



## Telehealth Overview

### **Executive summary**

The use of medical information exchanged from one site to another via electronic communications to improve patients' health status is becoming more common in the South African Healthcare system

Closely associated with telemedicine is the term 'telehealth' which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services.

Practitioners making use of digital tools to provide telehealth services to patients and healthcare users need to be aware that the HPCSA has revised its ethical guidelines, notably booklet 10 to address this emergent therapeutic approach to health services.

All the ethical, legal, and professional requirements of registered healthcare practitioners remain unchanged when providing telehealth consultations, in that a practitioner must conduct themselves in the manner appropriate for their registration and limit their therapeutic interventions to their registered scope of practice.

The use of appropriate technology platforms, including video and voice functions is essential to adequately examine, diagnose, and support a patient using technology enabled devices.

Care must be taken to consider the patient will receive treatment, access medication and necessary ongoing health care support and how necessary monitoring will take place. Risks occur where practitioners misuse technology or use inappropriately enabled digital tools in a manner that results in an incomplete, missed, or delayed diagnosis and/or leads to poor clinical outcomes because of delays in accessing the correct treatment.

In the above cases, it is likely that the 'reasonable practitioner test' will be applied to see if the practitioner acted in a manner consistent with their training, skills, and circumstances.

### **Introduction**

The World Health Organisation defines telemedicine as ***"the delivery of health care services, where distance is a critical factor, by all healthcare professionals using information and communications technologies for the exchange of valid 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"***.

Telehealth and telemedicine are often used interchangeably and may be defined according to four functional elements: 1) providing clinical support; 2) connecting users from different locations; 3) making use of information and communication technologies; and 4) orientation to health outcomes. Developments in remote monitoring and sensor technology have further advanced telemedicine practice providing applications for diagnosis, disease surveillance and treatment support.



For the purposes of clarity and simplicity telehealth can be the science and technology enabling healthcare to be delivered locally and remotely in a world progressively adopting digital tools while telemedicine involved the ‘art of doctoring’ and the provision and fulfilment of healthcare related services to patients on-site and remotely.

Within the South African healthcare system, the HPCSA, in booklet 10, has resolved that a more inclusive term to accommodate all relevant professions, namely, **telehealth**, be used going forward. Telehealth can contribute to achieving universal health coverage by improving access for patients to quality, cost-effective, health services wherever they may be. It is particularly valuable for those in remote areas, vulnerable groups, and ageing populations.

The objective of Telehealth within the South African healthcare system is to deliver healthcare services at a distance, especially to South Africans residing in under-served areas. The system was established to alleviate the human resource crisis as experienced and is geared to improve the links and communication between developed and undeveloped healthcare facilities and different categories of healthcare practitioners

Digital health should be an integral part of health priorities and benefit people in a way that is ethical, safe, secure, reliable, equitable and sustainable. It should be developed with principles of transparency, accessibility, scalability, replicability, interoperability, privacy, security, and confidentiality.

Digital health will be valued and adopted if it: is accessible and supports equitable and universal access to quality health services; enhances the efficiency and sustainability of health systems in delivering quality, affordable and equitable care; and strengthens and scales up health promotion, disease prevention, diagnosis, management, rehabilitation and palliative care including before, during and after an epidemic or pandemic, in a system that respects the privacy and security of patient health information.<sup>1</sup>

### Reimagining Healthcare

Using technology in the therapeutic environment of your practice enables personalised care by allowing the clinician to be more precise about patients. Data accessibility can provide secure 360° access to patient information to all persons in the care environment and deliver information through user-friendly tools to facilitate patient education and interaction.

Care teams can be empowered by allowing them to communicate and collaborate through a single secure place, which integrates data, clinical systems, medical devices, apps, and electronic health records. Health practitioners can gather data from all sources, including remote devices, to provide timely alerts, interventions, and personalised treatment plans.

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<sup>1</sup> WHO 2020; Global Strategy on Digital Health 2020-2025 pg.8



Using technology effectively can lead to Improved clinical and therapeutic outcomes by integrating predictive insights and linking on-site and remote diagnosis and treatment within existing therapeutic systems.

This is likely to create proactive treatment and wellness plans while promoting patient compliance with care pathways and medication and strengthening patient confidentiality.

### **The Reasonable practitioner**

The reasonable practitioner test uses the benchmark or most likely standards of behaviour that can be applied to the actions of a practitioner in terms of the care of their patient. This is a legal standard and represents community [medical association, society, college] standards of behaviour.

This concept was first applied in common law in 1837 and is based on the principle that the reasonable practitioner [person] is not an average or typical person as an average person is not always guaranteed to be reasonable.

In the context of patient care, the reasonable practitioner test is used to determine negligence in the way in which the practitioner applied their expertise, skills, and training to the care of their patient. The question asked is “what would another practitioner, with the same or similar training, in the same or similar situation be expected to have done and would they have got the same or a similar outcome”.

