

Recommendations for the use of **Non Face-to-Face Care channels** for healthcare professionals



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

Gradually, these channels of Non Face-to-Face Care will be integrated into **the digital health space La Meva Salut**, so that citizens will have access from their **digital health space**, thus offering a single platform for the relationship between the health system and citizens that brings together channels and services, and guarantees the security and consent of the information.

Citizens should be encouraged to **register with the LaMevaSalut digital health space** and **the services** it offers should be **explained**: agenda, appointments, access to eConsulta and soon to be videoConsulta, consultation and downloading of diagnostic test results, reports, medication plan, etc.

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► lamevasalut.gencat.cat/alta ► or by calling **900053723** (Monday to Friday from 8 am to 8 pm).

Times in the care process when non-face-to-face care can be provided

Process of diagnosis



Process surgical



Monitoring, treatment, monitoring
(Outpatient or at home)



Examples of visit typologies through non-face-to-face channels



eConsult

... asynchronous

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



Telephone call

... synchronous

- Preparation** for the first visit.
- of the **surgical process**
- (prior **results** with
- pre-visits** for **minor surgery** non-critical results. (e.g. from anaesthesiology).
- non-critical outcomes.
- Follow-up** visits.



VideoConsultation

- Health education.**
- of face-to-face visits.** and analytical. information). non-critical **treatment**
- non-critical treatment settings.** test and analytical **results** with
- Follow-up of non-critical care** involving face-to-face attendance.
- de **follow-up** visits. Resolution of **doubts about therapies and treatments.**

Criteria to be taken into account for non-face-to-face visits

Care criteria

- Seriousness and complexity** of the citizen and his/her situation.
- Need to perform **physical examination, visualise** the citizen **in person** and / or perform **techniques** that involve face-to-face attendance.
- Ability to resolve the visit** (can I meet the requirements of the visit). with the purpose of the visit in this way).
- Nature of the information** to be communicated.
- Ability to inform and ensure privacy conditions
- persons** Ensuring the **protection and security** of generated data in the consultation.
- Regulatory/legal** aspects.

Citizen-related criteria

- Modality of attention of **preferency** character voluntary of adherence to the non-presential channel.
- Ability to understand** the information.
- Mobility of the citizen.**
- Possibility of the **person's** involvement **caregiver.**
- Tener whether the visit **is with a person or a group of known or no.**

Summary

Channels

Legal aspects

Good practice



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Channels and requirements



eConsult

- The **eConsultation** service allows the sending messages through a **secure channel** to the public.
- It also **allows for the attachment of** images, reports and other files
- visits where no is required.
- in the response.

It is **initiated by the specialised care professional.**

consultation, diagnostic test results conversations.

conversations.



Telephone call

- The **telephone answering** service is a synchronous communication channel that only requires network coverage and a phone for
- are required.
- presentiality and visual contact allows for a higher degree of resolution of the visit.
- It is initiated**
- , reports or a new
- If
- test results, reports or a new

medication, it can be done through **La Meva Salut. Salut.**



videoConsultation

- The **VideoConsultation** service allows you to calls with audio and video via computer, tablet or smartphone.
- visit. This channel is suitable when no
- It is a suitable channel in
- flexibility**
- by the practitioner.**
- If, as a result of the **telephone**
- medication plan, the citizen can also initiate the
- , as a result of the **video consultation**, diagnostic medication plan, the citizen can also initiate the

through **La Meva Salut.**

Legal aspects

Before you start

- Comply with data protection and privacy requirements prior to conducting a visit (whether or not you integrated into the **videoConsultation** and **eConsultation** tools and, depending on the provider, telephone calls.
- Verify that the citizen has voluntarily adhered to the non-face-to-face channels and the conditions of use of the record both voluntariness and channels in your medical record.

Ensure that the citizen and the professional are able to carry out the consultation without any problems.

The citizen has the right to receive

information about

- the use and processing of data generated in the course of the care received.

During non-face-to-face care

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

The right to information

- information on health privacy issues, in
- the conditions of use of the Atención No Face-to-face.

Conduct and good practice

Main aspects of conduct and good practice to be taken into account

Before you start

Have time scheduled in the agenda Identify yourself the procedures to carry out the visit.

- To review the **reason for the consultation**, the connectivity visit.to
- Communicate
- resolution of the consultation with the chosen channel.
- channel used.
- Ensure **availability and capacity** del

messages and understands the next steps' **cautious with case assessment.**

Knowing the code of conduct for conducting attention to the situation.

