The Malaysian Medical Association's Position Paper on Adopting Digital Health in Primary Care

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Abstract

Digital health has become a transformative force in primary care, improving access, efficiency, and patient outcomes, particularly in the post-COVID era. With advancements in technology and the increasing need for integrated healthcare, digital tools like telemedicine, electronic medical records (EMRs), and mobile health apps have become essential. This paper explores the current guidelines on digital health in Malaysia, while also examining the challenges faced in its adoption within primary care settings. By addressing these challenges, digital health can be more widely embraced by healthcare professionals, enabling them to provide patient-centered, efficient, and sustainable care.

Introduction

Digital health is a broad term that refers to the use of digital technologies to improve healthcare delivery. It includes various tools and solutions such as **telemedicine** (remote delivery of healthcare services), **teleconsultation or remote consultation** (virtual consultations between patients and healthcare providers), and **remote patient monitoring** (tracking health data through connected devices outside clinical settings). Other components include **Electronic Medical Records (EMRs)**, which digitize patient health information for better continuity of care, and **mobile health applications**, which offer tools for health education, chronic disease management, and preventive care through smartphones or wearable devices.

Let us review some relevant terms according to the Malaysian Medical Council (MMC) Guidelines on Telemedicine:

- **Telemedicine**: Refers to all medical services delivered via information and communication technology, as outlined in the *Code of Professional Conduct 2019* (Section 1.1).

- **Remote Consultation**: A consultation where the registered medical practitioner and patient are not physically together. It does not necessarily involve long distances.

- **In-Person Consultation**: A consultation where the registered medical practitioner and patient are physically present in the same place.

Historical Background

Malaysia's digital health journey began in the mid-1990s, aligning with the government's Vision 2020 to become a developed, technology-driven nation. The Telemedicine Act 1997 positioned Malaysia as one of Southeast Asia's early adopters of telemedicine by providing a legal framework for teleconsultations and remote healthcare, though the act is yet to be enforced. Initiatives like the Multimedia Super Corridor (MSC) aimed to build the necessary IT infrastructure, laying the groundwork for healthcare digitalization.

Globally, digital health has also been prioritized as a key enabler of universal health coverage, as outlined in the World Health Organization's *Digital Health Strategy 2020-2025* (World Health Organization [WHO], 2021).

Early adoption, however, faced challenges such as limited technological infrastructure, low internet penetration, and resistance to change within the healthcare system. Over time, advancements like **Electronic Medical Records (EMRs)** and government-led digital health platforms gained momentum.

The **COVID-19 pandemic** served as an eye opener, prompting the Ministry of Health (MOH) and Malaysian Medical Council (MMC) to introduce interim telemedicine guidelines. These were later rescinded and replaced with the **Guideline on Telemedicine**, endorsed by the MMC in January 2024. The new guideline provides clear direction for registered medical practitioners, ensuring telemedicine practices comply with the provisions of the **Medical Act 1971 (Amended 2012)**.

Problem Statement

Despite the growing adoption of telemedicine in primary care, practitioners face challenges integrating it into their practice. A study revealed that only 22% of doctors reported using telemedicine for consultations during the COVID-19 pandemic. Despite a reduction of over 50% in outpatient visits, telemedicine usage did not significantly increase compared to pre-pandemic levels. Barriers cited included medico-legal concerns (80.6%), billing issues (66.7%), and technical difficulties (62.5%). Let us look into the key issues:

Concerns About Regulatory Standards in Medical Care

Telemedicine poses challenges in maintaining the same standard of care as in in-person consultations. Without physical examination, healthcare providers must rely on patient self-reporting and visual cues, which can limit diagnostic accuracy. This raises concerns about whether telemedicine can provide the same quality of care, especially for complex conditions that require direct physical interaction.

Legal Uncertainty

The legal framework for telemedicine in Malaysia remains unclear, particularly since the **Telemedicine Act 1997** has not been enforced. Doctors practicing telemedicine face uncertainty regarding their legal liabilities in case of malpractice. The lack of specific telemedicine laws creates ambiguity in areas such as cross-border consultations, licensing, and patient consent, which increases the potential for legal risks.

