



MINISTRY OF HEALTH
SINGAPORE

The Healthcare Services Act (HCSA) Regulatory Forum

Presented by the Health Regulation Group (HRG)
Ministry of Health
30 May 2023

Agenda

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INTRODUCTION TO THE HCSA LICENSING REGIME



What is the Healthcare Services Act (HCSA)?

The Healthcare Services Act (HCSA) replaces the Private Hospital and Medical Clinics Act (PHMCA), and sets out a services-based approach to the licensing and regulation of health services. Similar to the PHMCA, licensees will need to comply with the regulatory requirements set out under the HCSA and its regulations.

Private Hospitals and Medical Clinics Act (PHMCA)

Premises-based
Licensable Premises

Hospitals



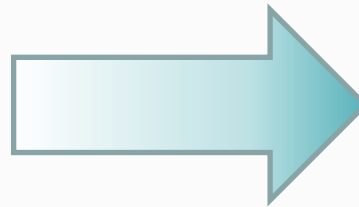
Nursing Homes



Medical Clinics



Clinical Laboratories

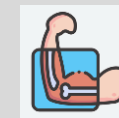


Healthcare Services Act (HCSA)

Services-based
Licensable Healthcare Services



Acute Hospital Service



Radiological Service



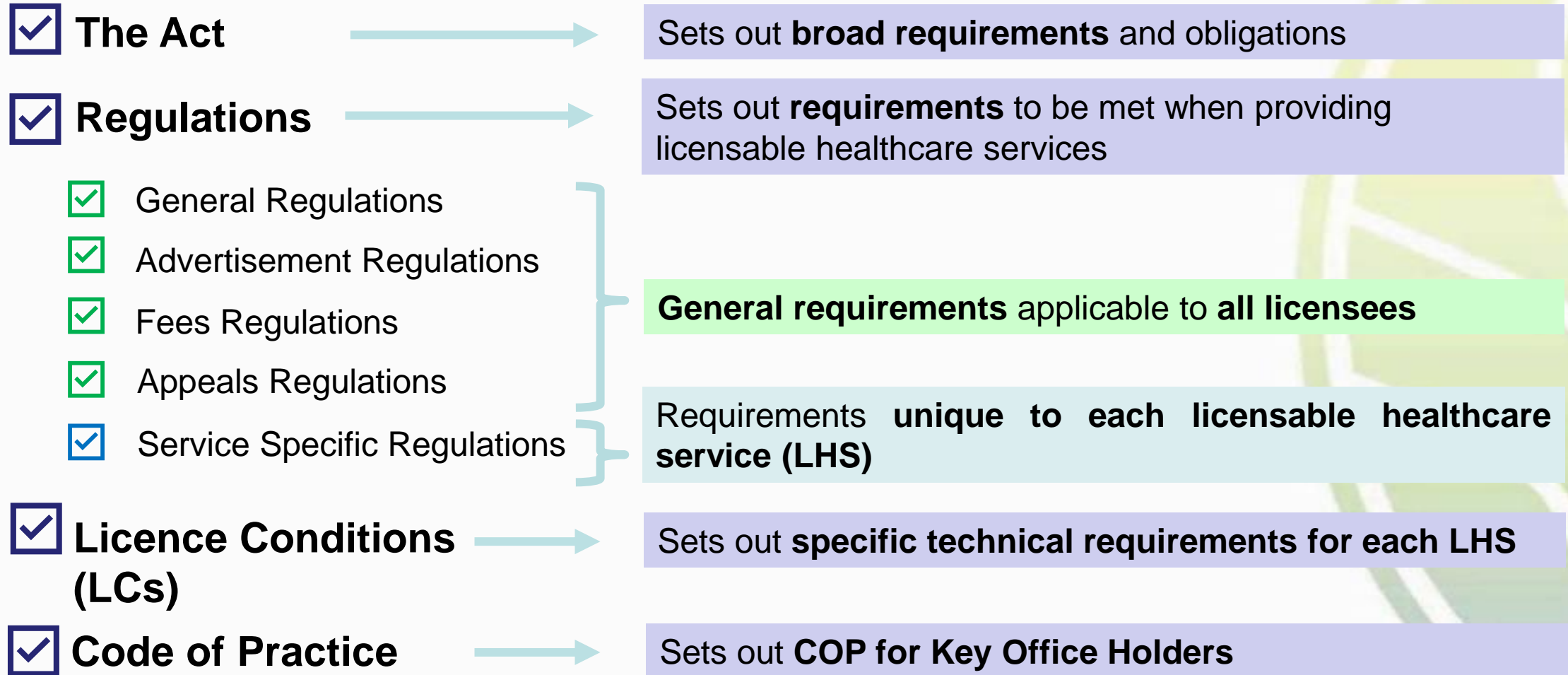
Clinical Laboratory Service



Ambulatory Surgical Service

What requirements must I comply with under the HCSA?

You must comply with **ALL** of the following requirements*



**FAQs/Guidance carry illustrations of good practices to help licensees interpret and meet the requirements in the Regulations and LCs are not enforceable.*

Specified Services (SSes) are unique to each Licensable Healthcare Service (LHS)

SSes generally involve complex or higher risk procedures provided in a LHS and have **distinct requirements for patient safety**. As such, licensees will need to **seek MOH's approval prior to the commencement** of these SSes under their LHS. **It is an offence to offer any SSes without seeking MOH's approval.** SSes include

- Some of the specialized procedures and special care services in the Second and Third Schedules of the Private Hospitals and Medical Clinics (PHMC) Regulations (e.g. radiation oncology, endoscopy)*
- Sub-disciplines of service within a LHS (e.g. different laboratory disciplines and tests, radiation technology applied)
- Newly identified procedures or services (e.g. collaborative prescribing, liposuction, Dental Cone Beam Computed Tomography)

How does the SSes apply to my clinic?

Example: Medical Clinic that provides Endoscopy and Transplant-related clinical services

Under the PHMCA

Licensee will hold a **Clinic Licence**, with approval for the following **3rd Schedule Special Care Services**:

Endoscopy

Transplant-related clinical Services

Under the HCSA

Licensee will hold a **Outpatient Medical Clinic Licence**, with approval for

Endoscopy as a **Specified Service**

No longer classified as a service requiring approval under the HCSA, but you are required to comply with the relevant Licence Conditions (LCs)

Different specified services are allowed under different licensable healthcare services

Licensable Healthcare Service (LHS)	Specified Services (SSes)
Outpatient Medical Service	Blood Transfusion (For Oncology, Haematology specialties only)
	Endoscopy Service
	Proton Beam Therapy
	[NEW] Collaborative Prescribing
	[NEW] Electrocardiography Stress Testing (EST)
	[NEW] Liposuction Service
Outpatient Dental Service	[NEW] Radiation Oncology & Radiation Therapy
	[NEW] Dental Cone Beam Computed Tomography (CBCT)
Ambulatory Surgical Centre Service	[NEW] Collaborative Prescribing
	[NEW] Liposuction Service
	[NEW] Radiation Oncology & Radiation Therapy
	[NEW] Proton Beam Therapy
Assisted Reproduction Service	Pre-implantation Genetic Testing for Monogenic Disorders and/or Chromosomal Structural Rearrangements (PGT-M/SR)
Outpatient Renal Dialysis Service	[NEW] High-dependency Haemodialysis
	[NEW] Collaborative Prescribing

- Special care services listed in the Third Schedule of Private Hospitals and Medical Clinics Regulations (PHMCR) but not listed as SS under HCSA **will not** require approval from MOH.
- At transition, MOH will identify the SS that you will need to hold based on the healthcare services offered in your licensed premises today.
- You may also **submit an application in Healthcare Application & Licensing Portal (HALP)** to seek MOH's approval for SSes after Phase 2 implementation.

