

PREPARING FOR TELECONSULTATION: GUIDANCE FOR FILIPINO CLINICIANS AND THEIR PATIENTS

Teleconsultation refers to 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). This document is third in the series of telemedicine guidance documents prepared by the faculty, alumni and graduate students of the University of the Philippines Medical Informatics Unit. It follows *Teleconsultation: Guidance for Filipino Clinicians* and *Telemedicine: Guidance for Filipino Physicians*.

This guidance is for:

- Filipino patients who are unfamiliar with the teleconsultation process,
- Filipino physicians who desire to help their patients prepare for a teleconsultation; and
- Medical specialty organizations supporting their members in transitioning to telemedicine

Review of relevant literature was done to answer the following questions:

- How can physicians help patients prepare for the teleconsultation?
Choose which patients will benefit from a teleconsultation. Inform the patients of the hardware, software, internet connection and room/environment requirements. Discuss if the patient will be accompanied during the teleconsultation and if certain maneuvers for physical examination need to be done. Orient the patient of the process flow before, during and after the teleconsultation.
- How can physicians ensure that teleconsultations empower patients and support self-management?
Healthcare organizations may create implementation groups to assist healthcare professionals as part of a digital technology strategy. Teleconsultation with the following may also help: two-way communication, analysis of patient-generated health data, tailored education and individualized feedback. Individualized health coaching and telemonitoring were shown to be of help in management and improvement of some chronic diseases. Multiple touchpoints during implementation can maximize the impact of telehealth.
- How can patients be advised about the limits of teleconsultation?
Patient concerns on technology are usually rooted in lack of familiarity and uncertainty of using technology correctly. These may be addressed by proper explanation and demonstration. Discuss the issue of recording the teleconsultation with patients as doing so without consent can harm the physician-patient relationship. Patients may feel that teleconsultation is inferior as it lacks physical human interaction. Promoting a natural environment may help improve patient perception on teleconsultation. Explaining the intrinsic limitations of telemedicine may also properly set the expectations of the patient.

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Choose carefully which patients will benefit from a teleconsultation. Inform the patients of the hardware, software, internet connection and room/environment requirements. Discuss if the patient will be accompanied during the teleconsultation and if certain maneuvers for physical examination need to be done. Orient the patient of the process flow before, during and after the teleconsultation.

1. Which patients will benefit from telemedicine?

As previously discussed in *Teleconsultation: Guidance for Filipino Clinicians*, it is the physicians who decide which patients can benefit from telemedicine, as long as the standard of care delivered is reasonable within the limitations of that service as determined by the clinical context, objectives, and availability of objectives (National Telemedicine Guidelines of Singapore, 2015; Chaet, 2017). In a scoping review on the use of patient-facing teleconsultations in the UK National Health Service (O’Cathail et al, 2020), most of the patients reported high levels of satisfaction with this service, except in one small randomized controlled trial where satisfaction suffered due to poor audio and image quality. Despite this however, O’Cathail et al cautioned that the data may not be reflective of teleconsultation in real life which may be more inconvenient; and that most patients still prefer the option of a face-to-face consultation as the gold standard. While teleconsultations may be more convenient especially during this CoVID-19 pandemic, physicians should be mindful about the tradeoffs from the patients’ viewpoint such as invasion of privacy at home, limitations in the physical examination and possible awkwardness in the virtual interaction.

Luz (2019) has called for preserving humanism while using telemedicine to improve medical care. He believes that telemedicine will not fully replace traditional care and that the first visit should be in person. The anamnesis, and physical examination is indispensable for the diagnosis and referral or a case. He also advocates for regular in-person re-evaluations. He then enumerates the following circumstances where telemedicine may be useful:

- To reassess or monitor known patients. Such as when to adjust or check for medications adherence, or answer simple questions
- To share information on additional tests, especially when these are normal. The patient does not have to go back to the office just to know that everything is normal.
- To avoid unnecessary hospital visits, such as to get results of simple tests, in which case medical advice can be given at a distance, saving time and discomfort in addition to reducing costs.
- To advise on the choice of specialists for specific cases.
- To reduce hospitalization time - such as when monitoring patients after discharge.
- To facilitate or redirect overwhelmed public healthcare in cases where there is a long waiting for a consultation.
- To help patients in remote regions where there are no access to healthcare resources; such patients can receive general guidance as in cases of diarrhea, fractures, childbirth, trauma and other ordinary situations.

