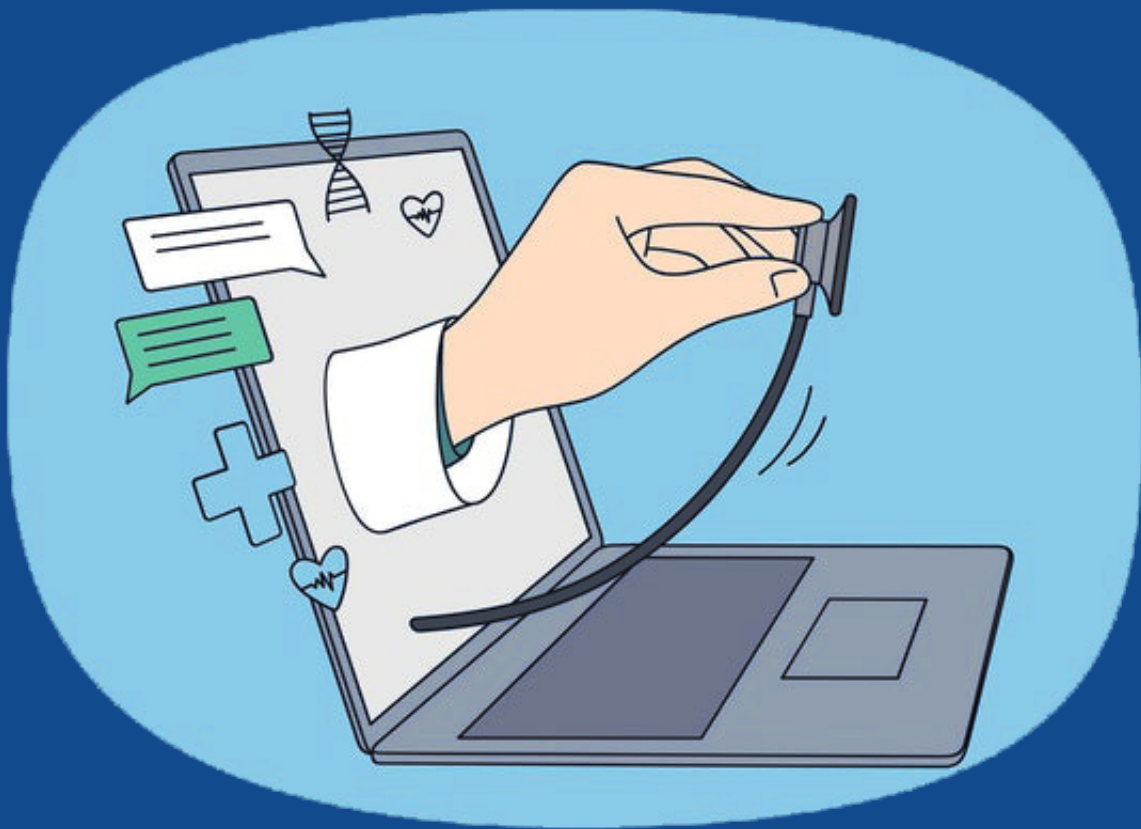




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A GUIDE TO TELEMEDICINE IN PRIMARY HEALTHCARE



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The views expressed in this document are those of the authors and do not necessarily reflect UNICEF's position.

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1. INTRODUCTION

The World Health Organization defines telemedicine as "the provision of health services by health professionals, where distance is a critical factor, using information and communication technologies to exchange valid information for the purposes of diagnosis, treatment and prevention of disease and injury, research and evaluation, and to facilitate the continuing education of health professionals, with the aim of safeguarding the health of individuals and communities"¹.

Telemedicine is defined in Romania as "the totality of medical services provided remotely, in a secure manner, by means of information technology and electronic means of communication without the simultaneous physical presence of the medical staff and the patient, that aim to establish the diagnosis, indicate the treatment, monitor certain diseases or indicate disease prevention methods " (Law 95/2006; GEO 196/18.11.2020).

The concept of telemedicine is not new. The accelerated development of information and communication technology have led many healthcare systems around the world to recognize the suitability of remote healthservice provision as a solution to the chronic shortages of doctors and as a means of promoting more equitable access to healthcare.

Telemedicine can help us achieve the Sustainable Development Goal of universal health coverage by improving access to good, safe and cost-effective health services for patients. Telemedicine can bring added value to those living in remote areas, vulnerable groups, elderly people with chronic diseases². Technology can also facilitate communication between members of the care team, improving the coordination of patient care³.

In the COVID-19 pandemic, the need to reduce doctor visits without compromising access to essential health services has brought telemedicine back into the spotlight around the world, including in Romania. The widespread adoption of telemedicine during the pandemic has highlighted the need for further development and even diversification of telemedicine services in the post-pandemic period⁴.

The impact of telemedicine services is expected to be positive not only in terms of improving patients' access to healthcare, but also in terms of reducing their need to travel which, by reducing the use of transport, helps bring down pollution, thus yielding indirect environmental benefits⁵.

For all its advantages, however, it is often the case that technology cannot substitute an in-person consultation, which is why each doctor or care team must first consider whether it is appropriate to carry out a remote consultation, or even to continue it if it is already underway.

2. LEGAL FRAMEWORK FOR THE PRACTICE OF TELEMEDICINE IN ROMANIA

The legal framework for the practice of telemedicine services in family medicine was initially adopted in Romania in 2018, with the definition of the rural telemedicine information system⁶, which establishes the communication between the offices of family doctors in rural areas and specialist doctors in county hospitals/health institutions, a pilot project that has seen no follow-up. The legal framework was supplemented in November 2020 (Art.30, Law 95/2006) with regulations on telemedicine services⁷.

The legal framework was updated in 2022 by GEO 196 of 18.11.2020, which amended Law 95/2006. The list of medical specialties and services, as well as the general conditions for the organisation and functioning of telemedicine are published in the implementing methodology (Decision No. 1133/2022)⁸.

In the context of telemedicine, the same obligations apply as those prescribed in the code of medical ethics in terms of quality of care, therapeutic relationship with the patient, respect for professional secrecy, management of medical data, ensuring the limits of professional commitment⁹.

Patients' personal health data is processed in compliance with the regulations on the protection of natural persons regarding the processing of personal data and on the free movement of such data, while observing patients' rights as established by law^{10,11}.

Under the Framework Contract governing the conditions for the provision of health care, and the related implementing rules, in 2022 family doctors may carry out two categories of remote consultations, which are reimbursed by the national health insurance system under the following conditions^{12,13}: consultations for endemoepidemic diseases requiring isolation, and consultations for chronic conditions, provided under the same conditions as in-office visits. The framework contract makes no specific reference to the format of remote consultations, allowing any means of communication. The national health insurance card is not required for this service.

Other important legal aspects of telemedicine services establish that:

- (a) Telemedicine services must be provided on a non-discriminatory basis; the patient may refuse the medical service provided via telemedicine.
- (b) The express consent of the patient is required to access the platform or for the provision of the medical service via telemedicine.
- (c) Quality assurance for the medical services provided by telemedicine falls under the responsibility of the providers of such services.

The legal acts referenced in this section are listed in Annex 1.

3. ABOUT THIS GUIDE

This guide is a tool designed to help professionals in the primary care team to organise telemedicine services.

The primary health care team for which the guide is intended includes both the family doctor and his or her nurse, as well as the community nurse. The guide may also be useful for other professions providing health-related services (psychologists, speech therapists, physiotherapists/kinesiotherapists), pharmacists or social workers. Telemedicine services have a special place in palliative care, where pain management services have shown a high level of patient satisfaction.

Telemedicine services can be practiced both in the family doctor's surgery and in the integrated community centres or institutions of the health and social care system, as well as the in patient's home. Many professional organisations around the world have developed guidelines on the provision of primary care in the context of telemedicine services¹⁴⁻²⁹.

Such a guide for primary healthcare is also necessary in Romania due to the need to clarify practical aspects relating to how telemedicine services are organised in our country. This must be done in compliance with the existing legislation, with the intention of enabling the provision of good quality and safe telemedicine services, both for the patient and the doctor and his team, but also in order to help obtain more funding for these services, thus broadening the population's access to primary healthcare.

3.1 Objectives

This guide aims to be a tool for the organisation and delivery of telemedicine services in family medicine surgeries and it aims to:

1. Identify the main types of telemedicine services which are suitable for primary care;
2. Define the organisational requirements needed to ensure compliance with the legal framework for the practice of telemedicine services;
3. Highlight best practices for the provision of telemedicine services;
4. To provide practical tools for the provision of telehealth services.

The guide is centred around the organisation of the teleconsultation service, with a special focus on the particular form it takes, i.e. telemonitoring, but it also outlines a general framework for the provision of teleassistance and teleexpertise.

It is beyond the scope of the guide to provide information on hardware and software specifications for telehealth services and their maintenance, or on data management systems.

This telemedicine guide includes practical schemes to help the medical team approach teleconsultation, teleassistance and teleexpertise.

3.2 Methodology

The sources reviewed in the development of this guide include the relevant literature and guidelines for telemedicine in primary care around the world. A summary table of the guidelines reviewed can be found in Annex 2.

The guidelines that the authors have reviewed were put together by **public health authorities or professional associations** from different countries, over the period 2014-2022.

The present guide is an adaptation of the recommendations, bringing them in line with the Romanian legislative framework. It may therefore be updated to reflect any changes in the legislative framework.

