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Perspectives of Telemedicine and Online Healthcare Services

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In the revision of medical service fees in 2018, the section on online healthcare services was included for the first time. Remote healthcare services or telemedicine, which are provided by a doctor to a patient by means of information and communications technology, have been positioned differently under different systems. According to a notification issued in 1997 by the Director of the Health Policy Bureau of the Ministry of Health, Labour and Welfare (MHLW), an initial medical consultation should be conducted face to face, as a rule. The notification provides nine examples of patients eligible for telemedicine services, including residents on remote islands and in remote areas, and home-based diabetic patients. The following two documents issued in 2015-the Basic Policy on Economic and Fiscal Management and Reform 2015, commonly known as the Basic Policy 2015, and an office communication issued in August by the MHLW-did not limit eligible patients to those defined in the 1997 notification. The 2015 office communication clarified that the examples listed in the 1997 notification were merely examples. As a result, telemedicine has since drawn increasing attention. Over the years, there have been different interpretations of Article 20 of the Medical Practitioners' Act, which prohibits providing a medical diagnosis or treatment without a face-to-face examination by a medical practitioner. In 1997, a notification was issued stipulating that if a reasonable substitute for a face-to-face consultation is available, telemedicine does not directly deviate from Article 20 of the Medical Practitioners' Act. Following this notification, telemedicine gradually started to be applied widely. According to a

notification issued in 2016 by the Director of the Medical Professions Division of the Health Policy Bureau, MHLW, which was provided in response to an inquiry from the Tokyo Metropolitan Government, telemedicine through which useful information cannot be obtained or that which does not include an in-person examination deviates from the Medical Practitioners' Act. In 2017, it was clarified that treatment discontinuation based on the patient's personal reasons does not directly deviate from Article 20 or other relevant articles of the Medical Practitioners' Act. In 2018, the Guideline Development Committee for the "Guidelines on Healthcare Services using Information Technology" and the Regulatory Reform Implementation Plan clearly specified telemedicine, leading to the aforementioned 2018 revision of medical service fees.

Online healthcare services have yet to be applied widely, partly due to the requirements stipulated in the guidelines and other regulations under the medical service fee system. However, there is no doubt that the national government is promoting the implementation of online healthcare services. We must now discuss how to more appropriately implement online healthcare services.

In this paper, I will discuss the shift from telemedicine to online healthcare services, and the discussion conducted by the Guideline Development Committee. In addition, I will report on online healthcare services provided in psychiatric hospital settings.

Keywords: telemedicine, online healthcare services, Guidelines on Healthcare Services using Information Technology, revision of medical service fees in 2020, temporary handling of healthcare services for coronavirus infection under the medical service fee system

Introduction

There are two types of telemedicine: "doctor-to-doctor (D to D)," in which professional advice is provided using information and communication devices, and "doctor-to-patient (D to P)," in which patients living in remote areas or on remote islands are treated from a distance, including remote monitoring of pacemakers and other devices (Figure 1).

In the "Research to Establish Rules for Medical Treatment Using Information and Communication Devices," a special scientific research project of the Ministry of Health, Labour and Welfare, which served as the basis for the "Guidelines for Appropriate Implementation of Online Medical Treatment" (hereinafter referred to as the "Guidelines") formulated in 2018, it was found that "online healthcare

services" is a type of D to P treatment that is performed in outpatient and home medical treatment.

Until now, medical care using information and communication devices has been referred to by a variety of names, including remote medical care and ICT medical care. The name "online healthcare services" was chosen to indicate that remote medical care is a real-time alternative to face-to-face medical care in terms of reimbursement.

Figure 2 shows the history of online healthcare services and Article 20 no-diagnosis practice of the Medical Practitioners Act. Additionally, a study group was established to develop guidelines when medical fees were revised in FY 2018 to ensure the safety, necessity, and effectiveness of telemedicine.

Among them, the guideline defines six basic principles for physicians[2] (Table 1).

Online healthcare services on reimbursement have been started based upon the above perspectives, and this paper reports on the revision process from the 2018 reimbursement revision to the 2020 revision and the state of online healthcare services related to new coronavirus infection.

I. Medical fees for fiscal year 2008 and 2020

In the revision of medical fees for fiscal year 2018, the "online medical fee" was newly established at 70 points per month. The requirements for calculation are as follows: "The fee must be calculated only when face-to-face treatment is provided by the same physician every month for six months after the first calculation of the applicable management fee, etc. (The applicable management fees include the fee for specified disease treatment and management, epilepsy guidance fee, psychiatric home patient support management fee, etc.)", and the facility criteria also include the requirement that “the fee must be calculated when the patient is treated in an emergency by the medical institution in person within approximately 30 minutes”. The facility criteria were also strict, taking into consideration the effectiveness and safety of face-to-face treatment based on the principle of face-to-face treatment: “The medical institution must have a system that enables face-to-face consultation within approximately 30 minutes in the event of an emergency”. In addition, the requirements for the "re-consultation fee for telephone calls, etc.", which had been calculated for consultations via video call, etc. prior to the FY 2018 revision, were revised to "cannot be calculated if the consultation is conducted on the premise of regular medical management", and only "online medical fee" was included in the

insurance coverage to evaluate consultations via video call, etc. (Table 2).

In the FY2020 revision of the medical fee schedule, the requirements for online healthcare services were reviewed, including the following relaxations: "the period of prior face-to-face consultation should be three months instead of six months"; "the medical institutions that can be visited should be explained to the patient in advance and listed in the medical plan so that the patient can receive face-to-face consultation at a medical institution that can be visited promptly in case of an emergency (the rule of face-to-face consultation within 30 minutes was abolished)"; "patients with chronic headache who need to visit the hospital regularly and some patients who need self-injections at home were added to the eligible conditions". Furthermore, flexible use of online healthcare services and telemedicine in collaboration with family doctors were evaluated (Fig. 3).

II. Temporary Treatment of New Coronavirus Infection on Medical Fees

Online healthcare service has been of great interest during the outbreak of new coronavirus infection. In clinical practice, video conferencing has also become popular, with patients receiving medical care via smartphones, hospitalized patients and their families visiting each other online, and hospitals conducting online conferences.

On April 10, 2020, as a temporary and exceptional measure, it was made possible to calculate the fee for reexamination by telephone, etc. for patients with chronic diseases who receive regular medical examinations, etc. On April 22, 2020, there was an administrative notice that patients for whom outpatient and home psychotherapy (330 points) had been calculated during face-to-face treatment could also receive the fee for treatment and management of specified diseases (147 points) (Table 3).

