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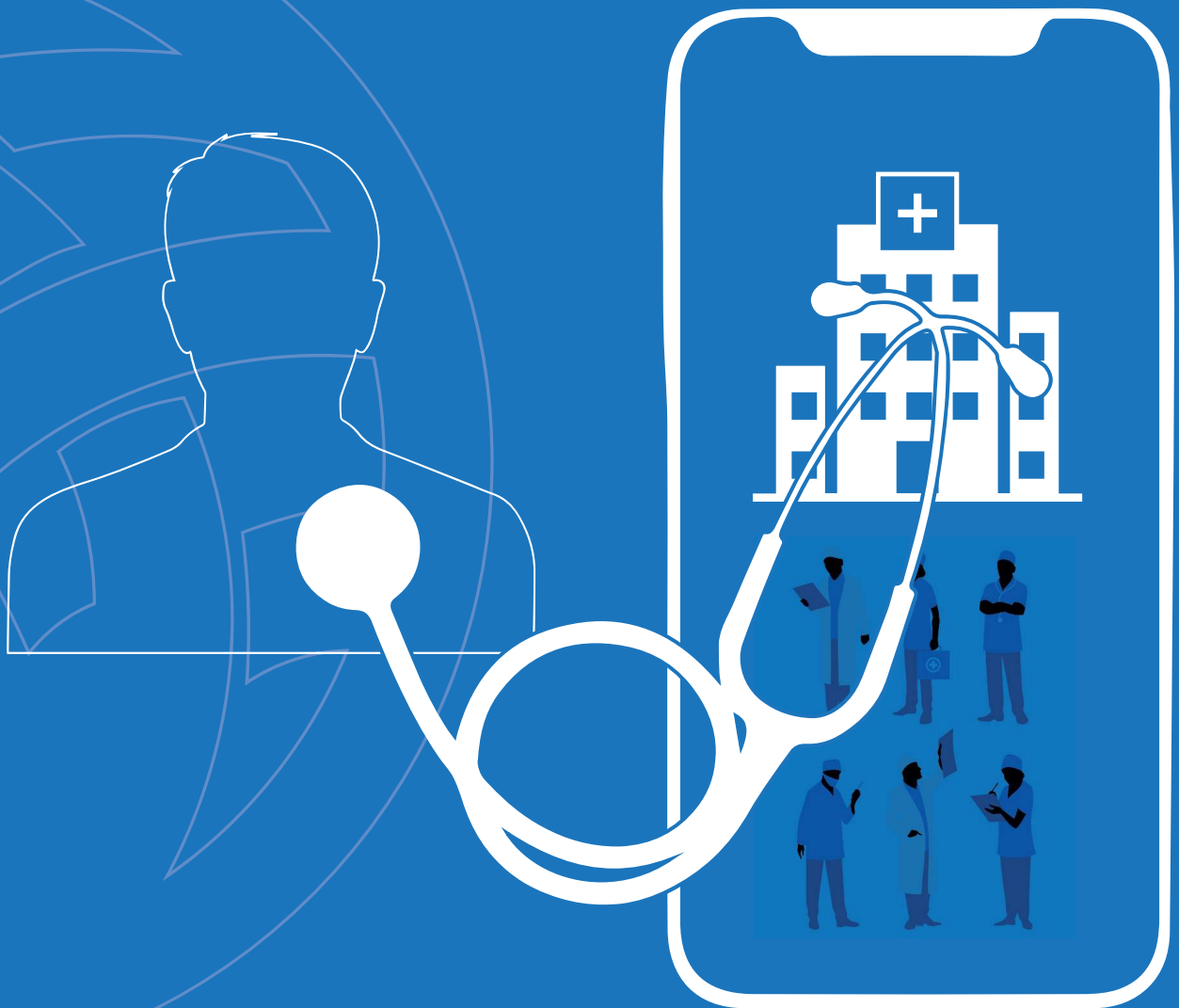
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# TELEHEALTH GUIDELINE

## Practical Tips





## FOREWORD

Global pandemic of COVID-19 has impacted the healthcare delivery in different way, threatening the backslide of significant achievements of health systems. In the context of Ethiopia, COVID-19 has resulted in reduction of health seeking behavior due to movement restriction, fear of possible COVID-19 infection in health facilities and inadequate awareness creation and health education campaigns for non-COVID-19 conditions.

To tackle this threatening challenge, the practice of using innovative and new approaches is one way out. With the use of digital technologies to deliver medical care, health education, and public health services by connecting with multiple users in different locations, telehealth has significant benefit on narrowing the above gap.

In this regard this guideline has been prepared to give practical advice to health professionals to deploy the service for the provision of continuous healthcare service and minimizing client's visit to health facilities during COVID-19 pandemic period.

The FMOH would like to acknowledge every member that has involved in the write up, for their commitment and unreserved effort on finalizing the task in a very short period of time.



