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Statistical Compilation

A Hearing Survey on the Prevalence of Telemedicine: Understanding the Current Situation and Analyzing Issues

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Abstract

With the spread of new coronavirus infections that began in 2020, telemedicine has attracted attention as a preventive measure against infection, and its use has been promoted by deregulation in many countries around the world.

In Japan, various deregulations have led to the increased use of telemedicine in the psychiatric field, where its use has been limited in the past.

The Japanese Society of Psychiatry and Neurology Telepsychiatry Study Group conducted a hearing survey to understand the current status of telepsychiatry and analyze its challenges.

17 medical institutions cooperated in the survey. Of the medical institutions that responded to the survey.

Of the institutions that responded, 6 (35.3%) had newly introduced telemedicine since 2020, and 15 (88.2%) were practicing under the deregulation. Therefore, it is suggested that the use of telepsychiatry is expanding due to the recent deregulation.

As for the difficulties in introducing telepsychiatry, seven institutions (41.2%) cited the low price of reimbursement and the narrow scope of coverage.

When asked about the challenges in promoting telepsychiatry, 9 medical institutions (52.9%) responded that the price of reimbursement should be brought closer to that of face-to-face treatment. These results suggest that many medical institutions believe that the low price of medical fees is an obstacle to the spread of telepsychiatry.

When asked about their requests to the Ministry of Health, Labour and Welfare (MHLW), most of the respondents, 12 (70.6%), asked for improvements in the price of medical fees and facility standards.

It is desirable that telemedicine should be disseminated in accordance with the needs of patients, and that regulations that are an obstacle to its dissemination and lack rationality should be reviewed.

On the other hand, the easy overuse of telemedicine may be problematic from the perspective of the quality of medical care, and discussions on the appropriate form of regulation should be continued.

Keywords：telemedicine, telepsychiatry, medical fee, COVID-19

Introduction

Telemedicine (online medical care)

using video calls can be employed effectively in Japan, which faces many problems such as an aging population, social withdrawal, and an uneven distribution of doctors, but it also has risks such as the possibility of being used for inappropriate medical examinations. Online medical care in Japan was expanded following a 2015 Ministry of Health, Labour, and Welfare (MHLW) notice, and insurance coverage began with the revision of reimbursement in fiscal year 2018 (Heisei 30). However, until the end of 2019, the scope of national health insurance coverage was narrow, and it was not widely used in Japanese medical care. In 2020, due to the expansion of new coronavirus infections and resulting temporary and exceptional deregulations, more medical practitioners than ever before experienced telemedicine. However, in the field of psychiatry, restrictions on prescribing and reimbursement are particularly marked, and these restrictions may be an obstacle to the spread of telemedicine. There are also concerns about the quality of medical care that may be reduced by overuse and long-term telephone-only consultations without the use of videoconferencing.

In order for online medical care to spread appropriately in the future, it will be necessary to understand and analyze the merits and demerits of online medical care, as well as points that need to be improved in the legal system and reimbursement for medical care. Therefore, the Japanese Society of Neurology and psychiatry (JSPN) Telepsychiatry Study Group for (hereafter referred to as "the group") conducted an interview survey of medical institutions practicing online psychiatric care in clinical settings in order to understand the current status of online psychiatric care and analyze issues.

I. Subjects and Methods

This survey was conducted mainly at medical institutions that had been regularly engaged in online medical care such as videoconferencing and cognitive-behavioral therapy (hereinafter referred to as "online medical care") in order to understand the current status of online medical care, including the impact of past revisions to medical fees and deregulation following the recent spread of new coronavirus infections. Questionnaires were reviewed at a meeting within the work group, and the survey was conducted based on a standardized questionnaire. In order to extract issues, many of the questions were asked in an open-ended format that allowed multiple responses, and responses that were judged to have the same purpose were grouped and

organized at the tallying stage.

The survey was conducted online through a videoconferencing service outside of business hours. If it was difficult to conduct the survey due to work conflicts or other reasons, the survey could be conducted in the form of a survey form sent by e-mail and responses to questions from us. Kinoshita, Naruse, Yoshimura, and Kishimoto, among the authors of this paper, conducted the survey and tabulated the responses from each institution.

Medical institutions surveyed included clinics, psychiatric hospitals, and university hospitals that had publicly announced the availability of online medical care at the time the survey was initiated. In order to facilitate the selection of potential survey targets, we selected clinics and psychiatric hospitals that provide online medical care via using CLINICS (Medley), curon (MICIN), or YaDoc (Integrity Healthcare), all of which are considered to have the top share of online medical care systems in various surveys.1,5) The survey was then conducted involving facilities that agreed to cooperate.

The 22 facilities identified as potential survey targets were sequentially requested to participate in the survey starting in July 2020, and facilities responding that they could conduct the survey by October 2020 were selected as the final survey targets.

The main survey items are listed in the table.

The survey was conducted with the approval of the Ethics Committee of the Japanese Neuropsychiatric Society, and no personal information of patients was included in the interviews or responses to the survey questionnaire.

II. Results

1. Attributes of the facilities that responded to the survey

Seventeen of the 22 facilities (response rate: 77.3%) responded to the survey. Of these, 2 were university hospitals, 2 were private psychiatric hospitals, and 13 were clinics. Regarding the total number of patients treated per month, 5 clinics had less than 500 patients, 6 had 500 to 1,000 patients, and 2 had more than 1,000 patients.

