



هيئة الصحة  
HEALTH AUTHORITY

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## 1. Purpose

1.1. This Standard defines minimum standards for tele-consultation as a means to provide healthcare services to patients in the Emirate of Abu Dhabi. It aims to ensure the quality and safety of physician-to-patient tele-consultation healthcare services.

## 2. Scope

2.1. This standard applies to limited categories of HAAD defined Healthcare facilities that are licenced by HAAD to provide tele-consultation services. Eligibility to licence a healthcare facility will be determined by HAAD according to this Standard and taking into account capacity and service needs in the Emirate of Abu Dhabi.

2.2. Only those healthcare services defined in this Standard may be offered through tele-consultation services (sections 5 and 8). Invasive clinical interventions are excluded from being offered via tele-consultation services.

2.3. Tele-consultation services may include consultation and health monitoring services enabled by a range of telecommunications media such as, telephone, internet-based video, email and/or similar electronic-based communications provided by a HAAD Licensed tele-consultation healthcare service provider.

2.4. Physician-to-physician counseling; that is, peer-to-peer arrangements between healthcare providers, is covered under a separate HAAD Standard (HAAD Service standards for Tele-counseling in the Emirate of Abu Dhabi).

2.5. This Standard does not apply to face to face consultations that require limited and/or occasional *ad hoc* follow up by telephone. This type of physician to patient-interaction is subject to the specifications governing following up services arising from face to face consultations and is reimbursable according to the specified codes detailed in the HAAD Clinical Coding Manual available at: <http://www.shafafiya.org/dictionary/portal/>.

### 3. Duties of Healthcare Providers

#### 3.1. HAAD licensed tele-consultation healthcare service providers must:

- 3.1.1. provide only the healthcare services specified in this Standard via tele-consultation services, and in accordance with the requirements of this Standard;
- 3.1.2. ensure that tele-consultation services are accessible to all patients seeking these services, in accordance with the patient's health cover, and are offered in at least Arabic and English languages in accordance with the HAAD Policy on Cultural Sensitivity and Awareness, available at <http://www.haad.ae/haad/tabid/819/Default.aspx>;
- 3.1.3. comply with the requirement to safeguard and preserve patient rights through treatment with dignity and respect, provision of appropriate healthcare on the basis of clinical need, promotion of open, honest and courteous communication with other healthcare providers and administrative staff, assuring professionalism and confidentiality during the course of medical care and associated services provided to the patient, and observe the requirements of the HAAD Policy on Patients' Rights and Responsibilities and the HAAD Patient Rights and Responsibilities Charter, available at <http://www.haad.ae/haad/tabid/819/Default.aspx>, as they may apply to the case concerned;
- 3.1.4. develop and implement clinical and quality governance systems to assure the quality and safety of tele-consultation services, and protect the privacy concerns of the patient and the confidentiality and security of their medical information and records at the tele-consultation healthcare service provider's site and during transmission. Healthcare providers offering services via face-to-face and tele-consultation modes may utilize a unified clinical and quality governance system to demonstrate compliance with this requirement. Confidentiality, privacy and security of health data and records must comply with the Data Management Policy, Chapter VI, Healthcare Regulator Policy Manual Version 1.0, the HAAD Policy on Medical Records- Health Information Retention and Disposal and the HAAD Data Standards and Procedures requirements;
- 3.1.5. uphold the following principles of consent:
  - 3.1.5.1. consent to provide/allow access to information: the verbal consent (recorded and/or documented on patient records) of the patient or their legal guardian via technology enabled communication media to allow the tele-consultation service provider to (i) create an electronic medical record for the patient, (ii) share/receive confidential health information with/from an Authorised Health Insurance Company/Healthcare Provider and (iii) grant the Authorised Health Insurance Company the right to audit the electronic medical records/related information, such as billing. A general consent is required for such purposes of sharing/receiving confidential health information with/from an Authorised Health Insurance Company/Healthcare Provider;
  - 3.1.5.2. consent to receive assessment and/or treatment, specifically general (implied) consent. Implied Consent is established when a patient's conduct indicates a willingness to submit to general medical

assessment and/or treatment. For example, a call to the tele-consultation centre may be considered general/implied consent;

