

POLICY POINTS

Telemedicine and Consumer Rights



Background

The COVID-19 pandemic has had a disruptive impact on health systems around the world. While primary healthcare services are critical to those vulnerable to or suffering from COVID-19, it is important not to lose sight of the basic needs of wider society for their physical and mental wellbeing.

Telemedicine holds significant potential for extending the accessibility and affordability of healthcare by making essential information and services easily available to consumers: Obtaining counselling and prescriptions takes only a few minutes and clicks, without the need for long queues or leaving the house.

In many ASEAN countries, the urban middle class looks to be particularly open to tapping into novel ways for the remote delivery of both doctors' advice and medicines. This trend is underpinned by prolonged movement restrictions, along with at times severe shortages of medical personnel in hospitals and clinics.

But how does telemedicine work, and where are its limits? How can providers and regulators ensure that interactions and transactions via telemedicine platforms and apps take into account consumer interests and rights? And finally, what do consumers need to know in order to engage with telemedicine in a safe and sensible manner?

This volume of Policy Point is an update from the version published in August 2020 and incorporates a number of recent developments related to telemedicine in the ASEAN region.

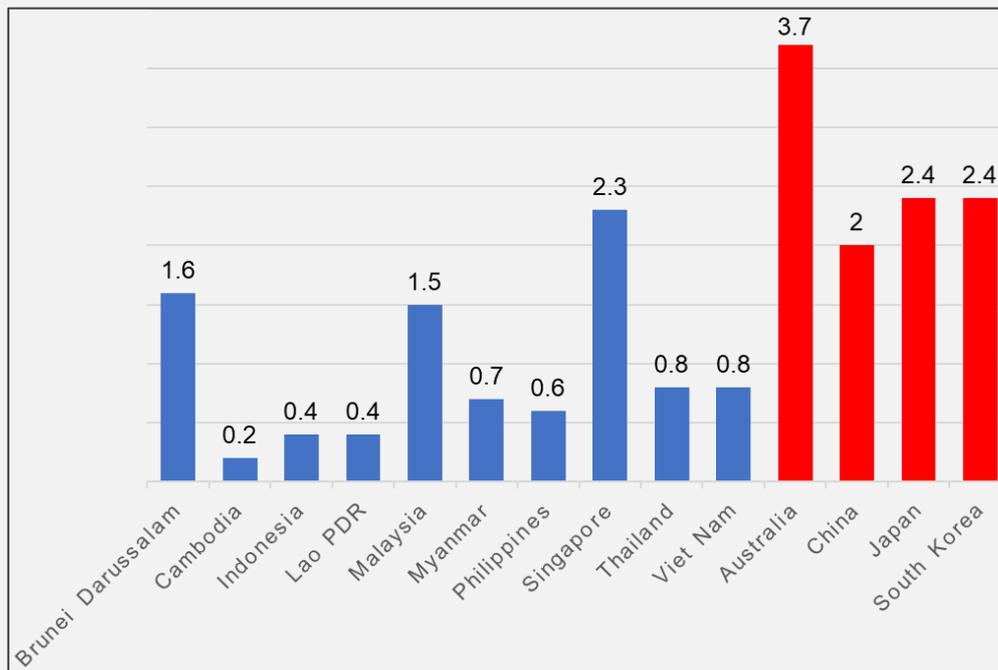
KEY INSIGHTS

- Start-up companies are transforming the way consumers access health-related resources. In 2020, the market potential for telemedicine was valued at 194.5 million USD, with expected expansion at a compound annual growth rate of 17.6% from 2021 to 2028.¹
- The proliferation of telemedicine as a "gamechanger" in the health sector comes in the wake of demands for greater convenience during the pandemic, prompting also the more active promotion by governments to increase coverage and maintain the continuity of care for all.
- While telemedicine facilitates the communication between patients, physicians, pharmacies and insurance providers, potential risks to consumer safety and privacy need to be proactively addressed.
- The emerging digital health ecosystem in ASEAN remains largely unregulated. Provider associations and consumer advocates therefore call for standards and guidelines for the industry to better protect consumers and fill regulatory gaps.

