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ICS 11.020

Draft
Jamaican Standard

for

Telemedicine

BUREAU OF STANDARDS JAMAICA

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Jamaican Standards establish requirements in relation to commodities, processes and practices, but do not purport to include all the necessary provisions of a contract.

The attention of those using this standard is called to the necessity of complying with any relevant legislation.

Amendments

No.	Date of Issue	Remarks	Entered by and date

DRAFT

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Foreword

The use of digital tools for improving the efficiency and outcome of healthcare delivery systems has significantly focused on the use of telemedicine services. These tools provide a virtual means for provision of health care to patients by a provider, directly or through an intermediary. The intermediary may be another provider, a mid-level health care provider or a legal guardian. The technology platforms may provide timely and best possible care in various settings including residential homes, primary care, ambulatory care facilities, hospitals, private and public health and medical institutions.

Telemedicine is practiced through video, phone and internet-based platforms such as webchat, apps and web portals in Jamaica. Lack of standards has created significant ambiguity for registered medical and other health practitioner, i.e. dentists and supplementary medical professionals, raising doubts on the practice of telemedicine. The rapid advances in science and technology over the past twenty-five (25) years and the application of information, communication and biomedical technologies in the diagnosis, treatment and the management of diseases and conditions have prompted the need to address this gap to manage new emergent and emerging diseases and conditions in the local, global, real and virtual spaces. The impact of the COVID-19 pandemic has exacerbated the rate and expanded the scope and methods of applying a wide range of modern technologies. In this regard, telemedicine has emerged as a necessary method in the professional best practice of medicine.

The purpose of this standard is to enable registered medical and other health and allied practitioners to use telemedicine tools in their daily practice.

This standard is voluntary.

Committee representation

The preparation of this standard for the Standards Council, established under the Standards Act 1969, was carried out under the supervision of the BSJ's Telemedicine's Working Group (WG) of the Medical Facilities Technical Committee which at the time comprised the following members:

Related Documents

This standard makes reference to the following:

The Medical, Dental, Pharmacy and Professions Supplementary to Medicine Acts

The Veterinary Act

The Medical Act

The Pharmacy Act

The Data Protection Act

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1. Scope

This standard describes the requirements for registered medical practitioners (RMPs), Registered Dental Practitioners (RDPs), Registered Veterinary Surgeon (RVSs) and Registered Supplementary Medical Practitioners (RSMPs), hereafter referred to as Providers to use telemedicine to enhance healthcare service and affordable access to remote virtual clinical encounters. Of these, all with the exception of the RSMPS are permitted by their competent authorities to provide prescriptions herein referred to as Prescribing Providers.

This standard describes the requirements relating to Provider patient relationship, issues of liability and negligence, evaluation, management and treatment, informed consent, continuity of care, referral for emergency services, medical records, privacy and security of patient records and exchange of information, prescribing and reimbursement, health education and counselling epidemiological and environmental management of individuals, families, groups and populations.

This standard does not specify:

a) Hardware, software, building infrastructure and maintenance used for telemedicine;

b) Information management systems involved in telemedicine; and

c) Digital technology usage to conduct surgical or invasive procedures remotely.

2. Terms and definitions

For the purposes of this document, the following terms and definitions apply:

2.1

caregiver
someone who is required to give health and medical assistance to persons who are unable to support/ care for themselves entirely. A caregiver may be a trained person or family member.

2.2
competent authority
any person or organization that has the legally delegated or invested authority, capacity, or power to perform a designated function. Similarly, once an authority is delegated to perform a certain act, only the competent authority is entitled to take accounts there from and no one else.

2.3
counselling
specific advice given to patients by all relevant providers including members of the pharmacy profession.

2.4
non-provider health worker
any other non-provider health worker defined by the appropriate designated authority.

2.5
registered dental practitioner (RDP)
person who is enrolled in the registry of the competent authority for RDP.

2.6
registered medical practitioner (RMP)
person who is enrolled in the registry of the competent authority for RMP.

2.7
registered supplementary medical practitioner (RSMP)
person who is enrolled in the registry of the competent authority for RSMP.

2.8
registered veterinary surgeon (RVS)
person who is enrolled in the registry of the competent authority for RVS.

2.9
telehealth
a broad term of the use of technology for digital health and health related services including telemedicine. It is the means and methods of facilitating the delivery of virtual clinical health, medical and related services, including medical care, by designated registered providers to patients or groups of patients remotely, using telecommunication and digital communication technologies.

2.10
telemedicine
delivery of health and medical care services, where distance may be a critical factor, by designated provider using information and communications technologies for the exchange of clinical information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities

2.11
tele-pathology
use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research.

2.12
tele-radiology
ability to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, MG, Ultrasound) from one location to another.

3. General requirements

3.1 A Provider in Jamaica is entitled to provide telemedicine consultation to patients from anywhere in Jamaica.

3.2 Provider using telemedicine shall uphold the same professional and ethical practices as applicable to traditional in-person care.

3.3 To enable all those Providers who would want to practice telemedicine, to get familiar with these standards:

3.3.1 An online program should be developed and made available to RPs as part of the professional continued education programme under the auspices of the competent authorities.

3.3.2 All Providers intending to use online consultation should complete a course, whether online course or otherwise, to enable competencies in the practice of telemedicine. This course should be retaken at an appropriate interval to be determined.

4. Requirements for telemedicine applications

4.1 Tools for telemedicine

4.1.1 Providers may use voice, video, data, mobile app or cloud linked internet based digital platforms.

NOTE These are acceptable telemedicine tools suitable for carrying out technology-based virtual clinical patient consultation, so long as the means and methods are in compliance with the competent authority. This condition shall guarantee the confidentiality and privacy of all patient information and data derived from the telemedicine virtual clinical encounter. Irrespective of the tool of communication used, the core principles of telemedicine practice remains the same.

4.2 Telemedicine applications may be classified into four basic types according to:

1) Mode of communication;
2) Timing of the information transmitted;
3) Purpose of the consultation; and
4) Types of participants.

