


 GOVERNMENT OF DUBAI	Standard	 سلطة مدينة دبي الطبية Dubai Healthcare City Authority Regulatory - التنظيمي
	DHCR Telehealth	
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1 Introduction: The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the delivery and accessibility of health care services, particularly in the area of Telehealth¹. Telehealth has been introduced to assist patients who are outside of the DHCC zone, to access healthcare services from licensed practitioners. Telehealth technologies include the use of scientific machinery and equipment to enable secure electronic communication and information exchange between a healthcare provider in one location and a patient in another location, with or without an intervening healthcare operator. Telehealth does not consist of audio-only communication, but typically includes use of video technology which allows the healthcare operator to replicate interactions that occur in traditional, in-person, physician-patient encounters. Although telehealth has the potential to improve several aspects of medical care, such as facilitating physician-patient communication and monitoring treatment of chronic conditions, telehealth also poses unique challenges in ensuring patient-safety and privacy of health information. It is therefore important for telehealth operators to implement policies that safeguard the integrity of the care they provide to patients.

2 PURPOSE:

2.1 The purpose of this Standard is to define the criteria for Telehealth operators to deliver telehealth services and any exclusions that are not required at the time of writing this standard

¹ which is the practice of medicine using electronic communication, information technology or other means of interaction between a licensee in one location and a patient in another location with or without an intervening healthcare operators

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- 2.2 To ensure all telehealth services are delivered by appropriately licensed, qualified and trained healthcare professionals and to ensure all equipment meets international best practice standards²
- 2.3 To determine the roles and responsibilities of DHCR e.g. licensing, quality survey, compliance and assurance, complaints management.



3 APPLICABILITY: (ALSO DESCRIBED AS SCOPE)

- 3.1 These standards apply to limited categories of DHCR Healthcare facilities or standalone telehealth facilities that are licenced by DHCR in accordance with Rule No. 1 and other relevant regulations;
- 3.2 Eligibility to license a healthcare facility and approve additional tele healthcare services will be determined by DHCR according to current Regulations and policies and standards and taking into account the operating permit and approved scope of services;
- 3.3 Only those services defined in this standard may be offered through Telehealth services;
- 3.4 Invasive clinical interventions and electronic prescribing (except over the counter medications) are excluded from being offered via these standards;
- 3.5 These standards may apply to follow up services if preceded by a face to face consultation;
- 3.6 These standards apply to all types of healthcare professionals who are involved in the planning, diagnosing, monitoring, counselling or/and treating patients.



4 DEFINITIONS / ABBREVIATIONS

- 4.1 **To be added from DHCR list or by stakeholder expert for any technical terms.**
- 4.2 **Consent:** it is the permission or agreement that the patient grants to a healthcare operator at every initial contact and when required, to provide the specified type of care written in the consent form.

² Where applicable

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- 4.3 Invasive clinical intervention:** a diagnostic or therapeutic technique that requires entry of a body cavity or interruption of normal body functions
Examples include the Pap test and colonoscopy.
- 4.4 Referral:** Is the process of referring the patient to a relevant healthcare professional or facility to get a second opinion or receive a definitive treatment. Referral procedures require prior agreements and approved measures of referral with the concerned healthcare facility.
- 4.5 Teleconsultation services:** This will include physician to physician and/or patient to physician consultation. It may include monitoring services enabled by a range of secured telecommunications media such as, telephone, internet based video, email and other similar electronic-based communications provided by a DHCR Licensed tele-consultation healthcare service provider.
- 4.6 Telehealth services:** The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment plan, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Also it is known as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth shall include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or UAE mail or other parcel service, or any combination thereof. The services shall include, but are not limited to: Teleconsultation, Telemonitoring, Teleradiology, Telepathology and Telecounseling and Tele referral.
- 4.7 Telemonitoring or Remote patient monitoring (RPM):** Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support. This type of service allows a provider to continue to track healthcare

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data for a patient once released to home or a care facility, reducing readmission rates.

