

## Frequently Asked Questions (FAQs) on Video Consultation Use in the Intermediate Long Term Care (ILTC) Sector

### (A) General

#### 1. What is telemedicine?

Telemedicine (used interchangeably with Telehealth) refers to the systematic provision of healthcare services over physically separate environments (i.e. not in-person) via Information and Communications Technology (ICT). These may take the form of (but are not limited to) **video calls, telephone audio calls or text messages**.

There are 4 domains of telemedicine:

**(a) Tele-treatment/Tele-consultation:** Interactions between remote healthcare professionals (HCPs) (*e.g. doctors, nurses, allied health professionals, social workers*) and patients/ caregivers for the purposes of providing direct clinical care.

**(b) Tele-collaboration:** Interactions between (facility-based or mobile) HCPs onsite and offsite for clinical purposes. Patient may or may not be involved in the same Telemedicine interaction.

**(c) Tele-monitoring:** Collection of bio-medical and other forms of data from patients/ caregivers by remote systems and transmitted to the healthcare service provider for clinical purposes such as vital signs monitoring.

**(d) Tele-support:** Use of online services for non-clinical (i.e. educational or administrative) purposes to support the patient/ caregiver.

#### 2. What is video consultation (VC)?

Video consultation (VC) is a form of **teleconsultation** i.e. interactions between remote healthcare professionals and patients/ caregivers for the purposes of providing direct clinical care that is conducted over a synchronous video call.

#### 3. What do we need to do before starting VC?

- Service providers interested in implementing VC should:
  - Read the [National Telemedicine Guidelines \(NTG\)](#)
  - Encourage all staff involved in provision of services over VC undergo the Teleconsultation E-training provided by MOH by [registering at this link](#). The e-training outline principles relating to Telemedicine. These principles are meant to address patient and provider safety and provide a holistic approach to executing the delivery of Telemedicine services in Singapore.
- Prior to VC commencement, the [Video Consultation Questionnaire \(VCQ\)](#) should be submitted to Vania (AIC) at [Vania.Kristella@aic.sg](mailto:Vania.Kristella@aic.sg) for all MOH-subservent service types for endorsement by MOH.

#### 4. What is the voluntary listing of direct telemedicine service providers for? Is it mandatory?

- The Voluntary Listing of Direct Telemedicine Service Providers (i.e. those offering **doctor and/or dentist-led teleconsultations OR organisations that have set up clinical and operational governance for their doctors/dentists to provide teleconsultations**) serves

to help patients make an informed choice when selecting a telemedicine provider and facilitates providers transition to becoming licensees under the Healthcare Services Act (HCSA) in 2022/2023. More details on the listing and eligibility can be found [here](#).

- Home Medical and Home Palliative service providers (i.e. doctor-led services) who offer teleconsultations are eligible to be listed.
- The listing of such providers on the MOH website is voluntary. Each provider should conduct their own assessment on the ability to meet the compliance statements before deciding to be part of this listing.
- Once telemedicine licensing is implemented under the HCSA (2022/2023), direct telemedicine service providers who are not licensed under HCSA would not be able to offer doctor/dentist-led teleconsultations.
- For more information or if you have any queries, please contact [LEAP\\_Sandbox@moh.gov.sg](mailto:LEAP_Sandbox@moh.gov.sg).

5. Is MOH Teleconsultation E-training mandatory?

- At the moment, the E-training is not compulsory. However, we strongly encourage all staff involved in the provisions of VC to undergo the E-training.
- The E-training will be a licensing requirement for direct telemedicine service providers (e.g. Home Medical and Home Palliative service providers who offer doctor/dentist-led teleconsultations) under the upcoming Healthcare Services Act in future (2022/2023).

(B) Video Consultation Questionnaire (VCQ) Related

6. Why do we need to submit a VCQ?

- The VCQ is used to seek endorsement from MOH before the service provider can proceed to offer VC in lieu of existing face-to-face subsidised service.

7. What is the submission process of VCQ like? How long would it take before DMS endorses it?

- Please send the completed VCQ to Vania (AIC) at [Vania.Kristella@aic.sg](mailto:Vania.Kristella@aic.sg). Click [here](#) for the VCQ template (v6.8).
- The duration from submission of VCQ to endorsement by MOH depends on the number of clarifications required. On average, it would take about 1 – 2 months.