4.2.1 According to the mode of communication:

a) Video (such as telemedicine facility, apps, video on chat platforms, skype/facetime)

b) Audio (such as phone, VOIP, apps .)

c) Text Based:

i. Telemedicine chat based applications (such as specialized telemedicine smartphone apps, websites, other internet-based systems)

ii. General messaging/ text/ chat platforms (such as WhatsApp, Google Hangouts, Facebook Messenger)

iii. Asynchronous (such as email/ fax.)

4.2.2 According to the timing of information transmitted:

Real time (Synchronous) video/audio/text interaction	**Asynchronous exchange of relevant information**
Video/audio/text for exchange of relevant information for diagnosis, medication and health education and counselling	Transmission of summary of patient condition and supplementary data including images, lab reports and/or radiological investigations between stakeholders. Such data can be forwarded to different parties at any point of time and thereafter accessed per convenience/need.

4.2.3 According to the purpose of the consultation:

4.2.3.1 For non-emergency consult:

First consult with any RP, RDP or RVS for diagnosis/treatment/health education/ counselling	**Follow-up consult with the RP, RDP or RVS**
Patients may consult RP, RDP or RVS for diagnosis and treatment of the condition or for health education, follow up, counselling and non-diagnostic health/medical care	Patients may use this service for follow up consultation on his/her ongoing treatment with the RP, RDP or RVS who prescribed the treatment in an earlier in-person consult.
First consult with RSMP	**Follow-up consult with a RSMP**
Patients may consult RSMP for health education, follow up, counselling and other non-diagnostic health/medical care.	Patients may use this service for treatment and follow up of health education, consultation follow up, counselling and other non-diagnostic health/medical care.

4.2.3.2 For emergency consult for immediate assistance or first aid:

4.2.3.2.1 In instances where other forms of care are not present, tele-consultation may be the only way to provide timely care. In such situations, Providers may use online consultation to their best judgement. Telemedicine services should however be avoided for emergency care when other forms of in-person care is available and telemedicine consultation should be limited to first aid, life-saving measures, counselling and advice for referral.

4.2.3.2.2 In all cases of emergency, the patient shall be advised for an in-person consultation with a Provider at the earliest opportunity.

4.2.4 According to the individuals involved:

Patient to Provider	***Caregiver to Provider***
Telemedicine services may connect patients to Provider.	Telemedicine services may connect care givers to a Provider, under certain conditions as detailed in framework
Provider to Provider	***Health worker to Provider***
Provider may use telemedicine services to discuss with other Providers issues of care of one or more patients or to disseminate knowledge.	A Health Worker can facilitate a consultation session for a patient with a Provider. In doing so, the former can help take history, examine the patient and convey the findings. They can also explain/reinforce the advice given by the Provider to the patient.

5. Requirements for technology used and mode of communication

5.1 Multiple technologies can be used to deliver telemedicine consultation.

NOTE There are 3 primary modes: 1. Video, 2. Audio, or 3. Text such as chat, messaging, email and fax. Each one of these technology systems has their respective strengths, weaknesses and contexts, in which, they may be appropriate or inadequate to deliver a proper diagnosis or be used to manage confidential data.

5.2 It is important to understand the strengths, benefits as well as limitations of different technologies. Broadly, though telemedicine consultation delivers safety to the Provider from contagious conditions, it cannot replace physical examination that may require palpation, percussion or auscultation; that requires physical touch and feel. Newer technologies may improve this drawback and may be introduced as the circumstances and conditions demand.

STRENGTHS AND LIMITATIONS OF VARIOUS MODES OF COMMUNICATION

MODE	**STRENGTHS**	**LIMITATIONS**
VIDEO: Telemedicine facility, Apps, Video on chat platforms	• Closest to an in person-consult, • Real time interaction • Patient identification is easier • Provider can see the patient and discuss with the caregiver • Visual cues can be perceived • Inspection of patient can be carried out	• Dependent on high quality internet connection at both ends, else will lead to a sub optimal exchange of information • Patient privacy is extremely important since there is a possibility of abuse/ misuse in video consults is extremely important • Product/ hardware and platform obsolescence • Possibility that some products/ platforms are designed to perform in a low data network

MODE	STRENGTHS	LIMITATIONS
AUDIO: Phone, VOIP, Apps	• Convenient and fast • Unlimited reach • Suitable for urgent cases • No separate infrastructure required • Privacy ensured • Real-time interaction	• Non-verbal cues may be missed • Not suitable for conditions that require a visual inspection (e.g. skin, eye or tongue examination), or physical touch • Patient identification needs to be clearer, greater chance of imposters representing the real patient
TEXT BASED: Specialized chat based telemedicine smartphone apps, SMS, websites, messaging, Artificial Intelligence (AI) Systems, Machine Learning (ML) Systems	• Convenient and quick • Documentation & Identification may be an integral feature of the platform • Suitable for urgent cases, or follow-ups, second opinions assuming Provider has enough context from other sources • No separate infrastructure required • Can be real time • AI/ML data depends on Providers control and validation	• Besides the visual and physical touch, text-based interactions also miss the verbal cues • Difficult to establish rapport with the patient • Cannot be sure of identity of the doctor or the patient
ASYNCHRONOUS: Email, Fax, digital and voice recording	• Convenient and easy to document • No specific app or download requirement • Images, data, reports readily shared • No separate infrastructure required • More useful when accompanied with test reports and follow up and second opinions	• Not a real time interaction, so just one-way context is available, relying solely on the articulation by the patient • Patient identification is document based only and difficult to confirm • Non-verbal cues are missed • Possibility of delays because the Provider may not see the mail immediately

6. Specific requirements for telemedicine

6.1 The professional judgement of a Provider shall be the guiding principle for all telemedicine consultations: A RMP, RDP, RVS or RSMP, is well positioned to decide whether a technology-based consultation is sufficient or an in-person review is needed.

6.2 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 Provider and Patient
3	Mode of Communication
4	Consent
5	Type of Consultation
6	Patient Evaluation
7	Patient Management

6.3 Telemedicine should be appropriate and sufficient as per context

6.3.1 The Providers shall exercise their professional judgement to decide whether a telemedicine consultation is appropriate in a given situation or an in-person consultation is needed in the interest of the patient.