H.E DR. Dereje Duguma  
State Minister of Health Ethiopia



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## 1. Introduction

### 1.1 Background

As a result of the ongoing public health emergency related to the outbreak of COVID-19, there is an urgency to expand the use of innovative methods to help people who need routine care and keep vulnerable beneficiaries with mild to moderate symptoms in their homes while maintaining access to the care they require. Limiting community spread of the virus as well as limiting the exposure to other patients and health care workers within the health facilities will slow the spread of the virus. In this regard telehealth has emerged as a viable means of continuity of outpatient care by reduce unnecessary contact and exposure to individuals who might have been infected with COVID-19. Therefore, health care providers are encouraged to provide healthcare services via telehealth to the greatest extent possible following this generic guidance.

#### General Benefits of Telehealth

- Reduces movement of patient travel burden;
- Provides access to a wider range of specialist advice and services;
- Enhance access and time management
- Enhance general health promotion including continuing professional education
- Improve and provide access to quality of healthcare
- Covers preventative, promotive, and curative aspects of health;
- Engages and links all types of users (from highly trained clinicians to minimally trained community health care workers (CHWs), to patients, to the general population); and
- Can be used as an alternate or complementary approach for almost any health issue imaginable.

### 1.2 Scope

This guideline is developed to harmonize for provision of telehealth services to all public institutions using open source application and Information Communication Technology including voice, text & video. This guideline is specifically developed for the provision of telehealth services to clients during COVID-19 pandemic period without the need for the clients to visit health facilities.

**Note:** *this guideline will not be applicable to use of digital technology to conduct surgical or invasive procedures remotely.*

### 1.3 Purpose

The purpose of this guide is to facilitate the utilization of available ICT for the provision of routine health care services to clients by minimizing visit to health facilities during the COVID-19 pandemic period. Furthermore, the experience we harness from providing telehealth services will help health facilities to make cost effective healthcare services in the long-term.

The guideline is intended:

1. To ensure continuity of care for chronic care patients
2. To apply in conjunction with all existing organizational standards, protocols, and policies and procedures for care service provision.
3. To guide clinical practitioners providing assessment, treatment, and consultative services via ICT
4. To assist, educate and consult remote clinicians to provide safe and effective clinical care
5. To minimize clients movement and cross-contamination during COVID-19 pandemic period
6. To establish linkage between prior treating and current treating facilities

### 1.4 Definitions

- **Caregiver:** A family member, or any person authorized by the patient to represent the patient
- **Client:** A potential or actual recipient of telehealth service
- **Consultant physician:** is a senior doctor who practices in one of the medical specialties
- **Health worker:** could be a Nurse, Allied Health Professional, Mid- Level Health Practitioner, or any other health worker designated by an appropriate authority
- **Licensed medical Practitioners:** an individual who is licensed or otherwise authorized to provide health care services
- **Medical practice license:** an occupational license that permits a person to legally practice medicine
- **Telehealth:** is the use of digital technologies to deliver medical care, health education, and public health services by connecting multiple users in separate locations.
- **Telemedicine:** is transfer of medical data and information for the purpose of consultation.

## 2. Pre-Requisites and Considerations

### 2.1 Care Provider Duty

Telehealth service should follow the same principles as face-to-face care. The circumstances to be considered are as following:

- 2.1.1 The responsible provider should give the client adequate, current, and ongoing care instructions
- 2.1.2 If face-to-face appointments require the use of interpreters, the presence of family members or a care provider, or other aides, those same supports should be arranged for telehealth appointments
- 2.1.3 If second opinions or advice is being given by a consultant, the local clinician is ultimately responsible for the care they provide to the client
- 2.1.4 If there is any doubt on point 2.1.3 about roles and responsibilities, the consultant and local health care provider must reach an agreement before a telehealth consultation is provided

### 2.2 Prerequisite for Telehealth Service

The following need to be considered when undertaking a telehealth program:

- 2.2.1 Have an understanding of the scope of service being provided via Telehealth;
- 2.2.2 Engage all stakeholders (health and IT professionals) for smooth running of the system
- 2.2.3 Understand the limitation of technology and communicating under a variety of conditions
- 2.2.4 Train and educate how to use the telehealth system
- 2.2.5 Prepare operational protocols and procedures should prepare prior to the provision of any telehealth services such as appointment date, start & end time, open source, technology, device to use
- 2.2.6 Establish a physician champion to be resource for all your telehealth service users

### 2.3 Legal and Ethical Consideration

- 2.3.1 **License:** As the existing medical practice license requires direct patient- doctor contact, the practice should be extended to cover telehealth services.
- 2.3.2 **Consent:** there has to be an existing or prior direct patient -doctor relationship as well as written consent from the patient to use telehealth services.

