Medical Practitioner
3. Health Worker to Registered Medical Practitioner
4. Registered Medical Practitioner to Registered Medical Practitioner
5. Emergency Situations

Provided below is the framework for a follow-up consultation

Follow-up Consult: Patient to Registered Medical Practitioner
In a follow-up consultation, since the RMP-patient interaction has already taken place for the specific medical condition under follow-up, there is already an understanding of the context, with availability of previous records. This allows a more definitive and secure interaction between the RMP and the patient.

Follow-Up Consult means
The patient is consulting with the RMP within 6 months of his/her previous in-person, and this consultation is for continuation of care of the same health condition. Follow-up can be in situations of a chronic disease or a treatment (e.g. renewal or change in medications) when a face-to-face consultation is not necessary. Examples of such chronic diseases are: asthma, diabetes, hypertension and epilepsy etc

Teleconsultation Process
The flow of the process is summarized in Figure 2 and the steps are detailed below:

1. Start of a Telemedicine Consultation for Follow Up
   a. Patient may initiate a follow up consult with a RMP for continuation of his/her ongoing treatment or for a new complaint or complication arising during the course of the ongoing treatment using any mode of communication. For e.g., the patient may do an audio or video call with a RMP or send him/her an email or text message with a specific health query
   b. RMP accepts to undertake the consultation

2. Patient identification and consent
   a. RMP should be reasonably convinced that he/she is communicating with the known patient, for e.g. if the patient is communicating with RMP through the registered phone number or registered email id
   b. If there is any doubt RMP can request the patient to reinitiate the conversation from a registered phone number or email id or should confirm patient identity to his/her satisfaction by asking patient’s name, age, address, email ID or phone number. [Details in the section 3.2]
   c. Patient initiates the Telemedicine consultation and thereby consent is implied

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

4. **In case of routine follow-up consultation, the following would be undertaken:**
   a. If the RMP has access to previous records of the patient, he/she may proceed with continuation of care.
   b. RMP shall apply his/her professional discretion for type of consultation based on the adequacy of patient information (history/examination findings/Investigation reports/past records).
   c. If the RMP needs additional information, he/she should seek the information before proceeding and resume teleconsultation for later point in time.

5. **Patient Management**
   a. If RMP is satisfied that he/she has access to adequate patient information and if the condition can be appropriately managed by teleconsultation, he/she would go ahead with the tele-management of the patient.
   b. If the follow-up is for continuation of care, then the RMP may take a professional judgement to either:
      c. Provide health education as appropriate in the case; or
      d. Provide counseling related to specific clinical condition including advice related to new investigations that need to be carried out before next consult;
      e. And/or Prescribe Medications. The medications could be either of the below:

If the follow up is for *continuation of care for the same medical condition*, the RMP would re-prescribe original set of medications for a refill (List A of medications, which has been previously prescribed for the patient).

   i. If the RMP considers addition of a new drug, as an ‘add-on’ medication to optimize the underlying medical condition, then the RMP can prescribe medications listed under List B.
   ii. If the follow-up consult is for a new minor ailment necessitating only ‘over the counter’ medications or those notified for this purpose, medications under List O can be prescribed.
   iii. If the follow-up consult reveals new symptom pertaining to a different spectrum of disease, then the RMP would proceed with the condition as enunciated in the scenario for a first-time consultation (4.1.1).
Category of Medicines

List O
Common over-the-counter medications such as
- Antipyretics: Paracetamol
- Cough Supplements: Lozenges,
- Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
- ORS Packets
- Syrup Zinc
- Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements
- Etc

Medications notified by Government of India in case from time to time on an Emergency basis
- Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

List A
First Consult Medications (Diagnosis done on video mode of consultation) such as
- Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
- Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc
- Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc..
- Follow-up consult for above medications

Follow-up medications for chronic illnesses for ‘re-fill’ (on any mode of consultation) such as medications for
- Hypertension: Enalapril, Atenolol etc
- Diabetes: Metformin, Glibenclamide etc
- Asthma: Salmeterol inhaler etc etc.,

List B
On follow-up, medications prescribed as ‘Add-on’ to ongoing chronic medications to optimize management such as for hypertension: e.g, add-on of Thiazide diuretic with Atenolol
- Diabetes: Addition of Sitagliptin to Metformin etc.,

The proposal to be considered for AIIMS, New Delhi is primarily to provide teleconsultation for follow-up patients till such time that the COVID-19 epidemic prevents functioning of routine OPD. The need to continue this after the situation normalizes can be decided at a later point in time. Departments are to be informed about the Telemedicine Guidelines approved by the Government of India, and their willingness to provide teleconsultation for follow up patients ascertained.
The Computer Facility can provide the necessary technical support:

1. Mobile telephones with 4G connection
2. List of follow-up patients till such time that this information is available.

The two processes for contacting patients can be:

1. Departmental doctors (residents / consultants) can call the patients who have a follow up appointment on their registered mobile number.
2. Information provided to the patients that they can call the phone number.

The departments can decide:

1. Manpower which can be used for this
2. Scheduling – dates and slots
3. Type of teleconsultation: repeat prescriptions; emergency advice to help channelize patients to AIIMS Emergency or a health care provider

As per the Telemedicine Guidelines in case of a patient contacting one of the numbers provided got teleconsultation, the consent is implicit. However, on calling the patients they will be asked to provide consent for a Teleconsult. This can be a verbal consent from the patient at the outset of the call. This consent will be documented by the healthcare provider.

Counseling and continue of current prescription should be documented.

In case of changes in prescription and additional medications prescribed as per the Telemedicine Guidelines, a prescription needs to be generated and sent to the patient by SMS message/ snapshot of OPD card.

If the healthcare provider feels the patient needs direct in person consultation for assessment, then the patient will be asked to seek medical care from a local physician.

If patient needs emergent care, the patient will asked to visit emergency services.