III. Survey of Online Healthcare Services (50 Hospitals of Osaka Psychiatric Hospital Association)

A questionnaire survey was conducted between June 29 and July 10, 2020, targeting 50 hospitals of the Osaka Psychiatric Hospital Association, and responses were obtained from all hospitals (some questions were not answered). All hospitals did not calculate the "online medical fee" for insured care, and only one hospital responded that it provided medical care via video call. Although online healthcare service is still not used by many medical institutions, this survey suggests that its role is being reevaluated in the field of psychiatry due to the impact of the new coronavirus

infection.

Regarding the first question, "Are you interested in online healthcare service?", 70% (35 hospitals) responded with "interested" (Fig. 4). Reasons given (multiple responses allowed) included "countermeasures against infection such as new coronavirus" (86%, 30 hospitals), "trends of the times" (74%, 26 hospitals), "to know how patients are doing at home" (31%, 11 hospitals), and "to deal with patients who have difficulty coming to the hospital such as those with obsessive-compulsive or autistic symptoms" (31%, 11 hospitals).

Conversely, 30% (15 hospitals) of the "not interested" respondents (multiple responses allowed) gave reasons such as "Insufficient medical care compared to face-to-face care" (67%, 10 hospitals), "No patient requests" (47%, 7 hospitals), and "High costs such as system usage fees" (33%, 5 hospitals).

Next, Q2, "Understanding of online healthcare service" revealed that 92% (46 hospitals) knew that online healthcare service was covered by insurance, 86% (43 hospitals) knew that "notification of facility standards is required", 72% (36 hospitals) knew about "Ministry of Health, Labor and Welfare guidelines", and 62% (36 hospitals) knew about "facility standards and calculation requirements". The results showed that although they were aware of the fact that the drug was covered by insurance, they did not understand the details of the coverage (Fig. 5).

In addition, to Q3, "Did you provide medical care and prescriptions by telephone or telecommunications equipment to patients receiving regular medical care under the special measures for new coronavirus?", the results revealed that 82% (41 hospitals) used the telephone, 2% (1 hospital) used videophone, and 14% (7 hospitals) did not, indicating that many hospitals felt the need to provide treatment other than face-to-face treatment as a measure against infection (Fig. 6).

To Q4, regarding outpatient psychotherapy, "Did you calculate the specific disease treatment and management fee (147 points) in lieu of outpatient psychotherapy, which can be calculated at the time of telephone reexamination for the coronavirus special measures?", the results were 68% (34 hospitals) for "Yes", 28% (14 hospitals) for "No", and 2% (1 hospital) for "Did not know". When asked "What do you think about the introduction of the calculation of outpatient psychotherapy for online healthcare services?" in Q5, 52% (26 hospitals) responded that "the same number of points as face-to-face treatment (330 points) can be calculated", 22% (11 hospitals) responded "online healthcare services cannot be calculated (only face-

to-face treatment can be calculated)", and 14% (7 hospitals) responded "less than 330 points can be calculated" (Fig 7).

For Q6, regarding "Effective cases of online healthcare services" (multiple responses allowed): 78% (39 hospitals) reported "Prevention of the spread of infectious diseases", 72% (36 hospitals) reported "Treatment of patients with physical symptoms that make it difficult to visit the hospital", 58% (29 hospitals) reported "Treatment of patients with mental symptoms that make it difficult to visit the hospital", and 48% (24 hospitals) reported "Remote treatment in disaster areas" 48% (24 hospitals).

For Q7, concerning "Issues regarding online healthcare services" (multiple responses allowed): 68% (34 hospitals) reported "Few patients can be treated with ICT and there is no demand for it", 54% (27 hospitals) reported "Insufficient treatment compared to face-to-face treatment", 48% (24 hospitals) reported "The cost of using an online healthcare system is high, but insurance points are low and it is unprofitable", and 48% (24 hospitals) reported "The cost of using an online medical care system is high, but insurance points are low and it is unprofitable". Additionally, 52% (26 hospitals) reported "The cost of using the online healthcare system is high", and 32% (16 hospitals) reported "Not enough patients are covered by insurance" (Fig 8).

For Q8, "Under what conditions would you like to use online healthcare services in the future? (multiple answers allowed): 50% (25 hospitals) stated "I would like to use it if the cost of using the system is reasonable", 50% (25 hospitals) stated "I would like to use it if the requirements for calculation of insurance treatment are expanded", 44% (22 hospitals) stated "I would like to use it if outpatient psychotherapy (330 points) is calculated", 24%, (12 hospitals) stated "I would like to use it if it is possible to use ordinary TV phone without using a system provider", and 12% (6 hospitals) stated "I would like to use the system if an additional fee of about 147 points/month is added" (Fig. 9).

These results indicate that many hospitals feel that online healthcare service is effective for infection control and treatment of patients who have difficulty in visiting the hospital, but that they are unable to start online healthcare services due to the current lack of an environment in which patients and providers can utilize ICT and the establishment of insurance rules for medical care.

In addition, from the free text column, there were comments such as "I want it to be possible to calculate the fee in

accordance with the patient's medical condition. If patients for whom the management fee is calculated are subject to online treatment, there will be few patients for whom online treatment can be calculated", "Since we have many elderly patients, we would like to consider it if it becomes easier", "I think it would be realistic to have only face-to-face consultations for initial patients and then use both depending on the situation", "While outpatients are monitored in person for outpatient care, this is difficult to do for online healthcare services. It is unknown how many eligible patients will use online healthcare service due to the cost of installing equipment for online healthcare services", "A change in lifestyle is required at home in response to the new type of coronavirus, but I think a change in medical care in hospitals is also required", "I think it is necessary from the trend of the times", and others. Many of the respondents expressed interest in online healthcare services.

Conclusion

Although the 2020 revision of the medical service fee system promoted more flexible utilization, the use of this system had been very limited in the two years prior to the revision. This is partly because the calculation requirements are not disease- or condition-specific, but rather associated with specific management fees. As chronic headache is now included in the calculation, there may be cases among psychiatric disorders for which the use of online healthcare service is appropriate due to the characteristics of the disorder.

In this case, the outpatient psychotherapy that can be calculated for face-to-face treatment cannot be calculated for online treatment, and this may lead to a decrease in medical revenue for medical institutions. However, it is clear that the government is promoting online healthcare services, and it is something that psychiatry cannot ignore.