- 2.3.3 **Patient doctor relationships:** the services covered under telehealth should be based on prior contact and knowledge of patient medical history.
- 2.3.4 **Fraudulent act and abuse of telehealth:** mechanisms to control or avoid false report of undelivered service should be in place
- 2.3.5 **Data storage:** there has to be standardized way of saving and storing data of the patient for evidence purposes and to monitor patients progress during subsequent follow up.
- 2.3.6 **Ethics:** The principles of medical ethics that are mandatory for the profession must also be respected in the practice of telehealth.

### **3. Principles of Telehealth**

#### **3.1 General Principles of telehealth**

- 3.1.1 The patient-physician relationship should be based on a personal examination and sufficient knowledge of the patient's medical history.
- 3.1.2 The patient-physician relationship must be based on mutual trust and respect.
- 3.1.3 The physician and patient should be able to identify each other reliably when Telehealth is employed.
- 3.1.4 In case of consultation between two or more professionals, the consultant physician remains responsible for the care and coordination of the patient with the distant medical team.
- 3.1.5 The telehealth service providers must aim to ensure that patient confidentiality, privacy and data integrity are not compromised.
- 3.1.6 Proper informed consent requires that all necessary information regarding the distinctive features of telehealth visit be explained fully to clients
- 3.1.7 Physicians must be aware that certain telehealth technologies could be unaffordable to patients and hence could impede access.
- 3.1.8 Licensed Practitioners should not participate in telehealth if they violate the legal or ethical framework of the country.
- 3.1.9 Licensed Practitioners should inform clients about availability of an emergency service via telehealth.
- 3.1.10 Licensed Practitioners should exercise their professional autonomy in deciding whether a telehealth versus face-to-face consultation is appropriate.

#### **3.2 Responsibilities of the Licensed Practitioners**

- 3.2.1 A physician whose advice is sought through the use of telehealth should keep a detailed record of the advice he/she delivers as well as the information he/she received and on which the advice was based in order to ensure traceability.
- 3.2.2 If a decision is made to use telehealth, it is necessary to ensure that the clients are able to use the necessary telecommunication system.
- 3.2.3 Licensed Practitioners must seek to ensure that the patient has understood the advice and treatment suggestions given and take steps in so far as possible to promote continuity of care.
- 3.2.4 Licensed Practitioners should be aware of and respect the special difficulties and uncertainties that may arise when he/she is in contact with the patient through means of ICT.

- 3.2.5 Licensed Practitioners must be prepared to recommend direct patient-doctor contact when he/she believes it is in the patients' best interests.
- 3.2.6 Licensed Practitioners should only practice telehealth where they are licensed to practice.
- 3.2.7 The licensed medical practitioner can choose not to proceed with the consultation at any time. At any step, the licensed medical practitioner may refer or request for an in-person consultation

### **3.3 Quality of Care**

- 3.3.1 Healthcare quality assessment measures must be used regularly to ensure diagnostic and treatment practices during telehealth procedures.
- 3.3.2 The delivery of telehealth services must follow evidence-based practice guidelines to the degree they are available, to ensure patient safety, quality of care and positive health outcomes.
- 3.3.3 Like all health care interventions, telehealth must be tested for its effectiveness, efficiency, safety, feasibility and cost-effectiveness.
- 3.3.4 If it is necessary to use telehealth in an emergency situation, the advice and treatment suggestions are influenced by the severity of the patient's medical condition and the competency of the persons who are with the patient.
- 3.3.5 Entities that deliver telehealth services must establish protocols for referrals for emergency services.

### **3.4 Client Suitability Guidelines**

Clinical departments/programs should identify inclusion and exclusion criteria for perspective telehealth clients. The following list includes some factors that can influence suitability:

- 3.4.1 Level of physical assessment required
- 3.4.2 Availability of support in the locality or vicinity of the patient
- 3.4.3 Fitness of the client to participate in remote care such as physical, mental, and cognitive barriers
- 3.4.4 Dependency on local availability of associated imaging and lab tests
- 3.4.5 Client desire to participate in a telehealth consultation
- 3.4.6 Ability to schedule telehealth session within the timeframes of a service or program's standard of practice guidelines

### 3.5 Informed Consent

The clinical program is responsible for explaining what to expect, in placing privacy and confidentiality measures and permit the client's right to refuse care via telehealth. Clients must be informed that access to a face-to-face consultation is never denied if they opt out of or don't wish to receive care via telehealth. Documentation in the client record must reflect client notification and agreement to the service.

**Written consent:** is only required by the provider when: Clients are asked to participate in research projects while in care, or recording a telehealth session is required for program monitoring purpose.

## 4. Documentation and Client Records

### 4.1 Client Information Required By Clinical Telehealth Program

- 4.1.1 **Provider Site:** The information required is determined by the respective clinical department. Generally, it is expected to be the same as what's required for a face-to-face appointment and provided in advance of the telehealth appointment or session.
- 4.1.2 **Consultation Report:** A report from the telehealth provider is documented and incorporated into the client record. Telehealth service documentation timelines into the client record should be consistent with existing face-to-face practice
- 4.1.3 **Client site:** Information required by the client site that consists of electronic and paper charts, diagnostic images and lab reports should in line with provider site
- 4.1.4 **Clinical Telehealth Support Notes:** All additional clinical support document should be recorded in the same timely manner face- to-face events. All supported document should be also attached for telehealth service.

