



TELECONSULTATION: GUIDANCE FOR FILIPINO CLINICIANS

"Teleconsultation: Guidance for Filipino Clinicians" is the second in a series of guidance documents developed by students, alumni and faculty of the Medical Informatics Unit, College of Medicine, University of the Philippines Manila. This document follows the previously released document entitled "*Telemedicine: Guidance for Physicians in the Philippines.*" While the first document attempted to provide answers on who could practice telemedicine including the minimum competencies and equipment needed, this second document discusses how the teleconsultation between a physician and patient can be carried out appropriately, safely and efficiently.

Teleconsultation refers to the consultation done through telecommunications with the purpose being diagnosis or treatment of a patient, with the sites being remote from patient or physician. (Deldar, 2016; Van Dyk, 2014). Telecollaboration between physician to physician or between physician and/or other healthcare professional (National Telemedicine Guidelines of Singapore, 2015) and administrative matters (such as charging and billing) are not included in this guidance.

This document is intended for the following:

- Filipino physicians intending to set up a teleconsultation service in lieu of outpatient clinics during the CoVID-19 pandemic;
- Medical specialty organizations who are preparing specialty-specific guidance; and
- Telemedicine platform developers and providers who support teleconsultations.

Relevant literature and government circulars were reviewed to answer the following questions:

- What are the different types of telemedicine consultations?
Telemedicine consultations can be classified according to mode, timing, purpose of consultation or persons involved.
- How is a virtual physical examination performed?
Being unable to touch the patient, guidance is provided on doing a limited physical examination.
- How can specialties utilize telemedicine?
A limited review of the use of telemedicine by different subspecialties is provided. Specialty organizations are encouraged to draft guidance to suit their particular needs.
- How can we safeguard both the patient and physician in a teleconsultation?
For a safe teleconsultation, ensure quality of care, verify identity of participants, protect confidentiality, obtain consent, prepare contingency plans in case of disconnection and emergencies, document the encounter properly, issue a valid e-prescription, encourage feedback and monitor outcomes.

- What is the workflow in a typical patient-to-physician teleconsultation?
The physician must first prepare the equipment, location, records and secure consent. After communicating an agreeable agenda, conducting the virtual history and physical exam, and getting patient feedback, a summary and plan should be discussed with the patient. Afterwards, the physician should complete the documentation.

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What are the different types of telemedicine consultations?

Telemedicine consultations can be classified according to mode, timing, purpose of consultation or persons involved.

Before initiating telemedicine, the healthcare provider must be satisfied that the patient is suitable for a certain telemedicine service and that the standard of care that will be delivered is reasonable within the limitations of that service. This is determined by context, objectives, and availability of alternatives. It includes taking a holistic view of health literacy and cultural readiness and what would be in the best interest of the patient (National Telemedicine Guidelines of Singapore, 2015; Chaet, 2017; Okoroafor, 2017).

The technology inherent to the chosen telemedicine service dramatically changes the mode of health care delivery. But a strong physician-to-patient relationship must be maintained independent of the modality (Kruse, 2017).

Table 1. Classification of Telemedicine Consultation

Classification		Benefits	Limitations
Mode	Video	If done real-time, it is closest to an in-clinic environment. Easy identity verification. Visual cues and inspection is possible.	Internet quality-dependent. Ensuring privacy is important.
	Audio (Phone call, VOIP)	Convenient and fast. Good for urgent cases. Privacy is ensured. Real-time.	No visual cues. Identification may not be certain, with greater risk for impostors. Not suitable for conditions requiring visual input.
	Text (Messages, SMS, chats, emails)	Convenient. Integral documentation. Second opinions provide context. Can be real-time.	Difficult to establish rapport. No visual or verbal cues. Cannot be sure of the identity of patient or doctor.
Timing	Synchronous (Real-time audio or video)	If video, closest to an in-clinic environment. No delays.	Connection is quality-dependent.
	Asynchronous (Store-and-forward; email, recordings)	Allows easy documentation. Access based on convenience or need.	Identification is document-based. Nonverbal cues can be missed. Delays if not seen immediately.
Purpose	Follow up	Having a prior patient-physician encounter can aid in the success of the virtual visit.*	

	First Consult	As a triage for potentially infectious public health disease to minimize risk of healthcare worker exposure. [□]	All emergency cases must be advised to seek an in-person consult.
Persons Involved	Patient to Physician	Patients can directly contact a physician for any medical complaint and can generate greater engagement with his/her medical condition. [‡]	Depends on the availability of the physician.
	Physician to Caregiver	Caregiver can assist the patient, with guidance from the physician.	Both physician and caregiver must be present.
	Physician to Physician	If the other physician or healthcare professional is at the patient's site, physical examination can be done by proxy, questions can be clarified, and advice can be reinforced.	Patient might not be present. A form of tele-collaboration. [§]
	Physician to other healthcare professionals		"Duty of Care" - roles, responsibilities must be explicitly clarified to ensure accountability for the patient in all stages. ^{***}

Adapted from: Medical Council of India - Telehealth Practice Guidelines (2020)

*American Association of Neurology - Telemedicine and CoVID19 Implementation Guide (2020)

