



On approval of the rules for the organization, provision and payment of remote medical services

Unofficial translation

Order of the Minister of Healthcare of the Republic of Kazakhstan dated February 1, 2021 No . RK MNC-12. Registered with the Ministry of Justice of the Republic of Kazakhstan on February 3, 2021 No. 22151.

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In accordance with paragraph 5 of Article 129 of the Code of the Republic of Kazakhstan dated July 7, 2020 “On Public Health and Healthcare System”, **I HEREBY ORDER:**

1. To approve the attached rules for the organization, provision and payment of remote medical services.

2. The Department of development of electronic healthcare of the Ministry of Healthcare of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this order in the Ministry of Justice of the Republic of Kazakhstan;
2) placement of this order on the Internet resource of the Ministry of Healthcare of the Republic of Kazakhstan after its official publication;

3) submission of information on the implementation of measures provided for in subparagraphs 1) and 2) of this paragraph to the Legal department of the Ministry of Healthcare of the Republic of Kazakhstan within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan.

3. Control over the execution of this order shall be entrusted to the supervising Vice-Minister of Healthcare of the Republic of Kazakhstan.

4. This order shall enter into force upon expiry of ten calendar days after its first official publication.

*Minister of Healthcare of the
Republic of Kazakhstan*

A. Tsoi

"AGREED"

Ministry of Digital Development,
Innovations and Aerospace Industry
of the Republic of Kazakhstan

Appendix
to the order of the Minister
of Healthcare of the
Republic of Kazakhstan
dated February 1, 2021
№ RK MHC-12

Rules for the organization, provision and payment of remote medical services

Chapter 1. General provisions

1. These rules for the organization, provision and payment of remote medical services (hereinafter - the Rules) have been developed in accordance with paragraph 5 of Article 129 of the Code of the Republic of Kazakhstan dated July 7, 2020 “On Public Health and Healthcare System” (hereinafter - the Code) and shall determine the procedure for the organization, provision and payment of remote medical services.

2. The following terms and definitions are used in these Rules:

1) information and communication technologies - a set of methods for working with electronic information resources and methods of information interaction, carried out using a hardware and software complex and a telecommunications network;

2) objects of informatization - electronic information resources, software, Internet resource and information and communication infrastructure;

3) a profile specialist - a medical worker with a higher medical education who has a certificate in the field of healthcare;

4) an authorized body in the field of healthcare (hereinafter - the authorized body) - central executive body, carrying out management and intersectoral coordination in the field of protecting the health of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary and epidemiological welfare of the population, circulation of medicines and medical devices, the quality of medical services (assistance);

5) an attending physician - a doctor providing medical care to a patient during his/her observation and treatment in a medical organization;

6) consultation – an examination of a person in order to establish a diagnosis, determine treatment tactics and prognosis of a disease with participation of at least three doctors;

7) national telemedicine network of the Republic of Kazakhstan - a network of stationary and mobile telemedicine centres of healthcare organizations that are under the jurisdiction of the authorized body, united by a secure telecommunications infrastructure and equipped with hardware and software systems;

8) remote medical services - the provision of medical services for the purposes of diagnosis, treatment, medical rehabilitation and prevention of diseases and injuries, conducting research and evaluations through digital technologies, ensuring remote interaction of medical workers with each other, with individuals and (or) their legal representatives, identification of these persons, as well as documentation of their actions;

9) a medical worker - an individual who has a professional medical education and carries out medical activities;

10) medical care - a set of medical services aimed at maintaining and restoring the health of the population, including drug provision;

11) medical services - actions of healthcare subjects that have a preventive, diagnostic, therapeutic, rehabilitative and palliative orientation in relation to a particular person;

12) medical rehabilitation - a set of medical services aimed at maintaining, partial or complete restoration of impaired and (or) lost functions of the patient's body;

13) a medical organization - a healthcare organization, the main activity of which is the provision of medical care;

14) medical information system - an information system that ensures the conduct of processes of healthcare subjects in electronic format;