### **Legislation and regulations**

In all instances, practitioners must be informed of and comply with the legislated and regulatory requirements for health care practice. These are contained in the SA Constitution [not limited to] section 9, 12 and 27, the National Health Act, Health Professions Act plus the HPCSA regulations and ethical guidelines pertaining to practitioner conduct and patient care. Here we draw special reference to, but not limited to, booklet 1,2,3,4,5,9 10 &16.

### **Scope of Practice**

As outlined in Booklet 10 of the HPCSA ethical guidelines, the use of telehealth and telemedicine should remain consistent with the registered scope of practice and demonstrable skills of each practitioner. Practitioners need to be aware of the practical and technological requirements and in certain instances limitations of the devices, technologies, and appropriateness of using them when considering adopting and applying telehealth and telemedicine within their practices.

### **Professional conduct**

This obligation as outlined in Booklet 1& 2 of the HPCSA ethical guidelines extends throughout the professional practitioner patient relationship and extends both to their therapeutic conduct with their



patient and to the extended health care practice management and administrative environment in the management of all personal data collected from patients and other persons as related to patient. Practitioners must remain skilled and current with CME and CPD in clinical, ethical, and general categories. Additional training and upskilling may be necessary for the safe use of technology driven tools for diagnosis, treatment, and monitoring of patients. Certificates of competence may be required in the future.

### **Informed Consent**

Medical misadventures are known to occur and do so in the form of adverse events and complications. These risks are expanded in the use of emerging technologies and where monitoring and therapeutic devices are used. [examples of glucose/insulin devices; pacemakers; SPO2 monitoring can be included here]

When deciding on whether to adopt or expand a practice's telehealth interventions a practitioner is reminded that informed consent remains vitally important whereby, in addition to the current treatments, risks, alternatives and costs which must be shared with the patient, new risks contemplated as a result of either remote diagnosis or remote therapeutic care need to also be discussed [examples of monitoring or measurement devices failing or poor synchronisation of the device with the practitioner's digital tools].

These risks may include circumstances where the practitioner may have a limited ability to examine a patient due to bandwidth, connectivity, technology platform or appropriate setting challenges. Other barriers to effective case history or physical examination may include the environment where the patient is located, privacy issues affecting that area and potentially limited full disclosure of illness or impairment information, lighting and background shadows which may act as distractions and reduce accuracy of an assessment.

Any or all the above situations may lead to an incomplete or partially accurate diagnosis, delay in treatment or incomplete treatment or incorrect treatment.

While informed consent and accurate record keeping do not prevent errors in diagnosis, treatment, and monitoring errors in patients, and will not do so in the use of digitally enabled devices and tools, the requirements for both informed consent and record keeping remain in place in telehealth and telemedicine practices.

Case review of recent claims suggest that the current medicolegal litigation regarding telehealth and telemedicine are related to the above challenges.

### **Technology Eliteracy**

A further area for practitioners to be mindful is that of eliteracy – where a patient, their family members, a healthcare practitioner, or their staff may be lacking in a full understanding of the use of



the technology platform. This may lead to situations where an incomplete case history might be taken, [remote] physical assessment or evaluation may be insufficiently thorough and poorly explained interventions may lead to poor behaviour modification or care compliance from the patient.

The process for conducting a telehealth consultation should be mapped out step by step, written down and staff training should be done, systems should be tested regularly, and monitoring devices calibrated as often as needed to make certain that the technology used to support the telehealth experience is in full and perfect working order.

The usage of social media platforms for the purpose of Telehealth is not desirable. Health practitioners are advised not to interact with patients via social media platforms as a failure to maintain strictly professional relationships with patients could result in ethical dilemmas.

### **Creating the therapeutic environment**

It is recommended that the practice provide accessible ways and means to make the initial appointment via email, short message service (SMS) and online booking system and allocate enough time for telehealth appointments with persons with disabilities and specific needs.

To achieve these outcomes, practice administrators should develop robust and transparent registration processes to identify if an individual has any communication/information needs relating to limited literacy, a disability or sensory loss:

- Record these needs in a clear, unambiguous, and standardized way – electronically or using paper records (administrative systems or documents)
- Ensure recorded needs are 'highly visible' by means of highlight, alert or flagging up in the system. Whenever a service user's record is accessed by other staff members, they should be prompted to take action to communicate appropriately with the service user
- Share information about a service user's communication needs as part of existing data sharing processes, after obtaining patient permission and in accordance with existing information governance frameworks
- Take steps to ensure the service user receives information they can access and are able to understand, because it has been delivered in the way that was requested Brief training/sensitization of healthcare providers on how to use telehealth services when communicating with persons with disabilities should be provided. This can be done through a short tutorial included on the telehealth platform or through other means. For example, healthcare providers should know to use a microphone close to their mouth, e.g., headset with close talk microphone, or microphone alone; speak slowly and articulate, reformulate sentences with simple words



### Limitations to the telehealth consultation

Telehealth is intended to be utilised to replicate physical consultations as far as possible, but not as a substitute. It is desirable that the practitioner shall have established professional relationship with their patient before Telehealth services can be considered, although, this is not a compulsory requirement, depending on existing conditions.