6.3.2 The Providers shall consider the mode/technologies available and their adequacy for a normal virtual clinical consultation before choosing to engage the patient with any health education or counselling or medication. They should be reasonably comfortable that telemedicine is in the patient's interest after taking a holistic view of the given situation.

6.3.3 Complexity of Patient's health condition

Every patient/case/medical condition may be different, for example, a new patient may present with a simple complaint such as headache while a known patient of diabetes may consult for a follow- up with emergencies such as diabetic ketoacidosis. The Provider shall uphold the same standard of care as in an in-person consultation but within the intrinsic limits of telemedicine.

6.4 Identification of the Provider and the patient is required

6.4.1 Telemedicine consultation should not be anonymous: both patient and the Provider should be aware of each other's identity except where the Provider may need to seek a second opinion from another Provider or group of practitioners in another jurisdiction.

6.4.2 A Provider should begin the consultation by informing the patient about his/her name and qualifications.

6.4.3 A Provider should verify and confirm patient's identity by name, age, address, email ID, phone number, registered ID or any other valid identification as may be deemed to be appropriate. The Provider should ensure that there is a mechanism for a patient to verify the credentials and contact details of the Provider. This should be ensured by the appropriate publication of the gazetted list of Providers in the public domain. This list may be amended from time to time and published on the website of the respective Councils.

6.4.4 For issuing a prescription, the Provider shall explicitly ask the age of the patient and if there is any doubt, seek age proof. Where the patient is a minor, after confirming the age, tele - consultation would be allowed only if the minor is consulting along-with an adult whose identity needs to be ascertained.

6.4.5 Every Provider shall display the registration number accorded to him/her by the designated authority, on written documents, prescriptions, website, electronic communication and receipts, QR-Codes given to their patients.

6.5 Mode of telemedicine

6.5.1 Multiple technologies may be used to deliver telemedicine consultations. All these technology systems have their respective strengths and weaknesses. The contexts, circumstances and conditions should satisfy the international standards approved by the official standards setting body.

6.5.2 Primarily there are 3 modes: Video, Audio or Text (such as chat, images, messaging, email and fax). Their strengths, limitations and appropriateness as detailed in Section 5 should be considered by the Provider.

6.5.3 There may be situations where in order to reach a diagnosis and to understand the context better; a real-time consultation may be preferable over an asynchronous exchange of information.

NOTE Similarly, there would be conditions where a Provider could require hearing the patient speak, therefore, a voice interaction may be preferred than an email or text for a diagnosis. There are also situations where the Provider needs to visually examine the patient and make a diagnosis. In such a case, the Provider could recommend a video consultation. Considering the situation, using his/her best judgement, a Provider may decide the best technology to use to consult, diagnose, treat and manage.

6.6 Patient Consent

6.6.1 Patient consent is necessary for any telemedicine consultation. The consent can be implied or explicit depending on the following situations:

6.6.1.1 If the patient initiates the telemedicine consultation, then the consent is implied.

NOTE Implied consent: In an in-person consultation, it is assumed the patient has consented to the consult by his/her actions. When the patient seeks care in the health care facility in which the Provider operates, the consent for the consultation is taken as implied. Like an in-person consultation, for most of the tele-consultations the consent can be assumed to be implied because the patient has initiated the consultation. Access to the Provider's virtual

waiting area is also implied consent.

6.6.1.2 An explicit patient consent is needed if: a health worker, Provider or a caregiver initiates a telemedicine consultation.

6.6.1.3 An explicit consent can be recorded in any form. Patient can send an email, text or audio/video message. Patient can state his/her intent on phone/video to the Provider (e.g. "Yes, I consent to avail consultation via telemedicine "or any such communication in simple words). The Provider must record this in his/her patient records.

6.7 Exchange of information for patient evaluation

6.7.1 Providers shall make all efforts to gather sufficient medical/dental information about the patient's condition before making any professional judgment.

6.7.2 A Provider should use his/her professional discretion to gather the type and extent of patient information (such as history/examination findings/investigation reports/past records.) required to be able to exercise proper clinical judgement. This information can be supplemented and recorded through conversation with a healthcare worker/provider and by any information supported by technology-based tools.

6.7.3 If the Provider 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, a Provider 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.

6.7.4 A Provider may provide health education as appropriate at any time.

6.7.5 Telemedicine has its own set of limitations for adequate examination. If a physical examination, not possible with the modality in use, is critical information for consultation, Provider should not proceed until a physical examination can be arranged through an in-person consult.

6.7.6 Wherever necessary, depending on professional judgement of the Provider, he/she shall recommend:

a) Video consultation
b) Examination by another Provider/ Health Worker
c) In-person consultation

6.7.7 The information required may vary from one Provider 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.

6.7.8 Provider shall maintain all patient records including case history, investigation reports, and images, as appropriate. The telemedicine platform should ensure that the data recorded of the clinical patient encounter does not breach principles of confidentiality and privacy of the patients' records and information.

6.8 Types of consultation: first consult/ follow-up consult

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

6.8.1 A Provider may have only a limited understanding of the patient seeking teleconsultation for the first time, when there has been no prior in-person consultation. However, if the first consult happens to be via video, Provider can make a much better judgement and hence can provide much better advice including additional medicines, if indicated. On the other hand, if a patient has been seen in-person earlier by the Provider, then it is possible to be more comprehensive in managing the patient.

6.8.1.1 First Consult means:

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

6.8.1.2 Follow-up consult(s) means:

a. The patient is consulting with a Provider at least six (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
- Provider does not recall the context of previous treatment and advice

6.9 Patient management: health education, counselling and medication

6.9.1 If the condition can be appropriately managed via telemedicine, based on the type of consultation, then the Provider may proceed with a professional judgement to:

a. Provide health education as appropriate in the case; and/or
b. Provide counselling related to specific clinical condition; and/or
c. Prescribe medicines as per the regulatory professional body

6.9.2 Health Education / Health Promotion

6.9.2.1 A Provider may impart health education and promote health and disease prevention messages. These could be related to diet, physical activity, cessation of smoking, contagious infections and other risk factors.

6.9.2.2 A Provider may give advice on immunizations, exercises, hygiene practices, mosquito control, epidemiologic contact tracing, including other measures related to the epidemiologic management and control of diseases and

conditions.

