General Guidelines for the Practice of Telehealth in the Kingdom Of Saudi Arabia

الأدلة الإرشادية العامة لممارسة الرعاية الصحية عن بعد في المملكة العربية السعودية

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List of Acronyms

HCP: Healthcare Professional
HCF: Healthcare Facility
KSA: Kingdom of Saudi Arabia
MOH: Ministry of Health
NHIC: National Health Information Center
SHC: Saudi Health Council
STN: Saudi Telehealth Network
TSeP: Telehealth Service Provider
TSoP: Telehealth Solution Provider
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Mقدمة الوثيقة

تأتي هذه الوثيقة كمكملة لقواعد المنظمة "للرعاية الصحية عن بعد" في المملكة العربية السعودية بنسختيها (التأسيسية والتنفيذية) حيث تستهدف مقدمي الرعاية الصحية للتنظيم ممارساتهم للرعاية الصحية عن بعد في المملكة العربية السعودية. ولا تعتبر دليلاً إرشادياً إكلينيكياً لأي تخصص طبي أو مرض.

وتنقسم محتويات هذه الوثيقة إلى التالي:

1- التصنيفات الأساسية للرعاية الصحية عن بعد: ويتم فيها تصنيف ممارسات الرعاية الصحية عن بعد وعرض بعض الأمثلة التوضيحية لها.

2- الأدلة الإرشادية العامة لممارسة الرعاية الصحية عن بعد بناءً على التصنيفات المقدمة: حيث يتم فيها تقديم نصائح حول أفضل الممارسات لكل نوع من أنشطة الرعاية الصحية عن بعد.

3- متطلبات تقديم الرعاية الصحية عن بعد لمقدمي الرعاية الصحية:

مع الأخذ في الاعتبار أن جميع أنشطة الرعاية الصحية عن بعد الموضحة في هذه الوثيقة يجب أن تلبى جميع متطلبات الرعاية الصحية عن بعد بما في ذلك الحاجة إلى نموذج موافقة المريض.

ملاحظة: إن المحتوى الوارد في هذه الوثيقة يخضع للتطوير المستمر من أجل التحسين بما يتماشى مع الأدبيات العلمية أو الملاحظات المقترحة حيث ستقوم الشبكة السعودية للرعاية الصحية عن بعد (STN) بالإبلاغ عن أي تعديلات أو تغييرات قد طرأت على هذه الوثيقة.

Document Introduction

This document comes as an additional document to the governing rules of telehealth in the kingdom of Saudi Arabia (the establishing rules and the executive rules). This document aims to organize the practice of telehealth for healthcare professionals. In addition, this document is not a clinical guideline for any specific specialty nor a disease.

This document consists of the following:

1- Definitions: it presents the telehealth classifications along with descriptive examples.

2- The practice guide: it provides best practice advice for each type of telehealth classification.

3- Telehealth practice requirements intended to be followed by healthcare professionals and healthcare facilities

Taking into consideration, all telehealth activities described in this guide shall respect the telehealth requirements including the need for informed patient consent.

Note: all content provided in this document may be subject to evolve for its improvement in line with scientific literature or suggested comments. Any changes will be communicated by the Saudi Telehealth Network (STN)
Section A: Definitions

Section Introduction:
The objective of this section is to provide a description of telehealth terminologies and classifications used within a telehealth activity.

1. Terminology

- Digital health refers to the digitalization of health and includes telehealth and non-telehealth activities.
- Telehealth is a remote healthcare practice.
- Telemedicine is a remote medical practice.
- Telecare is a remote paramedical practice.
- Mobile health refers to health related activities conducted with mobile devices.