2. Online medical care, etc.

(1) Status of implementation

The 2 university hospitals mainly provided cognitive-behavioral therapy. The total number of patients treated per month at the other 15 facilities using online medical care was less than 5 at 5 facilities (33.3%), 5 to 15 at 4 facilities (26.7%), 15 to 30 at 4 facilities (26.7%), and more than 30 patients at 2 facilities (13.3%). Regarding the timing of the start of online medical care, 1 facility

(6.7%) started in 2016, 6 facilities (40.0%) in 2017, 1 facility (6.7%) in 2018, 1 facility (6.7%) in 2019, 2 facilities (13.3%) in January to March 2020, and 4 facilities in April 2020 or later (26.7%) (Figure 1).

(2) Good practices and advantages

In response to question "4. Have there been any cases in which the use of online medical care has been effective?" (multiple responses allowed), 8 of 17 facilities (47.1%) responded: "easier access to medical care for those who need time to visit the hospital"; 8 facilities (47.1%) responded: "it has allowed patients to continue medical care when they return to parents' homes, are on a business trip, or during DV evacuation"; 7 facilities (41.2%) responded: "effective for patients with illnesses or symptoms that make it difficult to go to the hospital or out of the hospital"; "Effective as an infection control measure" at 5 facilities (29.4%); "Easier access for workers and students" at 4 facilities (23.5%); "Continued medical treatment when it is difficult to go to the hospital due to disaster" at 4 facilities (23.5%); "Stress relief during waiting time" at 2 facilities (11.8%); and "Reduced burden on family members of patients who need to be escorted to the hospital" by 1 facility (5.9%) (Figure 2).

When asked about the advantages of online medical care in general, 12 facilities (70.6%) responded: "Reduction of the burden on patients in terms of time and transportation costs"; 6 facilities (35.3%) responded: "Reduction of psychological resistance to hospital visits due to the coronavirus pandemic"; "Follow-up of patients with diseases and symptoms that make it difficult to visit the hospital." was selected by 6 facilities (35.3%); "Follow-up of patients who temporarily went to distant places" by 2 facilities (11.8%); "Ability to see patients relaxed at home" by 2 facilities (11.8%); "Reduction of workload such as travel time to provide home medical care" by 2 facilities (11.8%). Other responses were: "Effective as a preventive measure against infection in the event of an epidemic of infectious diseases," "Can collaborate with home-visit medical care and home nursing care," "More information than by telephone," and "Greater patient satisfaction than by telephone because both parties can see each other" (5.9% each) (Fig. 3).

When asked "18. What kinds of patients, diagnoses, and treatments would benefit from online psychiatric care?", 6 facilities (35.3%) selected: "Anxiety (social anxiety, panic disorder, and obsessive-compulsive disorder, PTSD)", and 5 facilities (29.3%) selected: "People who have difficulty seeing a doctor during the day, such as employed workers and students". "Depression" accounted for 3 (17.6%),

and "Eating disorder" for 3 (17.6%). In addition, a wide variety of responses were received from each facility, including: "patients who should be examined in a relaxed environment at home" and "elderly patients for whom a hospital visit is burdensome".

(3) Disadvantages and difficulties

When asked about the disadvantages of online medical care in general, five facilities (29.4%) responded: "some information (e.g., smells) cannot be obtained compared with face-to-face treatment"; four facilities (23.5%) responded: "patients without devices (e.g., the elderly) cannot use online medical care"; and four facilities (23.5%) responded: "it depends on the telecommunication environment. There is a possibility of inappropriate prescribing by drug seekers" (3 facilities (17.6%)); "Limited online payment methods and some patients cannot use them" (2 facilities (11.8%)), and "No eye contact", "Reduced opportunities for autistic patients to go outside", "Patient co-payments may increase due to system usage fees", "Reduced opportunities for patients with autism", "There is a time lag before prescriptions arrive", and "No disadvantages for patients" were selected by 1 facility (5.9%) each (Figure 4).

When asked about "6. What difficulties/obstacles did you encounter when introducing the system" (multiple answers allowed), 7 facilities (41.2%) selected: "Low reimbursement price and narrow coverage"; 2 facilities (11.8%) selected: "Takes time to get used to". In addition, one facility (5.9%) each selected: "Patients cannot predict the start time because they do not know the number of patients on the waiting list," "Procedures specific to psychiatry, such as medical care for services and support for the self-reliant, are a problem for online implementation," "Administrative work such as faxing prescriptions is difficult," and "Sometimes it takes longer than face-to-face, including time spent before and after" (Fig. 5).

In response to question "19. In psychiatric practice, what kind of patients, diagnoses, and treatments do you think would have more disadvantages with online treatment?", they selected: "Patients with a tendency to depend on sleeping pills, anti-anxiety drugs, etc." (23.5%) at 5 facilities; “Patients who have difficulty in building relationships with others, such as refusing detailed medical examinations" (23.5%) at 4 facilities; "Unstable schizophrenia" (17.6%) at 3 facilities; "Personality disorder" (17.6%) at 3 facilities; "Patients for whom going out has a positive effect on their treatment" (17.6%) at 3 facilities; "No particular disadvantages" at 2 facilities (11.8%); and "Patients cannot afford to

have a device" at 4 facilities (23.5%). Those who cannot afford to have a device," "Patients with eating disorders or other diseases that require a full-body examination," "Patients who need regular blood sampling," "Patients who need group psychotherapy/day care," "Developmental disorders without pathology," and "Patients suspected of having multiple consultations" were selected by one facility each (5.9%) (Figure 6).

(4) Reimbursement for medical care

In response to question "8. Do you provide online medical care at one's own expense or with insurance, or do you use both depending on the patient?", 7 facilities (41.2%) responded: "Only with insurance"; 7 (41.2%) responded: "Separately with insurance"; and 3 (17.6%) responded: "Only at one's own expense (counseling, etc.)".