□Doshi, 2020; Hollander & Carr, 2020

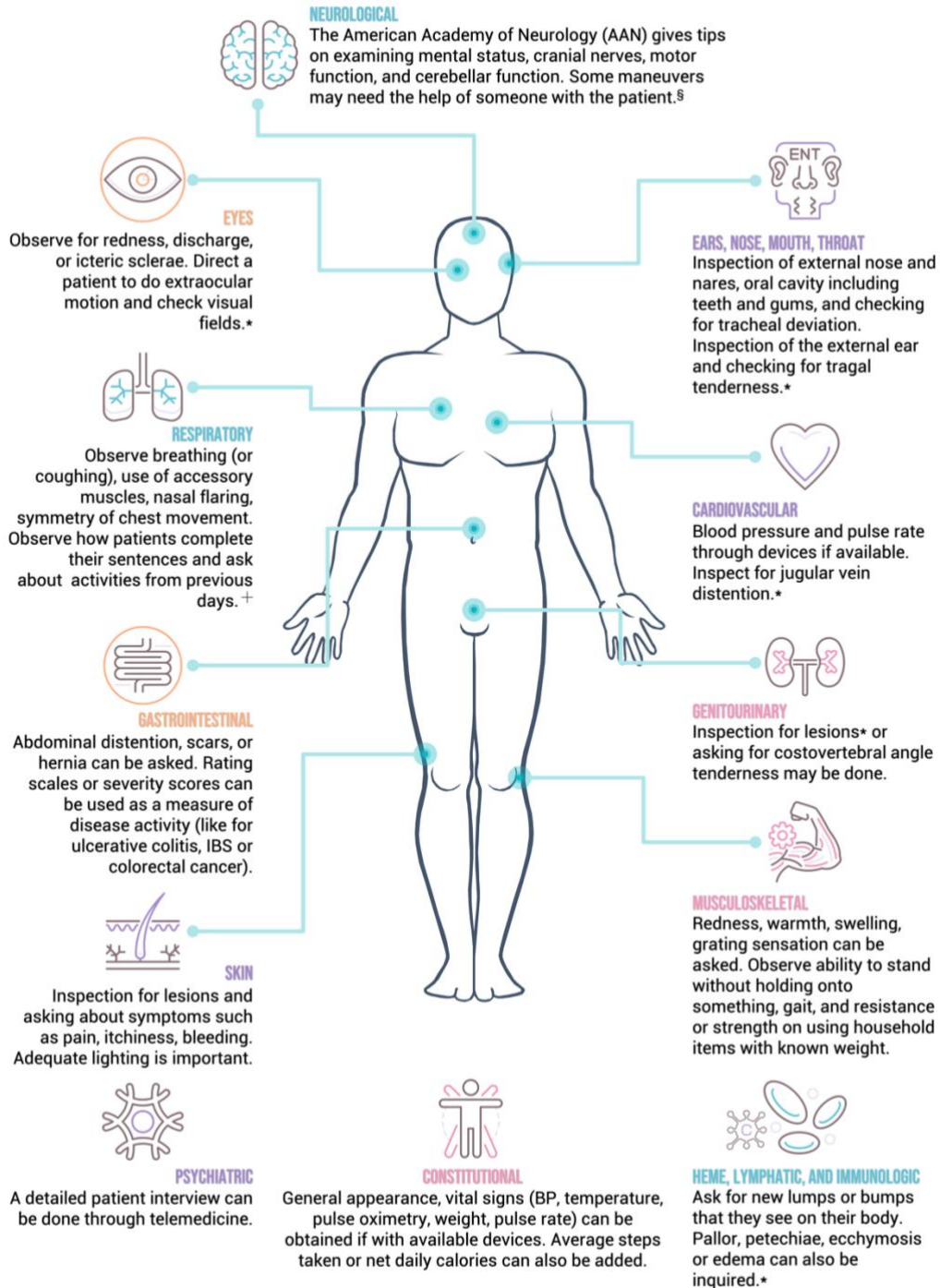
§National Telemedicine Guidelines of Singapore, 2015

.American Health Information Management Association Telemedicine Toolkit, 2017

How is a virtual physical examination performed?

Figure 1. The Virtual Physical Examination

VIRTUAL PHYSICAL EXAMINATION



How can specialties utilize telemedicine?

A limited review of the use of telemedicine by different subspecialties is provided. Specialty organizations are encouraged to draft guidance to suit their particular needs.

Table 2. Specialty Use of Telemedicine

Specialty	Authors	Type of Patients Examined	Type of Technology Used	Outcome Measures Reported ¹
Cardiology	Brunetti et al. (2019)	Outpatient BP, VS, heart failure monitoring, pre-hospital triage, and cardiac rehab	Store-and-Forward (using devices, including implants); Ambulatory BP monitoring	Earlier diagnosis of implantable device defects
Dermatology	Landow et al. (2014) Tensen et al. (2016) Pasquali et al. (2020)	Skin cancer, pigmented lesions, inflammatory and infectious dermatosis Diseases of hair, nails and scalp especially with the use of teledermoscopy	Real-time video consultation/live interactive, asynchronous store-and-forward (SAF) and hybrid of RT and SAF	Reduced travel and waiting time for patients. Improved access of care to underserved patients commonly located in remote areas.
Endocrinology	Greenwood et al. (2017) Hanlon et al. (2017)	Type 1 and 2 diabetes mellitus	Telemonitoring using mobile messaging	Diabetes self-management education and support
Neurology	Hatcher-Martin et al. (2020)	Concussion and traumatic brain injury, dementia, epilepsy, headache, movement disorders, multiple sclerosis, neuromuscular diseases, and inpatient general neurology	Telephone, email, video consultation, patient-recorded video clips, and televideo-enabled administration of disease severity scales	Earlier access to specialized care, reduced patient and caregiver burden, and improved patient satisfaction.
Neurosurgery	Reider-Demer et al. (2017)	Elective neurosurgical cases	Telephone using a standard template	Percentage of patients accepting telemedicine, clinical and functional status, complications, patient satisfaction, patient travel time and

¹ Reported outcome measures varied among the specialties and studies.

				distance, and rates of emergency room care or hospitalization within 90 days of discharge.
Ophthalmology	Salongcay & Silva (2018)	Retinal screening and evaluation for patients with diabetic retinopathy	Asynchronous (image, email, hospital information systems); VPN connections to various clinics from a centralized hub	Increased scope of patients, prevention of complications, and cost efficiency.
Pediatrics	Burke et al. (2015)	Routine stable consultations, pediatric dermatology	Synchronous & store-and-forward consultations	Less school absences, less difficulty with patients who fail to keep appointments, and early treatment was initiated if needed.
Rheumatology	Piga et al. (2017)	Stable patients: rheumatoid arthritis (disease activity, monitoring), fibromyalgia (behavioral therapy), osteoarthritis, and juvenile idiopathic arthritis	Synchronous (video), asynchronous (phone call, email, mobile health apps, and website material)	Decreased travel time and cost and improved access to specialists.