There are four Modes of Service Delivery (MOSD) under the HCSA

4 Modes of Service Delivery



Permanent premises

e.g. brick-and-mortar premises such as GP or dental clinics



Conveyances

where the LHS is delivered from a vehicle
e.g. medical transport



Temporary premises

no permanent premises
e.g. treating patients at home (home medical)



Remote

through virtual platforms or applications
e.g. virtual GP consultation

- Licensees need to **seek MOH's approval** for the applicable MOSD for each licensable healthcare service (LHS).
- Not all MOSDs are allowable for every LHS and Specified Service (SS), and the allowable MOSDs for each LHS and SS differs.
 - **Example 1:** For Outpatient Medical Services, approval is required for permanent premises, conveyance, temporary premises and remote.
 - **Example 2:** For Electrocardiography Stress Testing (specified service), apart from permanent premises and conveyance, the other MOSDs are not allowed.
- It is an offence to provide a LHS via MOSDs without prior approval from MOH.

Which Modes of Service Delivery (MOSD) should I apply for?

I provide a Licensable Healthcare Service (LHS). How do I know which MOSD to apply for?

Is the LHS delivered out of a vehicle?

Yes

Apply for the **“Conveyances”** MOSD



No

Is the LHS delivered virtually/online?

Yes

Apply for the **“Remote delivery”** MOSD

Examples:

- Video Conferencing Apps
- Chat Apps
- Telemedicine Apps



No

Is the LHS delivered at a fixed, specified address for the full duration of its license tenure?

Yes

Apply for the **“Permanent premises”** MOSD



No

Apply for the **“Temporary premises”** MOSD

Examples of “Temporary premises” MOSDs:

- House call doctors and dentists
- Health screening at company or community sites

The “Three-in-One” Relationship: Licensable Healthcare Services (LHS), Specified Service (SS) & Modes of Service Delivery (MOSD)

[RECAP] Licensees should always seek MOH’s approval **before** offering a LHS or SS (if any). When seeking approval, licensees should also indicate the MOSD by which the LHS is delivered.

- ✓ Indicate the **LHS** (e.g. Outpatient Medical Service (OMS))
- ✓ Indicate the **MOSD by which the LHS is being delivered from** (e.g. Permanent Premises & Temporary Premises)
- ✓ Indicate **allowable SS**, if any (e.g. Collaborative Prescribing)

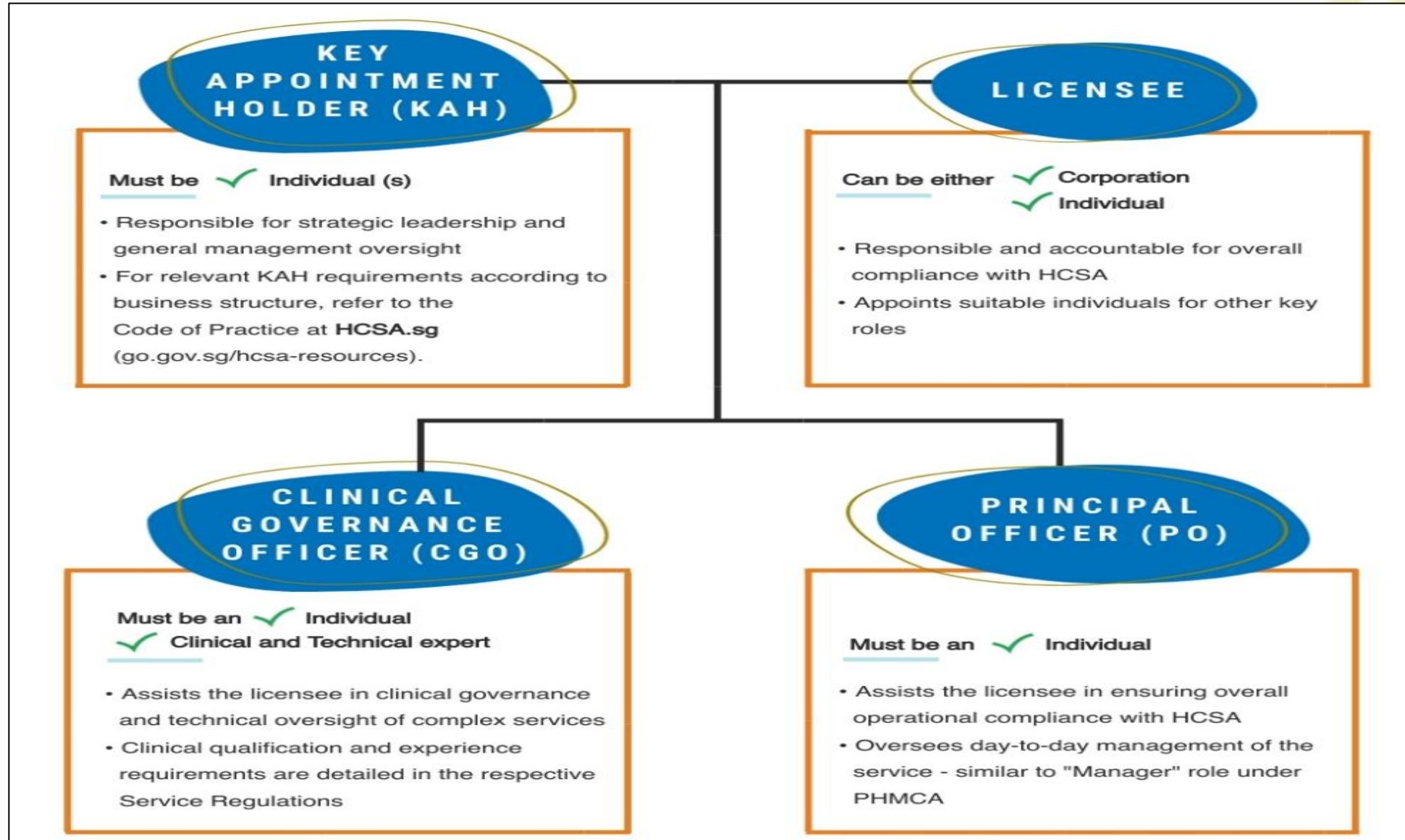
Note: If a SS is not listed as an allowable SS for that LHS, licensees cannot offer it (e.g. a person who has applied for the OMS licence cannot apply for the Dental Cone Beam Computed Tomography (CBCT) SS, as it is only allowable under the Outpatient Dental Service (ODS) LHS. If a licensee wants to offer Dental CBCT, the licensee must first apply for the ODS LHS.)

OVERVIEW OF THE GOVERNANCE REQUIREMENTS



There are 4 key roles defined under HCSA to ensure proper governance

MOH has published a **Code of Practice** document for these key office holders under HCSA. It can be found on the HCSA website: go.gov.sg/hcsa-resources.