The outbreak of the new coronavirus infection has made not only medical practitioners, but also patients, interested in online healthcare services. Online healthcare service is a trend of the times, as long as it is convenient for patients and provides appropriate medical care.

We have no conflicts of interest to disclose in relation to this paper.

References

1）厚生労働省：第 1 回情報通信機器を用いた診療に関するガイドライン作成検討会資料

(https://www.mhlw.go.jp/stf/shingi2/0000193839.html) (参照 2021-12-07)

2) 厚生労働省: オンライン診療の適切な実施に関する指針 (https://www.mhlw.go.jp/content/000534254.pdf) (参照 2021-12-07)

3) 厚生労働省: 平成 30 年度診療報酬改定説明会資料等について (https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000196352.html) (参照 2021-12-07)

4) 厚生労働省: 令和 2 年度診療報酬改定説明資料等について (https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000196352_00001.html) (参照 2021-12-07)

5) 厚生労働省: 新型コロナウイルス感染症に係る診療報酬上の臨時的な取扱いについて (その 14) 事務連絡令和 2 年 4 月 24 日 (https://www.mhlw.go.jp/content/000625141.pdf) (参照 2021-12-07)

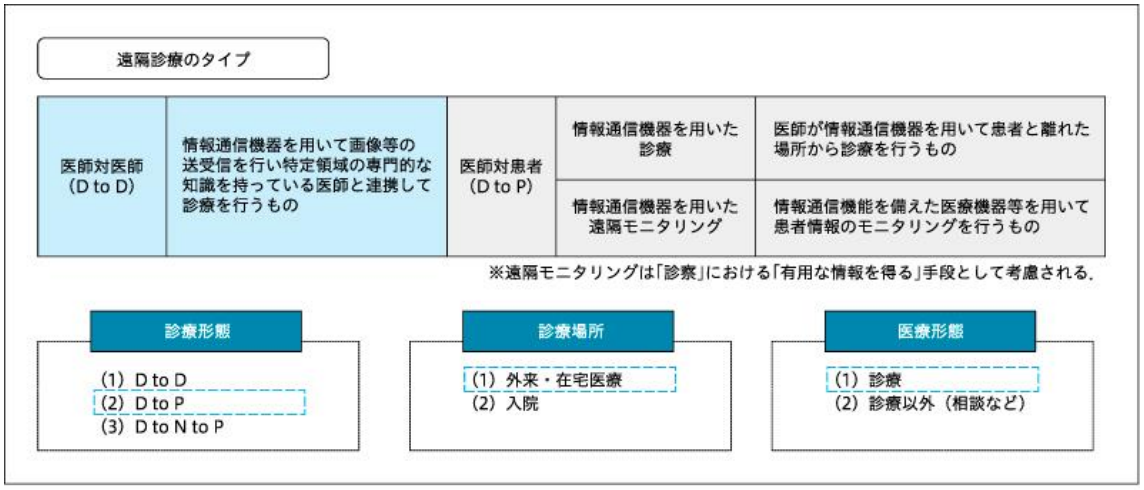

図 1　遠隔診療の定義と名称
（文献 1 より改変して引用）

Figure 1. Definition and Name of Telemedicine
(Adapted from Reference 1)

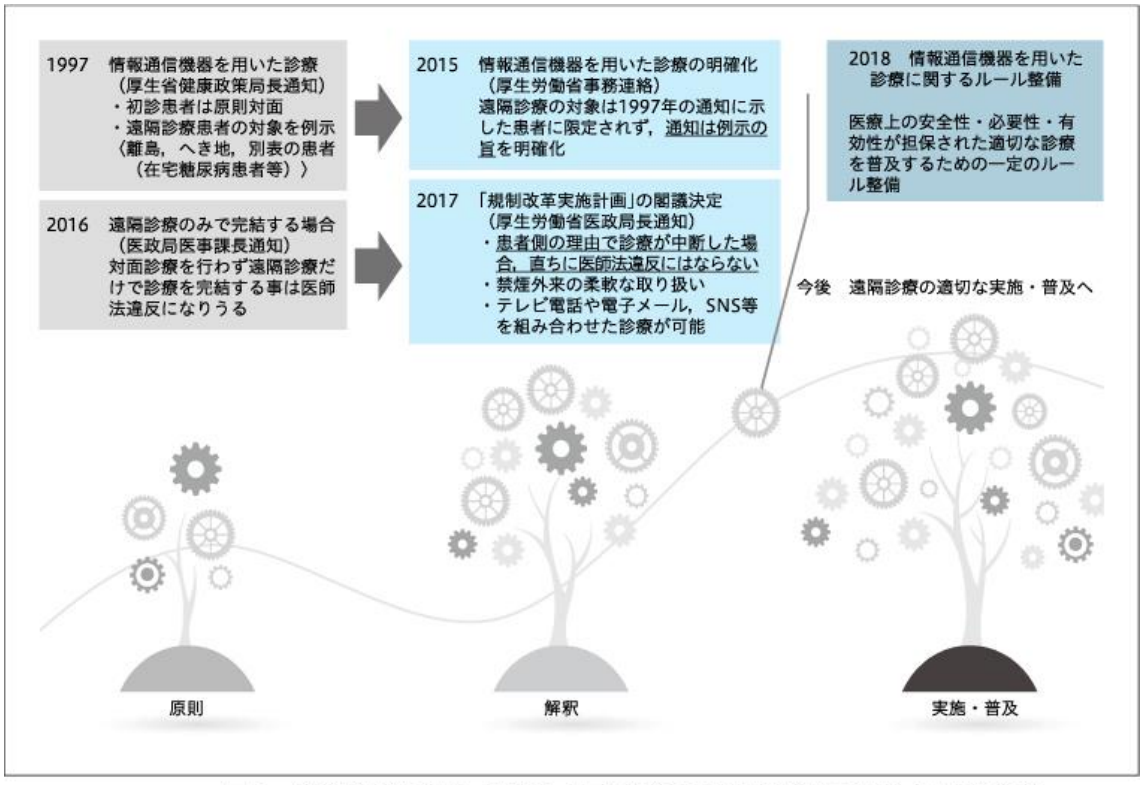

図 2　情報通信機器を用いた診療と「医師法第 20 条無診察診療の禁止」に関する経緯
（文献 2 より改変して引用）

Figure 2: History of telemedicine and the "Prohibition of No Consultation under Article 20 of the Medical Practitioners Act"
(Adapted from Reference 2)