2. Concepts

- Patient site (PS) shall be applied to the location where the patient is located.
- Remote site (RS) shall be applied to the location where the remote healthcare professional (HCP) is located.
- Synchronous shall be applied when there is a simultaneous transfer of information, including videoconference or chat.
- Asynchronous shall be applied when there is a non-simultaneous transfer of information.
- Telehealth service provider (TSeP) shall refer to an entity providing a remote healthcare service.
- Telehealth solution provider (TSoP) shall refer to an entity providing a technological solution to practice telehealth as either a software and/or hardware.
3. Classification

- **Tele-Consultation (TLC)** is a remote medical consultation between a patient and the healthcare professional (HCP).
- **Remote patient monitoring (RPM)** is a remote monitoring of a patient performed by a healthcare professional (HCP) based on the patient’s collected and shared health data.
- **Tele-Surgery (TLS)** is a remote surgery or intervention performed by a healthcare professional (HCP) with a patient.
- **Tele-Expertise (TLE)** is a remote expert medical opinion provided by a requested healthcare professional (HCP) to a requesting HCP relying on store-and-forward.
- **Tele-Diagnosis (TLD)** is a remote diagnosis and/or interpretation performed by a healthcare professional (HCP) without synchronous interaction with the patient.
- **Tele-Assistance (TLA)** is a synchronous remote technical expert support provided by a requested healthcare professional (HCP) to a requesting HCP during a technical intervention.
- **Tele-Management (TLM)** is the remote complete management of inpatients by remote HCPs.

<table>
<thead>
<tr>
<th>HCP and patient</th>
<th>HCP and HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleconsultation</td>
<td>Tele-expertise</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>Telediagnosis</td>
</tr>
<tr>
<td>Telesurgery</td>
<td>Tele-assistance</td>
</tr>
<tr>
<td>Telemanagement</td>
<td></td>
</tr>
</tbody>
</table>

*HCP, healthcare professional

Note: Each type of telehealth activity from this classification may be used alone or combined with others.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Specialty it may be used for</th>
<th>Example of use case (activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teleconsultation</td>
<td>Primary care</td>
<td>A teleconsultation is performed between a patient and a primary care physician for a follow-up after a physical consultation via a video consultation software.</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>Diabetes</td>
<td>The HCP monitors the patients physiological data and symptoms to detect risks of complication or adapt the insulin treatment via a connected device and a dedicated software.</td>
</tr>
<tr>
<td>Telesurgery</td>
<td>Surgery</td>
<td>A surgery is performed by a surgeon in the capital city for a patient located in another city via a robotic system.</td>
</tr>
<tr>
<td>Tele-expertise</td>
<td>Dermatology</td>
<td>A primary care physician asks a dermatologist an expert advice on a patient medical situation with a picture of a lesion. The expert replies with the diagnosis, the level of urgency, a potential treatment and if the patient needs to be referred to the dermatologist.</td>
</tr>
<tr>
<td>Telediagnosis</td>
<td>Radiology</td>
<td>An emergency doctor needs a CT-scan of a patient during the night and the interpretation of the CT-scan is performed by a remote radiologist not physically present in the hospital.</td>
</tr>
<tr>
<td>Tele-assistance</td>
<td>Wound care</td>
<td>A nurse is taking care of a complex wound care at the patient’s home and is directly assisted by a remote wound care expert to provide the adapted technical procedure and care.</td>
</tr>
<tr>
<td></td>
<td>OR or ER or ICU</td>
<td>An expert HCP gives a support to another HCP at any point of patient care such as expert surgeon attending operation remotely and give opinion to support another, similarly in ER when expert ER consultant supporting junior ER specialist immediately in complex ER cases, similarly in complex ICU cases.</td>
</tr>
<tr>
<td>Telemangement</td>
<td>Critical care</td>
<td>An ICU without intensivist physicians is remotely managed via tele-ICU by a remote expert team.</td>
</tr>
</tbody>
</table>

Note: This table provides examples of use cases. This is not a limitative list.
The table below provides examples of telehealth activities and related classifications. This table does not provide all types of activities possible.