8. If we have more than one service type, how should we submit the VCQ?

You can submit more than 1 service type per VCQ. If you have an existing endorsed VCQ and would like to submit for a new service type, please submit a separate VCQ.

9. Do we need to resubmit the VCQ if we have changes, e.g. updated inclusion/ exclusion criteria or VC fees?

Please update and colour-highlight the changes in the existing endorsed VCQ and resubmit the VCQ.

10. [For Home Medical and Home Palliative SPs] If I'm already listed on the Voluntary Listing of Direct Telemedicine Service Providers, do I still need to submit a VCQ?

Yes, you will still need to submit a VCQ. VCQ will need to be submitted as details of implementation and processes will need to be endorsed by MOH.

### (C) Financing Related

11. What are the services eligible for video consultation (VC) subvention?

- VC subvention is currently only for service types that provide direct clinical care (i.e. those with medical, nursing or rehabilitation components as part of the VC).
- The face-to-face (f2f) equivalent of the service should already be receiving MOH subvention, and the provider should have an endorsed VCQ to provide the VC service (see section (B) above).
- As a guideline, the services provided in a VC session should fall within the service scope of the respective f2f equivalent of the service, as stated in the service requirements (e.g. centre-based or home care service requirements) **and** are feasible to be delivered over VC.
- Only VCs would be claimable. Other forms of teleconsultations done via phone audio calls or text messages are not claimable.
- VC subvention for the Intermediate and Long-Term Care (ILTC) sector has been extended to 31 December 2022. MOH and AIC are reviewing the possibility of VC subvention for the ILTC sector beyond 2022.

12. What is the subvention quantum for VC?

VC subvention will follow the subvention quantum for physical visits.

13. Can we claim subvention for incomplete sessions?

No subvention will be given for incomplete VCs.

14. How can we claim subvention for VC?

There is no change to the current claims process on ILTC Portal. However, service providers would need to keep a record log of all VC sessions.

15. How much should we charge for VC sessions?

Service providers should charge VC sessions no more than its equivalent face-to-face service. Providers should charge VC sessions accordingly based on the operational costs of running the service (e.g. manpower)

16. How do I reflect subsidies in the clients' bills for VC sessions?

Service providers will need to reflect the correct subsidy based on clients' household means test as per usual practice for face-to-face services

In cases where the patient's bill is less than the amount of subsidies that he/she is eligible for, providers can reflect the max amount of subsidies possible such that the co-pay is zero.

17. Can MediSave be used for Active Rehab (Day Rehabilitation Centre) and Home Palliative VC sessions?

Only selected face-to-face community care services can tap on MediSave. These are Day Rehabilitation Centre (Active Rehab) and Palliative Care.

- For MediSave to be used for Day Rehabilitation Centre (Active Rehab) and Palliative Care VC sessions, VC for these services have to be mainstreamed (please note that submission of VCQ is not equivalent to mainstreaming).

18. How can we submit our VC service type for evaluation for mainstreaming?

VC is mainstreamed by service type following IHiS evaluation framework. There are 2 stages: 1) Proof of Concept to test feasibility of use case 2) Proof of Value to ensure clinical outcomes and cost-effectiveness are no worse-off than face-to-face service.

For more information, please contact Tan Si Min (AIC) at [Si.Min.Tan@aic.sg](mailto:Si.Min.Tan@aic.sg) or Vania (AIC) at [Vania.Kristella@aic.sg](mailto:Vania.Kristella@aic.sg)

(D) Implementation of VC

19. Is there any funding support for VC set-up?

Healthcare Productivity Fund (HPF) eligible providers\* can apply for VC equipment funding under Green Lane application scheme. Green Lane is an express application track for equipment with proven productivity outcomes and pre-determined purchasing parameters.

**About the VC Healthcare Productivity Fund**

Funding Quantum

Funding is up to **85% of the actual cost capped at \$4,250** (calculated based on 85% of \$5,000) for **1 set of VC equipment<sup>#</sup> per location**. Funding is for CAPEX, excluding ongoing costs like subscription, maintenance, etc.

Application requirements

Applicants need to show/provide the following to be eligible for funding:

- Minimum 10 unique clients per month per location
- At least 10% staff man-hours savings have been met over a period of six months
- VC session are conducted over a period of at least six months

More information can be found [here](#).