- 4.8 Technology:** All monitoring devices that are approved by Ministry of Health (UAE) and are in use to monitor patients at home or at work, while transmitting their clinical data to a consented Healthcare provider.
- 4.9 Telepathology:** the use of telecommunication technology to transfer pathological high-quality data and imaging produced in a diagnostic center or laboratory from and to DHCC facilities for the purposes of diagnosis, education and research.
- 4.10 Teleradiology:** concerned with the transmission of digitized medical images (as X-rays, CT scans, and sonograms) over electronic networks and with the interpretation of the transmitted images for diagnostic purposes
- 4.11 Tele referral:** The recommendation of a medical or paramedical professional via tele communication and/or technology



5 DUTIES OF HEALTHCARE OPERATORS

5.1 Healthcare operators shall comply with the conditions and standards of providing Telehealth services shall include but are not limited to:

- 5.1.1** Identify the scope of the provided Telehealth Services, and comply with operational policies and procedures of the service delivery;
- 5.1.2** Ensure the Telehealth Services and technologies fulfill the patients' needs and guarantee medical care continuity
- 5.1.3** Must have approved documents for clinical governance framework, management functions and policies and procedures including but not limited to:
- Patient identification (via audio/video application)
 - Patient risk assessment
 - Patient consent
 - Emergency Procedures
 - Confidentiality
 - (repeated as patient consent) Prescribing recording and reporting
 - Near miss or adverse incidents recording and reporting

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- Adverse reactions recording and reporting
 - Equipment failure management
 - Patient referral and Continuity of care
 - Medication prescribing (over the counter medications only).
- 5.1.4** Quality monitoring and measures/indicators for patient inputs and outcomes;
- 5.1.5** Provide only services defined in these standards and in accordance with any current or future laws or regulations;
- 5.1.6** Provide services during the clinic's working hours
- 5.1.7** Provide services in accordance with these standards and notify DHCR of the intention to provide telehealth services;
- 5.1.8** Ensure that services are not used as an alternative solution for shortage of qualified healthcare professionals who are normally required to provide the services in healthcare facilities;
- 5.1.9** Develop and implement Standard operating procedure/ evidence based Treatment protocols for any telehealth services delivered;
- 5.1.10** Ensure consent from the patient or their legal guardian is obtained prior to any use of Telehealth technologies. Consent can be signed online within the application, sent by email to the known healthcare provider email, or signed in person while getting the initial consultation. Consent should mention obligations of Healthcare provider for security and accuracy of technologies while patient has to agree on type of communication, frequency, methods of data capturing (video, voice or other medium) and the cost for such Telehealth services.
- 5.1.11** Maintain privacy for patient and confidentiality and security of patient related information;
- 5.1.12** Ensure a patient rights charter and policy is developed and implemented;
- 5.1.13** Comply with requests from DHCR for information and co-operate with any audit and inspection activities;
- 5.1.14** Have policies and Procedures for prices and payment in accordance with DHCR requirements,

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- 5.1.15** Have policies and Procedures for documentation in accordance with DHCR requirements, best practices and the specific section in these standards;
- 5.1.16** Have a functioning electronic health record system that ensures reception or collection of safe and comprehensive information for the purpose of providing health services for the patient including details of any video or voice recording and in accordance with DHCR Medical records policy.
Have systems and processes for good quality data recording, storage and backup in accordance to Health Informatics Department policies and procedures and any relevant regulations in UAE
- 5.1.17** Have a professional with suitable credentials, experience, skills and qualifications to assess and evaluate HCPs' competencies in using such technology before conducting Tele-Health activities.
- 5.1.18** Provide the facilities and accessibility to enable special needs people to manage with Telehealth Services, if the functional program of the Telehealth Facility and the services are designed for special needs patients
- 5.1.19** Provide a system for quality improvement and procedures for performance management, a process for quality assurance and control, preiodical review of policies and procedures pertaining to the services and training of professionals and administrative staff
- 5.1.20** Provide an appropriate environment and culture that encourages the Healthcare Operators, Professionals and administrative staff to report and document incidents.
- 5.1.21** Conduct a survey after one year to measure the efficacy of Tele-health for both the providers and recipients of such services. A copy of the survey' results need to be shared with DHCR.