6.9.3 Counselling

6.9.3.1 Counselling may include food restrictions, dos and don'ts for a patient on anticancer drugs, proper use of a hearing aid, home physiotherapy to mitigate the risks of underlying diseases and conditions.

6.9.3.2 Counselling may also include advice for new investigations that need to be carried out before the next consultation.

6.9.4 Prescribing medicines

6.9.4.1 Prescribing medications, via telemedicine consultation shall be at the professional discretion of the Provider.

NOTE This entails the same professional level of accountability as would occur in the established standard in-person consultation, including but not limited to diagnostic protocols, prescriptive rights of the providers and the standard requirements for the management of prescriptions.

6.9.4.2 Extemporaneous formulations are a very old tradition in a system. Specialised formulations of mixing some ingredients shall be allowed. It is mandatory for the Provider to disclose all the ingredients of such formulations along with the preparation of the drugs.

6.9.4.3 Manufacturing of preparations and drugs shall be governed by the competent authority.

6.9.5 A Provider shall prescribe medicines via telemedicine only when the prescribing Provider is satisfied that he/ she has gathered adequate and relevant information about the patient's medical clinical condition.

6.9.6 The categories of medicines that can be prescribed via tele-consultation shall be as notified in consultation with the competent authority.

6.9.7 Issue a Prescription and Transmit

6.9.7.1 If the prescribing Provider has prescribed medicines, RP or RDP shall issue a signed prescription that complies with the legal requirements for prescriptions as set out in the Acts of the competent authorities. The prescribing Provider shall provide a signed prescription or QR code to the patient via the telemedicine platform, interconnectivity with patient's device or email or any authorized messaging platform.

6.9.7.2 The prescribing Provider shall provide the prescription by electronic means such as photo, scan, email or faxed which must be followed by the physical copy of the prescription on presentation for the medication or within 120 hours of receipt of the electronically transmitted prescription.

6.9.7.3 Where the prescribing Provider is transmitting the prescription directly to a pharmacy or dental laboratory, he/she shall obtain the patient's permission to

send the prescription to such pharmacy. Provisions should also be made for a prescription to be moved from one pharmacy/dental laboratory to another if the circumstances necessitate that.

6.10 General duties and responsibilities of Providers

6.10.1 Medical Ethics, Data Privacy & Confidentiality

6.10.1.1 It is the responsibility of the Provider to be cognizant of the current data protection and privacy laws including but not limited to the current Data Protection, Medical, Dental, Pharmacy and Professions Supplementary to Medicine Acts. Provider shall not breach the patient's confidentiality akin to an in-person consultation. For example if the Provider is planning to create virtual support group for disseminating health education for patients suffering from a particular disease or condition, then he/she shall confirm the patient's willingness and not violate patient's privacy and confidentiality by adding them to the group without their consent.

6.10.1.2 Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality, as per the relevant competent authority, shall be binding and shall be upheld and practiced.

6.10.1.3 The Provider shall abide by the rules of the relevant competent authority and the appropriate information technology, data protection and privacy laws including but not limited to the current Data Protection, Medical, Dental, Pharmacy and Professions Supplementary to Medicine Acts; or any other applicable rules notified from time to time for protecting patient privacy and confidentiality. This is in reference with reference to the generation, storage and transfer of patient personal clinical information. The patient consent and right of access to his/her information is a responsibility, which the practitioner or the institution in which he/she practices, shall uphold within the legal requirements which obtain.

6.10.1.4 Providers shall 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 the Provider. The Provider shall ensure that a reasonable degree of care is undertaken during hiring such services.

6.10.2 Misconduct

6.10.2.1 In addition to all general requirements by the relevant competent authority, while using telemedicine, all actions that negligently compromise patient care or privacy and confidentiality, or violate any prevailing law shall not be permissible. The below lists examples of actions that are not permissible though not exhaustive:

a) Providers insisting on telemedicine, when the patient is willing to travel to a facility

and/or requests an in-person consultation;

b) Providers misusing patient images and data, especially private and sensitive in nature such as a Provider uploads an explicit picture of patient on social media ;
c) Providers who use telemedicine to prescribe medicines from the specific restricted list.

6.10.3 Penalties shall be as per the relevant competent authority.

6.11 Maintain documentation of consultation and digital trail if necessary

6.11.1 Providers shall maintain the following records/ documents for the period as prescribed from time to time:

6.11.1.1 Log or record of telemedicine interaction such as phone logs, email records, chat/ text records, virtual clinical encounters and other video interaction logs and AI / ML logs.

6.11.1.2 Patient records such as prescription records, reports, documents, images, diagnostics, data (Digital or non- Digital) utilized in the telemedicine consultation should be retained by the Provider.

6.12 Fee for telemedicine consultation

6.12.1 Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective. Providers and the telemedicine companies may charge an appropriate fee for the telemedicine consultation provided at their discretion.

6.12.2 A Provider and the telemedicine companies should give a receipt/invoice for the fee charged for providing telemedicine based consultation.

6.12.3 Fees may be collected before the commencement of a consultation, afterwards or by subscription. The recipient must be aware of the fees and payments schedule and agree to same prior to the initiation of the consultation.

7. Framework for telemedicine

7.1 Telemedicine may be initiated in the following five (5) scenarios:

a) Patient to Provider;
b) Caregiver to Provider;
c) Health Worker to Provider;
d) Provider to Provider;
e) Whoever is on site to Provider (in emergency situations)

7.2 Provider should be specifically indemnified for the practice of telemedicine.

7.3 The professional judgement of a Provider shall be guided by the following principles:

7.3.1 The Provider shall exercise proper discretion and not compromise on the quality of care.

NOTE A Provider is well positioned to decide whether a technology-based consultation is sufficient, or an in-person review is needed.

7.3.2 These principles apply irrespective of the mode (video, audio, text) used for a telemedicine consultation.

7.3.3 The patient has the right at any stage to choose to discontinue the virtual encounter. The Provider has no inherent medicolegal risk if his/her actions on the call were appropriate in the view of the competent authority.