Concerns About Data Privacy and Liability

Telemedicine's digital nature raises concerns about patient data privacy. Health information transmitted over the internet is vulnerable to breaches, hacking, or unauthorized access, putting healthcare providers at risk.

Uncertainty About Approved Teleconsultation Platforms

There is no standardized list of approved teleconsultation platforms in Malaysia, leading to uncertainty about which digital tools are legally acceptable. Like medical devices, telemedicine platforms should meet specific regulatory standards for safety, performance, and data protection. Without clear guidelines, healthcare providers may hesitate to adopt certain platforms, fearing legal or compliance risks.

Position

The adoption of digital health presents several challenges; however, this should not deter us. Instead, we must be aware of these challenges to ensure we continue providing the best care to our patients while embracing technological advancements. The following suggestions are based on the **Malaysian Medical Council's Guideline on Telemedicine (2024)**.

Concerns About Regulatory and Expected Standard of Medical Care

Registered Medical Practitioners (RMPs) must ensure that they provide the same quality and standard of care to the patient as they would in an in-person situation. The use of technology does not alter the ethical, professional and legal requirements in the provision of care to their patients by Registered Medical Practitioners.

In general, virtual consultations should only be used when a doctor-patient relationship has been established by means of a prior physical consultation, as part of follow-up care.

The patient should be informed on the appropriateness, limitations, and privacy issues related to telemedicine and consent to be obtained.

The guideline also stresses that RMPs must consider whether the telemedicine medium utilised allows them to adequately assess the patient's presenting problems; and if it does not, arrange for a timely in-person assessment.

Legal Uncertainty

The MMC's Guideline on Telemedicine (2024) states that all telemedicine practitioners, including those providing consultations to patients outside Malaysia, must "comply with the ethical, legal and statutory requirements of a Registered Medical Practitioner in Malaysia."

This includes ensuring that "appropriate professional indemnity coverage is in place." The guideline also emphasizes that RMPs must follow "all relevant mandated requirements" and adhere to the Medical Act 1971 (Amended 2012).

In other words, registered practitioners are allowed to tele consult provided they adhere to the guideline of MMC.

Concerns About Data Privacy and Liability

The guideline clearly mentions that RMPs must adhere to all relevant mandated requirements concerning privacy and security. Both the physician-site and the patient-site utilize appropriate technology that complies with legal requirements regarding privacy and security. The guideline also requires that contemporaneous medical records are kept secure, which relates to protecting patient data and mitigating potential liabilities.

The use social media platform as a form of teleconsultation is not recommended as we must be mindful of privacy and potential violation of PDPA.

Uncertainty About Approved Teleconsultation Platforms

The guideline does not provide a specific list of approved platforms. However, it states that registered medical practitioners (RMPs) must ensure that both the physician-site and the patient-site utilize technology that complies with legal requirements for privacy and security. Additionally, platforms should meet relevant accreditation standards where applicable.

In the event of a data security breach, it should be treated as data theft, and the practitioner must take necessary steps, such as filing a police report.

Conclusion

The MMC's Guideline on Telemedicine (2024) emphasizes the importance of understanding the limitations and ethical considerations when providing telemedicine services. Registered Medical Practitioners (RMPs) must exercise caution when offering prescriptions or treatment recommendations to patients they have not personally examined, ensuring that they are aware of the potential risks. Additionally, patients with cognitive disorders, those under the influence of drugs or alcohol, or those with language barriers should be advised to seek in-person consultations.

Virtual consultations should generally only be used as part of follow-up care after a prior physical consultation and with informed consent. However, the MMC acknowledges that there may be

instances where a virtual consultation may be permissible as a first consultation. In such cases, RMPs must strictly adhere to all ethical and legal guidelines, documenting the reasons for the virtual consultation and justifying their actions if needed.

Overall, while telemedicine offers valuable opportunities for healthcare delivery, it is crucial that practitioners follow the guidelines to ensure safe, ethical, and effective care for their patients.

Nevertheless, these recommendations need to be looked into again as the guideline is scheduled for review two years after endorsement.

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