On 20 March 2021, the CPME Board adopted the 'CPME Policy on Telemedicine' (CPME 2021/012 FINAL).

CPME Policy on Telemedicine

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.[1]

Policy Summary

The COVID-19 pandemic has accelerated the use of telemedicine, across Members States where it is rapidly becoming a feature of day-to-day medical practice. On a large scale, doctors and patients have experienced the possibilities and benefits of telemedicine. Telemedicine has the potential to be a useful additional tool in a number of clinical scenarios, however, it is not without risk and is not suitable in all scenarios. Face-to-face consultations should remain the gold standard. Telemedicine could be used as a supplement where it is efficient to improve the quality of care. The use of telemedicine should not be influenced by commercial factors nor used as a cost-saving measure to justify the closure of healthcare facilities especially in less populated areas. As telemedicine becomes embedded into medical practice, doctors, patients and policy makers should remember its benefits and limitations.

Definition of Telemedicine

Telemedicine is the practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems.[2] Telemedicine can take place between a physician and a patient or between two or more physicians including other healthcare professionals.[3] Telemedicine encompasses a wide variety of services, such as teleradiology, telepathology, teledermatology, remote consultations, telemonitoring, telesurgery and teleophthalmology. Other potential services include call centres/online information centres for patients, remote consultation/e-visits or videoconferences between health professionals.

[1] CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found under www.cpme.eu

[2] There are many definitions for telemedicine. It is an open and evolutive notion. For the purpose of this paper, the term 'Telemedicine' is as defined in the *World Medical Association Statement on the Ethics of Telemedicine, October 2007, amended October 2018.*

[3] Ibid.

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The use of telemedicine has been growing in recent years, but in the last year the use of remote consultations, by telephone and video link, and remote monitoring of vital signs, has grown substantially across Europe during the COVID-19 pandemic.[4] In England the number of telephone consultations rose from 856,631 to 2,022,798 per week between 2 March and 18 May 2020. In France, the number of teleconsultations rose from approximately 40,000 per week in February 2020 to a height of almost 1 million per week at the peak of lockdown and then stabilising at 150,000 per week. In the Netherlands, there was also a new expansion of teleconsultations, with 72% of surveyed General Practitioners (GPs) saying they had started using video consultations with patients in 2020 with 28% of GPs indicating they would continue using video consultations more intensively after the crisis.[5]

Benefits of Telemedicine

Research shows that telemedicine has the potential to be a useful additional tool in certain clinical scenarios. For example:

- In emergency care where treatment is time sensitive and the patient cannot access a specialist within a safe time period. For example, in stroke care where Emergency Departments have limited access to specialist neurological services;[6]
- In the tele-monitoring of patients with chronic or long-term conditions[7] and remote follow up where the patient is known to the physician and his/her condition is stable;[8]
- Video consultations appear to be well-received by certain patients' groups as part of their long-term care;[9]
- In teleradiology, telepathololgy, and teledermatology, telediagnosis allows for remote assessment of x ray images, specimens and photos for the purpose of diagnosis where access to expertise and infrastructure may not be available; [10]
- Remote consultations between patients and physicians can improve access to care for patients in rural and remote areas or where mobility is an issue, while between physicians remote consultations can allow for access to a specialist's second opinion;[11]
- Teletriage and remote consultations have been used to protect patients and healthcare workers from the risk of infection from COVID-19 by reducing the flow of patients through healthcare facilities;[12]

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[4] Richardson E. Aissat D, Williams G.A. & Fahy N. *Keeping what works: remote consultations during the COVID-19 pandemic.* Eurohealth, 2020 26 (2), 73 - 76. World Health Organization. Regional Office for Europe.

[5] Ibid.

[6] Johansson T & Wild C (2010)Telemedicine in acute stroke management: Systematic review, International Journal of Technology Assessment in Health Care, 26(2), 149-155. doi:10.1017/S0266462310000139.

[7] Paré g, Jaana M, Sicotte C, Systematic Review of Home Telemonitoring for Chronic Diseases: The Evidence Base J Am Med Inform Assoc. 2007 May-Jun; 14(3): 269–277. doi: 10.1197/jamia.M2270.

[8] Greenhalgh T, Wherton J, Shaw S, Morrison C. Video consultations for covid-19. BMJ2020;368:m998. doi:10.1136/bmj.m998 pmid:32165352.

[9] R. Martin, H. Shah and H. Stokes-Lampard, 'Online consulting in general practice: making the move from disruptive innovation to mainstream service', BMJ, 360, 2018, doi.org/10.1136/bmj.k1195.

[10] Widespread Deployment of Telemedicine Services in Europe, Report of the eHealth Stakeholder Group on implementing the Digital Agenda for Europe Key Action 13/2 'Telemedicine'.

[11] Joint Action to support the eHealth Network, (JAseHN), Report on EU state of play on telemedicine services and uptake recommendations Nov 2017.

