

## Minutes of the meeting of AHRER

**Date:** 21.10.2020

**Venue:** Google Meet

**Time:** 07.15 PM-08.10 PM

**Dr. Rohan Sequeira: Cardio-Metabolic Specialist, Jaslok Hospital,  
Founder -Clinicjet, (Telemedicine)  
Mumbai**

### Presiding AHRER Executive members

<b>Name</b>	<b>Specialty</b>	<b>Location</b>
Dr. Sree T. Sucharitha	Public Health	Chennai
Dr. Vikas Jain	Pediatrics	Indore
Dr. Chakrapani Chatla	Public Health	Hyderabad
Dr. Aparajit Kar	Respiratory Medicine	Delhi
Dr. Vikram Sharma	Uro-genital Specialist	Delhi
Mr. Samrat Chowdhery	INNCO President	Mumbai

### Presiding AHRER Association members

<b>Name</b>	<b>Specialty</b>	<b>Location</b>
Dr. L. Makesh Raj	Oral Pathology	Chennai
Dr. Manu Sharma	Psychiatry	Udaipur
Dr. Hari Krishnan. M	BDS	Chennai
Dr. Keerthi	BDS	Chennai
Dr. Pavithra	MDS	Chennai

The meeting of Association for Harm reduction Education & Research (AHRER) was convened on **21.10.2020** at **-7.15 PM-08.10 PM on web portal of Zoom**. The agenda of the meeting was as follows:

1. **Welcome of Members and Introduction of Agenda: Dr. Vikas Jain** welcomed members to the monthly meeting of the AHRER and gave a brief introduction of the agenda for the monthly meeting. The guest Dr. Rohan Sequeira, Cardio-Metabolic specialist at Jaslok with 30 years of experience and Founder-Partner at Clinicject, Telemedicine was introduced to the audience.
2. **Guest Talk on 'Telemedicine and its Role in Tobacco Cessation & Diagnosis':** Dr. Sequeira shared with the members the following salient points:
  1. Delivery of tobacco cessation services using telemedicine could be the 'last mile' in providing tobacco cessation care and services with "hub-and-spoke" model with cascading effect.
  2. As Telemedicine is legalized in India during COVID-19, leveraging the portals to deliver smoking cessation services including remote communities with "end mile connectivity" and site-based flexibility will be game changer.

3. The three common modalities for tobacco cessation services in hospital-based tobacco cessation service delivery are i. direct face-to-face counselling ii. telephone quit line iii. Consultation with medical specialists with prescription for pharmaceuticals such as Bupropion and Varenicline. Currently, this structured delivery model is a GAP in the telemedicine for delivering tobacco cessation services.
  4. Discussion on the Telemedicine guidelines as formulated by Government of India, the pitfalls in relation with whatsapp and social media, maintenance of electronic health records, data privacy and confidentiality of the online consultations, prescription of scheduled drugs, medico-legal issues were highlighted and 'work-in progress' nature of the guideline was effectively emphasized.
  5. The need for pilot programs and research about the scope tobacco consumers uptake of tobacco cessation services and utilization of telehealth was also discussed.
  6. The various barriers to Telehealth such as emerging guidelines, establishing standard protocols, smokers registries, technology and patient health data privacy issues and regulations were discussed in-depth.
3. **Q and A Session:** The guest talk was followed by Q and A round and following queries were addressed by the speaker

**Dr. Makesh**

1. More clarity on Whatsapp based telehealth consultations compared to electronic software based telehealth consultations is needed?

**Dr. Sequeira:** India is the only country which at the current time legalized whatsapp telehealth due to COVID emergency but it may change very soon. All Telehealth consultations need log-in/log off, documenting informed consent, maintenance of all consultation related documents which could be subjected for medico-legal liabilities.

2. Is prescription written on piece of paper and sent as picture valid and admissible in court of law?

**Dr. Sequeira:** Even on Napkin or tissue can be admissible.

**Dr. Chatla**

3. Many interesting facts about telehealth guidelines and medico-legal aspects. As guidelines are emerging regarding prescription of drugs etc they should not be limitations for the practitioners and act as barriers when there is potential to bridge the 'access' factor in reaching the remote communities and can reduce the 'cost' factor in follow-up care visits.

**Dr. Sequeira:** Shared the personal example ethics of with patient data ownership and non-commercialization business model.

4. **'Recap and Closure:** Dr. Sre, profusely thanked Guest Speaker Dr. Sequeira for sharing valuable professional insights tonight and thanked all participants for their active presence.

\*The minutes were drafted by Dr. Sree T. Sucharitha, AHRER

**Next AHRER meeting proposed on: October, 25<sup>th</sup>, 7-8 PM**