15) mobile healthcare – the use of mobile devices, including mobile phones, handheld personal computers, medical devices and other devices, for healthcare purposes;

16) compulsory social health insurance (hereinafter - CSHI) - a set of legal, economic and organizational measures for the provision of medical care to consumers of medical services at the expense of assets of the social health insurance fund;

17) a system of compulsory social health insurance - a set of norms and rules established by the state, regulating relations between participants in the system of compulsory social health insurance;

18) a patient - an individual who is (was) a consumer of medical services, regardless of the presence or absence of a disease or condition requiring medical care;

19) wearable medical devices - mobile (wearable) devices designed to collect and transmit indicators of the state of health of an individual;

20) guaranteed volume of free medical care (hereinafter - GVFM) - the volume of medical care provided at the expense of budgetary funds;

21) telemedicine network - a network of stationary and mobile telemedicine centres, equipped with medical equipment and united through information and communication technologies into a single information space for the provision of remote medical services, training and exchange of medical information in electronic format;

22) an informed consent - a procedure of written voluntary confirmation by a person of his/her consent to receive medical care and (or) participation in a specific study after receiving information about all aspects of medical care and (or) study that are significant for his/her decision-making;

23) an electronic health passport - a set of structured personal medical data on the state of health of an individual and medical care provided to him/her, formed by subjects of digital healthcare from electronic sources throughout life and available to both individual and healthcare workers in accordance with the rules approved by the authorized person body;

24) electronic medical record (hereinafter - the record) - a set of structured personal medical data related to a specific case of medical care.

3. Remote medical services in accordance with paragraph 1 of Article 129 of the Code shall be provided for:

1) the provision of advisory assistance, including by specialists from scientific-research institutes, scientific centres, university hospitals, as well as foreign clinics;

2) determining the expediency of referring the patient to a face-to-face consultation at higher levels of medical care;

3) provision of practical assistance by specialists of secondary and tertiary levels to specialists of primary level and rural healthcare;

4) evaluation of the effectiveness of therapeutic and diagnostic measures, medical monitoring of the patient's health;

5) clarifying the diagnosis, adjusting and determining further tactics for managing the patient and prescribing therapeutic and diagnostic measures;

6) determining the possibility of transporting a patient to higher levels of medical care, including the feasibility of using medical aviation facilities;

7) organization of remote consultations;

8) provision of medical rehabilitation services.

4. Remote medical services shall be provided in outpatient, inpatient, hospital-replacing conditions, at home, outside a medical organization, in sanatorium and resort organizations at the actual location of a patient and (or) his/her legal representative.

5. Remote medical services shall be provided through:

national telemedicine network of the Republic of Kazakhstan;

telemedicine network of a medical organization;

objects of informatization of a medical organization, including the use of wearable medical devices.

6. Remote medical services shall be provided:

1) in an emergency form - in case of sudden acute diseases, and conditions, exacerbation of chronic diseases that do not pose a clear threat to the patient's life;

2) in a planned form - in case of diseases and conditions that are not accompanied by a threat to the life of a patient, the delay in the provision of which for a certain time will not entail a deterioration in the patient's condition, as well as when carrying out preventive measures.

Chapter 2. Procedure for the organization and provision of remote medical services

7. Remote medical services provided within the framework of the guaranteed volume of medical care and (or) in the compulsory medical insurance system shall be carried out on the direction of an attending physician for the following types of medical care:

pre-medical medical care;

primary health care;

specialized, including high-tech, medical care;

medical rehabilitation;

palliative care.

8. Remote medical services in an emergency form shall be provided within a period of 3 hours to 24 hours from the moment a request is received by a consulting medical organization in accordance with the internal regulations of the consulting medical organization.

9. Remote medical services shall be provided in real time and (or) delayed consultations.

10. Participants in the process of providing remote medical services shall be:

1) a patient and (or) his/her legal representative;

2) an attending physician (consultant) and (or) medical worker (medical workers);

3) a social worker;

4) a psychologist.

