



DEPARTMENT OF HEALTH
UNIVERSITY OF THE PHILIPPINES MANILA

June 08, 2020

JOINT MEMORANDUM CIRCULAR

No. 2020- 0001

SUBJECT: Telemedicine Practice Guidelines

I. BACKGROUND

In support to health system resilience and easing transition to new normal from the coronavirus disease 2019 (COVID-19) health situation, one of the critical interventions identified to enable access to health services and information is the adoption and use of telemedicine.

The issuance of Department of Health (DOH) and National Privacy Commission (NPC) Joint Memorandum Circular (JMC) 2020-0001 (Guidelines on the Use of Telemedicine in COVID-19 Response) now allows: (1) medical consultation via phone call, chat, short messaging service (SMS), or audio- or video-conferencing, among others; and (2) issuance of physicians of electronic clinical abstracts, referrals and prescriptions within a telemedicine consultation. Still, concerns have been raised that health care providers remain reluctant to practice telemedicine because of fear of violating existing regulations and lack of guiding policies and practice guidelines.

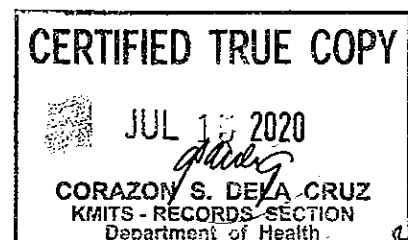
To help address this gap, the DOH and the University of the Philippines Manila, through the National Telehealth Center, hereby issue these guidelines on setting up of telemedicine practice among health care providers.

II. OBJECTIVES

The objective of this JMC is to provide minimum recommendations for setting up a telemedicine practice that empowers and safeguards both patients and health care providers, while maintaining good quality of medical care.

III. SCOPE AND COVERAGE

This JMC shall apply to the implementation of telemedicine across the country; and shall cover all public and private, national and local health care providers regulated by DOH and Philippine Health Insurance Corporation (PhilHealth); medical associations and specialty societies; telemedicine providers; all patients and individuals who will consult through telemedicine; local government units; the University of the Philippines Manila; the Department of Health; and all other concerned entities.



IV. DEFINITION OF TERMS

For the purpose of this JMC, the following terms are defined:

1. **Consent** refers to any freely-given, specific, informed indication of will, whereby an individual agrees to the collection and processing of personal information relating to him or her.
2. **Health Care Providers** refer to any of the following:
 - a. **Physician** refers to all individuals authorized by law to practice medicine pursuant to Republic Act No. 2382, or the "Medical Act of 1959," as amended; or
 - b. **Health facility** refers to a public or private facility or institution devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of medical and nursing care. It also includes temporary treatment and monitoring facilities, and local isolation and general treatment areas for COVID-19.
3. **Personal data** refers to all types of personal information such as follows:
 - a. **Personal information** refers to any information, whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual. (Data Privacy Act of 2012 [DPA])
 - b. **Sensitive personal information** refers to personal information:
 - i. About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations;
 - ii. About an individual's health, education, genetic or sexual life of a person, or to any proceeding for any offense committed or alleged to have been committed by such person, the disposal of such proceedings, or the sentence of any court in such proceedings;
 - iii. Issued by government agencies peculiar to an individual which includes, but not limited to, social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and
 - iv. Specifically established by an executive order or an act of Congress to be kept classified. (DPA)
4. **Personal health information** refers to the individual's past, present or future physical or mental health or condition, including demographic data, diagnosis and management, medication history, health financing record, cost of services and any other information related to the individual's total well-being. (DOH-DOST-PhilHealth Joint Administrative Order No. 2016-0002)
5. **Personal information controller or "PIC"** refers to a person or organization who controls the collection, holding, processing or use of personal information, including a person or organization who instructs another person or organization to collect, hold, process, use, transfer or disclose personal information on his or her behalf. The term excludes: a person or organization who performs such functions as instructed by another person or organization; or an individual who collects, holds, processes or uses personal information in connection with the individual's personal, family or household affairs. There is control if the natural or juridical person or any other body decides on what information is collected, or the purpose or extent of its processing. (DPA)
6. **Personal information processor or "PIP"** refers to any natural or juridical person or any other body to whom a PIC may outsource or instruct the processing of personal data pertaining to a data subject. (DPA)