Miller and Derse (2002) also add that new patient-physician relationships online pose more significant risks that must be evaluated in relation to communication, quality, and outcomes. Given the role that nonverbal communication appears to play in conveying empathy, some situations

may seem ill suited to online medical practice. However, this in-person requirement for new visits has been waived during national health emergencies such as the COVID-19 pandemic. (Centers for Medicare & Medicaid Services, 2020; American Academy of Neurology, 2020). In these situations, Chaet (2017) supports that it may not be feasible to receive care in person. When the limited options for a patient are to receive care that may be less than ideal via telemedicine or *not to receive care at all*, telemedicine services can be deemed appropriate even though the physician, patient, or their surrogate, would prefer that marginally superior care be provided in person. With a **temporary** waiving of in-person consult for new visits in favor of allowing new patient teleconsults, more flexibility in healthcare response to the pandemic can be achieved.

2. What are the hardware, software and internet connection requirements for patients?

When the patient is at home, office, or school, the patient would be needing their own mobile devices (with or without camera), landline and/or laptops. If the mode of consultation is video, a landline or cellular phone should still be available in case of disconnection. Patients should be advised to make sure their devices have adequate charge or can be easily plugged to a power source. (Greenhalgh, 2020; Cleveland Clinic Digital Telehealth Playbook, 2020) Speakers or microphones may need to be placed closer to elderly patients for easy adjustment. (Krupinski, 2014)

The patient should also confirm through their physician or hospital of choice on what software/platform will be used. Different platforms may have different set up steps. (Greenhalgh, 2020) Thus, physicians should develop (or source from the platform vendor) a wide variety of patients educational materials to set up. Different patients will have different learning styles. (AMA Telehealth Playbook, 2020)

In order to attain clear audio and video for the teleconsultation, it is recommended that a minimum bandwidth speed of at least 2Mbps be used. This would allow for a resolution of HD720p and a frame rate of 30fps. In a setting where internet connection will be shared concurrently by many users, page 13 of [Telemedicine for Health Professionals](#) provides a table of recommended minimum bandwidths per number of users utilizing the same internet source.

For both Greenhalgh (2020) and Akerman (2020), it could also be helpful to do a demo visit 24 hours prior to the actual teleconsultation. Patients may be also advised to restart their devices before the scheduled visit. This will ensure that the visit can go smoothly. Background processes that could be running or utilizing cameras or microphones can slow devices. Institutions who provide patient portals should consider creating an IT care team for sessions with patients who need IT assistance. (AMA Telehealth Playbook, 2020)

3. What are the room or environment requirements for patients?

Krupinski (2014) considers that most patient sites will be outside of the clinical environment (home, school, office). Thus, it may not always be possible to change wall colors or buy new lighting so easily. But it is possible to advise patients to optimize their environment by selecting a private room that avoids competing sounds from family members, TV or radio. Background clutter should also be minimized. Carpeting can decrease echo. (Major, 2005) The table must not be wobbly or shaking. (Krupinski, 2014; Rheuban, 2018)

When acquiring digital photos, the light sources should be as close as possible to while light, and fluorescent day-light or full spectrum bulbs should be used instead of incandescent. For example, part of the consultation may include instructing the patient to read the labels on the medication or describe the color of the pills. It is thus imperative that they can see clearly to understand it. (Krupinski, 2014) Older patients take longer to adjust to changes in eye levels (ATA, 2017).

4. Who can accompany the patient during teleconsultation?

Aside from meeting with a lone patient, the teleconsultation may instead proceed with a patient companion or caregiver. The Medical Council of India, 2020, defines “patient companion” or “caregiver” as either a family member or an individual authorized by the patient to represent him or herself. Caregivers may be involved in two settings: 1) the patient is present with the caregiver or 2) the caregiver is consulting on behalf of the patient. In the former setting, family members or caregivers may be asked to learn how to use monitoring devices at home, which can influence the healthcare provider’s decision making (Chaet, 2017). In the latter setting, the caregiver may represent the patient if the patient is a minor or if the patient is incapacitated either mentally (ie the patient is suffering from a mental disorder) or physically. Alternatively, the caregiver may also consult on behalf of the patient if there was prior formal authorization or verified document establishing relationship with the patient and/or the patient has provided explicit consent by verifying the caregiver in a previous in-person consult. (Medical Council of India, 2020).

In Telemedicine facilities in the institution or communities, a patient may be accompanied by a trained *telepresenter* which may be a physician or another healthcare professional. (American Telemedicine Association, Glossary, AAN Telemedicine Implementation Guide, 2020) This can be a form of *telecollaboration* (National Telemedicine Guidelines of Singapore, 2015) and will be addressed in another document.