6 CASE MIX AND PATIENT ELIGIBILITY

6.1 The delivery of Telehealth services is used for a variety of purposes:

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- **Specialist referral** services typically involve a specialist assisting a general practitioner in rendering a diagnosis. This may involve a patient “seeing” a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to a specialist for viewing later
 - **Direct patient care** such as sharing audio, video and medical data between a patient and a health professional for use in rendering a diagnosis, treatment plan, prescription or advice, pathology and/or point of care testing and/or radiology investigation and reporting of the results to patients;
 - **Remote patient monitoring** uses devices to remotely collect and send data to a monitoring station for interpretation. Such “home telehealth” applications might include using telemetry devices to capture a specific vital sign, such as blood pressure, glucose, ECG or weight.
 - **Medical education and mentoring**, which range from the provision of continuing medical education credits for health professionals and special medical education seminars for targeted groups to interactive expert advice provided to another professional performing medical procedure
 - **Consumer medical and health information** includes the use of the Internet for consumers to obtain specialized health information and on-line discussion groups to provide peer-to-peer support
- 6.1.1** Patients who fulfill criteria established by the operator to ensure they are appropriate for Telehealth services;
- 6.1.2** Patients who agree to receiving telehealth services, who have consented and agreed to costs and means of payment for services;
- 6.1.3** Triage (patient prioritization and categorization according to medical and management needs, severity/complexity, prognosis and resources availability and referral to specialized care as indicated by case);

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- 6.1.4** Home monitoring of patient health status and vitals including specified point of care testing, use of Telemonitoring devices;
- 6.1.5** Other services approved from time to time by DHCR upon application including but not limited to patient education, counselling and recommendations for self-care;
- 6.1.6** Pathology and/or point of care testing and/or radiology investigation and reporting of the results to patients;
- 6.1.7** Video review of body symptoms;
- 6.1.8** Tele referral in accordance with the health care operator's referral policy, where applicable and relevant for the case;
- 6.2** Patients identified as requiring any physical examination, urgent /emergency or invasive clinical intervention and/or use of prescribed medications and/or sick leave certificates must be referred to an appropriate licensed healthcare operator for face to face consultation.

7 HEALTHCARE PROFESSIONAL REQUIREMENTS



- 7.1** Credentials for each professional involved (as applicable)
 - 7.1.1** DHCC License;
 - 7.1.2** Board;
 - 7.1.3** Training, competencies and testing on use of the systems, processes and equipment and to manage specific challenges of this form of consultation that may arise in the following areas:
 - Use of the communications systems
 - All policies and procedures specific to Telehealth
 - Use of IT systems
 - Use of any electronic recording systems and processes
 - 7.1.4** Clinical Privileges;
 - 7.1.5** Job Description;
 - 7.1.6** Other e.g. number of cases required per year
- 7.2** The Medical Director of the teleconsultation facility shall be licensed by DHCR in the relevant specialty of the provided areas.

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- 7.3** HCPs practicing Telehealth shall comply with all of rules of professional conduct and provide services within their scope of license.
- 7.4** HCPs have the right to decline delivering services using Telehealth if they so wish.
- 7.5** HCPs, who wish to provide Tele-Health services to patients located outside DHCC, are recommended to ensure that they meet the requirements for practice within the jurisdiction where the patient is located.

8 FACILITY TECHNICAL REQUIREMENTS (AS APPLICABLE)

- 8.1** The facility providing Telehealth services shall fulfill the following technical requirements;
- 8.1.1** Schematic design drawings showing the proposed floor layout and description of the rooms and the services to be provided and approved;
- 8.1.2** Equipment, devices and supplies including the following:
- Video devices and equipment needed to facilitate the communication (asynchronous and Synchronous) between the professional and patient to support all Telehealth services delivered;
 - Equipment and devices compatible with technical communication to safely and securely transmit data and information in accordance with Health Informatics Department policies and procedures and any relevant regulations in UAE;
 - Equipment of suitable quality, designated for medical use installed and used properly and in manner to guarantee patient safety and patient privacy and confidentiality;
 - Equipment that has been periodically and appropriately maintained and serviced in accordance with manufacturers specifications;
- 8.2** Policy and procedures in case of any emergency event or technical failures for communication equipment and devices and IT systems to assure the security and protection of the patient health records.