How can we safeguard both the patient and physician in a teleconsultation?

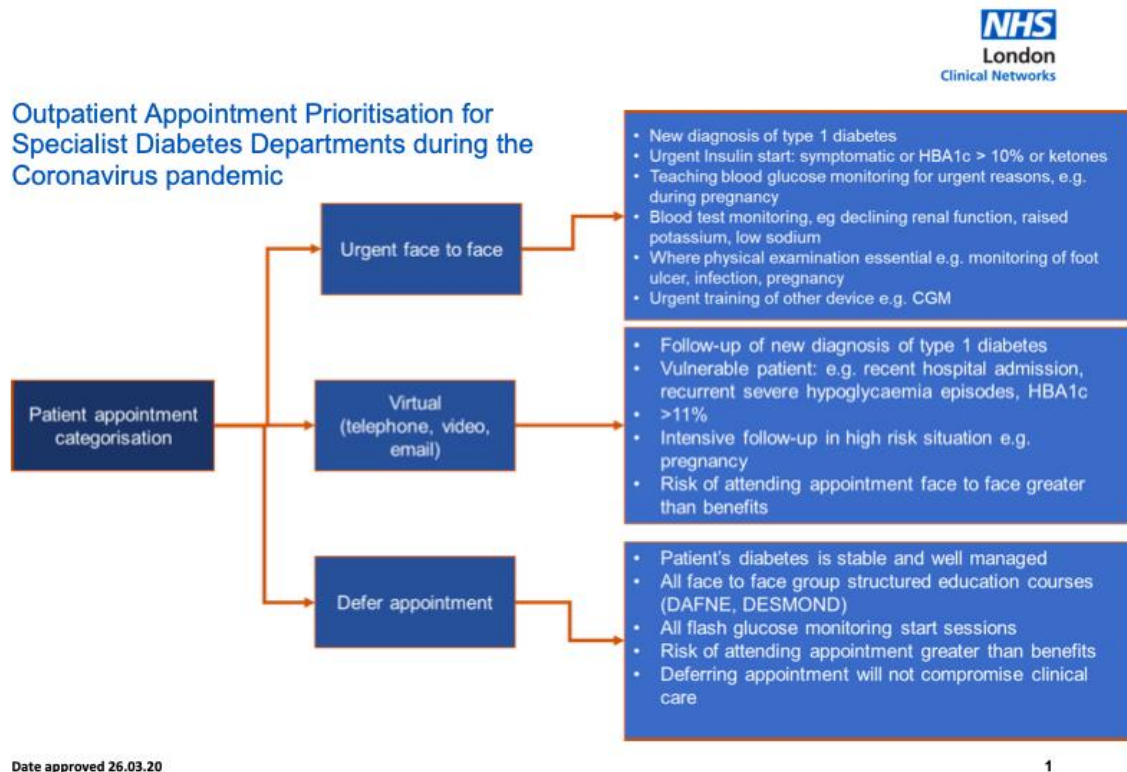
For a safe teleconsultation, ensure quality of care, verify identity of participants, protect confidentiality, obtain consent, prepare contingency plans in case of disconnection and emergencies, document the encounter properly, issue a valid e-prescription, encourage feedback and monitor outcomes.

1. Ensure Quality of Care

The World Medical Association (60th Gen. Assembly, 2009) asserts that “duty of care” is established through a teleconsultation. The physician therefore must ensure that the quality of care delivered through teleconsultation is at the best possible, despite the inherent limitations of the technology. The physician must also be satisfied that the standard of care delivered via teleconsultation is “reasonable.” As determined by the clinical context, clinical objectives and the compatibility of technology to meet those objectives (National Telemedicine Guidelines of Singapore, 2015). Otherwise, the physician should suggest an alternative to teleconsultation.

Medical specialty organizations should develop specific guidance as to which patients can be prioritized for a teleconsultation. Figure 2 below is an example from the National Health Service (London Clinical Network, 2020) for outpatient consultation for persons with diabetes.

Figure 2. Outpatient Appointment Prioritization for Specialist Diabetes Departments during the Coronavirus Pandemic (London Clinical Network, 2020)



Given that teleconsultation is done remotely, physicians must be even more mindful of effective communication and empathy (National Telemedicine Guidelines of Singapore, 2015). To provide a high quality teleconsultation, some tips from the Cleveland Clinic Digital Health Playbook have been adapted below:

Table 3. How to Conduct a High Quality Teleconsultation

Convey value with your welcome	<ul style="list-style-type: none"> • Brief behaviors such as smiling and looking at the camera. • Acknowledge the virtual nature of the interaction. • In addition to identifying oneself, ask patients to introduce family members or other companions in the room.
Introduce the technology for first-time users	<ul style="list-style-type: none"> • Normalize any discomfort with the new modality. • Demonstrate confidence in the technology and reason for modality. • Include instructions on what to do in case of disconnection - the patient's phone number can be noted in the beginning.* • An IT care team if available can assist the patient before the consult.□
Collaboratively set the agenda	<ul style="list-style-type: none"> • Determine mutually agreeable agenda items. • Explain how you will get the information you need for diagnosis and treatment. • This helps set realistic expectations for the patient.
Express Empathy	<ul style="list-style-type: none"> • Non-verbal: Be aware of facial gestures, voice quality and tone. Disable picture-in-picture function and look at the patient. Fidgeting or posture of the doctor can seem exaggerated on camera.§ • Verbal: Give support or partnership statements and validate the patient's experience. Inform the patient when you are occupied such as writing notes or looking at radiologic images or their lab results.
Reflective listening	<ul style="list-style-type: none"> • Summarizing and clarifying questions in case of delay or signal interference.* • Have the patient repeat back what they understand as well.
Provide Closure	<ul style="list-style-type: none"> • Give a clear sign to the patient that visit is coming to a close.*

Adapted from: The Cleveland Clinic Digital Health Playbook - based on the R.E.D.E. Model of healthcare communication.