- 3.1.5.3. Explicit Consent may be required where the healthcare professional determines that the patient needs further examination/treatment of a more detailed nature. Under such circumstances, explicit consent is achieved when the patient specifically authorizes an intervention. For example, referring a patient to another facility/physician for further consultation, assessment, imaging and/or treatment interventions may require that the patient declares his willingness to undergo and authorize such interventions.
- 3.1.5.4. the provision of transparent and clear information to the patient or their legal guardian about the nature and type of service to be provided via tele-consultation, including information about the specific intervention(s), service details such as preparation needed, activities involved and the healthcare professional responsible to provide them, the potential benefits/risks associated with a service, the timelines to complete an intervention and/or follow up to be provided and the qualification of the tele-consultation healthcare service providers (doctor, nurse, nutritionist, etc.), in order for the patient or their legal guardian to make an informed decision to consent to the tele-consultation service being offered. Healthcare providers must obtain and document verbal or electronic consent to receive tele-consultation healthcare service.
- 3.1.6. comply with the data submission and reporting requirements specified in the Data Management Policy, Chapter VI, Healthcare Regulator Policy Manual Version 1.0 and set out in the Data Standards and Procedures (found online at [www.haad.ae/datadictionary](http://www.haad.ae/datadictionary));
- 3.1.7. have Information and Communication Technology (ICT) policies, procedures and systems in place to assure the safe and effective transmission of confidential personal and health information confidentially and securely and monitor, assess and assure their effectiveness regularly;
- 3.1.8. ensure that they procure and offer ICT technologies that meet Abu Dhabi Systems and Information Centre and HAAD technical specifications and regulatory requirements and that these technologies afford a high degree of interoperability;
- 3.1.9. comply with HAAD requests to inspect and audit records and cooperate with HAAD authorized auditors, as required for inspections and audits by HAAD; and
- 3.1.10. comply with the health insurance companies requests to inspect and audit records and cooperate with the auditors of the health insurance companies as required for inspections and audits. Such obligation to comply shall also include the right of the insurance companies to copy records of the tele-consultation service provider.

#### **4. Enforcement and Sanctions**

- 4.1. Tele-consultation healthcare service providers must comply with the terms and requirements of this Standard, the provisions under the HAAD Standard Provider Contract that apply to tele-consultation services and the HAAD Data Standards and Procedures. HAAD may impose sanctions in relation to any breach of

requirements under this Standard in accordance with the Complaints, Investigations, Regulatory Action and Sanctions Policy, Chapter IX, Healthcare Regulator Policy Manual Version 1.0.

## 5. Standard 1. Definitions

Tele-consultation	Comprises of a healthcare service encounter between a HAAD licenced tele-consultation healthcare provider/ professional and a patient that is provided via a range of technology enabled communication media other than face-to-face interactions, such as telephone, internet, video and others.
Tele-consultation healthcare services	<p>Comprises of a limited set of healthcare services as specified in this Standard that are allowed to be provided via tele-consultation. <u>It excludes all services involving invasive clinical interventions; prescribing of medications including prescribing the use of narcotics and controlled medications for treatment (e.g. mental health or other disorders that require the use of controlled drugs); patients requesting sick leave certificates or other certificates such as fitness for work, disability assessment, and providers that provide face to face to services that have adhoc follow up by telephone (refer Section 2).</u></p> <p>Patients identified as requiring invasive clinical intervention and/or use of prescribed medications including controlled drug therapy and/or sick leave certificates or other certificates must be referred to the appropriate HAAD licensed healthcare provider for face-to-face consultation and clinical examination. Such referral must be in accordance with the HAAD Patient Referral Policy, where relevant and applicable for the case.</p> <p>Services allowed to be provided via tele-consultation are the following:</p> <ol style="list-style-type: none"> <li>1. Triage (patient prioritization and categorization according to medical and management needs, such as illness/injury, severity/complexity, prognosis and resource availability and referral to specialized care as indicated by case)</li> <li>2. Diagnosis</li> <li>3. Video sighting of body symptoms</li> <li>4. Recommendation for self-care, excluding prescription medicines</li> <li>5. Request pathology and/or point of care testing (POCT) and/or radiology investigation</li> <li>6. Tele-Referral, in accordance with the HAAD Patient Referral Policy, where applicable and relevant for the case; and Scheduling of appointments as appropriate</li> <li>7. Follow up care and case management</li> </ol>

