



MINISTRY OF HEALTH
SINGAPORE

The Healthcare Services Act (HCSA) Outpatient Medical Service Requirements

Presented by the Health Regulation Group (HRG)

Ministry of Health

30 May 2023



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.

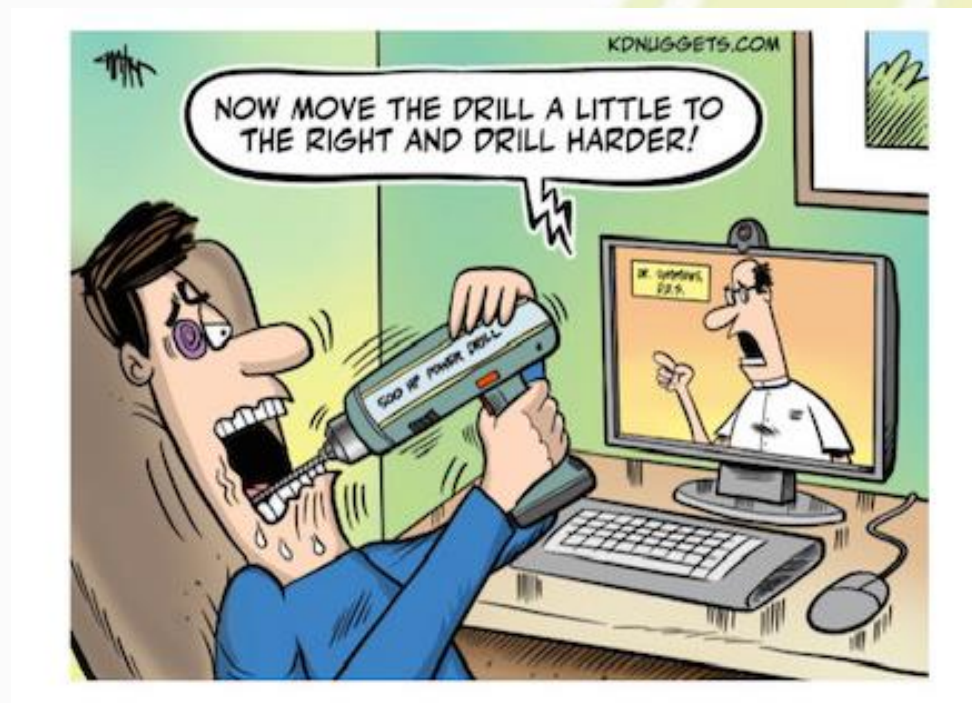
“minimal sedation” is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway, ventilation and cardiovascular functions are unaffected.

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