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9 PHARMACY SERVICES

- 9.1** Any medication advised for the patient using telehealth services must be over the counter medications.

10 DOCUMENTATION

- 10.1** Telehealth Operator shall maintain documented policies and procedures to ensure safe practices are being implemented
- 10.2** Telehealth service providers shall have in place specific, approved policies and procedures for documenting:
- 10.2.1** Patient information and data;
 - 10.2.2** The full clinical consultation;
 - 10.2.3** patient condition including signs and symptoms described by the patient and/or observed by the professional/s;
 - 10.2.4** Diagnosis and recommended treatment in the patient electronic health records in accordance with DHCR policies and international evidence based best practices.
 - 10.2.5** Confidentiality of all patient records including images and recordings must be sufficiently robust in order to protect patients using Telehealth services.
- 10.3** The healthcare professionals who provides the telehealth services shall document and update the patient information in the electronic healthcare record.
- 10.4** The Electronic healthcare record shall include at least the following:
- 10.4.1** The type of technologies using in the delivery of Telehealth services;
 - 10.4.2** The reasons for using the Telehealth services;
 - 10.4.3** The location of the telehealth practicing and receiving care site;
 - 10.4.4** The identity and means of confirming the identity of the patient who received the services;
 - 10.4.5** The means used by the healthcare professional to identify themselves and their credentials to the patient;
 - 10.4.6** The patient consent information;

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- 10.4.7** Full details of the clinical assessment;
- 10.4.8** The advice and recommended treatment given by the healthcare professional;
- 10.4.9** The date and time of the services provided;
- 10.4.10** The name and license number of the healthcare professional (s) involved in providing the Telehealth services.

11 COMMUNICATION



- 11.1** The operator should obtain details of alternative means of contacting the patients.
- 11.2** For diagnosis using audio and visual communications, the audio and visual communications must be live, real-time communications
- 11.3** The operator should provide patients with alternative means of contacting their healthcare professionals (HCPs).
- 11.4** The operator shall ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons.

12 TELEHEALTH SERVICES IN COLLABORATION WITH OTHER HEALTHCARE OPERATORS

- 12.1** The telemedicine collaboration/networks have had to negotiate inter-organizational agreements to address such issues as governance, fiduciary responsibility. Telemedicine partner/networks have had to focus on building trust relationships among institutions, practitioners and patients that will allow the delivery of care by a physician at another institution.

13 DHCR ROLES AND RESPONSIBILITIES

- 13.1** DHCR shall ensure that this standard is in accordance with its regulations and shall notify operators if any conflict or deviation occurs.
- 13.2** DHCR Personnel will survey and inspect the premises of the operator intending providing the telehealth services.

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- 13.3** DHCR reserves the right to withhold approval or direct discontinuation for any services upon establishing evidence of unsatisfactory standards, treatment outcomes or breach of regulations;
- 13.4** DHCR Personnel may request information from all licensed operators in accordance with their Standard Operating Procedures to measure compliance with these standards.
- 13.5** DHCR shall communicate with all operators to ensure transparency and clarity with regard to inspection and audit, clinical and non-clinical complaints.

14 REFERENCES AND RELATED DOCUMENTS

- 14.1** DHA Administrative Decision No. (30) of 2017
- 14.2** Forstag B. American Telemedicine Association: Federal Telemedicine Policy Summit. International Journal of Tele rehabilitation. 2013;
- 14.3** HAAD Standards for Tele-consultation in the Emirate of Abu Dhabi, TC/SD/0.9
- 14.4** Risks of telephone consultations (below link)
<http://www.medicalprotection.org/uk/practice-matters-june-2015/risks-of-telephone-consultations>
- 14.5** Remote prescribing risks (below link)
<https://www.mddus.com/resources/resource-library/risk-alerts/2012/october/remote-prescribing-risks>
- 14.6** Center for Connected Health Policy:
<http://www.cchpca.org/what-is-telehealth>

Further Considerations:

- Where face to face consultation is available it should be available for patients who do not want to pursue with tele-Health or have a difficulty in using the technology.
- DHCR will assess all Telehealth Service application individually

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