4. TELECONSULTATION. TELEMONTORING

Teleconsultation is defined in Romania as "the medical service carried out in relation to the patient, who enters into discussion with the doctor remotely, and can be carried out by any means of communication in order to determine the diagnosis, treatment and/or measures necessary for the prevention of diseases and their complications, all in the interest of promoting patient health".

Telemonitoring is defined in Romania as "a medical service that allows a specialist doctor to remotely monitor and interpret the medical data of the patient that the patient sends by means of remote electronic communication and that is necessary for medical follow-up, adjustment of therapeutic management, lifestyle and hygienic-dietetic regime related to the care of this patient, as appropriate". (Law 95/2006, GEO196/18.11.2020).

Telemonitoring is remote consultation (teleconsultation) of a repetitive nature.

The World Health Organisation proposes to standardise the terminology (uniform classification) of digital interventions in health systems, for the purpose of ensuring interoperability³⁰. Where telemedicine is concerned, the WHO proposes simple definitions, which the present Guide has also adopted.

1. **Teleconsultation:** consultation offered to the remote patient by the healthcare provider;
2. **Telemonitoring:** remote monitoring of the patient's health status and/or medical data by the healthcare provider;
3. **Teleexpertise:** the remote exchange of medical opinions between two or more physicians for the purpose of confirming a diagnosis and/or establishing therapeutic management;
4. **Teleassistance:** the provision of opinions or data in real-time by a doctor to a remote practitioner performing a medical act.

4.1. Analysing the appropriateness of teleconsultation

4.1.1. Assessing the need for remote consultation

When starting the process of setting up a teleconsultation service, each practice must carry out an analysis of the need for this service.

In busy urban practices with long patient lists and a high workload, the family doctor can organise a remote consultation service (teleconsultation/telemonitoring) using different communication interfaces (online text service, telephone consultation or video consultation).

In rural surgeries, especially in surgeries with secondary outlets, travel for both the doctor and the patient can be difficult and the need for health services is high. A remote consultation service can be organised when technical conditions allow for it.

In epidemiological contexts where direct contact is restricted, remote consultation is recommended both for contagious patients and for patients with other conditions where exposure to the risk of disease may be an aggravating factor.

Many times the patients themselves prefer quick communication or the ability to save the travel time to the surgery, so they request a remote consultation.

There are a number of constraints on healthcare provision via teleconsultation (telemonitoring) that need to be considered (Table 1).

Table 1. Examples of constraints on the provisions of teleconsultation/ telemonitoring

<ol style="list-style-type: none"> 1. population structure, openness to remote health service 2. accessibility of services provided in person, at the doctor's office 3. epidemiological context 4. the doctor's technical skills 5. the patient's level of understanding regarding information and data about health and disease 6. the patient's ability to use remote communication technology 7. availability of technical equipment (applies to both patient and surgery) 8. adaptation of technical equipment for telemedicine services for those with special needs
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Particular attention should be paid to people with special needs. While telemedicine allows for more equitable access to health services, in reality many people with disabilities experience difficulties in accessing and using these services³¹.

4.1.2. Analysing the medical context

Nu orice context medical poate fi rezolvat cu ajutorul unei consultații la distanță.

Not every medical context can be solved by remote consultation.

Teleconsultations are recommended in the literature for preventive services, in particular health education interventions, in counselling and management of patients with chronic conditions, e.g. to check adherence to treatment or to control the main clinical parameters that the patient self-monitors.

Examples of patient categories for which teleconsultation is recommended are given in Table 2 (without excluding other patient categories).

Table 2. Examples of patient categories who can benefit from teleconsultation*

<p>Patients in various clinical contexts</p> <ol style="list-style-type: none"> 1. to reduce the risk of transmission of infectious diseases 2. health problems at low risk of complications
<p>Chronic patients</p> <ol style="list-style-type: none"> 1. regular monitoring 2. discussion of results of paraclinical investigations 3. treatment management 4. remote monitoring via medical devices 5. self-care advice
<p>Children and adults</p> <ol style="list-style-type: none"> 1. with common low-risk conditions (rash, red eye) 2. assessment of children and adults with special needs
<p>Pregnant women</p> <ol style="list-style-type: none"> 1. low-risk pregnancy monitoring 2. BP and blood glucose monitoring

Elderly patients

1. unable to travel or for whom travel is not indicated
2. improving care for patients with dementia

Behavioural

1. monitoring for anxiety/depression
2. psychotherapy

** Adapted from the American Academy of Family Physicians. A toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice¹⁹.*

4.1.3. Deciding on the appropriateness of teleconsultation

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. In order to analyse the appropriateness of the consultation it is necessary to assess several aspects relating to:

I. 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 taken into account. 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 manner in which the telemedicine service is provided and the technical features of the platform are appropriate/responsive to the different needs of these patients.

II. Detecting emergencies by ensuring appropriate triage

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 condition 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, in order to screen for emergencies (Box 1)³².

Box1. Questions designed to screen for emergencies (rapid triage)*

1. Are you experiencing chest pain or palpitations?
2. Are you having trouble breathing, or experiencing shallow breathing, wheezing or severe coughing?
3. Do you have newly developed abdominal pain?
4. Are you experiencing pain or purulent discharge in your ears, is your hearing altered in a way that is causing you concern?
5. Do you feel numbness or weakness in your face, arm or leg?
6. Have you experienced sudden difficulty walking, dizziness or loss of balance?
7. Are you experiencing sudden changes in vision or eye pain?
8. Have your experienced sudden swelling in your legs?
9. Have you suffered a recent accident or assault?
10. Are you concerned that your symptoms may require immediate face-to-face consultation or may be an emergency?

**Adapted from Croymans &all; Telehealth: The right care, at the right time, via the right medium³²*

III. Information available on the patient (is the patient new to the practice?)

Not all telemedicine guidelines regard provision of remote consultation to a new patient as advisable. Some organisations recommend that the option of teleconsultation should be offered to a new patient only after an initial face-to-face assessment, either at the surgery or at the patient's home.

So as not to limit access to a medical service, teleconsultation may also be offered to a new patient in certain instances, if the doctor so decides.

IV. Patient's ability to use technical means of remote communication

If the use of information and communication technologies is an obstacle for the patient, the patient may be assisted by a carer or other health professional (from the community) if he/she agrees.

The presence of a third person during the consultation must be recorded in the medical records.

If the person is a practitioner (community nurse, midwife, etc.), teleconsultation can be treated as teleassistance.

Box 2 gives examples of questions that help determine the appropriateness of remote consultation.

Box 2. Questions that help to determine the appropriateness of teleconsultation*

1. Do I need to physically see the patient?
2. Does the condition require diagnostic or laboratory tests that need to be carried out at the surgery? If so, can these tests be performed after the consultation?
3. Is there a potential for a significant emotional reaction from the patient (e.g., receiving bad news, or a delicate diagnosis?)
4. Does the patient have multiple co-morbidities?
5. Is the risk-benefit ratio of the visit acceptable to the patient?
6. Does the patient live far away?
7. Does the patient have a disability that prevents him/her from travelling or self-assessing?
8. Is the trip to the surgery or even the visit to the surgery associated with the risk of infection?
9. Does the patient possess the necessary equipment for teleconsultation?
10. Does the patient have the necessary technical skills?
11. Is there anything about the patient that makes you think that the risks may outweigh the benefits or vice versa?

**Adapted from AAFP, 202018*

Particular attention should be paid to people with special needs, who are entitled to accessible, effective and safe telemedicine services (section 4.3.3.)

4.2. Teleconsultation categorie

Depending on how the information is transmitted, teleconsultations can be **synchronous or asynchronous**. During synchronous teleconsultations, the doctor and the patient are present simultaneously during the consultation (e.g. videoconsultation or telephone consultation).

An asynchronous consultation involves a delay in the exchange of information between doctor and patient (e.g. consultation via online form or online application).

Teleconsultation often employs the two modes of remote communication together. For example, the use of a triage form (asynchronous) may be followed by a consultation in real time (synchronous) and the prescription is transmitted asynchronously.

The main methods used for synchronous and asynchronous consultations are listed in Table 3.

Table 3. Methods used for teleconsultations/telemonitoring at the family doctor's office

Synchronous	Asynchronous
<p>Real-time audio-video communication.</p> <p>Interactive videoconferencing applications on your computer, tablet or mobile phone</p> <p>Platforms can be stand-alone or integrated into the surgery's IT systems.</p> <p>In the case of stand-alone platforms, two screens can be opened at once - the surgery's information system and the videoconsultation.</p> <p>Telephone communication</p>	<p>Triage form in the form of online questionnaire</p> <p>The surgery posts a triage form on the website, to be filled out within 24 hours, with the following options:</p> <ul style="list-style-type: none"> - the possibility of resolving the problem with a message (prescription, referral, test or advice) - scheduling a synchronous teleconsultation (telephone/video) - scheduling an in-office consultation. The questionnaire is confidential and secure. <p>Storing and sending imaging data with subsequent interpretation</p> <p>Remote monitoring devices, remote biometric data transmission via Bluetooth (telemonitoring)</p>

4.2.1. Types of teleconsultations and ways of carrying them out

Telephone consultation

A telephone consultation is a **synchronous** consultation (doctor and patient are present at the same time) in which the doctor and patient can discuss a range of less complex medical issues.

The telephone consultation involves communication between the patient and the healthcare professional, and in special cases may also involve one of the patient's family members.