11. When providing a remote medical service, a medical worker who is entrusted with the functions of an attending physician and (or) a patient and (or) his/her legal representative directly interacts with the consultant (doctors participating in the consultation), or the patient and (or) his/her legal representative directly interacts with medical worker.

12. In the remote provision of medical care in real time, a patient and (or) his/her legal representative on his own or a medical worker on the initiative of the patient and (or) his/her legal representative or a medical worker, on his/her own initiative and in agreement with the patient and (or) his/her the legal representative shall make an appointment for a consultation and (or) provision of preventive, diagnostic, therapeutic, rehabilitation and palliative care, while the duration of consultation is regulated by the internal regulations of the consulting medical organization providing remote medical care.

13. The term for the provision of remote medical services shall be calculated from the moment of receipt of a request for such a consultation (concilium of doctors) and the medical documentation necessary for their conduct.

14. Notification of a patient and (or) his/her legal representative of the date and time of consultation shall be carried out through information and communication technologies.

15. A patient and (or) his/her legal representative or a medical worker, if necessary, shall cancel or postpone the planned consultation and (or) the provision of preventive, diagnostic, therapeutic, rehabilitation and palliative care.

The parties shall be notified of the reason for cancellation or postponement of the consultation and (or) provision of preventive, diagnostic, therapeutic, rehabilitation and palliative care.

Information about cancellation of the consultation and (or) provision of preventive, diagnostic, therapeutic, rehabilitation and palliative care at the initiative of a medical worker, a patient and (or) his/her legal representative shall be formed in the form of an electronic document.

16. When the time comes for the consultation and (or) provision of preventive, diagnostic, therapeutic, rehabilitation and palliative care scheduled in real time, the medical worker shall

communicate with the patient and (or) his/her legal representative through the informatization object, which ensures the possibility of providing consultation in the form of audio-visual contact.

17. When providing a remote medical service in the mode of deferred consultations, the consultant remotely studies the patient's medical documents and other information about the patient's health, prepares a medical report without using direct communication with an attending physician and (or) a medical worker conducting the diagnostic study, and (or) a patient and (or) his/her legal representative within the terms regulated by the internal regulations of a medical organization.

Remote medical services in the mode of deferred consultations also include a description (interpretation) of diagnostic studies, including obtaining a second opinion in the form of a consultation.

18. When conducting a consultation for remote medical care in real time, an attending physician and (or) a medical worker conducting the diagnostic study and (or) a patient and (or) his/her legal representative directly interact with consultants and (or) profile specialists (participants of consultation) through information and communication technologies.

19. When conducting a consultation for remote medical care in the mode of deferred consultations, consultants and (or) profile specialists shall remotely study the patient's electronic medical records and other information about the patient's health, interact through information and communication technologies and prepare a medical report without using direct communication with a medical worker, conducting a diagnostic study and (or) a patient and (or) his/her legal representative.

20. To conduct a consultation in remote medical care, a medical worker, on the initiative of a patient and (or) his/her legal representative, or a medical worker on his own initiative (hereinafter- the initiator of the consultation) and in agreement with the patient and (or) his/her legal representative shall form an application for holding a consultation indicating specific consultants or a list of medical specialties, including an indication of medical organizations which employees are planned to be involved in holding a consultation by means of informatization objects.

The application indicates several medical organizations which employees the initiator of the consultation plans to involve in holding the consultation.

21. The remote provision of medical care shall be considered completed after the requesting organization, the patient and (or) his/her legal representative receives a medical report based on the results of a consultation or providing access to the data of the medical report and (or) sending a notification to the specified contact details of the requesting organization, the patient and (or) his legal representative, the formation of a referral for additional researches and (or) obtaining a prescription for medicines and (or) medical devices, as well as the completion of preventive, diagnostic, therapeutic, rehabilitative and palliative care.

22. In the event that specific consultants are not indicated in the application for holding a consultation for remote medical care, consultants of the relevant medical specialties shall be appointed in accordance with the work schedule of the medical organization.

