

## **Letter to Editor. Polish recommendations for conducting online visits in psychiatric care**

Marek Krzystanek<sup>1</sup>, Maciej Matuszczyk<sup>2</sup>, Irena Krupka-Matuszczyk<sup>3</sup>,  
Agnieszka Koźmin-Burzyńska<sup>4</sup>, Seweryn Segiet<sup>5</sup>, Jacek Przybyło<sup>6</sup>

<sup>1</sup> Medical University of Silesia in Katowice, Chair of Psychiatry and Psychotherapy,  
Department of Psychiatric Rehabilitation

<sup>2</sup> Mental Health Centre Tychy, Medforum sp. zo.o.

<sup>3</sup> The Silesian Academy of Medical Sciences in Katowice

<sup>4</sup> Upper-Silesian Medical Centre, Medical University of Silesia in Katowice,  
Psychiatric Outpatient Care Unit

<sup>5</sup> Boczarska-Jedynak Health Institute, Oswiecim

<sup>6</sup> Multispecialistic Voivodeship Medical Clinic in Katowice

The current epidemic crisis is a challenge for the healthcare system that doctors, but also psychologists, psychotherapists and addiction therapists have to face. Although the existing forms of outpatient treatment have been significantly reduced, patients cannot be left without medical care, especially without the possibility of medical consultation and the possibility of continuing pharmacotherapy. During the COVID-19 emergency period, doctors can continue to carry out medical treatment using new technologies for remote care.

Act on the professions of physicians and dentists (Dziennik Ustaw [Journal of Laws] 2020, item 514) states that the activities related to the executing of the medical profession, consisting in “providing by a person having the required qualifications, confirmed by relevant documents, health services, in particular: examining the state of health, diagnosing and preventing diseases, treating and rehabilitating patients, giving medical advice, as well as issuing medical opinions and certificates” can also be performed “via ICT systems or communication systems”. The National Health Fund (NHF) also allows for the settlement of an e-visit, treating it as fully equivalent to a traditional outpatient visit.

The consequence of introducing security principles related to the coronavirus pandemic was the limitation of entire sectors of the economy and the very difficult situation of their employees. The Ordinance of the Minister of Health of 16 March 2020 amending the ordinance on guaranteed services in the field of psychiatric care

and addiction treatment enabled remote work under the contract with the NHF [1]. The ordinance does not define a method for patient identification. It must be reliable and the method of identification should be described in the documentation.

Private tele-visits do not have as many restrictions as services under the NHF, the main difference is related to individual patient billing. If the payment for a visit in the form of a transfer is made before the visit, the bank data from the transfer may be one of the elements of reliable identifying the patient's identity. Worth noting, the transfer does not exempt from registering revenue at the cash register.

### **Recommendations of the Scientific Section of Telepsychiatry of the Polish Psychiatric Association**

1. A remote visit (also called an e-visit, tele-visit, online visit) is an equivalent visit in Poland in relation to the visit in the outpatient clinic/office and granted by NHF, but it cannot fully replace a direct medical or psychological examination and should only be used in situations where, for important reasons, a direct examination cannot take place. We recommend that remote visits are complementary and concern follow-up visits.
2. In crisis situations (e.g., during epidemiological threat, forced isolation of the patient, unavailability for other reasons), a remote visit is the recommended form of providing healthcare for doctors, psychotherapists and psychologists. In these circumstances, even the first visit can take place as a remote visit and it should be in the form of a video visit, at which both the patient and the doctor/therapist see each other, and the doctor/therapist can determine the identity of the person on the basis of a document with a photo.
3. The remote visit takes place via a phone call or video communicator providing encryption of the transmission. To reduce the risk of interference by third parties – one should ensure having the latest version of the program, update his/her operating system and anti-virus programs.
4. We recommend making remote visits via video communicators. This allows for an empathic relationship of the interlocutors and for observing the patient, his/her facial expressions, reactions, behavior, which, like when visiting an outpatient clinic/office, allows for a more complete assessment of the mental state.
5. Intimacy and honesty. Mental health problems are a very personal area of each person. Therefore, they should not be discussed with third parties (e.g., family members). Their participation may cause discomfort in navigating intimate content on many important aspects of the patient's state of health, which may cause the picture of the problem to be unclear – which in turn leads to an incorrect diagnosis, and thus an incorrect way of further therapeutic treatment. We encourage to use headphones with a microphone so that only the patient can hear the specialist's questions. It is possible to involve people from the patient's environment but after agreeing with a specialist and with the patient's consent.
6. A doctor, psychotherapist or psychologist may want to identify a patient, so the patient should have a photo ID. The specialist during the tele-visit prepares treat-

ment documentation, therefore he/she needs the patient's personal data: name, surname, address, PESEL – in the case of people with intellectual limitations and/or incapacitated persons – also the guardian's data. The document is verified during the tele-visit by presenting it to the smartphone camera; due to the applicable law, one cannot be required to send an ID scan by email.

