



Guidelines for Teleconsultation Practice at Ummeed

At the time of drafting these guidelines, many clinicians have tried video, audio or text based teleconsultations. The objective of these guidelines are to:

- To comply with telemedicine regulations issued by the Ministry of Health and Family Welfare for Registered Medical Practitioners (Developmental Pediatricians, Psychiatrists)
- To streamline the process for all providers (no formal guidelines have been issued by Rehabilitation Council of India, Counsellors Association Of India, Association of Occupational Therapists at this time)

Role of Scheduling Team

Scheduling of Appointments for new and follow up visits –Scheduling for teleconsultations should happen in the same way scheduling for Face to Face consultations (F2F) happens.

- If the family initiates the request, the scheduling staff confirms the identity and the authority of the caller to schedule an appointment on the child's/family's behalf.
- If this is a new family (have not seen any professional at Ummeed before), the scheduling team will take down details such as name, age of the child and contact number, email address and also note down monthly income slab. They will assign the family a unique ID.
- Consent for proceeding further needs to be obtained after mentioning the advantages and limitations of the mode of consultation (script to be provided for the same).
- Consent script (2 lines) will be provided to all families by the scheduling team. The consent script will be copied and pasted by the caregiver in an email/text message or whatsapp message from a registered email address or phone number and sent back to the scheduling staff. This will be saved by the Scheduling staff securely by taking a screen shot. Once the centre reopens, a print out of the same will be preserved for our records.
- **Consent for families already being seen will be obtained by professionals (details overleaf).**

Preparing for the consultation – After due consent has been obtained, the scheduling staff will inquire regarding the preferred mode of consultation (phone, WA video, Zoom). Prior to the first such appointment (previous day) , the scheduling staff will confirm the appointment time, day and mode of consult and help the family get familiarised with the technology option (if it is zoom or if a family has never tried a WA video call)

- The scheduling staff will make an entry that will indicate the completion of the visit once they get a confirmation from the provider (based on entry in the tracking sheet).
- Documentation – Summary reports, updated IFSPs will be saved under the same patient ID and will be added to the file once the centre reopens.
- Request for prescriptions – The scheduling staff conveys the request to the DP, Psychiatrist. For guidelines regarding prescriptions refer to the section for DPs and Psychiatrists.



Consultation with Developmental Pediatricians, Psychiatrists, Therapists and Social Workers

At the time of framing these guidelines, separate regulations for providing therapy through teleconsultations do not exist. Guidelines issued by the MOHFW and the Medical Council of India have been modified to include all professionals. Those that are only relevant to physicians have been called out separately.

- New families –The professional should begin the session by confirming the identity of the caregiver and the child if it's a first time consult. They should confirm that the family has provided consent
- **Consent will be taken by respective professionals for families that have been seeing them for some time through teleconsultation. The family will be asked to send the 2 line consent to the professional and the scheduling team – schedulingteam@ummeed.org , 9920065662.**
- **The professional will have to convey to the families that the fee charged for online consults will be the same as that charged for F2F consults. The details of the income slabs and concessions will be provided for reference if the family needs more concessions than what they were originally eligible for.**
- The Patient ID used for teleconsult will be the same as that for in-person visit.
- The professionals are requested to enter that consent has been taken in the Google sheet that is being used to track all visits. If the professional is seeing a family and is unsure about whether consent has been taken by another professional, please contact Sangeeta from Scheduling team to cross check.
- The professional should maintain records of the history and assessment in the same way as they would for a F2F visit.
- If the professional feels that the information provided at this stage is inadequate, then he/she shall request additional information from the patient. This information may be shared in real-time or shared later via email/text, as per the nature of such information. The consultation may be resumed at a rescheduled time after receipt of the additional information (this may include some laboratory or radiological tests or any other details pertaining to the child). In the meantime, the professional may provide recommendations as appropriate.
- If the professional is satisfied that he/she has adequate information about the child for offering a professional opinion, they can proceed with the consultation.
- If the situation is NOT appropriate for further telemedicine consultation, then the professional should provide relevant immediate advice as appropriate; and/or refer for an in-person consultation (to be scheduled once lockdown opens).
- The summary of the visit will be prepared (using the same format that is used for F2F visits) and will be duly signed by the DP, Psychiatrist and emailed to the family. For other professionals, the relevant document could be a completed IFSP form.
- In the event that the family does not have email access, the report can be shared on WA. For families owning feature phones, the concerned consultant will explain the contents and recommendation of the report and agree to share a hard copy in a subsequent F2F visit.