Most HCSA licensees will need to appoint a Clinical Governance Officer (CGO)

The CGO is **required for clinical governance and technical oversight for the following Phase 2 Licensable Healthcare Services (LHSes):**

1. Outpatient Medical Service
2. Outpatient Dental Service
3. Ambulatory Surgical Centre Service
4. Outpatient Renal Dialysis Service
5. Assisted Reproduction Service
6. Human Tissue Banking Service
7. Nuclear Medicine Therapy Service

Qualifications to be appointed as a CGO are unique to each LHS, and may be found in the respective Service Regulations.

You may appoint more than one CGO for the same LHS, **but** you must ensure the following:

1. Responsibilities of each CGO are clearly delineated
2. CGOs are informed of their respective responsibilities.

You must also **seek MOH's approval** for the appointment of each CGO.

As a HCSA licensee, you will need to appoint a Clinical Governance Officer (CGO)

Requirements to be a CGO for an **Outpatient Medical Service (OMS)**:

1. Reside in Singapore during the appointment as a CGO, **AND**
2. Be a fully registered medical practitioner with Singapore Medical Council (SMC), **AND**
3. Be registered as a specialist or family physician, **OR**
4. Practised as a clinician for not less than (i) 5 continuous years or (ii) 5 years out of a continuous period of 10 years in either an OMS, Ambulatory Surgical Centre (ASC), Acute Hospital Service (AHS), Community Hospital Service (CHS) or an equivalent healthcare institution under PHMCA
5. [For Remote Modes of Service Delivery (MOSD) only] Completed telemedicine e-training course as specified by MOH

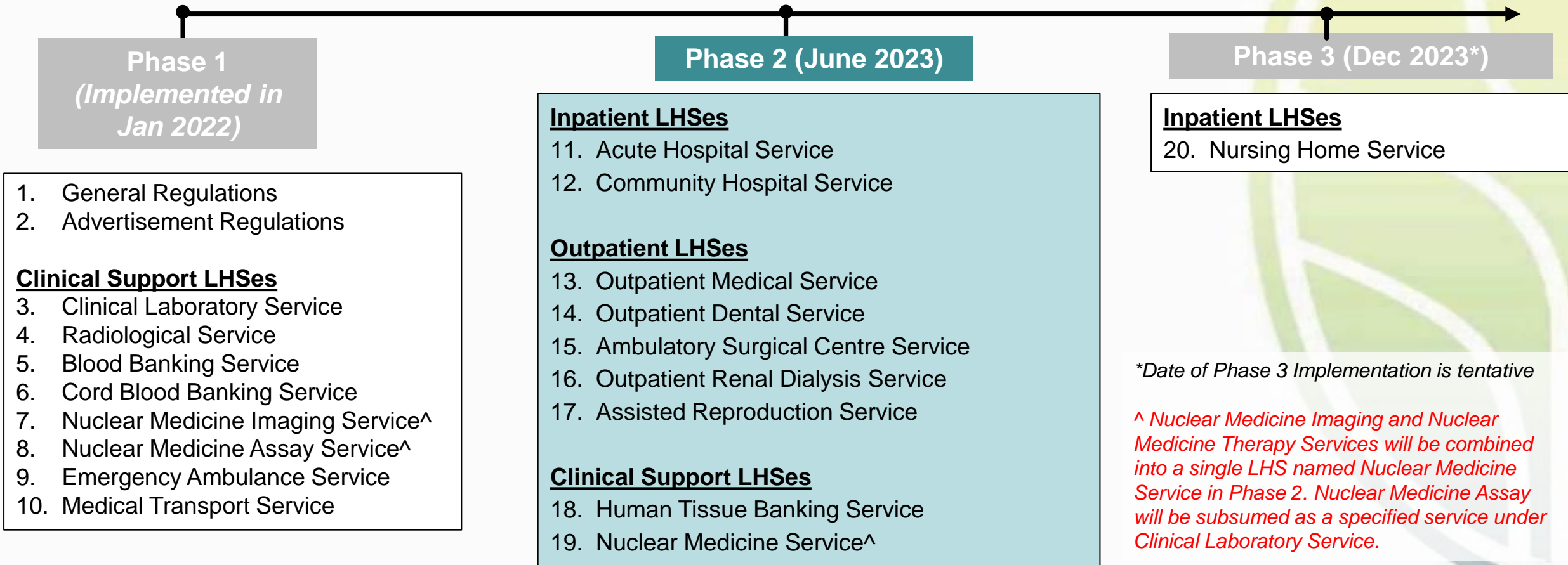


OVERVIEW OF PHASE 2 IMPLEMENTATION

HCSA is implemented in phases, with Phase 2 starting on 26 June 2023

The Licensable Healthcare Services (LHSes) are broadly categorised to:

- i. Inpatient Services which provide care to patients who are warded within the residential institution.
- ii. Outpatient Services which provide care to patients who are not warded.
- iii. Clinical Support Services which provide support care services to patients in both the inpatient and outpatient settings.



Who is affected in Phase 2 of HCSA implementation?

Phase 2 (26 June 2023)

Inpatient LHSes

- 11. Acute Hospital Service
- 12. Community Hospital Service

Outpatient LHSes

- 13. Outpatient Medical Service
- 14. Outpatient Dental Service
- 15. Ambulatory Surgical Centre Service
- 16. Outpatient Renal Dialysis Service
- 17. Assisted Reproduction Service

Clinical Support LHSes

- 18. Human Tissue Banking Service
- 19. Nuclear Medicine Service

Majority of licensees under the PHMCA will be transited to HCSA in Phase 2.

Under Phase 2, standalone telemedicine or home medical care or home dental services will need to hold a Outpatient Medical Service or Outpatient Dental Service licence.

I am an existing PHMCA medical clinic licensee. What happens to my licence under the HCSA?

MOH will map your existing medical clinic licence to the relevant HCSA licence and issued with the following Modes of Service Delivery (MOSDs) at the Phase 2 implementation:

Under the PHMCA

Medical Clinic without special care services approvals:
1) Ambulatory Surgery
2) Assisted Reproduction
3) Renal Dialysis

No action needed

Under the HCSA

Outpatient Medical Service (OMS) licence with the following MOSDs:

- Permanent Premises
- Temporary Premises
- Remote Delivery

If your medical clinic also provides other clinical support services, you will also be issued with a Human Tissue Banking Service and/or a Nuclear Medicine Service, where applicable

Note: While we will issue the OMS licences with the three MOSDs, you may choose to cease any MOSD if you do not provide your medical service via that MOSD. Details on how to do this in Healthcare Application and Licensing Portal (HALP) will be released at a later date.

Medical Clinic with approval for Ambulatory Surgery

No action needed

Ambulatory Surgical Centre (ASC) Service (Permanent Premises) licence
OMS licence if your ASC also provides pre- or post-procedure consultations

Medical Clinic with approval for Assisted Reproduction

No action needed

Assisted Reproduction (AR) Service (Permanent Premises) licence
OMS licence if your AR centre also provides clinical care beyond procedures which involve the handling of gametes & embryos, such as obstetrics and gynaecology services

Medical Clinic with approval for Renal Dialysis

No action needed

Outpatient Renal Dialysis (ORD) Service (Permanent Premises) licence
OMS licence if your ORD centre provides outpatient medical service for patients with other medical conditions (e.g., cater to walk-in patients not on dialysis)

I am a telemedicine/home medical service provider. What do I need to do?