5. Are there maneuvers that the patient has to do since the doctor cannot physically examine the patient?

Patients must be informed that there are limitations to a physical examination done during teleconsultation such as palpation and auscultation (Weinstein et al., 2018). Assessment devices such as blood pressure cuffs or digital stethoscopes would not always be available. To further help in The Virtual Physical Examination found in page 5 of the [Teleconsultation: Guidance for Filipino Clinicians](#), certain maneuvers can be done and additional instructions can be given by the physician to come up with a comprehensive examination using telemedicine. As Sir William Osler has once reminded us; let us not forget our most keen diagnostic tool: a thorough patient history (Showalter, 2020).

As stated previously, adequate lighting should be ensured at the start of the examination (ATA, 2017). A patient’s companion or family member can also be asked to help. Depending on the chief complaint and medical history of the patient, the physician will assess and will then focus further on examining the organ system/s involved.

Table 1. Patient Maneuvers

Organ System	Additional examination/s on the patient or special maneuver/s
Constitutional	Use of electronic communications that collect and send information to foster remote patient monitoring e.g. vital signs or blood glucose levels ¹
Eyes	Eye chart tools to evaluate visual acuity ² Use of flashlight to evaluate reactivity ³
Ears, Nose, Mouth, Throat	Inspection of the external appearance of the ears, nose, (for scars, lesions), color of the lips, mouth, mucosa, symmetry of tracheal position. The patient can also be instructed to palpate sinuses or ears, and do range of movement of the neck (flexion anterior, posterior and lateral) ⁷ Oral Cancer Self-Exam ⁴
Respiratory	Assessment of respiratory effort, such as use of intercostal muscles, pursed lip breathing, sentence completion. Audible wheezing can also be present. ⁷ COPD Assessment Test questionnaires ¹
Cardiovascular	The presence of edema can be observed. Capillary refill may also be instructed to able patients. ⁷ Wearable technology can measure heart-rate variability (HRV) and daily weight monitoring for heart failure patients ¹
Gastrointestinal	Recruit family members/companion to do abdominal examination, assess for tenderness and localize the pain ³
Genitourinary	Testicular self-examination ⁵
Skin	Camera angle perpendicular to skin lesions, use autofocus and several views, show entire anatomic unit if a lesion is present, use tape or press back to show skin changes in hairy areas, and measurement tools as appropriate ⁶
Musculoskeletal	Redness, warmth, swelling can be observed or documented by the patient. Household items with known weight can be made available within reach to use for strength evaluation. The physician can ask the patient to move their joints ³ by making

	them copy range of motion movements. Walking gait, standing station & posture can also be assessed. ⁷
Neurological	Standardized examinations can be administered Range of motion ¹
Psychological	Physical exam are generally limited ¹
Hematologic, Lymphatic, Immunologic	Mobility and firmness of lumps and bumps ¹

Adapted from the following:

1. Ansary, A. M., Martinez, J. N., & Scott, J. D. (2019). The virtual physical exam in the 21st century. *Journal of Telemedicine and Telecare*. <https://doi.org/10.1177/1357633X19878330>
2. Yeung, W. K., Dawes, P., et al. (2019). eHealth tools for the self-testing of visual acuity: a scoping review. *Npj Digital Medicine*, 2(1). <https://doi.org/10.1038/s41746-019-0154-5>
3. Joshi A & Hollander J. Why the Telemedicine Physical is Better Than You Think. *Telemedicine Magazine*. March 9, 2017
4. American Association of Oral and Maxillofacial Surgeons. Oral Cancer Self-Exam. https://www.aaoms.org/docs/media/oral_cancer/oral_cancer_self_exam.pdf
5. Rovito, M. J., Manjelienskaia, J., Leone, J. E., Lutz, M., Cavayero, C. T., & Perlman, D. (2018). Recommendations for Treating Males: An Ethical Rationale for the Inclusion of Testicular Self-Examination (TSE) in a Standard of Care. *American Journal of Men's Health*, 12(3), 539–545. <https://doi.org/10.1177/1557988315620468>
6. McKoy, K., Norton, S., & Lappan, C. (2012). Quick guide to store-forward teledermatology for referring providers. *American Telemedicine Association*, (April), 3. Retrieved from https://accessderm.aad.org/img/ATA_Telederm_Guidelines.pdf
7. Showalter, G. (2020, March 30). Telehealth Physical Exam. Loengard, A., Findley, J. (Eds.). <https://caravanhealth.com/>

6. What is the process flow for patients in a teleconsultation?

It is imperative that the patient is oriented on what needs to be done before, during and after a teleconsultation. A checklist is provided in Appendix A.

