

# Enhancing Governance in Telehealth: Fostering Consumer Trust and Innovation

19 August 2025



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# Part 1

## BACKGROUND



## **Growing healthcare needs**

- The population of Hong Kong is facing an ageing demographic characterised by increased longevity, along with a rise in the percentage of individuals suffering from chronic diseases. This demographic shift is mounting unprecedented pressure on the healthcare system.

## **The potential of telehealth**

- With ongoing technological advancements, telehealth can offer patients more convenient, affordable and quality access to healthcare services while also improving efficiency.
- Climate change may contribute to the spread of infectious diseases, making physical visits to healthcare facilities less feasible; in such scenarios, telehealth can play a crucial role in ensuring continued access to healthcare services.
- Telehealth might extend to cross-boundary usage in the future, yet there are challenges such as cross-boundary liability and data transfer issues, particularly when healthcare services operate across different jurisdictions.

# Telehealth Enhances Access to Care (Cont'd)

## Strategic direction

### Global

- The World Health Organization (WHO) urged at the 71<sup>st</sup> World Health Assembly in 2018 the use of digital technologies for health, and has set out a **Global Digital Health Strategy** to provide guidance for Member States' efforts in the area.
- As at 2021, 120 of its 194 Member States had developed such strategies and policies.

### Hong Kong

- Compared with other markets, Hong Kong has adopted a rather prudent approach to leverage telehealth in its healthcare system.
- To realise the full potential of telehealth, it will require a dedicated and integrated approach.

### Definition of telehealth by the WHO

“The delivery of healthcare services, where patients and providers are separated by distance.

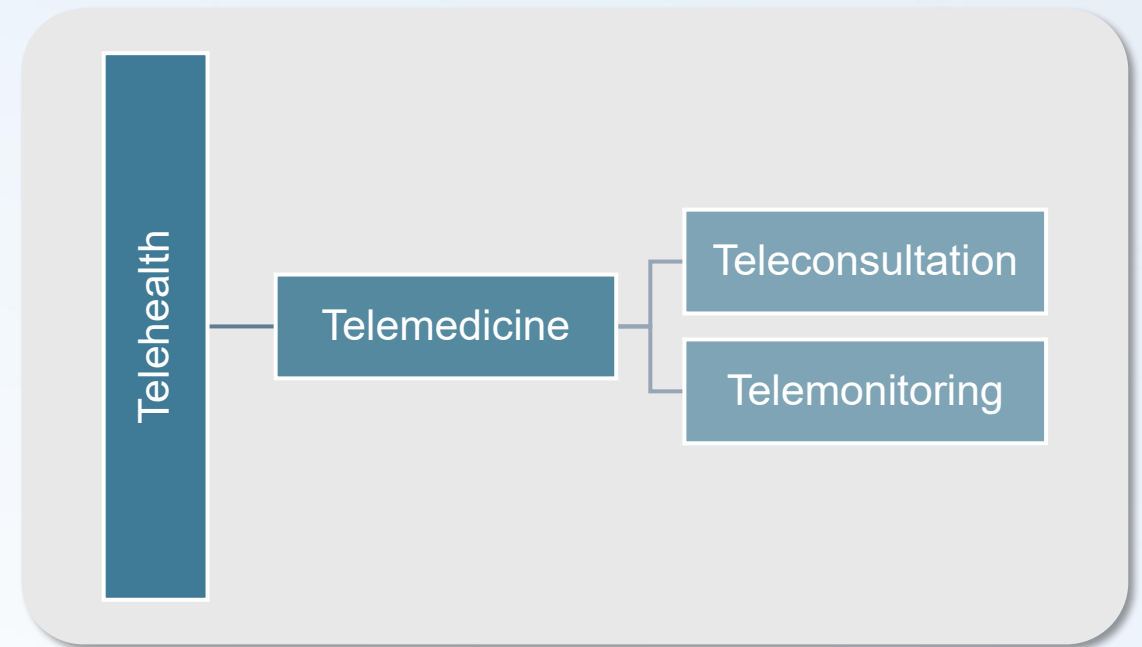
Telehealth uses information and communication technologies for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals.”

## Scope of the Study

While the scope of telehealth services varies among different places, telehealth broadly refers to “teleconsultation” and “telemonitoring” services. **This Study primarily focuses on “teleconsultation” in the private sector**, under the broader umbrella of telehealth application.

13 healthcare professions\* are required to undergo statutory registration/enrolment in order to practise in Hong Kong. Among those offering telehealth services, **the Study focuses on medical practitioners and Chinese medicine practitioners (CMPs)** (collectively referred to as MPs in this Study unless otherwise specified), only for whom guidelines on telemedicine are currently available.

The terms describing the provision of healthcare services by information and communication technologies, such as “telemedicine”, “teleconsultation”, and “virtual care” are referred as “telehealth” in this Study.



\*13 healthcare professions include medical practitioners, dentists, nurses, CMPs, physiotherapists, occupational therapists, medical laboratory technologists, optometrists, radiographers, chiropractors, dental hygienists, midwives and pharmacists.



Public

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- Telehealth services have been provided by MPs individually or through private healthcare facilities (PHFs), telehealth platforms and insurance companies.
- **Market size/share statistics could not be assessed** due to the absence of an exhaustive list of service providers.



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# Regulatory Framework on Telehealth in Hong Kong

Telehealth is still in the developing stage in Hong Kong, and the Government and professional medical organisations have gradually introduced regulatory frameworks and guidelines on telemedicine since 2019.

Among the telehealth service providers, only **PHFs** and **MPs** are subject to relevant regulatory frameworks/guidelines currently. Meanwhile, there is **no specific monitoring authority governing telehealth platforms** operated by non-PHFs and insurance companies, which are not subject to the “premises-based” Private Healthcare Facilities Ordinance (Cap. 633) and relevant guidelines, but rely on ethical guidelines for MPs.



## Codes of practices for PHFs

- **Department of Health (DH)**

- Code of Practice for Private Hospitals (CoP for PH) (2024) (Para.12.9.1-12.9.4)
- Code of Practice for Day Procedure Centres (CoP for DPC) (2024) (Para.1.3.11.1-1.3.11.4)
- Code of Practice for Clinics (CoP for Clinics) (To be effective in Oct 2025) (Para.3.10.1-3.10.4)

### Key highlights related to telehealth:

Establishment of policies and procedures to ensure overall **standard of care** delivered by “telemedicine” is not compromised as compared with in-person service.

**Qualified and competent** staff, and that staff and patients must be able to **identify each other** in each encounter.

Safeguarding **privacy and security** of data and records.



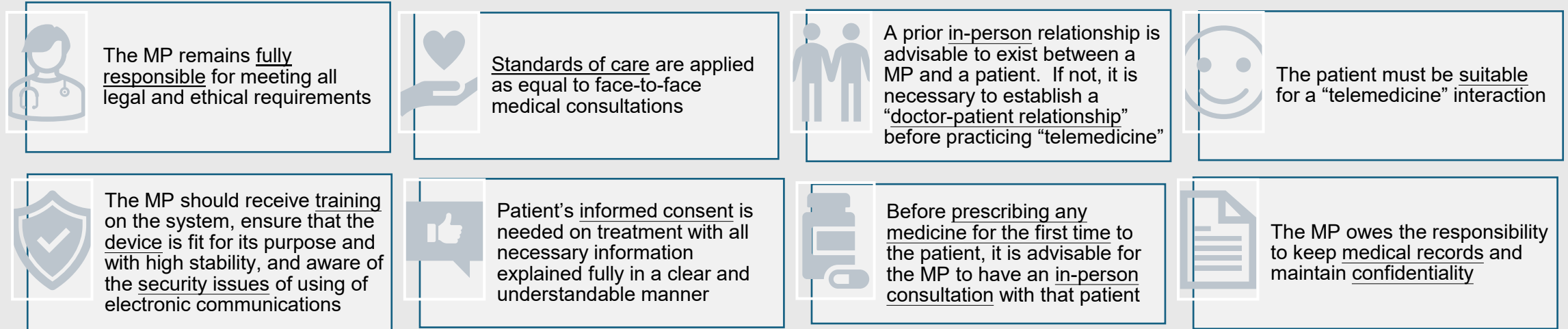
# Regulatory Framework on Telehealth in Hong Kong (Cont'd)

## Ethical guidelines for MPs

- **Medical Council of Hong Kong (MCHK)**
  - Ethical Guidelines on Practice of Telemedicine (2019)
- **Chinese Medicine Council of Hong Kong**
  - Guidelines on Professional Ethics for Telemedicine Services (2025)



The guidelines principally stress that when practicing telehealth:



**The following requirements are additionally applicable to CMPs:**

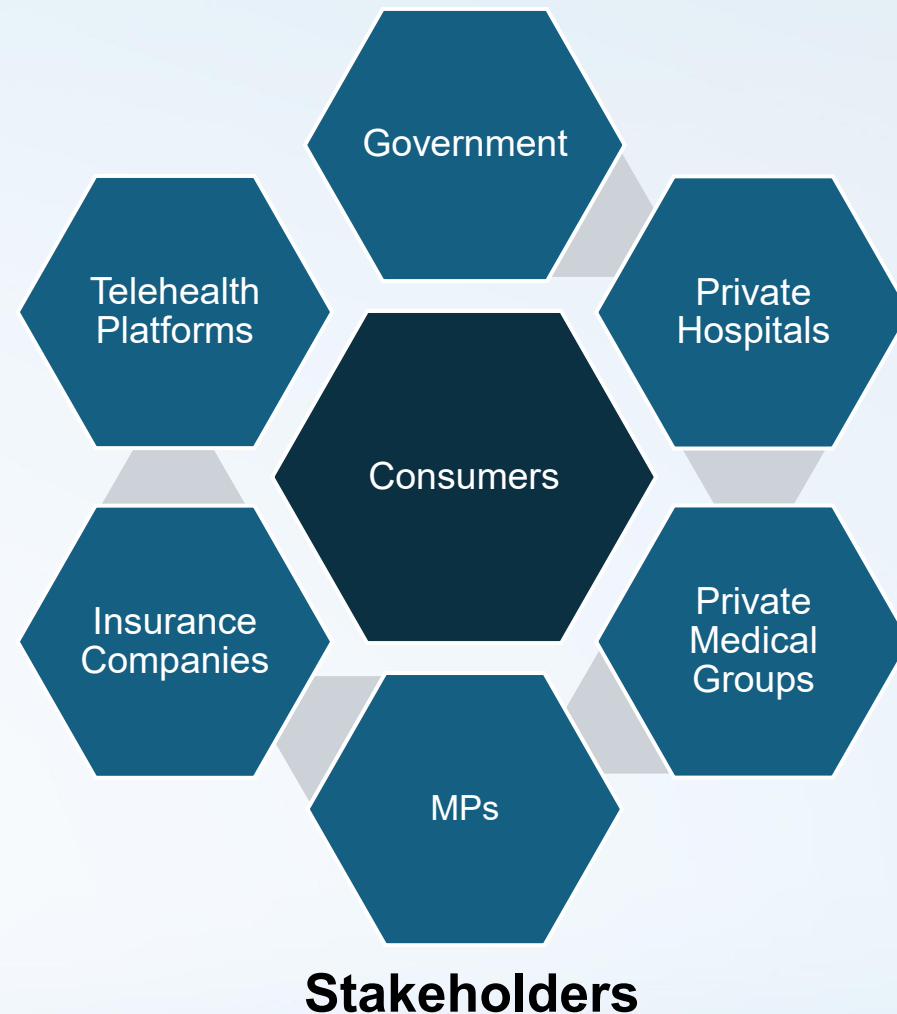
- In the case of courier medicine delivery, a CMP is responsible for reminding the patient to verify the information on the package and check whether the package is intact upon receipt, and inform the patient of the ways to handle any irregularities of the medications delivered.

# Objectives of the Study

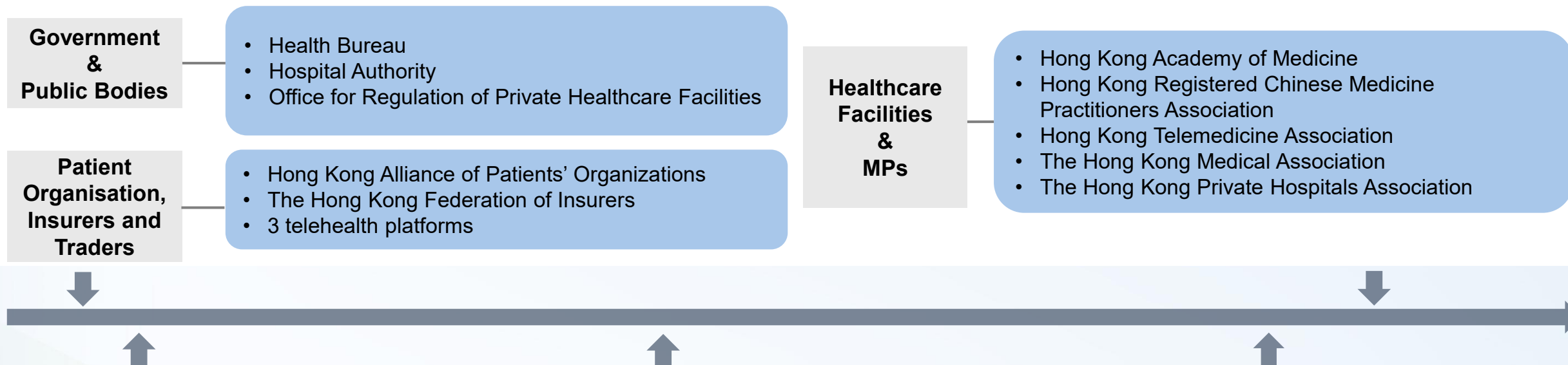
To **gather information about perception and experience** of consumers and MPs on telehealth

To **review trade practices** and terms and conditions (T&Cs) of the telehealth service providers, aiming to identify potential issues

To **provide recommendations** for promoting the sustainable development of telehealth in Hong Kong



## Pre- and Post-Study Stakeholder Engagement



### Consumer Survey

- Consumer survey**  
Users: 400  
Non-users: 440  
(Jun – Jul 2024)

### MP survey, trader survey, and desktop research

- MP survey** 833 MPs (Jun – Oct 2024)
- Trader survey** 14 telehealth service providers (Jun – Aug 2024)
- Online Research & Enquiry** (1) Reviewed the official websites, promotional materials and mobile applications (if available); or (2) conducted phone/online enquiries to 19 telehealth service providers (May – Sep 2024)

### Analysis of complaint cases and regulatory regimes

- The Council's complaint cases** (Jan 2020 – Jun 2025)
- Regulatory regimes/measures in Hong Kong and other markets** (i.e. Australia, Canada (Ontario), Mainland China, Singapore, and the United States (California))

## Part 2

# STUDY FINDINGS



# Usage of Telehealth

- Majority of the MPs and consumers commenced using teleconsultation after the outbreak of COVID-19.
- WhatsApp was the most commonly used channel.
- In the post-COVID-19 era, 73.7% of private MPs that provided teleconsultation continued to provide the service.

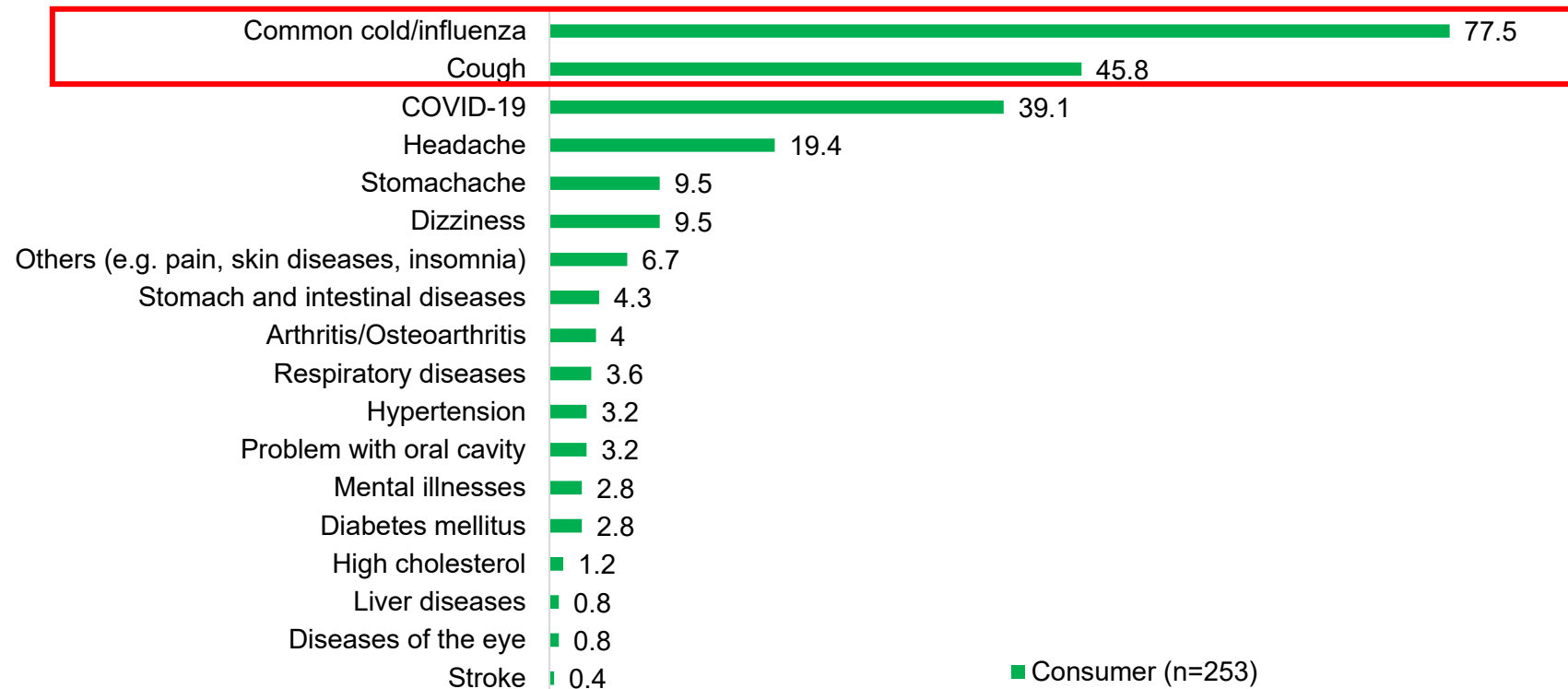
	MP Survey	Consumer Survey
Usage patterns	<p>About half of MPs had provided teleconsultation services</p> <ul style="list-style-type: none"> <li>• Public: 48.5%;</li> <li>• Private: 49.5% (CMPs: 53.2%; medical practitioners: 45.9%)</li> </ul> <p>Of the private MPs that provided teleconsultation:</p> <ul style="list-style-type: none"> <li>• 86.3% commenced the services since/after 2020</li> <li>• 73.7% were still providing</li> <li>• 19.0% only used for curing COVID-19</li> </ul>	<p>Of the consumers who had used teleconsultation:</p> <ul style="list-style-type: none"> <li>• 95.5% started using since/after 2020</li> <li>• 73.0% used more than once, 68.5% of which also used it for curing illnesses other than COVID-19</li> <li>• 96.8% had consulted MPs practising in HK, only 4.8% had consulted MPs practising out of HK</li> <li>• 47.0% users did not have a regular MP for teleconsultation</li> </ul> <p><u>Multivariate analysis</u> Consumers with health insurance were more likely to use private telehealth</p>
Commonly used channel	<p>55.0% used WhatsApp</p> <p>6.3% used telehealth platforms</p>	<p>50.5% used WhatsApp and Zoom</p> <p>37.3% used telehealth platforms</p>

# Common Types of Illness

- Consumers used telehealth for both acute and chronic conditions.
- The most common conditions were **common cold/influenza** (77.5%) and **cough** (45.8%).