- If you are an **existing PHMCA licensee** of a medical or dental clinic **and** you also provide telemedicine, medical or dental services offered outside a clinic, you do not need to apply for a HCSA licence.
- If you **only provide telemedicine/home medical services**, you will need to **apply for a HCSA licence** in order to continue providing your services virtually after 26 June 2023.

Under the PHMCA

Medical Clinic without special care services approvals:

- 1) Ambulatory Surgery
- 2) Assisted Reproduction
- 3) Renal Dialysis

No action needed

Telemedicine provider (not licensed under PHMCA)

Action needed

Providers offering OMS via Temporary Premises MOSD, e.g. home medical care (not licensed under PHMCA)

Action needed

Under the HCSA

Outpatient Medical Service (OMS) licence with the following Modes of Service Delivery (MOSDs):

- Permanent Premises
- **Temporary Premises**
- **Remote Delivery**

Outpatient Medical Service (OMS) licence with the following MOSDs:

- **Remote Delivery**

Outpatient Medical Service (OMS) licence with the following MOSDs:

- **Temporary Premises**
- **Remote Delivery (+/-) [Applicable to home care providers who wish to offer remote delivery to complement their services]**

As a non-Outpatient Medical Service (OMS) licensee, when do I need to apply for an OMS licence?

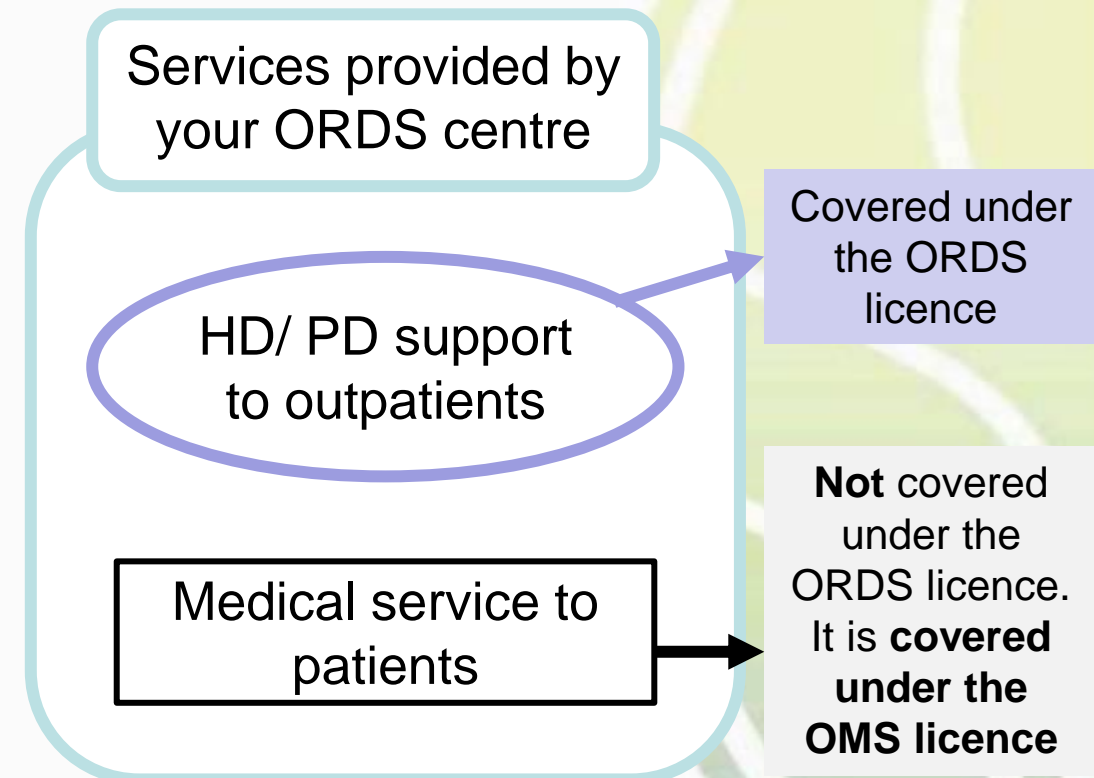
You will need to apply for an OMS licence if **you provide outpatient medical services which are outside the scope of your existing HCSA licence(s).**

Example: Outpatient Renal Dialysis Service (ORDS) provider

An ORDS licensee can provide:

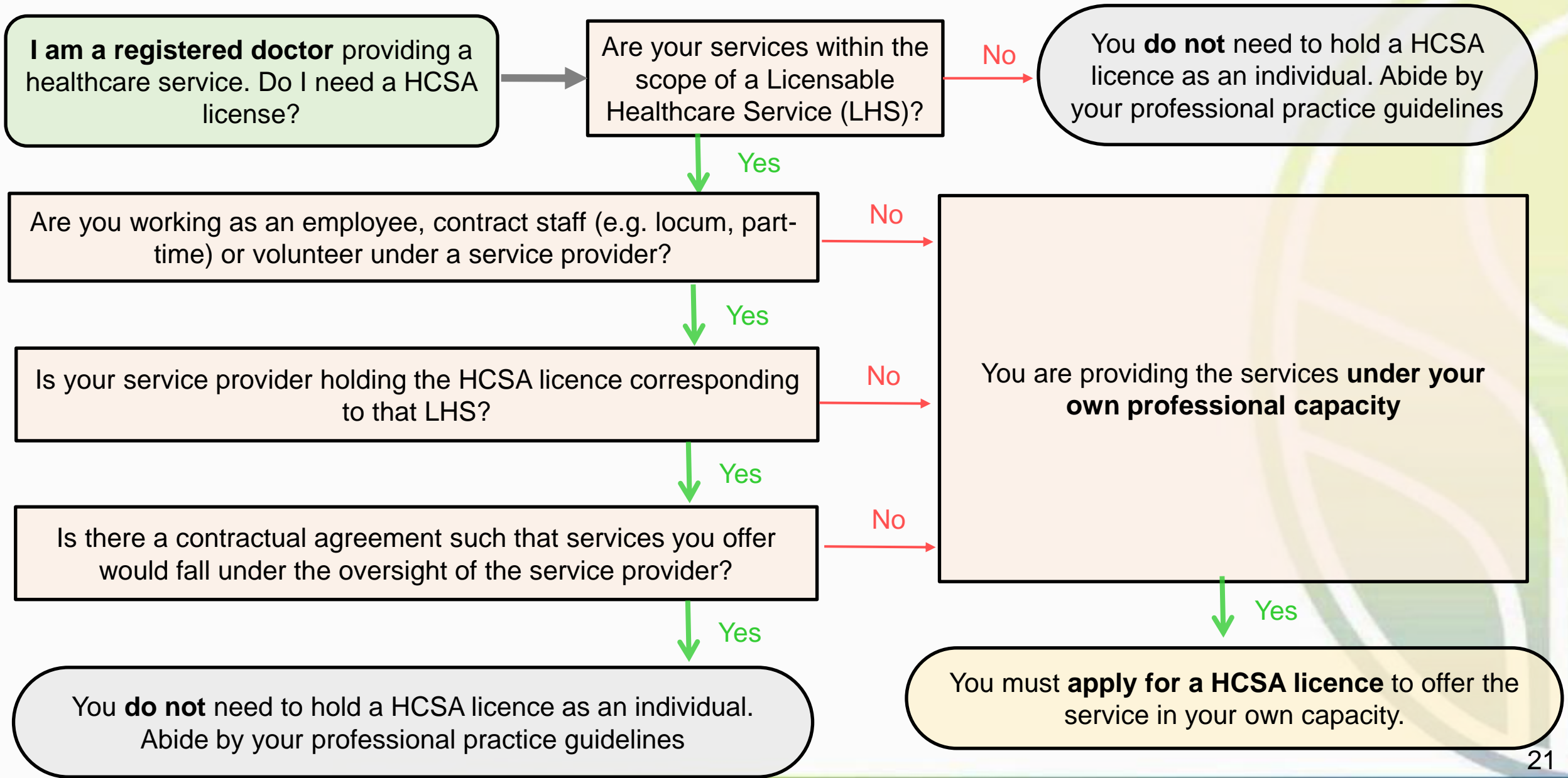
- Haemodialysis (HD) & Peritoneal Dialysis (PD) support to outpatients.
- Healthcare services incidental to the provision of HD or PD support, such as physical examinations or medical treatment of its own HD and PD patients.
- *Exception:* clinical laboratory service or radiological service always requires a separate licence.