1. It can be done via telephone systems or VOIP (Voice over Internet Protocol).
2. There are limitations related to the impossibility of visual interaction with the patient and restricted data transmission.
3. Requires a dedicated time interval, clearly defined as part of the surgery's working hours. This time interval must be made known to the patient.
4. In practice, telephone consultations are often initiated by the patient. Some guidelines consider the patient's call to the doctor as an implicit consent of the patient to the (remote) consultation format.
5. Other guidelines recommend that the surgery's telephone should play a pre-recorded message with information on the conduct of the telephone consultation. By continuing the call, the patient gives informed consent.

Videoconsultation

Videoconsultation is a **synchronous** consultation in which the patient and the doctor (or medical team) can see each other using a video camera.

1. It is carried out via secure video platforms.
2. The patient can be accompanied by a carer if they need support. This is the case with children, or people with special needs.
3. The patient gives his/her consent by ticking an information form prior to logging into the platform or by having the conditions read by medical staff and giving explicit verbal consent.
4. Videoconsultation requires prior training for the doctor/medical team.
5. (Recommendation) It is preceded by a triage process (by phone or online triage form).

An example of triage by online form is shown in box 3.

Box 3. NHS Case study –Online triage form*

The National Health Service offers surgeries access to a platform for teleconsultation. There is a section devoted to the submission of written requests by means of a form. This section is called "ask your doctor for advice"

Once the form is opened, information about symptoms, conditions or treatments is requested.

Certain symptoms that are red flags may automatically open a window recommending a call to the 112 service.

These forms can be used to report the need for sick leave.

Once the form has been submitted, it will become visible to the surgery’s designated staff members.

The surgery examines the forms received within 24 hours and decides whether the patient needs an in-person consultation, a teleconsultation or whether the problem can be solved right away.

**(Adapted from NHS "Using online consultations in primary care: implementation toolkit." (2020)¹⁶*

Teleconsultation via online form (or online application)

This is a type of **asynchronous** teleconsultation where the patient submits a request via an online form in a secure manner, which may lead to the resolution of his/her problem, or may result in an appointment for a consultation being made (in-office consultation or teleconsultation).

Some telemedicine guidelines accept the use of **chat** on secure platforms such as zoom or skype as a teleconsultation format.

However, other international guidelines **recommend against** the use of social networks (whatsapp, facebook, messenger, etc.) for remote consultations.

Advantages and disadvantages of different types of teleconsultation are shown in Table 4.

*Table 4. Advantages and disadvantages of the main types of teleconsultation**

Type	Advantages	Disadvantages
Video	<ul style="list-style-type: none"> Closer to face-to-face consultation Easier to identify the patient The medical practitioner can see the patient Clinical signs can be observed Possible to inspect the patient visually The interaction takes place in real time 	<ul style="list-style-type: none"> Good internet connection and high resolution web/ phone cameras required There may be limitations in terms of ensuring the privacy of the consultation

Audio	<ul style="list-style-type: none"> Quick and convenient Unlimited access Suitable for emergencies Does not require infrastructure Privacy is assured The interaction takes place in real time 	<ul style="list-style-type: none"> Non-verbal aspects may escape notice Cannot visually inspect the patient The patient cannot be identified
Text	<ul style="list-style-type: none"> Quick and convenient May be suitable for appropriate triage 	<ul style="list-style-type: none"> Lacking the benefits of verbal and non-verbal communication Difficult to establish a rapport with the patient

* Adapted from AAFP, 2020¹⁸

4.2.2. Teleconsultation versus in-office consultation

In weighing the choice between face-to-face and remote consultation, it is recommended that the doctor carefully consider the patient's clinical situation.

The decision-making process is not easy and, to steer it, various organisations have produced guidelines in which they put forward lists of clinical backgrounds, or types of patients, or lists of conditions, as well as means of carrying out the teleconsultation.

Examples of situations and patient categories for office-based and remote consultation (teleconsultation) are given in Table 5.

Table 5. Teleconsultation versus consultation at the doctor's office*

In-office consultation	Teleconsultation
<ul style="list-style-type: none"> General consultations New patient It is impossible for the patient to participate in a virtual consultation Acute medical problems with risk potential (e.g. acute chest pain, abdominal pain, headache, musculoskeletal pain, etc.) 	<ul style="list-style-type: none"> General consultations New patient – selected by triage as eligible for teleconsultation Selected acute medical problems (e.g. rashes, urinary tract infections, symptoms of respiratory tract infection - including COVID, etc.)
<ul style="list-style-type: none"> Monitoring/follow-up Chronic conditions (hypertension, diabetes, hypercholesterolemia, hypothyroidism, etc.) After an emergency event (with a visit to the ER), depending on the reason for presentation to the ER A history of virtual visits for the same issue that did not lead to resolution of the issue 	<ul style="list-style-type: none"> Monitoring/follow-up Chronic conditions (hypertension, diabetes, hypercholesterolemia, etc.) with home monitoring - e.g. interpretation of tests Depression, anxiety, insomnia, ADHD - medication review After an emergency event (with a visit to the ER), depending on the reason for presentation to the ER

Prophylactic visits Annual visit of a complex patient Annual visit of an apparently healthy person with risk factors Children's check-up visit - especially at the time of vaccination	Prophylactic visits Annual visit of an apparently healthy person with no major risks
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* Adapted from AMA. *Practice transformation series: telemedicine and team-based care, 2021*¹⁹

The provision of health services at a distance is also influenced by the possibility of their being covered under the national health insurance system. A (non-exhaustive) proposal regarding the types of services that can be provided and paid for under the Romanian social insurance system, and which can increase patients' access to preventive and curative services, is presented in Table 6.

Table 6. *Types of remote healthcare services provided by the primary healthcare team*

Services provided by the family doctor	Type of service and mode of provision
Preventive services	
Preventive and education services for the health of pregnant women / children/adults	at the office
	teleconsultation
	<i>teleassistance</i>
Behaviour change counselling service for people at risk (smoking, diet, alcohol)	at the office
	teleconsultation
Counselling service for vaccine-hesitant individuals	at the office
	teleconsultation
Family counselling/planning service, reproductive health	at the office
	teleconsultation
Chronic patient services	
Consultation service for the monitoring of the stable chronic patient	at the office
	at home
	teleconsultation
Consultation service for monitoring priority chronic conditions (cardiovascular, renal, metabolic, pulmonary)	at the office
	at home
	teleconsultation

Consultation service for the management of symptoms in the terminally ill patient (includes family education)	at the office
	at home
	teleconsultation
Remote consultation service for the assistance of a mid-level practitioner, so as to delegate tasks for the care of the chronically ill patient	<i>teleassistance</i>
Diagnostic and therapeutic summary consultation service for complex or rare conditions requiring monitoring outside the area of expertise of the family doctor	<i>teleexpertise</i>
Acute patient services	
Acute consultation service	at the office
	at home
	teleconsultation (simple acute episode)
Subacute consultation service	at the office
	at home
	teleconsultation (simple acute episode)
Consultation or monitoring service for infectious diseases requiring home isolation	teleconsultation
	at the office

4.3. Planning and organising a teleconsultation

4.3.1 Scheduling remote consultation

Scheduling for remote consultations can be done in several ways, depending on the choice of each FD. It is recommended that the schedule for telemedicine consultations be highlighted separately.

It is advisable to allocate a separate time interval for remote consultations to avoid interference with the flow of face-to-face consultations.

This dedicated schedule can be integrated within the overall working hours in different ways:

1. By designating certain time slots for teleconsultation ;
2. By designating certain days for teleconsultation;
3. By having on-call teleconsultation;
4. Open hours (difficult to manage, however).

When appointments are made, it is recommended that the patient receive information about:

1. the channels and methods through which he/she can schedule a remote consultation (telephone, e-mail, online form, etc.);
2. the time slots designated for remote consultations;
3. waiting time for a teleconsultation.

The patient should also receive information on how to prepare for a remote consultation (physical space, preparation of technical devices).

Information relayed to the patient should also detail some signs and symptoms that constitute alarm signals and require a face-to-face consultation with the family doctor, or calling 112 in case of a medical emergency.

4.3.2 Physical environment

It is recommended that a dedicated teleconsultation area be set up in the doctor's surgery. At a minimum, this location should:

1. be isolated/quiet;
2. have good lighting;
3. ensure confidentiality of the exchange of information with the patient;
4. ensure that the consultation takes place without interruptions or disturbances of any kind.

The patient also needs a suitable environment for a teleconsultation. The patient can be at home, or in a space specially arranged for teleconsultations (e.g. in an integrated community centre or a nursing home).

The location of the patient should be known to the doctor or the healthcare team providing the teleconsultation so that emergency services can be directed to the patient if a critical medical situation is identified.

4.3.3 Preparation of technical devices

Before the start of a remote consultation, the technical conditions/support equipment are checked. The patient receives instructions about what to do to resume the consultation (usually by telephone) or to reschedule (if necessary) if the connection is interrupted unexpectedly. The doctor/medical team must have the patient's telephone number on hand.

A checklist for optimal conditions for teleconsultation can be found in Box 4.

Box 4. Ensuring optimal conditions for teleconsultation - checklist*

1. Internet connection is working and has adequate speed for proper video communication;
2. Lighting must be adequate;
3. The video image must take in the doctor's head and shoulders;
4. The doctor's face must be visible (by ensuring adequate contrast);
5. The camera is set up at eye-level or the doctor is looking into the camera (ensuring that he/she is not looking up at, or down on, the patient);
6. The background should be simple, without features that could distract the patient.