	<p>8. Home monitoring of patient health status and vitals (including for specified POCT), including the use of tele-monitoring devices</p> <p>9. Any other tele-consultation medical services having met the requirements of this Standard as approved by HAAD from time to time upon an application of a healthcare provider, or not. Examples may include provision of patient education, counselling and services associated with disease management programmes.</p>
<p>Invasive Clinical Intervention</p>	<p>Of or relating to a medical procedure in which a part of the body is entered, as by puncture or incision to gain access to the target of surgery, endoscopy, or such interventions.</p> <p>For the purposes of this Standard, procedures used to take samples for point of care testing and Pathology are excluded from this definition, as are invasive interventions using robotics performed on site within a HAAD licensed healthcare facility when used for tele-counseling (physician-to-physician) in accordance with the HAAD Service Standards for Tele-counseling in the Emirate of Abu Dhabi. That is, these interventions are considered within scope of tele-counseling services, subject to the respective HAAD Standards (such as HAAD Standard for Point of Care Testing, HAAD Requirements for Healthcare Facility Licensing, and HAAD Service Standards for Tele-counseling in the Emirate of Abu Dhabi).</p>
<p>Point-of-Care Testing (POCT)</p>	<p>Refers to any testing conducted outside the premises of a purposefully HAAD Licensed Clinical Laboratory Facility or environment, but in either:</p> <ol style="list-style-type: none"> <li>1. a HAAD licensed healthcare facility, generally nearer to, or at the site of, the patient; the test is prescribed by a HAAD licensed physician and is delivered by a HAAD licensed healthcare professional; or</li> <li>2. a non-healthcare facility environment, such as the patient's home; the test is prescribed by a HAAD licensed physician and is delivered by a HAAD licensed healthcare professional. The healthcare provider (facility and professionals) providing POCT in the home must be authorized under HAAD licence to provide services in the home environment, in accordance with the respective HAAD Standard (HAAD Standard for Homecare services and standard for Point-of-Care Testing).</li> </ol> <p>POCT systems to be used for diagnosis and testing must be approved by the Ministry of Health for use in the UAE; healthcare providers must follow POCT evidence based guidelines and the manufacturers' protocols. Healthcare providers requesting tests using POCT systems must comply with the requirements of the HAAD Standard for Point-of-Care</p>

	Testing. Blood gas analysis in the form of POCT may only be provided in HAAD licensed healthcare facilities with appropriate resources (equipment and professionals).
Electronic Medical Record	Means a repository of patient medical data in digital form, stored and exchanged securely, and accessible by multiple authorized users. It contains retrospective, concurrent, and prospective information and its primary purpose is to support continuing, effective and efficient healthcare service and assure quality, safe and integrated healthcare.
Teleconsultation Service Providers	<p>A healthcare facility licensed/authorized by HAAD to provide tele-consultation services and/or healthcare professional employed by a HAAD licensed facility (tele-consultation) authorized/privileged by their employing facility to provide tele-consultation healthcare services in the emirate of Abu Dhabi.</p> <p>The patient may be located at their home, or another location. Only HAAD licensed, or authorized under HAAD licence, tele-consultation healthcare service facilities located in the emirate of Abu Dhabi may provide tele-consultation healthcare services.</p>
Tele-consultation Patients	Patients in this Standard mean adults and children (through their legal guardian) who access and/or use tele-consultation healthcare services from HAAD purposefully licensed or, authorized under HAAD licence, tele-consultation healthcare service providers.