表1　オンライン診療における医師の基本理念

(i) 医師-患者関係と守秘義務：日頃より来院し，対面診療を重ねているなど，患者との直接的な関係がすでに存在する場合に限って利用されること．
(ii) 医師の責任：そのオンライン診療で十分な情報を得て，適切な診断ができるか，また医療情報が漏えいや改ざんされないように十分なセキュリティー対策を講じなければならない．
(iii) 医療の質の確認および患者安全の確保：診療行為が安全で最善のものとなるよう，診療の有効性の評価を定期的に行い，オンライン診療の実施が適切でない状況になった場合でも患者の安全を確保する．
(iv) オンライン診療の限界などの正確な情報の提供：対面診療に比べれば情報が限定されるために，この診療行為の限界を正しく理解し，不利益などを患者などに事前に説明する．
(v) 安全性や有効性のエビデンスに基づいた医療：オンライン診療の適切な普及のために医療上の安全性，必要性，有効性を担保する必要がある．治験など，安全性の確立されていない医療を提供するべきではない．
(vi) 患者の求めに基づく提供の徹底：オンライン診療は患者が実施を求める場合に実施されるべきであり，研究を主目的としたり，医師側の都合のみで行わない．

(文献2をもとに作成)

Table 1. Basic principles of physicians in online healthcare services.

(i) Physician-patient relationship and confidentiality: The doctor should only use online healthcare services when he/she already has a direct relationship with the patient, such as through regular visits to the clinic and face-to-face consultations.

(ii) Physician's responsibility: Physicians must take sufficient security measures to ensure that they can obtain sufficient information and make appropriate diagnoses through online healthcare service and that medical information is not leaked or altered.

(iii) Confirmation of quality of care and assurance of patient safety: To ensure that the practice is safe and optimal, the effectiveness of the practice should be regularly evaluated, and patient safety should be ensured even when online practice is not appropriate.

(iv) Provide accurate information on the limitations of online healthcare services: As information is more limited than in face-to-face care, the limitations of this practice should be properly understood and the disadvantages explained to patients and

others in advance.

(v) Evidence-based medical care for safety and efficacy: The medical safety, necessity, and efficacy of online healthcare services must be ensured for its appropriate spread. Medical care that has not been established as safe, such as clinical trials, should not be provided.

(vi) Ensure that online healthcare service is provided at the request of patients: Online healthcare services should be provided when patients request it, not primarily for the purpose of research or solely for the convenience of the physician.

(Based on Reference 2)

表 2　平成 30 年度診療報酬改定の概要（厚生労働省）

オンライン診療料の新設

➢情報通信機器を活用した診療について，対面診療の原則のうえで，有効性や安全性等への配慮を含む一定の要件を満たすことを前提に，オンライン診療料を新設する．

（新）オンライン診療料　　70 点（1 月につき）

［算定要件］

(1) オンライン診療料が算定可能な患者に対して，リアルタイムでのコミュニケーション（ビデオ通話）が可能な情報通信機器を用いてオンラインによる診察を行った場合に算定．ただし，連続する 3 月は算定できない．
(2) 対象となる管理料等を初めて算定してから 6 月の間は毎月同一の医師により対面診療を行っている場合に限り算定する．ただし当該管理料等を初めて算定した月から 6 月以上経過している場合は，直近 12 月以内に 6 回以上，同一医師と対面診療を行っていればよい．
(3) 患者の同意を得た上で，対面による診療（対面診療の間隔は 3 月以内）とオンラインによる診察を組み合わせた療養計画を作成し，当該計画に基づき診察を行う．
(4) オンライン診察は，当該保険医療機関内において行う．また，オンライン診察を行う際には，厚生労働省の定める情報通信機器を用いた診療に係る指針に沿って診療を行う．
(5) オンライン診療料を算定した同一月に，第 2 章第 1 部の各区分に規定する医学管理等は算定できない．また，当該診察を行う際には，予約に基づく診察による特別の料金の徴収はできない．

［施設基準］

(1) 厚生労働省の定める情報通信機器を用いた診療に係る指針に沿って診療を行う体制を有すること．
(2) オンライン診療料の算定患者について，緊急時に概ね 30 分以内に当該保険医療機関が対面による診察が可能な体制を有していること．
(3) 一月あたりの再診料等（電話等による再診は除く）及びオンライン診療料の算定回数に占めるオンライン診療料の割合が 1 割以下であること．

［オンライン診療料が算定可能な患者］

以下に掲げる管理料等を算定している初診以外の患者で，かつ当該管理料等を初めて算定した月から 6 月以上を経過した患者．

・特定疾患療養管理料
・小児科療養指導料
・てんかん指導料
・難病外来指導管理料
・糖尿病透析予防指導管理料
・地域包括診療料
・認知症地域包括診療料
・生活習慣病管理料
・在宅時医学総合管理料
・精神科在宅患者支援管理料

（文献 3 より改変して引用）

Table 2. Summary of Revision of Medical Fee Schedule in FY 2008 (Ministry of

Health, Labour and Welfare).

Establishment of online medical fee.

The new online medical fee will be established based on the principle of face-to-face treatment and on the premise that certain requirements, including consideration of efficacy and safety, are met.

(New) Online medical fee: 70 points (per month)

[Calculation requirements]

(1) Online consultation fee is calculated when an online consultation is conducted for a patient for whom the online consultation fee can be calculated, using an information communication device that enables real-time communication (video call). However, the fee cannot be calculated for three consecutive months.

(2) The fee is calculated only when the same physician provides face-to-face consultation every month for six months after the first calculation of the applicable management fee, etc. The fee is not calculated for three consecutive months. However, if more than six months have passed since the month when the management fee was calculated for the first time, the face-to-face consultation with the same physician must have been conducted at least six times within the last 12 months.

(3) After obtaining the patient's consent, a treatment plan that combines face-to-face consultations (with an interval of no more than three months between face-to-face consultations) and online consultations should be prepared, and consultations should be conducted based on this plan.

(4) Online consultations should be conducted at the insured medical institution. When conducting online consultations, the guidelines for consultations using information and telecommunications devices established by the Ministry of Health, Labour and Welfare should be followed.

(5) In the same month that the online consultation fee is calculated, the medical management and other medical services stipulated in each category of Chapter 2, Part 1 cannot be calculated. No special fee may be charged for the consultation based on an appointment.

[Facility standards]

(1) Patients must have a system to provide medical care in accordance with the guidelines for medical care using information and communication devices established by the Ministry of Health, Labour and Welfare.

(2) The medical institution must have a system that enables face-to-face consultations within approximately 30 minutes in the event of an emergency for

patients for whom online consultation fees are calculated.
(3) The ratio of online consultation fees to the total number of re-examination fees (excluding re-examination by telephone, etc.) and online consultation fees calculated per month is 10% or less.
[Patients for whom the online medical fee can be calculated]
Patients other than those undergoing initial consultation for whom the following management fees, etc. are calculated, and for whom six months or more have passed since the month in which the management fee, etc. was calculated for the first time.
-Fee for medical treatment and management of specified diseases
-Pediatric medical care guidance fee
-Epilepsy guidance fee
-Outpatient guidance and management fee for intractable diseases
-Diabetes mellitus dialysis prophylaxis guidance and management fee
-Community comprehensive medical care fee
-Community comprehensive medical care fee for dementia
-Lifestyle-related disease management fee
-Comprehensive home medical management fee
-Psychiatric home patient support management fee
(Adapted from Reference 3)

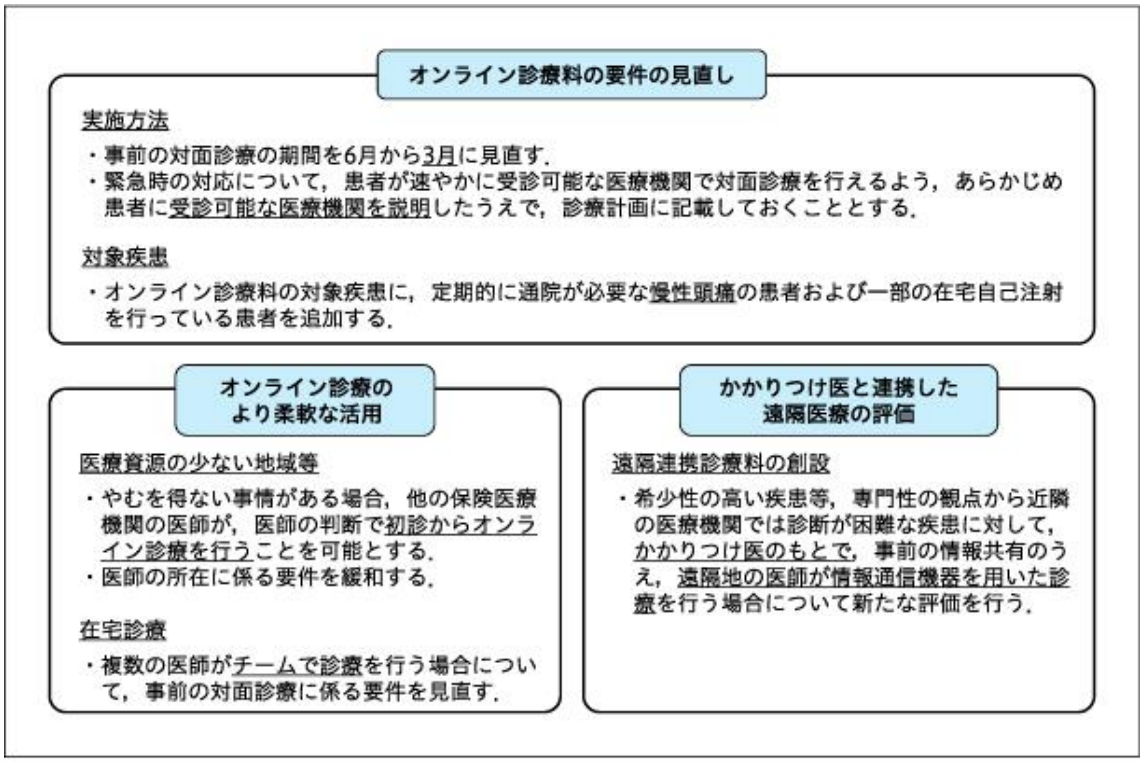

図 3　情報通信機器を用いた診療の活用の推進（令和 2 年度診療報酬改定の概要）
（文献 4 より改変して引用）

Figure 3. Promotion of medical treatment using information and telecommunication devices (Summary of the revision of medical treatment fees in 2020).
(Adapted from Reference 4)

表 3　新型コロナウイルス感染症患者の増加に際しての電話等を用いた診療に関する診療報酬上の臨時的対応に係る整理

		初診		再診		慢性疾患等を有する定期受診患者等に対する医学管理を実施した場合	
平時	対面診療	【A000】初診料	288 点	【A001】再診料 【A002】外来診療料	73 点 74 点	【B】疾患等に応じた医学管理料	（※ 1）
	オンライン診療	×		【A003】 オンライン診療料 （※ 2）	71 点	【B】対象となる医学管理料 （※ 3）の注に規定する 「情報通信機器を用いた場合」	100 点
	電話等を用いた診療	×		【A001】電話等再診料 （やむを得ない場合）	73 点	×	
新型コロナウイルス感染症に係る臨時的な取扱い	対面診療			平時と同様の取扱い			
	オンライン診療	×		【A003】 オンライン診療料 （※調剤料等 2）	71 点	【B】対象となる医学管理料 （※ 3）の注に規定する 「情報通信機器を用いた場合」	100 点
	電話等を用いた診療	時限的・特例的な取扱い（令和 2 年 4 月 10 日～） 【A000】電話等を用いた場合の初診料を算定可能（※ 4） （※調剤料等 1）	214 点	【A001】電話等再診料 （慢性疾患等を有する定期受診患者等に対して全例で可能） （※調剤料等 1） （※調剤料等 2）	73 点	要件（※ 5）を満たせば管理料を算定可能	147 点
				再診等（※ 6）の患者に対して，要件を満たした上で医学管理を実施した場合に，医学管理料を算定可能			

※ 1 各医学管理料の点数による．
※ 2 オンライン診療料は，慢性疾患等の定期受診患者に対して，対面診療と，ビデオ通話が可能な情報通信機器を活用した診療（オンライン診療）を組み合わせた計画に基づき，オンライン診療を行った場合に算定できる．なお，当該計画に基づかない他の傷病に対する診療は，対面診療で行うことが原則であり，オンライン診療料は算定できない．
※ 3 特定疾患療養管理料，小児科療養指導料，てんかん指導料，難病外来指導管理料，糖尿病透析予防指導管理料，地域包括診療料，認知症地域包括診療料，生活習慣病管理料をいう．
※ 4「新型コロナウイルスの感染拡大に際しての電話や情報通信機器を用いた診療等の時限的・特例的な取扱いについて」（令和 2 年 4 月 10 日厚生労働省医政局医事課，医薬・生活衛生局総務課事務連絡）における留意点等を踏まえて診療を行った場合に算定する．
※ 5 以前より対面診療において対象となる医学管理料（※ 3）を算定していた患者に対して，電話や情報通信機器を用いた診療においても当該計画等に基づく管理を行うこと．
※ 6 医学管理料の種類による．
＜調剤料等に係る臨時的取扱い＞
※調剤料等 1　調剤料，処方料，処方箋料，調剤技術基本料又は薬剤料を算定する．
※調剤料等 2　原疾患により発症が容易に予測される症状の変化に対して処方を行った場合にも，調剤料等を算定可能とする．
（文献 5 より引用）

Table 3. Temporary Measures on Medical Fees for Medical Treatment by Telephone, etc. when the Number of Patients Infected with new Strains of Coronavirus Increases.

Initial visit Repeat visit When medical management is performed for patients with chronic diseases who receive regular visits, etc.

Normal times

Face-to-face treatment

[A000] Initial visit: 288 points [A001] Re-examination fee: 73 points

[A002] Outpatient consultation fee: 74 points

[B] Medical management fee based on disease, etc. (*1)

Online healthcare services ×

[A003] Online medical healthcare service fee (*2): 71 points [B] When information and communication equipment specified in the note under "Covered Medical Management Fee" (*3) is used: 100 points

Medical treatment using a telephone, etc. ×

[A001] Re-examination fee by telephone, etc. (when it is unavoidable): 73 points
Temporary handling related to new coronavirus infections Face-to-face treatment Same as usual
Online healthcare services ×

[A003] Online medical fee (*Preparation fee, etc. 2): 71 points
[B] Medical management fee
[B] When information and communication equipment specified in the note under "Covered Medical Management Fee" (*3) is used: 100 points
Medical treatment using telephone, etc.
[A000] Initial consultation fee can be calculated for cases using telephone, etc. (*4)
(* Pharmacy dispensing fee, etc.1): 214 points
Temporary and exceptional treatment
(From April 10, 2020)

[A001] Re-examination by telephone, etc.
(Available in all cases for patients with chronic diseases who receive regular checkups, etc.)
(*Pharmacy dispensing fee, etc 1)
(*Pharmacy dispensing fee, etc 2): 73 points
Management fee can be calculated if the requirements (*5) are met: 147 points
Medical management fee can be calculated when medical management is performed on a patient's second visit, etc. (*6) after fulfilling the requirements: 147 points

*1 According to the number of points for each medical management fee.
*2 Online healthcare service can be calculated when online medical care is provided to patients with chronic diseases, etc. who receive regular medical care based on a plan that combines face-to-face medical care and medical care using information and communication devices capable of video communication (online healthcare service). In principle, the online medical fee cannot be calculated for other injuries and illnesses that are not based on such a plan, which should be treated in person.
*3: Specific disease medical care management fee, pediatric medical care guidance fee, epilepsy guidance fee, intractable disease outpatient guidance and management fee, diabetes dialysis prevention guidance and management fee, regional comprehensive medical fee, dementia regional comprehensive medical fee, and

lifestyle-related disease management fee.

*4 The fee is calculated when medical care is provided based on the points noted in the "Temporary and Exceptional Treatment of Medical Care Using Telephones and Information and Communication Devices in the Event of the Spread of the New Coronavirus" (April 10, 2020, Ministry of Health, Labour and Welfare, Medical Affairs Division, Medical Policy Bureau and General Affairs Division, Pharmaceutical and Life Sanitation Bureau).

*5 Patients for whom the applicable medical management fee (*3) has been previously calculated in face-to-face consultations should be managed based on the relevant plan, etc. even in consultations using telephones or information and telecommunications devices.

*6 According to the type of medical management fee.

<Temporary handling of dispensing fees, etc.>

* Pharmacy Dispensing fee, etc. 1: Dispensing fee, prescription fee, basic dispensing technology fee or drug fee shall be calculated.

* Pharmacy Dispensing fees, etc. 2: Dispensing fees, etc. can also be calculated when prescriptions are made for changes in symptoms that can be easily predicted to occur due to the primary disease.

(Adapted from Reference 5)

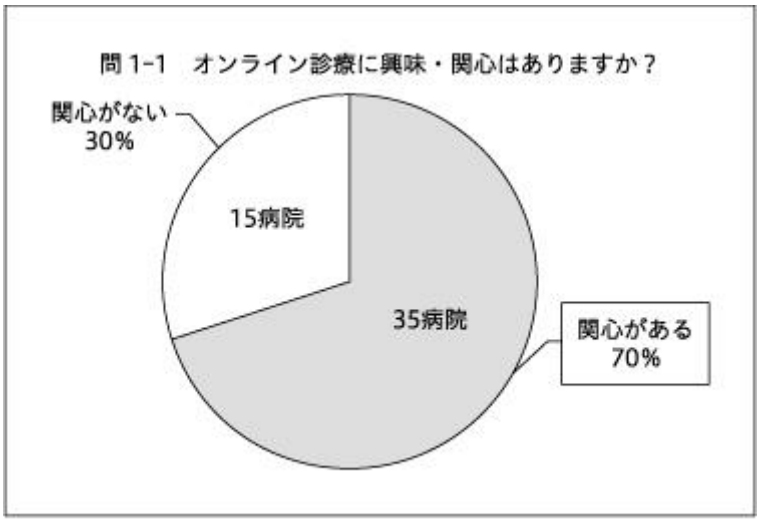

図4　オンライン診療への興味・関心に関する質問への回答

Fig. 4 Responses to questions regarding interest in online medical services.