### 4.2 Responsibility for Records

The original client record is held with the primary provider. Copies of the Telehealth consult report and note are shared with the referring sites as they would be for face-to-face consultations.

## 5. Patient Management

If licensed medical practitioner has recommend telehealth service is appropriate, then the licensed medical practitioner provide Health Education, Counseling related to specific clinical condition; and/or Prescribe or refill medicines.

### 5.1 Health Education

A licensed medical practitioner may impart health promotion and disease prevention messages. These could be related to diet, physical activity, and cessation of smoking, contagious infections and so on. Likewise, he/ she may give advice on immunizations, exercises, hygiene practices, mosquito control etc.

### 5.2 Counseling

Pharmacists shall provide advice on medication related information like side effects, drug interactions (Drug-Drug, Drug-Food, Drug-herbal and Drug-beverage), adverse drug reaction, compliance and adherence of medicines and non-pharmacologic approaches (lifestyle modifications and disease prevention).

This is specific advice given to patients and it may, for instance, include food restrictions, do's and don'ts for a patient on specific drugs, proper use of a hearing aid, home physiotherapy...etc to mitigate the underlying condition. This may also include advice for new investigations that need to be carried out before the next consult.

### 5.3 Prescribing Medicines

- 5.3.1 Prescribing medications, via telehealth consultation is at the professional discretion of the licensed medical practitioner.
- 5.3.2 It entails the same professional accountability as in the traditional in-person consult.
- 5.3.3 If a medical condition requires a particular protocol to diagnose and prescribe as in a case of in-person consult, then same prevailing principle will be applicable to a telehealth consult.
- 5.3.4 A licensed medical practitioner may prescribe medicines via telehealth ONLY when he/she is satisfied that he/ she has gathered adequate and relevant information about the patient's medical condition and prescribed medicines are in the best interest of the patient.

**NB:** Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct.



### 5.3.1 Specific Restrictions

There are certain restrictions while prescribing medicines on consult via telehealth depending upon the type of consultation and mode of consultation. The categories of medicines that can be prescribed via tele-consultation will be further updates and notified accordingly by FMOH. The 4 categories of medicines that can be prescribed are listed below:

**Category 1:** *This comprises those medicines which are safe to be prescribed through any mode of teleconsultation*

- These are medications which are listed as The Over the Counter Medicine list for Ethiopian 2<sup>nd</sup> Edition ( see over the counter medicines list for Ethiopia, website on [www.efda.org.et](http://www.efda.org.et))

**Category 2:** *These medications are those medicines which can be re-prescribed for re-fill, in case of follow-up.*

- The medicines which are considered in these categories are those medications which have been used by the patient and stable on it and refill it!
- The Medicines which included in this category could be different classes based on the patient cases scenario.
- They are safe and have no potential for abuse and addiction.
- The refill could be only for maximum of twice (2x refill).
- Medicines which are not included in this category are antimicrobials which could be prescribed for acute cases.

**Category 3:** *These are medications which are needed to optimize the patient outcome and are safe and effective to use during follow up consultation.*

- These medications are those which can be used as an add-on therapy.
- The list of medicines in this category could be different classes based on the patient case scenario.
- They are safe and have no potential for abuse and addiction.
- Medicines which are not included in this category are : Anti-cancer medicines, narrow therapeutic index medication ( Example; Digoxin , ) and High Alert medications

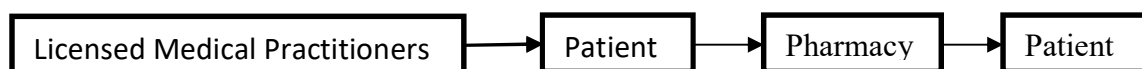
**Category 4/Prohibited List:** *A licensed medical practitioner providing consultation via telehealth **cannot prescribe** medicines in this list.*

- These medicines have a high potential of abuse, addiction and could harm the patient or the society at large if used improperly
- The list of medicines included in this category are listed on national list of Psychotropic substance and Narcotic Drugs of Ethiopia, 2017.

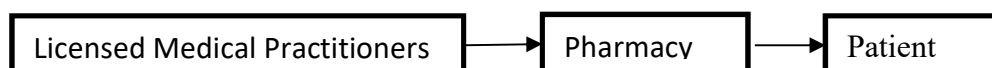
See National List of Psychotropic Substances and Narcotic drugs

## 5.4 Prescription Process

**5.4.1 Direct Method:** Licensed Medical Practitioner shall provide photo, scan, and digital copy of a signed prescription or e-Prescription to the patient via email, MMS (multimedia message) or any messaging platform then the patient might bring it into pharmacy.



