

Telemedicine : Guidelines in India and its Importance in COVID Pandemic

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Abstract

Social Distancing became the new norm in the COVID 19 pandemic. While at one side the world-wide medical fraternity is finding ways to combat the viral infection, there were patients with existing illness who needed follow-up care. The role of Telemedicine became important under such circumstances.

A study conducted by Earnst & Young (EY) in association with Indian Pharmaceutical Alliance (IPA) [Mar'20], estimated the Telemedicine market in India to reach \$5.5 billion By 2025^[3]. These telemedicine companies offer services like teleconsultation, e-prescription, e-pharmacy and online ordering & scheduling of laboratory investigations.

Just after the start of statutory lockdown in India in view of COVID pandemic, on 25 March'2020, the BOARD OF GOVERNORS in supersession of the Medical Council of India notified the "Telemedicine Practice Guidelines" to enable R.M.P.s to provide healthcare using Telemedicine ^[7]. [This constitutes Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002]

Although the practice of Telemedicine was going on in some form or the other in the last two decades, but there was a question with respect to its legitimacy and acceptance by the medical fraternity at large. The notification of these guidelines has cleared the picture to a large extent and lays the foundation for this new tool of medicine practice.

This article is a peak into the current guidelines of Telemedicine in India and its usefulness in the COVID pandemic.

Keywords : telemedicine, telemedicine overview, telemedicine india, telemedicine guidelines, telemedicine covid, telehealth

Introduction

Social Distancing became the new norm in the COVID 19 pandemic. While at one side the world-wide medical fraternity is finding ways to combat the viral infection, there were patients with existing illness who needed follow-up care. It is a challenging task to screen patients before attending them and for the patients, it is

a difficult decision whether to visit a health facility or not for their ailment. The role of Telemedicine became important under such circumstances.

Telemedicine in India was formally launched on March 30th, 2000, when Bill Clinton— the then President of the United states— commissioned the first telemedicine unit in the village of Aragonda in Southern India, about 200 km from the tertiary care centre in Chennai while he was witnessing a live cardiac teleconsultation ^[1].

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Professor K. Ganapathy, an eminent neurosurgeon, is a member of the Indian National Task Force on Telemedicine and a founding member of the

Telemedicine Society of India [2].

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The following is a list of top telemedicine companies in India based on total number of visitors: - ^[4]

Company Name	Total Visitors (in millions)
Practo	47.48
1 mg	26.18
Lybrate	25.18
Portea Medica	7.3
Medlife	2.54

These telemedicine companies offer services like teleconsultation, e-prescription, e-pharmacy and online ordering & scheduling of laboratory investigations.

In the months from April to June'2020, around 5 crore Indians accessed healthcare online; 80% of the users accessed it for the first time; 44% consultations were from non-metro cities and in-person doctor visits decreased by 67% ^[5].

Telemedicine Guidelines in India refer to the case of Deepa Sanjeev Pawaskar vs. The State of Maharashtra Criminal Anticipatory Bail Application No. 513 of 2018 dated July 25, 2018, in which the judgment passed by the Bombay High Court created uncertainty about the place and legitimacy of telemedicine ^[6]. In this case, two doctors, a husband and wife ("Applicants") were held liable for criminal negligence resulting in the death of a woman, one Dnyanada.

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As per the guidelines 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."*

The various advantages of Telemedicine are^[7]:-

1. Fast and timely access
2. Access to service which may not be otherwise available
3. Saving of cost and effort for rural patients as they need not travel long distances
4. Useful when there is no need of physical check-up. Eg. Continuous monitoring, regular & routine follow-up.
5. Higher likelihood of maintenance of records and documentation à Increased legal protection for both parties
6. Patient and healthcare worker safety à no spread of contagious infections

Purpose of the Guidelines ^[7]

The 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

They will help to realize the full potential of these advancements in technology for healthcare delivery

It provides norms and protocols relating to :

- i. Physician-patient relationship
- ii. Issues of liability and negligence
- iii. Evaluation, management and treatment
- iv. Informed consent
- v. Continuity of care
- vi. Referrals for emergency services
- vii. Medical records à Privacy and security of patient records and exchange of information
- viii. Prescribing
- ix. Reimbursement
- x. Health education and counselling

