

China Releases Measures for Telemedicine Services

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At the end of this August, the Ministry of Health and Family Planning (MH&F) promulgated the Measures of Promoting Remote Medical Services among Medical Institutions (Guo Wei Yi Fa (2014) No. 51, “Circular 51”). It is the first detailed policy that regulates the activities of the remote medical services conducted among medical institutions, which is meant to serve as the basic rules of “telemedicine”.

Background

It was just early this May that the State Council released the Measures for Deepening the Reform of Medical and Health Care System, in which construction of information technology within the medical and health care regime has been highlighted. Whilst the main reform strategy from the government is to encourage more investment into the health care infrastructure and make every possibility to expand the service range and capacity of existing service arms, the utilization of telemedicine, as a global trend, is definitely a key solution to realize such strategy.

In such context, Circular 51 aims to optimize the resources of big and full-service hospitals, so that they can scatter their service to the community level. It is therefore urged by the government to establish a standardized health care information platform where demographic information, health data and electric medical reports can be shared among government and service providers so that needs from community citizens, in particular those from remote regions, can be met through the advanced technology of remote medical diagnosis and treatment.

According to the statistics from MH&F, as of 2010, the central government has invested roughly RMB8.4 million to support the establishment of community-based remote medical system in most of the Central and Western Regions, and as of end of 2013, there has already been over 2,000 hospitals participating in the remote medical services. With the ever-developing telecommunication and information technologies that enable the provision of clinical health care at a distance, tier 2 and tier 3 hospitals is expected to be more active in participating the remote medical services.

Having that said, the high-risk nature of the medical service itself requires the government to pay more attention to the supervision of the activities conducted through IT platform. In light of this, the implementation of the Circular 51 can be regarded as a governing rule right to the point.

Main rules for telemedicine services

--According to Circular 51, telemedicine can only be conducted within and between medical institutions, regardless of whether it is between domestic medical institutions or domestic institution with overseas hospitals. By definition of remote medical services, it refers only to those supportive medical activities that utilize telecommunication, computer and Internet technologies, such as remote pathology diagnosis, remote diagnosis of medical imaging, remote monitoring, virtual outpatient, on-line history review and diagnosis, etc. Operational medical activities, such as real-time surgery operated by one hospital in the area of another hospital using remote-control surgical robot is deemed as direct service by the operating hospital, and will fall out of the governing of Circular 51.

--It is required that all medical services should be provided in alignment with therapy subject and qualified staffs, technology, equipment and infrastructure. It actually serves also as a general rule of conducting medical services in China. Therefore, even though remote therapy seems to have fewer requirements for hardware, it still presents high practice access threshold such as personnel and technology, with sufficient IT infrastructure being a requisite in addition.

--To specify the service procedures, Circular 51 requests medical institutions that conduct telemedicine services to conclude a cooperative agreement sets forth the terms and conditions, procedures of the cooperation, rights and responsibilities, risk and liabilities of malpractice, among other things. While services provided by the remote hospital serve only as supportive works, the receiving hospital will have a final right to decide whether or not to accept advice provided by the remote hospital.

--Circular 51 also explicitly prohibits any direct service being provided by medical personnel without prior consent from their employer, i.e. the medical institution where the medical staff practices. Further, it is only permitted for medical personnel to provide remote medical services, even after prior consent is granted, on the platform constructed by medical institutions (instead of socialized platform, e.g. mobile APPs). The requirement, reading just from the contents, will play negative impact on the growing business models of remote diagnostic services provided by doctors through Internet or mobile application system.

Looking forward...

Needless to say, the high-tech medical solution is still at its infant stage in

China, and regulation in this regard is staying far behind the actual demand. How healthcare reimbursement will play in such a cooperative remote medical service? How patient information should be protected if personal data is shared on different platform created by medical institutions and governmental bodies? Whether there will be any qualification for overseas doctors to provide telemedicine service for domestic patients? These are questions remain to be answered and we will keep tracking the regulatory updates and bring in the first-hand analysis in the future.

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