<table>
<thead>
<tr>
<th>Telehealth activity</th>
<th>Classification possible</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute telestroke</td>
<td></td>
<td>1. The neurologist performs a remote clinical exam of the patient in the emergency department helped by the emergency physician.</td>
</tr>
<tr>
<td></td>
<td>2. Telediagnosis</td>
<td>2. The radiologist performs a remote interpretation of the brain MRI to confirm the nature of the stroke.</td>
</tr>
<tr>
<td></td>
<td>3. Tele-assistance</td>
<td>3. The neurologist assist the local physician to perform the treatment.</td>
</tr>
<tr>
<td></td>
<td>4. Telemanagement</td>
<td>4. The neurologist fully manages remotely the inpatient with a diagnosis of stroke from another stroke center.</td>
</tr>
<tr>
<td>Teledermatology</td>
<td>1. Tele-expertise</td>
<td>1. A primary care physician asks a dermatologist an expert advice on a patient medical situation with a picture of a lesion. The expert replies with the diagnosis, the level of urgency, a potential treatment and if the patient needs to be referred to the dermatologist.</td>
</tr>
<tr>
<td></td>
<td>2. Teleconsultation</td>
<td>2. A dermatologist consult a patient with video to follow-up an existing patient.</td>
</tr>
<tr>
<td>Tele-ICU</td>
<td>1. Teleconsultation</td>
<td>1. The remote ICU physician perform a consultation with the inpatient helped by the nurse on patient site.</td>
</tr>
<tr>
<td></td>
<td>2. Remote patient monitoring</td>
<td>2. The remote ICU physician monitors all inpatient data mostly from connected devices in the ward.</td>
</tr>
<tr>
<td></td>
<td>3. Tele-assistance</td>
<td>3. The nurse assists the remote ICU physician in performing a technical intervention on the patient.</td>
</tr>
<tr>
<td></td>
<td>4. Tele-expertise</td>
<td>4. The remote ICU physician asks the expert opinion of another specialized physician on a specific medical need for example on cardiology or infectious disease.</td>
</tr>
<tr>
<td></td>
<td>5. Telemanagement</td>
<td>5. The remote ICU physician is completely managing the inpatient unit with full responsibility over the patient.</td>
</tr>
</tbody>
</table>
### 4. Tools

The following table refers to tools, which may be used to practice telehealth.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Definition</th>
<th>Examples (not limited to example provided)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mobile health</strong></td>
<td>Health related activities conducted with mobile devices.</td>
<td>Using a smartphone to perform a teleconsultation.</td>
</tr>
<tr>
<td><strong>Artificial intelligence (AI)</strong></td>
<td>Computer system or algorithm able to perform a tasks usually requiring human intelligence.</td>
<td>Automated chatbot used to help or prepare a teleconsultation.</td>
</tr>
<tr>
<td><strong>Robots</strong></td>
<td>A device able to conduct complex tasks by itself or guided by a human.</td>
<td>A surgical robot with remote control may be used to perform telesurgery.</td>
</tr>
<tr>
<td><strong>Connected devices or Internet of Things (IOT)</strong></td>
<td>Devices that collect and share information which could be used for medical purposes.</td>
<td>A connected stethoscope which record sounds and share it online.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A blood glucose monitor which collect and share glucose data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A pacemaker, which automatically collect heart rhythm data to monitor quality and heart physiology.</td>
</tr>
</tbody>
</table>
Section B: Practice Guide

Section Introduction:

The objective of this section is to provide best practices advice for each type of telehealth activity. This guide is not a medical guideline for any medical specialty nor disease and is not a telehealth project management guideline. All telehealth activities described in this guide shall respect the telehealth requirements including the need for informed patient consent.

Overall Telehealth Process

a. Demand of a telehealth activity by a patient or healthcare professional (HCP).

b. Acceptance of the telehealth activity by the remote HCP.

c. The HCP informs the patient and receives their consent.

d. The HCP gathers relevant administrative and medical information.

e. The HCP schedules the telehealth activity (including time, location, and solution) when possible and applicable.

f. Both the HCP and patient prepare and get ready for the telehealth activity.

g. Telehealth activity interaction.

h. Integration in the medical record.

i. Sharing the medical record with the patient and other HCPs if necessary.
1. Tele-Consultation

1.1 Definition

Teleconsultation (TLC) is a remote medical consultation between a patient and the healthcare professional (HCP).

1.2 Objectives

- Improve timely access to care.
- Improve access to care for remote areas.
- Provide a new type of medical service.