**Adapted from AAFP¹⁸*

Platforms used in the provision of teleconsultation should be able to respond to the needs of people with special needs. However, most of the common challenges faced by people with impairments or disabilities can only be addressed through standardisation and regulation. The WHO outlines various requirements that the means used for tele-communication with people with different types of impairments should possess³¹. Examples of the requirements outlined by WHO are shown in Table 7.

Table 7. Examples of requirements for tele-communication with people with various impairments

Visual impairment	<p>Colour contrast and magnification should allow viewing of images and text on screen</p> <p>Teleconsultation should be accessible to visually impaired people who cannot access a digital platform</p> <p>Videos on platforms should not include background music, which can make it difficult for patients to hear relevant information, nor should they include ambiguous wording or inaccurate descriptions</p> <p>The operation of the platform should be compatible with devices such as screen readers or Braille keyboards</p>
Hearing impairment	<p>The video platform should provide subtitles, allow patient volume control and a messaging (text) box</p> <p>Text messaging must be configured to allow communication to and from the patient</p> <p>The screen used must be large enough to allow lip-reading</p> <p>Ideally, the platform should be integrated with a remote sign language rendering system</p>
Speech impairments	<p>The platform should include voice synthesizers that can translate what people with speech impairments say</p>
Mobility impairments	<p>The platform avoids scrolling or using menu options to access information as much as possible</p>
Developmental and intellectual disabilities	<p>The platform should allow more than two people to access a teleconsultation (for those assisting people with developmental or intellectual disabilities)</p>
Learning disabilities	<p>The layout of text, instructions, documents and worksheets on the platform should be easily accessible to people with dyslexia and other learning difficulties</p>
Mental health problems and psycho-social disabilities	<p>The platform should avoid complicated user interfaces and language that is difficult to understand</p> <p>Avoid heavy, irrelevant content that may trigger negative feelings and reactions in the patient</p> <p>Avoid presenting low-quality information that may induce patient distrust</p>

* Adapted from WHO-ITU global standard for accessibility of telehealth services, 2022³¹

4.3.4 Preparing the consultation

To prepare for the remote consultation, the doctor reviews the patient's medical history as entered in the medical record or electronic medical record. The doctor will look at:

1. The summary of the patient's conditions
2. The summary of the patient's treatments
3. The summary of allergies/ intolerances
4. History
5. Risk factors

There is always the possibility that during a remote consultation the need for urgent medical intervention may arise. It is important to know the location of the patient and, in the case of a video consultation, the telephone number of the patient (and possibly of a family member).

It is recommended that the surgery should also have a procedure in place for emergency medical interventions occurring during a remote consultation (teleconsultation).

If the appointment for a remote consultation is made via an online form, it is recommended that the doctor and/or triage staff should review the reasons for requesting the consultation (see also sections 4.1.2.-4.1.3.).

Entering the information in the patient's record is a medical and legal obligation, regardless of how the teleconsultation is carried out (videoconsultation or telephone consultation).

Advance preparation of the medium for recording information during teleconsultation is necessary. This medium can be the patient's paper medical record, or the electronic record.

In the case of a video consultation, if the video consultation system is not embedded in the surgery's software application, the family doctor must be able to open both applications (video consultation platform and surgery software application) simultaneously.

The family doctor or, where applicable, the medical team, must wear appropriate professional attire.

4.3.5 Informed consent

Prior to the remote consultation, the patient must receive adequate information, must understand, and give informed consent for both the medical act and the use of computer and remote communication technologies.

International guidelines recommend including the following information in the patient's informed consent:

1. What the teleconsultation is (definition, objectives);
2. What medical information is entered into the medical record during the teleconsultation;
3. Right to refuse this consultation format and the alternatives available
4. The possibility of replacing the teleconsultation with an office visit if the doctor regards the teleconsultation as inappropriate;
5. The possibility for another member of the medical team or a person from the patient's entourage (family member or community medical practitioner) to attend/participate in the teleconsultation and the conditions under which this can happen;
6. The role of each participant (doctor/medical team, patient/person assisting the patient);
7. How personal data is managed (for the protection of the patient's medical and personal data;)
8. Costs of the teleconsultation (if any);
9. The patient's right to express his or her opinion on how the teleconsultation is conducted.

Informed consent can be obtained verbally or in writing.

It is recommended that the receipt of informed consent be entered in the patient's medical record. There are several ways to obtain informed consent (Table 8).

Some international guidelines consider patient consent to be implicit in the telephone consultation, if the patient initiates the call. This is entered in the patient record.

Table 8. Patient informed consent for the purposes of the teleconsultation

Videoconsultation	<p>appointment for consultation via the platform is subject to acceptance of the conditions in the information/consent note;</p> <p>telephone appointment: pre-recorded message with the information in the consent note; the continuation of the call represents the patient's informed consent, which is entered in the medical record;</p>
Telephone consultation	<p>pre-recorded message with the information in the consent note; continuation of the call represents the patient's informed consent, which is entered in the medical record;</p>

At the same time as informed consent is obtained, it is recommended that the patient be explicitly informed about the protection of personal data.

Under the applicable legal acts, family doctors are obliged to demonstrate that the patient's express consent has been obtained, by any means of evidence.

A model of informed consent for teleconsultation can be found in Annex 3.

4.3.6 Communication with the patient

Communication with the patient during the teleconsultation has a number of specificities, including the communication channel. Recommendations in international guidelines emphasise^{18,23-25} the following:

1. The importance of active listening;
2. The importance of appropriate verbal and non-verbal language;
3. Importance of adapting speech flow and fluency to the teleconsultation context;
4. The importance of encouraging the patient to ask questions;
5. The importance of adapting voice intensity to the patient's condition and to the remote communication channel;
6. The importance of adapting the content of the doctor-led conversation to the patient's needs and level of understanding of the information being conveyed;
7. The importance of the doctor making sure that the patient has understood what he/she has to do;
8. The importance of the doctor making sure that the patient can follow the doctor's recommendations;
9. When logging in to the platform for a videoconsultation, the doctor should ensure that the sound and image are clear by asking direct questions "can you hear me well, can you see me well?".

Box 5 presents some further recommendations for communicating with the patient depending on the remote communication channel used.

Box 5. Recommendations for communication with a patient during teleconsultation*

Videoconsultation

1. Speaking clearly - with pauses to compensate for transmission delays;
2. Listening to the patient actively;
3. Use of non-verbal language (nodding, smiling) or verbal signals ("I'm listening", "go on", etc) to encourage the patient;
4. Being empathetic towards the patient (emotional support, acknowledgement, validation, identification of emotions, collaborative verbalization of the conduct recommended to the patient);
5. Maintaining eye contact during the videoconsultation;
6. The doctor never turns his/her back to the camera, does not turn off the camera, does not take/answer another phone call (does not suggest that he/she is not dedicated to this consultation, thus avoids inducing distrust in the patient);
7. The doctor does not take notes during the video consultation. Alternatively, the doctor can inform the patient that he/she will take notes for the medical record - the only reason why for losing eye contact with the patient.

Telephone consultation

8. Use a tone of voice that shows attentiveness, patience, empathy;
9. Use reflective listening in communicating with the patient;
10. Use open questions.

**Adapted from AAFP 2020^{19,23,25}*

4.3.7 Recording information

Each teleconsultation is recorded in the surgery's consultation register. The minimum identification details relating to the consultation are:

1. date and time of the teleconsultation;
2. summary of medical information;
3. the medicines prescribed; any change in therapeutic management or referral for specialist consultation, as appropriate;
4. the identity of the doctor and, where appropriate, of the medical team and/or the carers who attended the consultation
5. the patient's informed consent;
6. the technical support used for the teleconsultation;
7. any incidents during the teleconsultation.

In the medical record, the data is entered following the template of the office-based medical consultation. Given that, from the elements of the clinical examination, only visual inspection is accessible, a specific method of documenting the patient's examination by videoconsultation is recommended.

Recommendations taken from international guidelines are presented in Box 6.

The international guidelines also note that certain clinical parameters can be determined by the patient. The possible lack of accuracy of these determinations should be taken into account by the physician.

Documents sent by the patient during the teleconsultation must be archived (in electronic or paper format). Prescriptions issued by the doctor during the consultation must be archived (in electronic or paper format).

Box 6. How to document a clinical examination during a videoconsultation*

General appearance:

Confirms that the patient is conscious and shows no signs of acute distress with potential for severe outcomes (pallor, sweating, labored breathing, psychomotor agitation)

Head, neck, eyes, nose, ears and pharynx

Head: no trauma, deformities, exanthema, facial deformation

Eyes: no redness, oedema and discharge

Nose: no redness, oedema, discharge, eczema

Skin: no lesions, sores, erythema, cyanosis of face or hands

Cardiorespiratory: no shortness of breath, can speak in clear sentences, normal inspiration/expiration ratio

Neurological: cranial nerves grossly assessed, normal, normal speech, temporal-spatial orientation, can raise both arms simultaneously and symmetrically, walking may be required

Mental/behavioural:

Behaviour, attitude: cooperative, tidy appearance Attention and concentration: focused, adequate

Integrative function: adequate, appropriate vocabulary

Thought process (content, delusional ideas, obsessive ideas, abstract thinking): adequate

Speech: rhythm and fluency

Mood: adequate/inadequate Judgement: adequate/inadequate

**Adapted from AAFP 202018²³⁻²⁵*

4.3.8 Prescribing medication

During teleconsultation, medicines are prescribed according to the same rules that apply to in-office consultations.