## Consumer Survey

### Most Common Types of Illnesses Private Teleconsultation Were Used for (%)

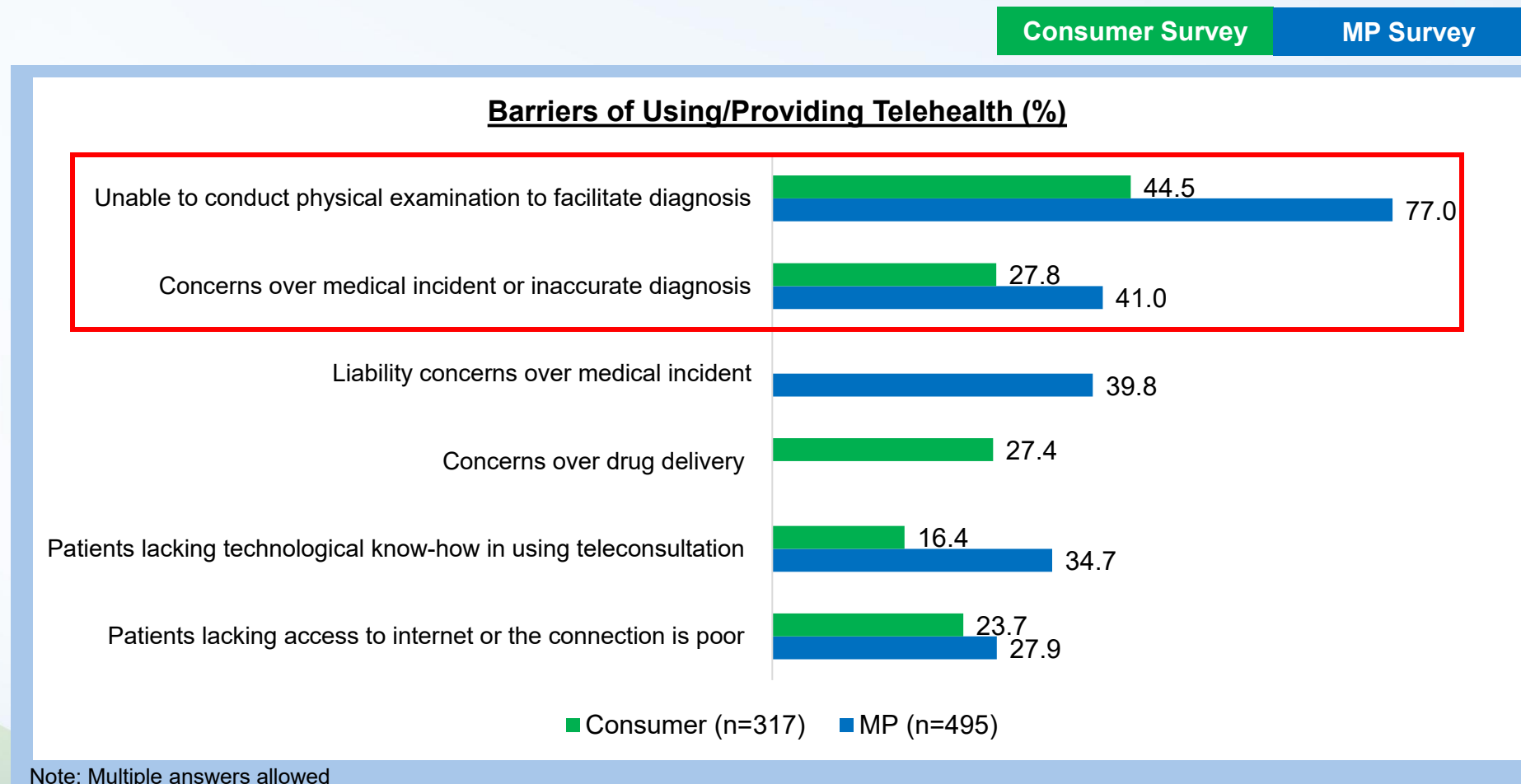


Note: Multiple answers allowed



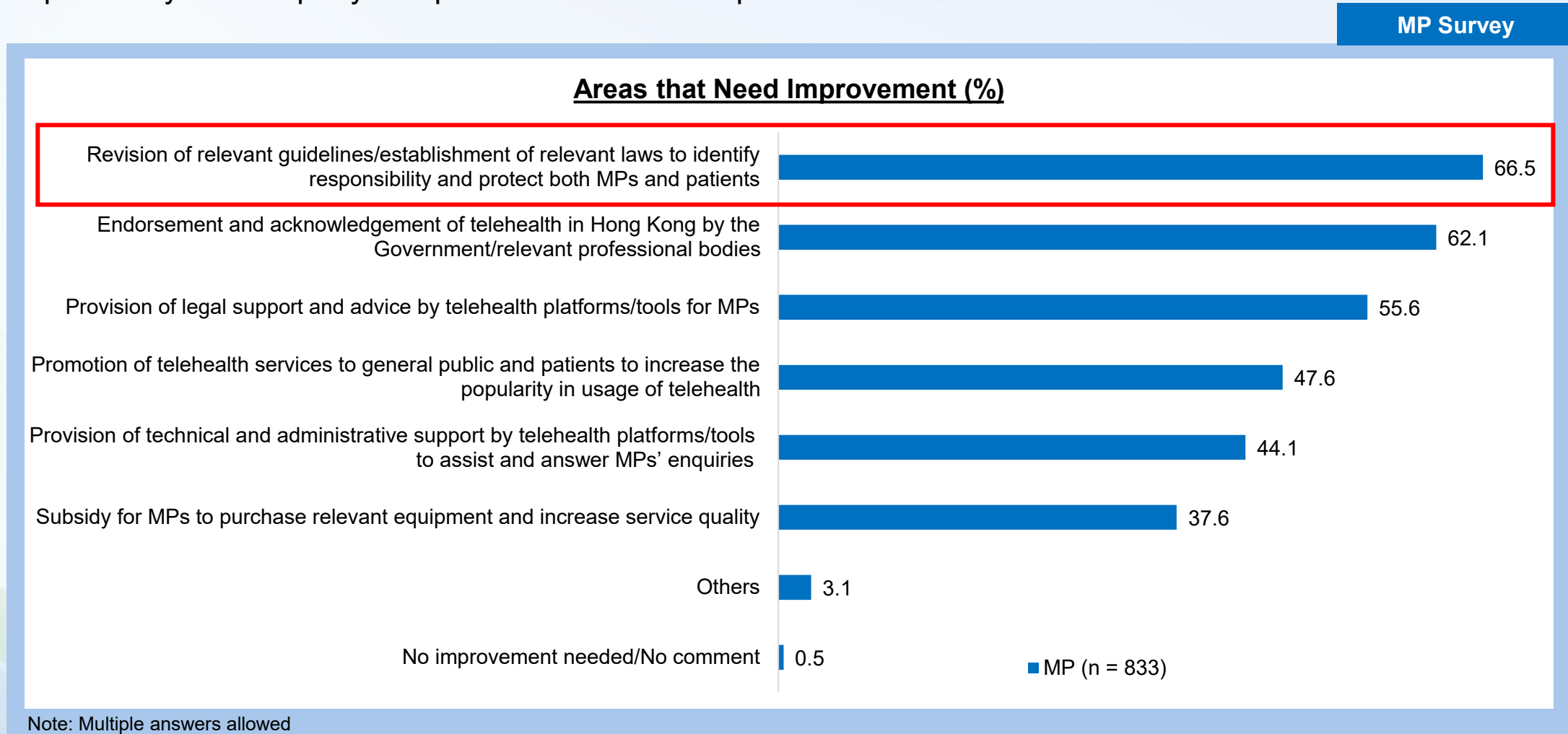
# Barriers of Using/Providing Telehealth

- **“Unable to conduct physical examination”** was the biggest barrier/concern of conducting telehealth for consumers (44.5%) and MPs (77.0%).
- **“Medical incident or inaccurate diagnosis concerns”** ranked second (consumers (27.8%); MPs (41.0%)).



## Areas that Need Improvement

- 99.5% of the MPs thought improvement in relation to telehealth services in Hong Kong was needed.
- 66.5% of MPs deemed **revision of telehealth related guidelines** and **establishment of laws** important to clearly specify responsibility of each party and protect both MPs and patients.



# Fundamental Concerns Related to Telehealth



Fragmented and inadequate governance framework



Unclear liability between parties involved during the provision of telehealth services



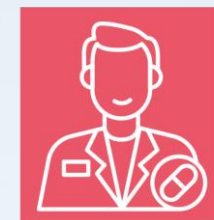
Uncertainty in insurance coverage of telehealth services



## Fragmented and inadequate governance framework

Online Research & Enquiry

- When patients use telehealth, **multiple service providers may be involved in the provision of services** (e.g. PHF, telehealth platform, MP, pharmacist, medicine delivery, etc.). Save for those for PHFs and MPs, the current regulatory frameworks and guidelines of the other providers **may not have accounted for the context of telehealth**.
- Of the 19 reviewed traders, **4** claimed that the teleconsultation services provided were **not intended for diagnosing or to be perceived as given a diagnosis or treatment**, even though their services might involve the **issuance of medical certificates and prescriptions**.
- Increasing adoption of Artificial Intelligence (AI) solutions in healthcare (e.g. providing assistance in diagnosing diseases and recommending treatments) may pose higher risks and requires more supervision.