1.3 Methodology

<table>
<thead>
<tr>
<th>Communication channels</th>
<th>Location</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>A teleconsultation may be conducted by video only or a combination of video, audio, and chat. It cannot be conducted by audio only.</td>
<td>Patient site may be at home or at another location, with an HCP or within an HCF.</td>
<td>The patient may be alone, with family, helpers, and/or other HCPs.</td>
</tr>
<tr>
<td>An audio call may help organize a teleconsultation in case of technical issues if there are no other means to communicate with a patient. This channel, however, shall not constitute as a standard practice.</td>
<td>The remote site shall be in a location, which ensure patient confidentiality.</td>
<td>The HCP may be alone or with other HCPs. In case of many HCPs, the patient will need to be informed, give consent for the participation of other HCPs.</td>
</tr>
</tbody>
</table>

1.4 Types of Teleconsultations

Potential situations of teleconsultations:

- Initial teleconsultation for a new medical need.
- Follow-up teleconsultation for a known medical situation.
- Teleconsultation with a patient who has already consulted and has had a previous medical history with the HCP.
- Teleconsultation with a patient who has never consulted with the HCP.

Examples to explain these potential situations of teleconsultations:

Scenario 1. A patient, who has a new medical need, asks for a teleconsultation with an HCP who has never consulted the patient before.

Scenario 2. A patient, who has a new medical need, asks for a teleconsultation with an HCP who has physically consulted the patient before for another medical need.

Scenario 3. A patient schedules a follow-up teleconsultation with an HCP who has consulted the patient before both physically and/or through a teleconsultation.
Scenario 4. A patient schedules a follow-up teleconsultation with an HCP who has never consulted the patient before. This scenario may happen in case the HCPs are part of a team, from a hospital or a telehealth service provider, that has access to the patient’s medical record and the follow-up is conducted by another HCP that is part of the team. Even if continuity of care with the same HCP may be more suitable for quality reasons, this situation may occur in certain medical situations.

1.5 Models of Teleconsultations
Provided as:

- part of an existing clinic and outpatient activity, where the HCPs conduct both physical consultations and teleconsultations.
- a new clinic or outpatient activity from an existing HCF.
- a teleconsultation service from a telehealth service provider.
- a teleconsultation service from a health insurance provider.

1.6 Scheduling
- Scheduled teleconsultations may be part of a physical consultation schedule with an alternation of physical consultations and teleconsultations or part of a dedicated teleconsultation time slot.
- Non-scheduled teleconsultations may be for a medical emergency need or from a direct patient request.

1.7 Tips for a Successful Teleconsultation

Before the teleconsultation

Technical preparedness:
- Be in a location, which ensure patient confidentiality.
- Be in a quiet location and inform to not enter the room during the teleconsultation.
- Avoid bright clothing that could reflect in the screen.
- Be installed with a neutral background without backlight or high intensity light.
- Check that your device has enough power or is plugged to the battery power.
- Check that you can hear well the sound coming from your device.
- Check that your microphone is working well and try to minimize background noise.
- Check that your camera is working well and that you are facing the camera.
- Adjust the camera so that good eye contact can be achieved.
- Turn off your phone or mute notifications to avoid any sound disturbance.
- Get your user identification and password for the software ready.
- If possible, check if you already have the patient phone number in case the patient is late or if there is a technical interruption.

Medical preparedness:
If possible, check the patient medical information from existing medical records.
Be prepared to know what to do in case of a medical emergency.
### During the teleconsultation