TELEMEDICINE IS A "FORCE FOR GOOD"

In many ASEAN countries, COVID-19 has exposed the limitations of existing health systems. Even without the added pressure of the pandemic, considerable constraints relate to qualified medical personnel and physical infrastructure hamper the effective delivery of healthcare services to all citizens. On average, the number of physicians in Southeast Asia amounts to 0.6 per 1,000 people, which is significantly lower than in developed economies, such as the UK (2.8), Germany (3.7), and the U.S. (2.4).

Number of Doctors in Selected Countries in the Asia Pacific per 1,000 Population



Source: World Bank

<https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>

In light of these challenges, it is inevitable to reorganize primary and community healthcare, as the frontline of health systems. This includes rearranging the core tasks of healthcare professionals and reallocating resources according to the severity of cases. The introduction of consumer-facing digital tools and innovative technologies, notably telemedicine, is one way to bridge prevalent gaps in healthcare coverage and access.

"Telemedicine" leverages on electronic and telecommunications technology to deliver care at-a-distance. It is worth noting that it is not intended to replace professional medical advice, diagnosis or treatment. However, it is useful for "triage", i.e. screening symptoms for an initial, basic diagnosis.

This reduces the burden on health systems, particularly as straightforward cases may be addressed using chatbots and/or through direct chats with doctors, often even without face-to-face or "live" interaction.

Where more counselling is warranted, telemedicine provides greater inclusivity and affordability by cutting costs for consumers as well: For example, a 15-min teleconsultation in Singapore costs between USD 8.96 to USD 17.92, as compared to USD 9.46 to USD 19.35 for in-person medical consultation. In Indonesia, a 30-min teleconsultation may cost between USD 1.5 to USD 5.²

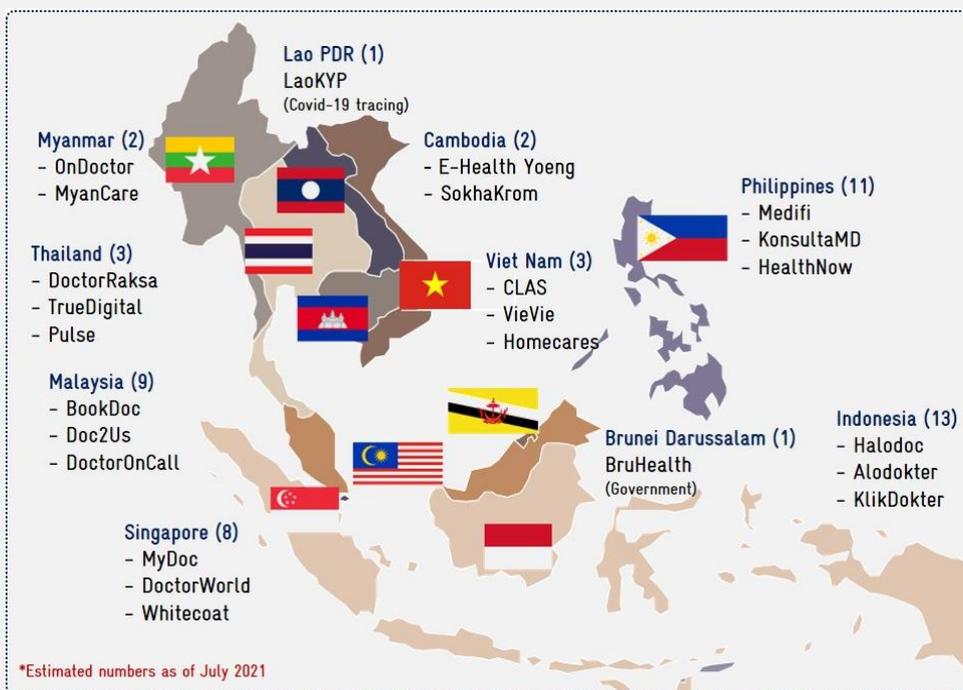
Moreover, some apps provide free consultations or free trials for new customers. For added convenience, consultations with doctors as well as prescriptions can be easily documented online. Consumers can also be directed to further information and offers, or tracking tools, for example to monitor the intake of medicines. This enhances their autonomy to take health matters into their own hands, responding to their increased self-awareness about their own wellbeing – along with their openness towards digital information and service delivery more broadly.