*\*HPF eligibility: Organisations providing community care services that are in line with MOH's licensing or service requirements. For more information, email [hpf@aic.sg](mailto:hpf@aic.sg).*

*#Equipment that is covered under the VC HPF funding is not specific as the equipment used and set-up requirements differ between organisations. AIC's HPF team will evaluate the submitted list of equipment before funding is approved.*

20. Do we need to get consent from clients before the commencement of VC?

- **Yes, there is a need to obtain informed consent** (which may be **implied or express**) from clients before starting any service or intervention. The principles and processes should be similar to standard practice for the particular healthcare service. Please refer to [National Telemedicine Guidelines](#) (NTG) clause 1.6 for more information.
  - **Informed** consent: consent given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of an action.
  - **Implied** consent: consent inferred from person's actions and the facts and circumstances of a particular situation
  - **Express** consent: consent is one that is clearly and unmistakably stated, rather than implied. It may be given in writing, by speech (orally), or non-verbally.
- MOH's Telemedicine E-Training states that **consent to teleconsultation is no different from an in-person consultation** i.e. patients deemed to have consent to the collection, use or disclosure of personal data for the purposes of the consultation. However, if you intend to record and store the teleconsultations (e.g. recording the VC session for care purposes), express consent must be obtained from patients and properly documented.
- Further situational examples (e.g. collecting personal data from patients seeking medical care, disclosing personal data in referral cases) found in [PDPC's Advisory Guidelines for the Healthcare Sector](#).

#### (E) Cybersecurity and Privacy and Confidentiality of Patient Information

21. What measures should be in place to protect patient's data?

Please refer to MOH's webpage [here](#) for cybersecurity related resources. Examples of resources available:

- Healthcare cybersecurity Essentials (HCSE)
- Guide on Managing and Notifying Data Breaches Under the PDPA

22. How should patient records be documented and stored?

As per MOH's Telemedicine E-Training:

- The records of VC will need be kept to the same level of details as the records for an in-person consultation, in-line with the requirements in the Private Hospitals and Medical Clinics (PHMC) Regulations and relevant guidelines for medical record keeping.
- The records shall also include but not limited to the time logs of the consultation, mode of the teleconsultation (e.g. video, audio, text), and the patient's location.
- For more information on appropriate documentation please refer to the E-Training.

23. Are there any recommended platforms to conduct VC?

Service providers (SPs) should ensure individually contracted VC platforms are able to comply to local PDPA obligations and requirements, and be responsible of any personal data breach. SPs who are unable to contract VC platform providers who can comply to PDPA requirements

can consider the use of Zoom provided through IHIS which is currently PDPA-compliant. Interested SPs can contact Louis Lam (IHIS) at [louis.lam@ihis.com.sg](mailto:louis.lam@ihis.com.sg) for more details.

As per MOH's Telemedicine E-Training:

- Platforms used are recommended to include:
  - a) Authentication features to securely verify users (e.g. consider platforms that adopt GovTech's National Digital Identity (NDI) Solutions such as SingPass authentication);
  - b) End-to-end security design to ensure the confidentiality and integrity of the patient and service provider communications\*; and
  - c) Audit trails on all Telemedicine consultations to be enabled for record keeping purposes (e.g. platforms with immutable time logs).

*\*Even though platforms have end-to-end encryption, it is important to take note of best practices to prevent unauthorized access such as setting robust passwords and disallowing new video participants when the appropriate participants are present.*

#### 24. Can we record VC sessions?

As per MOH Telemedicine E-Training:

- There is no requirement to record and store actual video, audio or text of the teleconsultation. However, should there be a need to do so, express consent would need to be obtained from patients and clearly documented as part of the patient's clinical documentation. Providers should also adhere to all other relevant legislation and guidelines on data protection and privacy, such as the Personal Data Protection Act (PDPA).
- Requirements for storage of actual VC sessions recordings have to be integrated with those for electronic health records, whenever possible.

### (F) Legal Liability

#### 25. Would we be penalized if there were any adverse events arising from VC?

As per MOH's Telemedicine E-Training:

Same legal test adopted for medical negligence – where claimants will have to establish the following elements:

- Practitioner has taken on a duty of care towards patient – teleconsultation establishes a duty of care;
- Practitioner has breached his/her duty by falling below the standard of care required of him/her; and
- Practitioner's breach has caused the patient damage.

Check with your insurers and legal advisers on the scope of your malpractice insurance coverage as these may differ across policies.