7.3.4 The Provider may not attract any legal consequence if he/she would like to terminate the visit with the patient while providing a telemedicine consultation.

7.4 Consultation between patient and Provider

7.4.1 This section details key element of the process of teleconsultation to be used in the first and follow up consults. In these two (2) situations, the telemedicine consultation is initiated and thereby patient consent is implied.

7.4.2 First Consult: Patient and Provider

7.4.2.1 First Consult means

a) The patient is consulting with the Provider for the first time; or
b) The patient has previously consulted with the Provider, but more than six (6) months have lapsed since the previous consultation; or
c) The patient has previously consulted with the Provider, but for a different health condition

7.4.2.2 Tele-Consultation Process

The flow of the process is summarized in the Figure 1 and the steps are detailed below.

1. Start of a Telemedicine Consultation for First Consult
    a. The telemedicine consultation is initiated by the patient
    b. Provider accepts to undertake the consultation
    c. The patient has accepted the fee and payment arrangement
2. Patient identification and consent
    a. Provider should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification of next of kin that may be reasonable
    b. Telemedicine consultation should be initiated by the patient and thereby consent is implied
3. Quick assessment:
    a. The patient's condition needs to be triage/immediately assessed by the Provider based on available inputs and Provider uses his professional discretion if emergency care is needed, to decide if emergency care is needed.
    b. 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

    a. The Provider 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 Provider.
    b. If the Provider 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 Provider may offer health advice as appropriate.
    c. If the Provider is satisfied that he/she has adequate patient information for offering a professional opinion, then he/she shall exercise one's professional judgement for its suitability for management via telemedicine.
    d. If the situation is not appropriate for further telemedicine consultation, then the Provider should provide health advice/ education as appropriate; and/or refer for in-person consultation.

5. Patient Management
    a. If the condition can be appropriately managed via telemedicine, then the Provider may make a professional judgement to either:
        i. Provide health education as appropriate in the case; and/or
        ii. Provide counselling related to specific clinical condition, including advice related to new investigations that need to be carried out before next consult; and/or
        iii. Provide specific treatment by prescribing medicines
        iv. Referral to the appropriate Provider or institution

7.4.3 Follow-up consult: Patient to Provider

7.4.3.1 In a follow-up consultation, since the Provider-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 facilitates a more definitive outcome between the Provider and the patient.

7.4.3.2 Follow-up consult means the patient is consulting with the Provider within six (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 continuity of care to include chronic diseases or on-going treatments such as renewal or changes in medications.

7.4.3.3 Tele-consultation 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 Provider 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.

b. Provider accepts to undertake the follow-up consultation.

2. Patient identification and consent:
    a. Provider should be reasonably convinced that he/she is communicating with the known patient such as if the patient is communicating with Provider through the registered phone number or registered email address or if there is any doubt Provider can request the patient to reinitiate the conversation from a registered phone number or email address or should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email address or phone number.
    b. 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 Provider identifies as an emergency condition necessitating urgent care, the Provider would then advise 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 Provider has access to previous records of the patient, he/ she may proceed with continuation of care.
    b. Provider 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 Provider needs additional information, he/ she should seek the information before proceeding and resume tele-consultation for later point in time.

5. Patient Management
    a. If Provider is satisfied that he/she has access to adequate patient information and if the condition can be appropriately managed by tele-consultation, he/she should go ahead with the tele-management of the patient.
    b. If the follow-up is for continuity of care, then the Provider may take a professional judgement to provide health education as appropriate in the case; or provide counselling related to specific clinical condition including advice related to new investigations that need to be carried out before next consult; and/or prescribe medications. The medications could be either of the below:

    (I) If the follow up is for continuation of care for the same medical condition, the prescribing Provider would re-prescribe original set of medications for a refill (List A of medication which has been previously prescribed for the patient).
        - If the Provider considers the prescription of a new drug, as an additional medication to optimize the underlying medical condition, then the Provider can prescribe medications listed under List B.
        - 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.

    c. If the follow-up consult reveals new symptoms pertaining to a different disease or medical condition, then the Provider would proceed with the condition as

enunciated in the scenario for a first-time consultation.

7.5 Consultation between patient and Provider through a caregiver

7.5.1 For the purpose of these guidelines "Caregiver" could be a family member, or any person authorized by the patient to represent the patient.

7.5.2 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:
    a. 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 consent).

    b. Patient is a minor as defined by the jurisdiction of the location of the patient or the patient is incapacitated such as in medical conditions like dementia or physical disability. The care giver is deemed to be authorized to consult on behalf of the patient.

7.5.3 In all of the above, the consult shall proceed as in the case of Provider and the patient (first or follow up consult,)

7.6 Consultation between Health Worker and Provider

7.6.1 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.

7.6.1.1 In a public health facility, the Health Worker at a sub-centre or health and wellness centre can initiate and coordinate the telemedicine consultation for the patient with a Provider at a higher centre, district, parish or national level health and wellness centre settings.

7.6.1.2 These settings will also include health camps/retreats, home visits, mobile medical units or any other community-based health activities.

7.6.2 Tele-Consultation Process

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

1. Exchange of information for patient evaluation by Provider:
    a. The Health Worker must give a detailed explanation of the patient's health problems to the Provider which can be supplemented by additional information by the patient, if required.
    b. The Provider shall utilise 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.

c. If the Provider assesses 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. The Provider may request further investigations. In such instances, the consult may be considered paused and can be resumed at the rescheduled time. Provider may provide health education as appropriate at any time.

2. Patient Management

a. Once the Provider 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. The Provider may take a professional judgement to either:
(i) Provide health education as appropriate in the case,
(ii) Provide counselling related to specific clinical condition including advise related to new investigations that need to be carried out before next consult;
(iii) Provide treatment or referral

7.6.3 Role of the Health Worker

The health worker, having consulted the Provider, will be advised by the Provider which of three categories the patient falls. These are as follows:

7.6.3.1 In all cases of emergency, the Health Worker must seek measures for immediate relief and first- aid from the Provider who is being tele-consulted. Health Worker must provide the immediate relief/first aid as advised by the Provider and facilitate the referral of the patient for appropriate care.