During the visit

- and the citizen.
- ensure that there are no problems with
- incorporate the** citizen's background
- in a clear**, understandable and
- The clinical interpretation) and the channel used.

Verify that the c i t i z e n has understood the Ensure coverage and/or access to Be

non-presential, the lack of contact with the direct can affect assessment skills. appropriate

After the visit

know the administrative formalities and post-visit formalities. with the citizen during the **information** and ability to (Clinical interpretation) to **history**

The clinical history, as well as the

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When might teleconsultation NOT be advisable?

First visits without prior information of the case

Communication of sensitive information

Visits requiring physical examination

Follow-up visits for serious or highly complex cases In

In case of regulatory or legal contraindication

Requirements of the Non-Personal Attention Channels



eConsult secure asynchronous

the **eConsultation service** allows written messages to be sent through a secure channel.
EleConsulta allows you to attach images, reports and other files.

1/

Home

Citizens should be informed about the **consultation** channel before using it for the first time.

- The eConsultation is initiated by the practitioner and can then be initiated within
- The citizen as well as the professional.

The **eConsultation** allows the citizen to inform about the reason for the consultation.

/ **Scheduled monitoring**

/ **Clinical worsening**

/ **Consultation on diagnostic tests /**

Consultation on medication

/ **Possible adverse effects**

/ **Request for documentation**

/ **Clinical incidence**

/ **Programming of visits**

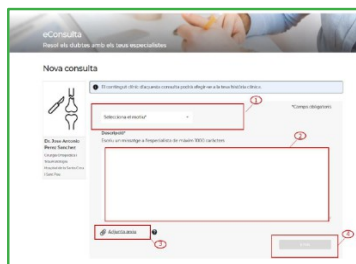
/ **Others**

2/ Response

- Responses should be clear and simple, and the steps to be taken should be indicated.
- If necessary, the medication plan should be updated or other actions related to the
- reason for the consultation should be taken.

The need or otherwise for successive activities should be indicated.

Citizens should be informed that they can find the results of tests, reports, diagnoses and the medication plan at **La Meva Salut**.



3/ Completion

It must be ensured that the reply is clear and comprehensible and that it informs the citizen how to proceed further.

The clinical interpretation of the visit should be incorporated into the citizen's medical record, as is done in a face-to-face visit.

Citizens should be encouraged to **register with the LaMevasalut digital health space** and the **services** it offers should be **explained**: agenda, appointments, access to eConsulta and soon to be videoConsulta, consultation and downloading of diagnostic test results, reports, medication plan, etc.

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When IS it appropriate?

- / When attendance is not required.
- / If the query can be resolved by text message.
- / To resolve specific doubts about the citizen.
- / To provide indications prior to tests, analyses or face-to-face visits.
- / To make minor adjustments to the treatment.
- / To communicate the publication

of results in La Meva Salut.

/ For any request for procedures (clinical report, updating of medication plan, publication of IT discharge in La Meva Salut, test management, etc.).

/ To request tests or analyses by the professional after a follow-up eConsultation.

/ To resolve incidents or queries arising from a test or analysis.

/ To explain test results.

When MAY IT NOT BE advisable?

- / For first visits without prior case information
- / To communicate sensitive information to the citizen
- / In visits where a physical examination of the citizen has to be carried out
- / In follow-up visits for serious cases
- / When there is a regulatory or legal contraindication (under 16 years of age), years of age, persons under guardianship, dependent persons)

/ When the citizen's ability to use the channel cannot be guaranteed

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Requirements of the Non-Personal Attention Channels



Telephone call synchronous communication with audio

1 / Programming

- It must be defined at the level of the health centre who is in charge of scheduling the visit and notifying the citizen.
- The citizen must be informed of the consultation schedule: the terms and conditions of this channel, how he/she will be contacted and what will be done if contact cannot be established.
- The visit should be linked to the professional's agenda.

When IS it appropriate?

- / When voice communication allows the reason for the visit to be resolved.
- / If the citizen is not required to be present.
- / When the seriousness and complexity of the situation and/or pathology of the citizen allows it.
- / If the professional is responsible for the case, or is aware of it.
- / When information is provided prior to a face-to-face visit.
- / When the privacy of the visit can be guaranteed (professional and citizen).

2 / During the consultation

It should begin with an initial dialogue to identify the professional and the citizen.