A. Before the Teleconsultation

1. Schedule a teleconsultation with his/her physician.

Book a teleconsultation with a physician at a particular time and date convenient to both patient and physician. The patient should have no other activities during the teleconsultation. In scheduling a teleconsultation, the patient must inform the physician regarding his/her limitations (poor internet connection, no available hardware and software), so the physician may look for alternative solutions for his/her concerns (look for nearby hospital/clinic with telemedicine facility). Payment method should also be determined when the teleconsultation is scheduled.

2. Read and sign informed consent

The patient must read carefully the informed consent (page 16 of [Teleconsultation: Guidance for Filipino Clinicians](#)) that will be sent to him/her prior to the teleconsultation. He/she must also know that teleconsultation has several limitations being a remote consultation. He/she must sign the informed consent and send it to his/her physician.

3. Prepare for the teleconsultation

Like any usual consultation, the physician will ask for the patient's history and preparation on the part of the patient is important for a successful history taking. The patient must be able to identify the chief complaint requiring such teleconsultation and the signs and symptoms that may be related to it. These information may be written down in a paper before the actual teleconsultation. The patient may also do some research on his or her signs and symptoms for possible differential diagnosis that may be discussed during the teleconsultation. In this way, he or she can formulate questions in advance that can be asked and clarified during the teleconsultation. In addition, by doing advance reading on the patient's chief complaint, he/she can also do an advanced physical examination that might be relevant to his/her condition. If there are important documents like laboratory and imaging results, these can be sent to the physician ahead of time. Prepare the technical set up and room for teleconsultation. It should be done in a private environment to avoid sensitive patient information being heard or seen by other people. It should also be done in a well-lit location, which is important during physical examination. Check if internet connection, audio and video are all good and working. Also, the patient should still wear appropriate attire as if he/she is going to a normal consultation.

B. During Teleconsultation

4. Come on time

Patients should come to the teleconsultation before the scheduled time because it may take time to set-up and to connect.

5. Full cooperation and Active participation during history taking and physical examination

Patient must identify him/herself to the physician at the start of teleconsultation. History taking and remote physical examination is usually facilitated by the physician but it requires full cooperation of the patient to prevent delay and prolonged teleconsultation sessions. As mentioned above, an intelligent patient prepares for the history taking and physical examination. Patient must be truthful and direct in giving information. It is important to follow every instruction during physical examination.