| **Introduce the teleconsultation** | • Introduce yourself by clearly stating your name.  
| | • Ask the patient to confirm they can see and hear you well and check you can as well see and hear the patient well.  
| | • Introduce any other HCPs who may attend the teleconsultation and ask the patient to introduce any potential accompanying person.  
| | • Ask the patient to confirm its identity by asking its first name, last name, and date of birth.  
| **Listen to the patient** | • Ask the patient the reason for the teleconsultation and listen actively.  
| | • You may mute your microphone while the patient is speaking.  
| | • Avoid potentially distracting movements while the patient is speaking.  
| | • Wait until the patient is finished before speaking and try not to interrupt.  
| **Assess the relevance of the teleconsultation** | • Based on your clinical judgment, assess whether a teleconsultation is suited for the patient situation or if you need to urgently refer the patient to a physical consultation.  
| **Conduct the medical exam** | • Ask the patient any relevant medical information.  
| | • You may conduct a remote clinical exam by asking the patient to perform some tasks and should explain to the patient how to perform the tasks.  
| | • If you need the patient to be undressed or to show some parts of its body, reassure the patient and guide through this part of the teleconsultation as it may be uncomfortable experience for the patient.  
| **Inform the patient about your decision** | • Inform the patient about your medical conclusion.  
| | • Inform the patient if there are any prescriptions, investigations or referral and inform as well on how and when to access the documents (usually through the patient portal of the software).  
| | • Inform the patient if there is a need for follow-up and if it should be conducted physically or with a teleconsultation.  
| **Conclusion** | • Check the patient understanding.  
| | • Ask the patient if there are any other needs to be addressed.  
| | • Inform the patient that you will end the teleconsultation.  
| | • End the teleconsultation.  

### After the teleconsultation

- Prepare the prescription, investigations, or referral, if needed.  
- Fill the medical record with all required information.
2. Remote Patient Monitoring

2.1 Definition
Remote patient monitoring (RPM) is a remote monitoring of a patient performed by a healthcare professional (HCP) based on the patient’s collected and shared health data.

*Note: Remote patient monitoring is not the succession of many teleconsultations.*

2.2 Objectives
- Improve the follow-up of patient for acute or chronic diseases.
- Earlier detect potential complications.
- Avoid frequent physical visits to the hospital.

2.3 Methodology

<table>
<thead>
<tr>
<th>Communication channels</th>
<th>Type of data collected</th>
<th>Method of data collection and sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should be conducted through dedicated secured software. May involve data collection from hardware as well.</td>
<td>Physiological data (for example blood pressure, blood glucose, weight, foetal rhythm). Questionnaire (for patient-reported outcomes). Device monitoring (for example pacemaker).</td>
<td>Automated by a connected device. Manual by the patient, helper, or an HCP.</td>
</tr>
</tbody>
</table>

2.4 Tips for a successful remote patient monitoring

**Before a remote patient monitoring**

HCPs and/or HCFs should:
- Define a medical protocol including questionnaires, periodicity, alerts, alert management, team organization and roles, traceability, and communication channels with the patient based on a template provided by the STN.
- Define the criteria to continue or stop remote patient monitoring.
- Select the software and hardware that will be used.
- Define the patient onboarding process (information, consent, internet access, emergency situation).

**During a remote patient monitoring**

HCPs and/or HCFs should:
- Include the patient in the medical protocol previously defined to start the monitoring.
- Monitor the results and take adapted actions based on the results and the protocol.

**After a remote patient monitoring**

HCPs and/or HCFs should:
- Include the results into the patient medical record.
3. Tele-Surgery

3.1 Definition
Telesurgery (TLS) is a remote surgery or intervention performed by a healthcare professional (HCP) with a patient.

*Note: When a remote HCPs provide synchronous support during a surgery or intervention to another HCPs performing at the patient site, this is not telesurgery but tele-assistance.*

3.2 Objectives
- Perform remote surgeries or interventions.
- Improve access to surgeries or interventions.
- Avoid patient or doctor transport to the location of the surgery or intervention.

3.3 Methodology

<table>
<thead>
<tr>
<th>Communication channels</th>
<th>Type of data collected</th>
<th>Method of data collection and sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>May involve surgical or intervention robotics with ability to be remotely controlled.</td>
<td>Related to the surgery or intervention.</td>
<td>Automated by the device.</td>
</tr>
</tbody>
</table>

3.4 Tips for a Successful Telesurgery

**Before a telesurgery**

HCPs and/or HCFs should:
- Define a surgical or intervention protocol.
- Be trained for the practice of telesurgery.
- Define the criteria to continue or stop the surgery or intervention.
- Select the software and hardware that will be used.
- Test the quality of the internet connection.
- Define the patient onboarding process, which should at least include a consultation between the patient and the remote HCPs.

**During a telesurgery**

HCPs and/or HCFs should:
- Have direct synchronous access by audio and video to the patient site HCPs.