## 6. Standard 2. Access

6.1 Tele-consultation healthcare services support Abu Dhabi's model of care by empowering patients to seek and access help with self-care and to care for themselves, where appropriate, facilitate preventative screening and routine follow up to help prevent and manage disease (HAAD Capacity Master Plan; published on the HAAD website as a part of Health Statistics). Tele-consultation healthcare services allowed in the emirate of Abu Dhabi under the specifications of this Standard (as per sections 5 and 8) are available to individuals, regardless of age (adults and children via their legal guardian) and gender, who seek to access the services for their healthcare and disease management needs.

## 7. Standard 3. Tele-consultation Governance Framework

7.1. The facility utilizes tele-consultation to deliver quality healthcare and support enhanced access to, and delivery of healthcare services consistent with Abu Dhabi's model of care, available in the Capacity Master Plan, in the Statistics Report from:

<http://www.haad.ae/HAAD/LinkClick.aspx?fileticket=JY0sMXQXrOU%3d&tabid=349>, including by having in place:

7.1.1. written, and evidence of adherence to, evidence based guidelines to describe the purposes of the facility tele-consultation healthcare services, including scope and specifications;

- 7.1.2. recruitment and employment plans to hire HAAD licensed and appropriately skilled and trained staff of suitable skills-mix and number commensurate with the number, needs and the frequency of interaction with the service users/patient population served;
- 7.1.3. quality assurance and improvement framework including:
  - 7.1.3.1. establishing a quality committee (for facilities staffed with 10 or more professionals) and/or assigning a responsible physician for quality in facilities staffed with less than 10 professionals;
  - 7.1.3.2. setting, monitoring and keeping records of performance against quality and safety metrics set by the facility or those applicable under the Standard Provider Contract;
  - 7.1.3.3. maintaining comprehensive Electronic Medical Records; and
  - 7.1.3.4. implementing risk control and management processes for tele-consultation services to improve the quality of care and to minimize risk to patients' wellbeing, including the recording, monitoring and reporting of issues and their resolution, auditing of activities and services provided and compliance with HAAD requirements (clinical, financial, technological and environmental safety), providers' professional duties as set out in Policy on Professional Duties, Chapter IV, Healthcare Professionals Manual, including for managing risks of conflict of interest (inducements and the like), as well as rectification of non-compliance events;
- 7.1.4. written policy and standard operating procedures (SOP), and documented evidence of their implementation, on:
  - 7.1.4.1. the appropriate use of tele-consultation by treating physicians and supportive healthcare professionals, clearly defining the roles and accountabilities of treating physicians and multidisciplinary healthcare teams involved in the provision of tele-consultation services;
  - 7.1.4.2. patient referral, where applicable, to other providers for further tele-consultation as may be the case, for example in triage where the advice/decision of a physician/specialized physician is required, or for face-to-face consultation, including abiding by the following principles:
    - 7.1.4.2.1. timely and proper initial management that is limited to the services allowed by this Standard, and as defined under Section 5, especially for urgent cases; assuring avoidance of referral delays;
    - 7.1.4.2.2. evidence based best practice and informed physician/healthcare professional (as per scope of practice and job duties) judgment in deciding when and where to refer including for services excluded from tele-consultation, as per the patient's desire, service location and health insurance coverage;
    - 7.1.4.2.3. establishment of an open line of communication with the receiving physician/facility;
    - 7.1.4.2.4. referring physician/facility must hold responsibility for the decision of referral, including compliance with the specifications of this Standard for healthcare services excluded from tele-consultation, as defined under Section 5. The tele-consultation healthcare service provider must comply with the HAAD Patient Referral Policy, where applicable for a particular case;

- 7.1.5. clearly defined roles, responsibilities and accountabilities for management oversight, operational aspects (medical care and technical IT systems), quality and security of data for tele-consultation services, in written governance and management protocols in accordance with the General Duties, Governance and Change of Control Policy, Chapter V, Healthcare Provider Policy Manual Version 1.0;
- 7.1.6. agreements or arrangements as appropriate with other healthcare providers to support delivery of patient services and continuity of care (refer Section 8).