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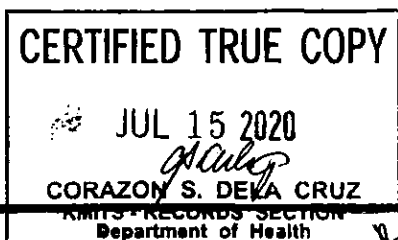
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7. **Processing** refers to any operation or any set of operations performed upon patient's data including, but not limited to, the collection, recording, organization, storage, updating or modification, extraction, retrieval, consultation, use, consolidation, blocking, submission, disclosure, erasure or destruction of data. (DPA)
8. **Telemedicine** refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing, among others, to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.
9. **Telemedicine Providers** refer to any telemedicine platform developer or service provider who support telemedicine consultation.
10. **Webside Manner** is the equivalent of the physician's bedside manner, or the way that a physician interacts with the patient, when doing a telemedicine consultation.

V. DECLARATION OF PRINCIPLES

The following principles shall govern the implementation of this JMC:

1. Physicians shall exercise their professional judgement to decide whether a telemedicine consultation is appropriate in a given situation and based on complexity of patient's health condition.
 - a. Telemedicine shall be employed when a physician is physically inaccessible (e.g. such as during a national emergency with community quarantine in effect, among others), in the management of chronic health conditions, or follow-up consultations after initial treatment.
 - b. Emergency and serious conditions, where face-to-face assessment and physical contact are most essential, should not be managed via telemedicine.
2. The patient-physician relationship shall be founded on mutual trust and respect in which they both identify themselves reliably during a telemedicine consultation.
 - ❖ Telemedicine consultation should not be anonymous. Both patient and the physician should be able to know, verify and confirm each other's identity at the start of the telemedicine consultation.
3. Proper informed consent must be obtained from the patient prior to any collection of personal data and the offering of any telemedicine service regardless if it is an initial consultation or a follow-up consultation.
 - ❖ Consent shall be evidenced by written, electronic or recorded means.
4. The practice of telemedicine shall follow the standards of practice of medicine as defined under RA 2382 (The Medical Act of 1959) and its Implementing Rules and Regulations, the Philippine Medical Association (PMA) Code of Ethics and other applicable policies and guidelines, taking into account the absence of physical contact.
 - ❖ All physicians practicing telemedicine shall uphold the same standards of care as in a face-to-face consultation but within the intrinsic limits of telemedicine.
5. The patient-physician relationship shall be based on full knowledge of the patient's medical history and a physical examination given the circumstances of a lack of physical contact (i.e., by virtual physical exam only).
 - a. Physicians shall use their professional discretion to gather the type and extent of patient information required to be able to exercise proper clinical judgment.

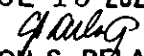


- b. If physical examination is critical information for consultation, the physician should not proceed until a physical examination can be arranged through a face-to-face consultation. Wherever necessary, depending on the professional judgment of the physician, the physician shall be responsible for the coordination of care.
6. The patient-physician relationship shall respect both patient and provider autonomy.
 - a. The physician can choose not to proceed with the telemedicine consultation at any time as guided by both law and ethics. At any step, the physician can refer or request for a face-to-face consultation.
 - b. At any stage, the patient has the right to choose to discontinue the telemedicine consultation.
 7. The right to privacy of health information shall be protected at all times.
 - a. All health care providers shall uphold the data privacy rights of patients, and shall provide the mechanisms for the patients for the effective exercise of these rights.
 - b. The processing of health information of patients consulting through telemedicine shall be in accordance with the privacy and data protection requirements provided under RA 10173 (Data Privacy Act of 2012), its IRR and other relevant issuances from the NPC, and shall adhere to the principles of transparency, legitimate purpose, and proportionality.
 8. Only secure, privacy-enhancing and non-public-facing platforms shall be used for telemedicine consultations.
 - ❖ All health care providers shall exercise their professional autonomy and discretion on the best platform to use for telemedicine taking into account what is appropriate and adequate to deliver proper care, and as provided by existing laws and regulations on privacy and data protection, among others.

