Medical Council of Jamaica

# Guidelines for Telemedicine

# Table of Contents

## I. Introduction

The World Health Organization defines telemedicine as the delivery of healthcare services by professionals when distance is a key consideration, utilizing information and communication technologies to exchange reliable information. This is done for purposes such as diagnosis, treatment, and prevention of diseases and injuries, as well as for research, evaluation, and the ongoing education of healthcare providers-all with the goal of protecting the health of individuals and communities.

The practice of telemedicine in Jamaica is legally structured under the JS 359:2022 standard, which ensures that remote healthcare is delivered safely, ethically, and in accordance with established medical and data protection standards. Practitioners must be registered, follow specific protocols for patient care, consent, and record-keeping, and always ensure the confidentiality and security of patient data.

“The use of digital tools for improving the efficiency and outcome of health care delivery systems has significantly focused on the use of telemedicine services. These tools provide a virtual means for the provision of health care to patients by a provider, directly or through an intermediary. The intermediary may be another provider, a mid-level health care provider or a legal guardian.

The technology platforms may provide timely and best possible care in various settings including residential homes, primary care, ambulatory care facilities, hospitals, private and public health and medical institutions.

Telemedicine is practiced through video, phone and internet-based platforms such as web chat, apps and web portals in Jamaica. Lack of standards has created significant ambiguity for registered medical practitioners, raising doubts about the practice of telemedicine.

The concept of telemedicine has been around for some time. However, rapid advancements in information and communication technology have prompted many healthcare systems worldwide to embrace remote healthcare services. Telemedicine is increasingly seen as an effective solution to chronic doctor shortages and to promote more equitable access to healthcare.

The rapid advances in science and technology over the past twenty-five (25) years and the application of information, communication and biomedical technologies in the diagnosis, treatment and the management of diseases and conditions have prompted the need to address this gap to manage new emergent and emerging diseases and conditions in the local, global, real and virtual spaces".

## II. Scope

This document specifies the requirements for the provision of telemedicine services and is applicable to the following:

- Provider -patient relationship;
- Issues of liability and negligence;
- Evaluation, management and treatment;
- Informed consent, continuity of care;
- Referral for emergency services;
- Medical records;
- Privacy and security of patient records and exchange of information; and
- Prescribing and reimbursement.

This Document does not specify:[1]

- Hardware, software, building infrastructure and maintenance used for telemedicine;
- Information management systems involved in telemedicine;
- Digital technology usage to conduct surgical or invasive procedures remotely.

[1] DJS 359:2022 ICS 11.020 BSJ Jamaican Standard for Telemedicine

## III. Legal Framework

The legal framework for practicing telemedicine in Jamaica is primarily governed by the JS 359:2022 Jamaican Standard Specification for Telemedicine, developed by the Bureau of Standards Jamaica (BSJ). This standard provides comprehensive guidelines and requirements for telemedicine practice in the country.

### Key Elements of the Legal Framework

- **Who Can Practice:**
  Only registered medical and allied health practitioners are authorized to use telemedicine tools in their daily practice.
- **Scope of Telemedicine:**
  Telemedicine is defined as the delivery of health and medical care services by a designated provider from a distance, using information and communication technology (ICT) tools for diagnosis, treatment, prevention, research, evaluation, and health education or counselling. Services may be provided via video, phone, web chat, digital applications, and web portals.
- **Core Requirements:**
  The standard covers:
  - Establishment of the provider-patient relationship
  - Issues of liability and negligence
  - Evaluation, management, and treatment protocols
  - Informed consent procedures
  - Continuity of care and referrals for emergency services
  - Medical records management
  - Privacy and security of patient records and information exchange
  - Prescription and reimbursement guidelines
  - Health education and counselling

- **Professional Judgment:**

  Providers must use their professional judgment to determine when telemedicine is appropriate and ensure the same standard of care as in-person consultations, within the limits of remote practice.

- **Patient Identification and Consent:**

  Both provider and patient must be properly identified, and explicit or implied consent must be obtained and documented before proceeding with telemedicine consultations.

- **Training and Competency:**

  Providers intending to use telemedicine are required to complete competency training, which should be updated at regular intervals as determined by the relevant authorities.

- **Privacy and Security:**

  All telemedicine interactions must comply with strict privacy and security standards to protect patient information, in line with national data protection laws.

## IV. Definitions

1. ***Telehealth***
   - Broad term for the use of technology for digital health and health related services including telemedicine.
   - It is the means and method of facilitating the delivery of virtual clinical health, medical and related services, including medical care, by designated registered providers to patients or groups of patients remotely, using telecommunication and digital communication technologies.

2. ***Telemedicine***
   - The delivery of health and medical care services, where distance may be a critical factor.
   - The physicians involved use information and communication technologies for the exchange of clinical information for diagnosis, treatment and prevention of disease and injuries. This data can be used for research and evaluation and the continuing education of health care workers, with the aim of advancing the health of individuals and communities.

3. ***Tele-Pathology***
   - The use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research.

4. ***Tele-radiology***
   - The use of technology to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, MG, Ultrasound) from one location to another.