TELEMEDICINE IS "GOOD BUSINESS"

Telemedicine is a growing market in ASEAN. Private as well as publicly funded providers have sprung up across the region, with varying degrees of sophistication and catering to different purposes. In most ASEAN countries, at least one telemedicine app is available, often integrated with COVID-19 tracking apps and/or online delivery platforms. There is also a growing number of apps to promote mental wellbeing in [ASEAN](#).

All this enables consumers to access various services, ranging from setting self-reminders, self-diagnosis, arranging appointments with clinics/hospitals, as well as the purchase of medication. Depending on their personal preferences and needs, consumers are able to opt for either consultations powered by artificial intelligence (AI) or direct chats with health professionals. For the latter, they can choose the doctor – and price range – based on their profile and years of experience.

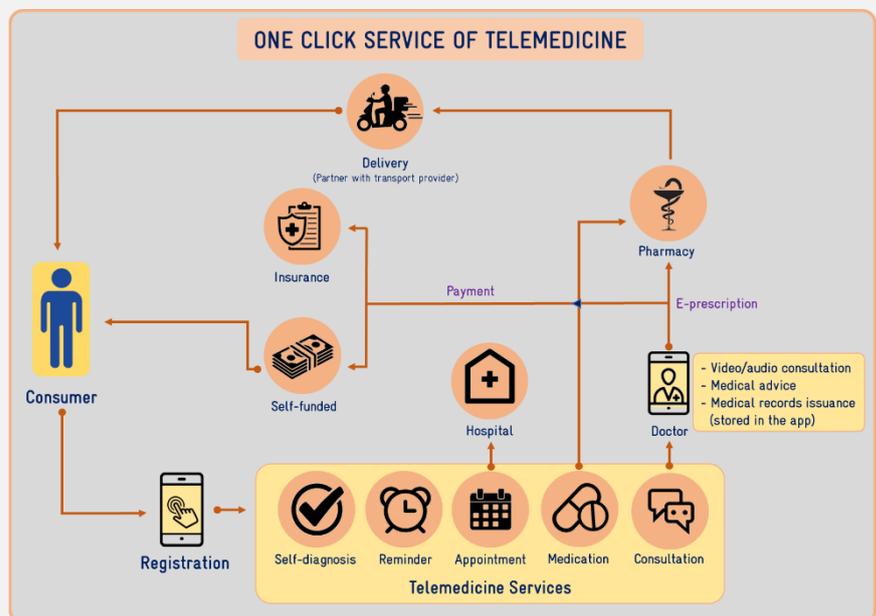
Distribution and Market Potential³ of Telemedicine Apps in ASEAN



- Telehealth market size in Southeast Asia is valued at USD 293.9 million (2021)
 - Growth Rate is forecasted at 17,6% from 2021 to 2028
 - Revenue forecast in 2028 is valued at USD 916.2 million
- Number in bracket indicates the estimated number of telemedicine providers*
• Country scope of the forecast: Indonesia, Thailand, Malaysia

TELEMEDICINE IS JUST A CLICK AWAY

Telemedicine is vastly expanding, connecting consumers not only with doctors, but also to pharmacies, payment platforms or banks, insurance providers, and courier services. Involving and integrating various actors, it creates a "one-click service" and ecosystem where at each stage of the process, potential problems for consumers must be anticipated and addressed.



CONSUMER RISKS IN TELEMEDICINE

When engaging with telemedicine, consumers are exposed to a number of risks, including misinformation or misdiagnosis, payment or delivery failures, as well as data breaches or leaks. Aside from that, consumers may encounter practical challenges due to a reliance on paper-based prescriptions and patient records. Limited connectivity and the lack of integration with insurance systems further stand in the way of consumers obtaining health advice and care entirely online and on-the-go. In ASEAN, most telemedicine providers are private businesses and thus not yet linked to national insurance schemes. This makes it more difficult for low-income and otherwise vulnerable consumers to benefit from telemedicine.