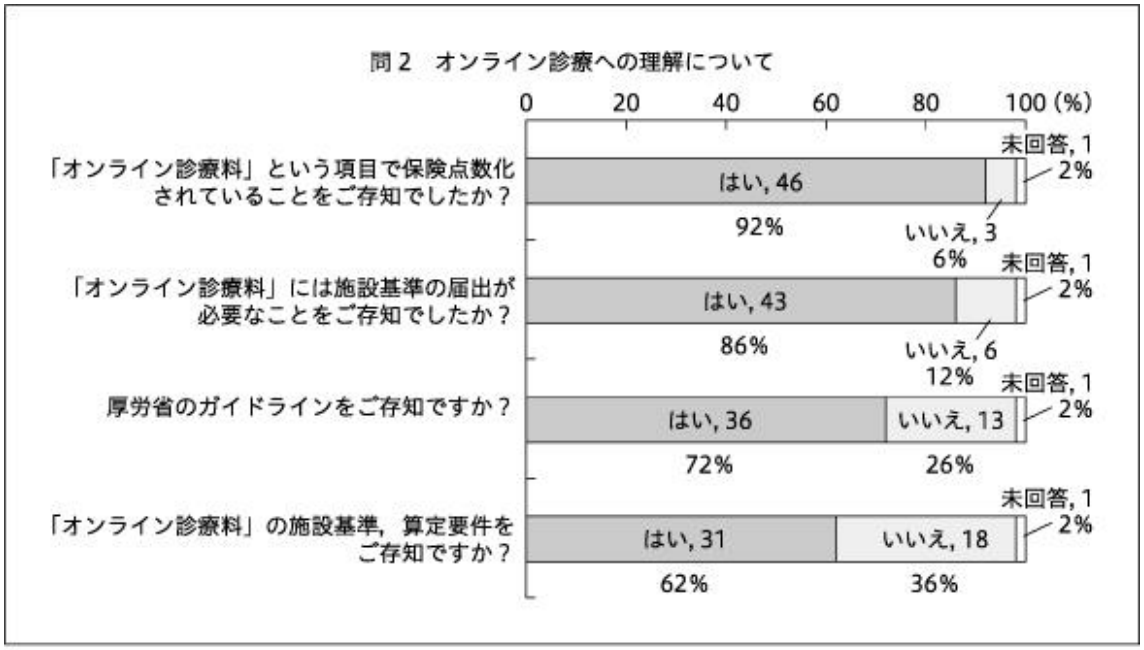

図5　オンライン診療への理解に関する質問への回答

保険適用されていることは認知されているが，詳細までは理解されていない．

Figure 5. Responses to question regarding understanding of online healthcare services.

The fact that it is covered by insurance is recognized, but the details are not well understood.

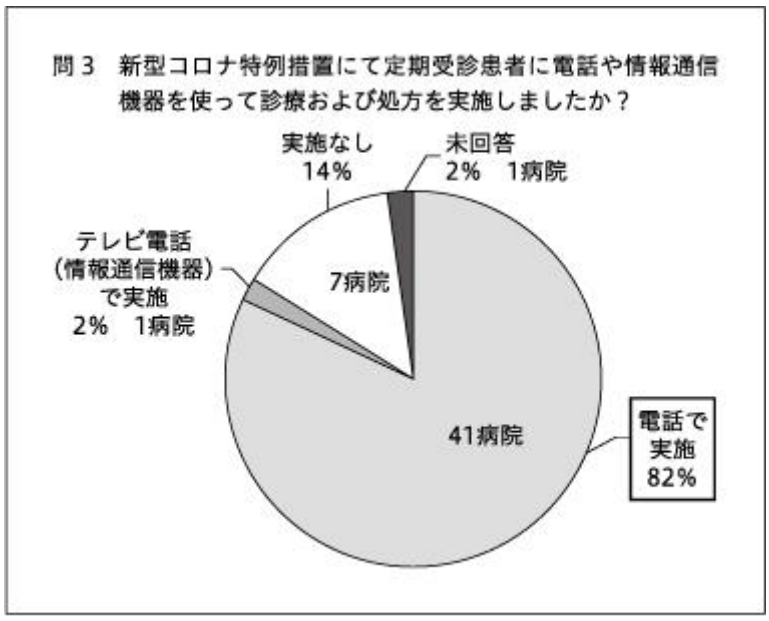

図6　新型コロナ特例に関する質問への回答

Figure 6. Answers to questions about the new coronavirus.

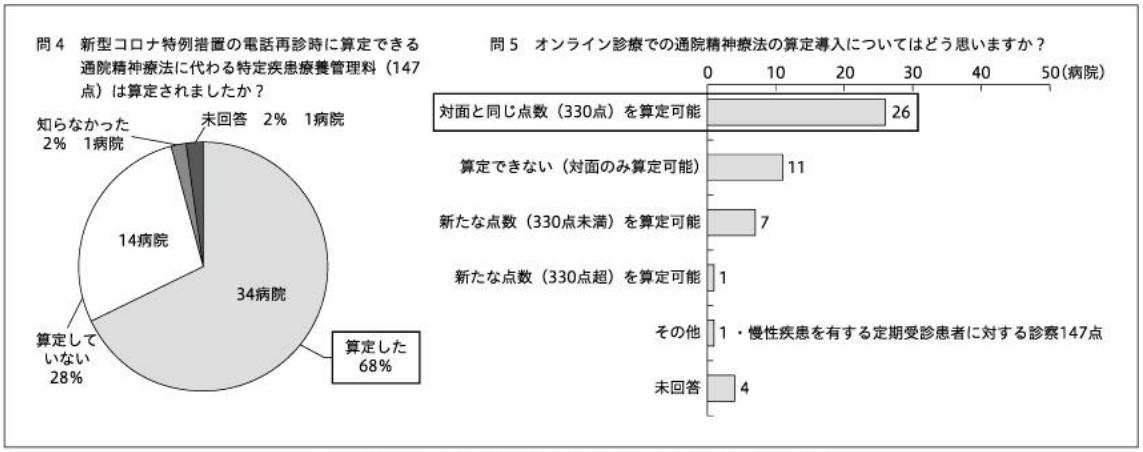

図7　オンライン診療での通院精神療法に関する質問への回答

Figure 7. Responses to question about outpatient psychotherapy in online healthcare services.