VI. GUIDELINES

A. Recommended physical and technical requirements

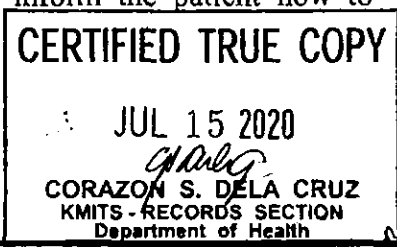
1. Recommended minimum technology requirements shall be as follows:
 - a. A stable internet connection
 - b. Communication device with or without video capabilities: landline, mobile phone with or without camera, tablet, laptop or desktop computer (i.e. consider use of dual monitors and high definition webcam positioned at eye level)
 - c. Noise-canceling headphones
 - d. Speakers and microphones
 - e. Secure, privacy-enhancing and non-public-facing videoconferencing or communication software; or a videoconferencing facility integrated with an electronic medical record system, if available.
2. In setting up the telemedicine workstation, the health care provider is recommended to observe the following measures:
 - a. Ensure room is quiet, interruption-free, secure, and private with adequate lighting.
 - b. Wear headphones for better audio, if available.
 - c. Test every speaker and microphone before every visit.
 - d. Learn about the platform or software that will be used for the telemedicine consultation. Always test ahead of the visit, download, or install any updated needed.
 - e. Check internet speed.

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- f. Turn off other web applications and notifications.
 - g. Angle the screen so no one can walk by and see the consultation.
 - h. Wear same level of professional attire as in face-to-face consultation.
 - i. Avoid visual distractions such as busy patterned shirts, messy desks, food and drinks, photos and posters on background wall.
 - j. No virtual background.
3. In choosing the right telemedicine platform, consider the following:
- a. The platform is supportable across all devices (e.g. laptop/desktop computer or tablet, etc.), and possibly, can be integrated to a new EMR system, or interoperable with an existing EMR system.
 - b. The quality of service with the use of the platform is equal or better than face-to-face consultation.
 - c. The platform allows for remote patient monitoring, and clinical validation.
 - d. The webside manners are properly observed and addressed when using the platform.
 - e. The platform is as easy as possible for patients to access and use, and for the physician to manipulate its features and present oneself appropriately to the patient.
 - f. The platform is secure, privacy-enhancing and non-public facing.

B. Webside manners during a telemedicine consultation

1. Greeting
- a. Introduce self and your role. Ask patient to introduce himself/herself and family members or other companions in the room, if assisted.
 - b. Confirm with patient that s/he can see and hear you clearly.
 - c. Acknowledge the use of the new technology. Normalize any discomfort with the use of the platform.
 - d. Demonstrate confidence in the technology and reason for use. Include instructions on what to do in case of disconnection.
2. Maintaining Etiquette
- a. Be aware of one's actions since these will be magnified on camera. Sit fully upright.
 - b. Do not fidget, scratch, play with your hair, or touch your face.
 - c. Disable picture-in-picture function.
 - d. Look directly at the camera. This can be perceived by the patient as making eye contact.
 - e. Position video window of patient's image at the top of your screen below the webcam.
 - f. Explain and narrate all your actions.
3. Empathy & Communication
- a. Speak slowly and clearly. Pause longer between statements to allow for transmission delay.
 - b. Type into the chat window to reiterate instructions or next steps.
 - c. Check in frequently to elicit reactions and confirm understanding.
 - d. Use non-verbal cues even on virtual visits: Smile often. Use a warm tone of voice.
 - e. Increase the frequency of empathetic statements to show that you are listening.
 - f. Inform the patient when occupied such as when writing notes or looking at radiologic images or laboratory results.
 - g. Summarize and clarify questions in case of delay or signal interference.
 - h. In case of disconnection during video consultations, inform the patient how to continue the consultation.



C. Activities within a consultation as applied to telemedicine

1. Proper informed consent must be established with all the necessary information regarding the features of the telemedicine consultation fully discussed with the patient, including, but not limited to:
 - a. How telemedicine works, including the services to be provided, expected benefits, and billing and insurance, if any, within the telemedicine consultation;
 - b. Limitations of telemedicine, including risk of technology failures, and service limitations;
 - c. Manner of processing of health information, including submission to public health authorities such as DOH for health policy and planning purposes;
 - d. Privacy and security measures and concerns;
 - e. Protocol on referral or care coordination; and
 - f. Documentation of the patient consent.

2. General recommendations for conducting virtual physical exam are as follows:
 - a. Take a thorough medical history.
 - b. Have a keen eye for observing the patient's condition.
 - c. Consider what can be examined while going through the Review of Systems.
 - d. Partner with the patient or his/her companion to gain valuable clinical insight.
 - i. Using home monitor, request patient or relative to take vital signs.
 - ii. Request a family member or relative to conduct palpation maneuvers or assist in physical examination while giving instructions.
 - e. Take advantage of available technology.
 - ❖ Sharing photos or videos that are difficult to visualize on webcam.