### Example: Extract from the T&Cs of a telehealth platform

3.5 本平台醫生通過視頻問診向用戶線上提供的建議及回答，均為該醫生本人對用戶的建議。用戶應充分明白，視頻問診的服務模式存在一定的局限性。用戶知曉並同意此類建議僅供參考，並不能視為診斷。由此可能引發的任何負面影響甚至損失由用戶自行負責，**平台** 不予以負責。同時用戶在此聲明同意不會向 **平台** 及本平台的醫生提出任何性質的索賠。



## Unclear liability between parties involved during the provision of telehealth services

### Online Research & Enquiry

- 8 reviewed traders have **set T&Cs for avoiding liability** for losses/damages caused by the use of their telehealth services.

#### Example: Extract from an exemption clause of a private hospital

its doctors, officers, directors, employees or any associated or affiliated company shall not be liable for any punitive, exemplary, consequential, incidental, indirect or special damages (including, without limitation, lost profits, business interruption, loss of programs or other data on your computer or otherwise):  
(a) arising from or in connection with your use of the Telemedicine Services, whether under a theory of

#### Example: Extract from the T&Cs of an insurance company

6. <sup>Insurance Company</sup> is not the developer, controller or operator of the <sup>Medical Group</sup> app. The use of the <sup>Medical Group</sup> app is subject to the terms and conditions set out in the <sup>Medical Group</sup> app. <sup>Insurance Company</sup> is not responsible or liable for any costs, losses or damages in connection with the use of the <sup>Medical Group</sup> app and makes no guarantees, representations or warranties of any kind, expressed or implied, about the security, completeness, accuracy, reliability, suitability or availability with respect to the <sup>Medical Group</sup> app. The Qualified Insured Person

#### Case:

**An online platform claimed to offer text-based medical consultations**, and there were sections at its website for **weight management** and **treatment for the “three highs”**.

The DH (i) referred the case to the MCHK for investigating whether any medical practitioner has violated relevant professional conduct; and (ii) issued written warnings to individuals and companies responsible for publishing such advertisements, which was found to potentially violate the Undesirable Medical Advertisements Ordinance (Cap. 231). However, it was unclear whether the online platform bears any liabilities for the text-based medical consultations offered.



# Uncertainty in insurance coverage of telehealth services

Online Research & Enquiry

Complaint Cases

- 9 reviewed traders clearly stated whether insurance claims were applicable for telehealth or not.
- It was uncertain for the remaining **10** reviewed traders, which **advised to check with their insurance company / provided with no reply.**

## Example: A clinic advising patients to verify coverage of their insurance policies

5.4 You are responsible for verifying whether your insurance policy (if any) covers the online consultation service, and you may be responsible for paying any expenses not covered by the insurance company.

## Example: A private hospital stating that the telehealth service they provided is not covered by medical insurance

**Can I make insurance claims or use the vouchers under the Elderly Health Care Voucher Scheme for telemedicine services?**

Telemedicine services are not eligible for insurance claims or the use of health care vouchers.



Complainant

I called the clinic and enquired if I would be eligible to settle the bill with my medical card but the clinic staff responded vaguely, saying “I cannot tell until I have seen and checked the card in person”. When I arrived at the clinic for settling the bill and collecting medicine, only then, I was told that **bills concerning telehealth services cannot be settled with medical card.**





## Unclear information provision

1. Non-transparent price and service information
2. Potentially unfair/insufficient/unclear service terms



## Lack of consumer choices

3. Limited MPs and consultation timeslots



## Insufficient operational support

4. Difficulties in getting support



## Privacy and security concerns

5. Worries about security of telehealth platforms/teleconferencing tools
6. Insufficient safeguard on patient information and privacy



# Unclear Information Provision

Online Research & Enquiry

Complaint Cases

## 1. Non-transparent price and service information

- **Fee information** of some reviewed traders was not **transparent enough**
  - 5 traders did not provide fee information before account registration/enquiry to customer service.
  - 1 trader did not clearly specify whether a charge listed on the website was inclusive of medication delivery fee.
- **Refund mechanism** was unclear
  - 15 traders did not clearly state that whether **full refunds or free physical consultation would be arranged** for the patient if the MP believes the patient is unsuitable for telehealth.



Complainant

I used a platform to book for a private hospital's telehealth service and paid \$400, a fee that I thought was a consultation fee. After the consultation, I was additionally charged by the platform a total of \$550, including consultation, medication and delivery charges. **The platform's website did not clearly state that the \$400 I paid was a reservation fee, potentially misleading consumers.**



## Unclear Information Provision (Cont'd)

### Online Research & Enquiry

- List of **problems amenable for telehealth** was not available.
  - No information** on the suitable or unsuitable conditions for telehealth on 3 reviewed traders' website/upon enquiry.
  - Even for those making relevant disclosure (16 traders), **no common standard** was observed. Such **varying scope among different traders** could be confusing to patients.

### Example: Screen captures from a telehealth platform and a private hospital

A telehealth platform stated “dizziness” as a **suitable** condition for telehealth; yet a private hospital stated “dizziness” as an **unsuitable** condition for telehealth.

What is Telemedicine?	Benefits	<u>Suitable Conditions</u>
<b>Common Illnesses</b>		
<ul style="list-style-type: none"><li>Cough and fever</li><li>Sore throat or laryngitis</li><li>Diarrhoea / Vomiting</li><li>Flu / Cold</li><li>Sinusitis</li><li>Skin rash and other skin problems</li><li>Cold sores</li><li>Headache</li><li>Giddiness / <u>Dizziness</u></li><li>Red eye</li></ul>		

In case the doctors or nurses consider that telemedicine service is not suitable for the patient, they have the right to terminate tele-consultation and the patient will be suggested to physically attend the Group to complete consultation / seek for the nearest emergency medical assistance. The following are examples of health conditions which the doctors or nurses might consider not suitable for the patient to proceed with tele-consultation:

- Visual disturbances – double vision or blurred vision or loss of vision
- Facial weakness / numbness
- Dizziness and imbalance



## Unclear Information Provision (Cont'd)

### Online Research & Enquiry

- **Service scope information** publicised by some reviewed traders could be confusing
  - 1 trader claimed that patients could consult a **specialist doctor online anytime** in its advertisement, but there were only general medical practitioners and CMPs providing services, and the service was only available on weekdays and Saturday mornings at office hours.
  - 1 trader claimed that its service “**is provided by all general practitioners and specialists in Hong Kong**”, which might be exaggerated.
  - 5 traders did not state clear enough whether **medication delivery services** would be provided on weekends/holidays.
  - Complicated process for patients seeking essential information - A trader's website mentioned “same-day medication” with a remark of “terms and conditions apply”. To uncover the specifics, patients were required to access the mobile app, which **mandated account registration**.

### Example: Screen captures from two telehealth platforms on service scope

**Platform** : 3-Highs GO Plan | **Platform** - Online Doctor  
offer comprehensive online consultation, including GP & Chinese medicine practitioner.  
Consult a specialist doctor online anytime, anywhere in Hong Kong with **Platform** now! 三高  
GO 計劃 優惠價 \$0 起。  
Health & Wellness · Makeup · Skin Care · Makeup Products · Skincare Products · Pet Care  
GP consultation Service Hours: Mon to Fri, 9:00am-5:00pm ; Sat, 9:00am-11:30am

**平台** 提供什麼服務? 此服務  
會否提供醫生證明?  
**平台** 集合全港普通科及專科醫生, 透過應用程式以線上診所形式, 讓您無論安在家中或辦公室, 也能預約指定醫生為您看診。透過視像診療, 您無需在診所排隊和等候見醫生。**平台** 亦提供專科醫生轉介服務、藥物上門送遞服務及醫生證明。



## 2. Potentially unfair / insufficient / unclear service terms

- **T&Cs not available** from a few traders
  - Of the 19 reviewed traders, 3 did not provide T&Cs online; 2 provided essential information in the format of Q&As, while 14 traders provided T&Cs online.
  - For the 14 surveyed traders, 4 did not set any T&Cs for the provision of telehealth services (including but not limited to privacy policy or other procedure/mechanism/arrangement).
- **Unfair T&Cs** might put consumers at a disadvantaged position and undermine their rights
  - 1 reviewed trader claimed that it had **no liability for economic losses resulting from platform malfunctions**, which could be unfair to users who paid for the telehealth service and ended up not receiving the service due to platform malfunctions.