6. Make notes and ask questions

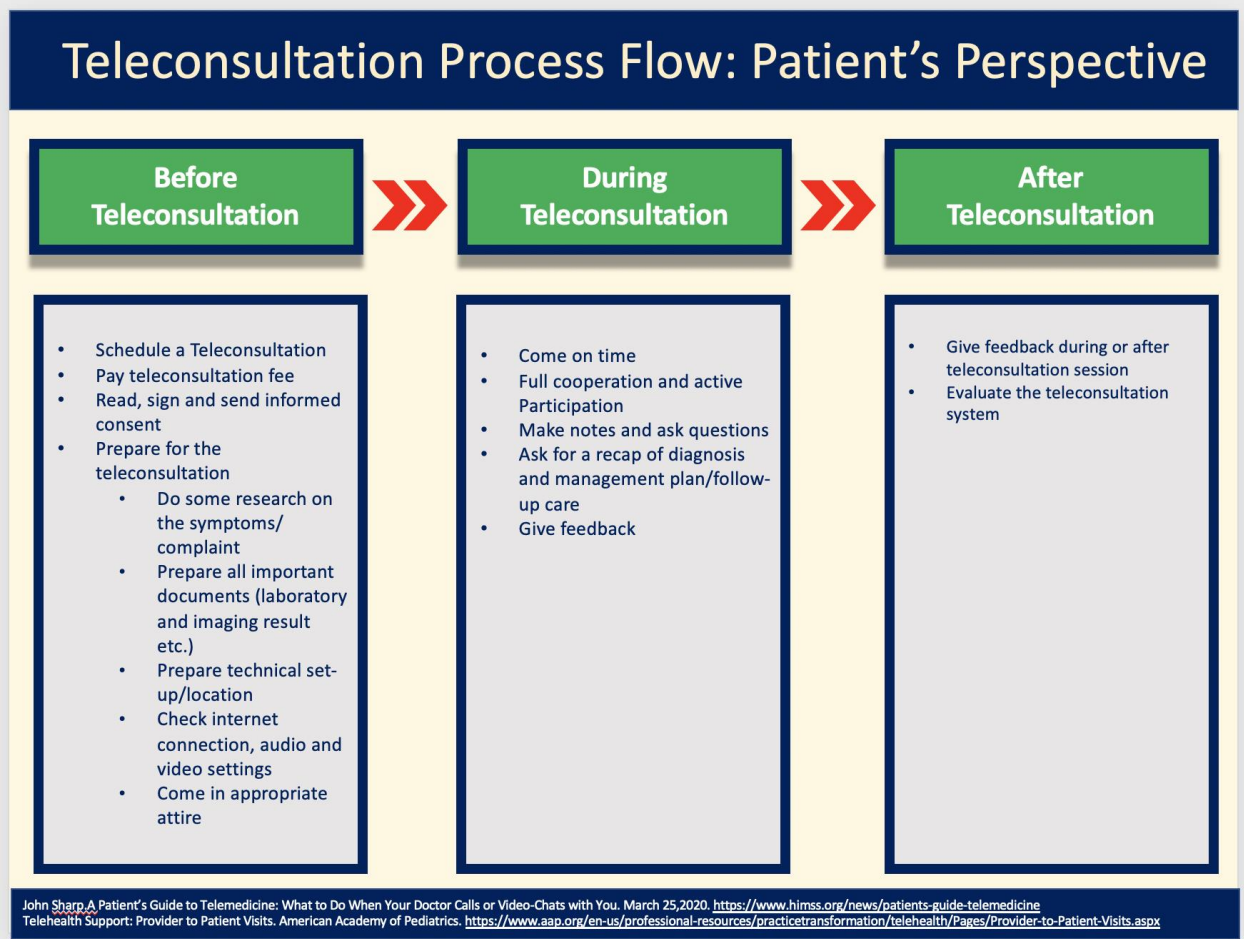
Patient must take notes on the information shared during teleconsultation, so as not to forget important details. Ask questions or clarifications if something is not clear. At the end of teleconsultation, ask the physician for a recap of diagnosis, and management plan and what to do next.

C. After consultation

7. Give feedbacks and evaluation

Feedbacks can be given during or after the teleconsultation sessions. It is important that the patient has an open communication with the physician and should not be afraid to give feedback. Also, the patient must also evaluate the process and system of teleconsultation used, whether it is appropriate for him/her or not.

Figure 1. Teleconsultation Process Flow from the Patient's Perspective



Adapted from:

1. John Sharp. A Patient's Guide to Telemedicine: What to Do When Your Doctor Calls or Video-Chats with You. March 25, 2020. <https://www.himss.org/news/patients-guide-telemedicine>.
2. Telehealth Support: Provider to Patient Visits. American Academy of Pediatrics. <https://www.aap.org/en-us/professional-resources/practicetransformation/telehealth/Pages/Provider-to-Patient-Visits.aspx>.