*Video consultation for GPs - Greenhalgh, 2020

□AMA Telehealth Playbook, 2020

§Gonzales, 2017

2. Verify Identity of Participants

A teleconsultation cannot be made anonymously. Both participants need to know each other's identity. The healthcare professional should verify the patient by means of name, age, birthday, address, phone number as deemed appropriate. The patient must also have access to a process to verify the physician's credentials, especially for new patients (Medical Council of India, 2020). As part of introductions, ask patients to introduce any other companions in the room (Cleveland Clinic Digital Health Playbook, 2020).

3. Protect Confidentiality and Obtain Informed Consent

The physician must ensure the confidentiality of patient data (WMA, 2009). Healthcare providers must comply with existing regulations so that the patient's information is protected. The patient has the right to be aware of how telemedicine devices will be used in their care (Chaet, 2017). In telemedicine facilities with patient portal platforms, there should be authentication features for users and end-to-end security design to be sure of the confidentiality of the communication (National Telemedicine Guidelines of Singapore, 2015).

The patients should be informed adequately of the teleconsultation process and its limitations (WMA, 2009). Obtain the patient's consent at each encounter prior to conducting a telemedicine consultation (American Association of Neurology, 2020; Rheuban, 2018). Consent can be text-based, audio or video messages as stated by the patient to the healthcare provider. This must be documented or recorded in the patient's medical record (Medical Council of India, 2020).

"Implied consent" is not recognized by the National Privacy Commission (Conrad, 2018). The [Data Privacy Act of 2012](#), defines *Consent* in Sec 3.b as "Consent of the data subject refers to any freely given, specific, informed indication of will, whereby the data subject agrees to the collection and processing of personal information about and/or relating to him or her. Consent shall be evidenced by written, electronic or recorded means. It may also be given on behalf of the data subject by an agent specifically authorized by the data subject to do so."

An English and Filipino version of a sample consent for teleconsultation are in the Appendix. In the setting of hospital institutions, consent forms must be approved by the Legal Team and Data Privacy Officer.

4. Prepare Contingency Plans

The American Telemedicine Association recommends that patients provide their full name, date of birth, and contact information including telephone, email and mail contact information prior to the initial encounter. In case of technology fault or failure such as poor Internet connection, the physician should have a contingency plan in place that outlines an alternate method of communication with the patient. This plan shall be communicated to the patient before the start of the initial treatment encounter and may be included in the general emergency management protocol (ATA, 2014). The physician should also always ask the patient if the quality of the video or audio is clear on their end (Greenhalgh, 2020).

In all cases of emergency, as per the judgement of the physician, the patient must be advised for an in-person interaction at the earliest. However, critical steps could be lifesaving. For example, trauma cases should be advised to protect the neck position from spine injury. Based on their professional discretion, they may advise first aid, counsel, and facilitate an in-person referral for escalation of care (Medical Council of India, 2020).

5. Document the teleconsultation adequately

The healthcare provider should use recording tools to create a record of the patient encounter and maintain them for continuity of care. This includes documentation in their medical record, call or text date and time stamps, and photos or video recording if possible (Chaet, 2017; Medical Council of India, 2020).

Audio and video recording will remain optional and subject to institutional rules. If such methods of recording are to be done, the following should first be satisfied:

1. The telemedicine consultant proposing the recording has made the request in advance of the session, express consent has been given (written or verbal and where verbal consent is documented in patient record);
2. Completed consent form has been transmitted to the consulting site;
3. A copy of the consent form is retained in the patient's health record; and
4. Provisions have been made for secure storage of the recording (OTN, 2019).

In compliance with the Data Privacy Act of 2012, all recordings must have been consented to by all parties included in the consultation."

In some telemedicine facilities, audit of "*digital trails*" can be enabled for record keeping purposes (National Telemedicine Guidelines of Singapore). Since it is possible that something may have been missed due to technical inference, before ending the consultation, the healthcare provider should summarize key points and clarify some information (Greenhalgh, 2020).

The WMA guiding principles (2009) also mentions that the patient's understanding and concurrence should be noted in the documentation of the consultation. A standard template phrase can be incorporated in the patient's medical record. In examples from the American Association of Neurology (2020), Bhatt (2020), Humphreys (2020) and Noel (2018), the physician first acknowledges the virtual nature of the visit. Humphreys (2020) emphasized that technological limitations such as signal interference can result in decreased patient satisfaction and harm building of rapport. Documentation of measures adapted to address this matter, such as a phone call backup (Greenhalgh, 2020) or text instructions, may be added to the patient's records.

A summary of the teleconsultation encounter can also be shared via email to the patient. Transparency allows for correction of discrepancies and misinterpretation of history that was elicited. These notes can also remind patients of important next steps such as tests, referrals or immunizations (OpenNotes.org; Bell, 2016). The use of email correspondence should *not* be used to establish a patient-physician relationship but rather to supplement a more formal, personal encounter (AMA Code of Medical Ethics; Bovi, 2003).

A sample template for the patient medical record adapted from the above sources is available at Appendix C.

6) Issue a Valid E-Prescription

e-Prescriptions issued must follow the principles of prescription writing and comply with local guidelines on generic prescribing. Following the principles of prescription order writing (Hilal-Dandan, 2014) helps to avoid dispensing errors. These include writing clearly and legibly, avoiding abbreviations and Latin terminologies, and including the therapeutic purpose in the subscription. Indicating what a particular medication is for helps the patient to understand their prescription better.