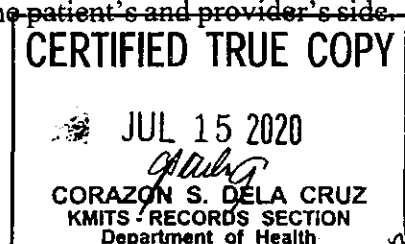
3. All physicians shall issue electronic prescriptions in accordance with FDA Circular No. 2020-007 and any subsequent FDA guidelines, and pursuant to RA 2382.

4. General documentation requirements are as follows:
 - a. All telemedicine consultations should have proper documentation, which includes, but not limited to, the following:
 - i. Patient and provide location;
 - ii. Family members or other companions present during the telemedicine consultation;
 - iii. Patient consent;
 - iv. Referring physician, if applicable;
 - v. Telemedicine platform or videoconference or communication software used; and
 - vi. Patient's feedback about the telemedicine consultation
 - b. All health care providers whose services are sought through telemedicine shall keep records of all electronic clinical abstracts/consultation summaries, prescriptions and/or referral forms issued.

D. Telemedicine Consultation Process Flow

1. Before Telemedicine Consultation

- a. Prepare technical set up of the telemedicine workstation.
- b. Determine if the patient is suitable for a certain telemedicine service. Normalize any discomfort with the telemedicine platform, if any.
- c. Prepare the patient's previous medical records, if applicable.
- d. Ensure that both signal/audio/video are clear on both the patient's and provider's side.



- e. Give introductions. Family members or other companion present should also be introduced.
- f. Set expectations and secure consent.

2. During Telemedicine Consultation

- a. Determine mutually agreeable agenda items.
- b. Explain to the patient how you will get the information you need for diagnosis and plan of management.
- c. Conduct your history taking and virtual physical examination.
- d. Obtain patient feedback.

3. After Telemedicine Consultation

- a. Summarize key points and ask for clarifications. Have the patient repeat back what they understood.
- b. Explain plan for laboratories and ancillaries.
- c. Explain ePrescription instructions.
- d. Arrange for a face-to-face follow-up consultation, or give instructions to go to the nearest health facility in case of worsening symptoms or emergencies post-telemedicine consultation.
- e. Ask if the patient was comfortable with the telemedicine set-up.
- f. Give a clear sign to the patient that the consultation is coming to an end. Thank the patient.
- g. Complete the documentation.
- h. Email the patient a password-protected file of a summary on what was discussed during the telemedicine consultation. A password-protected prescription can also be included, if applicable.

VII. ROLES AND RESPONSIBILITIES

A. Data Subjects (Patients and Family Members/Other Companions)

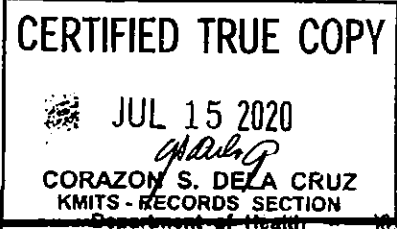
1. Owner of the data.
2. Disclose truthful and accurate information regarding their health condition to the physician.
3. Observe and comply with physician's instructions post-telemedicine consultation.

B. Department of Health

1. Provide policy directions and oversight, together with the University of the Philippines Manila, specifically with the National TeleHealth Center and the interagency National eHealth Steering Committee (NEHSC), in coordination and consultation with medical associations, specialty societies, patient groups, and all other groups, on all matters relating to telemedicine practice.
2. Evaluate, direct and monitor activities, with the assistance of the University of the Philippines Manila, specifically with the National Telehealth Center, relating to telemedicine practice.

C. University of the Philippines Manila

1. Recommend telemedicine policies, through the National Telehealth Center, together with DOH and its interagency partners at the NEHSC, and conduct consultations, as appropriate, with medical associations, specialty societies, patient groups, and all other groups, on all matters relating to telemedicine practice.



2. Assist the Department of Health in evaluating, directing, and monitoring telemedicine activities in coordination and consultation with interagency partners, medical associations, specialty societies, patient groups, and all other groups.
3. Conduct researches regarding development, adoption and use of telemedicine such as, but not limited to, its usability, acceptability, effectiveness, safety, cost, and socioeconomic impact.

D. Health Care Providers

1. Act as personal information controller.
2. Comply with DOH guidelines on telemedicine practice and services, and standards of practice of medicine as provided under RA 2382, its IRR, and other applicable policies and guidelines.
3. Observe and comply with RA 10173, its IRR, and other issuances from NPC in the processing of patient's personal health information.