It is recommended that the prescription be made when the doctor is satisfied that he/she has assessed the patient sufficiently to be able to make a diagnosis or adjust the therapeutic management. It is also recommended that the doctor assess whether the medication is still needed, whether it is well tolerated, and whether the doses and method of administration are appropriate.

Unele ghiduri de practică privind telemedicina clasifică medicația care poate fi prescrisă în urma unei teleconsultații în 3 clase. //Some telemedicine practice guidelines classify the medication that can be prescribed following a teleconsultation into 3 classes.¹⁶

- **Non-prescription medication** (medicines that can also be purchased without a prescription from a pharmacy, medicines used to treat conditions with home isolation - e.g. in the case of endemoepidemic diseases or other potential public health risks).
- **Medicines with prescription precautions (low risk of abuse)**
May be prescribed especially if the consultation is in video format (e.g. ointments, eye drops, ear drops, etc.) or in the case of an extension of a prescription as a result of a follow-up consultation or for chronic conditions.
- **Medications whose prescription in teleconsultation is restricted** (with a potential for abuse, which may be harmful to the patient or society if dispensed accidentally or voluntarily; e.g. sedatives/hypnotics, opioids, etc). Most telemedicine guidelines restrict the prescribing of potentially addictive medication

The prescription is issued in compliance with the rules of the Framework Contract for compensated and free medication and must be signed electronically. Simple prescriptions must carry the patient's identification data and clear indications for administration.

The prescription can be submitted electronically via email or secure platforms (pdf document, scan, photo).

The patient can request in writing, in the informed consent form, that the prescription be sent to a specific pharmacy.

4.4. Carrying out the teleconsultation. Steps involved.

The provision of remote assistance via teleconsultation should be carried out in a logical sequence of steps, taking into account all the previous recommendations.

The remote consultation can be initiated by the doctor/medical team, or by the patient.

In most cases it is recommended that the doctor/medical team plan and initiate remote consultations, especially for health education and disease prevention activities, or in the case of surveillance of chronically ill patients, in order to monitor parameters, adjust therapeutic behaviour and offer counselling. Table 9 details the recommended course of teleconsultation. Some additional aspects are also mentioned in relation to the monitoring of chronic patients (comparable to the definition of telemonitoring).

Table 9. Steps to follow during a remote consultation (teleconsultation*)

STEPS TO FOLLOW DURING A TELECONSULTATION	
<p>Initiating the teleconsultation</p> <p>The medical team contacts the patient</p> <p>or</p> <p>The patient contacts the doctor's office</p>	<p>Remote consultation is initiated by telephone appointment or online via the portal.</p> <p>If the patient requests a teleconsultation, the request is reviewed by a person responsible for triage.</p> <p>The triage form is reviewed to establish whether remote consultation is appropriate.</p> <p>If teleconsultation is appropriate, the type of communication medium (audio or video) is selected.</p> <p>If teleconsultation is not appropriate, the patient's request is dealt with directly or an office visit is scheduled.</p> <p>Note: it is recommended that the form for telephone or online triage should include questions that can help detect emergency situations.</p>
<p>In the monitoring of chronic patients, the following aspects are also considered:</p> <ul style="list-style-type: none"> - The existence of a disease monitoring plan, which stipulates the frequency and content of monitoring - Establishing the communication channel in line with the patient's medical needs (audio, video and/or data and text transmission). <p>Note: The patient should receive:</p> <ul style="list-style-type: none"> - A list of the information/documents that he/she must prepare and of the parameters that he/she must monitor. - Specific instructions on how to react in case of disease decompensation. <p>Telemonitoring could take place without the active involvement of the doctor/medical team, e.g. if the platform allowed automatic upload of certain parameters periodically measured by the patient (BP, weight, etc).</p>	

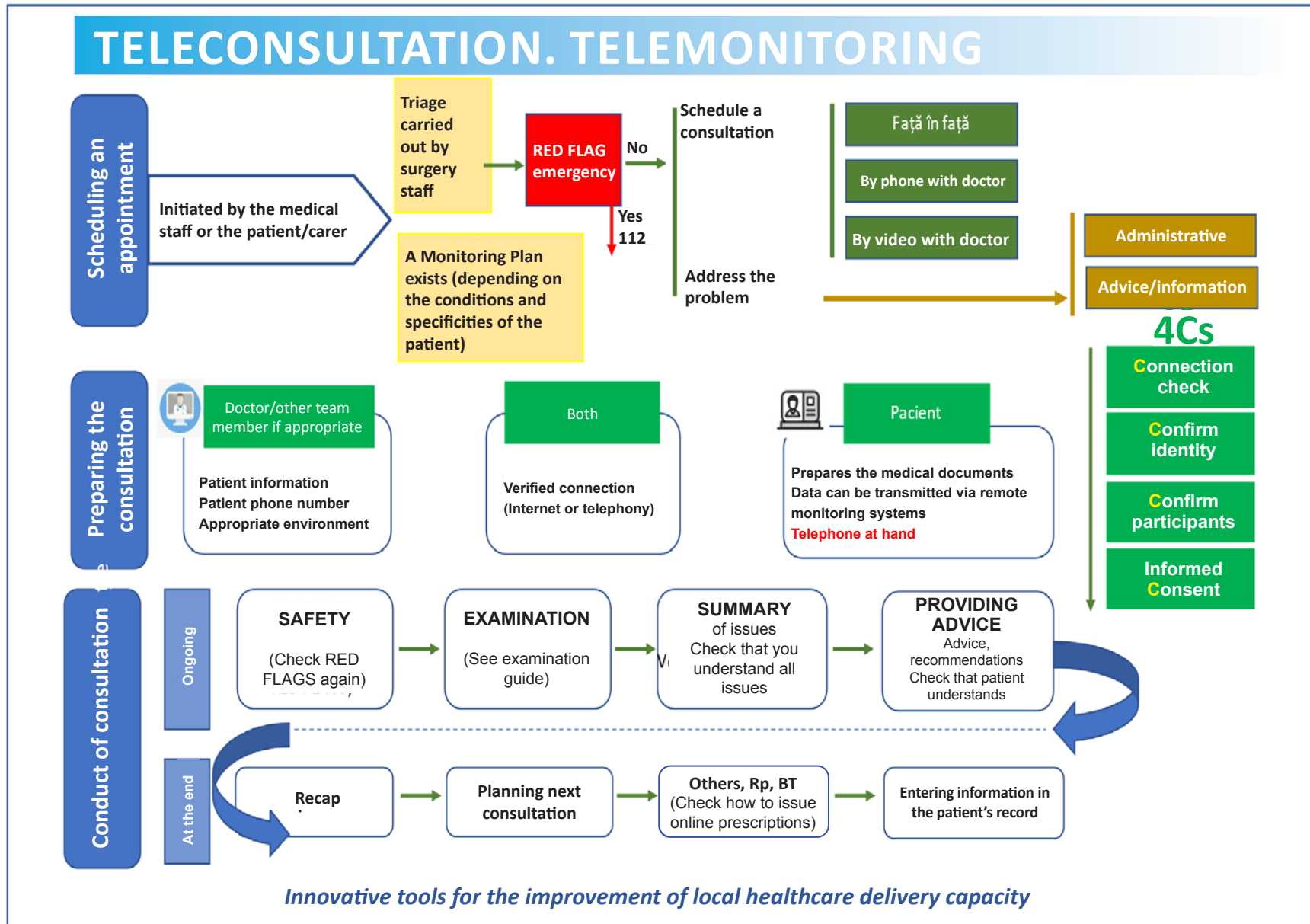
<p>Preparation of the teleconsultation</p>	<p>Preparing the patient for the format of the consultation</p> <ul style="list-style-type: none"> - instructions by e-mail or sms (pre-formatted text) with the necessary information for the teleconsultation (how to access the platform, how to check the functioning of technical devices, connect, log in, what happens if the connection is interrupted). <p>Preparing the doctor/medical team</p> <ul style="list-style-type: none"> - checking the connection and the functioning of technical devices; - checking the suitability of conditions (space, communication, confidentiality, etc.); - reviewing the visit checklist, the availability of patient records, consultation notes, etc).
<p>In the monitoring of chronic patients, it is also advisable to apprise the patients of what information and documents they need to prepare for the doctor/medical team, what parameters they should monitor (such as measuring their weight, BP , or saturation by means of a pulse oximeter) or the list of medications.</p>	
<p>Carrying out the teleconsultation</p> <p>The 4Cs technique is used:</p> <p>Communicate (check communication via technology support)</p> <p>Confirm patient identity (name/first name/date of birth)</p> <p>Confirm remote consultation participants in the medical team</p> <p>Informed consent</p>	<p>Rapid assessment of reasons and possible urgent causes possibly missed during pre-visit triage - if emergency situation - first aid advice and facilitation of emergency intervention;</p> <p>Patient assessment (history, visual examination, request for medical documents sent in real time or at a later time;</p> <p>Planning/referrals for tests, further investigations/other medical consultations - consultation ends with advice, possibly medication and rescheduling for follow-up;</p> <p>If the doctor is satisfied with the information collected, he/she can conclude the remote consultation in telemedicine. If deemed necessary, the doctor requests/schedules an office visit;</p> <p>Depending on the results of the consultation, medication may be prescribed or therapeutic management may be adjusted, referrals for investigations or specialist clinical consultation may be issued, the patient is given lifestyle advice.</p>
<p>Concluding the teleconsultation</p>	<p>Summarising the main findings of the teleconsultation</p> <p>Give the patient instructions on what to do until the next appointment</p> <p>Record the information resulting from the teleconsultation in the patient's electronic record or chart.</p>

* adapted from HAS- *Teleconsultation et Teleexpertise- guide de bonnes pratiques*⁹

In practice, patients frequently contact their family doctor by phone to ask for advice. It is up to the doctor to decide whether the discussion is covered by a teleconsultation service, considering all ethical, deontological and legal aspects.