No practitioner may exclusively render professional services through Telehealth.

### General technical requirements

The WHO has the following general technical requirements for a practitioner to consider when setting up and establishing the telehealth environment, these include:

1. The functioning of the telehealth platform should be compatible with assistive devices such as screen readers or Braille keyboards, removing barriers for people who are blind or visually impaired
2. Colour contrast and screen magnification shall be available to allow people to view images and text on the screen during virtual visits.
3. Services using telephone calls shall be accessible for a person with vision impairment who cannot access the digital platform
4. “Telehealth apps” should avoid processes that require downloading specific software onto devices, specific platforms, different passwords and variable software development or support when possible
5. Videos included on telehealth platforms should not include background music as it makes it difficult to listen to relevant information
6. Ambiguous wording and inaccurate descriptions in videos should be avoided
7. Video conferencing shall provide captioning and a monitored chat box that has volume control provisions along separate windows
8. Text messaging shall be included as a service to be used when the video or audio are not working well along with the chat box. Text messaging shall be set up to allow text communication to and from patients
9. Remote sign language interpretation or a video remote interpretation (VRI) system should be implemented and made available to persons who are deaf and hard of hearing as a standard part of telehealth services
10. Videos on telehealth platforms should include clear subtitles (easy to read and large font size) and avoid background music as it makes it difficult to listen to relevant information
11. The screen used for telehealth should be large enough for lip-reading
12. Platforms should include voice synthesizers and/or text to-speech generators which can communicate what people with speech impairment say
13. The controls of virtual visit applications should not be too restrictive in size, so that users with physical challenges will not have difficulty using the fine motor movements required to operate the platform



14. The telehealth platform shall not explicitly require fine motor coordination e.g., double clicking which is difficult instead of single clicking
15. Key documents and information provided by healthcare provider should be provided in accessible formats, such as in easy read formats
16. The telehealth platform should avoid using complicated user interfaces and language that are difficult to understand and providing inadequate guidance on how to complete tasks
17. The telehealth platform shall explain the measures implemented to ensure that usage and data remain safe, private, and secure to avoid negative thinking regarding the possibility of related undesirable consequences
18. The telehealth platform should avoid scrolling or using menu options to access information as much as possible. The telehealth platforms shall allow for more than two people to participate in a meeting, e.g., people who provide personal support to persons with developmental and intellectual disabilities should be able to attend their meetings with healthcare providers

### **Monitoring devices**

Telehealth risks also extend to providing patients with remote monitoring devices. Calibration of medical devices is needed, and patients may need to be educated and supported in testing the device before using it, accurate home-based use is essential when monitoring and care devices are prescribed or supplied. Training manuals and or instructional videos should be prepared and made available. On time sharing of data between the device and the practitioner is essential to ensuring to getting the correct bioinformation on time to support ongoing appropriate care or make the needed changes to care.

Educational material should be prepared and given to patients, their families and health care providers in the use of medical devices and the importance of remote monitoring and timely reporting in ensuring high quality limited risk care.

In this regard, the practitioner needs to be aware of the obligations and requirements placed on them by the Consumer Protection Act. All parties involved from manufacturer to distributor to clinical can be potentially held responsible if a device is used incorrectly, is not calibrated, or fails for any reason.

### **Personal information and Privacy**

The collection, processing and storage of patient personal information, its transmission to other practitioners and its preservation are important considerations for practitioners. The HPCSA ethical guidelines, notably but not limited to Booklet 5 [disclosure and confidentiality] and Booklet 9 [record keeping] remain valid for appropriate record keeping as do the National Health Act, POPI act, and PAIA act.



### **Billing and Coding**

As with any form of therapeutic environment and operating practice, the manner that coding and billing are done needs to remain consistent with the commitments made between practitioners and patients and practitioners and funders. Health care providers need to be aware that they cannot exclusively consult with patients using telemedicine and recognise that not all disciplines are suitable for all forms of telehealth practice.

### **Medical Professional Indemnity for telehealth**

Currently all the larger medical professional indemnity providers have policy extensions to include the use of telehealth and telemedicine in clinical practice. In certain instances, the support for practitioners is at the discretion of the indemnifier and in other instances it is required in terms of the Insurance Act and SA regulations. It remains to be seen how the litigation will occur in circumstances where patients suffer actual harm or perceive that their expectations and rights have not been met through a telehealth encounter.”

### **Closing the therapeutic loop**

Practitioners need to be aware that teleradiology, telemedicine, teleradiology, telerehabilitation and other forms of digitally enabled healthcare may require the patient to present themselves at a physical site to receive healthcare services, support, medication, and other related interventions.

No practitioner can discharge their therapeutic responsibilities without taking the above into consideration.