## **8. Standard 4. Service Specifications**

- 8.1. Healthcare facilities wishing to provide tele-consultation services, must:
  - 8.1.1. be a HAAD licensed healthcare facility specifically licensed to provide tele-consultation, or an existing HAAD licensed facility that is authorized by HAAD to provide tele-consultation.
  - 8.1.2. Healthcare facilities may seek licence to provide tele-consultation services through one of the following (refer Section 12 of this Standard):
    - 8.1.2.1. A new facility under New HAAD licence application; or
    - 8.1.2.2. An existing HAAD licensed facility under Authorization from HAAD.
  - 8.1.3. Application for New Licence or Authorization under existing licence for tele-consultation healthcare services is available only for the following types of facilities:
    - 8.1.3.1. Hospital;
    - 8.1.3.2. Medical centre;
    - 8.1.3.3. Tele-medicine provider.
  - 8.1.4. Applicants approved to provide tele-consultation services will be issued with a HAAD licence specific for the tele-consultation services, irrespective of whether they have applied for new licence, or for authorization under existing licence;
  - 8.1.5. ensure that tele-consultation areas comply with the HAAD Guidelines for Health Facilities Design available from: <http://www.healthdesign.com.au/haad.hfg/>, in order to assure the aural and visual privacy of the patient and confidentiality of their information and to limit access to tele-consultation details to authorized and responsible healthcare staff at the facility;
  - 8.1.6. ensure the availability of the requisite range of equipment necessitated by the type of service and that equipment choice, maintenance and servicing support quality telephonic and electronic transmission of information and communication in accordance with the scope of tele-consultation services provided by the facility;
  - 8.1.7. have in place data management systems and protocols that maintain the confidentiality of gathered personal/health/medical information and that the access to, use, sharing and transmission and reporting of such data complies with the Data Management Policy, Chapter VI, Healthcare Regulator Policy Manual Version 1.0 and the HAAD Data Standards and Procedures;
  - 8.1.8. have policies and procedures in place for at least the following elements:
    - 8.1.8.1. collaborations, affiliations, agreements and/or contracts with other healthcare providers in the Abu Dhabi healthcare system in support of



associated services such as tele-counseling, in accordance with the HAAD Service Standards for Tele-counseling in the Emirate of Abu Dhabi;

- 8.1.8.2. managing image sharing and transmission;
- 8.1.8.3. flexible patient appointment system that accommodates the availability of the patient and the tele-consultation healthcare service provider and the patient's needs and choice to access the tele-consultation service;
- 8.1.8.4. management of patient Medical Electronic Records, including recording of video/web/phone consultation;
- 8.1.8.5. IT protocols including for network security, confidentiality, privacy and connectivity and protection of confidentiality and privacy of recorded images.

## **9. Standard 5. Staffing and Training**

- 9.1. When applying for a HAAD licence to provide a tele-consultation healthcare service, the healthcare provider must be able to demonstrate that tele-consultation healthcare services will be performed by HAAD licensed healthcare professionals with appropriate skills, training and knowledge in tele-consultation technologies and tools.
- 9.2. HAAD will regulate healthcare professionals' use of tele-consultation under the existing professions defined by the HAAD Personal Qualifications Requirement (PQR) Standard. That is, no tele-medicine licence will be required, or issued by HAAD, for healthcare professionals wishing to provide tele-consultation services; only a HAAD healthcare professional licence will be issued by HAAD in accordance with the professionals licensing requirements (Healthcare Professionals Policy Manual Version 1.0).
- 9.3. HAAD licensed healthcare professionals wishing to provide tele-consultation healthcare services must satisfy the following requirements:
  - 9.3.1. the employing healthcare facility (specifically licensed or authorized to provide tele-consultation) holds training and competency assessment for all staff involved in the provision of tele-consultation healthcare services, prior to providing the service and as refresher (refer to paragraph 9.3.4). The training programme must be accredited (for tele-medicine) by an internationally reputable entity that specializes in tele-medicine and/or tele-health;
  - 9.3.2. the facility ensures that only tele-medicine trained and certified staff are granted the privilege to provide tele-consultation services, and that these privileges are documented on staffing records in accordance with the requirements of the HAAD Standard for Clinical Privileging Framework;
  - 9.3.3. the facility has a written policy requiring trained staff to receive refresher training, with documented evidence of the policy's implementation;
  - 9.3.4. retraining and/or updates must be provided (using an accredited training programme, see 9.3.1), annually, and additionally when:
    - 9.3.4.1. significant changes to the tele-consultation technologies used by the facility are introduced;
    - 9.3.4.2. new equipment are introduced;
    - 9.3.4.3. a competency issue with a trained staff member has been identified, which cannot be resolved in or by the healthcare facility;