**After a telesurgery**

HCPs and/or HCFs should:
- Include the results into the patient medical record.
- Perform a patient follow-up.
4. Tele-Expertise

4.1 Definition
Tele-expertise (TLE) is a remote expert medical opinion provided by a requested healthcare professional (HCP) to a requesting HCP relying on store-and-forward.

4.2 Objectives
- Obtain an expert opinion from a HCP who has more expertise on a specific topic.
- Avoid a referral to the patient to physically have to visit the expert HCP.
- Increase timeliness of specialist care by obtaining the expert opinion.
- Improve quality of your healthcare practice by benefiting from expert advice.
- Improve relevance of your consultation by conducting a first digital triage.

4.3 Methodology

<table>
<thead>
<tr>
<th>Communication channels</th>
<th>Location</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secured messaging tool, which may be a dedicated software or a secured messaging system abiding to health information and exchange standards. Synchronous video conference is not necessary but may be used in addition to the dedicated tool.</td>
<td>Patient site is the location of the consultation whether physical or digital. Remote site shall be in a location, which ensure patient confidentiality.</td>
<td>The tele-expertise request may be asked during the consultation when the patient is present or after the consultation without the presence of the patient.</td>
</tr>
</tbody>
</table>

4.4 Types of Tele-expertise
Potential situations of tele-expertise:

1. Between same types of HCPs or different types of HCPs.
2. Performed within the same level or different level of care (primary, secondary, tertiary).
3. Performed with physicians of same or various medical specialties.
4. May be done from one HCP to another HCP, or to a designated group of experts (which may be a panel or a department of a hospital for example).
5. The requested HCP may have consulted the patient before or not.
6. The requested HCP may ask opinion of another HCP to discuss a complex case.

4.5 Models of Tele-expertise
Provided as:
- Integrated within an existing medical activity of HCPs or HCFs.
- A new activity from an existing HCF.
- A tele-expertise service from a telehealth service provider.

4.6 Scheduling
Tele-expertise requests are non-scheduled telehealth activities. The requested HCP may however schedule a dedicate time to reply to the requests or answer one by one based on its own agenda and availability.
4.7 Responsibility

- During a tele-expertise, both HCPs shall engage their responsibility based on their individual contribution.
- The responsibility of the requested HCP is engaged when an answer is provided to the requesting HCP.
- The requested HCP may choose to decline to answer to the request or to ask additional information before providing an answer.
- The responsibility of the requesting HCP is engaged when a request is sent and when a decision is taken based on the answer provided by the requested HCP.

4.8 Tips to a Successful Tele-expertise

Before a Tele-expertise

For the requested HCP:
- Notify the requesting HCP on the scope of the request you provide an answer for (such as specialty, disease and treatment).
- Notify the requesting HCP about the delay of your answer (delay in hours or days).
- Notify the requesting HCP about your availability particularly when you are not available (days or hours when you cannot answer).
- Organize yourself to schedule when you will answer a request.

If the requested HCP is part of a team, then:
- Define who is responsible to monitor new requests.
- Define how the request is allocated to team members.
- Define how the team members are alerted about a new request.

During a Tele-expertise

For the requesting HCP:
- Precisely define your needs and the medical questions you ask.
- Gather all medical information that may help the reply of the requested HCP.
- Choose which expert to send the request.
- Define the degree of emergency of the request.

For the requested HCP:
- Assess if all relevant information is available to answer to the request.
- Do not answer with a medical opinion if you think you need more information.
- Inform the requesting HCP if you need more information or if you would like to decline the request.
- Notify the requesting HCP if the patient needs to be referred to you or to another HCP and within which time frame, for example as urgent, semi-urgent, or urgent.

After a Tele-expertise

Include a summary of the request within the medical record of the patient. This should also be created by the requested HCP if the patient never consulted with the requested HCP before.
5. Tele-Diagnosis

5.1 Definition
Telediagnosis (TLD) is a remote diagnosis and/or interpretation performed by a healthcare professional (HCP) without synchronous interaction with the patient.

Notes: A Telediagnosis may be performed in an organized approach for diagnosis or screening purposes when the specialists are not present at the patient site such is the case for diagnosis activities in radiology or pathology. For this purpose, there is a direct interpretation of the medical exam prescribed by the local HCP that is near the patient.