To the question "If the patient is treated by insurance, has the online medical fee, etc. been notified (does it meet the facility standards?)", the proportion of respondents who answered "No" was 9 (52.9%), and 8 (47.1%) answered "Yes".

To the question "If you use insured medical care [from April 2018 to March 2020], which items are calculated?", 13 facilities (76.5%) answered: "Re-examination fees for telephone calls (transitional measures, etc.)" and 1 facility (5.9%) answered: "Online medical care fees, etc."

When asked whether there had been any changes in ease of use, number of patients, etc., since the inclusion of online medical fees, etc., in insurance treatment in the FY2018 revision of medical fees, 14 facilities (82.4%) responded: "No change" and 3 facilities (17.6%) responded "More restrictions were imposed, making it more difficult to use the system. The number of respondents who answered "No change" was 14 facilities (82.4%), and 3 facilities (17.6%) answered "More restrictive and difficult to use.

All facilities answered "Yes" to question, "13. Did you know that limited and special treatment using telephones and information and communication devices was permitted during the spread of the new coronavirus infection? When asked "14. Are you actually performing medical treatment in accordance with the above-mentioned limited/exceptional treatment?", 15 facilities (88.2%) answered "Yes" and 2 facilities (11.8%) answered "No".

(5) Other regulations

To question "21. Do you have online medical staff training?" 11 facilities (64.7%) responded "Yes" and 6 facilities (35.3%) responded "No." When asked "23. Do you know that the above training has become mandatory for online medical care from 2020," 15 facilities (88.2%) responded "Yes" and 2

facilities (11.8%) responded "No."

When asked "23. Did you know that 'online medication counseling' by pharmacists was covered by insurance in the revision of medical service fees in 2020," 14 facilities (82.4%) answered "Yes" and 3 facilities (17.6%) answered "No." In relation to the question, when asked "What do you think about it?", 2 facilities (11.8%) responded: "It would be a benefit to patients who have difficulty going out if they could receive their medicines at home; "2 facilities (11.8%) responded: "It would be a relief for patients if they could make inquiries about their medicines online." In addition, "Can be combined with home nursing" and "There is a concern that the system will be drug-intensive" were selected by one facility each.

(6) Future prospects and requests for improvement

When asked "7. Do you want to increase online medical care in the future," 10 facilities (58.8%) responded: "Yes, I want to increase" and 7 facilities (41.2%) responded "Cannot increase unless reimbursement is improved."

In response to the question "Do you have any opinions on the future of online psychiatric treatment in response to the spread of the novel coronavirus infection," 10 facilities (58.8%) responded: "online treatment should be promoted more in accordance with needs"; 3 facilities (17.6%) responded: "reimbursement should be reviewed"; and 2 facilities (11.8%) responded: "non-pharmacological treatments need to be re-evaluated and brought online." Other responses included: "Establish criteria for patients who should be treated face-to-face," "Promote evidence-building for online medical care," "Expand the scope of online medical care to include comedics, such as counseling by psychologists," and the respondents also stated that "the quality of medical care deteriorates when patients are examined only by telephone, so the use of video calls should be more widely spread." When asked "20. What issues do you think need to be addressed in promoting online psychiatric treatment?", 9 facilities (52.9%) responded: "The level of reimbursement should be made closer to that of face-to-face treatment, such as the portion equivalent to outpatient psychotherapy", and "Need to review the restrictions on prescription drugs for the first visit, online medical fees, etc., and the diseases covered by these fees." was selected by 3 facilities (17.6%); "Need to address the issues of devices and literacy among elderly patients" by 2 facilities (11.8%); "Need for a change in awareness on the part of medical professionals to provide high-quality medical care" by 2 facilities (11.8%); and others stated that "It will be easier to increase the dose of

medication at the request of patients". In addition, there were other responses from various facilities, such as: "Would it be easier to increase the dosage of medication based on requests from patients?" and "Would it be better to spread mainly psychotherapy rather than pharmacotherapy? To question "17. Other than evaluation by reimbursement, what methods do you think are necessary to promote online medical care?", the responses from each facility were wide-ranging, including: "There should be a way to prevent and check for multiple visits and duplicate prescriptions", "Guidelines should be developed for each disease", and "It is necessary to educate both patients and physicians."

When asked "Do you have any requests for the MHLW regarding online medical care in general?", 12 facilities (70.6%) responded: "Improvement of medical fee points and facility standards", and 3 facilities (17.6%) responded: "Improvement of restrictions such as prescription limits because they are too strict." In addition, there was a wide range of responses from each facility, such as: "I would like clarification on how long the temporary and exceptional measures associated with the new coronavirus infection will last", "I would like to see online availability of medical guidance for special nursing homes", or "We would like to see online participation in discharge support meetings at neighboring hospitals and the creation of a system to evaluate such participation."

III. Considerations

1. On-site utilization and the impact of deregulation following the spread of the novel coronavirus infection

The medical institutions surveyed in this study responded to various examples of good practices and advantages of online medical care. When asked "7. Do you want to increase online medical care in the future?" 10 institutions (58.8%) responded: "Yes, I want to increase them," indicating that many medical institutions have a generally favorable view of the usefulness of online medical care. In addition, 6 (35.3%) of the medical institutions started using the system in 2020, the year of the recent spread of the new coronavirus infection and the accompanying deregulation. All facilities responded "Yes" to question "13. Were you aware of the limited/exceptional medical treatment using telephones and information and communication devices at the time of the spread of the new coronavirus infection? When asked "14. Are you actually providing medical treatment in accordance with the above-mentioned limited/exceptional treatment?" 15 facilities (88.2%) responded "Yes,"

indicating that the use of online medical treatment is expanding as a result of the recent deregulation.