Generic prescribing guidelines (Capule, 2010) in the Philippines state that:

1. For drugs with a single active ingredient, the generic name of that active ingredient shall be used in prescribing. For drugs with two or more active ingredients, the generic name as determined by the FDA shall be used in prescribing.

2. The generic name must be written in full but the salt or chemical form may be abbreviated (i.e., Sodium Ascorbate may be written as Na Ascorbate or Sod. Ascorbate)
3. The generic name of the drug must be clearly written on the prescription immediately after the Rx symbol.

According to FDA Circular No 2014-025, pharmacies are only allowed to dispense drugs with a written prescription by a licensed physician or dentist. Due to the CoVID-19 pandemic and the imposed enhanced community quarantine, it has become a challenge for patients to obtain a written prescription. Thus the FDA Circular No 2020-007 was released on March 17, 2020 which defines **Electronic Prescription** in Article IV, Section 5 as “the optical electronic data (captured image in pdf, jpeg, or other photo file format) issued by or made by a licensed physician which is generated, sent, received or stored through email and messaging applications (i.e. Whatsapp, Viber, Line, and Messenger among others). The said electronic document shall contain the medical prescription needed by individuals vulnerable to CoVID-19 and the electronic signature of the licensed physician.” It further states in Article V, Section A that “The electronic prescription is **equivalent** to a written prescription.” The guidelines remind healthcare providers to provide separate electronic prescriptions for antibiotics, antiinfectives, and antiviral medications. There should be a digital signature, name, license number, and Professional Tax Receipt (PTR) number if applicable. A copy of the electronic prescription should be kept in the patient’s medical records.

An advisory from the Dangerous Drugs Board issued on March 18, 2020 also allows the use of electronic prescriptions, which was defined as “photo of the *Special Prescription Form for Dangerous Drugs*, or ordinary prescription form stored in a cellular phone or any electronic gadget.” The electronic prescription shall provide the details of the prescribing physician, the current S2 license number, complete name and address of the patient, date of prescription, generic and brand name of the dangerous drugs to be supplied, the dosage and total number of units or quantity in words and numerical equivalent, direction for use and signature of prescribing physician. There should be a “no-refill” included in the electronic prescription. Records of the electronic prescription should also be kept and reported to the Compliance Service of the Philippine Drug Enforcement agency within seven days after the lifting of the State of Calamity.

The effectiveness of the FDA circular 2020-007 will “automatically be lifted once the imposed quarantine is lifted.” Likewise, the Dangerous Drugs Board Advisory covers the entire country for the duration of the State of Calamity. Thus, healthcare providers must monitor and follow any changes in succeeding circulars once it is beyond that timeframe.

7) Encourage Feedback and Monitor Outcomes

Feedback must be individualized. It may be asked during consultation or through sent questionnaires. Some research indicates that feedback asked at a different time —may be more productive as it allows the participant to consider the encounter without the influence of their current circumstances or environmental factors in a “controllable and less stressful” environment compared to face-to-face (Greenwood, 2017).

An example of a patient feedback form can be seen in a study by Acharya, et. al (2016) where they showed an 80% satisfaction among patients and physicians’ experience with telemedicine. An adapted form of their questionnaire is available at Appendix D and E.

The WMA guiding principles (2009) states that there should be a method for measuring the effectiveness of the teleconsultations and its relation to outcomes, so that future telemedicine

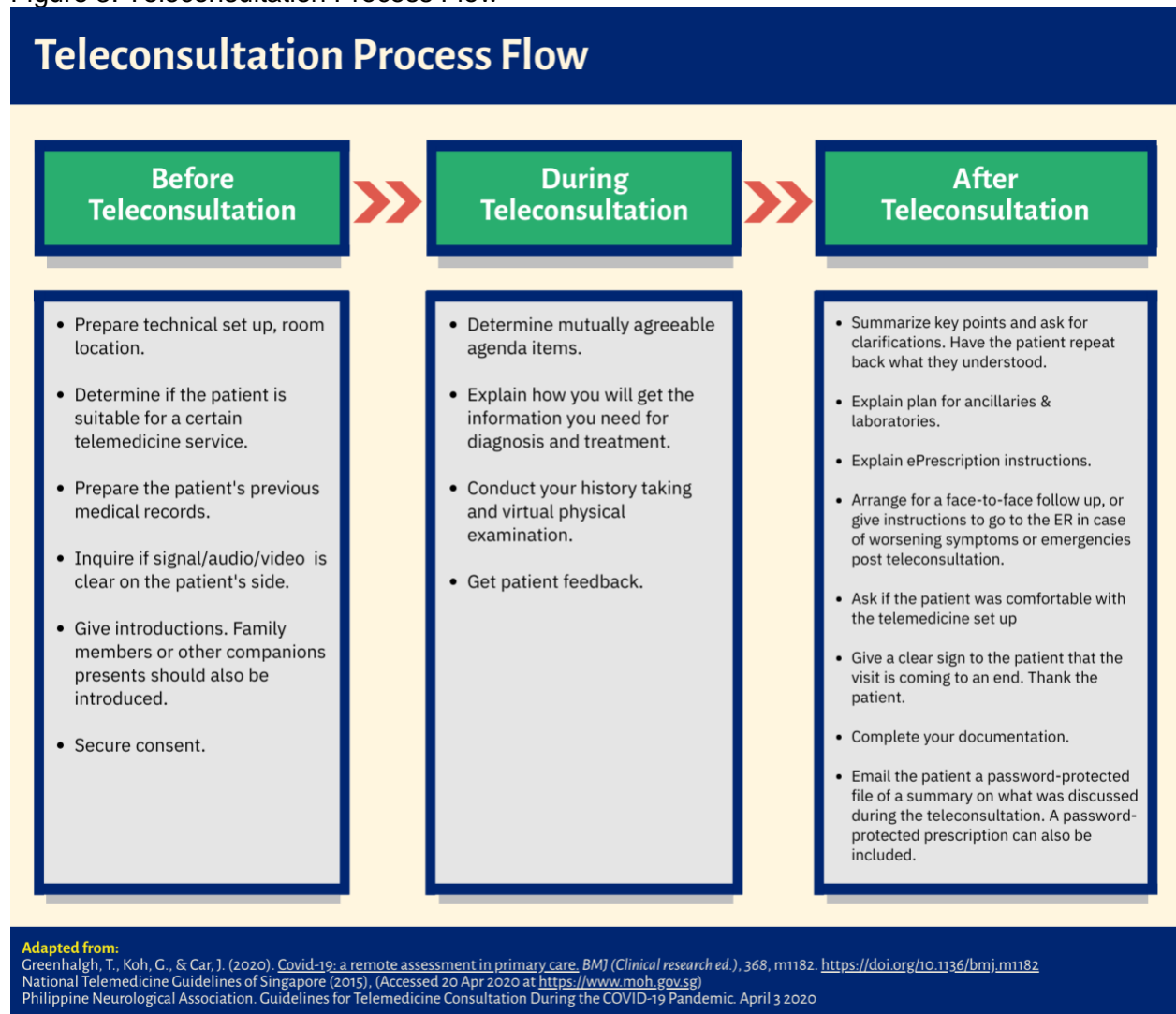
encounters can be regularly refined. Evaluating the impact of the service, as these new practices continue to evolve, can help achieve the best possible outcomes (National Telemedicine Guidelines of Singapore, 2015).