D. Patient Feedback

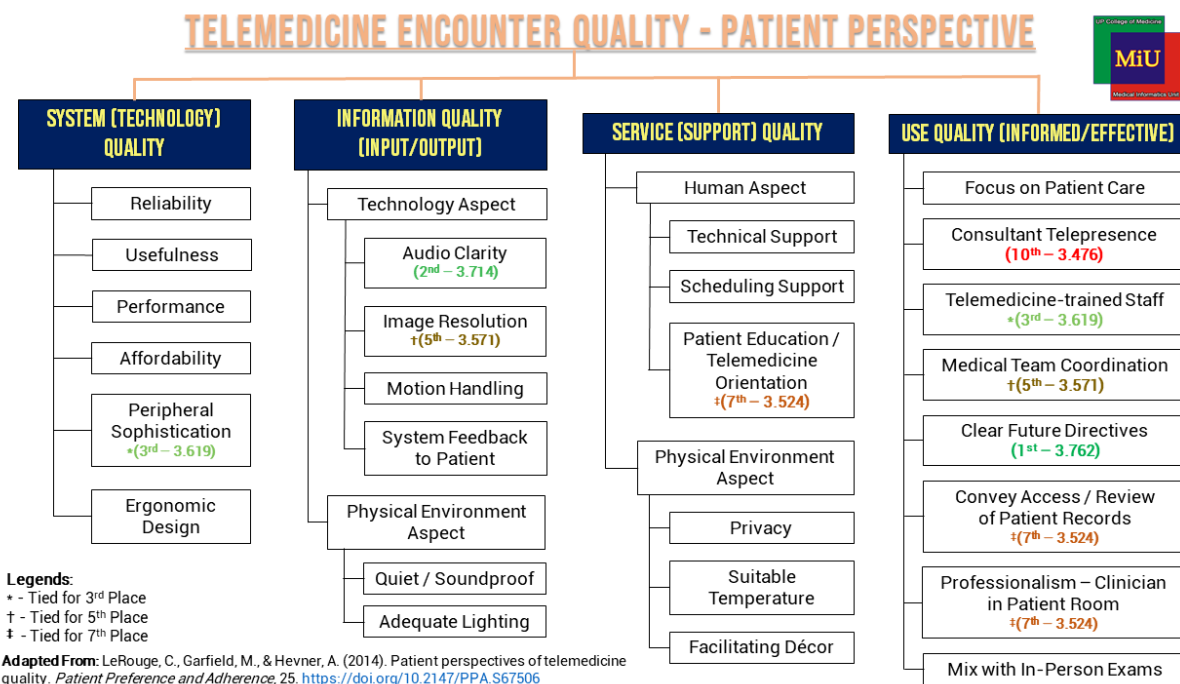
Patients (and caregivers) should be encouraged to provide feedback. So that future telemedicine encounters can be refined and improved. (National Telemedicine Guidelines of Singapore, 2015)

As previously mentioned in the second chapter of the Telemedicine Guidance Document - Teleconsultation for Filipino Clinicians, eliciting patient feedback may help assess patient satisfaction and help evaluate the service in order to achieve the best possible outcome. The importance of maintaining key quality indicators for patient satisfaction should be upheld regardless on how care is delivered (Kruse et al., 2017).

A sample patient evaluation feedback can be seen at the Appendix D (page 21) of [Teleconsultation: Guidance for Filipino Clinicians](#). However, a more comprehensive framework, which is the Telemedicine Service Encounter Quality Model - Patient Perspective, has been developed based on direct observation, focus groups and survey as well as multi-perspective interpretation. Aside from the model, the study has elicited specific attributes which appears to be

critical in a telemedicine encounter by the patients (LeRouge, 2014). These critical attributes are defined by having a mean score of at least 3.5. The model as well as the highest 10 scoring mean attributes are synthesized into one image below.

Figure 2. Telemedicine Service Encounter Quality Model - Patient Perspective



How can physicians ensure that teleconsultations empower patients and support self-management?

Healthcare organizations may create implementation groups to assist healthcare professionals as part of a digital technology strategy. Telemedicine consultation with the following components may also help: two-way communication, analysis of patient-generated health data, tailored education and individualized feedback. Individualized health coaching and telemonitoring were shown to be of help in management and improvement of some chronic diseases. Multiple touchpoints during implementation can maximize the impact of telehealth.

Amidst the CoVID-19 pandemic, teleconsultation is one way to continue access to care. Now more than ever, physicians need to support patients in the self-management of their conditions. Teleconsultations will likely be part of the new normal in the post-pandemic scenario. The AMA Telehealth Playbook (2020) emphasized that a teleconsultation visit can only truly be successful when patients are empowered to use them.

O’Cathail (2020) suggests that healthcare organizations should begin to consider a digital technology strategy and create implementation groups to assist healthcare professionals in integrating technologically associated care into their routine practice. As with any introduction of new technology, they should be reassessed regularly with feedback from key stakeholders. The AMA Telehealth Playbook (2020) echoes this sentiment, by recommending that the value of

teleconsultation should be repeated at multiple points in time to drive patient awareness and continued interest.

Some telemedicine studies have shown a positive impact on a patient's health behaviors. In a systematic review of reviews evaluating technology-enabled diabetes self-management education and support, intervention with following components were most effective: two-way communication, analysis of patient-generated health data, tailored education and individualized feedback. These components should be present in a teleconsultation (Greenwood, 2017).