VIII. VIOLATIONS

Violation of any part of this JMC shall be dealt with under the appropriate provisions of the Administrative Code in addition to civil and criminal suits under existing laws, rules and regulations.

IX. REPEALING CLAUSE

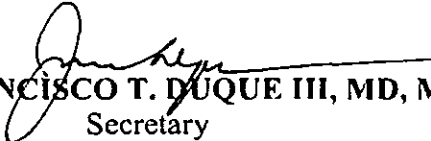
All previous issuances that are inconsistent with any provisions of this JMC are hereby amended, modified, or repealed accordingly.


X. SEPARABILITY CLAUSE

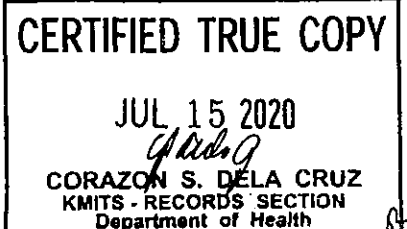
In the event that any provision or part of this JMC is declared unauthorized or rendered invalid by any court of law, those provisions not affected by such declaration shall remain valid and in effect.

XI. EFFECTIVITY

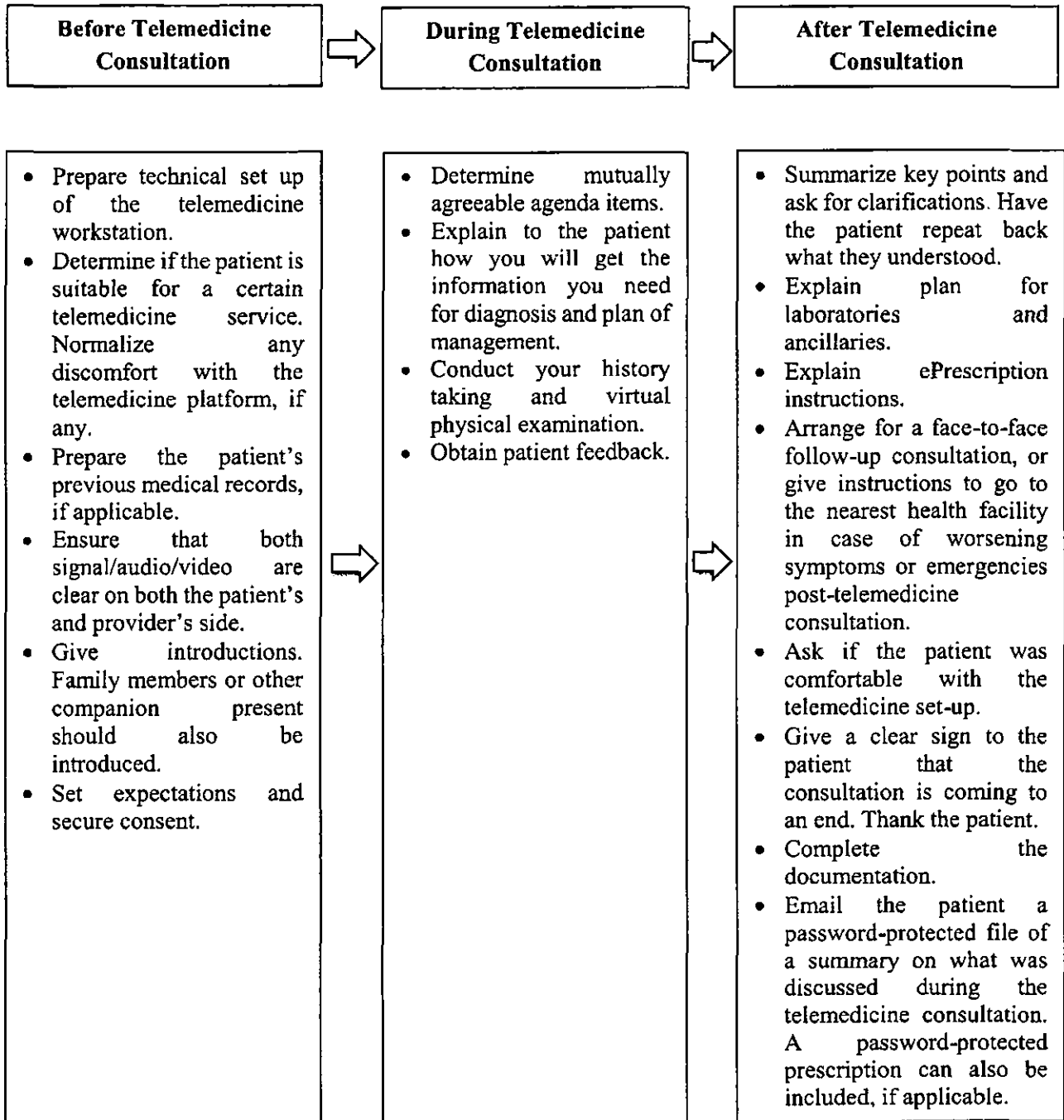
This JMC shall take effect immediately.