7.6.3.2 The Health Worker must ensure that the patient is advised for an in-person interaction with a Provider, at the earliest.

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

a. Reinforcing the health education and counselling provided by the Provider
b. Ensuring that the patient complies with the instructions of the prescription
c. Enables compliance with follow-up instructions.

7.7 Provider to another Provider / Specialist

7.7.1 The Provider may use telemedicine services to consult with another Provider or Specialist. Provider or a specialist for a patient under his/her cares. Such consultations can be initiated by a Provider on his/her professional judgement.

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

7.7.3 It is acknowledged that many medical specialties such as radiology, pathology, ophthalmology, cardiology, dermatology may be at varying stages for the exchange of information. Procedural guidelines should be made available to support and encourage interaction between Provider/Specialists using information technology for the diagnosis, management and prevention of disease. These include but are not limited to

tele-radiology and tele-pathology.

7.8 Emergency Situations

7.8.1 In all telemedicine consultations, as per the professional judgement of the Provider, if it is an emergency situation, the goal and objective should be to provide in-person care at the soonest. However critical steps such as guidance and counselling could be life-saving.

7.8.2 The Provider, based on his/ her professional discretion may advise first aid or counselling or facilitate referral. In all cases of emergency, if possible the patient shall be advised for an in-person interaction with a Provider at the earliest opportunity.

8. Guidelines for technology platforms enabling telemedicine

This section specifically covers those technology platforms which work across a network of Providers and enable patients to consult with Providers through the platform.

8.1 Technology platforms such as mobile apps and websites providing telemedicine services to patients shall be obligated to ensure that the patients are consulting with Providers duly registered with the respective National Professional Councils and to comply with all relevant provisions.

8.2 Technology platforms shall conduct their due diligence before listing any Provider on its online portal.

8.3 Platform must provide the name, qualifications and registration number(s), contact details of every Provider listed on the platform.

8.4 In the event that non-compliance is noted, the technology platform shall be required to suspend the Professional pending proof of registration by the respective professional council. The technology platform is also required to report same to the Professional Council which will be required to take appropriate action.

8.5 Technology platforms based on AI/ML are not allowed to counsel patients or prescribe any medicines to a patient. Only the appropriate Provider is entitled to counsel or prescribe and has to directly communicate with the patient in this regard. While new technologies such as AI, Internet of Things, advanced data science-based decision support systems could assist and support a Provider on patient evaluation, diagnosis or management, the final prescription or counselling has to be the direct responsibility of the Provider and is to be delivered appropriately.

8.6 Technology platform must ensure that there is a proper mechanism in place to address queries and grievances that the end-user may have.

8.7 Technology platform is required to publish an address, phone contact, email contact, website if applicable. In case any specific technology platform is found in violation, the respective National Professional Council may recommend that no Provider may use

that specific platform to provide telemedicine services.

8.8 In case any specific technology platform is found in violation, the National Professional Council may designate the technology platform as blacklisted, and no Provider may then use that platform to provide telemedicine. If there exist an entity which registers telemedicine platforms, the National Professional Council should also report violations to the relevant entity.

Annex A (informative)

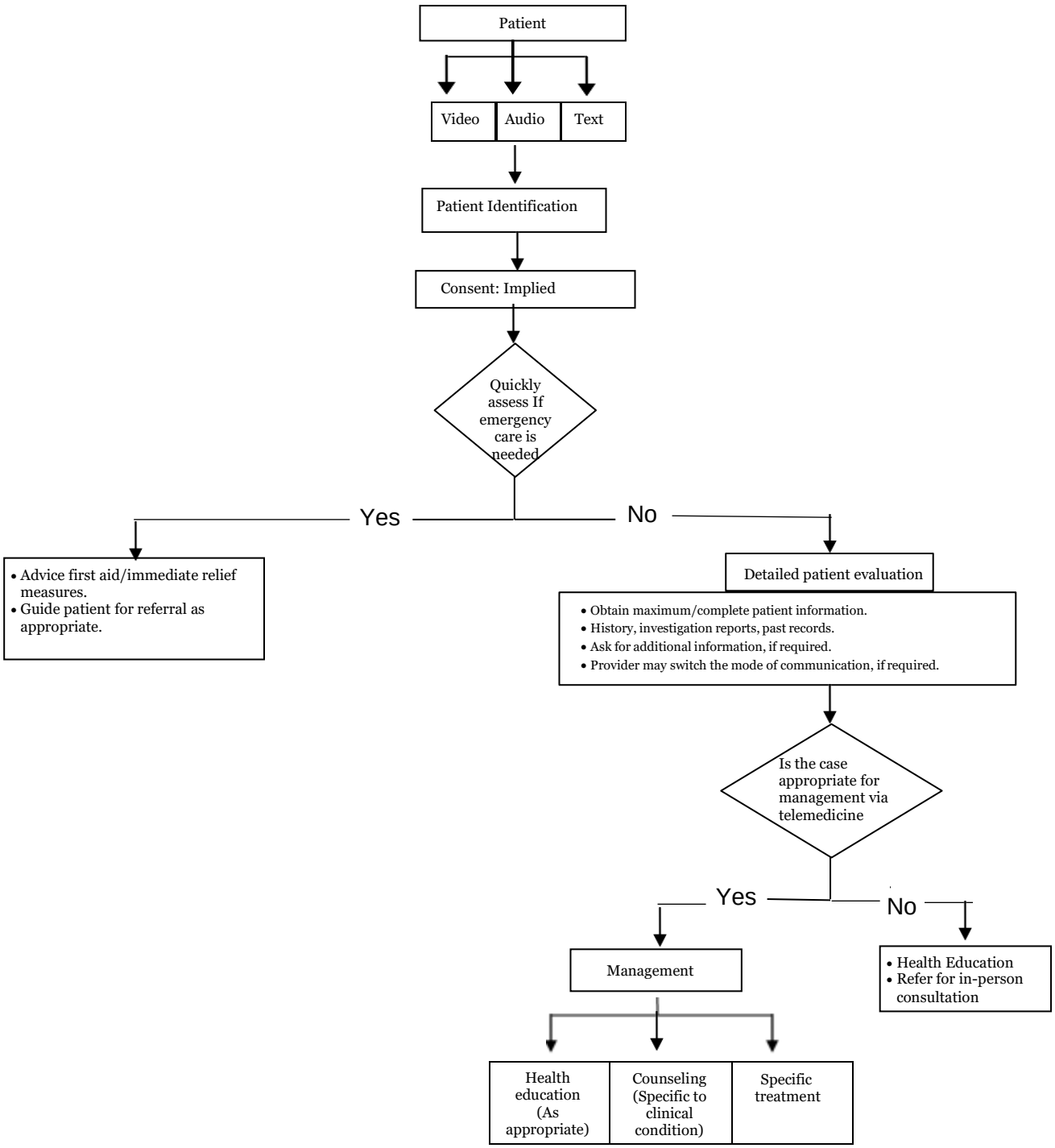

Figure A.1 - First consult: Patient and Provider Flowchart

Annex B (informative)