What is the workflow in a typical patient-physician teleconsultation?

The physician must first prepare the equipment, location, records and secure consent. After communicating an agreeable agenda, conducting the virtual history and physical exam, and getting patient feedback, a summary and plan should be discussed with the patient. Afterwards, the physician should complete the documentation.

Developing a workflow (Figure 3) to follow before, during, and after each consultation can help create a positive experience for the healthcare provider and the patient. A positive experience can lead to better patient engagement and outcomes.

Figure 3. Teleconsultation Process Flow



Appendix A - Sample Consent Form for Teleconsultation [English]

Consent Form for Telemedicine Consultation

Patient Name: _____ Birthday (MM/DD/YEAR): _____

Age: ____ Address: _____ Cellphone No: _____

Email Address: _____ Medical Record No: _____

Introduction and Purpose:

Telemedicine is the use of telephone, cellphone, computer or electronic gadget that will enable me as a patient to communicate with my doctor/s for the purpose of diagnosis, treatment, management, education and follow-up care when a face-to-face consultation is not possible. Telemedicine consultations may involve live two-way audio and video, patient pictures, medical images, patient's medical records and other things that may be pertinent to the consultation. Electronic systems will utilize network and software security protocols to protect patient identity, privacy and confidentiality and to safeguard data and prevent corruption of data against intentional or unintentional corruption.

By participating in this teleconsultation, **I acknowledge that a physician-patient relationship is formed at my request.**

Nature of the telemedicine consultation: It was explained to me by my doctor that a video conferencing technology will be used to conduct a telemedicine consultation. I understand that as in the face-to-face consultation, I will be asked to give my history, share my laboratory test and imaging results and other documents pertinent to my concerns. Moreover, I may be asked to show certain body parts as may be considered important to form a diagnosis. This is in view of the fact that my doctor will not be in the same room as I am and would not be able to perform the necessary physical examination on me.

Benefits: Through the use of telemedicine, I will obtain a medical evaluation and impression of my condition. I may receive guidance on monitoring my condition and the next steps to do should my condition change, specific prescription on what to take, instructions on what laboratory and imaging tests to do.

Potential Risks: I understand there are potential risks in using this technology, including technical difficulties, interruptions, poor transmission of images leading to misdiagnosis and consequently mistreatment, no access to paper charts or medical records, delays and deficiencies due to malfunction of electronic equipment and software, unauthorized access leading to breach of data privacy and confidentiality.

All consultations are considered confidential but given the nature of technology, I understand that despite using appropriate measures, my doctor cannot guarantee the safety of my personal data from data hacking. Therefore I cannot hold my doctor liable for any data that may be lost, corrupted, destroyed or intercepted or the illegal use of my data arising from a breach in security.

Data Privacy and Confidentiality: I agree to share my personal data with the clinic or hospital staff of my doctor in order to facilitate scheduling of my consultation and for billing purposes. I

agree not to record in video or audio format nor divulge the details of my consultation in compliance with the Data Privacy Act of 2012.

Rights: I have the right to:

1. Ask non-medical staff to leave the telemedicine consultation room.
2. Terminate the telemedicine consultation and the physician-patient relationship at any time.
3. Obtain a copy of the information obtained and recorded during the telemedicine consultation.
4. Be assisted by a family member or caregiver in the setup of the telemedicine at home and to answer some questions.

Limitations: The clarity of the images, audibility of the sound, the speed of the internet, the presence of background noise all affect the quality of the telemedicine consultation. Physical examination as done in the usual face-to-face consultation is not possible and is therefore a big limitation to the process of making a diagnosis.

In case of an urgent concern, it is my doctor's responsibility to refer me to the nearest hospital in case he or she deems my concern to be urgent and would warrant immediate action and management by doctors. My doctor's responsibility ends with the conclusion of the telemedicine consultation.

By signing this consent form, I hereby declare that:

I have read this form and that I fully understand what is stated here.

I was given the opportunity to ask questions and my questions were answered.

I have discussed these with my doctor and

I fully understand the risks and benefits of telemedicine consultation as they were shared in a language that I can understand.