A World Health Organization (WHO) survey of 130 countries found that while demand for psychiatric care has increased worldwide with the spread of the new coronavirus, 93% of countries have experienced interruptions in care and services, and telemedicine has been introduced to solve these problems in 70% of the countries. Also, it is believed that the recent pandemic has promoted the spread of telemedicine in countries around the world other than Japan. In the past, regulations such as laws have been a barrier to the spread of telemedicine, but the recent pandemic has reportedly led to special deregulation in many countries including Japan[2], and the responses to this survey suggest that such deregulation may have accelerated the spread of telemedicine. Although deregulation in Japan is explicitly described as "limited and exceptional," it is expected that deregulation will continue in the future to allow appropriate access to online medical care for patients who seek it, based on these international trends.

On the other hand, as the survey also indicated various disadvantages of online medical care, it is not desirable to replace everything with online medical care, and it is important for physicians to decide whether to use online medical care, depending on the situation. However, in Japan, the use of online medical care has not progressed in the field of psychiatry due to issues such as reimbursement, which will be discussed later, and there is a lack of knowledge about its operation in the field and research on its effectiveness. In the future, it will be necessary to collect and build evidence in Japan's unique environment, and verify how it should be operated in combination with face-to-face medical care, as well as effective cases and situations.

2. Treatment in terms of reimbursement

In this survey, when asked "7. whether they would like to increase online medical care in the future," 10 facilities (58.8%) responded "yes," while 7 facilities (41.2%) responded "no, not unless reimbursement is improved". When asked the question "25. In response to the spread of the new coronavirus infection, do you have any opinions on what the future of online psychiatric treatment should be like?", while many medical institutions were willing to take a positive approach to online medical care, with 10 (58.8%) stating: "online medical care should be promoted more in accordance with needs" and 3 (17.6%) stating "reimbursement should be reviewed," there were several institutions that

cited reimbursement improvement as a condition for their willingness. In addition, when asked "6. What do you think are the disadvantages of online medical care in general? and what difficulties or obstacles did you encounter when introducing online treatment?", seven facilities (41.2%) responded: "Low reimbursement price and narrow scope of coverage". To question "20. What issues do you think need to be addressed for the spread of online psychiatric treatment?" 9 facilities (52.9%) responded: "The reimbursement points, such as those for outpatient psychotherapy, should be closer to those for face-to-face treatment." Many medical institutions considered the handling of reimbursement to be an obstacle to the spread of online treatment. In response to the question "Do you have any requests for the MHLW regarding the spread of online medical care in general," 12 facilities (70.6%) overwhelmingly chose: "Requests for improvement of reimbursement scores and facility standards." The survey also showed that many medical institutions recognize that reimbursement is the most important issue for the spread of online medical care.

Until the revision of the reimbursement system in 2020, many psychiatric disorders were not covered by online medical fees, and online psychiatric treatment in insured care was greatly restricted. The number of facilities that responded "Yes" to question "9. If you provide medical treatment covered by insurance, do you notify the authorities (do you meet the facility standards?)" was 8 (47.1%), and for question "10. If you are using insurance treatment [during the period from April 2018 to March 2020], which items are calculated?" only one facility (5.9%) responded: "Online medical care fees, etc.," indicating that even medical institutions that actively provided online medical care had difficulty in using online medical care fees, etc.

Although the deregulation accompanying the recent expansion of new-type coronavirus infection has expanded the scope of coverage and improved reimbursement, according to the "Special Treatment of Medical Reimbursement for New-type Coronavirus Infections (Part 13)" (April 22, 2020, MHLW, Medical Care Division, Health Bureau), the price of outpatient and home psychotherapy is 330 to 660 points for face-to-face treatment, but only 147 points can be calculated for online treatment; thus, the fee is still lower than that of in-person treatment. In the case of online treatment, additional costs such as system usage fees (in the case of online treatment fees) and call charges (in the case of telephone consultation fees) can be set

freely, but if the patient's co-payment is to make up the difference in the number of points, the price of online treatment will be higher for the patient than face-to-face treatment, and the cost of medical care will be higher for the patient. Since there is less information available in online medical treatment than face-to-face treatment, the patient and physician need to communicate more carefully, which often takes more time than face-to-face treatment, including preparation of communication equipment. In addition, whereas face-to-face treatment requires only the exchange of paper prescriptions, online treatment requires additional administrative work, such as faxing or mailing the prescriptions to the patient's home or nearest pharmacy. Considering the time and effort required, the burden on the medical institution is greater than that of face-to-face treatment, and there are many cases where medical institutions are hesitant to introduce online care, even when there is a need for it among patients.

Viewing the situation globally, a study examined regulatory trends in psychiatric telemedicine in 17 countries and regions: the United States, the United Kingdom, Italy, India, Egypt, Australia, Canada, South Korea, Spain, Taiwan, China, Denmark, Germany, Turkey, Japan, Brazil, and South Africa. Japan and some parts of China are the only countries where public medical insurance prices are not equal to or higher than those of face-to-face treatment even after deregulation following the recent spread of the new coronavirus infection[2]. In other words, countries such as Japan where the price of telemedicine is set lower than that of face-to-face medical care are in the minority internationally, and the objective basis for the price difference is not yet clear. For the appropriate diffusion of online medical care, it is considered essential to appropriately evaluate medical fees that are not based on patient co-payments or coverage by medical institutions.