**5.4.2 Indirect method:** Licensed Medical Practitioner send the prescription (Photo, Scan, MMS, digital copy of signed prescription or e-prescription) directly to a pharmacy then the patient will get a medicine from any pharmacy of his choice. In this case, the patient consent must be guaranteed.



## 6. FRAMEWORK FOR TELEHEALTH

This section lays out the framework for practicing Telehealth in 5 scenarios:

1. Patient to licensed medical practitioner
2. Caregiver to licensed medical practitioner
3. Health Worker to licensed medical practitioner
4. licensed medical practitioner to licensed medical practitioner
5. Emergency Situations

### 6. 1 Consultation between Patient and Licensed Medical Practitioner

Specifically, this section details with the key elements of the process of teleconsultation to be used in the first consults and follow up consults when a patient consults with a licensed medical practitioner. *In these 2 situations, the patient initiates Telehealth consultation and thereby consent is implied*

#### 6.1.1 Follow-up Tele-Consultation

In a follow-up Tele- consultation, since the licensed medical practitioner - patient interaction has already taken place for the specific medical condition under follow-up; there is already an understanding of the context, with availability of previous records. This allows a more definitive and secures interaction between the licensed medical practitioner and the patient. The licensed medical practitioner has authorized to startup the telehealth consultation and reaches in consent with client.

The flow of the process steps is detailed below:

#### 1. Patient identification and consent

- Licensed medical practitioner should be reasonably convinced that he/she is communicating with the known patient, for e.g. if the patient is communicating with licensed medical practitioner through the registered phone number or registered email ID
- If there is any doubt, licensed medical practitioner can request the patient to reinitiate the conversation from a registered phone number or email id or should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID or phone number.
- Patient initiates the Telehealth consultation and thereby consent is implied

## 2. Patient management

If the follow-up is for continuation of care, then the licensed medical practitioner may take a professional judgment to either:

- Provide health education as appropriate in the case; or
- Provide counseling related to specific clinical condition *including advice related to new investigations that need to be carried out before next consult*;
- And/or Prescribe Medications. The medications could be either of the below:
  - If the follow up is for *continuation of care for the same medical condition*, the licensed medical practitioner would re-prescribe original set of medications for a refill (category 2 of medications, which has been previously prescribed for the patient).
  - If the licensed medical practitioner considers addition of a new drug, as an ‘add-on’ medication to optimize the underlying medical condition, then the licensed medical practitioner can prescribe medications listed under category 3.
  - If the follow-up consult is for a new minor ailment necessitating only ‘over the counter’ medications or those notified for this purpose, medications under category 1 can be prescribed.
  - If the follow-up consult reveals new symptom pertaining to a different spectrum of disease, then the licensed medical practitioner would proceed with the condition as enunciated in the scenario for a first-time consultation.

## 3. Emergency Condition

During follow-up If the patient presents with a complaint which the licensed medical practitioner identifies as an emergency condition the licensed medical practitioner would then advice for first aid to provide immediate relief and guide for referral of the patient, as deemed necessary.

## 6.2 Consultation between patient and licensed medical practitioner through a caregiver

For the purpose of these guidelines “**Caregiver**” could be a family member, or any person authorized by the patient to represent the patient.

There could be two possible settings:

1. Patient is **present** with the **Caregiver** during the consultation.
2. Patient is **not present** with the **Caregiver**. This may be the case in the following situations:
  - 2.1 Patient is a minor (aged 18 or less) or the patient is incapacitated, for example, in medical conditions like dementia or physical disability etc. The care giver is deemed to be authorized to consult on behalf of the patient.
  - 2.2. Caregiver has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult (explicit consult).

In all of the above, the consult shall proceed as in the case of licensed medical practitioner and the patient (first or follow up consult) mentioned above.

### **6.3 Consultation between health worker and licensed medical practitioner**

This sub-section will cover interaction between a Health Worker seeking consultation for a patient in a public health facility. In a public health facility, the mid-level health practitioner at primary hospitals and Health center can initiate and coordinate the Tele-health consultation for the patient with a licensed medical practitioner at a higher center at district or regional or national level. This setting will also include health posts, home visits, mobile medical units or any community-based interaction.

#### **6.3.1. Telehealth Consultation**

##### **Preconditions:**

- The premise of this consultation is that a patient has been seen by the Health Worker
- In the judgment of the health worker, a tele-consultation with a licensed medical practitioner is required
- Health Worker should obtain the patient's informed consent
- Health worker should explain potential use and limitations of a telehealth consultation
- He/she should also confirm patient identity by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- Health Worker initiates and facilitates the telehealth consultation.

