

# Recommendations for the use of non-face-to-face care channels for health professionals



In order to face a situation of growing demand, with scenarios of restricted mobility for the citizens, changes in habits and trends in consumption of digital services, **new channels of non-face-to-face care are being incorporated**. This sheet of recommendations is intended to support **outpatient professionals in hospitals, social health centers and mental health centers** to identify situations where it is possible to use these channels, and inform them of the aspects to be taken into account when using the available channels: **telephone, eConsultation (secure messaging) and videoConsultation**.

Progressively, these non-face-to-face care channels will be integrated within **"La Meva Salut" the digital health portal**, so that the citizens can access from this portal. This enables to have a unique platform of relationship between the health system and the citizens that gathers channels and services, and guarantees the security and consent of the information.

Citizens must be told to register in **the digital health portal "La Meva Salut" and informed about the services it offers**: agenda, previous appointment, access to the eConsultation and soon to the videoConsultation, consultation and downloading diagnostic test results, reports, medication plan, etc.



To register in **"La Meva Salut"**, you can do it through the following form:

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## Moments in the care process when I can provide non-face-to-face care

Diagnostic Process



Surgical Procedure



Follow-up, treatment and monitoring  
(ambulatory or at home)



## Examples of types of visits through non-face-to-face care channels



eConsultation

... asynchronous ...

- Non-critical **treatment** adjustments.
- Information on **test preparation and analysis**.
- Test and analytical results with non-critical **results**.
- Resolution of **specific doubts** about treatments.
- **Follow-up** visits.



Telephone call

... synchronous ...

- **Preparation** of the **initial visit**.
- Preparation of the **surgical process** (previous information).
- **Non-critical treatment** adjustments.
- Test and analytical results with non-critical **results**.
- **Follow-up** visits.



videoConsultation

- **Health education**.
- **Preparation of face-to-face visits**.
- Non-critical **treatment** adjustments.
- **Previous visits for minor surgeries** (e.g. Anesthesiology).
- **Follow-up of care** that does not involve face-to-face interaction.
- **Follow-up** visits.
- Resolution of **doubts about therapies and treatments**.

## Criteria to be considered for non-face-to-face visits

### Care Criteria

- **Severity and complexity** of the citizen and its situation.
- Need to perform **physical exploration, visualize the citizen in person** and / or perform techniques that involve face-to-face care.
- **Ability to solve the visit** (can I fulfill the objective of the visit with this modality?).
- **Nature of the information** to be communicated.
- **Privacy** assurance of the visit.
- Guarantee of the **protection and security** of the data generated during the visit.
- **Normative / legal** aspects.

### Criteria related to the citizen

- **Preferred** mode of care.
- **Ability to understand** the information.
- **Mobility** of the citizen.
- Possibility of **involvement of the caregiver**.
- Consider if the visit is with a **known person or not**.

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## Channels and requirements



### eConsultation

- The **eConsultation** service enables the delivery of messages through a secure channel to citizens.
- It also **enables the attachment** of images, reports and other files.
- It is an asynchronous channel that offers **flexibility** in response.
- It is **initiated by the specialized, intermediate and long-term care professional** but, while the episode lasts, the citizen can also initiate conversations.



### Telephone Call

- The **phone service** is a synchronous communication channel that only requires network coverage and a phone to make the visit.
- It is an adequate channel in visits where visual contact is not necessary.
- **It is initiated by the professional.**
- If, as a result of the **telephone care**, it is necessary to send to the citizen the results of diagnostic tests, reports or a new medication plan, this can be done through "**La Meva Salut**".



### videoConsultation

- The **VideoConsultation** service allows to make audio and video calls using a computer, tablet or smartphone.
- This channel is suitable when attending in person is not required and visual contact allows a higher degree of resolution of the visit.
- **It is initiated by the professional.**
- If, as a result of the **videoConsultation**, the citizen needs to receive the results of diagnostic tests, reports or a new medication plan, this can be done through "**La Meva Salut**".

## Legal aspects

### Before starting

- Comply with data protection and privacy requirements before carrying out a visit (already integrated in the videoConsultation and eConsultation tools and, depending on the healthcare provider, in the telephone calls).
- Ensure that the citizens have given their consent, at least verbally, and that it is recorded in their medical records.
- Ensure that the citizen and the professional can carry out the consultation without violating their privacy.

### During the non-face-to-face care

- Respect the privacy of the citizens in accordance with the legislation in force to carry out the teleconsultations.