3. Risks of inappropriate prescribing and restrictions on prescribing

In this survey, to question "6. What do you think are the disadvantages of online medical care in general?", 3 facilities (17.6%) responded: "Inappropriate prescriptions may occur for drug-seeking patients", and to question "19. What kind of patients, diagnoses, or treatment contents in psychiatric treatment would have greater disadvantages with online treatment?", 5 facilities (29.4%) responded: "Patients who tend to be dependent on sleeping pills, anti-anxiety drugs, etc.", indicating that a

certain number of concerns about inappropriate prescribing were observed. On the other hand, when asked "26. Do you have any requests for the MHLW regarding the spread of online medical care in general?" three facilities (17.6%) responded: "Seek improvements because of the strict regulations such as prescription restrictions," and some requested improvements in the current prescription regulations.

Current regulations in Japan prohibit the prescribing of all narcotics and psychotropic drugs specified in the Narcotics and Psychotropic Substances Control Law during an initial visit, and restrict the number of days a drug can be prescribed during an initial visit to seven days. This is a relatively strict regulation compared with the regulations in other countries covered in the international comparative study described above[2]. The background to the establishment of these regulations is that MHLW is aware of such problems as: "It is difficult to prevent drug abuse and resale by impersonating patients or making false declarations when medical care is provided by telephone or information and communication devices from the initial visit" and "it is expected that information necessary for diagnosis, such as information on patients' underlying diseases, is often insufficiently obtained when medical care is provided by telephone or information and communication devices 4). In the case of normal face-to-face medical care, it is possible to confirm past and current prescriptions by checking the patient's photo ID and medication registry, but in telemedicine, it is difficult to make such a confirmation, which may be a cause for concern on the part of medical institutions in the field.

However, the only way for an outpatient physician to know what kind of treatment the patient in front of him/her has received in the past and which medical institution has prescribed what kind of medication is basically based on the patient's own report, which can make it difficult to grasp the past and present history and prescription status of the patient. This is not different from face-to-face consultations. Although there is a method to check the medication handbook or past prescriptions for prescription drugs, possession of the handbook is not obligatory, and the number of patients who bring it with them is only about half, which is not enough to spread the practice[3]. Even if a patient does bring his or her own prescription, if the drug information is not updated accurately, the medical provider may misidentify the prescription status, and the accuracy of this tool for obtaining patient medical

information is not perfect. In addition, even if a patient is willing to report honestly, it is difficult for healthcare providers to obtain accurate information for reasons such as ambiguous past memories in the case of elderly patients or lack of understanding of names and types of drugs due to taking many kinds of medicines. In fact, at the Central Social Insurance Medical Council in 2019, the issue of the same medicine being given by multiple clinics was discussed 3). Similarly, such problems may occur in face-to-face consultations.

In light of these points, the rationality of imposing strict restrictions on the number of drugs that can be prescribed and number of days of prescriptions only for telemedicine is questionable in some respects. Excessive restrictions may be detrimental to patients who truly need online medical care, and discussions should continue on appropriate regulations.

Conclusion

We conducted an interview survey of medical institutions engaged in online medical care to understand the state of implementation and analyze issues for the appropriate spread of online medical care. Because the survey was conducted in the form of an open-ended interview survey, the number of institutions that responded within the survey period was limited, and it is difficult to say that the results reflect the opinions of physicians involved in clinical psychiatry as a whole. However, it is significant that we were able to obtain opinions on the usefulness and institutional difficulties of online treatment from the viewpoints of psychiatrists who are engaged in online treatment in clinical practice. In particular, many of the medical institutions interviewed reiterated that they still perceive difficulties with the conventional framework of reimbursement, even after deregulation following the recent spread of the new coronavirus infection. While online medical care should be promoted in accordance with the needs of patients, it is also true that certain rules are necessary, since heavy use or long-term continuation of medical care only by telephone may be problematic from the viewpoint of the quality of care. In order to promote the appropriate use of online medical care in psychiatry, the working group will continue to identify the actual situation, analyze issues, and propose solutions and system designs.

Conflict of Interest

Yasushiro Kishimoto: (Patent royalties) FRONTEO Corporation, (Lecture fees) Janssen Pharma K.K., Dainippon Sumitomo Pharma K.K., (Research funds/grants) Otsuka Pharmaceuticals, Dainippon Sumitomo

Pharma, Sekisui House, MICIN, JSR, (Endowed chair) Mori Building Co. (Other) Tech Doctor Co.

Hidehiro Oshibuchi: (Scholarship donation) Eisai Co.

(Manuscripts) IQVIA Services Japan K.K., (Research fund and grant) Otsuka Pharmaceutical Company, Limited, Shionogi & Co.

The authors have no conflicts of interest to disclose to other authors.