- 9.3.4.4. a certified person, who, not having offered tele-consultation services for a period greater than six months, wishes to retain certification;
- 9.3.5. retraining and/or updates on training may be undertaken as a part of and count towards Continuing Medical Education and/or Professional Development (CME/CPD);
- 9.3.6. the healthcare facility maintains an up-to-date record of its healthcare professionals' tele-consultation training.

## **10. Standard 6 Tele-consultation Care Standards**

- 10.1. HAAD licensed, and/or authorized healthcare providers (licence/authorization applies to facilities only), to provide tele-consultation healthcare services must ensure that:
  - 10.1.1. healthcare professionals employed by them:
    - 10.1.1.1. are licensed by HAAD (as per the PQR) and have the privileges required to treat and manage patients, including for tele-consultation, granted to them in accordance with the requirements of the HAAD Standard for Privileging Framework, and that they limit their practice to their specified job, competence and privileges; and
    - 10.1.1.2. deliver tele-consultation healthcare services in accordance with this Standard, the scope of tele-consultation healthcare services authorized for the employing healthcare provider, and the HAAD published Clinical Care Standards and Care Pathways, and where relevant international evidence based practices and standards;
  - 10.1.2. healthcare professionals provide a clear and detailed explanation to the patient on:
    - 10.1.2.1. the tele-consultation healthcare services to be provided and the processes involved in accordance with the consent principles described under paragraph 3.1.5 and its sub-paragraphs; and
    - 10.1.2.2. the identity of the healthcare professional responsible to provide them with the service, their qualifications, experience and training;
  - 10.1.3. healthcare professionals follow industry good practice standards for all tele-consultation services offered, including via telephone, internet, and video, among others;
  - 10.1.4. healthcare professionals comply with the exclusions mandated by this Standard by refraining from providing diagnosis and treatment for mental health disorders, those involving invasive clinical intervention and prescribing of medications including narcotics and controlled drugs. Where initial tele-consultation of a patient identifies the need for these services, that the treating physician must refer the patient (tele-referral is acceptable) for a face-to-face consultation and assessment by a HAAD licensed healthcare provider offering the required service;
  - 10.1.5. the responsible treating physician have continuous responsibility for making appropriate arrangements to follow the progress of the patient by monitoring the effectiveness and appropriateness of the recommended treatment, the need for further assessment and/or tele-referral and by informing other healthcare professionals involved in caring for the patient on their needs as appropriate and/or necessary; and

- 10.1.6. keep comprehensive and appropriate records of all consultations, using electronic means of recording or documentation in accordance with this Standard, the Data Management Policy, Chapter VI, Healthcare Regulator Policy Manual Version 1.0 and the HAAD Data Standards and Procedures.