Figure 1 provides a graphic representation of how a teleconsultation (and its repeated form, telemonitoring) is carried

Figure 1. Teleconsultation. Telemonitoring



4.5. Deontological and ethical issues

Professionals must adhere to the same ethical and professional rules as for face-to-face consultation. Teleconsultation is accessible to any insured person, being a service included in the basic package of medical services specified in the Framework Contract and is provided for both family medicine and other specialties listed in the implementing rules of GD 196 of 18.11.2020., there being no discrimination with regard to access in this sense.

Several ethical dilemmas that may arise in connection with teleconsultation are discussed in the American Medical Association (AMA) ethics journal.³³

The first ethical dilemma arises from the need to increase access to healthcare, especially in remote areas where there are not enough doctors, a need that can be served by telemedicine, on the one hand, and the need to preserve the traditional consultation model, which involves both manoeuvres and techniques that require direct contact with the patient, and an element of complex communication adapted to the patient's needs. To solve this dilemma, the AMA proposes that telemedicine services should only be used as a complement to face-to-face consultations, within a pre-existing doctor-patient relationship, which presupposes appropriate doctor-patient communication.³⁴ In regard to family medicine, which is based on a longitudinal doctor-patient continuity relationship, this dilemma is less relevant as most patients are known.

A second dilemma related to the use of telemedicine is the threat to patient privacy. When using remote means of communication such as the telephone or asynchronous means of communication (online forms, e-mails, etc.) there is a risk of personal data being accessed by unauthorised persons. Developments in data encryption systems and other solutions for secure transmission of medical data turn this dilemma into one of a mostly technical nature.

Patients may also still have doubts about who they are communicating their health data to, especially with asynchronous communication, when they do not know who is processing their health data at the other end of the communication channel.

5. TELEEXPERTISE

Teleexpertise is defined in Romania as "the telemedicine service whereby an exchange of medical opinions between several doctors takes place by any means of remote communication, with a view to confirming a diagnosis and/or a therapeutic management, based on data from the patient's medical documents and which does not require the patient's physical presence". (Law 95/2006, GEO 196/18.11.2020).

In line with the WHO's proposal³⁰ for standardisation/unified classification of digital interventions, a working definition for teleexpertise could be: "the exchange of medical opinions at a distance between two or more health professionals for the purpose of confirming of a diagnosis and/or determining therapeutic management". The mode of delivery of the tele-expertise service is either asynchronous (subsequent analysis of medical data and information) or synchronous (real-time) (Box 7). If the patient is present, the expertise provided falls under the service of tele-assistance (Chapter 7).

Teleexpertise is a relationship involving continuous or occasional collaboration/communication between two or more professionals, which is established by prior agreement.

Teleexpertise is initiated by the practitioner seeking an expert opinion on a patient's particular situation. The teleexpertise provider must be fully informed of the patient's medical data.²⁵

Teleexpertise can be useful in diagnostic, therapeutic or follow-up situations for patients with complex diseases undergoing treatment with innovative therapies, patients with rare diseases, people with disabilities or people in nursing homes or other medical-social institutions, given the shortage of specialised staff and limited access to health services.

Box 7 Teleexpertise - remote exchange of medical opinions*

In real-time - direct communication between health professionals

1. in urgent clinical situations;
2. in delayed emergencies;
3. in situations where the attending physician identifies the need for consultation

Via subsequent transmission of the opinion or interpretation results of the data transmitted

1. in elective situations;
2. in a specific clinical context for patient management.

**adapted from AAFP 2020¹⁸*

Teleexpertise makes use of a specialised platform to conduct the consultation, which must also have the ability to transfer medical files securely. The platform must comply with security standards for the storage of medical data, with regard to personal data and medical data.

The prior consent of the patient is required for this medical service and must be recorded in the patient's medical record.

5.1. How teleexpertise is delivered

The teleexpertise procedure comprises several successive stages¹⁴.

A. Identifying the need for teleexpertise

The family doctor may decide on the need for a specialist medical opinion in any medical situation. It is his/her responsibility to initiate the teleexpertise service.

The doctor decides on the need for teleexpertise;

B. Briefing the patient

The doctor briefs the patient on the request for tele-expertise. The information relayed to the patient must include the following details:

1. The reason for requesting the tele-expertise;
2. The practical arrangements for carrying out the examination;
3. The right to refuse the tele-expertise and the alternatives available;
4. Ensuring that confidentiality is observed;
5. Measures to protect medical and personal data;
6. Obtaining informed consent for the medical act and for the mode of service provision (remote communication via technology);
7. Possible associated costs (if any).

The requesting physician obtains the patient's consent for tele-expertise.

A proposal for the consent form for tele-expertise can be found in Annex 4.

C. Transmission of the request for the tele-expertise service

The requesting doctor forwards the request for the tele-expertise service to the specialist(s) whose opinion he/she is seeking.

The request shall be accompanied by the necessary documentation for the patient concerned. The minimum documentation required includes:

1. History of the disease;
2. History (diseases, allergies, intolerances, risk factors);
3. Ongoing treatments;
4. Red flags;
5. Administrative patient data;
6. Details of the requesting doctor.

D. Acceptance of the request and the fixing of the response time

The doctor who provides the teleexpertise reviews the data and decides whether it is feasible.

The tele-expertise provider confirms acceptance of the request and communicates the timeframe for the response to the requesting physician.

If the data/information received does not allow for the tele-expertise to be carried out, he/she informs the requesting doctor of the next steps to be taken (referral for consultation/investigation at the surgery, requesting the opinion of another specialist).

E. Elaborarea și transmiterea Raportului de teleexpertise

The tele-expertise report is drawn up and sent to the requesting doctor.

The tele-expertise report must record the names of the professionals who requested and those who provided the service, respectively.

The tele-expertise report must be archived by both professionals, while observing the provisions on the confidentiality of medical data and the protection of personal data.

F. Communicating the results to the patient

The results and conclusions of the tele-expertise report (prescriptions, need for investigations or other consultations) are communicated to the patient by the doctor who requested the expertise.

The results are communicated either during a teleconsultation or during an in-office consultation (in case of communicating worrying news, necessary therapeutic manoeuvres, etc.).

The care subsequently received by the patient follows the recommendations in the expert report.

Figure 2 provides a graphic representation of how teleexpertise is delivered.

Figure 2. Teleexpertise

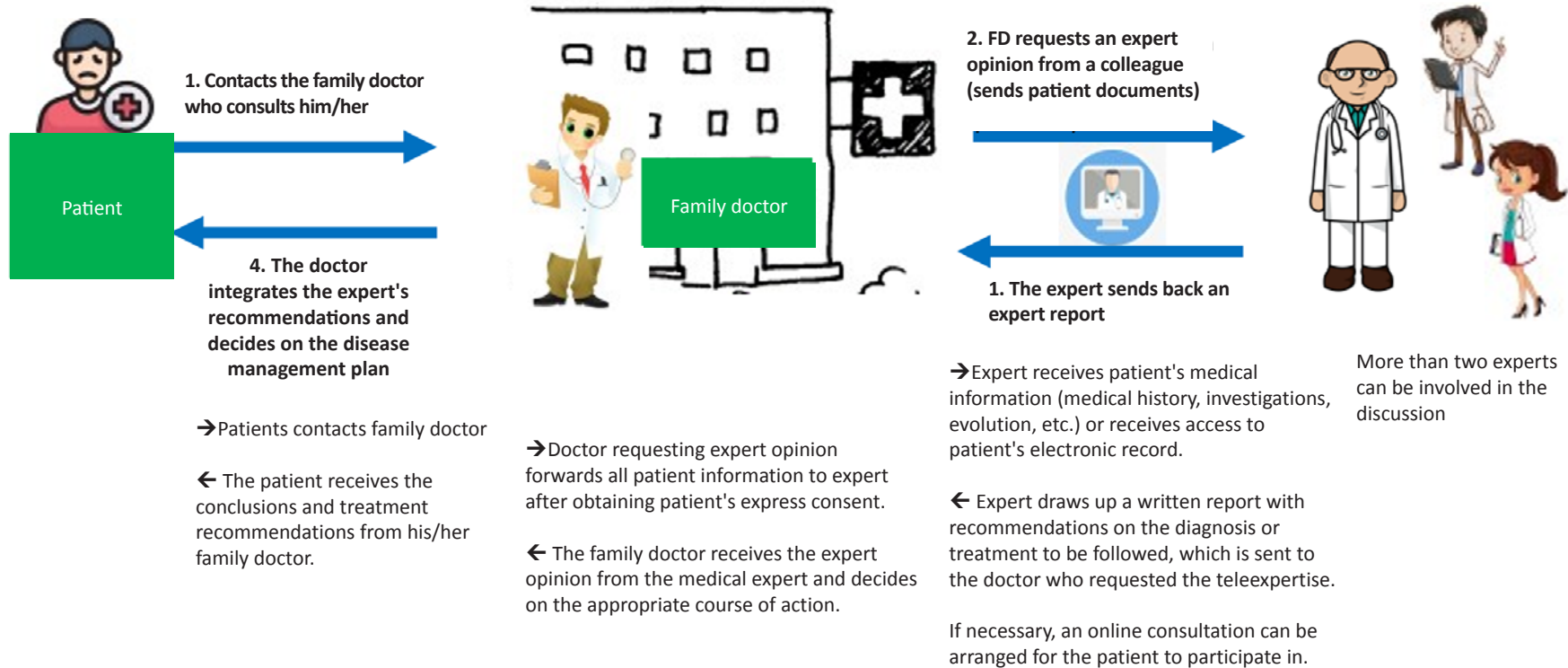
GUIDE TO TELEMEDICINE IN PRIMARY HEALTHCARE