### Example: Extract from a T&C of a telehealth platform

10.5 如因 **平台** 的自有系統發生故障而影響到本平台的正常運行，**平台** 承諾第一時間內與相關單位配合，及時處理並進行修復。但用戶因此而產生的經濟損失，**平台** 不承擔責任。此外，**平台** 保留不經事先通知為維修保養、升級或其他目的暫停本服務任何部分的權利。



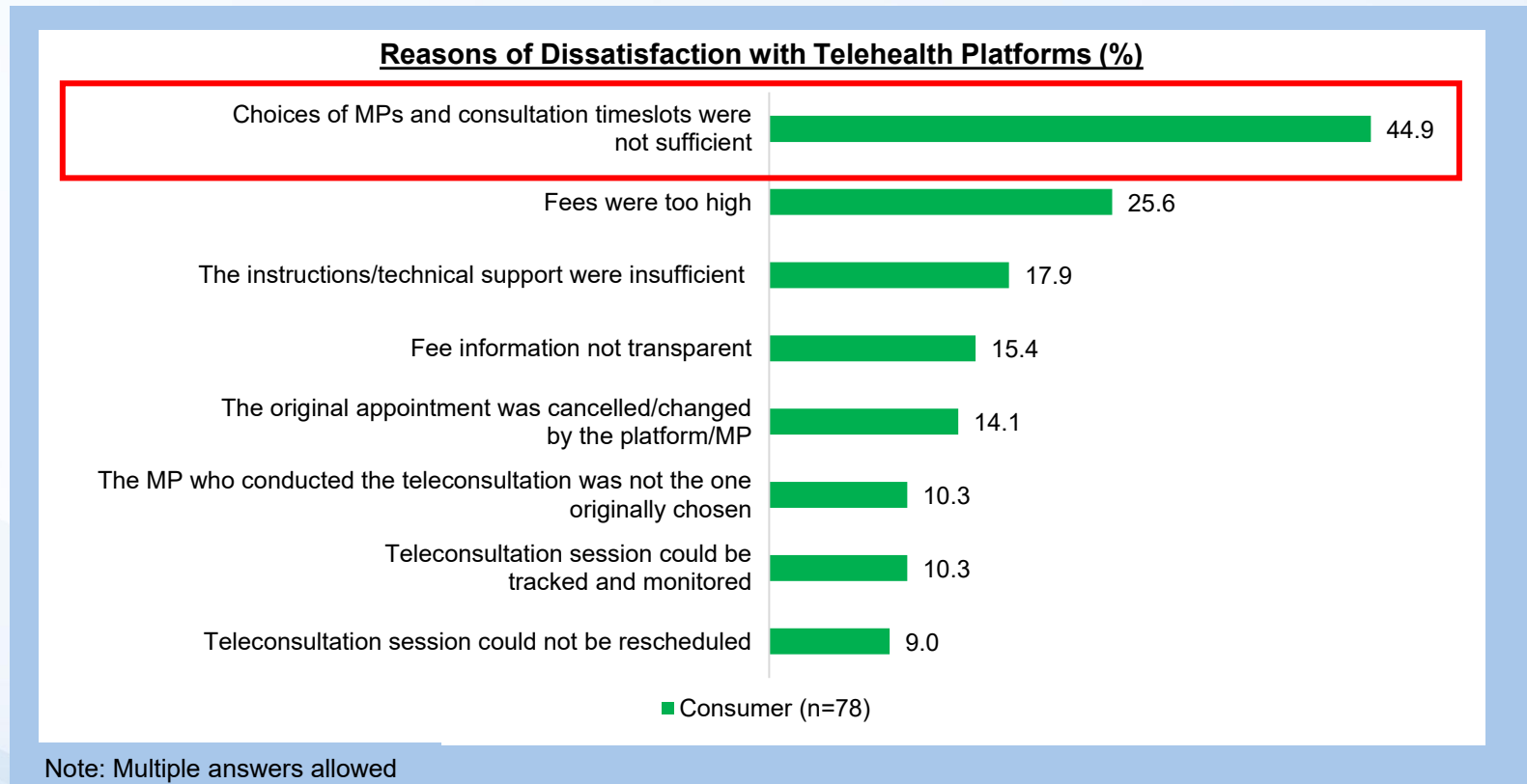
# Lack of Consumer Choices

Consumer Survey

Online Research & Enquiry

## 3. Limited MPs and consultation timeslots

- **Limited choices** for consumers might lead to dissatisfaction
  - 44.9% of dissatisfied consumers stated that **the choices of MPs and consultation timeslots were insufficient**.
  - 1 reviewed medical group even claimed that it had the **right to change the MP selected by the patient at any time**.







# Insufficient Operational Support

Consumer Survey

MP Survey

Online Research & Enquiry

Complaint Cases

## 4. Difficulties in getting support

- Consumers faced confusion and frustration due to **unclear information/inaccessible customer service** and **inadequate instructions**
  - Information provided by customer service of 11 reviewed traders was **not clear enough or it was difficult to reach the customer service**.
    - E.g. A call was made to a private hospital to enquire telehealth insurance-related matters, **the staff** advised the enquirer to consult the hospital's insurance hotline. However, **no one picked up the calls to the hotline** despite 3 attempts being made on 3 different days.
  - From the MP survey, MPs opined that the **private healthcare facilities did not provide sufficient and clear instructions on operation of telehealth services** for which they were asked to use. Only 3.2 out of 5 marks were given by private MPs on **“there were sufficient information on operation”**.
  - 17.9% consumers opined that the instruction/technical support for using telehealth platforms were **insufficient or unclear**.



Complainant

I booked for teleconsultation through an online platform and settled the consultation fee prior to the consultation. At the scheduled appointment time, I tried connecting to the doctor for more than an hour, but it was unsuccessful. I even attempted to call the platform for support but was in vain.

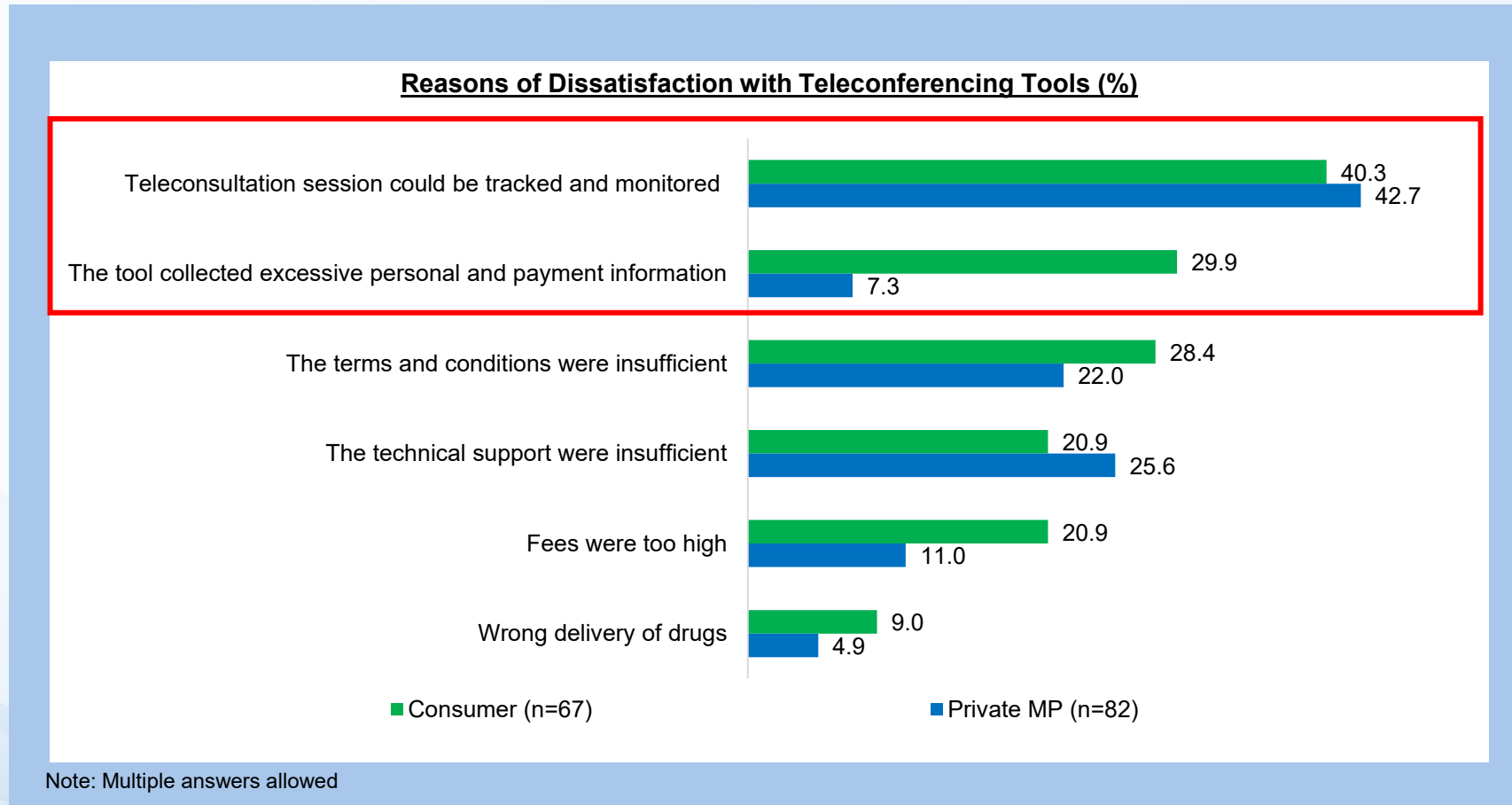
*(Subsequent to the Council's intervention, the complainant received a full refund.)*



# Privacy and Security Concerns

## 5. Worries about security of telehealth platforms/ teleconferencing tools

- Both consumers (40.3%) and private MPs (42.7%) worried that the “**consultation sessions could be tracked and monitored**” when using teleconferencing tools.
- 29.9% consumers also worried that “**the tool collected excessive personal and payment information**” from them.





## Privacy and Security Concerns (Cont'd)

### Trader Survey

#### 6. Insufficient safeguard on patient information and privacy

- Among 3 surveyed traders who developed their own tools, **only 1 indicated that it had obtained accreditation** on privacy protection. For the 10 surveyed traders which used third-party platforms/tools to provide telehealth services, **only 4** reckoned the platform/tool had obtained related accreditation.
- For 3 surveyed traders, **no identity information was needed** when patients collect medications via home delivery service, which might lead to potentially wrong delivery of medications.
- Consumers would be prone to various **cybersecurity risks** (e.g. unauthorised tracking/use of data) if there is insufficient safeguard to their personal and health information provided to and/or transmitted through telehealth platforms/tools.

Telehealth Platforms/Teleconferencing Tools:  
Accreditation Status on Privacy Protection



Remark: 1 surveyed trader responded that it had never/no longer provided teleconsultation services

Of which, the tools used were:

- WhatsApp
- Zoom
- Microsoft Teams



## Part 3

# VIEWS OF STAKEHOLDERS



# Views of Stakeholders



**Government bodies** acknowledged the increasing adoption of telehealth services. Within the public sector, clinically stable patients meeting certain criteria (such as not requiring a hospital visit for physical examination) would be invited to receive telehealth services.