In the systematic review and meta-analysis by So and Chung, (2018) they found that telemedicine consultations promoted diabetes self-management by patients as manifested by lower glycated hemoglobin and lower 2-hour postprandial blood glucose. Patients were satisfied in that they saved time and saved money for travel. In Kelley et al. telemonitoring of chronic kidney disease patients with tailored text messages of diet-coaching were encouraging patients to self-manage their diet. (Kelly et al., 2019) A 12-week weight management intervention via telehealth significantly reduced weight of cardiac patients compared to a control group as measured by BMI and weight change. (Shumer & Nokoff, 2017) A study on rheumatoid arthritis patients who utilized a telemonitoring web patient portal with questionnaires achieved faster disease remission and higher disease remission rate. It is important to note that in this study, patients were previously trained with the use of the website. (Salaffi et al., 2016) In the meta-analysis of Inglis and colleagues, they found a reduction in mortality among heart failure patients who underwent telemonitoring. (Inglis et. al., 2015) Telephone-based, individualized health coaching was also seen to be cost-effective to conventional management of chronic diseases. The incremental cost-effectiveness ratio (ICER 20,000 euros per QALY) was greatest in type 2 diabetes patients, modest in cardiac patients (ICER 40,278 euros per QALY) and negative in heart failure patients. (Oksman et. al., 2017)

However, there are still inconsistencies in the available studies. Brief telephone intervention was noted to be not significant in reducing the depression of symptomatic lung cancer patients and their caregivers. (Lakhani, 2019) A year-long telemonitoring through coaching of self-monitoring of weight, blood glucose, blood pressure and daily steps compared to conventional management failed to show improvement in quality of life in cardiac and diabetic patients. (Karhula et al., 2015)

Strategically engaging the patient in multiple touchpoints during implementation can maximize the impact of telehealth. Patients must have a clear expectation for the appointment to ensure repeated use and long term success. What to expect, general reminders, tips, FAQs should be incorporated into practice marketing, communications, or featuring education materials in patient portals, newsletters, email and SMS are some suggestions from the AMA Telehealth Playbook (2020).

How can physicians address patients' expectations of the teleconsultation?

Patient concerns on technology are usually rooted in lack of familiarity and uncertainty of using technology correctly. These may be addressed by proper explanation and demonstration.

Discuss the issue of recording the teleconsultation with patients as doing so without consent can harm the physician-patient relationship. Patients may feel that teleconsultation is inferior as it lacks physical human interaction. Promoting a natural environment may help improve patient

perception on teleconsultation. Explaining the intrinsic limitations of telemedicine may also properly set the expectations of the patient.

1. Concerns about technology

A study by Lee, et al (2018) explored perspectives of patients on the use of telehealth in the management of type 2 diabetes. Majority of the interviewed participants were receptive of telehealth as they see technology as part of the modern world. Some of them, however, expressed some concerns related to their lack of familiarity with the technology and uncertainty in using the equipment correctly. It is important to note that these concerns were immediately resolved after explanation and demonstration were provided. There is no doubt that the equipment and devices may be daunting. It is essential, that participants must not be scared off, and that skills required can be taught. (Hjelm, 2005) As mentioned in the previous questions, an IT care team can prove to be helpful for some (AMA Telehealth Playbook, 2020)

Recent advances in technology have allowed the ease of recording devices.(Rodriguez, 2015) However, when an encounter is recorded without consent, the integrity of the trust relationship between patient and physician is harmed. (Rodriguez, 2015; Elwyn, 2017) Section 13 of the Data Privacy Act reminds us that in Sensitive Personal Information and Privileged information, “***all parties*** to the exchange have given their consent prior to processing”. While the HB 8378 amends the RA 4200 (Anti Wiretapping Law) that it would be “***unlawful*** for any person, not being authorized by all party to any oral, wire, radio, digital or electronic private communication to tap (any wire or cable, or by using any other device or arrangement, to secretly overhear) intercept, or record such communication (or spoken word by using a device commonly known as a dictaphone or dictagraph or walkie-talkie or tape recorder or however otherwise described) with the use of any electronic, mechanical, digital or analog phone system or similar devices”. While technology may dramatically change healthcare delivery, a strong physician to patient relationship must be maintained independently. (Kruse, 2017)

2. Concerns that teleconsultation is somehow inferior

Some patients may feel that they are receiving a substandard level of care due to the impersonal nature of telehealth as it lacks physical human interaction (O’Connor, et al, 2016). This sense of depersonalization was also mentioned by Hjelm (2005), as our perceptions on what is seen by the monitors are influenced by watching TV. With this, we refer the readers to pages 14 of [Telemedicine for Health Professionals Guidance](#) & page 9 of [Teleconsultation Guidance for Filipino Clinicians](#), on the suggestions on how to project a natural environment and how to achieve a high quality teleconsultation. (Krupinski, 2014; Gonzales, 2017, Cleveland Clinic Digital Health Playbook, 2020).