## **11. Standard 7 Technical Standards**

- 11.1. Healthcare facilities licensed by HAAD, or authorized under HAAD licence, to provide tele-consultation services must ensure that:
  - 11.1.1. they have the infrastructure capability to deliver sufficient backup power to ensure the safety of patients provided with tele-consultation healthcare services and assuring the security and protection from loss of the electronic medical records;
  - 11.1.2. they have policies and procedures in place to assure the secure identification, authentication and authorization of patient, and where applicable their legal guardian, and that access to the patient records is limited to the authorized tele-consultation healthcare professional;
  - 11.1.3. they have the appropriate equipment and devices to support all diagnostic and tele-consultation needs of the patients, that the equipment and devices are in good functioning order at the time of tele-consultation and that they are appropriately maintained and serviced in accordance with the manufacturers' specifications;
  - 11.1.4. the equipment and devices are compatible with that of the distant site used to access tele-consultation services;
  - 11.1.5. patient medical and health data are used to support all tele-consultation encounters and that data are of high quality, clarity, and legibility including all images;
  - 11.1.6. all patient data are made available to HAAD in a format compliant with HAAD specifications and audit purposes;
  - 11.1.7. they have strategies in place to address the environmental elements of care necessary for the safe use of tele-consultation equipment;
  - 11.1.8. they have the means to comply with all relevant health and safety requirements for technology and technical safety (including the policies and standards under the EHSMS framework);
  - 11.1.9. they have the appropriate systems in place to ensure sufficient availability of the network for critical connectivity; and
  - 11.1.10. they have the appropriate video and tele-consultation equipment to support the provision of the tele-consultation healthcare services allowed by this Standard as defined under Section 5.

## **12. Standard 8 Tele-consultation Licensing/Authorization Requirements**

- 12.1. Only those healthcare facility types defined under Section 8 of this Standard are eligible for consideration for either licensure (for new application) or authorization (for facility with existing HAAD licence) to provide tele-consultation services;
- 12.2. Applications for licensure are required for non-licensed entities. HAAD licensed facilities (e.g. hospital, medical centre) must also apply for authorisation under licence for tele-consultation purposes.

- 12.3. A provider may seek approval to provide tele-consultation services through:
- 12.3.1. Application for new facility licence to provide tele-consultation services (facility type as specified at Section 8); or
  - 12.3.2. Application for authorization to provide tele-consultation service under existing HAAD licensed facility (facility type as specified at Section 8).
- 12.4. In addition to satisfying the HAAD requirements for healthcare facility licensure [<http://www.haad.ae/haad/tabid/857/Default.aspx>], applicants for new facility licence or authorization for tele-consultation services must demonstrate the ability to satisfy the requirements detailed in Table 1.
- 12.5. Applicants approved to provide tele-consultation services will be issued with a HAAD licence specific for the tele-consultation services, irrespective of whether they have applied for new licence, or for authorization under existing licence.

**Table 1. Requirements for licensure and/or authorization to provide tele-consultation services**

Dimension	Element	Requirement
A. General Considerations	1. Governance	<ul style="list-style-type: none"> <li>i. Governance and management protocols defining roles and responsibilities (General Duties, Governance and Change of Control Policy, Chapter V, Healthcare Providers Policy Manual, Version 1.0);</li> <li>ii. Quality Committee (for facilities with <math>\geq</math> 10 professionals);</li> <li>iii. Industry good practice Standard Operating Procedures for the following:               <ul style="list-style-type: none"> <li>a. Telephone, internet, video and bio data monitoring;</li> <li>b. Telereferral after teleconsultation.</li> </ul> </li> </ul>
	2. Personal Identification and Data Management	<ul style="list-style-type: none"> <li>i. Patient identification and the recording of patient identifiers. Health insurance member identification number is mandated. Emirate ID number (or passport number where an EID is not issued) and date of birth may be provided only as additional requirements to mandatory health insurance member identification;</li> <li>ii. Patient legal guardian identification and establishing their status as legal guardian. A minimum of three identifiers are required including Emirate ID number (or passport number where an EID is not issued), document identity establishing relationship and legal authority as guardian, date of birth;</li> <li>iii. Data security and protection protocols compliant with HAAD Data Standards and Procedures;</li> </ul>