However, **OMS licence is required**, if provider offers **medical examinations and treatment to patients**. E.g. walk-in patients for cough/cold, other chronic diseases.



This principle applies to other Licensable Healthcare Services (LHSeS).

As a doctor, when must I hold a HCSA licence?



As a doctor, when must I hold a HCSA licence?

Quiz

1. I am a doctor employed by DEF-Telemedicine (TM) to provide tele-consults 3 days a week. Do I need to hold a HCSA licence? – **No, DEF-TM will need to hold the licence**
2. I am a doctor using a telemedicine app to provide my services. I provide the overall governance and oversight of the telemedicine services offered. Do I need to hold a HCSA licence? – **Yes, you will need to hold the licence**
3. I engage doctors to provide home medical services. Do I need to hold a HCSA licence? – **It depends on the arrangement you have with your doctors.**
4. I connect patients with licensed outpatient medical services for medical treatment. Do I need to hold a HCSA license? – **No. Connecting patients with licensed outpatient medical services does not constitute a licensable healthcare service.**

How do I apply for a HCSA licence?

From 1 June 2023 onwards, log in to Healthcare Application & Licensing Portal (HALP) (<https://halp.moh.gov.sg>) using SingPass.

Application

- Select the types of Licensable Healthcare Services (LHSes), Specified Services (SSes) and Modes of Service Delivery (MOSDs) provided.
- Key in licensing details and other service related information. Attach supporting documents.
- Submit application and pay licence fees as stated.

Inspection

- Receive confirmation on inspection date and ensure documents are ready for inspection.
- Inspectors may contact you for further clarifications after inspection.

Outcome

- You will receive an email notification on your application status when all licensing requirements are met.
- View e-licence on HALP upon approval. Your licence is valid for two years.

Post Approval

- Update on HALP if there are any changes to your licence.
- Renew licence on HALP no later than two months from the expiry date.
- For Enquires: email us at HCSA_Enquiries@moh.gov.sg

Note: One licence will be issued per LHS per MOSD

What kind of licence do I need to apply for if *I want to commence operations between 1 Jun and 26 Jun?*

As HCSA Phase 2 implementation begins from 26 June 2023 onwards, you will first be issued with a PHMCA licence. This licence will be **automatically converted to a HCSA licence** on 26 Jun as per all other PHMCA licences.

If you commence operations after 26 June, you will only receive a HCSA licence.

What do I need to know for licence renewal under the HCSA?

- Apply for your HCSA licence in **Healthcare Application & Licensing Portal (HALP)**.
- Each licence has a **licence tenure of two years**.
- **Renew** your HCSA licence **at least two months before expiry** to avoid late fee charges.
- **Inspections will be de-linked** from licence renewals for all Licensable Healthcare Service (LHS).
 - Inspection frequency will be risk-based, i.e., a good history of compliance may mean less frequent inspections
 - Inspections may occur after renewal instead of during or before renewal
- Payment of licence application or renewal fee may be made via GIRO or Credit Card.

For existing PHMCA licensees transiting to HCSA

Your remaining PHMCA licence tenure will be ported over and continued under the HCSA when Phase 2 is implemented. After your remaining PHMCA licence tenure expires, you will need to renew your HCSA licence in HALP.

For new HCSA licensees

Apply for your HCSA licence in HALP. Your licence will be given to you after your application is successful.

Licensing Fees under HCSA

- Through process reviews and streamlining, MOH is able to retain or reduce the HCSA licensing fees for most existing PHMCA licensees.
- **Over 90%** of the existing licensees will see **either the same or a reduction in fees** under HCSA.

	Licensable Healthcare Service (LHS)	HCSA Licence Fees
1	Ambulatory Surgical Centre	\$850
2	Assisted Reproduction	\$1,900
3	Outpatient Medical / Dental Service	\$360
4	Outpatient Renal Dialysis Centre	\$850

- There will be a **gradual fee increase** for LHSes where fees have increased considerably:
 - To mitigate the impact of a fee increase on affected licensees, **MOH will gradually increase their fees over three renewal cycles***.

Gradual fee increase will not apply to Acute and Community Hospitals, which will pay the full HCSA fee from their next renewal.

Licensing Fees under HCSA

- An Outpatient Medical Service (OMS) licensee may offer the Licensable Healthcare Service (LHS) from any of the 4 Modes of Service Delivery (MOSDs). To support the provision of holistic service models, some of the relevant MOSDs under OMS are bundled together, i.e. the **MOSD Bundle**.
- OMS licensees do not have to pay additional fees beyond the OMS licence fee if they provide medical services via any of the combination of MOSDs below:

Eligible for MOSD Fee Bundle		
Combination of MOSDs	Examples	Fee
(1) Permanent Premises (2) Remote (3) Temporary Premises	Medical Clinic, Telemedicine, House Calls	\$360
(1) Conveyance (2) Remote (3) Temporary Premises	Conveyance (e.g. OMS via a bus), Telemedicine, House calls	\$360
(1) Temporary Premises (2) Remote	Telemedicine and House Calls	\$360

<u>Not</u> Eligible for MOSD Fee Bundle		
Combination of MOSDs	Examples	Fee
(1) Permanent Premises (2) Conveyance	Medical Clinic, Conveyance (e.g. OMS via a bus)	\$360 + \$360 = \$720