**6.3.2. Exchange of Information for Patient Evaluation (by licensed medical practitioner)**

- The Health Worker must give a detailed explanation of their health problems to the licensed medical practitioner which can be supplemented by additional information by the patient, if required.
- The licensed medical practitioner shall apply his professional discretion for type and extent of patient information (history/examination findings/Investigation reports/past records) required to be able to exercise proper clinical judgment.
- If the licensed medical practitioner feels that the information provided is inadequate, then he/she shall request for additional information. This information may be shared in real time or shared later via email/text, as per the nature of such information. For e.g., licensed medical practitioner may advise some laboratory or/and radiological tests for the patient. For such instances, the consult may be considered paused and can be resumed at the rescheduled time.
- Licensed medical practitioner may provide health education as appropriate at any time.

**6.3.3 Patient Identification (by licensed medical practitioner)**

- Licensed medical practitioner should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- Licensed medical practitioner should also make their identity known to the patient
- Licensed Practitioner should confirm the legality of the consulting health care provider in any way

**6.3.4 Patient Consent (by licensed medical practitioner)**

- Licensed medical practitioner should confirm the patient's consent to continue the consultation

**6.3.5 In case of Emergency**

- The Health Worker would urgently communicate about the underlying medical condition of the patient to the licensed medical practitioner.
- Based on information provided, if the licensed medical practitioner identified it as an emergency condition necessitating urgent care, he/she should advise for first aid to be provided by the health worker for immediate relief and guide for referral of the patient, as deemed necessary.

### **6.3.6. Patient Management**

Once the licensed medical practitioner is satisfied that the available *patient information is adequate* and that the case is *appropriate for management via telehealth*, and then *he/she would proceed with the management (health education, counseling and/or prescribe medications)*. Health worker should document the same in his/her records.

### **6.4 Consultation between licensed medical practitioner and another licensed medical practitioner**

It is acknowledged that many medical specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. conducting teleconsultation or exchange information on patients. Guidelines support and encourage interaction between Licensed Medical Practitioners/ specialists using information technology for diagnosis, management and prevention of disease. Licensed Medical Practitioner might use telehealth services to consult with another licensed Medical Practitioner or a specialist for a patient under his/her care. Such consultations can be initiated by a licensed Medical Practitioner on his/her professional judgment. The treating Licensed Medical Practitioner and shall be responsible for treatment and other recommendations given to the patient.

### **6.5 Emergency situation**

In all telehealth consultations, as per the judgment of the licensed medical practitioner, if it is an emergency situation, the goal and objective should be to provide in-person care at the soonest possible. However, critical steps could be lifesaving and guidance and counseling could be critical. For example, in cases involving trauma, the right advice and guidance around maintaining the neck position might protect the spine in some cases. The guidelines are designed to provide a balanced approach in such conditions. The licensed medical practitioner, based on his/ her professional discretion may advise first aid, counseling, and/or advice referral and further follow-up. In all cases of emergency, the patient must be advised for an in-person interaction with a licensed Medical Practitioner.

## 7. Establishing Telehealth Care Service

All health facilities intending to provide Telehealth health care services amid COVID-19 pandemic should follow the following steps or process.

### 7.1 Addressing legal considerations and required approvals

Although telehealth has the potential to improve several aspects of medical care, such as facilitating physician-patient communication and monitoring treatment of chronic conditions, telehealth poses unique challenges in ensuring patient-safety and privacy of health information. Therefore, Telehealth policies and procedures should address the following elements to safeguard the integrity of care: licensure, establishment of the physician-patient relationship, evaluation and treatment, informed consent, continuity of care, referrals for emergency services, medical records, privacy and security of the patient records and exchange information; disclosure and functionality of telehealth services and prescribing.

Health facilities should analyze the status of existing regulations for any intended healthcare service; based on the general guideline develop standard operating procedure (SOP) for the provision of telehealth services; and seek approval from relevant authorities for the provision of telehealth services. The relevant authorities will review the SOP submitted by the health facility requesting approval/licensure and assess the capability of the health facility in providing Telehealth services before giving permission. In light of the COVID-19 Pandemic, the Ministry of Health is expected to provide quick approval to health facilities requesting to establish telehealth services.

### 7.2 Identifying Telehealth Services and Clients

A health facility intending to establish telehealth services should identify or prioritize healthcare services which can be provided through telehealth system given its capacity and resources. A number of health care services can be provided through telehealth. Examples include not limited:

- Non-communicable diseases (NCDs)
- Communicable diseases (e.g. HIV/AIDS and TB)
- Chronic lung diseases
- Mental health
- Dermatology and others



Once the health care services are identified, the health facility can easily identify its clients for the intended telehealth services. Knowing more about who our patients are and what they're looking for from their medical practitioners is important, but it is especially important in a field like telehealth. It is recommended to identify what kind of information communication technologies and applications are already being used by clients. This will be very helpful in choosing the technology that the facility will be using to provide the telehealth services.