Some form of regulation and oversight of the emerging telemedicine industry is therefore inevitable. However, in most ASEAN countries, laws thus far only govern “traditional” or “offline” healthcare providers and services. The development of specific legislations related to telemedicine has to accommodate concerns for health or safety, as well as general ethics and confidentiality issues that are generally applicable for the medical profession.

In addition, there is a need to address online consumer privacy and data protection, particularly related to online payment services and electronic health records. Finally, the limits of a mere online interaction necessitate a consumer-friendly interface where users can easily find the complete information about medical issues, terms and conditions, and expenses. [Research](#) has found that some telemedicine apps are not yet built in a manner that they can be navigated with basic IT skills. For example, medication is hard to find or inadequately categorized, or there may be insufficient control over what medication is sold to whom over the platform.

Domains Contained in the Telemedicine Guidelines of Selected ASEAN Member States

Domains	Singapore	Malaysia	Indonesia	Thailand	Viet Nam
Clinical Aspects of Telemedicine					
<i>Definitions of Telemedicine</i>	Yes	Yes	Yes	Yes	Yes
<i>Clinical Governance</i>	Yes	Yes	Yes	Yes	Yes
<i>Restrictions</i>	Yes	Yes	Yes	No	No
<i>International Service</i>	Yes	Yes	Yes	No	Yes
Ethical and Legal Aspects of Telemedicine					
<i>Medical Ethics</i>	Yes	Yes	Yes	Yes	Yes
<i>Legislation</i>	Yes	Yes	No	No	No
<i>Consent from Users</i>	Yes	Yes	Yes	No	No
<i>Privacy and Confidentiality</i>	Yes	Yes	Yes	Yes	Yes
<i>Identification/authentication (providers, patients)</i>	Yes	Yes	Yes	No	No
Operational and Technical Aspects of Telemedicine					
<i>Data security and Stewardship</i>	Yes	Yes	Yes	Yes	Yes
<i>Record keeping and data storage</i>	Yes	Yes	Yes	Yes	Yes
<i>Licensing of health-care practitioners</i>	Yes	Yes	Yes	No	Yes
<i>Licensing of health-care facilities</i>	Yes	Yes	Yes	No	Yes
<i>Licensing of telehealth products (mHealth, Apps)</i>	Yes	Yes	Yes	Yes	No
<i>Licensing of traditional and complementary medicine</i>	No	No	Yes	No	No
<i>ICT infrastructure</i>	Yes	Yes	Yes	Yes	Yes
<i>Internet speed requirement</i>	No	No	Yes	No	Yes
<i>Human resource</i>	Yes	Yes	Yes	Yes	Yes
<i>Cost of ICT infrastructure, training, human resource</i>	Yes	Yes	Yes	Yes	Yes
<i>Reimbursement/service fee</i>	Yes	No	Yes	No	Yes
<i>Feedback from users</i>	Yes	No	No	No	No
<i>Choices offered to users</i>	Yes	No	No	No	No

Source: Intan Sabrina M and Defi IR (2021) Telemedicine Guidelines in South East Asia - A Scoping Review. *Front. Neurol.* 11:581649. doi: 10.3389/fneur.2020.581649

COUNTERING CHALLENGES IN TELEMEDICINE

The benefits presented by telemedicine have led several ASEAN governments in recent months to forge closer relations with telemedicine providers in order to overcome both practical and policy challenges.

- In Singapore, a regulatory sandbox for telemedicine services was initiated by the Ministry of Health between 2018 and early 2021, under its Licensing Experimentation and Adaptation Program (LEAP). The program enabled telemedicine providers to develop new innovative models within a safe environment for patients, whilst allowing the government to assess regulatory responses and options for risk mitigation from an early stage. Results are set to be incorporated in the upcoming revised Healthcare Services Act.
- Faced with surging COVID-19 cases earlier in 2021, the Ministry of Health of Indonesia formally endorsed the use of telemedicine apps. Due to overcrowded hospitals, the government also encouraged patients with fewer symptoms to self-isolate at home; in the Greater Jakarta Metropolitan Area, these self-isolating patients were offered free consultations via telemedicine apps. Some hospitals, too, are now connected to telemedicine providers. Such new public-private partnerships are promising.