Licensing Fees under HCSA

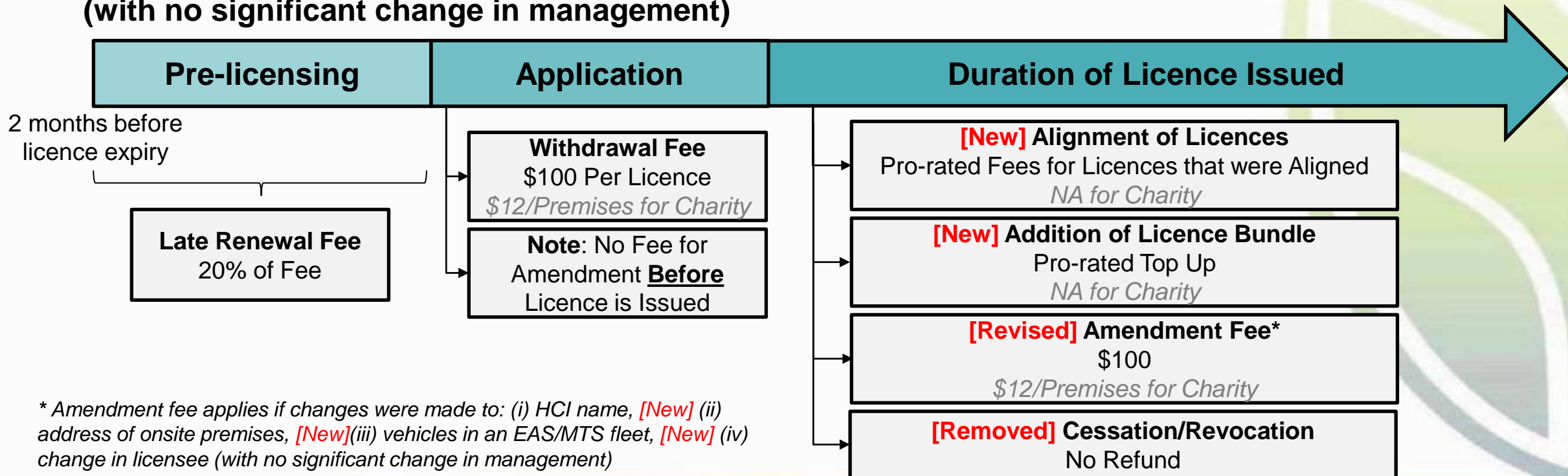
- An Outpatient Medical Service (OMS) licensee may also choose to offer Specified Services (SSes). There is an approval fee required to provide any SS.
- SSes may be categorized as “simple” or “complex” depending on the regulatory efforts involved. Most of the SSes that are applicable to OMS licensee are categorised as “Simple SSes”.
- MOH will offer lower fees for licensees that provide more than one Simple SS, i.e. the **SS Fee Bundle**.

Service	Licensable Healthcare Service (LHS) Fee (A)	SS Fee (B)	Licence Fee (A) + (B)
OMS (permanent premises) LHS with 1 simple SS	\$360	\$900	\$1,260
OMS (permanent premises) LHS with 2 simple SSes	\$360	\$1,700	\$2,060
OMS (permanent premises) LHS with 3 or more simple SSes	\$360	\$2,500	\$2,860

Licensing Fees under HCSA

Admin fees under HCSA remain largely similar, **except**:

- **No refund will be made for revocation or cessation, once the licence has been issued.**
- **Fees may be pro-rated**, if the licensee has chosen to **align the licence tenures** within the same premises or add on new Licensable Healthcare Services (LHSes), Specified Services (SSes) and Modes of Service Delivery (MOSDs) to form a licence bundle.
- **\$100 amendment fee for changes to the address of onsite premises, changes to vehicles in an Emergency Ambulance Service (EAS)/Medical Transport Service (MTS) fleet, or changes in licensee (with no significant change in management)**



I am already holding a HCSA licence, as I am offering a Phase 1 Licensable Healthcare Service (LHS). Do I need to do anything?

If you are offering a LHS that was regulated under HCSA Phase 1, your HCSA licence will be **automatically** amended to reflect the changes that will be effected when HCSA Phase 2 is implemented on 26 June 2023.

What can you expect?

You will be re-issued a new HCSA licence with the relevant Modes of Service Delivery (MOSDs) and Specified Services (SSes) based on your current HCSA licence. **No further action is required from you.**



OVERVIEW OF REQUIREMENTS UNDER HCSA FOR OUTPATIENT MEDICAL SERVICES

What are the general requirements to fulfill for a HCSA licensee?

- Appoint a suitably qualified **Key Appointment Holder, Principal Officer and Clinical Governance Officer**.
- Setup a **Service Review Committee (SRC)** for any programme or activity (where needed) such as collaborative prescribing, proton beam therapy
- Seek **MOH's approval for co-location of services** within a licensed premises or conveyance
- Ensure the environment, medical supplies and equipment are safe and suitable; medicinal and health products are used safely, appropriately and correctly
- Collected specimens have clinical utility and are tested by approved clinical laboratories, and are packaged and transported in a safe manner
- Patients are accorded privacy, protected against abuse and neglect, well-informed of their conditions and options for treatment, and health records are accurate, up-to-date and secured
- Prepared to respond to national emergencies
- Establish **business continuity plans** in the event of any disruption to the operation
- **Adhere to the naming restrictions** when selecting a name for the healthcare institution

What are the general requirements to fulfill for a HCSA licensee?

- All registered healthcare professionals are to maintain **valid Basic Cardiac Life Support (BCLS) and Automated External Defibrillator (AED) certification when present in a patient-facing clinical area.** For those who are not medically fit to administer BCLS, the BCLS and AED certification in the theory component is still required.
 - As time is needed for registered healthcare professionals to attend the course and obtain valid certification, a sunrise period will be provided and this requirement will only be enforced from 1 Jan 2027.
- All registered medical practitioners and dentists should be **trained in the use of emergency drugs and equipment** listed below. MOH will develop a course to refresh and upskill the competency of medical practitioners and dentists in the use of these drugs and equipment for those who require it.

Emergency Drugs

- Injection adrenaline
- Injection antihistamine (e.g. promethazine)
- Injection steroid (e.g. hydrocortisone)
- Inhaled bronchodilators

Emergency Equipment

- Manual resuscitator
- Airways of at least 2 sizes (*if clinics are seeing paediatric & adult patients, to cater 1 size each for adult & paediatric patients respectively*)
- Infusion set
- IV infusion fluid
- Appropriate delivery devices for bronchodilator (e.g. spacer)

Specific Requirement for Provision of Outpatient Medical or Dental Service in Temporary Premises

- ‘Temporary Premises’ Modes of Service Delivery (MOSD) means the provision of Outpatient Medical Service from place to place. (E.g., house calls, ad-hoc medical consultations held at community clubs for 1-2 days).
- A licensee must ensure that the Outpatient Medical Service in temporary premises is provided in a proper, effective and safe manner, with adequate privacy if necessary.
- In order to achieve this, a licensee must:
 - a) **establish and implement guidelines** to assist medical practitioners in determining whether a particular type of Outpatient Medical Service may be provided at the temporary premises, taking into consideration
 - i. the patient’s medical condition and medical history; and
 - ii. the practitioner’s training and scope of practice; and
 - iii. facilities, equipment and resources available at the temporary premises
 - b) ensure that the patient or caregiver is provided with **alternative arrangements** for the patient to receive medical care if the medical practitioner deems that the patient or a particular treatment cannot be managed at the temporary premises in a proper, effective and safe manner.
 - c) ensure that only minor surgical procedures that can be done under local anaesthesia with no or minimal sedation* may be conducted, if necessary.