TELEEXPERTISE

Teleexpertise

the exchange of medical opinions at a distance between two or more doctors for the confirmation of a diagnosis and/or the determination of therapeutic management

Initiated by the doctor
Known patient



Innovative tools for the improvement of local healthcare delivery capacity

6. TELEASSISTANCE

Teleassistance is defined in Romania as "the medical service consisting in the help offered by a doctor to another practitioner, located at a distance, who is performing a medical or surgical act, as well as the medical service performed when the medical professionals providing emergency medical aid need assistance". (Law 95/2006; GEO 196/18.11.2020).

In line with the WHO's proposal for standardisation/unified classification of digital interventions, a working definition for teleassistance could be the following: "real-time integration of data or opinions from health professionals to a remote practitioner performing a medical act". The mode of delivery of the teleassistance service is therefore only synchronous (real-time). Teleassistance involves direct communication between two or more professionals, perhaps on an ongoing or occasional basis, and is established by prior agreement.³⁰

Teleassistance is similar to a traditional physical consultation because the patient is undergoing a face-to-face consultation with a health professional, who finds after the consultation that they do not have the necessary expertise to perform a particular manoeuvre or interpret a certain investigation (e.g. ultrasound). The health professional (a family doctor in a remote area, midwife, community nurse, etc.) then arranges the remote consultation so as to receive assistance in carrying out a medical act for the benefit of the patient.

The teleassistance service can be useful in primary health care in rural communities experiencing a shortage of staff (family doctors), e.g. when the community nurse recognizes the need to seek the opinion/arrange for the consultation of the family doctor for a beneficiary whom he/she visits at home.

Teleassistance can be useful in emergency situations (e.g. patient giving birth at home or in the surgery, an electrocardiogram needing to be interpreted, etc.) or during scheduled appointments involving patients with complex conditions (e.g. a rare disease) for whom access to a specialist is difficult.

A very good example described in the guidelines of the French Ministry of Health is the use of teleassistance in nursing homes to address certain aspects of care of chronic patients by nurses. Among the services that can be offered are psychological support, kinesiotherapy, guidance in applying dressings, and other care needs.

The requesting doctor obtains the patient's consent for teleassistance, which is entered in the patient's medical record.

6.1. How teleassistance is delivered

The delivery of teleassistance involves the following steps, with the proviso that it is not extend to situations where emergency medical help is needed, when a call to the single emergency number 112 must be placed.¹⁴

A. Patient information

The patient is informed in advance about the teleassistance service that will be provided (except in emergencies). The information relayed to the patient must include the following details:

1. The reason for requesting teleassistance;
2. The practical arrangements involved;
3. The right to refuse teleassistance and the alternatives available;
4. Ensuring observance for confidentiality;
5. Measures for the protection of medical and personal data;
6. Obtaining informed consent for the medical act and for the mode of service provision (remote communication via technology);
7. Possible associated costs (if any)

The health professional obtains patient consent for teleassistance to be provided.

A proposal for a consent form for teleassistance is given in Annex 5.

B. How to organise the teleassistance service

The health professional forwards the teleassistance request to his specialist colleague; there exists a teleassistance platform that:

1. Includes audio-video means of communication;
2. Allows consultations to be scheduled;
3. Allows transmission of medical data and information for which assistance is requested.

C. Delivery of the teleassistance service

The requesting health professional logs in to participate in the an assisted teleconsultation.

The teleassistance provider assesses the situation and decides whether teleassistance is appropriate.

The teleassistance provider gives the necessary advice.

The professional who requested the teleassistance performs the recommended manoeuvres under direct supervision, or notes down the care plan and subsequently provides the necessary care.

The results and conclusions of the teleassistance report are entered in the patient's record.

Figure 3 offers a graphic representation of how teleassistance is delivered.

Figure 3. Teleassistance

GUIDE TO TELEMEDICINE IN PRIMARY HEALTHCARE

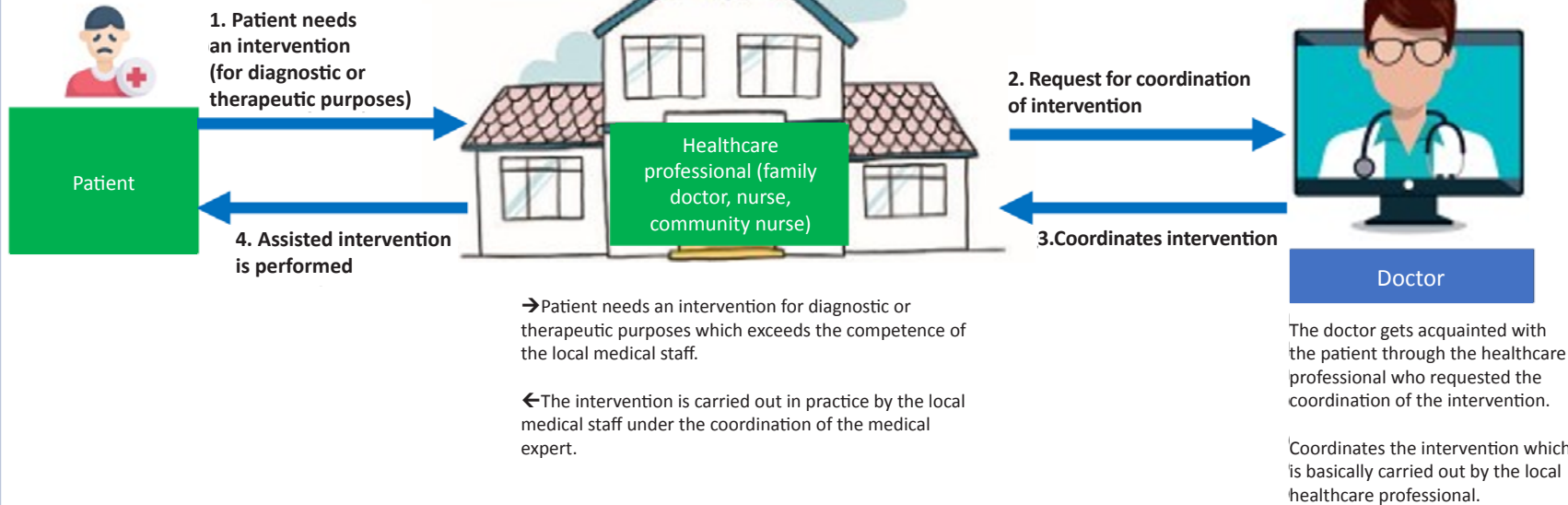
TELEASSISTANCE

Teleassistance

The real-time provision of medical data or opinions by a doctor to a remote practitioner performing a medical act.

Initiated by medical professional
Known patient

in the context of an emergency, via 112!



Innovative tools for the improvement of local healthcare delivery capacity

7. FUTURE DIRECTIONS

For the health system, in particular for primary health care, which is facing a significant shortage of family doctors, telemedicine services can present an innovative opportunity to address the population's needs for health care and health services in general.

According to the authors, this guide is only a first step in the process of developing and implementing telemedicine services within the Romanian public health system.

The use of telemedicine services involves legal and ethical issues that need to be dealt with by specific legal acts. The need for security in the processing of patients' personal data, of all medical information and documents resulting from the medical service provided through remote communication, also requires the resolution of IT security issues and the application of European and national data protection legislation, ideally in a unified and standardised manner.

Telemedicine guidelines for primary care need to be complemented with regulations, uniform standards and procedures in areas such as: use of remote communication equipment and technologies, protection of personal data in general and medical data in particular, ethics and medical ethics

The training of health professionals in the provision of remote health services, and the development of training and practice guidelines for family doctors and other health professionals are essential, as are the procedures for monitoring and evaluating these new categories of services. At the same time, professional organisations need to identify the range of services and medical conditions that are suitable for telemedicine and the quality and safety standards to which they must adhere. It is also very important to provide the necessary equipment and technologies so that accessible, safe and effective telemedicine services can expand enough to cover all levels of the health system.

The development and implementation of telemedicine services at optimal quality and safety standards also requires adequate funding policies for these services, whose results and benefits will emerge over time, ultimately resulting in improved access to health services for the population, and the vulnerable population in particular.

Telemedicine in Romania can become one of the innovative solutions that can make a direct and significant contribution the achievement of Romania's global development objective of "universal health services coverage", in an era in which the accelerated development of technologies is opening up great prospects.