Signature of Patient/Legal Representative

Date

Time

CONSENT FOR DOCTOR TO RECORD THIS TELECONSULTATION:

In addition to the above, my doctor asked me to give a separate consent to make a video recording of the teleconsultation because according to the Health Privacy Act of 2012, all medical records whether in electronic and/or paper format, must be stored for at least 15 years. My doctor explained that this is similar to keeping my data in paper charts in the clinic or in the electronic medical record. I understand that this is done to help in my ongoing or future healthcare. I trust that my doctor will do his best to keep it safe from theft, corruption, loss, illegal use or sharing in social media.

I sign this to give my consent for videorecording of the teleconsultation.

Signature of Patient/Legal Representative

Date

Time

Appendix B - Sample Consent Form for Teleconsultation [Filipino]
(Halimbawa ng Form para sa Pagpayag o Pagbibigay-pahintulot ng Pasyente)

Pangalan ng Pasyente: _____ Kaarawan (MM/DD/Year): _____ Edad: _____

Address/ Tirahan: _____ Numero ng Cellphone: _____

E-mail Address: _____ Medical Record No: _____

Pagpapakilala at Layunin:

Ang Telemedicine ay ang paggamit ng telepono, cellphone, computer o elektronikong gadget kung saan bilang pasyente, ako ay mabibigyan ng kakayahan upang makipag-usap sa aking doktor/mga doktor para sa pagtukoy ng aking posibleng sakit (diagnosis), lunas na gagawin o ibibigay (treatment), pangangasiwa o pagbantay (management), pagbibigay-kaalaman (education), at pangangalaga pagkatapos ng mga unang pagpapagamot (follow-up care) sa pagkakataong hindi posible ang konsultasyon o pag-uusap na harapan o magkasama sa parehong lugar (face-to-face consultation). Maaring gumamit ang telemedicine ng sabayang usap at video (two-way audio and video), larawan ng pasyente, imaheng medikal (medical images), talaang medikal ng pasyente (patient's medical record), at iba pang bagay na mahalaga para sa konsulta. Ang mga gagamiting sistemang elektroniko ay may angkop na hakbang pangseguridad (security protocols) sa network at software upang mapangalagaan ang impormasyon sa identidad o pagkatao, pribadong buhay, at iba pang kaalamang hindi basta-bastang ipinagkakatiwala sa iba (identity, privacy, and confidentiality), at upang mabantayan din ang datos at pigilan ang pagkasira (corruption) nito laban sa sinasadya o di-sinasadyang pagkasira o pagkabura.

Sa paglahok sa ganitong teleconsultation, **tinatanggap at kinikilala ko na may nabubuong isang kasunduang doktor-pasyente (physician-patient relationship) na ako mismo ang humiling.**

Mga katangian ng Konsultasyong Telemedicine: Ipinaliwanag sa akin ng aking doktor na gagamit ng teknolohiya ng video conferencing para isagawa ang konsultasyong telemedicine. Nauunawaan ko na tulad ng konsultasyong harapan o nasa parehong lugar, tatanungin ako sa aking mga dating naging sakit o karamdaman (history), ibabahagi rin ang mga dokumento tulad ng laboratory test, imaging result, at iba pang may mahalagang kaugnayan sa aking kalagayan. Dagdag pa dito, maaaring ihiling na maipakita ko ang ilang bahagi ng aking katawan na may maitutulong para makabuo ng diagnosis. Binabanggit ito dahil ang aking doktor ay hindi nakapuwesto sa parehong silid kung saan naroon ako at hindi niya direktang magagawa ang mga kinakailangang pisikal na pagsisiyasat (physical examination) para sa akin.

Benepisyo o Ambag: Sa tulong ng telemedicine, makakakuha ako ng ebalwasyong medikal at impresyon o pag-unawa sa aking kondisyon. Maaari akong mabigyan ng gabay sa pagbantay sa aking kondisyon at sa mga susunod na hakbang sakaling magbago ang kondisyong ito, maaaring mabigyan ng preskripsyon sa gamot na dapat inumin o tanggapin, pati ang pagkakaroon ng gabay sa kung ano ang mga maaaring gawing laboratory at imaging test.

Mga Posibleng Panganib: Nauunawaan ko ang mga posibleng panganib sa paggamit ng teknolohiyang ito, kasama ang problemang teknikal, pagka-istorbo (interruptions), hindi magandang paghatid ng imahe na maaring magresulta ng di-angkop na diagnosis (misdiagnosis) at kasalukuyang di-angkop na paggagamot (mistreatment), kawalan ng access sa pisikal na kopya ng paper charts/medical records, pagkaantala at mga pagkukulang dulot ng maling paggana (malfunction) ng mga kagamitang elektroniko at ng software, o hindi pinahintulatang (unauthorized) access na magiging dahilan sa pagkasira (breach) ng data privacy at confidentiality.

Itinuturing bilang pribado o confidential ang lahat ng konsultasyon pero dahil sa mga katangian ng ginagamit na teknolohiya, nauunawaan kong sa gitna ng mga isinagawang angkop na hakbang, hindi masisigurado ng doktor ang kaligtasan ng aking personal na datos mula sa pagnanakaw rito (data hacking). Dahil dito, hindi ko ipapasa sa aking doktor ang pananagutan (liability) sa anumang datos na mawawala,

mabubura, o masisira o mananakaw, maging ang iligal na paggamit ng impormasyong magmumula sa isang security breach.

Pribadong Datos at Impormasyong Hindi Basta-basta Ipinagkakatiwala sa Iba: Sang-ayon akong ibahagi ang aking personal na datos sa mga kawani sa klinika o ospital (clinic or hospital staff) ng aking doktor upang mapasimulan at maisagawa ang pagtatakda ng schedule sa aking konsultasyon at upang maproseso ang pagkuwenta ng mga bayarin (billing). Pumapayag akong hindi i-record sa anyo ng video o audio gayon din ang pagbabahagi sa iba ng mga detalye tungkol sa aking konsultasyon bilang pagtugon sa Data Privacy Act of 2012.

