

10 Minimum Standards for Telemedicine

Introduction

This standards document has primarily been informed by the AMA Position Statement: [Technology-based patient consultations - 2013](#) and the [AMA Code of Ethics](#). Telemedicine for the purposes of this document refers to the use of communication technologies to provide health care services. Telemedicine services can include but are not limited to video consultations, telephone consultations, e-consultations, e-referrals, and e-scripts. Telemedicine services may also include secure asynchronous communication (for example via email or messaging) and the use of monitoring apps to inform patient management.

Telemedicine services enable medical practitioners to provide health care services to their patients when it is not physically feasible, necessary, or appropriate for the patient to attend the practice in person.

Telemedicine services will be a key component in delivering comprehensive and patient-centred care into the future. The COVID-19 pandemic has demonstrated for example how the use of telephone and video consultations has enabled the ongoing provision of patient care outside of a physical attendance. The use of these services has been embraced by both the health profession and patients. As highlighted in the [AMA Delivering Better Care for Patients: The AMA 10-Year Framework for Primary Care Reform](#) telemedicine services provided by a patient's medical home are integral to innovative, effective and efficient care.

Purpose

These standards have been developed to guide the use and implementation of telemedicine services into medical practice. It is anticipated that the standards provided here are for services for which a distinct fee is payable by the patient for the service, regardless of whether the service is eligible for a rebate under the Medicare Benefits Schedule.

Context

The AMA has always advocated that telemedicine services should be available:

- as an adjunct to usual medical practice.
- for regular patients of the practice.
- when it is clinically appropriate for the patient's circumstances.

The 10 Minimum Standards for Telemedicine

Standard 1: Patient safety must never be compromised for the sake of patient or provider convenience.

A telemedicine service should only be provided where it is clinically appropriate and safe to do so. Where a telemedicine service is provided it must be fit for purpose. The modality of the telemedicine service must be appropriate for the purpose of the service.

Standard 2: Telemedicine services should not be provided unless the service provider can ensure timely coordinated access to face to face services in clinical rooms when clinically appropriate.

This standard reinforces that telemedicine services must supplement, not replace clinically necessary physical attendances, nor should the nature of a telemedicine service fragment or jeopardise patient care.

Should the need for a physical attendance arise during a telemedicine service the service provider must be able to transition the patient to a face to face consultation in a time appropriate manner.

Standard 3: Telemedicine services should support equitable and enhanced access to clinically appropriate health care.

Incorporating telemedicine services into models of care should ensure greater flexibility for patients in how they access care and for providers in how they are able to deliver care.

The availability of telemedicine services should not preclude patients from accessing appropriate care where they do not have the capacity to, or choose not to, use telemedicine services.

Standard 4: Telemedicine services must not fragment or compromise a patient's continuity of care.

A telemedicine service may be provided by a GP, non-GP specialist or any other clinically appropriate member of the patient's health care team. However, the service must be provided in collaboration with the patient's nominated GP's as part of the GP's plan of care for that patient. This acknowledges the central role of general practice as a patient's first point of contact in the health system and the importance of well-coordinated longitudinal care in delivering better outcomes for patients.

Standard 5: Telemedicine services must be clearly defined.

Providers of telemedicine services must have a schedule of the telemedicine services where the available services are clearly described and any conditions governing service provision and fees payable are articulated.

Standard 6: No telemedicine service should be provided without the patients informed consent.

Practitioners must ensure they comply with their duty of care to ensure the patient understands any inherent risks or limitations associated with the telemedicine service. Patients must be advised of any fees payable and the billing arrangements available. These must be clearly communicated to, understood, and accepted by the patient.

The consent can be verbal, written, or implied but must be voluntary, valid, time appropriate and recorded in the patient's clinical record.*

**Such as when a patient books a telemedicine service online and the costs and payment methods are clearly outlined. Or, the patient virtually checks in or attends a pre-arranged appointment. Or, logs into telemedicine service provided or made available as part of their ongoing care.*

Standard 7: Providers of telemedicine services must ensure that an adequate and contemporaneous clinical record of the service is documented, and, with patient consent, shared where clinically appropriate with members of the patient's health care team.

As telemedicine services form part of the patient's clinical record, it is essential that the care provided through such services is contemporaneously documented to support the patient's ongoing care.

Standard 8: Providers of telemedicine services must take all appropriate measures to ensure patient privacy and the security of patient health information.

In providing a service, providers must take appropriate steps to identify the patient and themselves to the patient.

Providers must also comply with all relevant Commonwealth, State and Territory privacy laws and ensure the systems utilised to provide the service ensure secure transmission of information between practitioner and patient. Patients in consenting to the service should be informed about the precautions in place to protect their privacy and understand the inherent risks.

Standard 9: Telemedicine hardware and software must be of a high enough quality to provide seamless function to fulfil its health care task.

This will ensure a positive experience by both the practitioner and the patient and ensure that technical constraints do not become a barrier to the receipt or delivery of care.

Standard 10: Practitioners providing a telemedicine service must be free to charge a fair and reasonable fee for the service provided.

Medical practitioners and other health professionals are free to set their fees for the professional services they provide. This is reflected in both the AMA List of Medical Services and Fees and the General Explanatory Notes of the Medicare Benefits Schedule.

A telemedicine service requires valued cognitive input from the providing practitioner and their clinical assessment of the patient's health care needs – including any presenting symptoms, diagnostic or specialist referrals, treatment plan and management. Practitioners have a right to be fairly and reasonably remunerated for their services.

Where a clinical practice is facilitating patient access to a telemedicine service, such as a referred video consultation, the practice has the right to be compensated for the associated costs and the fees charged to a patient may include these.