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Secretary
Department of Health


CARMENCITA D. PADILLA, MD, MAHPS
Chancellor
University of the Philippines Manila

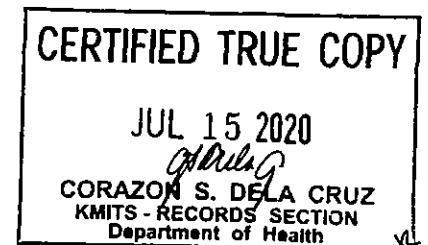


Annex 1.0. Telemedicine Consultation Process Flow



Adapted from:

- Medical Informatics Unit, College of Medicine, University of the Philippines Manila. Telconsultation: Guide for Filipino Clinicians.



Annex 2.0. Suggested Virtual Physical Examination

Organ System	Examination(s) on the patients and/or special maneuvers
Constitutional	<ul style="list-style-type: none"> • Vital signs (heart rate, respiratory rate; if available, temperature, blood pressure, weight) • General appearance (ill/well appearing, (un)comfortable, fatigued, attentive, distracted, disheveled/unkept)
Eyes	<ul style="list-style-type: none"> • Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection) • Appearance of pupils (equal, round, extraocular eye movements) • Assessment of vision (seeing double)
Ears, Nose, Mouth, and Throat	<ul style="list-style-type: none"> • External appearance of the ears and nose (scars, lesions, masses) • Assessment of hearing (able to hear, asks to repeat questions) • Inspection of lips, mouth, teeth and gums (color, condition of mucosa) • Gross inspection of throat (tonsillar enlargement, exudate) • Appearance of face (symmetric, appropriate movement of mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper lower teeth, puff out cheeks) • Pain or tenderness when patient palpates sinuses or ears <p>Note: may use oral cancer self-exam.</p>
Neck	<ul style="list-style-type: none"> • External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention) • Gross movement (degrees of flexion anterior, posterior and laterally)
Respiratory	<ul style="list-style-type: none"> • Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath) • Audible wheezing • Presence and nature of cough (frequent, occasional, wet, dry, coarse) <p>Note: may use COPD assessment test questionnaires.</p>
Cardiovascular	<ul style="list-style-type: none"> • Presence and nature of edema in extremities (pitting, weeping) • Capillary refill • Temperature of extremities per patient/other measure
Chest	<ul style="list-style-type: none"> • Inspection of the breasts (similar, nipple discharge) • Chest wall or costochondral tenderness with self-palpation
Abdomen	<ul style="list-style-type: none"> • Examination of the abdomen • Tenderness on self-palpation • Localization of pain
Musculoskeletal	<ul style="list-style-type: none"> • Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad, narrowed based) • Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)

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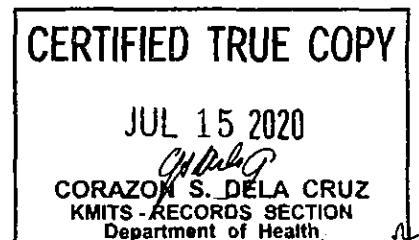
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	<ul style="list-style-type: none"> • Extremity exam may include: alignment, symmetry, defects, tenderness on self-palpation; range of motion, pain contracture; muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements; presence and nature of edema, temperature
Skin	<ul style="list-style-type: none"> • Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae, cyanosis, diaphoresis
Neurologic	<ul style="list-style-type: none"> • Dermatomal distribution of numbness or pain • Examination of sensation (by touch or pin)
Genitourinary	<ul style="list-style-type: none"> • Testicular self-examination
Psychiatric	<ul style="list-style-type: none"> • Orientation to time, place, and person • Recent and remote memory • Mood and affect • Pressured speech • Mood lability (crying, laughing)
Hematologic, Lymphatic, Immunologic	<ul style="list-style-type: none"> • Mobility and firmness of lumps and bumps

Adapted from

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