### **7.3 Choosing the Technology to be Used and Mode of Communications**

Multiple technologies can be used to deliver telehealth consultation. There are different modes of communication: Video, Audio, still-Image or Text (chat, messaging, email etc.) Each one of these technology systems has their respective strengths, weaknesses and contexts in which they may be appropriate or inadequate to deliver a proper diagnosis and treatment services. Therefore the technology to be chosen and apply has to be considered existing infrastructure, and client's circumstance.

### **7.4 Design Telehealth Workflow and Develop Standard Operating Procedure (SOP)**

The key elements of the process of telehealth service provision to be used in the first and follow up consultations between a health care provider and a patient should be clearly outlined and indicated in the SOP (Sample workflow charts are indicated in Annex 1). It should be noted that telehealth service provision requires the participation of multidisciplinary team of health professionals. There may be a need to combine telehealth with in-person interaction, for example for laboratory tests, imaging, dispensing of medicines etc.

Each health facility has to adopt/develop an SOP specific to its setting for telehealth service provision. The following critical issues should be addressed in the SOP.

- Management system and organizational structure for the Telehealth services
- The type of Telehealth services provided by the health facility
- The modes of communication and technologies which are used for the Telehealth service provision
- The process of Telehealth service provision
- Payment schemes
- Type of drugs eligible for e-prescription

## **7.5 Create a Monitoring and Evaluation Plan**

To track the implementation and effectiveness of this initiative, the presence of sound monitoring and evaluation mechanisms is essential. Given the key principle of the Ethiopian HMIS, as much effort should be placed to integrate with and leverage existing the M&E mechanisms of the health sector. The indicators to be selected should be very simple to understand, feasible to track and robust enough to understand the process and outcome of the effort. M&E mechanism such as record keeping, reporting, review meetings, supervisions, rapid assessment, documentation of best practices and lessons learnt and eventually evaluation of the initiative need to be employed as appropriate and feasible.

### **7.5.1 Monitoring**

In general, the monitoring of the telehealth service shall follow the usual medical service monitoring and follow up within the existing structure from the health facility to up to the Ministry of Health

As stated above, existing record keeping mechanism should be utilized depending on the activities and the indicators to be tracked and reported. Some new record keeping tools to record such as clients identified for telehealth services and interim reporting format until telehealth service tracking becomes part of the standard reporting tool might be prepared as needed. To standardize the process, reporting of the services provided through telehealth based on selected indicators has to be incorporated in the health monitoring system during the next round of HMIS revision. Whichever indicators are tracked and new tools are used, the data should flow based on the standard HMIS data flow channel and should finally make its way to MOH for action.

Health facilities should implement all relevant monitoring mechanisms for continuous quality improvement of the telehealth services. Facilities should monitor the Telehealth service provision depending on their plan and identify and respond to challenges as they arise. Periodic supportive supervision of health care providers will improve the quality of Telehealth service provision.

Telehealth agenda should be integral part of existing review meetings, supervisions and other site visit activities. Equally important is the documentation and sharing of best practices and lessons learnt and challenges faced using the available mechanism of reporting, mass and social media as appropriate.

System for reporting any violations of Telehealth procedures and addressing any requests or grievances from patients such as client satisfaction surveys should also be in place. See Annex II

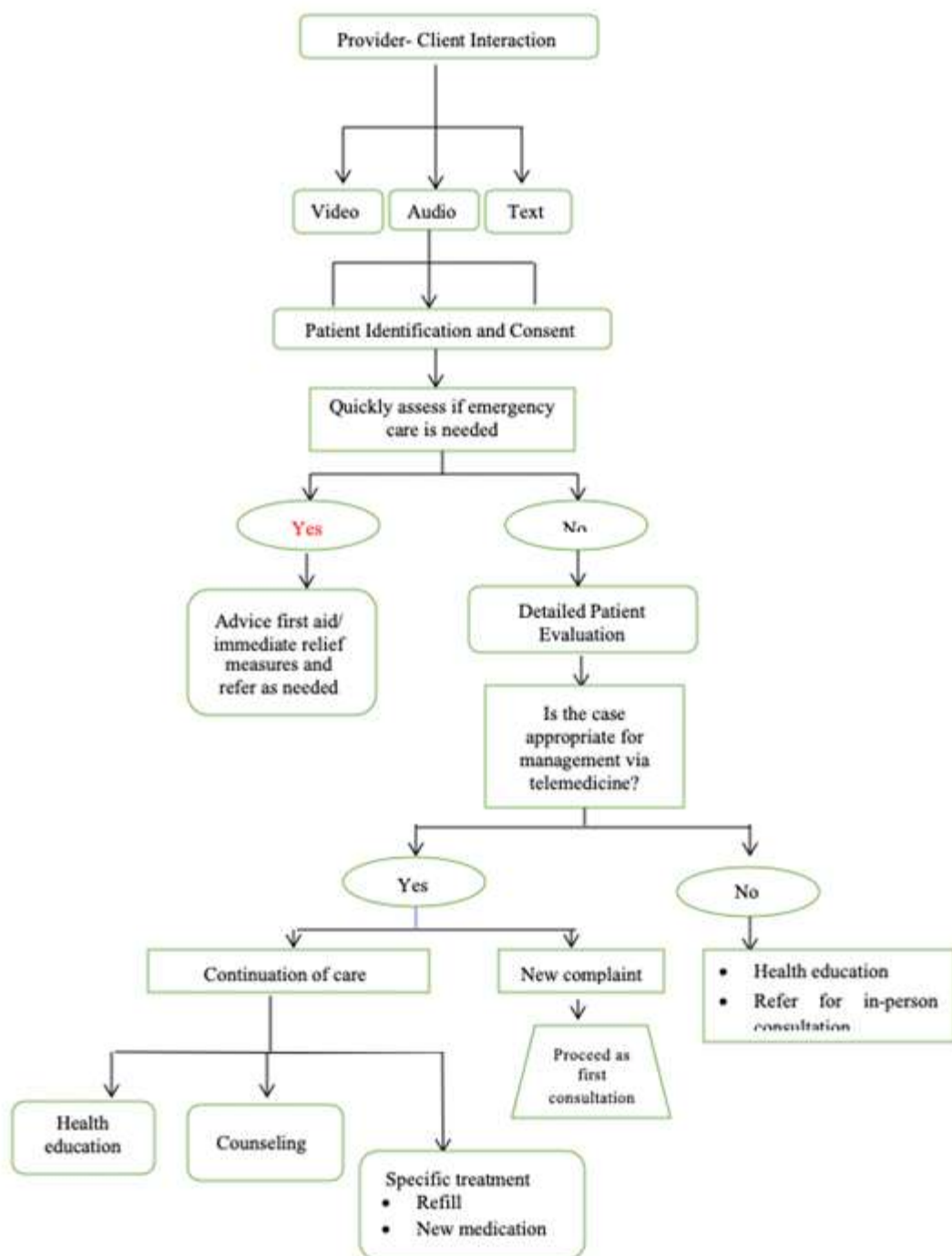
### **7.5.2 Evaluation**

The evaluation of the effectiveness of the telehealth service initiative during the COVID 19 pandemic should be an integral part of evaluation of the overall health and socio-economic impact of the COVID1-9 and effectiveness of the comprehensive national response to contain the pandemic and mitigate its impacts. Accordingly, in order to ensure the possible attribution of the telehealth interventions to the national response, proper documentation of all the inputs, processes and results registered is a key undertaking in the evaluation process. Therefore, all actors engaged in the process of service provision, recording and reporting, resource allocation and capacity building should pay adequate emphasis for the proper documentation of records and reports and also should actively engage in the evaluation process that should engage relevant actors.

## References

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## Annexes I: Flow Chart for Follow up Tele-consultation



**Annex II : List of selected indicators to monitor the telehealth initiative**

NO	Objectives/Activities	Indicator(s)	Data source	Means of verification/ Method of Data collection	Responsible body	Reporting frequency
1	Print and distribute the telehealth guideline	No of health facilities which received the telehealth guideline	Administrative records	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units, MOH	Once/ Startup
		Number of telehealth guidelines printed and distributed	Administrative records	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units, MOH	Once /Startup
2	Build the capacity of health care workers on telehealth	Number of health care workers trained on telehealth and the telehealth guideline	Administrative records Training reports	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	MOH, health administrative units, partners	Quarterly
		Number of health facilities which have at least one health care worker trained on telehealth and the telehealth guideline	Administrative records Training reports	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	health administrative units, health facilities	Quarterly
3	License medical practitioners to provide telehealth services	Number of medical practitioners licensed to provide telehealth services (By type of specialty)	Administrative records	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	health administrative units, health facilities	Quarterly
4	Implement telehealth programs	Number of health facilities implementing telehealth program by a licensed medical practitioner (By type of services)	Health facility administrative records SOPs	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Quarterly
		Number of health facilities implementing telehealth program by a licensed medical practitioner (By type of communication mode (Audio, text, image))	Health facility administrative records, SOPs	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Quarterly
5	Identify clients and provide telehealth service	Number of clients identified for telehealth services (By type health care services)	Medical records	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Quarterly
		Number of clients provided with telehealth services (By type health care services)	Medical records	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Quarterly
6	Prepare SOPs to guide the process of telehealth service	Number of health facilities which have operationalized SOPs	Administrative records, Endorsed SOP	Administrative reports Supervisions Rapid assessments	Health facilities and health administrative units	Quarterly
7	Ensure quality of telehealth services	Number of health facilities which have prepared and/or are using protocols for referral for emergency services	Administrative records,	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Quarterly
		Number of facilities which carried out client satisfaction assessments	Administrative records,	<ul style="list-style-type: none"> <li>Administrative reports</li> <li>Supervisions</li> <li>Rapid assessments</li> </ul>	Health facilities and health administrative units	Semi-annual