[12] Car J.Gerald Choon-Huat Koh GFoong PS. Wang CJ. *Video consultations in primary and specialist care during the covid-19 pandemic and beyond*, BMJ 2020; 371 doi: https://doi.org/10.1136/bmj.m3945.

- In home-monitoring of COVID-19 patients, facilitating early discharge and recovery at home.[13]

Risks and Challenges

However telemedicine it is not without risks and challenges. CPME identifies some of them below.

1. Quality of Care and Cost Effectiveness

Remote consultations, whether in general practice or an outpatient setting, are the most frequent example of medical services provided at a distance. Most evidence in support of remote consultations points to convenience and patient satisfaction, however evidence in relation to quality of care and cost-effectiveness is mixed.[14]

The patient-doctor relationship is based on a personal interaction, physical examination and having knowledge of the patient's medical history. While remote consultations generally address more straight forward issues, they are seen as less "information rich"[15] with the potential for complex conditions to be missed, requiring a second in-person consultation in subsequent days.[16] Where appropriate, physical examinations may not be required and telemedicine can provide optimum management of the patient. Difficulties can also arise in building a rapport and trust with patients, particularly in General Practice/Family Medicine where continuity of care is a key tenet. Other issues can arise from insufficient knowledge of the patient and their medical history, mis-identification of the patient, issues relating to capacity and consent in children and vulnerable adults, poor patient understanding of the advice and treatment offered, medicine interactions, or insufficient knowledge of local health services

Few studies have examined the wider costs of telemedicine provided by commercial operators advertising rapid on-line consultations and quick prescriptions and in terms of potential fragmentation of care or over-prescribing of antibiotics and other prescription drugs.[17] In 2018 a report published by the UK's Care Quality Commission found that 43% of independent on-line primary care providers were not providing 'safe' care according to the relevant regulations. Specific concerns included inappropriate prescribing of antibiotics and opioid-based medicines, unsatisfactory approaches to safeguarding children and those who may not have the mental capacity to understand or consent to a consultation and not collecting or sharing patient information with a patient's NHS GP.[18]

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[13] Dutch Health Inspectorate, Thuismonitoring COVID-19-patiënten, Observaties bij twee ziekenhuizen, 25 February 2021, https://www.igj.nl/onderwerpen/coronavirus/documenten/publicaties/2021/02/25/factsheet-thuismonitoring-covid-19-patienten.

[14] Ibid.

[15] Hammersley V, Donaghy E, Parker R, et al., Comparing the content and quality of video, telephone, and face-to-face consultations: a non-randomised, quasi-experimental, exploratory study in UK primary care, Br J Gen Pract2019;69:e595-604. doi:10.3399/bjgp19X704573 pmid:31262846

[16] Greenhalgh T, Vijayaraghavan S, Wherton J, et al. Virtual online consultations: advantages and limitations (VOCAL) study. BMJ Open 2016;6: e009388. doi:10.1136/ bmjopen-2015-009388.

[17] Peters L, Greenfield G, Majeed A,Hayhoe B,The impact of private online video consulting in primary care, Journal of the Royal Society of Medicine 2018, Vol: 111 issue: 5, page(s): 162-166.

[18] Care Quality Commission (CQC), The state of care in independent online primary health services - Findings from CQC's programme of comprehensive inspections in England, CQC 2018.

Remote consultations can only ever be an approximation of face-to-face consultations,[19] but they can be a useful alternative where distance or mobility are an issue and where the patient is known to the physician, for example, in facilitating renewal of prescriptions or a referral from a GP to see a specialist. The use of telemedicine, however, is not without cost. In addition to initial outlays for technology, there is no evidence that remote consultations reduce clinician time and may take longer to glean the same level of clinical information. Where the clinical evidence supports the use of teleconsultations and other telemedicine services, they must be appropriately resourced.

2. Patient Confidentiality and Security

Risks can also arise in relation to privacy and patient confidentiality, as more patient data is exposed in online platforms and apps, and poor internet connectivity may interrupt the exchange of data. Telemedicine requires secure and stable platforms, where patient data is encrypted, to ensure that patient privacy and confidentiality is protected and to prevent loss of connectivity. Commercial platforms may not always be fit for purpose nor be fully compliant with EU General Data Protection Regulations (GDPR)[20] or be easily integrated into existing electronic health records. The market for telemedicine services also presents significant opportunities for commercial entities offering digital solutions which may not always be driven by improvements to quality of care. A systematic evidence-based approach is needed and currently not fully addressed in most Member States.

The systematic implementation of telemedicine should be dependent on defined use-cases and evidence-based medicine principles. It is not sufficient that it is technically feasible. The technology needs to be validated as well as its implementation with real-world outcome evidence.

Telemedicine services offered to patients, doctors or healthcare institutions in the EU must comply with European requirements on data protection and with the profession's ethical requirements (e.g. World Medical Association Statement on the Ethics of Telemedicine[21]). Telemedicine platforms addressing patients must be free of product advertising.