A Telediagnosis differs from a tele-expertise because the request is non-scheduled and the purpose of tele-expertise is to give an expert opinion between a requesting HCP and a requested HCP.

5.2 Objectives
Provide a remote diagnosis or interpretation when the HCP is not present at the patient site.

5.3 Methodology

Communication channels
Secured telehealth software, which may be a dedicated or generic platform.

5.4 Models of Telediagnosis
Provided as:

- Integrated within an existing medical activity of HCPs or HCFs.
- A new activity from an existing HCF.
- A dedicated service from a telehealth service provider.

5.5 Responsibility

- During a Telediagnosis, HCPs shall engage their responsibility based on their individual contribution.
- The responsibility of the requested HCP is engaged when an answer is provided to the prescribing HCP.
- The requested HCP may choose to decline to answer to the request or to ask additional information before providing an answer.
- The responsibility of the prescribing HCP is engaged when a request is sent and when a decision is taken based on the answer provided by the requested HCP.
5.6 **Tips for a Successful Telediagnosis**

**Before a Telediagnosis**

**HCPs should define:**
- A protocol and organization between patient and remote sites based on a template provided by the STN.
- Who will prescribe the test.
- Who will perform the test and share the results at the patient site.
- How the requested HCP will be alerted.
- Communication channels between patient and remote sites.

**During a Telediagnosis**

**For the patient site, prescribing HCPs should define:**
- The degree of emergency.

**For the remote site, HCPs should:**
- Assess if all relevant information is available to answer the request.
- Do not answer if you think you need more information.
- Inform the prescribing HCP if more information is needed.
- Prepare and share the medical report.
- Inform if the patient needs to be referred to you or another HCP and within which time frame (urgent, semi-urgent, or urgent).
- Be available to discuss the results with the prescribing HCP.

**After a Telediagnosis**

Include the summary of the activity within the medical record of the patient. This should be also created by the requested HCP if the patient never consulted with them before.
6. Tele-Assistance

6.1 Definition
Tele-assistance (TLA) is a synchronous remote technical expert support provided by a requested healthcare professional (HCP) to a requesting HCP.

6.2 Objectives
- Provide remote support for a technical intervention.
- Avoid patient transport.

6.3 Methodology

Communication channels
Should be conducted via video call.

6.4 Model of Tele-assistance
- Tele-assistance may be conducted between two or more HCPs on request of the requesting HCP at the patient site.
- Tele-assistance may be performed in combination with a teleconsultation with the patient.

6.5 Schedules
Scheduling may be done as either scheduled or non-scheduled particularly in the case of an emergency.

6.6 Tips for a Successful Tele-assistance

Before a tele-assistance
Both requesting and requested HCPs should:
- Define the intervention.
- Define the material needed to perform the intervention.
- Define the organization and the role of each stakeholder.
- Test the material.
- Be trained on the technical intervention.

During a tele-assistance
- The requesting HCP should have their hands free to be able to do the intervention.
- The camera should be either managed by another person, positioned at a special location, or may be located within dedicated glasses.
- The requested HCP should be able to see the intervention conducted at the patient site to guide the requesting HCP.
7. Tele-Management

7.1 Definition
Telemanagement (TLM) is the remote complete management of inpatients by remote HCPs.

7.2 Objectives
- Provide complete inpatient management from remote HCPs.
- Provide better care management in case of scarce or no medical resources adapted to patient needs on patient site.

7.3 Methodology

Communication channels
May involve all other types of telehealth types of interactions.

7.4 Model of Telemanagement
- Telemanagement may be conducted within a same HCF without having the HCP physically present in the medical unit.
- Telemanagement may be conducted from another HCF.
- Telemanagement may be conducted from an outsourced telehealth provider.

7.5 Tips for a Successful Telemanagement

Before a Telemanagement
Both the HCPs on patient site and remote HCPs should:
- Define the scope of management.
- Define the roles and responsibilities.
- Define the organization for sharing information.
- Test the material.
- Be trained on the type of clinical activity conducted remotely.