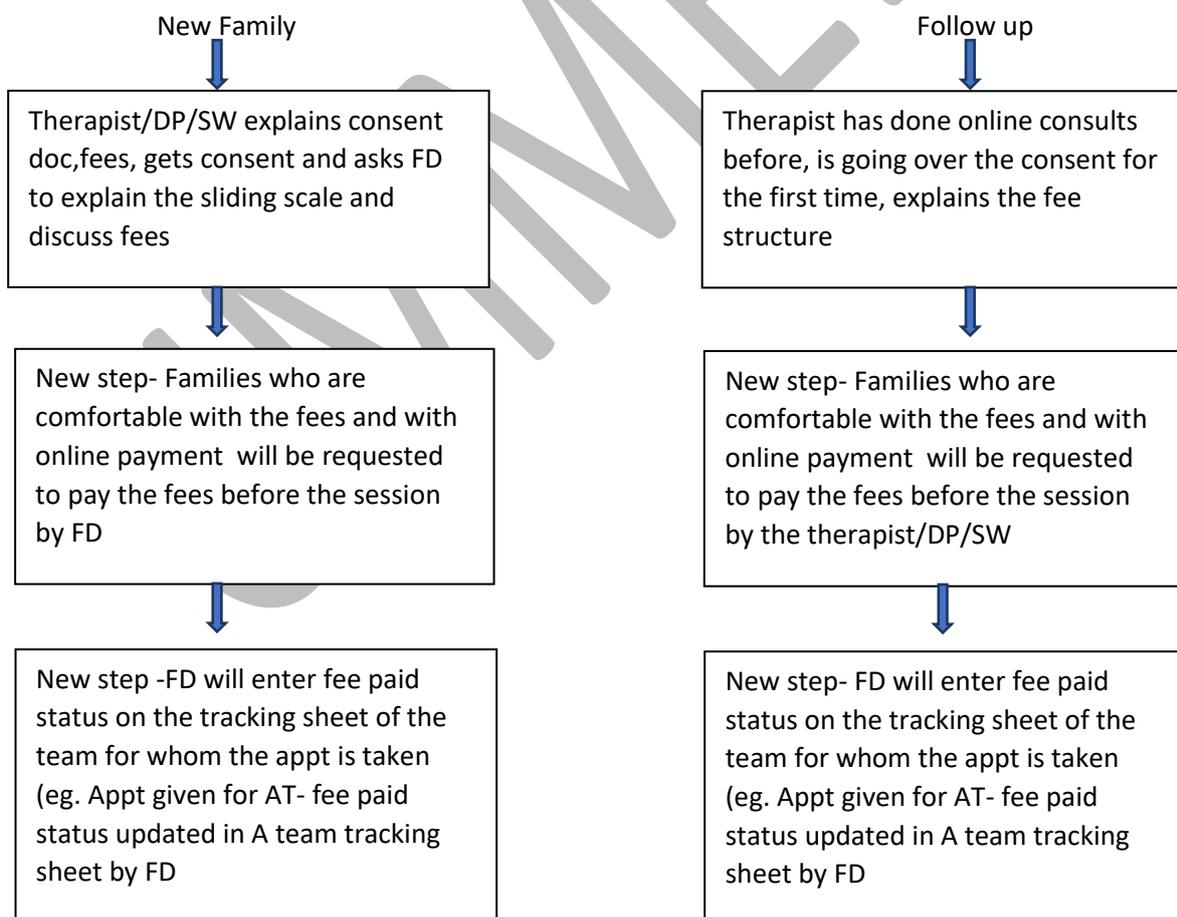


Fees for telemedicine consultations (as per MOHFW, MCI)

The fee for teleconsultations will be the same as the fee for F2F consultations and will continue to depend on families' income slabs. This will be explained by the scheduling staff for families who are contacting us for a teleconsultation for the very first time (new families or families who have seen us before at Ummeed and are now reaching out to us for a teleconsult for the first time). Professionals will obtain consent and explain how fees will be charged to families who have already been availing of teleconsultation services in the last 6 weeks.

Discussion about fees—This is new for many clinicians and may feel awkward and uncomfortable. If the clinician senses that the family may refuse a session because they are concerned about fees, they should feel free to use their judgement and offer the family more concessions than what their income makes them eligible for. The clinician knows the family the best and their decision will be respected. The clinician must ensure that he/ she informs the Front Desk team when they take such a call.

Collection of fees- The front desk team is currently making calls to collect fees for sessions that have been conducted. For those families, who are comfortable with online payments and with paying fees we are trying to see if fees can be collected before the session. Below is a flowchart to illustrate what the process looks like.





The session will not be withheld if fees has not been paid in advance. But therapists/DP/SW will remind the family about fees that may be due for a completed session/session scheduled for the coming week.

Update – There are families who are not familiar with online modes of payment and or are going through substantial financial troubles. Our priority is to offer support to these families. FD team is noting down details in such instances and offering families the option of paying fees when Ummeed reopens for face to face consultations. We can offer the option of paying the fees in instalments if required.

Recording Visit Data in Google Sheets

Professionals are requested to enter data in respective tracking sheets. A few new columns have been added –these are as follows: 1) Consent given (Y/N) 2) Income level of the family (to be entered by admin team), 3) Who initiated the visit(Family/Ummeed), 4) Teleconsultation declined (to select a reason from a drop down menu), 5) Concerns discussed during the session (select reason from a drop down menu),6) referrals to other teams(select option from drop down menu).

This data will help us monitor and analyze work being done within the clinic for various purposes.

Calls made for scheduling and obtaining consent will not be counted as a visit. Once again, please reassure families about the fees and offer concessions as necessary.

Referrals to other teams

Clinical coordinators will now have access to tracking sheets of all teams. At the end of each week, clinical coordinators will:

- Compile a list of referrals made by their own team members to other teams and share via email with the other clinical coordinators.
- Mention if the consent for teleconsults has been taken from all the families that are being referred to other teams in the email.
- Maintain a list of all children/ families referred to their team and allocate them to team members .

Ethics, Confidentiality and Misconduct

Confidentiality of the child and the family has to be maintained in the same way as we do for face to face visits.

Misconduct: Some examples of actions that are not permissible:

- Professionals insisting on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation.
- Professionals misusing patient images and data, especially private and sensitive in nature (e.g. uploads an explicit picture of patient on social media etc.).

This is a working document and will continue to be updated regularly.