3. Accessibility

Access to telemedicine services is not always equitable and may in fact increase the digital divide. The highest burden of disease lies in the older population and few studies have examined the acceptability of telemedicine among older patients. While many older citizens have adopted quickly to the use of information technology, not all patients may have the digital skills or are comfortable using telemedicine.[22] The same concerns also apply to other adults where access to the internet and poor digital skills place many at a disadvantage.

Face-to-face consultations must always be available to patients and telemedicine should not be used to justify the closure of health care facilities in less-populated or under-served areas. Governments should not fail on their obligations in investing in broadband infrastructure and programmes that

[19] Car J. 2020 op cit.

[20] Car J. 2020 op cit.

[21] *WMA Statement on the Ethics of Telemedicine*, October 2007, amended October 2018.

[22] Williams O.E, Elghenzai A.S , Subbe B.C. Wyatt J.C.& Williams J.E, *The use of telemedicine to enhance secondary care: some lessons from the front line* Future, Healthcare Journal 2017 Vol 4, No 2: 109–14.

enhance digital health literacy skills for patients and other supports that may enhance access to telemedicine services.

Recommendations for the Use of Telemedicine

- Face-to-face consultations between patients and doctors should remain the gold-standard;
- Telemedicine could be used as a supplement where it is efficient to improve the quality of care;
- Telemedicine can be a useful tool in certain clinical scenarios, for example in improving access to medical expertise or where distance to services and patient mobility are an issue;
- Telemedicine services that improve patient safety, quality of care and efficiency should be supported with government investment and services appropriately reimbursed as part of a health services catalogue;
- Telemedicine solutions require secure and stable platforms that protect patient confidentiality and can be easily integrated into Electronic Healthcare Records;
- Doctors should be appropriately trained in digital competencies and supported with clear guidance relevant to their specialty;
- Equitable access to the benefits of telemedicine should be supported with government investment in broadband infrastructure and programmes to enhance digital literary skills;
- The use of telemedicine should be driven by clinicians and improvements to quality of care and not by commercial motivations – any conflicts of interest should be declared *ab initio*;
- Doctors providing remote consultation services should be based and registered within the jurisdiction and have adequate knowledge of the delivery of local health care services;
- Doctors using remote consultations should ensure they are appropriately indemnified for its use;
- Healthcare sectors should fund peer-reviewed and evidence-based research on telemedicine.

Roles and Responsibilities of Doctors

When using telemedicine doctors should follow the same fundamental ethical principles and adhere to the same professional standards as with face-to-face consultations:[23]

- Quality of care and patient safety must remain a priority. Doctors are responsible for determining whether a remote consultation is an appropriate alternative to a face-to-face consultation, based on knowledge of the patient and access to their full medical history;
- Doctors must be able to reliably identify the patient, and the patient the doctor;
- Doctors should take all measures to protect patient's privacy and confidentiality by ensuring that teleconsultation takes place in a suitably private location;
- Doctors should possess adequate digital competencies about telemedicine practice and the platforms/devices they are using for teleconsultations.[24] They must take precautions that these systems are secure, reliable and protect patient's privacy and medical confidentiality. Doctors may rely on advice or other instruments set down by data protection and/or health regulatory authorities;[25]
- Patients should be fully informed of how the remote consultation will proceed including the risks and limitations of telemedicine and consent to participation should be sought;

[23] See WMA, *WMA Statement on the ethics of telemedicine*, October 2007 amended October 2018 and WMA, WMA Statement on Guiding Principles for the Use of Telehealth for the Provision of Health Care , October 2009.

[24] CPME Policy on Digital Competencies for Doctors, November 2020.

[25] 'Decision aid' for choosing video calling apps, by the Dutch DPA: 2624 Keuzehulp privacy videobellen-herzien_WTK-V2 (autoriteitpersoonsgegevens.nl).

- Doctors should be aware of a patients' digitals skills and access to technology, and face-to-face consultations should always be available as an option;
- As with face-to-face consultations, appropriate notes should be taken and stored in the patient's medical record;
- The principles of medical practice and ethics must be respected in the practice of telemedicine at all times.

Roles and Responsibilities of Healthcare Organisations

Terms and conditions for implementing telemedicine services:

- Determine the needs with regard to the use of the teleconsultation (by whom, for whom / for whom not, for what / for);
- Impact analysis of existing and future working methods (service level agreements necessary);
- Choice of technology (software, hardware and integration with EHR);
- It is recognised that healthcare organisations will have to adhere to data protection legislation;
- Implementation process (technical), including test phase;
- Education trajectory for healthcare professionals and (consultation hours) support staff;
- Set up patient support / helpdesk;
- Organise rooms that meets conditions for use of video consultation;
- Set up support / helpdesk employee;
- Communication strategy internal and external.

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