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表　調査項目の概要

1	オンライン診療以外も含めた，1ヵ月の総診療人数
2	オンライン診療を用いた1ヵ月の診療人数
3	オンライン診療の導入時期
4	オンライン診療を用いたことが有効であった事例はあるか（複数回答可）
5	オンライン診療全般について，どのようなメリットがあると考えるか（複数回答可）
6	オンライン診療全般について，どのようなデメリットがあると考えるか また，導入に際してどのような困難・支障があったか（複数回答可）
7	今後，オンライン診療を増やしていきたいと考えるか
8	オンライン診療の費用は自費診療と保険診療のいずれで行っているか または患者によって両者の使い分けを行っているか
9	保険診療を行っている場合，オンライン診療料等*について届け出を行っているか（施設基準をクリアしているか）
10	〔2018（平成30）年4月～2020（令和2）年3月までの間〕保険診療を用いている場合，どの項目を算定しているか
11	〔2018（平成30）年4月～2020（令和2）年3月までの間〕オンライン診療等*を算定している場合，4つのうちどの項目を算定していたか
12	2018（平成30）年度の診療報酬改定においてオンライン診療料等*が保険診療に含まれて以降，使い勝手や患者数などの変化があったか（複数回答可）
13	新型コロナウイルス感染症の拡大に際して，電話や情報通信機器を用いた診療等の時限的・特例的な取扱いが認められたことを知っているか
14	上記の時限的・特例的な取扱いに従い，実際に診療を実施しているか
15	2020（令和2）年度の診療報酬改定において，オンライン診療の適応拡大・および要件緩和がされたことを知っているか
16	現時点で保険診療を用いたオンライン診療をしていない場合，阻害要因は何か（複数回答可）
17	診療報酬による評価以外で，オンライン診療を普及させていく上で，どのような方法があると考えるか（複数回答可）
18	精神科診療で，どのような患者・診断名・治療内容であれば，オンライン診療によるメリットが得られると思うか（複数回答可）
19	精神科診療で，どのような患者・診断名・治療内容であると，オンライン診療によるデメリットが大きくなると思うか（複数回答可）
20	精神科診療でオンライン診療を普及させていく上で，どのような課題があると考えるか（複数回答可）
21	オンライン診療従事者研修は受講しているか
22	2020（令和2）年度以降，オンライン診療を行う場合に上記研修が必修となったことは知っているか
23	2020（令和2）年度の診療報酬改定において，薬剤師による「オンライン服薬指導」が保険収載されたことは知っているか
24	厚生労働省の「オンライン診療の適切な実施に関する指針」は確認しているか
25	新型コロナウイルス感染症の拡大を受けて，今後の精神科オンライン診療はどうあるべきか意見はあるか（複数回答可）
26	オンライン診療の普及全般に関して，厚生労働省に対して要望はあるか（複数回答可）

*「オンライン診療料」「オンライン医学管理料」「在宅時医学総合管理料　オンライン在宅管理料」「精神科在宅患者支援管理料　精神科オンライン在宅管理料」を指す．

1 Total number of patients treated per month, including those not treated online

2 Number of patients treated per month using online medical care

3 Time of introducing online medical care

4 Are there any cases in which the use of online medical care was effective (multiple responses allowed)?
5 What do you think are the advantages of online medical care in general (multiple responses allowed)?
6 What do you think are the disadvantages of online medical care in general?
What difficulties or obstacles did you encounter when introducing online medical care (multiple responses allowed)?
7 Do you want to increase online medical care in the future?
8 Do you pay for online medical care at your own expense or by insurance?
Or do you use both depending on the patient?
9 If the practice is insured, has the online medical fee* been reported (does it meet the facility criteria?)
10 [From April 2018 to March 2020] If you used insured treatments, which items were calculated?
11 [From April 2018 to March 2020] If you calculated online medical care, etc.*, which of the four items was calculated?
12 Have there been any changes in the ease of use or number of patients since the online medical examination fee* was included in the insurance medical treatment in the revision of the medical treatment fee in fiscal year 2018 (multiple answers allowed)?
13 Did you know that the limited/exceptional treatment of medical treatment using telephones and information communication devices was approved at the time of the spread of the new type of coronavirus infection?
14 Are you actually providing medical treatment in accordance with the above-mentioned limited and exceptional treatment?
15 Did you know that the application of online medical treatment was expanded and the requirements for online medical treatment were relaxed in the revision of medical fees in 2020?
16 If not, what are the obstacles to online medical care using insured care (multiple answers allowed)?
17 What methods other than reimbursement evaluation do you think are available to promote online medical care?
18 What kind of patients, diagnoses, and treatment contents would benefit from online treatment in psychiatric practice?
19 What kind of patients, diagnoses, and treatment contents in psychiatry practice do you think would have more disadvantages with online treatment (multiple

answers allowed)?

20 What problems do you think there are in spreading online treatment in psychiatry (multiple answers allowed)?

21 Have you attended training for online medical staff?

22 Did you know that the above training has become a requirement for online treatment since 2020?

23 Did you know that "online drug instruction" by pharmacists was covered by insurance in the revision of medical fees in 2020?

24 Are you aware of the "Guidelines for the Appropriate Implementation of Online Medical Treatment" issued by the MHLW?

25 Do you have any opinions about the future of online psychiatric treatment in response to the spread of the new type of coronavirus infection (multiple answers allowed)?

26 Do you have any requests for the MHLW regarding the spread of online medical care in general?

(*) "Online medical fees," "online medical management fees," "comprehensive home medical management fees," "online home management fees," "psychiatric home patient support management fees," and "psychiatric home patient support management fees for online home management."

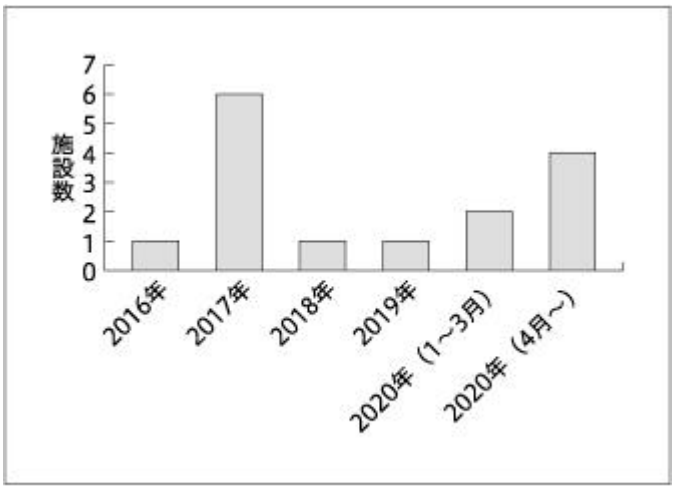

図1　オンライン診療を開始した時期（N＝15）

Figure 1: When online medical care was started (N=15)