- The purpose of the visit should be explained.
- Explain what to do if the connection is lost *. Trust will be established with the interlocutor.
- The citizen should not be interrupted when he/she is speaking, he/she should be listened to empathetically.
- They should be asked to listen carefully and, if they have any doubts, to ask them.
- Citizens should be informed that, should they need to receive the results of diagnostic tests, reports or a new medication plan as a result of the telephone service, they will find them at **La Meva Salut**.

When it MAY NOT BE recommended?

- / For first visits without prior information on the case.
- / To communicate sensitive information to the citizen.
- / In visits where a physical examination of the citizen is to be carried out.
- / In follow-up visits for serious cases.
- / When there is a legal or regulatory contraindication (minors under 16 years of age, persons under guardianship, dependent persons).
- / If the channel cannot be guaranteed to allow the practitioner to consult smoothly.

3 / At the end

Before concluding, it must be ensured that the citizen has understood the information conveyed and is clear about what the next steps are.

- The clinical interpretation of the visit should be incorporated into the medical record, as is done in a face-to-face visit.

Citizens should be encouraged to **register with the digital health space LaMevaSalut** and the **services** it offers should be **explained**: agenda, appointments, access to eConsulta and soon to be videoConsulta, consultation and downloading of diagnostic test results, reports, medication plan, etc.

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Requirements of the Non-Personal Attention Channels



VideoConsultation Synchronous communication with audio and video

The **videoConsult** service allows for audio and video calls. Access by citizens is **via PC, smartphone or tablet**. The **videoConsultation** can only be initiated by the health professional.

1 / programming

- The citizen must be informed of the programming of the Consutar: the terms and conditions of this channel, how to connect and what to do if contact cannot be established.
 - It must be defined at the level of the health centre who is in charge of scheduling the visit and notifying the citizen.
 - From the clinical station, a **new videoConsultation appointment** must be created, which will generate a notification, via e-mail or SMS, to the citizen with the day, time and service making the appointment.
 - This visit should be linked to the professional's agenda.
- Patients should be informed that access to the **videoConsultation** will soon be available through **the digital health space La Meva Salut**.

- / when the **videoConsultation** allows the reason for the visit to be resolved.
- / If the citizen is not required to be present.
- / When eye contact helps better communication.
- / When the availability of video makes it possible to respond to the reason for the consultation.
- / If the seriousness and complexity of the citizen allows.
- / When the professional is responsible for the case, or is aware of it.
- / If you provide information prior to a face-to-face visit.

/ When the privacy of the visit can be guaranteed (professional and citizen).

When it MAY NOT BE recommended?

- / For first visits without prior information on the case.
- / To communicate sensitive information to the citizen.
- / In visits where a physical examination of the citizen is to be carried out.
- / In follow-up visits for serious cases.
- / When there is a regulatory or legal contraindication (minors under 16 years of age, persons under guardianship, dependent persons).
- / When the citizen's availability of the channel or ability to use it cannot be guaranteed.
- / When Internet access cannot be guaranteed to allow the professional to

2 / Start of the visit

- The citizen will be informed that, in the event that 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 at **La Meva Salut**.
 - The practitioner must adapt the space where the visit will take place and adjust the camera to eye level.
 - On the day and time** indicated, the professional must enter the **virtual waiting room**, through the clinical station.
- Once the citizen is also logged in, the professional will receive a notification that the consultation can begin.



3 / At the end

Before concluding, it must be ensured that the citizen has understood the information conveyed and is clear about the next steps.

The clinical interpretation of the visit has to be incorporated into the medical record, just as it is done in a face-to-face visit.

Citizens should be encouraged to **register with the LaMevaSalut digital health space** and the **services** it offers should be **explained**: agenda, appointments, access to eConsulta and soon videoConsulta, consultation and downloading of diagnostic test results, reports, medication plan, etc.

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

The use of **non-face-to-face care** tools involves the transmission of personal data, especially health data, and it is therefore necessary to ensure compliance with data protection and privacy regulations.

Information as well as the offer of non-face-to-face channels are a guarantee for patients and users. Voluntary membership does not mean that face-to-face channels are not used, but it is a possibility offered to the user, which can express its willingness to return to face-to-face channels at any time.

1 The right to information How can I inform properly?



There must always be **voluntary adherence** by the citizen, and this must be recorded in the medical record.

The citizen should receive information on:

- The provision of care through these channels and accepting it through an agreement with the professional.
- The functioning of telematic channels.
- The processing of your personal data.

This information can be consulted in the privacy policy and the conditions of use of the Non Face-to-Face service channels (eConsultation and videoConsultation).

/ Code of Ethics
/ Clinical standards
/ Data protection

Good practice

/ Be informed: be clear about the code of ethics and deontology defined for your professional association.

/ Informs: provides the public with clear information and comprehensible.

2 Before you start, how do you ensure compliance?



The use of telematic channels or other non-face-to-face communication systems must be carried out in accordance with the **code of ethics**.

/ Privacy policy and terms of use

/ Confidentiality during the visit

/ Identification of the participants

- Make sure that you have already agreed with the citizen that this activity will be carried out in a non-face-to-face setting.
- The privacy policy and terms of use are available on the link of the corresponding teleconsultation tool.

- Information on confidentiality issues should be provided and the possibility of changing the date and time of the visit should be offered, if privacy and confidentiality of care cannot be ensured.
- The correct identification of the interlocutors (professional and citizen) is essential.

current regulations

General Data Protection Regulation (EU) 2016/679.

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

Law 41/2002, on Patient Autonomy and the rights and obligations in

clinical information and documentation.

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

Law 15/1990 on Health Regulation in Catalonia.

Spanish General Health Law 14/1986.

Charter of citizens' rights and duties in relation to health and health care.

3 During the non-face-to-face



Maintaining a **respectful attitude towards the privacy** of the citizen is key.

- Make sure you have access to the appropriate software to conduct the visit and record health data.
- The processing of personal data is governed by the same regulations as for face-to-face visits.

Record in the medical record the data and activity that is essential.

Good practice

/ Do not use personal devices or addresses.

/ Use only those channels provided by

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Good Conduct Handbook

Recommendations for good practice when carrying out non-face-to-face visits using the channels available in the Catalan health system (telephone, eConsultation and videoConsultation).

Cross-cutting elements of the different non-face-to-face channels

- ✓ Conducts pre-assessment of the case and background.
- ✓ Access the medical records and other documentation required for the visit.
- ✓ It ensures the necessary conditions for a proper and uninterrupted visit.
- ✓ Confidentiality issues should be reported.
- ✓ Set aside time in your diary for the visit and do not do other activities at the same time.
- ✓ Checks the correct operation of the non-face-to-face customer service channels.
- ✓ Set aside a few minutes to involve the citizen when the visit is with the carer or guardian.
- ✓ A cautious approach to non-face-to-face assessment should be maintained to ensure that the case is correctly assessed.

Specific elements for carrying out the visit with the different channels



eConsult

1 Before of the visit

- Please note that the citizen, once the visit to the agenda has been scheduled, will receive a message indicating that he/she will receive a reply within 48 hours.
- The eConsultation can be initiated by both the citizen and the professional.

2 During the visit

- Greetings at the beginning and end of the visit. Identify yourself.
- It uses clear, clear and accessible writing easy to understand, adapted to the profile of the citizen.
- Avoid writing the message in capital letters.
- Structure the message in paragraphs. Write clearly the therapeutic guideline and recommendations. treatment-related issues.
- Check the message before sending it.
- Make sure the message has been sent.



Phone call and videoConsultation



- Verify the citizen's contact details (name, telephone number, IST number).
- Consider the presence of an accompanying person at the visit and confirm their contact details if they are in a different location.
- Check that the audio and/or video is working properly and that the device has sufficient battery power.
- In the case of a video call, take into account: sufficient light in the consultation room, professional atmosphere, professional attire and positioning of the camera at the eye level of the professional.
- Identify yourself and the citizen. Introduce how the visit will be approached.
- Informs the citizen that the session is private and confidential.
- Informs the citizen to ensure privacy conditions during the visit.
- It offers the possibility of modifying the date and time of the visit if you are not in a position to ensure privacy and confidentiality in your care.
- It confirms that the citizen has time, battery, coverage and connectivity.
- Conducts the clinical interview with: active listening, empathy and giving clear messages, easy to understand and adapted to the profile of the citizen.
- Summarise the visit and check that the citizen has understood the information conveyed and the next steps (if necessary).

Administrator
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3 After the visit

- Send the agreed documentation / information.
- Incorporates the clinical interpretation of the visit into the medical record, as is done in a face-to-face visit.
- Plans the corresponding follow-up tasks.

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Health