23. If the application for holding a consultation for remote medical care does not indicate specific medical organizations which employees, the initiator of the consultation plans to involve in holding the consultation, a medical organization, which has employees of the relevant medical specialties shall appoint in a simple queue of an employee included in the list of consultants in the context of profiles providing remote medical services.

24. The composition of the employees participating in the consultations in the remote provision of medical care shall be determined by the head of the medical organization.

25. Through information and communication technologies, a patient and (or) his/her legal representative shall be notified of the planned consultation in accordance with urgency of medical care.

26. When conducting a consultation in the remote provision of medical care in the deferred consultation mode, the consultants shall remotely study the patient's electronic medical records and other information about the patient's health status and prepare a medical opinion of the consultation within the time limits that are regulated by the internal regulations of the medical organization, the employee of which is the initiator of the consultation.

27. The conclusion of the consultation shall be certified by all participants in the consultation using electronic digital signatures.

28. Remote monitoring of the patient's health status shall be appointed by the attending physician and includes a program, the procedure for remote monitoring and establishing a diagnosis of the disease by:

1) collecting information about the state of health and the presence or absence of complaints and (or) symptoms of diseases in a patient through questionnaires and surveys using information and communication technologies and (or) informatization objects, including the collection of data on physiological parameters of the patient collected by the patient independently and transferred to a doctor using information and communication technologies or informatization objects and (or) automatically collected by wearable medical devices that automatically transmit data to informatization objects;

2) interaction with a patient through consultations or conciliums and (or) the provision of preventive, diagnostic, therapeutic, rehabilitative and palliative care, conducted in real time and (or) deferred consultations.

29. The participants in remote monitoring of the patient's health shall be:

1) a patient and (or) his/her legal representative;

2) an attending physician on the occasion of an appeal, within the framework of which remote monitoring of the patient's health status is carried out, as well as, if necessary, a medical worker who performs remote monitoring and (or) emergency response in case of a critical deviation of the patient's health status from the limit values.

30. A patient and (or) his/her legal representative, when performing remote monitoring of the patient's health shall:

1) use wearable medical devices certified in accordance with paragraph 7 of Article 60 of the Code according to the instructions for their use;

2) independently enter reliable data on the state of health.

31. An attending physician who has prescribed remote monitoring, as well as, if necessary, a medical worker who performs remote monitoring of the patient's health status shall provide an emergency response at the patient's location in case of a critical deviation of the patient's health indicators from the limit values.

32. For the organization and provision of remote medical services, a medical organization shall ensure the availability of:

1) medical information system;

2) telecommunication channels ensuring connection to the Internet;

3) equipment with access to the telecommunications network (Internet);

4) informatization objects, ensuring the possibility of providing consultations in the format of audio-visual contact, including the means of call centers.

33. To implement the process of remote provision of medical services, medical organizations shall:

1) ensure an opportunity for the patient to submit informed consent to receive medical care or refuse medical care in the form of an electronic document or a public offer;

2) ensure interaction between the participants of the consultation process in the format of audio-visual contact through the objects of informatization and (or) telephone communication ;

3) provide patients with access to information about the possibility and conditions for the provision of remote medical services in a medical organization, posted on the Internet information and telecommunication network.

34. The consulting medical organization provides the following information to the patient and (or) his/her legal representative in an accessible form, including by posting on the Internet information and telecommunication network:

1) on the consulting medical organization participating in the provision of consultations:

name of the consulting medical organization;

location;

contact information (contact phone number, e-mail address);

a license to carry out medical activities for the relevant types of activities;

a list of types of remote medical services;

information about the provision of medical care within the framework of the guaranteed volume of medical care and (or) in the compulsory health insurance system;

2) about the consultant, doctor participating in the consultation:

surname, name, patronymic (if any);

position held in a medical organization;
work experience in the specialty (number of years);
information about the qualification category, academic degree;
consultants' work schedule;