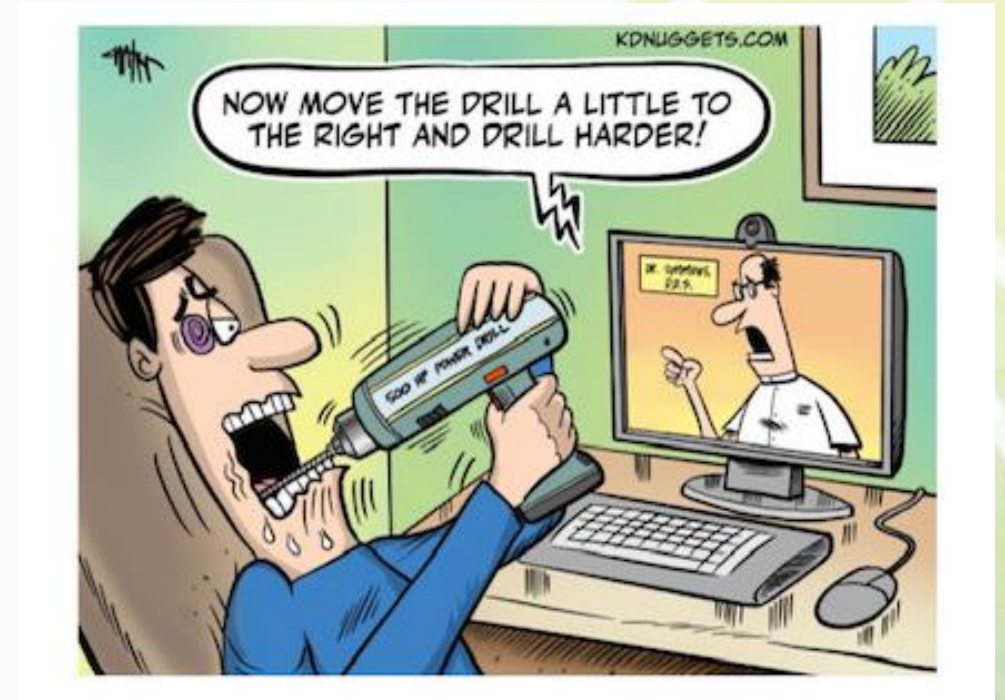
“minimal sedation” is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway, ventilation and cardiovascular functions are unaffected.

Specific Requirement for Provision of Outpatient Medical Service in Temporary Premises

- The need to maintain and bring emergency drugs and equipment listed in prior Slide 39 when providing Outpatient Medical Service via the 'temporary premises' Modes of Service Delivery (MOSD) would be based on these principles:
 - In settings where the medical practitioner **does not have control over (i) the acuity of patients that will be seen, and (ii) the level of resuscitation and emergency management expected**, the need to maintain and ensure the availability of emergency drugs and equipment would be mandatory.
 - E.g., Ad-hoc vaccination centres, sites which accept walk-in patients, health screening events at community centres or workplaces.
 - In settings where the medical practitioner **knows (i) the acuity of their patient, and (ii) the level of resuscitation and emergency management expected because he or she has seen the patient and has professionally assessed the patient before**, the need to bring emergency drugs or equipment would be **dependent on the professional judgement** of the medical practitioner.
 - E.g., Home visits for patients on palliative care, patients with stable chronic conditions who are not provided any therapeutic interventions during the visit.

What is different about remote delivery?

- Not all patients are suitable to be seen via telemedicine
- Not all conditions can be diagnosed or managed using telemedicine
- Technology breaks down at times
- It's not just the consult, the pre- and post- consult activities matter (e.g. patient registration, dispensing of medications.)



By Gregory Piatetsky, KDnuggets on May 16, 2020 in **Cartoon, Healthcare, Humor**

Specific Requirements for Provision of Outpatient Medical Service via 'Remote' Modes of Service Delivery (MOSD)

- A licensee must ensure that Outpatient Medical Service delivered via the 'remote' MOSD is provided in a proper, effective and safe manner, with adequate privacy.
- In order to achieve this, a licensee must **establish, implement, and regularly review guidelines**:
 - a) To assist medical practitioners in determining whether a particular medical condition may be managed remotely, taking into consideration
 - i. the patient's medical condition and history;
 - ii. the patient's ability to use the teleconsultation modality effectively (e.g. functional capacity, technological literacy etc) ; and
 - iii. the medical practitioner's training and scope of practice
 - b) On the circumstances under which the licensee
 - i. would or could provide the teleconsultation services to the patient;
 - ii. must not or cease to provide teleconsultation services to the patient, and advise the patient to seek medical attention at other places;
 - iii. must ensure that the patient or caregiver is provided with **alternative arrangements** for the patient to receive medical care if the medical practitioner deems that the patient's condition cannot be managed remotely in a proper, effective and safe manner (e.g., the patient warrants a physical examination or when ancillary services need to be provided). This includes ensuring the **timely activation of emergency services** for a patient who is in need of any essential life saving measures or treatment, during the remote consultation.

Specific Requirements for Provision of Outpatient Medical Service via 'Remote' Modes of Service Delivery (MOSD)

- A licensee must **establish, implement, and regularly review written protocols**:
 - a) Before any teleconsultation service is provided to the patient covering the following
 - i. Ascertaining the identity of the patient;
 - ii. Stating clearly and upfront that the licensee's service is unsuitable for patients requiring emergency life saving measures; and
 - iii. Informing the patient of the identity of the personnel who is providing the teleconsultation service, including his or her role in the patient's care
 - b) On the measures that should be taken where the provision of the teleconsultation service cannot be completed for any reasons, to ensure that the consultation is completed, or that the patient is advised of other ways to seek medical attention. Such reasons could include technical difficulties or issues with connectivity during the teleconsultation, or patient is abruptly disconnected from the remote consultation
- Doctors providing remote Outpatient Medical Service will need to abide by good professional practices and conduct defined under the Singapore Medical Council (SMC)'s Ethical Code and Ethical Guidelines (ECEG). This includes, but is not limited to:
 - Using their professional judgment to select the appropriate patients that can be seen via virtual means; and
 - Reviewing patients with chronic conditions at least once per year in-person.

Specific Requirements for Provision of Outpatient Medical Service via 'Remote' Modes of Service Delivery (MOSD)

Consultations

- When Outpatient Medical Service is provided remotely, **real-time two-way interactive audio-visual communications** should be used as the primary means of remote Outpatient Medical Service delivery, unless in the following scenario:
 - When a doctor furnishes medical assistance in response to an emergency or disaster. This includes but is not limited to, prescribing of empiric treatment or prophylaxis to prevent or control an infectious disease outbreak.
- Licensee **must** ensure that **real-time, two-way interactive audio-visual communications** is used when **tele-consulting with new patients** accessing the licensee's Outpatient Medical Service for the first time (i.e. no prior patient records and medical history with the licensee).
- When teleconsulting with the licensee's existing patients presenting with new symptoms or conditions, or exacerbations of existing conditions, the licensee must ensure that the mode of remote consultation used is proper, safe and effective for the patient's condition.
 - **Real-time, two-way interactive audio-visual communications are strongly recommended** where a re-assessment of the patient is required in these instances, and where needed, the patient should be escalated for an in-person consultation.

Documentation

- When Outpatient Medical Service is provided remotely, the licensee must document this fact and the type of remote communication (e.g. video, audio, text) that was used as part of patient health records.