7. Before the visit, the patient should prepare hospital treatment information cards, treatment room tests (e.g., CT, MRI), laboratory results, certificates, a list of all current and past medications, whatever the reason (not just psychiatric drugs), information about diseases, accidents, hospitalizations and generally all documents and information regarding the state of health. A doctor may ask to send scans of these medical documents (or legible pictures from a mobile phone) to the email address provided by him/her.  
We recommend that before starting the e-visit, one suspends the operation of other communication applications so that incoming calls and messages do not interfere with the connection. If the patient is within wi-fi range, we recommend switching to smartphone on airplane mode and then starting wi-fi; in such case, tele-visits will not be interrupted by telephone calls either.
8. During the visit, the doctor can issue a prescription in an electronic form which he/she can send to the patient in the form of SMS/MMS or to the patient's e-mail address. The doctor also has the option of issuing an electronic e-sick leave – if there is an indication. The doctor may also refer the patient for additional lab tests or to other specialists and recommend psychotherapy.
9. Some certificates and referrals are valid only if the traditional version is signed and stamped (i.e., OL-9, certificate of health condition for the purpose of declaring disability, certificate of feasibility for work). They can be sent to the patient by post or picked up in another way agreed with a specialist.
10. If a mentally ill person (i.e., currently undergoing psychiatric treatment or who have undergone psychiatric in the past) experiences a significant deterioration of health – worsening of symptoms of the current disease/disorder leading to a direct threat to his/her life and/or health or life of other people – the doctor may decide to transfer the person for hospital treatment even without his/her consent (information on this subject in Articles 22–24 of the Mental Health Protection Act).
11. The doctor or psychologist is not responsible for providing incomplete, false or incorrect information by the patient, especially in the case of providing third party data without their knowledge or consent. The patient is solely responsible for the consequences of providing incorrect, incomplete, untrue, misleading or otherwise incorrect data.

The recommendations are available on the website of the Polish Psychiatric Association [2]. Points 2 and 6 require the reference to the problem of establishing the patient's identity when it is a person whom the doctor does not know or does not remember. In Poland, there is no fully reliable method of remote patient identification. During the tele-visit, there is no possibility of verification of the identity document, which is available in direct contact with the mObywatel application.

There is also no equivalent of the BLIK system for remote identity identification (also by phone).

Performance of a service to an unauthorized person (other than data in the documentation) may result in, for example, drug phishing, falsification or unauthorized access to the documentation or other forms of abuse. It may also result in the criminal liability of a doctor if he/she is proved to lack due diligence in establishing the patient's identity. In case of any doubts, we recommend not issuing the e-prescription's code to a patient when issuing an e-prescription for psychotropic drugs (benzodiazepines, "Z-drugs"), but recommending downloading the four-digit e-prescription code after logging in to the Internet Account (IKP, [patient.gov.pl](http://patient.gov.pl) or mObywatel application). To do this, the patient must use a trusted profile (ePUAP).

If it is not possible to determine the patient's identity, and in the opinion of the doctor he/she requires help, the documentation shall be marked "NN", giving the reason and circumstances that make it impossible to establish the identity. In this case, it is only possible to give advice on the basis of crisis intervention. It is then necessary to exclude the life-threatening condition, and then determine the patient's problem and determine the possibility of getting help. Such a patient cannot receive a prescription, because currently every prescription in Poland must contain a PESEL number.

### References

1. <http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200000456> (retrieved: 3.04.2020).
2. <https://psychiatria.org.pl/aktualnosci,tekst,392,rekomendacje> (retrieved: 3.04.2020).

Address: Marek Krzystanek  
Department of Psychiatric Rehabilitation  
Chair of Psychiatry and Psychotherapy  
Medical University of Silesia in Katowice  
e-mail: [m.krzystanek@sum.edu.pl](mailto:m.krzystanek@sum.edu.pl)