Mga Karapatan: May karapatan akong:

1. Hilingin ang mga non-medical staff na umalis sa telemedicine consultation room.
2. Tapusin ang telemedicine consultation at ang kasunduang doktor-pasyente sa anumang oras.
3. Magkaroon ng kopya ng impormasyong nakuha at naitala mula sa konsultasyong telemedicine
4. Matulungan ng isang kapamilya o caregiver para mag-set-up ng telemedicine sa sariling tahanan at para sumagot sa ilang katanungan.

Mga Limitasyon: Ang linaw ng mga imahen o larawan, linaw ng tunog, bilis ng internet, at pagkakaroon ng ingay sa paligid (background noise), lahat ng ito ay may epekto sa kalidad at resulta ng konsultasyong telemedicine. Ang pisikal na pagsisiyasat na ginagawa sa karaniwang harapang konsultasyon ay hindi posible at dahil doon ay nagiging isang malaking limitasyon o balakid ito sa pagbibigay ng diagnosis.

Sakaling may kagyat o madaliang ikinakabahala: Responsibilidad ng aking doktor ang i-refer o ipatingin ako sa pinakamalapit na ospital sa pagkakataong sa suri niya'y lubhang mahalaga ang aking kalagayan o nararamdaman at nangangailangan ito ng mabilisang tugon at tulong ng mga doktor. Matatapos ang ganitong responsibilidad ng aking doktor sa pagtatapos ng aking konsultasyong telemedicine.

Sa aking pagpirma sa form para sa pagbibigay-pahintulot, ipinapahayag ko na:

Nabasa ko ang form na ito at lubusang nauunawaan ang sinasabi rito.

Nabigyan ako ng pagkakataong magtanong at nasagot naman ang aking mga tanong.

Natalakay at napag-usapan namin ito ng aking doktor at

Lubusan kong naiintindihan ang mga panganib at benepisyo ng konsultasyong telemedicine sapagkat naibahagi ito sa isang wikang nauunawaan ko.

Pirma/Lagda ng Pasyente/ Legal na Kinatawan

Petsa

Oras

PAGPAYAG O PAGBIBIGAY-PAHINTULOT NG PASYENTE SA DOKTOR UPANG I-RECORD ANG TELECONSULTATION:

Bukod sa mga nakasaad sa itaas, humiling ang doktor ko ng hiwalay na pahintulot upang magsagawa ng video recording ng teleconsultation dahil ayon sa Health Privacy Act of 2012, ang lahat ng rekord, maging elektroniko o papel na format, ay nararapat na maitago sa hindi bababa sa labinlimang (15) taon. Ipinaliwanag ng aking doktor na ito ay kahalintulad ng pagtatago ng aking datos sa medikal tsart na papel o sa electronic medical record. Naiintindihan ko na ito ay ginagawa upang makatulong sa paggamot sa akin sa kasalukuyan o sa panghinaharap. Ako ay nagtitiwala sa aking doktor na gagawin niya ang lahat na nararapat na pag-iingat upang ito ay maging ligtas mula sa pagnanakaw, pagkasira, pagkawala, illegal na paggamit o pagbabahagi sa social media.

I sign this to give my consent for videorecording of the teleconsultation.

Signature of Patient/Legal Representative

Date

Time

Appendix C - Sample Teleconsultation Documentation Template

This example template can be used locally as a *reference only* for clinicians developing their own materials with specific needs per individual practice and/or specialty.

Sample Teleconsultation Documentation Template
Patient ID #: _____ Name: _____ Age/Gender/Date of Birth: _____
This is a telemedicine visit using [], due to [<i>CoVID 19, Quarantine</i>] The patient has provided consent to use this technology and understands the risks and benefits of proceeding. [see <i>consent form</i>] I am seeing the patient from [<i>location</i>] and they are at [<i>location</i>]
History:
[Virtual] Physical Exam
[Recent] Laboratory & Ancillaries
Assessment:
Plan: Diagnostic/Therapeutic Follow up Plans: [<i>in-person, if possible</i>]
What were the limitations of today's visit, if any, and what were the measures done to address them?: []
Date, Time and Duration of Teleconsultation: [] Attendees present: [<i>include caregiver or relatives present or if there is another healthcare provider at the patient site (surrogate decision maker)</i>]

Adapted from: American Association of Neurology, 2020; Bhatt, 2020; Humphreys, 2020; Noel (2018)

Appendix D - Patient Feedback Questionnaire

This example template can be used locally as a *reference only* for clinicians developing their own materials with specific needs per individual practice and/or specialty.

Sample Patient Feedback Questionnaire		
Questions	YES	NO
Was the scheduling of appointments easy?		
Did you find the Teleconsultation feasible?		
Did you find the Teleconsultation convenient?		
Are you satisfied with the treatment given through Teleconsultation?		
Would you recommend Teleconsultation to other individuals?		
Did you find any difficulty in understanding the process of Teleconsultation/Telemedicine? If YES, please write below: _____		

Adapted from: Acharya, 2016

Appendix E - Patient Feedback Questionnaire [Filipino]

Halimbawa ng mga tanong para sa komentaryo ng Pasyente		
Mga Tanong	OO	HINDI
Madali po ba ang pag-iskedyul ng <i>appointment</i> ?		
Ang pagkonsulta po ba gamit ang <i>Telemedicine</i> ay possibleng magagawa?		
Ang pagkonsulta po ba gamit ang <i>Telemedicine</i> ay maginhawa ang proseso?		
Nasiyahan po ba kayo sa pag-gamot gamit ang <i>Telemedicine</i> ?		
Irerekomenda nyo po ba ang <i>Telemedicine</i> sa ibang mga tao?		
Nahirapan po ba kayo sa proseso ng pagkonsulta? Kung ang sagot ay OO, pakisulat po sa ibaba kung saan po kayo nahirapan: _____		

Adapted from: Acharya, 2016

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