For the development of telehealth in the private sector, the Government noted that there are current guidelines on telehealth for healthcare professionals. Meanwhile, the Government is open to facilitate communication with the relevant professional regulatory bodies to develop guidelines which serve as guideposts for their professions in providing telehealth services.



**Medical associations and healthcare facilities** expressed diverging views on the future adoption of telehealth, with some opined that it is not equivalent to physical visits, while some expected that its future use would increase.

Some MPs and professional bodies expressed that the existing regulatory frameworks and guidelines on telemedicine were insufficient, which might disincentivise MPs to practice telemedicine due to liability concerns. Besides, conventional medical training placed emphasis on making diagnosis through physical consultation, training on teleconsultation diagnosis should be incorporated to enhance diagnosis accuracy.



**Insurer representatives** pointed out that insurance claims concerning telehealth services were reviewed the same as traditional medical services, both regard 'medical necessity' as a key factor in determining reimbursement. They noted the rising demand for extending insurance coverage to telehealth services, and opined that insurance companies would continuously review the service demand and cost-benefit when designing insurance plans.



**Telehealth platform operators** shared that usage of telehealth had risen after the COVID-19 pandemic. In the absence of clear regulatory guidance, they expressed difficulties in navigating uncertainties with concerns over inadvertently violating the laws while operating the platforms. They welcomed regulations and guidelines to be formulated to instill in operation certainty and public confidence.

## Part 4

# REGULATORY REGIMES IN OTHER MARKETS





# Selection Rationale of Markets

## OECD countries - Regulatory development on telehealth

Country	Has national legislation, strategy or policy on the use of telemedicine?	What is the main source of funding for eHealth?	Defines jurisdiction, liability or reimbursement of eHealth services (e.g. telehealth)?
Argentina	Yes	Public	No
Australia	Yes	Public	Yes
Austria	No <sup>1</sup>	Public	No
Belgium	Yes	Public	No
Canada	Yes	Public	Yes
Chile	No	Public	Yes
Costa Rica	Yes	Public	Yes
Czech Republic	No	Public & private	No
Denmark	Yes	Public	Yes
Estonia	No	Public	No
Finland	Yes <sup>1</sup>	Public	Yes
France	Yes	-	-
Germany	Yes	-	-
Greece	Yes	Public	Yes
Hungary	Yes <sup>2</sup>	Public	No
Iceland	Yes <sup>1</sup>	Public	Yes
Ireland	Yes	Public	Yes
Israel	Yes	Public	Yes
Italy	Yes	Public	Yes
Japan	Yes <sup>2</sup>	-	Yes
Latvia	Yes <sup>1</sup>	Donor/non-public	Yes
Lithuania	Yes <sup>2</sup>	Public	-
Luxembourg	Yes <sup>1</sup>	Public	Yes
Mexico	Yes <sup>1</sup>	Public	No
Netherlands	Yes <sup>1</sup>	Public	Yes
New Zealand	Yes	Public & private	Yes
Norway	Yes <sup>1</sup>	Public	Yes
Poland	Yes	Public	Yes
Portugal	Yes	Public	Yes
Slovak Republic	Yes <sup>2</sup>	-	-
Slovenia	No <sup>1</sup>	Public	Yes
Spain	No <sup>1</sup>	Public	No
Sweden	No <sup>1</sup>	Public	Yes
Switzerland	No	Public & private	Yes
Turkey	No	Public	Yes
United Kingdom	Yes	Public	No
United States	Yes <sup>1</sup>	-	Yes

Source: OECD Health Working Papers (2020). Bringing health care to the patient: An overview of the use of telemedicine in OECD countries

- As at 2020, 28 Organisation for Economic Co-operation and Development (OECD) countries have national legislation, strategy or policy on the use of telehealth; some of which also have adopted reimbursement strategies on telehealth.
- To select the markets for reference to Hong Kong, the following factors are considered:
  - Established regulatory frameworks for telehealth, as well as privacy and data protection obligations
  - Advanced integration of telehealth into routine care
  - Technological innovations that facilitate telehealth (such as mobile health platforms)
  - Clear definitions for telehealth services, such as liability and insurance reimbursement
  - More geographically and culturally proximate to Hong Kong

## 5 reviewed markets included:

- Australia
- Canada – Ontario
- Mainland China
- Singapore
- United States – California

# Regulations/Guidelines Governing Telehealth Services

- All the 5 reviewed markets have regulations/guidelines on provision of telehealth services.

	Australia	Canada (Ontario)	Mainland China	Singapore	US (California)
<b>Telehealth services &amp; Telehealth practitioners</b>	✓ (Guidelines: Telehealth consultations with patients (2023); Information for Practitioners Who Provide Virtual Care (2024))	✓ (Framework on Telemedicine (2019); Framework on Virtual Care (2022)) ✓ (Virtual Care Policies (2007))	✓ (互聯網診療管理辦法 (試行)、互聯網醫院管理辦法 (試行)、遠程醫療服務管理規範 (試行) (2018))	✓ (The Healthcare Services Act (HCSA) (2020); Healthcare Services (Outpatient Medical Service) Regulations (2023); National Telemedicine Guidelines (2015); the Singapore Medical Council's Ethical Code and Ethical Guidelines (2016))	✓ (Telemedicine Development Act (1996); Telehealth Advancement Act (2011); Business and Professions Code (BPC) section 2290.5)
<b>Health Privacy Laws/ Guidelines</b>	✓ (Guide to health privacy (2025))	✓ (The Personal Health Information Protection Act (PHIPA) (2004))	✓ (國家衛生健康委員會關於印發國家健康醫療大數據標準、安全和服務管理辦法 (試行)的通知 (2018))	✓ (Cyber and Data Security Guidelines for Healthcare Providers (2023)) (Ministry of Health proposes to roll out the "Health Information Bill" at end-2025)	✓ (HIPAA; Health Breach Notification Rule (HBN Rule) (2009); the Statement of the Commission on Breaches by Health Apps and Other Connected Devices (2021))
<b>Telehealth platforms/ technology providers</b>	N/A (The Australian Digital Health Agency has prepared the draft Digital Health Procurement Guidelines for consultation)	✓ (Virtual Visits Solution Requirements (2020))	N/A	N/A	✓ (Health Insurance Portability and Accountability Act (HIPAA) (1996) – Business Association Agreement)
<b>Insurance reimbursement</b>	✓ (Telehealth services match clinical requirements and benefits of face-to-face consultations)	✓ (Introduction of the new virtual care model in the Ontario health care system (2022))	✓ (國家醫療保障局關於積極推進“互聯網+”醫療服務醫保支付工作的指導意見 (2020))	N/A (Consider to expand MediShield Life to include coverage for additional care types like telehealth services outside traditional hospital settings)	✓ (Telehealth Advancement Act (2011); Assembly Bill No. 744 (Ch. 867) (2019))

N/A = Information not available at the time of research

# Patient's Informed Consent

- Across the five markets, there are requirements for informed consent and emphasis on **patient understanding on the information provided** regarding telehealth services, including potential risks and limitations.
- However, the mode of the informed consent varies.

Australia	Canada (Ontario)	Mainland China	Singapore	US (California)
<b>Mandatory;</b> mode unspecified	<b>Mandatory;</b> during patient's <b>initial virtual visit</b> , and each time the benefits, limitations, and potential risks change, <b>express</b> or <b>implied</b> consent be given (subject to the degree of risk)	Practitioners <b>must</b> explain the details and costs of the telehealth services to the patient; <b>written</b> consent with <b>signature</b>	<b>Mandatory;</b> mode unspecified	Before providing telehealth, <b>must</b> inform the patient about telehealth; <b>verbal/written</b> consent must be <b>documented</b>

## Hong Kong

The mode of informed consent for telehealth services is **not specified**.

### The MCHK – Ethical Guidelines on Practice of Telemedicine

Proper informed consent requires that all necessary information regarding the telemedicine interaction be explained fully to the patient in a clear and understandable manner, including how telemedicine works, its limitations and adequacy to meet the desired standard of care, other suitable alternatives available, privacy concerns, the possibility of technological failure including confidentiality breaches, protocols for contact during virtual visits, prescribing policies, and coordinating care with other healthcare professionals.

If a physical examination is likely to add critical information, the doctor should not proceed until a physical examination can be arranged.

- All the reviewed markets allow telehealth prescription, while emphasising the need for **safe/cautious/real-time prescribing practices**, especially for controlled substances.
- In the **Mainland China**, the prescriptions need to be reviewed and approved by a pharmacist.

Australia	Canada (Ontario)	Mainland China	Singapore	US (California)
<ul style="list-style-type: none"> <li>• It is necessary for prescription to be conducted after a <b>real-time direct consultation</b> (e.g. in-person, via video/telephone)</li> <li>• Prescription for asynchronous requests for medication communicated by text, email, live-chat or online is not recommended</li> </ul>	<p><b>Prerequisite</b> set for certain prescriptions (narcotic and other controlled substances)</p>	<ul style="list-style-type: none"> <li>• Electronic <b>signature from the physician</b> is required</li> <li>• Prescriptions must be <b>reviewed and approved by a pharmacist</b></li> <li>• Online issuance of <b>high-risk</b> prescriptions (e.g. narcotic drugs and psychotropic drugs) is <b>prohibited</b></li> </ul>	<p><b>Prohibits</b> the prescription of:</p> <ul style="list-style-type: none"> <li>• Controlled drugs or medications with addictive potential</li> <li>• Medications which may have more drug-drug interactions</li> <li>• Medications requiring the patients to be first taught to be proficient in its use</li> </ul>	<p>Prescription drugs must be prescribed by a physician after an appropriate <b>examination</b> has been performed and a medical indication for the prescription has been determined</p>

## Hong Kong

The guidelines in Hong Kong on prescription via electronic means are **rather broad**, which generally require MPs to have adequate knowledge of the patient's health, and is satisfied that the medicine serves the patient's needs.