The guidelines specifically explicitly exclude the following [7]: -

1. Specifications for hardware or software, infrastructure building and maintenance
2. Data management systems involved; standards and interoperability
3. User of digital technology to conduct surgical or invasive procedures remotely
4. Other aspects of telehealth such as research and evaluation and continuing education of healthcare workers
5. Does not provide for consultation outside jurisdiction of India

The Telemedicine Applications can be divided into four basic types [7]: -

1. Mode of Communication – Audio, Video, Text
2. Timing of Information transmitted
 - a. Real-time audio/video/text
 - b. Asynchronous exchange of relevant information
3. Purpose of Consultation
 - a. First consult
 - b. Follow-up consult

4. Interaction between the individuals involved
 - a. Patient to RMP
 - b. Caregiver to RMP
 - c. RMP to RMP
 - d. Health-worker to RMP
 - e. Emergency Situations

The guidelines accept all forms of digital communication – audio, video and text and various online platforms like whatsapp, email, skype, sms etc.

The following seven elements have to be considered in every telemedicine consultation [7]: -

1. Context
2. Identification of the R.M.P. and Patient
3. Mode of Communication
4. Consent
5. Types of Consultation – First/ Follow-up
6. Patient Evaluation – technology-based tools, reports, video examination
7. Patient Management – Health education, Counselling and Prescribing Medicines

Various Drug Lists and Prohibited List as per the Guidelines [7]

List O: It will comprise those medicines which are safe to be prescribed through any mode of tele-consultation. This list included commonly used ‘over-the-counter’ medications such as Paracetamol, Oral Rehydration Solution (ORS) packets, Antacids etc. This list also includes medicines that may be deemed necessary during emergencies and would be notified from time to time.

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 list includes usually prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis

etc. and Re-fill medications for chronic diseases such as Diabetes, Hypertension, Asthma etc.

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. This list includes ‘add-on’ medications which are used to optimize an existing condition. For instance, if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an ACE inhibitor such as Enalapril

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. E.g. Drugs listed in Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the NDPS Act, 1985. Anti-cancer drugs are also prohibited.

A Standard format for prescription is also suggested in the guidelines which is quite in line with the format which is used in offline practice.

Medical Ethics, Data Privacy and Confidentiality^[7]

The R.M.P should maintain the Digital Trail/ Documentation of Consultation.

R.M.P.s may charge an appropriate fee for the Telemedicine consultation and should also provide a receipt/ invoice for the fee charged.

Examples of Professional Misconduct^[7]

1. R.M.P.s insisting a telemedicine consultation when the patient is willing to travel to a facility and/or requests an in-person consultation

2. R.M.P.s misusing patient images and data, especially private and sensitive in nature (e.g. RMP uploads an explicit picture of patient on social media)

3. Prescribing medicines from specific restricted list

4. R.M.P.s are not permitted to solicit patients for telemedicine through any advertisements or inducements

Penalties: As per I.M.C. Act, Ethics and Other Prevailing Laws

Guidelines for Technology Platforms enabling Telemedicine^[7]

1. Technology platforms (mobile apps, websites etc.) providing telemedicine services to consumers are required to ensure that the consumers are consulting with qualified RMPs. Technology Platforms are required to conduct their due diligence before listing any RMP on its online portal.

2. Technology platforms based on artificial intelligence or machine learning are not allowed to counsel patients or prescribe any medicines to a patient. Only an RMP is entitled to counsel a patient or prescribe medicines to a patient.

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

4. In case any specific technology platform is found to be in violation of the T- Guidelines, the Board of Governors of the MCI may blacklist such technology platform, and no RMP may then use such platform to practice telemedicine.

Conclusion

How Telemedicine is adapted in day-to-day practice, only time will tell. But it is showing promising signs for now. 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 other national clinical standards, protocols, policies and procedures.

Conflict of Interest : None

We certify that the manuscript has been read and approved by both of us and we agree with the ranking of the authorship.

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