Telemedicine – Position Statement

The NZMA acknowledges that workforce shortages, ever increasing demand for health services and changes in technology mean that a range of telecommunication systems can – and already do - have a role to play in the delivery of health care, particularly for less complex services where the doctor considers a face-to-face consultation is not necessary. This type of consultation does not, however, replace care where the doctor considers a face-to-face consultation is necessary in order to provide the best care for the patient and in compliance with quality and safety standards for patient care.

Where a medical practitioner chooses to incorporate on-line and other forms of telecommunications consultations into their patient care – **and those communications go beyond a simple communication by email or telephone**, the following principles, should apply:

The provision of such consultations systems and/or services must;

- only be used as an adjunct to normal medical practice;
- only replace services where the quality and safety of patient care is not compromised including where they provide access to medical care services in areas where such services are otherwise unavailable;
- not replace face-to-face consultations where the provision of quality care requires a face-to-face consultation;
- incorporate the ultimate right of the doctor to determine whether consultation or provision of specific advice or care on-line is appropriate in any circumstance;
- incorporate the ultimate right of the doctor to determine whether or not he/she will provide any medical care to any patient on-line;
- ensure that medical records reflect the content of on-line consultations as with any other medical record;
- normally only be available to patients that have an established relationship with the doctor or the practice. The NZMA does not support the provision of on-line consultations between medical practitioners and patients where no established relationship exists unless there is no practical alternative or where they are employed to access medical care services in areas where such services may otherwise be unavailable;
- reflect, in associated protocols or guidelines, that the duty of care remains unchanged;
- where offered to patients with an established relationship with the doctor or practice be underpinned by signed patient agreement to strict written terms and conditions for eligibility to use that also outline the limitations on the type of care that will be provided through the system and the right of the doctor to determine whether the provision of any advice or care through such a system is inappropriate;

- provide for the registration of all patients who wish to use the system with access based on a minimum of user name and password. The NZMA encourages the use of stronger authentication mechanisms;
- be compliant with appropriate standards around hardware and software, secure transmission of data and communications, including appropriate encryption.

Communication with Patients

It is important that medical practitioners providing telemedicine services are familiar with appropriate video/telephone behaviours as well as the technology and are able to multi-task (i.e., use equipment and stay focused on the patient). Issues such as being aware of and accommodating the limitations of video/audio and providing service from a distance are fully appreciated.

Prior to the first encounter the medical practitioner should determine to the best of his/her ability each patient's appropriateness for, and level of comfort with, telemedicine. S/he should also provide patients with education/orientation to the telemedicine process and cover communication issues prior to their initial telemedicine encounter.

Standards/Quality of Clinical Care

Medical Practitioners should use existing clinical practice guidelines, whenever possible, to guide the delivery of care in the telemedicine setting, recognizing that certain modifications may need to be made to accommodate specific circumstances (e.g., the lack of ability to touch or directly examine a patient.

As clinical practice guidelines are health discipline specific, any modifications for the telemedicine setting should first be approved by the discipline's clinical governing body or association.

Clinical Outcomes

Medical practitioners who choose to provide telemedicine services should institute relevant programmes to determine clinical effectiveness, (e.g., diagnostic accuracy, validation of diagnostics, appropriateness of service delivered, information provided, referrals made, patient safety, patient satisfaction, acceptability, and reviews of complications, morbidity, and poor outcomes) as well as indicators of efficiency of service (e.g., cost per case, timeliness, accessibility, elimination of patient transfer/travel, and waiting time).

MCNZ – Statement on Internet and Electronic Communications

The Medical Council of New Zealand has produced a statement on the use of the Internet and Electronic Communications which focuses on the medical practitioners obligations in using these services. NZMA fully endorses this statement.
http://www.mcnz.org.nz/portals/0/Guidance/Use%20of%20the%20internet%20and%20electronic%20communication.pdf

Patient Confidentiality

Medical practitioners need to take such steps as may be necessary to protect patient confidentiality. This should include creating some confidentiality guidelines covering issues of:

- site security;
- maintenance of store and forward records, including photographs and videotapes;
- employee confidentiality agreements for all staff associated with the telemedicine encounter;
- technical security of the technology being used;
- establishment of security and ownership of patient record;
- basic information to be given to the patient at each encounter such as the name of the person/medical practice, location and type of health professional they are speaking to, as well as all other individuals party to the encounter; and
- secure patient's consent to obtain, use, disclose and transmit information (e.g., permission to fax/send information to hospital or family physician).