Personnel

- Medical practitioners providing Outpatient Medical Service via the 'Remote' MOSD should complete such training or course (e.g. MOH's telemedicine e-training) as specified by MOH.

Specific Requirements for Provision of Outpatient Medical Service via ‘Remote’ Modes of Service Delivery (MOSD)

Conduct of Video Consultations

- Where a video consultation is provided, a licensee must —
 - a) ensure that the consult is conducted through real-time two-way interactive audio-visual communications;
 - b) Ensure that the consult is conducted by such number of personnel, and in such a place and manner as necessary, to enable the provision of the medical service effectively, while ensuring confidentiality of the consult and privacy of the patient;
 - i. ensure that the attending doctor is in a room or place with appropriate lighting to enable a quiet and private consult;
 - ii. ensure a full view of the provider’s face is available to patients at all times during the consultation;
 - iii. ensure that the patient is aware and clear of the identity of the provider offering the consultation;
- If a licensee needs to record and store the video-consultation, consent should be sought from the patient and documented. For clarity, there is no requirement for licensees to record and store the video, images, audio, or text of the consultation except where required to support care provision to patients and for clinical documentation.

Prescriptions

- When prescribing drugs listed under the First Schedule of the Misuse of Drugs Act 1973, a licensee must ensure that an in-person examination has been completed by the medical practitioner for a condition that requires such a prescription before the prescription is issued.

Testing of Specimens

- A licensee must not direct the patient to conduct a self-administered test on himself or herself unless the testing material provided by the licensee is suitable to be self-administered (i.e. not a “professional-use only” medical device)
 - Self-administered tests include but not is not limited to (COVID-19 Antigen Rapid Test, blood glucose meter, pregnancy test kits).

Specific Requirements for Provision of Outpatient Medical Service via 'Remote' Modes of Service Delivery (MOSD)

Remote Service Kiosks

- A licensee delivering Outpatient Medical Service remotely via remote service kiosks must ensure that these kiosks enable the proper, safe and effective provision of Outpatient Medical Service.
- A licensee must ensure that the remote service kiosk:
 - is sufficiently spacious and appropriately equipped for the provision of Outpatient Medical Service remotely;
 - Is appropriately equipped to ensure patient's privacy and confidentiality of the consult;
 - has sufficient lighting and ventilation;
 - is regularly checked and maintained to ensure a good state of repair, with records of maintenance kept;
 - is kept clean and sanitary at all times;
 - is not used for any purpose other than the provision of Outpatient Medical Service, and where the kiosk comprises a vending machine or similar equipment which dispenses medicinal products or health products, enable patients to purchase such products prescribed by the licensee for that patient;
 - conspicuously displays the licensee's business name, email and telephone number, the fact that the kiosk is used to provide outpatient medical services by remote provision, as well as a statement that a person who needs any essential life-saving measures should not use the kiosk for such purposes.
 - has measures in place to prevent unauthorized access to medications if medications are kept at the self-service kiosk.

Specific Requirements for Provision of Outpatient Medical Service via 'Remote' Modes of Service Delivery (MOSD)

Display of Licensing Information:

- A licensee must ensure that the website, or software application, used in the remote delivery of Outpatient Medical Service conspicuously indicates the following:
 - a) the licensee's business name and email address or telephone number;
 - b) that the licensee holds a Outpatient Medical Service licence with approval for the 'remote' MOSD; and
 - c) the name of the doctor (as reflected in Singapore Medical Council's (SMC's) Register of medical Practitioners) consulting with the patient
- Where the licensee uses none of the above platforms, they must make the above information available to the patient before the teleconsultation is provided.
- This will help the public and patients differentiate between licensed and unlicensed providers (e.g. overseas providers) when engaging such a service.

How do you ensure price transparency as a HCSA licensee?

[NEW] Issue a bill of the fees charged for every Licensable Healthcare Service (LHS) provided to the patient, even if the patient has zero out-of-pocket (OOP) payment due to third party payors or government subsidies, unless the patient declines.

[NEW] Inform the patient about the status of your accreditation or participation in a public scheme where applicable, such as approval for Medisave withdrawal, MediShield Life Scheme Act, or accreditation as a CHAS clinic

Display or make available the charges that are applicable for your service, including:

1. Consultation, procedural or dialysis fee applicable to the patient, AND
2. Any administrative fee or other charges imposed on the patient (e.g., investigations, treatments, procedures and medications).

You must also inform the patient, at their request, of the estimated applicable charges, including administrative charges, for any aspect of your service, including prior to billing.

What should the final bill look like?

Sample of final bill

Consultation	\$xx
Consumables	\$xx
Medications	\$xx
Tests, procedures and investigations	\$xx
Third party administrator (TPA) services	\$xx
Others	\$xx
Total amount of fees payable	SUM(\$xx)
Total amount of government subsidies applied and TPA reimbursement	- \$yy
Net amount of fees payable	SUM(\$xx) - \$yy

Examples of what “Others” might include:

- procedural fee for Ambulatory Surgical Centre (ASC) services
- dialysis fees for Outpatient Renal Dialysis (ORD) service

If fees charged are on based on a package rate, instead of providing a bill, you may give a document describing the components of the Licensable Healthcare Service (LHS) that are chargeable

What is financial counselling? When is it done?

Treatments and procedures

Treatments or procedures eligible for MediShield Life coverage

(e.g., EPO for Chronic Kidney Disease (CKD), cancer drug treatment).



When to conduct FC and when it is not needed:

- ✓ the patient is a new patient of the licensee
- ✓ the patient is advised by the licensee to undergo a new treatment or procedure
- ✓ there is a significant change in the licensee's fees for the treatment or procedure that the patient is undergoing
- X repeat prescriptions
- X regular lab tests that are not MSHL claimable

Financial counselling (FC) should be conducted **as soon as reasonably practicable** if the **fee information is new** to the patient or the patient's authorised representative. The following information should be provided:

- **Estimated price or price range**
- **Fee benchmark** published by MOH (if available) for the same or similar treatment or procedure
- Estimated MediSave (MSV) withdrawal limits and coverage by MediShield Life (MSHL), even if the coverage is zero

Record the financial counselling conducted for the patient or the patient's authorised representative, and obtain their **written acknowledgement**

- For phone counselling, to record the acknowledgement in a manner that is easily obtainable and accessible

When do you as a HCSA licensee need to provide financial counselling?

HCSA LHS	Financial counselling is required for
Acute Hospital Service	All patients
Ambulatory Surgical Centre Service	
Outpatient Dental Service	Patients who undergo MediSave (MSV)-claimable procedures and MediShield Life (MSHL)-claimable procedures
Outpatient Medical Service	Patients who undergo MSHL-claimable services
Assisted Reproduction Service	NA
Outpatient Renal Dialysis Service	
Blood Banking Service	
Cord Blood Banking Service	
Clinical Laboratory Service	
Radiological Service	
Nuclear Medicine Services	

Note: *financial counselling must be conducted by the doctor or dentist providing care to the patient*

Stay connected with us

MOH will provide more information along the way



Visit ***HCSA.sg***
for more information and
to provide feedback



Write to us at
HCSA_Enquiries@moh.gov.sg

The End

Thank you



MINISTRY OF HEALTH
SINGAPORE