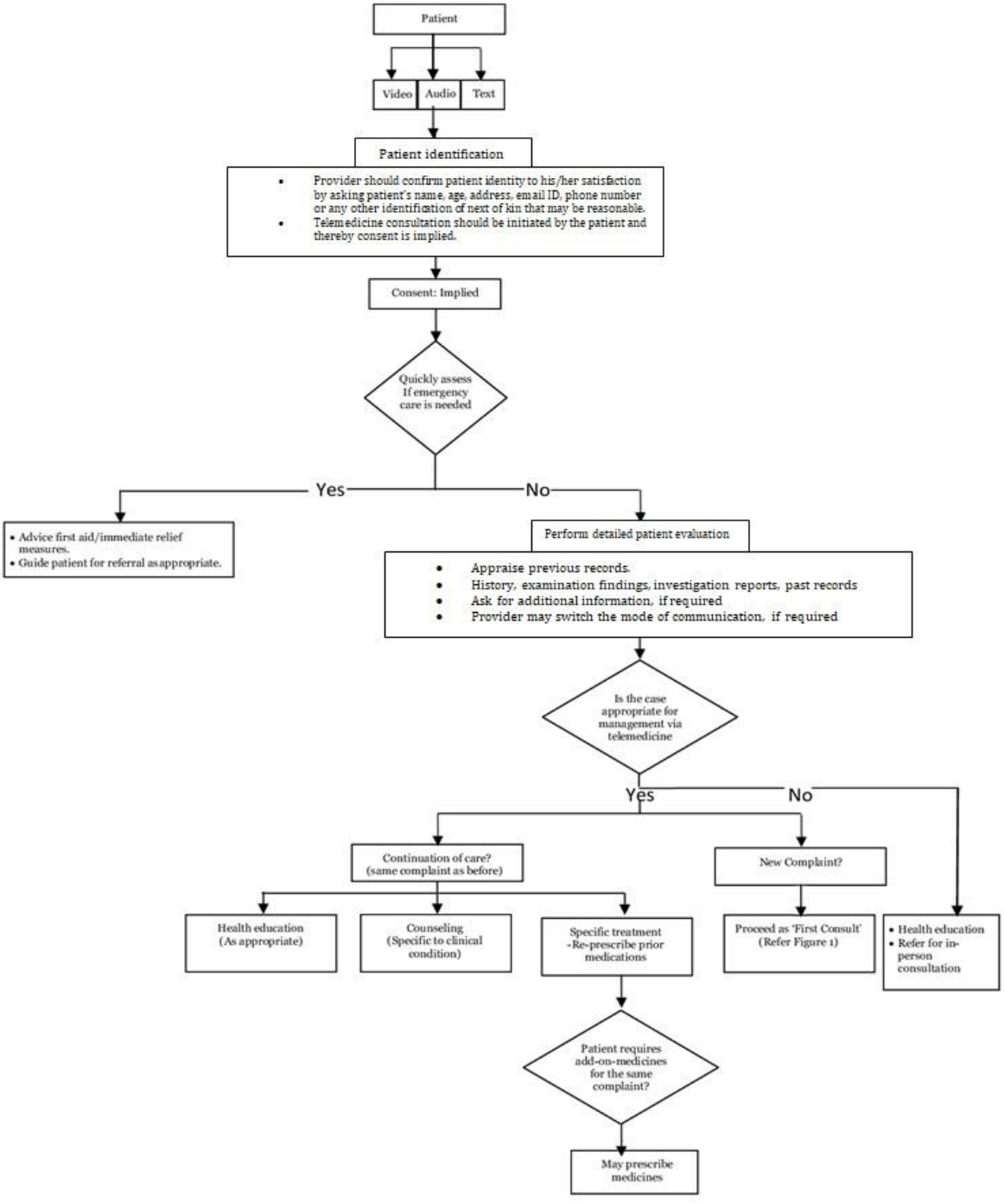

Figure B.1 Follow-up consult: Patient and Provider Flowchart

Annex C (informative)

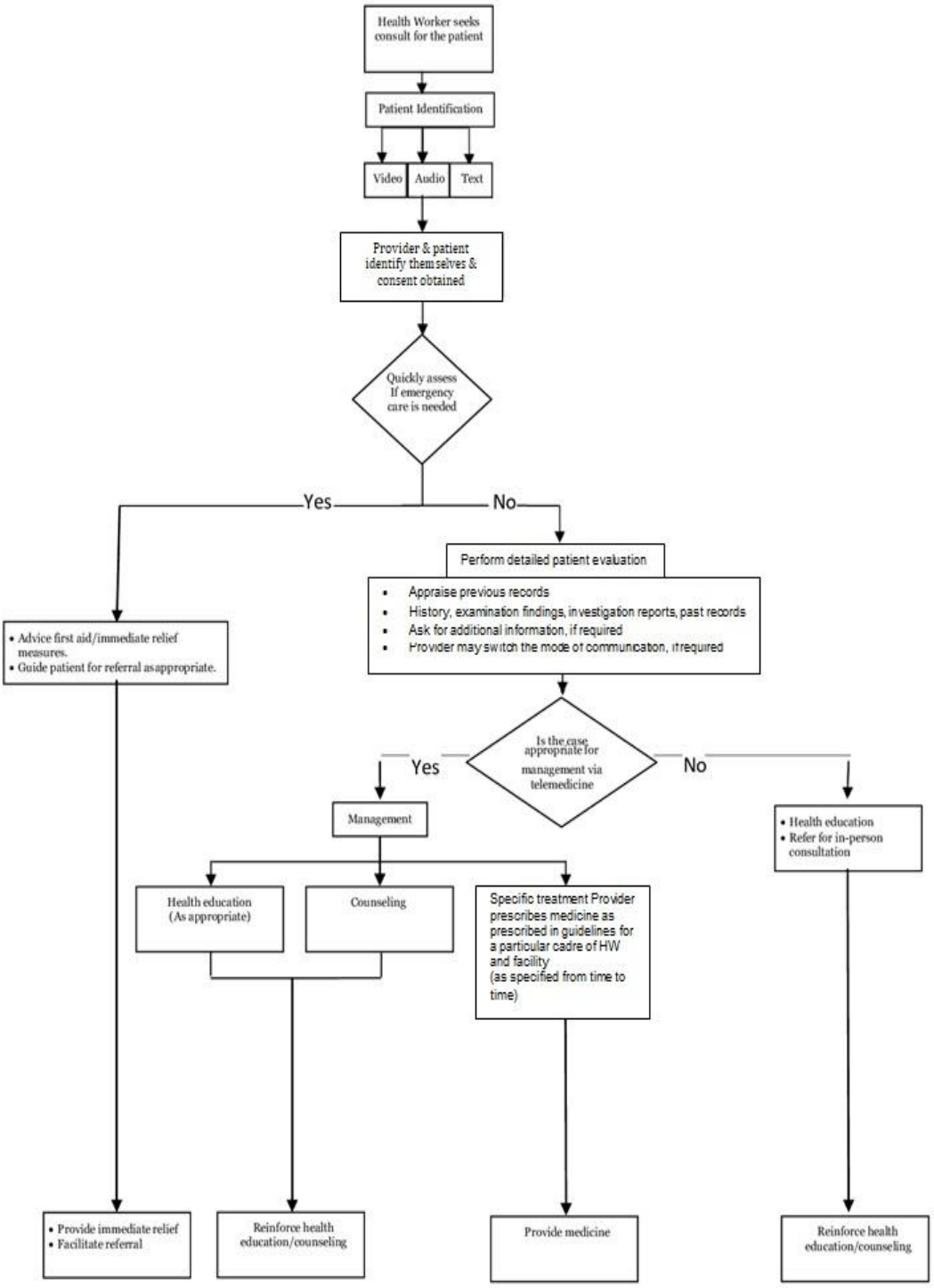

Figure C.1 Health Worker (HW) and Provider Flowchart

Annex D (informative)

Advantages of Telemedicine

The policy advocacy should therefore encourage practitioners to consider the use of telemedicine as a part of their normal practice as well as in disasters and pandemics which pose unique challenges to provide healthcare which will help to treat patients without exposing doctors and their staff to infections at the time of such outbreaks.

The telemedicine practice can prevent transmission of infectious diseases reducing the risk to both doctors and patients by avoiding social contact. Thus, health systems that are invested in telemedicine will be in a position to ensure that the patient with COVID-19 like infectious diseases receive health and medical care they need in a safe, timely and affordable manner.

ADVANTAGES OF TELEMEDICINE:

- Provides rapid access to medical practitioners who may not be available in person.
- Maintains records and documentation. Written documentation increases legal protection of doctors as well as patients.
- Reduces the burden on secondary health care system when effectively used.
- Useful for regular routine checkup on continuous monitoring. Telemedicine provides patient's safety as well as doctor's & health worker's safety, especially in situations where there is a risk of contagious infections. A telemedicine visit can be conducted without exposing staff to viruses/infections at the time of such outbreaks.

NOTE It is to be noted that unlike other technologies, the technology used for telemedicine has some risks, drawbacks & limitations, which can be mitigated through appropriate training, enforcement and periodic updating of standards, protocols & guidelines from time to time. These guidelines should be used in conjunction with the other traditional national clinical standards, protocols, policies and procedures.

Standards Council

The Standards Council is the controlling body of the Bureau of Standards Jamaica and is responsible for the policy and general administration of the Bureau.

The Council is appointed by the Minister in the manner provided for in the Standards Act, 1969. Using its powers in the Standards Act, the Council appoints committees for specified purposes.

The Standards Act, 1969 sets out the duties of the Council and the steps to be followed for the formulation of a standard.

Preparation of standards documents

The following is an outline of the procedure which must be followed in the preparation of documents:

1. The preparation of standards documents is undertaken upon the Standard Council's authorization. This may arise out of representation from national organizations or existing Bureau of Standards' Committees of Bureau staff. If the project is approved it is referred to the appropriate sectional committee or if none exists a new committee is formed, or the project is allotted to the Bureau's staff.

2. If necessary, when the final draft of a standard is ready, the Council authorizes an approach to the Minister in order to obtain the formal concurrence of any other Minister who may be responsible for any area which the standard may affect.

3. The draft document is made available to the general public for comments. All interested parties, by means of a notice in the Press, are invited to comment. In addition, copies are forwarded to those known, interested in the subject.

4. The Committee considers all the comments received and recommends a final document to the Standards Council

5. The Standards Council recommends the document to the Minister for publication.

6. The Minister approves the recommendation of the Standards Council.

7. The declaration of the standard is gazetted and copies placed on sale.

8. On the recommendation of the Standards Council the Minister may declare a standard compulsory.

9. Amendments to and revisions of standards normally require the same procedure as is applied to the preparation of the Original standard.

Overseas standards documents

The Bureau of Standards Jamaica maintains a reference library which includes the standards of many overseas standards organisations. These standards can be inspected upon request.

The Bureau can supply on demand copies of standards produced by some national standards bodies and is the agency for the sale of standards produced by the International Organization for Standardization (ISO) members.

Application to use the reference library and to purchase Jamaican and other standards documents should be addressed to:

Bureau of Standards Jamaica
6 Winchester Road
P.O. Box 113,
Kingston 10
JAMAICA, W. I.