During a Telemanagement
- The local and remote HCPs should have access to the same information through electronic health record at any time.
Section C: Requirements

Section Introduction:

The objective of this section is to provide the telehealth practice requirements intended to be followed by healthcare professionals and healthcare facilities.

1. Healthcare professional (HCP)

Healthcare professionals (HCPs) shall abide by the following requirements before, during, and after a telehealth activity.

Before a telehealth activity:

1. Register

*Registered HCPs*
- All types of registered HCPs may practice telehealth across all types of healthcare providers.
- All legal requirements applied to a registered HCP shall be applied to practice telehealth.

*Non-registered HCPs from outside the country*
- HCPs not registered in the country who wish to provide telehealth services for patients located in the KSA shall be registered to provide telehealth services there.
- HCPs who do not reside in the KSA remain accountable for their competence and actions to the authorities in the jurisdiction that governs their practice.

2. Be Insured

- HCPs malpractice insurance shall include telehealth practice.

3. Be Trained

- HCPs shall be trained on telehealth before practicing telehealth.

4. Be Prepared

- HCPs shall be prepared for any technical incidents stopping a telehealth activity.
- HCPs shall be prepared for any medical emergency occurring during a telehealth activity.

5. Receive informed patient consent

- HCPs shall inform the patient about the telehealth activity and record an informed patient consent before any telehealth activity.
- A patient consent for telehealth shall be recorded in the patient medical record and may be in digital or written format.
- Patients may refuse and/or cancel any participation to a telehealth or telemedicine activity at any time without the need to provide justification.
HCPs may record telehealth activities for medical or scientific purposes and shall receive an informed patient consent to do so in addition to the consent for the telehealth activity itself. Recording of video or audio teleconsultations should not be a standard practice.

**During a telehealth activity:**

1. **Respect patient confidentiality and ethics**
   - HCPs practicing telehealth shall respect their obligations and ethical responsibilities, respect patient confidentiality, and respect legal requirements for paediatric patients and patients with mental health conditions.

2. **Respect medical prescription and investigation regulations**
   - HCPs practicing telehealth may deliver an online prescription or medical investigation in accordance with professional responsibility.
   - HCPs may prepare a referral, which shall be in accordance with national regulations on patient referrals.

**After a telehealth activity:**

1. **Report in the patient medical record**
   - HCPs shall include all telehealth activities in the medical record of a patient and shall include HCP identification, location of patient, date and time, classification, details of the prescriptions and/or medical investigation provided, all technical incidents, which may impact the activity, and all adverse events, which may be observed during the activity.

2. **Apply medical coding**
   - HCPs may apply medical coding including the International Classification of Diseases (ICD) at the end of each telehealth activity in accordance to national medical coding regulations.
2. Healthcare facility (HCF)

Healthcare facilities (HCFs) shall abide by the following requirements before, during, and after a telehealth activity.

Before a telehealth activity:

1. Be Licensed

Licensed HCF

- A licensed healthcare facility (HCF) shall comply with regulations and policies of the STN to practice telehealth and shall not apply to a telehealth license.

Non-licensed HCFs in KSA

- A TSeP shall apply to a telehealth license to deliver telehealth services.

2. Define project

- A HCF should start by defining a telehealth project based on a template provided by the STN.

3. Check HCP requirements

- HCFs shall check HCPs requirements to practice telehealth.

4. Contract providers

- HCFs shall contract with other HCFs, TSeP and/or TSoP to start a telehealth activity.

5. Be compliant with health information policies

- HCFs shall abide with health information standards and policies for the practice of telehealth.

6. Prepare to follow-up and evaluate

- HCF providing telehealth activities shall define a follow-up and evaluation plan for continuous improvement of activities based on a template provided by the STN.

7. Declare activity

- HCFs providing telehealth activities shall declare their activities to the STN before starting a telehealth activity and shall update this declaration at least annually.

After a telehealth activity:

1. Provide follow-up and evaluation

- HCFs providing telehealth activities shall follow-up and evaluate their telehealth activities.

2. Report to STN

- HCFs shall provide an annual evaluation report to the STN based on a template defined by the STN.
References of Interest:


