Chapter 1.

Consultation Question: Please refer to section 1.6.3. The Telemedicine Guidelines were issued by The Board of Governors of the Medical Council of India (MCI) in March 2020. Stakeholders are requested to go through them and suggest changes to the policy, if any, to ensure the adoption of telemedicine and e-pharmacy. Please note that NHA will act as a coordinator and only forward these suggestions to the appropriate/ concerned ministry.

Comments : It is likely that TM Guidelines have been formulated keeping in view the scenario of RMPs having their own practice or employed with hospitals/clinics or doing telemedicine for aggregators like Practo etc. In all these situations, the doctors have physical clinics of their own.

The guidelines on prescribing limit the prescriptions to an extent that most patients for whom telemedicine can be of benefit will be deprived of it. The guidelines allow for prescribing from Lists A and B only during follow up or as add on to a prior physical consult. There are many situations where the patient and doctor may not meet physically at all (e.g. doctor is in the city and patient in remote area, lockdown situation, doctor works solely over telemedicine and has no physical set up etc.)

Also, there will be situations where patients are unable to obtain access to video calls due to the limitation of bandwidth or the handset. But their disease/condition is fully explainable through history and test reports.

Keeping all these situations in mind, the prescribing guidelines need to be made more liberal while maintaining safety. The doctor can be reasonably sure of the diagnosis by obtaining detailed history, performing tele examination, asking for tests and obtaining reports, asking for pictures and previous prescriptions, and after performing tele-triage should be allowed to prescribe what the patient needs with the same rules applicable as in a physical consult. However wherever enough information is not available through these means, a referral or non-pharmacological advice only should be recommended.

This change can benefit the thousands of patients especially those requiring primary and preventive care as well as patients suffering from chronic diseases where a hybrid model of a telemedicine practitioner and a local specialist working in collaboration can be used.

Chapter4

Consultation Question: Have all incentives/disincentives for various stakeholders to participate been covered in chapter 4? If not, please provide the list and mention the role and description of the stakeholder. Do you agree with all the incentives and disincentives outlined in the chapter?

Comments:

Role: Doctor/HCP

Description: End service provider for the patient, front face of telemedicine organizations.

Disincentive: With promotion and legalization of telemedicine, there may be organizations employing doctors who perform only telemedicine full time. These are licensed doctors but the organization/Tech platform may not be registered with the government as a healthcare provider (neither as a hospital/nursing home nor as a private clinic). Whereas a standard registration may not be required since paramedical staff, structural requirements , Biomedical waste etc. are not issues in such

organizations, but the doctors working for these organizations need to be covered and their experience/practice legitimized at the central level by the MCI. A new cadre of registrations for telemedicine providers (who may or may not join UHI) may be needed. This will also provide safety and security to the HCPs working as employees of these organizations.

Consultation Question: For the disincentives mentioned in chapter 4 and as an answer to Question 1 of chapter 4, please provide possible mitigating measures that may be taken to minimize the impact of said disincentives.

Provided above.

Consultation Question: The proposed approach for allowing users to share ratings for the HSPs as well as EUAs has been laid out in 5.1.3.5. Please comment on the same and share any other approach that might be adopted. Do you agree with the proposed approach for sharing ratings as outlined in section 5.1.3.5?

Comments: While ratings etc. may serve as a guide for patients to choose a service, there is a very real chance of patients rating a doctor/organization low only because he/she did the right thing by not prescribing or by referring a patient who shouldn't have been treated over telemedicine. Also the service requirements and expectations of patients may be extremely varied depending on their condition, background, healthcare access, socio economic status etc. The rating mechanism should be designed to take these factors which may bias the patient.