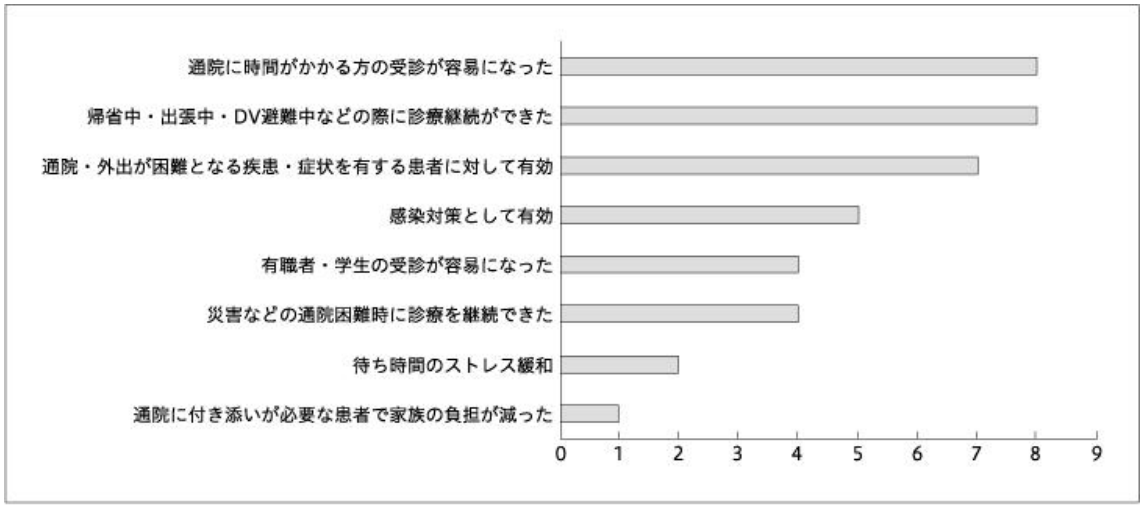

図 2　オンライン診療を用いたことが有効であった事例はあるか（複数回答可）

Fig.2 Were there any cases in which the use of online medical care was effective (multiple responses allowed)?

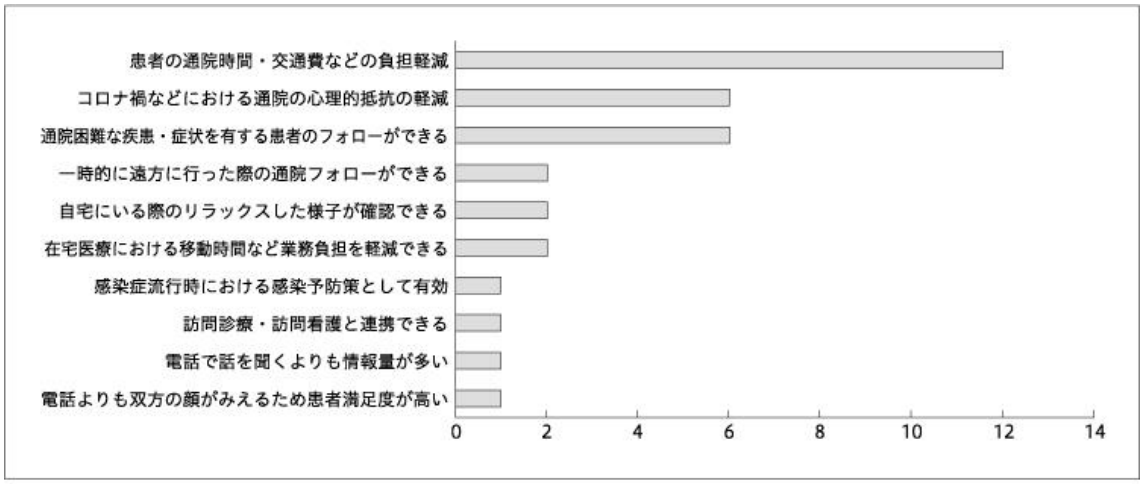

図 3　オンライン診療全般について，どのようなメリットがあると考えるか（複数回答可）

Fig.3 What advantages do you think there are with online medical care in general (multiple responses allowed)?

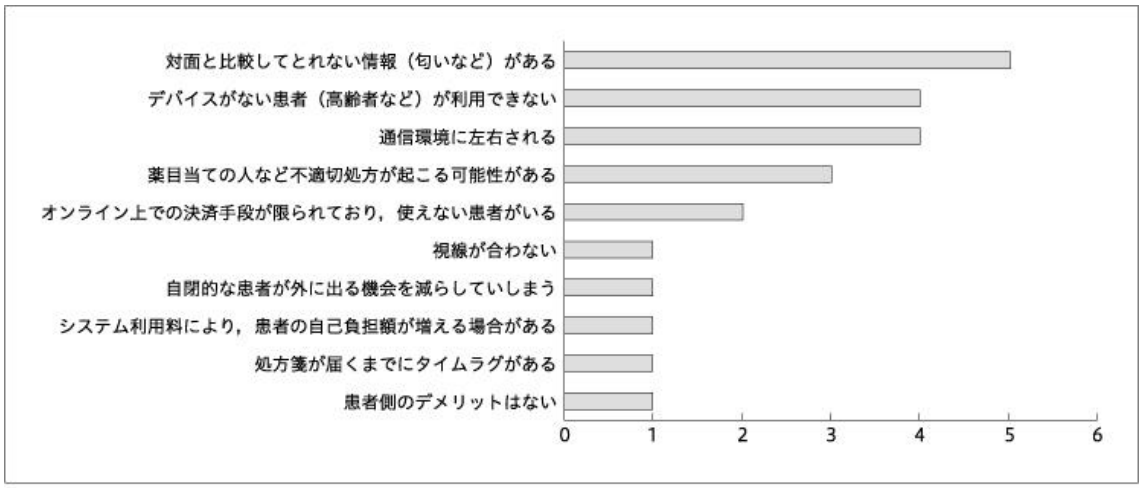

図 4　オンライン診療全般について，どのようなデメリットがあると考えるか（複数回答可）

Fig. 4 What are the disadvantages of online medical care in general (multiple responses allowed)?