### The right to information

- Information about the privacy aspects can be consulted in the privacy policy and the conditions of use of the non-Face-to-Face Care.
- The citizen has the right to be informed about the use and treatment of the data generated during the care received.

## Conduct and good practices

### Main behavioral aspects and good practices to be considered

#### Before starting

- **Have time scheduled** in the agenda to make the visit.
- Review the **reason for the consultation**, the citizen's background and the ability to solve the consultation with the chosen channel.
- Ensure **availability and capacity** of the citizen to use the channel.
- Ensure coverage and / or access to the network / Internet.
- Learn the code of conduct to perform the appropriate attention to the situation.

#### During the visit

- Identify **yourself and the citizen**.
- Ensure the absence of connectivity problems with the citizen during the visit.
- **Communicate in a clear, understandable and adapted way** to the profile of the citizen.
- Verify that the citizen has understood the messages and understands the next steps.
- Be **careful with the assessment of the case**, the lack of direct contact may affect the capacity of evaluation.

#### After the visit

- Know the administrative procedures and the subsequent steps after the visit.
- **Incorporate the information** (clinical interpretation) to the medical record.

## When does teleconsultation MAY NOT be recommended?

- First visits without prior case information
- Communication of sensitive information
- Visits where physical examination is required
- Follow-up visits for serious or highly complex cases
- In case of regulatory or legal contraindications
- If the fluency of the consultation cannot be guaranteed

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# Requirements of non-face-to-face care channels



## eConsultation Secure Asynchronous Messaging



The **eConsultation** service allows the delivery of written messages through a secure channel.  
The **eConsultation** service enables the attachment of images, reports and other files.

### 1 / Start

- The citizen must be informed of the eConsultation channel before using it for the first time.
- The **eConsultation** is initiated by the professional and then can be initiated by both the citizen and the professional.
- The **eConsultation** allows the citizen to inform about the reason of the consultation.

- |                                    |                             |
|------------------------------------|-----------------------------|
| / Scheduled follow-up              | / Request for documentation |
| / Clinical deterioration           | / Clinical incidence        |
| / Consultation on diagnostic tests | / Scheduling of visits      |
| / Medication consultation          | / Others                    |
| / Possible adverse effects         |                             |

### 2 / Answer

- It is necessary to answer in a clear and simple way, and to indicate the steps to follow.
- If needed, the medication plan must be updated or other actions related to the reason for the consultation must be carried out.
- You must indicate the need or not to carry out successive activities.
- The citizen must be informed that he or she can find the results of tests, reports, diagnoses and the medication plan at "**La Meva Salut**".



### 3 / End

- It is necessary to ensure that the answer is clear and understandable and that the citizen is informed on how to proceed afterwards.
- The clinical interpretation of the visit must be included in the citizen's medical record, just as it is in a face-to-face visit.

### When IS it appropriate?

- / When attendance in person is not required.
- / If the consultation can be resolved by text message.
- / To solve specific doubts of citizens.
- / To provide indications prior to tests, analyses or face-to-face visits.
- / To make small adjustments in the treatment.
- / To communicate the publication of results to "**La Meva Salut**".
- / For any procedure request (clinical report, medication plan update, publication of discharges due to temporary disability to "**La Meva Salut**", test management, etc.).
- / To request tests or analysis by the professional after a follow-up eConsultation.
- / To resolve incidents or consultations resulting from a test or analysis.
- / To explain the results of tests..

### When MAY NOT be recommended?

- / For initial visits without prior case information
- / To communicate sensitive information to the citizen
- / On visits where the citizen must be physically examined
- / In follow-up visits for serious cases
- / When there is a normative or legal contraindication (under 16 years old, people under guardianship, dependants)
- / When the citizen's ability to use the channel cannot be ensured
- / When Internet access cannot be ensured

Citizens must be told to register in the digital health portal "**La Meva Salut**" and informed about the services it offers: agenda, previous appointment, access to the eConsultation and soon to the videoConsultation, consultation and downloading diagnostic test results, reports, medication plan, etc.



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# Requirements of non-face-to-face care channels



## Telephone Call synchronous communication with audio

### 1 / Scheduling of visits

- It is necessary to define in the scope of the health center who is the one in charge of scheduling the visit and notifying it to the citizen.
- The citizen must be informed of the details of the visit: the terms and conditions of this channel, how they will be contacted and what will be done in case they cannot establish contact.
- The visit must be linked to the professional's agenda.