Moving forward, there is still untapped potential for government entities to cooperate with telemedicine providers:

- The relative absence of an adequate regulatory framework in most ASEAN countries is forcing some telemedicine providers and industry associations to devise their own guidance and standards. In Indonesia, for example, a comprehensive data protection law has yet to be enacted. Some telemedicine providers therefore pursue self-regulation by adhering to existing international standards, specifically referencing the Health Insurance Portability and Accountability Act (HIPAA) of the United States.

There is further scope for such industry-based approaches to help drive long-pending reforms within and across sectors.
- A considerable amount of data is collected through telemedicine apps that can provide insights to better understand key trends in population health. If processed and shared responsibly, with the consent of consumers, such data can help substantiate policies, research and advocacy.

Effective mechanisms for the coordination and cooperation between all public and private parties need to be put in place, and strict standards for the protection of consumer data must be enforced. The latter is particularly pressing in light of far-reaching data breaches or leaks that happen with some regularity to both public and private platforms and apps in the ASEAN region.

THE FUTURE OF TELEMEDICINE IN ASEAN

The ASEAN Comprehensive Recovery Framework (ACRF) foresees enhancing the use of digitalization in healthcare, including telemedicine. Details have yet to be spelled out and need to account for the specific context in each of the Member States. The following recommendations may be considered for an effective, inclusive and accountable digital health system, including telemedicine, that relies on public trust and safeguards consumer rights.

Digital connectivity and literacy: Telemedicine should be considered an alternative or added option for consumers, without precluding offline services. Both internet and insurance coverage are crucial prerequisites for making sure that telemedicine benefits all kinds of consumers, including less privileged ones or those located away from urban centers. At the same time, educational efforts need to be stepped up in order to reach and engage those with lower levels of literacy.

Accessibility and transparency: Consumers should be able to use telemedicine with confidence. A clear and intuitive user-centric interface aids consumers in making sensible choices, among others by disclosing options, fees and insurance coverage, as well as limitations of online consultations. While virtual interactions can hardly substitute personal relationships between doctors and patients, personalization could help lower “cultural barriers” or inhibitions to make use of new technologies. To the extent possible, the needs of vulnerable consumers, including persons with disabilities, should be accommodated.

Data protection and privacy: It is critical that explicit consent from users is obtained for the collection of personal data by telemedicine providers and any third parties linked to the platform or app. Furthermore, it is important to ensure that confidential and sensitive personal as well as payment data are adequately secured, among others through encryption. This should also prevent unwanted marketing.

Liability and redress: Providers and regulators need to ensure legal certainty and recourse options for consumers harmed by certain abusive practices linked to telemedicine, such as misdiagnosis, fraudulent insurance claims, or exposure of their data. The telemedicine landscape is becoming more and more complex, thus potential consumer risks need to be anticipated and mitigated through cross-sectoral and multistakeholder cooperation. While public-private partnerships can drive further investments and innovation, regulations are warranted to hold actors in the “ecosystem” accountable.

References:

1. [South East Asia Telehealth Market Size Report, 2021-2028 \(grandviewresearch.com\)](https://www.grandviewresearch.com/industry-analysis/South-East-Asia-Telehealth-Market-Size-Report-2021-2028)
2. Intan Sabrina M and Defi IR (2021) Telemedicine Guidelines in South East Asia—A Scoping Review
3. [South East Asia Telehealth Market Size Report, 2021-2028 \(grandviewresearch.com\)](https://www.grandviewresearch.com/industry-analysis/South-East-Asia-Telehealth-Market-Size-Report-2021-2028)

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PROTECT aims to strengthen consumer protection systems in selected ASEAN Member States with a view towards making markets work for businesses and consumers. This forms the basis for a dynamic as well as people-oriented ASEAN Economic Community (AEC) 2025.

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