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9. ANNEXES

ANNEX 1. Summary of legal acts

Legal act	Link	Provisions
LAW NO. 95/2006 ON HEALTHCARE REFORM	https://legislatie.just.ro/Public/DetaliiDocumentAfis/230091	legal framework for the delivery of telemedicine services by health professionals
EMERGENCY ORDINANCE No. 196 of 18 November 2020 for the amendment and supplementation of Law No. 95/2006 on healthcare reform	https://legislatie.just.ro/Public/DetaliiDocumentAfis/233458	the legal framework for the delivery of telemedicine services by health professionals in health establishments that can also provide medical services in the traditional face-to-face format at the surgery and that have a medical operating licence.
DECISION No. 1133/2022 on the approval of the methodological rules for the implementation of the provisions of Article I, point 1 of Government Emergency Ordinance No. 196/2020 for the amendment and supplementation of Law No. 95/2006 on healthcare reform	https://legislatie.just.ro/Public/DetaliiDocument/259367	Approval of the medical specialities and the list of services covered by telemedicine services. Approval of the conditions for the organisation and operation of telemedicine and of the methods for the provision of telemedicine services.
Law No. 46/2003 on the rights of patients	https://legislatie.just.ro/Public/DetaliiDocument/41483	consent confidentiality data processing
LAW No. 190 of 18 July 2018 on measures implementing Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)	https://legislatie.just.ro/Public/DetaliiDocument/203151	

<p>DECISION No. 696 of 26 June 2021 approving the service packages and the Framework Contract governing the conditions for the provision of healthcare, medicines, medical devices, assistive technologies and devices under the national health insurance system for the years 2021-2022 (with subsequent amendments).</p>	<p>https://legislatie.just.ro/Public/DetaliiDocument/243847</p>	<p>reimbursement of remote medical services for primary healthcare</p>
<p>EMERGENCY ORDINANCE No. 8 of 22 February 2018 on the regulation of certain measures in the field of health ISSUER: GOVERNMENT OF ROMANIA</p>	<p>https://legislatie.just.ro/Public/DetaliiDocumentAfis/198225</p>	<p>rural telemedicine IT system and defence telemedicine IT system,</p>
<p>Code of medical ethics of the Romanian College of Physicians</p>	<p>https://www.cmr.ro/cod-deontologic/</p>	<p>ARTICLE 32 The remote medical act Remote medical investigation or intervention, in any of the existing forms and modalities, is permitted only if the patient is assisted directly by his or her doctor and the purpose of the investigation and procedures to which the patient is subjected is to assist the doctor in determining the diagnosis, establishing the treatment or undertaking any other medical measure necessary to finalise the medical act or medical intervention in the case of operations. Exception is made for emergency situations.</p>

ANNEX 2. Telemedicine guidelines that have been consulted

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ANNEX 3. Consent template - teleconsultation

What is teleconsultation?

1. Teleconsultation is a way of visiting healthcare providers, such as your doctor or nurse.
2. You can talk to your doctor or nurse no matter where you may be, including at home. You don't have to go to a clinic or hospital.

How do I use teleconsultation?

1. You can talk to your doctor or nurse by phone, or by using a computer or tablet.
2. Sometimes you use videoconsultation so that you and your doctor or nurse can see each other.

How can teleconsultation help me?

3. You don't have to go to a surgery or hospital to see your doctor or nurse.
4. You won't risk catching a disease from others.

Can teleconsultation be harmful to me?

5. You won't be in the same room, so you may feel differently than you would than during an office visit.
6. Your doctor can make a mistake because he or she cannot examine you as closely as during an office visit. (We don't know if mistakes are more common during teleconsultations.).
7. Your doctor may decide that you need an office visit as well.
8. Technical problems may interrupt or stop your visit before you finish.

Will my telemedicine visit be private?

9. We will not record the telemedicine visit.
10. If there are people near you, they may hear something you did not want them to know. You should find a private place so that others do not hear.
11. Your doctor will tell you if anyone else in the surgery (for example, the nurse) can hear or see you.
12. We use telemedicine technology that is designed to protect your privacy.
13. If you use the internet for telemedicine, use a private and secure network.
14. There is a very small chance that someone could use the technology to hear or see your telemedicine visit.

What if I want an in-person visit and not a telemedicine visit?

15. Office visits are scheduled by phone in the time interval announced on the website.
16. This appointment can be made during the office hours.

What happens if I try teleconsultation and I don't like it?

- 19. You can stop using teleconsultation at any time, even during a visit.
- 20. You can be scheduled for an office visit if you no longer want a remote visit.

How much does a telemedicine visit cost?

- 21. Telemedicine visits for chronic patients and for infectious endemoepidemic diseases are included in the CNAS (National Health Insurance House) service packages and do not cost anything.

Do I have to sign this document?

- 22. No. You must sign this document only if you wish to use teleconsultation.
- 23. Do not sign this form until you start your first telemedicine visit.
- 24. Your doctor will discuss this with you.

What does it mean if I sign this document?

If you sign this document, you agree that:

- 26. We discussed the information in this document.
- 27. We have answered all your questions.
- 28. You would like to have a telemedicine visit.

If you sign this document, you will receive a copy.

Your name _____

Your signature

Date _____

ANNEX 4. Consent template – teleexpertise

What is teleexpertise?

Teleexpertise is a way for your doctor to seek the medical opinion of one or more colleagues who are specialists in a particular field. This exchange of expertise takes place via remote communication.

How do I use teleexpertise?

1. Teleexpertise is used by your attending physician.
2. He/she speaks to another doctor on the phone, or by means of a computer or tablet.

How can teleexpertise help me?

3. You don't have to go see a specialist at a faraway clinic to receive a medical opinion.
4. The diagnosis can be made by the attending physician himself/herself and treatment can be instituted in time.
5. You will not risk catching a disease from others.

Can teleexpertise be harmful to me?

6. Your doctor could omit data from your history that could influence the outcome of the tele-expertise.
7. In the end your doctor might still decide that you need to go in for a more detailed consultation with the colleague who gave the expert opinion.
8. The expert doctor might refuse to grant the request for teleexpertise because he/she believes that he/she does not have enough information or that they would need to consult you in person.

Will my teleexpertise data be private?

9. We use telemedicine technology that is designed to protect the privacy of your medical data.
10. There is a very small chance that someone could use the technology to hear or see your telehealth visit.

What if I don't want a visit involving teleexpertise?

11. If you feel uncomfortable or do not trust teleexpertise, you have the right to refuse it. You will be informed and asked for your explicit consent before the start of any medical procedure.

How much does a visit involving teleexpertise cost?

12. Teleexpertise-based visits do not currently receive financing. A fee may be charged. You will need to ask your doctor about this beforehand.

Do I have to sign this document?

- 13. No. Sign this document only if you want to use receive a consultation involving teleexpertise.
- 14. Your doctor will discuss this with you.

What does it mean if I sign this document?

If you sign this document, you agree that:

- 15. We have discussed the information in this document.
- 16. We have answered all your questions.
- 17. You would like your doctor to request a tele-expertise consultation.

If you sign this document, you will receive a copy.

Your name _____

Your signature

Date _____

ANNEX 5. Consent template – teleassistance

What is teleassistance?

Tele-assistance is a method by which your treating physician is assisted remotely by another practitioner to carry out a medical or surgical procedure for your benefit. This is normally undertaken at the doctor's office, by appointment, but can also happen in emergency situations.

How do I use teleassistance?

1. Teleassistance is to be used by your doctor (or a healthcare professional who is near you).
2. He/she talks to another doctor by phone, or by means of a computer or tablet.

How can teleassistance help me?

3. You don't have to go see a specialist at a faraway clinic for a specific diagnostic or therapeutic procedure.
4. The diagnosis can be made by the treating doctor himself/herself and the treatment can be instituted in time.
5. The procedure can be carried out right at the surgery.
6. You will not risk catching a disease from others.

Can teleassistance be harmful to me?

7. Your doctor can make a mistake because he/she does not possess the same expertise as the assisting physician (We don't know if mistakes are more common in these situations.)
8. Your doctor may still decide in the end that you need to go in for a more detailed consultation with the colleague who gave the expert opinion.
9. Technical problems may interrupt or stop your visit before you are finished.

Will my visit involving teleassistance be private?

10. We will not record visits to your provider.
11. We use telemedicine technology that is designed to protect your privacy.
12. There is a very small chance that someone could use the technology to hear or see your telehealth visit.

What if I don't want a visit involving teleassistance?

13. If you feel uncomfortable or do not trust teleassistance you have the right to refuse it. You will be informed and asked for your explicit consent before the start of any medical act.

What happens if I try teleassistance and don't like it?

14. Teleassistance can be stopped at any time, even during a visit.

How much does a visit involving teleassistance cost?

15. Teleassistance-based visits do not currently receive financing. A fee may be charged. You will need to ask your doctor about this beforehand.

Do I have to sign this document?

- 16. No. Sign this document only if you want to use teleassistance.
- 17. Do not sign this form until you start your teleassistance-based visit.
- 18. Your doctor will discuss this with you.

What does it mean if I sign this document?

If you sign this document, you agree that:

- 19. We have discussed the information in this document.
- 20. We have answered all your questions.
- 21. You would like your doctor to make a request for teleassistance.

If you sign this document, you will receive a copy.

Your name _____

Your signature

Date _____