		<ul style="list-style-type: none"> <li>iv. Data confidentiality and patient consent protocols and applicable forms compliant with respective HAAD Standards;</li> <li>v. Risk management and disaster recovery protocols (data records and electronic files)</li> </ul>
<b>B. Technological Considerations</b>	1. Information Technology (IT)	<ul style="list-style-type: none"> <li>i. IT operations: adequate resources for planning, setting up operation and maintenance of information and communication infrastructure;</li> <li>ii. User support resources for employees and patients</li> </ul>
	2. Communication	<ul style="list-style-type: none"> <li>i. Network integrity including preventative and business continuity plans including for: <ul style="list-style-type: none"> <li>a. Adequate bandwidth;</li> <li>b. Alternative methods of communication between provider and user;</li> <li>c. Back-up power system.</li> </ul> </li> <li>ii. Technologies and internet systems comply with ADSIC requirements;</li> <li>iii. Medical, including bio-monitoring devices, comply with HAAD requirements.</li> </ul>
<b>C. Service Operation Considerations</b>	1. Infrastructure	<ul style="list-style-type: none"> <li>i. Tele-consultation workstation and room design satisfy HAAD Guidelines for Health Facilities Design;</li> <li>ii. Hardware, including for communication and internet access, with good industry standard servers, physical and logical security measures;</li> <li>iii. Environmental and occupational health and safety compliant with HAAD requirements (Chapter VI, Healthcare Providers Policy Manual, Version 1.0 and the HAAD Standards for Health Sector EHSMS Requirements);</li> <li>iv. Good industry standard telephony system including call recording and integration with patient management system, where possible;</li> <li>v. Case management and tele-referral system and tele-medical measuring equipment, suited to the type of services to be offered by the provider.</li> </ul>
	2. Quality assurance and measurement	<ul style="list-style-type: none"> <li>i. Standardized treatment protocols using evidence based clinical guidelines;</li> <li>ii. Training and certification of</li> </ul>

		<p>professionals and staff. Evidence of an accredited tele-medicine training programme must also be provided to HAAD on application for licence, and for the purposes of compliance audit and inspection by HAAD. Accreditation of training programmes may be obtained from internationally reputable bodies such as, but not limited to, the American Telemedicine Association;</p> <p>iii. Evidence of a system to monitor and report on quality and safety performance (refer paragraph 7.1.2.2. Metrics such as for communication, patient satisfaction and tele-referral may be considered.</p>
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### 13. Standard 10 Payment Mechanism

- 13.1. Cost of services prescribed by this Standard, including: tele-consultation, tele-counseling (where utilized by the same tele-consultation facility), tele-radiology, and tele-pathology are covered as per the schedule of benefits defined for the health insurance products;
- 13.2. Member liability (such as co-pay, deductible, other), as defined in the health insurance policy document, applies. Tele-consultation healthcare facilities are responsible for collecting member liability, where applicable;
- 13.3. Coding for tele-consultation services prescribed by this standard must follow the Codes Classification defined in the Coding Manual published by the HAAD Clinical Coding Steering Committee, and in compliance with e-Claims requirements;
- 13.4. No distinction is made between new and established patients in tele-consultation. Tele-consultation healthcare services (refer Section 5 of this Standard) may be reported for any new or established patient who calls the HAAD licensed tele-consultation provider;
- 13.5. Coding for non-face-to-face healthcare services associated with face-to-face consultations (such as follow up and telephonic communication with the patient subsequent to face-to-face consultation) are independent from the tele-consultation services Codes and must follow the rules and guidelines defined by the Coding Manual for such services;
- 13.6. Reimbursement for tele-consultation services must be in accordance with the Standard Provider Contract as applicable to the tele-consultation services, HAAD Mandatory Tariff and associated Claims and Adjudication Rules and the Coding Manual; all documents are available at the HAAD website in Data Dictionary (<http://www.shafafiya.org/dictionary/portal/>).
- 13.7. “Evaluation and Management Follow up Free within one week” rule shall be applicable to tele-consultation services;
- 13.8. No separate payment is made for the cost of tele-consultation hardware and/or equipment, videotapes, and transmissions;
- 13.9. Tele-consultation service providers may apply subscription fees or additional service charges to patients or payers for services not covered under the health insurance scheme.