Nonetheless, it suggests that before prescribing any medicine for the first time to the patient, it is advisable for MPs to have an **in-person consultation** with that patient.

## The MCHK – Ethical Guidelines on Practice of Telemedicine

25. A doctor may prescribe for a patient via electronic means only when he has adequate knowledge of the patient's health, and is satisfied that the medicine serves the patient's needs. A doctor must consider: (a) the limitations of the medium through which he is communicating with the patient; (b) the need for physical examination or other assessments; and (c) whether he has access to the patient's medical records.
26. Before prescribing any medicine for the first time to the patient, it is advisable for the doctor to have an in-person consultation with that patient.

# Health Privacy Regulations/Guidelines for Telehealth

- Except Singapore, four other reviewed markets implemented specific regulations/guidelines protecting patients' **health privacy**.
- Singapore relies on a personal data protection law in common healthcare scenarios. Yet, it has developed a set of cyber and data security guidelines in the lead up to the potential implementation of a bill to govern health information.
- In particular, **Ontario**, **Mainland China**, and **California** have health privacy law/guidelines **specifically for telehealth services** as follows:

Canada (Ontario)	Mainland China	US (California)
<b>Health information custodians and electronic service providers</b> must manage personal health information based on their roles (e.g. if the provider is an agent of the custodian, the custodian remains responsible for any personal health information that is collected, used, disclosed, retained, or disposed of by the agent)	Require medical institutions to implement Level 3 <b>information security protection</b> when providing telehealth services	Vendors of personal health records must <b>notify</b> individuals, the Federal Trade Commission, and media of breaches

## Hong Kong

**Personal Data (Privacy) Ordinance (Cap. 486)** (PDPO) provides **comprehensive data protection**, applicable to both the public and private sectors and with a number of exemptions (such as for protection of a data subject's health) from some compliance requirements. For the health records in the Electronic Health Record Sharing System (eHealth System), the **Electronic Health Record Sharing System Ordinance (Cap. 625)** provides **legal basis** for the collection, sharing, use and safe keeping of patients' health data thereunder. Such records amount to personal data, and is also protected under the PDPO.

The MCHK has also required and advised medical practitioners, through the **Code of Professional Conduct** and **Ethical Guidelines on Practice of Telemedicine** respectively, to ensure patient confidentiality and data integrity, as well as to have due regard to their responsibilities and liabilities under the PDPO.



- There are regulations/guidelines in Ontario and California outlining the roles and obligations of telehealth service providers such as telehealth platforms or technology providers in protecting patients' **health privacy**.
- The Australian Digital Health Agency has drafted guidelines for telehealth technology providers, focusing on cybersecurity, data sharing, privacy, and core requirements. The draft guidelines are currently under consultation.

Canada (Ontario)	US (California)
<p>Ontario Health has established <b>technical requirements for telehealth service providers</b> (e.g. videoconferencing and secure messaging solution providers), which include, among others:</p> <ul style="list-style-type: none"> <li>• comprehensive liability terms for virtual visit solutions</li> <li>• data protection against unauthorised disclosure and modification</li> <li>• transfer of virtual visit information to medical records for documentation and auditing</li> <li>• accessible technical support for both clinical users and patients</li> </ul>	<p>HIPAA dictates that a telehealth vendor must monitor data, such as electronic protected health information, that is stored during transfer. They are required to provide customers with a business associate agreement (BAA) which must include <b>methods used by the third party to ensure the protection of the data</b> and provisions <b>for regular auditing of the data's security</b>.</p> <ul style="list-style-type: none"> <li>✓ HIPAA-compliant tools that include a BAA are permitted for use in telehealth services (e.g. Zoom for Healthcare, which is the healthcare version of Zoom)</li> <li>✗ Public-facing video platforms are not allowed for telehealth purposes (e.g. Facebook Live and TikTok)</li> </ul>

## Hong Kong

The provision of telehealth services by PHFs and MPs are subject to regulatory frameworks/guidelines, which contain requirements on privacy and security of data and records.

However, the obligations and liabilities of non-PHF providers, such as **telehealth platforms** and **insurance companies** are unclear as they are not subject to the relevant “premises-based” ordinance and guidelines, but rely on **ethical guidelines for MPs** and the protection under the **PDPO**.



- Various mode of insurance systems are adopted in the 5 reviewed markets, and policies for telehealth service reimbursement also vary.
- **Mainland China** and **California** emphasise the principle of **insurance reimbursement parity** between telehealth and in-person consultations.
- In the way forward, the coverage of MediShield Life (a mandatory health insurance scheme in **Singapore**) would be expanded to **include telehealth services** in addition to traditional hospital care.

Australia	Canada (Ontario)	Mainland China	US (California)
Medicare Benefits Schedule (a list of the Medicare services subsidised by the Australian Government) telehealth items have the same clinical requirements as the corresponding face-to-face consultation items and have the same MBS benefit.	Insurance reimbursement payment depends on <b>the type of interaction and the existing physician-patient relationship</b> (e.g. compensated at only 85% of the in-person fee for telephone consultations).	The insurance payment scope is determined based on <b>local medical insurance policies</b> and the <b>services offered</b> by designated medical institutions providing “Internet +” medical services.  Telehealth reimbursement should be <b>fair and consistent with offline medical service policies</b> .	Health insurers <b>cannot require in-person visits before reimbursing</b> for telehealth services or limit the settings where these services are provided.  Health insurers must reimburse telehealth services <b>at the same rates as in-person services</b> , provide <b>equivalent coverage</b> without limiting to specific providers, and apply the <b>same deductibles and maximums</b> as for in-person services.

## Hong Kong

There is **no clear framework** for insurance reimbursement for telehealth in Hong Kong. Claims condition (e.g. whether telehealth services can be claimed) depends on the clause and terms under each medical insurance plan and it varies from plan to plan.

# Part 5

## RECOMMENDATIONS



# Recommendations

Realising the full potential of telehealth services can help improve the **accessibility, quality, affordability and sustainability** of healthcare services, as well as meet the growing demand for healthcare services by **integrating such services into health systems** and **inclusive governance**.

The Council puts forward the following 5 recommendations to achieve these overarching goals:

1. Strengthen guidance for appropriate professions providing telehealth services
2. Enhance governance to cover telehealth platforms and communication tools
3. Promote market transparency on telehealth
4. Improve the usability of telehealth services
5. Educate and support consumers to safely use telehealth services

## Recommendation 1 – Strengthen guidance for appropriate professions providing telehealth services

Telehealth is an emerging field in Hong Kong, and the Government and professional medical organisations have been gradually establishing regulatory frameworks/guidelines to support its development. Such guidelines were designed to be broad and generic in nature in the view that telemedicine is still in the developing stage in Hong Kong. In actual practice, MPs expressed concerns over the quality and related legal and ethical issues and they deemed further guidance important to clearly specify responsibility of each party and protect both MPs and patients.

### *Medium term*

With the growing adoption of telehealth in other healthcare professions, relevant professional medical organisations are recommended to also **develop comprehensive guidelines for respective professions** to follow.

Overall, the Government is recommended to work with professional medical organisations to consult healthcare professionals (including MPs) regarding their experience and concerns in the provision of telehealth services, in order to **provide more detailed guidance to healthcare professionals as appropriate**.

# Recommendation 1 –

## Strengthen guidance for appropriate professions providing telehealth services (Cont'd)

### Suggested items to be included in the guideline:

- **Clinical standards:** Clear and well-defined indication of the governing bodies' expectations on clinical standards for approving the provision of telehealth services;
- **Technical operation:** Guidance for handling issues that may occur during telehealth (e.g. technical training and operational support needed, preparation of contingency plans in case of technological failure);
- **Obligation and liability:** The obligation and liability of the MPs and healthcare professionals when various parties (e.g. telehealth platforms, outsourced providers of courier medicine delivery services, etc.) are involved in telehealth;
- **Disclosure for informed consent:** A sample disclosure for **informed consent** to help MPs ensure consumer understanding, operational efficiency, and consistency across telehealth providers;
- **Cybersecurity and privacy protection:** Requirements on patient data handling, transmission, retention and protection, as well as identity authentication;
- **Usage of AI:** (i) Requirements on ethical adoption of AI (e.g. design, development, training, validation); and (ii) Enabling consumers to know the **source of the advice** when using AI to generate replies to patients (e.g. via Chatbots); and
- **Medicine delivery:** Requirements on courier medicine delivery, such as standards of packaging, temperature control, provision of medication instructions, steps for verifying patient identity, etc.

## Recommendation 2 – Enhance governance to cover telehealth platforms and communication tools

To foster consumer trust on telehealth services, the Government is recommended to also oversee **the service providers which support the practice of telehealth by healthcare professionals** (e.g. telehealth platforms), as well as the **use of videoconferencing and secure messaging solutions** (e.g. communication tools) **for telehealth**, as some of which are even not be specifically designed for telehealth, and hence may not be suitable for the practice of medicine. The following options are proposed for consideration.

### Short – Medium term

- **Voluntary adoption of accreditation**: The Government to encourage telehealth platforms and communication tools to fulfil a set of requirements (e.g. data security and privacy protection) via voluntary accreditation mechanism to **enhance safeguard to consumers' personal information and health data**.
- **Whitelist**: Relevant trade associations to establish a **whitelist** to provide a record of telehealth platforms and communication tools that meet the relevant standards and requirements (e.g. accessibility, reliability, security, privacy and confidentiality of patient information, etc.).
- **Binding contracts**: In case PHFs and MPs collaborate with third-party platforms/tools to provide telehealth service, they are encouraged to enter into service agreement with the service provider(s) to enhance service and **bind them in obliging a set of performance standards** (e.g. data protection, confidentiality, user support, access control, liability terms).