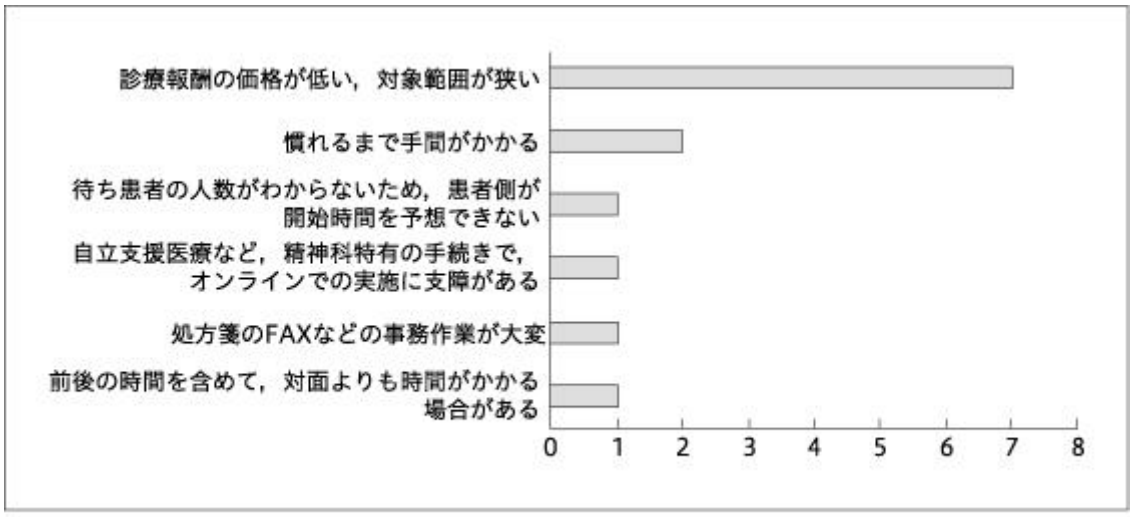

図 5　導入に際してどのような困難・支障があったか（複数回答可）

Fig. 5 What difficulties/obstacles did you encounter when introducing the system (multiple responses allowed)?

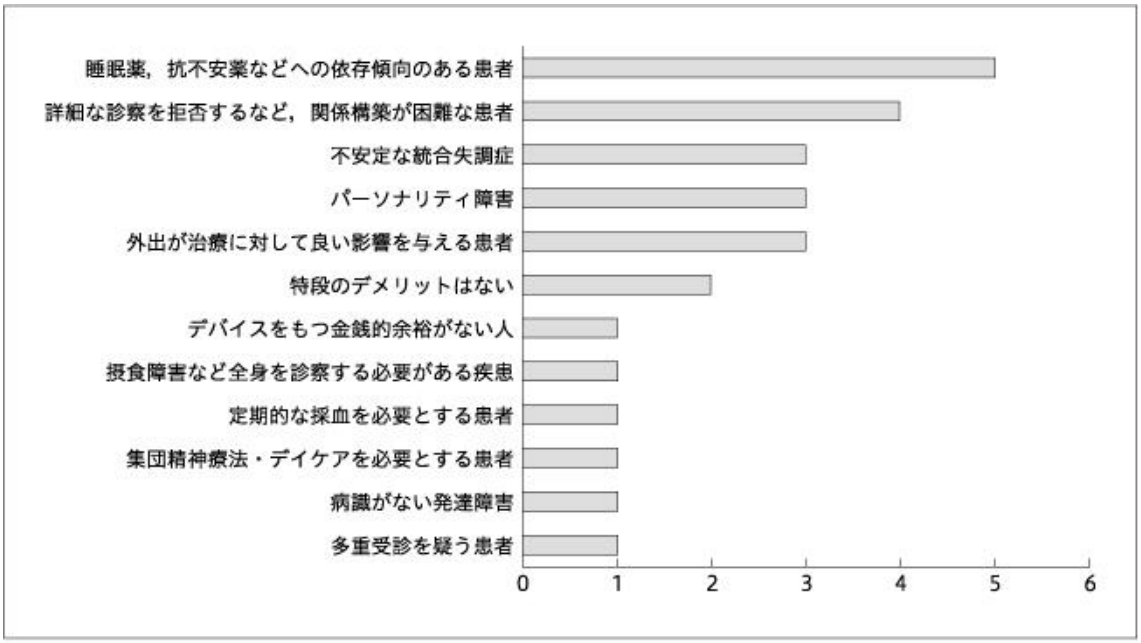

図 6　精神科診療で，どのような患者・診断名・治療内容であると，オンライン診療によるデメリットが大きくなると思うか（複数回答可）

Fig. 6: What kind of patients, diagnoses, and treatment contents in psychiatric practice do you think have the greatest disadvantages with online treatment (multiple responses allowed)?