### 2 / During the consultation

- It should begin with an initial dialogue to identify the professional and the citizen.
- The objective of the visit should be explained.
- It is necessary to explain what to do in case the connection is lost \*.
- Confidence must be built with the interlocutor.
- Do not interrupt the citizen when he/she is speaking, listen to him/her empathetically.
- They should be asked to listen carefully and, in case of doubt, to ask them.
- The citizen must be informed that, in case it is necessary to send them the results of diagnostic tests, reports or a new medication plan, they will find them in "La Meva Salut".

### 3 / At the end

- Before ending, it must be ensured that the citizen has understood the information provided and is aware of what the next steps are.
- The clinical interpretation of the visit must be incorporated into the medical record, just as it is done in a face-to-face visit.

#### When IS it appropriate?

- / When the communication through telephone allows to solve the reason of the visit.
- / If the attendance in person of the citizen is not required.
- / When the severity and complexity of the situation and / or pathology of the citizen allows it.
- / If the professional is responsible for the case, or knows the case.
- / When information is provided prior to an on-site visit.
- / When the privacy of the visit can be ensured (professional and citizen).

#### When MAY NOT be recommended?

- / For first visits without previous information of the case.
- / To communicate sensitive information to the citizen.
- / For visits in which the citizen must be physically examined.
- / In follow-up visits to serious cases.
- / When there is a legal or normative contraindication (under 16 years old, people under guardianship, dependent people).
- / If it cannot be ensured that the channel allows the professional to make the consultation fluently.

Citizens must be told to register in **the digital health portal "La Meva Salut"** and informed about the **services it offers**: agenda, previous appointment, access to the eConsultation and soon to the videoConsultation, consultation and downloading diagnostic test results, reports, medication plan, etc.

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# Requirements of non-face-to-face care channels



## VideoConsultation Synchronous communication with audio and video

The **videoConsultation** service allows to make calls with audio and video.

The access by the citizens is done **through PC, smart phone or tablet.**

The **videoConsultation** can only be initiated by the healthcare professional

### 1 / Scheduling of visits

- The citizen must be informed of the details of the consultation: the terms and conditions of this channel, how to connect and what will be done in the event of not being able to establish contact.
- The health center must define who is in charge of scheduling the visit and notify the citizen.
- From the clinical station, a new videoConsultation appointment must be created, which will notify by e-mail or SMS to the citizen about the day, time and service of the appointment.
- This visit must be associated with the professional's agenda.
- The citizen will be informed that the access to the videoConsultation will be available soon through "**La Meva Salut**" digital health portal.

### 2 / Start of the visit

- The citizen will be informed that, if as a result of the videoConsultation it is necessary to send him/her the results of diagnostic tests, reports or a new medication plan, he/she will find them in "**La Meva Salut**".
- The professional must adapt the space where the visit will take place and adjust the camera to the height of the eyes.
- On the **day and time** indicated, the professional must access the **virtual waiting room**, through the clinical station.
- Once the citizen is also connected, the professional will receive a notice that the consultation can begin.



### 3 / At the end

- Before ending, it must be ensured that the citizen has understood the information given and is clear about what the next steps are. The clinical interpretation of the visit must be incorporated into the medical record, as is done in a face-to-face visit.

#### When IS it appropriate?

- / When the videoConsultation enables to solve the reason of the visit.
- / If the presence of the citizen is not required.
- / When the visual contact helps to a better communication.
- / When the availability of the video allows to give an answer to the reason of the consultation.
- / If the severity and complexity of the citizen allows it.
- / When the professional is responsible for the case, or he/she is aware of it.
- / If it provides information prior to a face-to-face visit.
- / When the privacy of the visit can be ensured (professional and citizen).

#### When MAY NOT be recommended?

- / For first visits without previous information of the case.
- / To communicate sensitive information to the citizen.
- / For visits in which the citizen must be physically examined.
- / In follow-up visits to serious cases.
- / When there is a legal or regulatory contraindication (minors under 16 years old, people under guardianship, dependents).
- / When the availability of the channel by the citizen or his ability to use it cannot be ensured.
- / When Internet access that allows the professional to carry out the video consultation fluently cannot be ensured.

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# Legal and data protection aspects for telephone call, eConsultation and videoConsultation



The use of the **non-face-to-face care** channels means the transmission of personal data, especially health data, so it is necessary to ensure compliance with the regulations on data protection and privacy.

## 1 The right to information How can I inform properly?



There must always be the will and **consent (at least verbal) of the citizen**, and this must be recorded in the medical record.

### The citizen must receive information about:

- The provision of care through these channels and accept it through an agreement with the professional.
- The functioning of telematic channels.
- The treatment of their personal data.