## V. Deciding on the appropriateness of teleconsultation

Deciding on the appropriateness of teleconsultation is accessible to all patients, but before scheduling it, the doctor must determine whether it is advisable for the consultation to be done remotely or not. To analyse the appropriateness of the consultation it is necessary to assess several aspects relating to:

The patient's clinical situation (the need for a clinical physical examination may be noted) The doctor must answer the question "Is a possible emergency situation excluded?" Analysis of the alarm signals is important in deciding whether teleconsultation is appropriate. When selecting patients, cognitive state, mental state, physical state (sight, hearing), language barriers or barriers to understanding medical information are also to be considered. Under these circumstances, the patient may be assisted by a family member or other healthcare professional if he or she agrees. In the case of patients with disabilities, it is important to ensure that the way the telemedicine service is provided, and the technical features of the platform are appropriate/responsive to the different needs of these patients.

Detecting emergencies by ensuring appropriate triage is an essential step in determining the appropriateness of teleconsultation is to perform rapid triage to enable the exclusion of emergency situations. At the preliminary stage of the consultation, when contact is made between the patient and the family doctor's surgery (by telephone, online form, other means), it is recommended that all surgery staff are trained in identifying the red flags associated with for conditioned with emergency characteristics. Even after the start of the teleconsultation, potential red flags should be reassessed by the doctor before continuing. International guidelines suggest a list of possible (but not exclusive) questions that can be put to the patient during triage, depending on the clinical context, to screen for emergencies.

## VI. General requirements

- The Provider using telemedicine shall uphold the same professional and ethical practices as applicable to traditional in-person care.

## VII. Information Dissemination

- Information shall be transmitted in real time (synchronous) or via asynchronous exchange.
- Real time transmission of information may include video, audio and or text for the purpose of exchanging relevant information for diagnosis, medication, health education and counselling.
- Asynchronous exchange of relevant information may include transmission of a summary of the patient condition and supplementary data such as images, lab reports and radiological investigations between stakeholders. Such data can be forwarded to different parties at any point in time and thereafter accessed by convenience or need. Patients should receive first consultation or follow-up consultation for non-emergency cases from a registered practitioner.
- Telemedicine services and telemedicine consultation shall include first aid, life-saving measures, counselling and advice for referral. For cases recognized as an emergency these patients must be referred for in person evaluation to the nearest hospital immediately
- Providers to providers can use telemedicine services to discuss issues of care, patients or disseminate knowledge.
- The caregiver/patient to Provider can connect using telemedicine services under named conditions

## VIII. Patient consent

- Patient or client consent shall be required for all telemedicine consultation.

## IX. Fee for telemedicine consultation

- Telemedicine consultations shall be treated the same as in-person consultations from a fee perspective.
- Fees may be collected before the commencement of a consultation, afterwards or by subscription.
- The recipient shall be aware of the fees and payments schedule and agree to the same prior to the initiation of the consultation.

## X. Identification of the Provider and the Patient

- Telemedicine consultation shall not be anonymous. The patient and the Provider shall be aware of each other's identity except where the Provider may need to seek a second opinion from another Provider or group of practitioners in another jurisdiction.
- The Provider shall begin the consultation by informing the patient or client about his or her name and qualifications. The Provider should be registered with the Medical Council of Jamaica.
- The Provider shall verify and confirm the patient's identity by name, age, address, email identification, phone number, registered identification or any other valid identification as may be deemed to be appropriate.
- The Provider shall ensure that there is a mechanism for a patient or client to verify their credentials and contact details. This shall be verified by the appropriate publication of the gazetted list of Providers in the public domain. This list may be amended from time to time and published on the website of the respective Councils.
- The Provider shall explicitly ask the age if the patient is a minor when issuing a prescription and request valid identification.
- Tele-consultation shall only be allowed if the minor is consulting along with an adult whose identity needs to be ascertained.
- The Provider shall display his or her registration number according to the designated authority, on written documents, prescriptions, website, electronic communication and receipts and QR-Codes given to their patients.

## XI. Exchange of information for patient evaluation

- The Provider shall gather sufficient medical information about the patient's condition before making any professional judgment.
- The Provider shall use his or her professional discretion to gather the type and extent of patient information (such as history or examination findings, investigation reports, past records) required to be able to exercise proper clinical diagnosis. This information can be supplemented and recorded through conversation with a health care worker or Provider and by any information supported by technology-based tools.
- The Provider may request additional information from the patient or client if the information received is deemed inadequate.
- The Provider may advise some laboratory and or radiological tests to the patient or client. In such instances, the consultation may be terminated and can be resumed at the rescheduled time.
- Prescribing medicine via telemedicine consultation should be guided by accepted practice.

## XII. Medical ethics, data privacy and confidentiality

- The Provider shall be cognizant of the current data protection and privacy laws including but not limited to the current Data Protection Act.
- The Provider shall not breach the patient's confidentiality
- Where the generation, storage and transfer of patient personal clinical information is Concerning, the Provider shall abide by the rules of the relevant competent authority and the appropriate information technology, data protection and privacy laws, or any other applicable rules notified from time to time for protecting patient privacy and confidentiality.
- The practitioner or the institution shall uphold within the legal requirements the patient's consent and right of access to his or her information.

## XIII. Maintenance of documentation and records of consultation and digital trail

- The Provider shall maintain patient records or documents for the period as prescribed from time to time such as:
    - Logs or records of telemedicine interaction such as phone logs, email records, chat or text records,
    - Virtual clinical encounters and other video interaction logs and Artificial Intelligence or Machine Learning logs.
    - Patient records such as prescription records, reports, documents, images
    - Diagnostics, data (Digital or non- Digital) utilized in the telemedicine consultation.

## XIV. Compliance with Jamaican Law and Data Protection Regulations

The provider is required to adhere to all applicable Jamaican laws governing the provision of telemedicine services, with particular emphasis on compliance with data protection legislation.