### Long term

- **Enhancements on regulatory framework**: The regulatory framework might not be “one-size-fits-all”, but shall cover all telehealth service providers, including non-PHF providers like telehealth platforms.

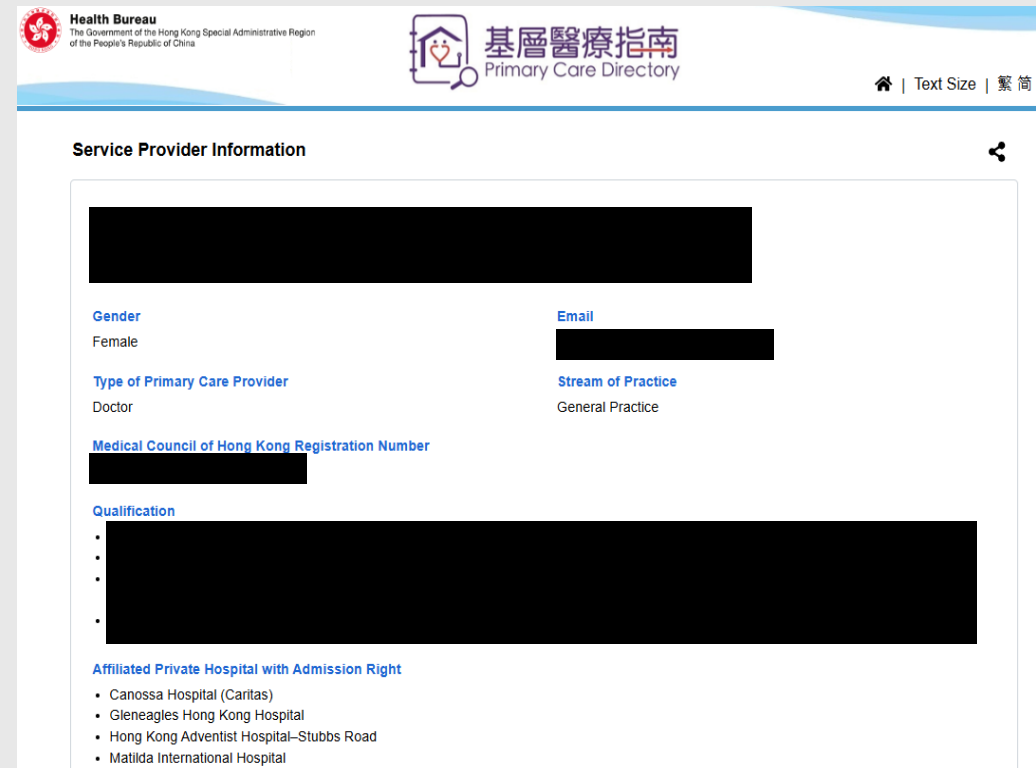


## Recommendation 2 – Enhance governance to cover telehealth platforms and communication tools (Cont'd)

### Suggested items to be disclosed on the whitelist for telehealth platforms and communication tools:

- Accreditations obtained by the service providers;
- Official link to the videoconferencing and secure messaging solution provider;
- Contact details of technical support and customer services;
- Information of complaint channels and performance pledge; and
- List of PHFs, MPs and healthcare professionals that are in collaboration with that provider.

### Reference: Interface of Health Bureau's Primary Care Directory



The screenshot displays the 'Service Provider Information' section of the Health Bureau's Primary Care Directory. The interface includes the Health Bureau logo and the title '基層醫療指南 Primary Care Directory'. The service provider information is as follows:

<b>Service Provider Information</b>	
[Redacted Name]	
<b>Gender</b> Female	<b>Email</b> [Redacted Email]
<b>Type of Primary Care Provider</b> Doctor	<b>Stream of Practice</b> General Practice
<b>Medical Council of Hong Kong Registration Number</b> [Redacted Number]	
<b>Qualification</b> [Redacted Qualifications]	
<b>Affiliated Private Hospital with Admission Right</b>	
<ul style="list-style-type: none"> <li>• Canossa Hospital (Caritas)</li> <li>• Gleneagles Hong Kong Hospital</li> <li>• Hong Kong Adventist Hospital–Stubbs Road</li> <li>• Matilda International Hospital</li> </ul>	

## Recommendation 3 – Promote market transparency on telehealth

Enhancing information transparency can empower patients to make informed decisions, increase their trust in telehealth services, and enable them to use the services smoothly.

### *Short term*

The trade is recommended to proactively publicise price related information and enhance the transparency throughout the whole telehealth process:

- **Information provision**: Provide clear charge and operational information (e.g. terms and conditions, refund and medication delivery arrangements, problems deemed not amenable to telehealth by the provider);
- **Training to staff**: Establish internal guidelines or provide training to ensure consumer-facing staff provide patients with necessary and timely information and technical support;
- **Advertising**: Refrain from exaggeration representation at advertisements, as well as unconsented direct marketing; and
- **Authentication of identity**: Enable authentication of the identity of MPs and patients before consultation (e.g. via iAM Smart).

## Recommendation 4 – Improve the usability of telehealth services

### (i) Participate in and contribute to the eHealth System

MPs have expressed concerns in using telehealth services (e.g. inaccurate diagnosis due to infeasibility of physical examination and lack of patient's medical history). The Electronic Health Record Sharing System (Amendment) Bill 2025 was gazetted in March 2025 aiming to expand and enhance the data collection, sharing, usage and protection mechanism of the eHealth System.

*On-going*

To enhance diagnostic accuracy under these constraints, **healthcare providers, medical professionals and the public are encouraged to participate in the eHealth System for sharing of health records.**

As the deposit rate of private healthcare providers has been low – as of November 2024, nearly all (over 99%) of the sharable electronic health records on eHealth came from public healthcare providers, it is essential to **reinforce data contribution by the private sector**, so as to enable citizens receiving seamless care.

## Recommendation 4 – Improve the usability of telehealth services (Cont'd)

### (ii) Expand the coverage of insurance to more telehealth services

Telehealth, as a practice of medicine, **should be taken into account** by insurance companies when they design health insurance plans. Yet, currently, whether telehealth is covered depends on the design of individual insurance plan of the insurance companies.

#### *Medium term*

Insurance companies are recommended to consider **covering telehealth** by a greater extent of medical insurance plans, in order to reduce patients' economic concerns in using telehealth services.

For the existing health insurance plans, insurance reimbursement arrangements should be considered for typical telehealth services, such as teleconsultation, outpatient care, medications, etc. Telehealth services reimbursement should be consistent with in-person services to ensure patients receive equal protection.

### Mainland China - 國家醫療保障局關於積極推進“互聯網+”醫療服務醫保支付工作的指導意見

It provides guidelines for improving the medical insurance payment policy for ‘Internet +’ medical services:

- **Define payment coverage** based on local medical insurance policies and services from designated “Internet +” medical institutions.
- Insured patients can have **consultation and medication costs reimbursed** according to local regulations when revisiting designated institutions.
- Start with outpatient chronic special diseases and **gradually include common and chronic diseases in the payment scope** for “Internet +” services.

### US - Telehealth Advancement Act of 2011

It ensures healthcare service plans and insurance companies to adopt payment policies to compensate healthcare providers providing covered healthcare services through telehealth:

- **Recognise the practice of telehealth as a legitimate means** by which an individual may receive healthcare services from a healthcare provider.
- **No health insurer shall require that in-person contact occur** between a healthcare provider and a patient before payment is made for the services appropriately provided through telehealth.
- **No health insurer shall limit the type of setting where services are provided for the patient** or by the healthcare provider before payment is made for the covered services appropriately provided by telehealth.

## Recommendation 5 – Educate and support consumers to safely use telehealth services

The Government has a role in facilitating equitable access to healthcare, including telehealth which may help meet the growing demand for healthcare services, while empowering the public through education is part of that effort. On the other hand, the trade has the responsibility to ensure consumers are well-informed and supported, so as to build consumer trust on their services.

### Short term

- Telehealth service providers to **cater to patients with varying levels of digital literacy and diverse needs**, by means such as offering essential information in multiple languages and enabling enquiries made through different channels (e.g. enquiry hotlines), to enhance the accessibility of services.
- The Government to provide advice to consumers on fraud prevention, for example, consumers should:
  - Clear browsing history and cookies regularly to reduce the risk of being tracked.
  - Use telehealth service with caution to prevent falling victim to deepfake technology, and verify the MP's identity.
  - In face of suspicious URLs, phone numbers, payment accounts, use the “Scameter” and “Scameter+” launched by the Hong Kong Police Force to assess the risk of fraud and cybersecurity.

### On-going

- The Government to **enhance public understanding on** telehealth at district level (e.g. via **District Services & Community Care Teams**) and **provide education** (e.g. technological know-how and patient rights when using telehealth) to the public, building their self-care competencies.
- Providers of telehealth services to provide **clear instructions to patients before using telehealth**, especially for **vulnerable groups**.



## Way Forward

The use of telehealth services has seen a significant upward trend globally, driven by advancements in digital technology, changing patient expectations, and the need for more accessible healthcare solutions to meet growing demand. Particularly since the COVID-19 pandemic, telehealth has evolved from a niche offering to wider adoption, enabling remote consultations, chronic disease management and health support. The Council considers that adopting a forward-looking approach is essential for Hong Kong better integrating telehealth into its health systems.

Moreover, as integration between Hong Kong and other cities in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) strengthens, the need for **cross-boundary telehealth services** (as well as cross-boundary data sharing) may rise as a result. Meanwhile, various kind of challenges lie ahead, such as digital literacy, infrastructure development, AI advancements, cross-boundary liability, privacy and data issues, presenting as hurdles to be overcome.

The Council advocates the Government to continue its reform on enhancing the quality and efficiency of healthcare, to also better utilise telehealth and prepare for future advancements step by step in the years to come.



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