This information can be consulted in the privacy policy and the terms of use of the Non-face-to-face care channels (eConsultation and videoConsultation).

- / Code of Ethics
- / Clinical standards
- / Data protection

### Good practices

/ Be informed: be clear about the ethical and deontological code defined by your professional association.

/ Inform: provide citizens with clear and understandable information.

## 2 Before starting How to ensure compliance?



The use of telematic channels or other non-face-to-face communication systems will be carried out according to the ethical code.

### / Privacy policy and terms of use

- Make sure that you have already agreed with the citizen to carry out this non-face-to-face activity.
- The privacy policy and the terms of use are available in the link of the corresponding teleconsultation channel.

### / Confidentiality during the visit / Identification of the participants

- The confidentiality and privacy of the citizen must be ensured. It is a priority to protect privacy in the professional-citizen relationship.
- The correct identification of the interlocutors (professional and citizen) is essential.

### Current regulations

General Data Protection Regulation 2016/679.

Organic Law 3/2018, on the protection of personal data and guarantee of digital rights.

Law 41/2002, on patient autonomy and rights and obligations regarding clinical information and documentation.

Law 21/2000, on the rights of information concerning the health and autonomy of the patient, and clinical documentation.

Portfolio of rights and duties of citizens in relation to health and health care.

## 3 During the non-face-to-face consultation



Maintaining an attitude of respect for the citizen's privacy is essential.

- Make sure you have access to the appropriate software to perform the visit and record the health data.
- The treatment of personal data follows the same regulation as in the face-to-face visits.
- Register to the medical record the data and the activity that is essential.

### Good practices

/ Do not use personal devices or addresses.

/ Use only those channels given by the provider centre.

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# Good practices manual



Recommendations of good practices when making non-face-to-face visits with the available channels in the Catalan health system (phone call, eConsultation and videoConsultation).

## Cross-cutting elements to the various non-face-to-face channels

- ✓ Make the previous evaluation of the case and background.
- ✓ Access the medical record and other documentation required to make the visit.
- ✓ Guarantee the necessary conditions to make the visit properly and without interruptions.
- ✓ Ensure the confidentiality and privacy of the visit (for both the professional and citizen).
- ✓ Reserve time in the agenda for the visit and do not do other activities simultaneously.
- ✓ Check the correct functioning of the non-face-to-face care channels.
- ✓ Reserve a few minutes to involve the citizen when the visit is with the caregiver or guardian.
- ✓ A cautious attitude must be maintained with the evaluation of the non-face-to-face visit in order to guarantee the correct evaluation of the case.

## Specific elements to carry out the visit with the different channels



### eConsultation



### Phone call and VideoConsultation



#### 1 Before the visit

- ▶ Please note that the citizen, once the visit is scheduled in the agenda, will receive a message indicating that a response will be received within 48 hours.
- ▶ The eConsultation can be initiated by both the citizen and the professional.

- ▶ Check the contact of the citizen (name, phone number, Individual health card number).
- ▶ Consider the presence of an accompanying person to the visit and confirm their contact details if is in a different location from the attended citizen.
- ▶ Check the proper functioning of the audio and / or video and check that the device has sufficient battery.
- ▶ In the case of a video call, take into account: sufficient light in the consultation room, professional atmosphere, professional clothing and positioning of the camera at the eye level of the professional.

#### 2 During the visit

- ▶ Give your greetings at the beginning and end of the visit.
- ▶ Identify yourself.
- ▶ Use a close, clear and easy to understand wording, adapted to the profile of the citizen.
- ▶ Avoid writing the message in capital letters.
- ▶ Structure the message in paragraphs.
- ▶ Write clearly the therapeutic guidelines and recommendations regarding treatment.
- ▶ Check the message before sending it.
- ▶ Make sure that the message has been sent.

- ▶ Identify yourself and the citizen.
- ▶ Explain how the visit will be approached.
- ▶ Inform the citizen that the session is private and confidential.
- ▶ Confirm that the citizen has privacy to carry out the visit.
- ▶ Confirm that the citizen has time, battery, coverage and connectivity.
- ▶ Conduct the clinical interview with: active listening, empathy and giving clear, easy-to-understand messages adapted to the profile of the citizen.
- ▶ Summarize the visit and check that the citizen has understood the information given and the next steps (if necessary).

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#### 3 After the visit

- ▶ Send the agreed documentation / information.
- ▶ Incorporate the clinical interpretation of the visit into the medical record, just as it is done in a face-to-face visit.
- ▶ Plan the corresponding follow-up tasks.

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