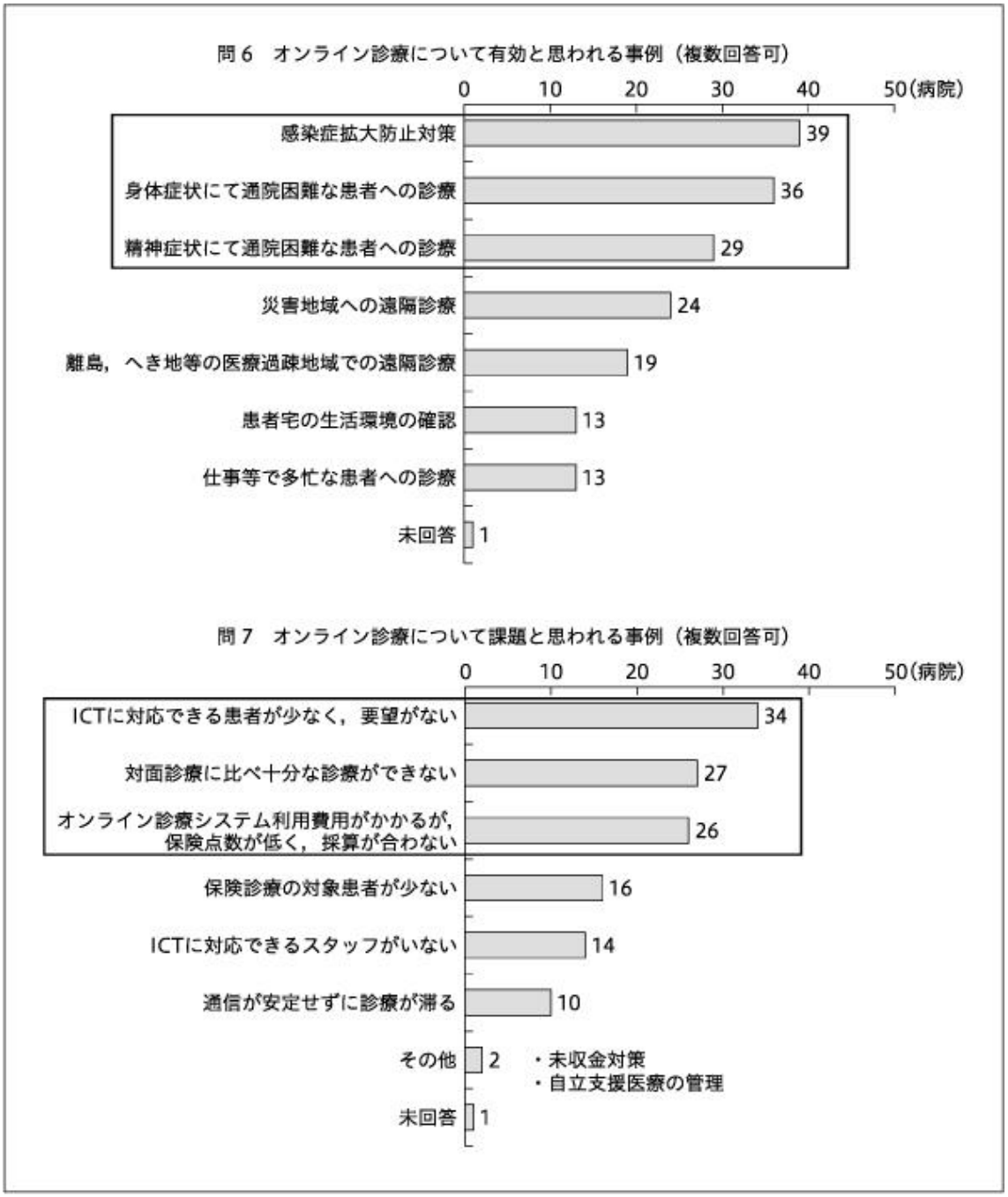

図 8　オンライン診療のメリット・デメリットに関する質問への回答

Figure 8. Answers to questions about advantages and disadvantages of online healthcare services.

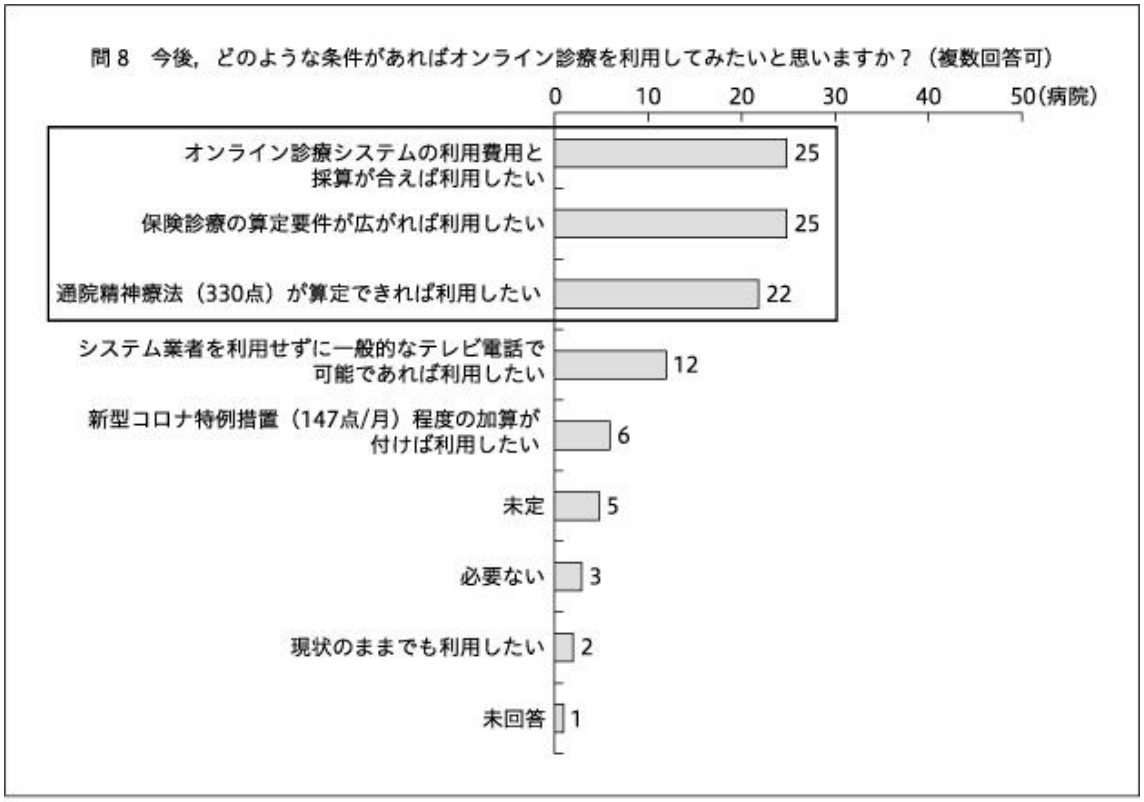

図 9　オンライン診療の利用条件に関する質問への回答

Figure 9. Answers to questions about the conditions for using online healthcare services.