Moreover, because teleconsultation relies heavily on visual observation, this limits physicians from performing their assessment completely. Patients with movement disorders, for example, are difficult to assess especially in terms of postural instability and rigidity. Neurological examinations were particularly difficult to perform. (Hanson, et al, 2019). These limitations also need to be communicated to patients prior to even considering a teleconsultation. Some institutions or communities may consider creating a Telemedicine Facility where there can be a proxy examiner or a *Telepresenter*. This will be further discussed in another document.

Appendix – Checklist for Telemedicine Patients

PATIENT PREPARATION SHEET			
<ul style="list-style-type: none"> Healthcare providers can customize the information to reflect the services offered, and make this sheet available at checkout and/or in your patient portal 			
<p>Who are the patients this service is for?</p> <ul style="list-style-type: none"> Eligibility criteria or list of telemedicine appropriate situations depending on the physician / hospital 			
<p>What is the Telemedicine service being offered?</p> <ul style="list-style-type: none"> The patient can discuss with the physician regarding his/her limitations (poor internet connection, no available hardware and software), so the physician may look for alternative solutions for his/her concerns (look for nearby hospital/clinic with telemedicine facility). 			
	Before	During	After
Action	<ul style="list-style-type: none"> Schedule a teleconsultation with your physician at an agreed time and date. There should be no other activities during the teleconsultation. 	<ul style="list-style-type: none"> You may be reminded again about privacy and confidentiality laws, including cybersecurity as is written in the consent form. Remote physical examination will need your full cooperation. If you have a companion, they can assist you and your healthcare provider 	<ul style="list-style-type: none"> You may be asked to fill out a patient feedback form to help your doctor improve the telehealth service.
Environment & Equipment	<ul style="list-style-type: none"> Identify a private and quiet place to set up with adequate lighting. Inform your family or roommates about the scheduled teleconsultation (Health Insurance, 2020; Gordon, 2020) Depending on the mode of teleconsultation agreed upon, you will need a desktop or laptop, a tablet, a smartphone with camera or a telephone. Make sure they are fully charged, or plug them in to avoid power disruptions. Check your video camera, speaker volume and that the microphone picks up your voice clearly. 	<ul style="list-style-type: none"> Close unnecessary programs and notifications on your devices as these might take up bandwidth and affect quality of the call or disrupt the session (University of South California, 2020) In case of disconnection during video consultations, your physician may call or message you to continue the consult. Have pen and paper or note-taking devices where you can take down notes during the actual consultation 	

	<ul style="list-style-type: none"> Learn about the platform or software you and your health care provider agreed on using. Test ahead of the visit, download or install any updates needed. (Iafolla, 2020), (University of South California, 2020). Check your internet speed. Refer to Telemedicine: Guidance for the Filipino Physicians Page 13 for the recommended internet speed If available, have nearby any medical devices your doctor has recommended, such as thermometer, bathroom scale, home blood pressure monitor, and/or glucometer. 		
Documents	<ul style="list-style-type: none"> Digital or printed copy of informed consent to conduct the teleconsultation may have been sent to you ahead of the visit. An example can be found at (Teleconsultation: Guidance for Filipino Clinicians - Page 16) Prepare all available medical records i.e. physician orders, laboratory results, previous prescriptions, over-the counter medications. If prescriptions for the medication are not available, empty medicine bottles or blister packs containing the generic name of the medication would suffice. 	<ul style="list-style-type: none"> You may be asked to verify your identity by showing a government issued ID or other documents. 	<ul style="list-style-type: none"> A summary of the visit may be sent to you
Self-Empowerment	<ul style="list-style-type: none"> Keep a record of your symptoms, when it occurred, what seems to trigger or aggravate them and what alleviates them (Gordon, 2020) Make a list of any chronic conditions you have, a list of medications, vitamins and herbal supplements you are on. List down questions to ask during the consultation. For example: <ul style="list-style-type: none"> What is the diagnosis? Are there medications I need to take? Are there medications I should not take? Or activities or food to avoid? 	<ul style="list-style-type: none"> Write down your doctor's recommendations or treatment plan. If there are medications, take note of the directions on how to take any of the medication. Ask questions or clarifications if something is not clear. Some information may have been missed due to signal interference (Greenhalgh, 2020) Before end the consultation, you can also ask your doctor if you can repeat your 	<ul style="list-style-type: none"> Ask about the follow-up care and next scheduled appointment (Flesher, 2020) (Gordon, 2020)

		notes for to allow them to correct any misunderstanding	
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