Informed Consent

Although services are provided in a different format from that in face to face encounters, the rules regarding informed consent still apply. Prior to the offering of services In any telemedicine encounter therefore the general practitioner should provide the patient with information regarding:

- the name, profession and practice name and location of the medical practitioner;
- who is participating in the encounter;
- the process of such an encounter;
- how the technologies work and what is involved in any specific application (where applicable);
- potential risks and benefits;
- the choice to decline participation and alternatives available;
- contingency plans should technology fail or be insufficient for clinical diagnosis/management (where applicable);
- how care will be documented;
- security, privacy, and confidentiality of information;
- who is responsible for ongoing care; and
- the patient's right to withdraw consent at any time.

Informed consent should be obtained prior to specific telemedicine encounters such as: robotic or invasive treatment, videotaping and/or recording of the encounter, use of information for promotional/media events, patient photography, and other medical acts that would normally require written consent in the traditional health care setting.

The consent process should be integrated with existing consent processes / documentation.

Use of Telemedicine Services Based Overseas

NZMA is aware that in some instances medical practitioners are utilising the services of doctors based overseas. This seems to occur in one of two ways:

a) A New Zealand medical practitioner contacts a medical practitioner based overseas. The overseas medical practitioner is either known to the New Zealand doctor personally or s/he is recognised internationally as an expert in his/her field.
b) The medical practitioner relies on medical services provided by a third party. For example a DHB contracts out the provision of after hours radiology services to an organisation based overseas.

Both of these situations pose problems for the doctor and his/her patient, but is most acute in the second situation as the doctor in that situation has minimal control. Firstly the medical practitioner requesting the services of an overseas doctor remains responsible for any treatment and other decisions or recommendations given to the patient, regardless that s/he relied of the overseas doctor. Further, the Code of Health and Disability Services Consumers Rights applies only to medical practitioners subject to New Zealand law. This means that the New Zealand based Doctor is at risk of being the sole subject of any complaint or competency action which may arise from the care provided.

We understand the Medical Council is taking steps to address the issue of the liability of doctors based overseas for advice given to New Zealand medical practitioners. Until this occurs, and unless the doctor seeking the advice has knowledge of the quality of the work provided by the medical practitioner based overseas, NZMA advises extreme caution to New Zealand medical practitioners using such services.

Given the vulnerable position reliance of advice or medical services provided by an overseas third party leaves both patients and general practitioners, NZMA believes that before a DHB or other government funded organisation contracts this out internationally, they should first have exhausted all possibilities of this being provided in New Zealand. They also need to clarify to both the patient and the medical practitioner what their respective rights and risks are.

Finally in any situation where a DHB or other health service chooses to outsource the provision of medical advice or services to a third party overseas then they need to establish some clear contractual guidelines governing the provision of advice or services. While we have no definitive view on what needs to be covered an excellent starting point on what to cover is provided by RE Ashcroft and PR Goddard in their article *"Ethical Issues in Teleradiology"*, British Journal of Radiology 73 (2000) 578-582. These include

- Clear contracts between the user and provider of the advice or service, specifying minimum standards of training, and possibly recognising minimum standards of accreditation. The standards would include language skills, medical qualification and (in the case of radiology services) interpretation of radiological images and notes;

- Clear contractual undertakings by both parties regarding liability, insurance and negligence;
- Appropriate total quality management standards, which are regularly reviewed and implemented and which include both the user and the provider in the loop;
- Clear and binding financial arrangements between parties, specifying the level and type of service to be provided.
- A commitment by all parties to the highest international standards of data protection and patient confidentiality;
- Contractual obligations on the information service provider to agreed standards of reliability and security of data transfer;
- A commitment by the professions to regular technology assessment, including economic evaluation;
- The establishment of regular teleconferencing to replace clinicoradiological meetings;
- Debate within the profession and with public participation, about the impact of telemedical technology on professional standards, values, quality of work and the experience of working.

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