3) information on the procedure and conditions for the provision of remote medical services, including:

the procedure for issuing the patient's informed consent to medical intervention in accordance with subparagraph 279) of paragraph 1 of Article 1 of the Code;

the procedure for obtaining anonymous advice in accordance with paragraph 1 of Article 162 of the Code;

the procedure for identification and authentication of the patient (or his/her legal representative) in accordance with paragraph 1) of Article 46 of the Unified requirements in the field of information and communication technologies and information security, approved by the Decree of the Government of the Republic of Kazakhstan dated December 20, 2016 No. 832 (CAPG of the Republic of Kazakhstan, 2016, No. 65 Art. 428);

paid or gratuitous nature of the consultation (paid, free);

the cost of providing a consultation and the procedure for its payment (in case of a paid consultation);

a public offer containing the conditions for organizing the remote provision of medical services in a medical organization and methods for accepting the offer (in the form of an SMS message, push notification, other electronic message);

the procedure for obtaining a medical opinion based on the results of the consultation;

technical requirements for electronic documents provided by the patient (or his/her legal representative) to a medical worker.

35. When conducting a consultation during the remote provision of medical care, a medical worker carrying out the consultation shall have an access to the patient's personal medical data in accordance with subparagraph 1) of paragraph 1 of Article 61 of the Code.

36. Electronic medical records obtained as a result of remote interaction between medical workers, medical workers and patients and (or) their legal representatives, including materials sent for consultation, as well as audio-visual recordings of consultations and conciliums of doctors (if any), text messages (if any), voice information (if any), images (if any), results of health indicators obtained by collecting and transmitting them using wearable medical devices (hereinafter-related materials) shall be subject to documentation in accordance with Rules for the collection, processing, storage, protection and provision of personal medical data, in accordance with paragraph 6 of Article 60 of the Code.

37. Electronic medical records, related materials on the patient's health status and diagnosis shall be an official document and are entered into the patient's electronic health

passport using the doctor's electronic digital signature, and in cases of medical rehabilitation services, using the electronic digital signature of a medical worker who provided medical rehabilitation services.

38. Providing access to electronic medical records and related materials during the periods of their storage shall be carried out in accordance with the legislation of the Republic of Kazakhstan and with the requirements of the order of the acting Minister of Healthcare of the Republic of Kazakhstan dated October 30, 2020 No. RK MHC - 175/2020 "On approval of accounting forms of documentation in the field of healthcare" (registered in the Register of state registration of regulatory legal acts under No. 21579, published on November 10, 2020 in the Standard control bank of regulatory legal acts of the Republic of Kazakhstan).

39. The organization and provision of remote medical services shall be carried out in accordance with the Unified requirements in the field of information and communication technologies and information security, approved by the Decree of the Government of the Republic of Kazakhstan dated December 20, 2016 No. 832 (CAPG of the Republic of Kazakhstan, 2016, No. 65 Article 428).

40. An individual shall have an access to information about his/her health and the medical care provided in the National electronic health passport, electronic health passport, as well as tracking the log of access to data in accordance with paragraph 5 of Article 61 of the Code.

Chapter 3. Procedure for payment for remote medical services

41. Payment for the rendered remote medical services within the framework of the guaranteed volume of medical care and (or) in the compulsory medical insurance system shall be carried out in the manner determined by the authorized body in accordance with paragraph 2 of Article 69 of the Code.

42. Payment for the rendered remote medical services on a paid basis shall be carried out in accordance with the Rules for the provision of paid services by healthcare entities, approved by order of the Minister of Healthcare of the Republic of Kazakhstan dated October 29, 2020 No. RK MHC-170/2020 (registered in the Register of state registration of regulatory legal acts No. 21559, published on November 3, 2020 in the Standard control bank of regulatory legal acts of the Republic of Kazakhstan).

43. Payment for the rendered remote medical services within the framework of voluntary medical insurance shall be carried out in accordance with the Law of the Republic of Kazakhstan dated December 18, 2000 "On Insurance Activities".