

Washington Association of Medical Staff Services
Vancouver, Washington

“Telehealth-Credentialing, Privileging and Quality Oversight”

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Telemedicine:

The use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or health care provider and for the purpose of improving patient care, treatment, and services.

-American Telemedicine Association
www.americantelemed.org



E-Health: Disruptive Innovation for Low Cost 24/7 Access

- Retail Kiosks (employers, retail and clinic settings)
- Mobile apps and devices (computers, I-pad, smart phones, smart watches, etc.)
- 24/7 access to physicians or APRNs for common, low risk, easy to diagnose/manage problems
- Rapid expansion with large employers, health systems, health plans



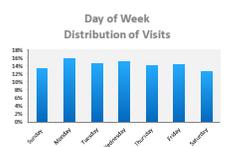
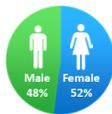
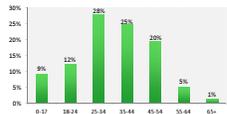
E-Health: Most Common Uses

- Urgent care (e.g. URI, UTI, rash, flu etc.)
- Chronic medical management
- On demand inpatient consults (e.g. rural areas)
- Emergency department case flow (MSE)
- Home healthcare services
- Post discharge/surgical care
- Behavioral health
- Contribute physicians to national pool



Patient Initiated		Provider Initiated	
 Mobile	 Web	 Kiosk	 Office
 Select Provider FirstGen	 Appointment Request Online Visit Start Visit		
 On Demand Urgent Care	 Many Health System Uses		

Who uses telehealth urgent care? And when?



E-Health Acute Care Application: E-ICU (NM/ID)

- 2 ICU RNs + 3 ICU MD/DOs cover 80-100 beds throughout the state
- \$3M operating costs annually
- Significant reductions in cost per case, LOS, complications with improved outcomes
- 25% average cost savings = \$800 X 80 X day= \$64,000/day throughout the state (\$23,360,000 annually)



Key definitions:

Originating (Receiving) Site: the location at which the patient receives care

Distant (Providing) Site: the location from which the practitioner provides diagnostic, prescribing, or treatment services

Tele-health policy and procedure: An MEC recommended, board approved **scope of service and scope of practice** that is provided at both sites to provide a high level care consistent with other clinical services



Scope of Services and Scope of Practices:

Both originating and distant sites must approve:

- Scope of services to be provided
- Privileges necessary to provide those services delivered by all licensed independent practitioners (LIPs) and those authorized to provide a 'medical level of care' (e.g. APNs, PAs etc.)



Three Mechanisms for Granting Tele-Health Privileges:

- I. Grant privileges at originating site (must also have equivalent privileges at the distant site) (recommended)
- II. Contract for privileges to provide 'initial interpretations' and 'second opinions' consistent with medical staff and hospital policies (**not recommended**)
- III. Utilize the credentialing/privileging information or decisions from the distant site if it is Joint Commission accredited (MS.13.01.01)(**not recommended**)



MS.13.01.01:

Services provided by consultation, contracted arrangements, or other agreements are provided safely and effectively

- leaders approve with medical staff advice
- nature and scope of service defined
- hospital is responsible for overall quality/safety and compliance with regulatory standards



Basic Credentialing Requirements:

- 1. Unrestricted license to practice in the originating organization's state
- 2. Meet MEC recommended board approved credentialing criteria at the originating site

Note: **Credentialing by proxy is NO longer permitted (effective July 15, 2010 and then liberalized in 2014)**



Basic Privileging Requirements:

- 1. Privileging criteria must be recommended and approved by both MEC and governing boards
- 2. Practitioners must meet the privileging criteria and be approved by both MEC and governing boards
- 3. Privileging information must be collected by the originating site

Note: Again, **privileging by proxy is NO longer permitted** (effective July 15, 2010 and then liberalized in 2014)



Basic Privileging Requirements:

- 4. Originating site hospital has evidence of an internal review of practitioner's performance of privileges requested and sends to the distant site information that is useful to assess quality of performance to include **at least adverse outcomes related to sentinel events and complaints from patients and staff**

Note: Again, privileging by proxy is **NO** longer permitted (effective July 15, 2010 and then liberalized in 2014)



Advanced Pop Quiz:

- 1. Can a non-Joint Commission accredited organization utilize the distant site as the credentialing/privileging entity for a telemedicine practitioner, if the distant site is in compliance with Medicare's conditions of participation?
- 2. If the 'important patient care need' standard is met, can telemedicine practitioner's be authorized to receive 'temporary privileges' similar to other members of the medical staff per The Joint Commission?



CMS:

- LIPs must be licensed and meet all relevant requirements in originating and distant states
- Telemedicine methodology not permitted for restraint and seclusion
- Direction of pharmaceutical services is permitted VIA telemedicine methodology
- All LIPs must be credentialed/privileged through the same methodology!

(Hence the changes to TJC's standards in 2010 and liberalized in 2014)



TJC: Yes, but.....

MS. 06.01.13 Temporary Privileges

EP3: 3. Temporary privileges for applicants for new privileges may be granted while awaiting review and approval by the organized medical staff upon verification of the following: - Current licensure - Relevant training or experience - Current competence - Ability to perform the privileges requested - Other criteria required by the medical staff bylaws - A query and evaluation of the National Practitioner Data Bank (NPDB) information - A complete application - No current or previously successful challenge to licensure or registration - No subjection to involuntary termination of medical staff membership at another organization - No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges



What CMS permits:

Distant site may be used as a credentialing verification organization (CVO); however, originating site must make an independent assessment based upon the information provided

If the distant site is Medicare participating facility, it may share its credentialing packet with the originating site if:

- A. Distant site includes a list of all privileges granted
- B. Distant site attests to its accuracy
- C. Originating site completes all verifications independently



National Quality Forum: Recommended Performance Domains for Tele-Health

- I. Access to Care** (patient, family, physicians/nurses, payers, care team, community)
- II. Financial Impact/Cost** (patient, family, physicians/nurses, payers, organization, care team, community)
- III. Experience of Care** (patient, family, physicians/nurses, payers, community)
- IV. Effectiveness of Care** (system, clinical, operational, technical, community)



National Quality Forum Access to Care Sample Measures:

- % physicians/care team members who can access tele-health results in real time from their office(s) or care setting
- % patients who wait < 2 hours for emergent and urgent telehealth studies
- # patients who cannot access tele-health services secondary to cost or lack of insurance coverage
- # patients who must travel out of service area for tele-health services secondary to cost or lack of insurance coverage



National Quality Forum Financial Impact/Cost Sample Measures:

- % no-show rate
- % capacity utilization per hour/per day/per week/per month/per year
- % of unnecessary care prevented by effective utilization of tele-health services
- # cases with delay in diagnosis or treatment due to failure to order a tele-health service in a timely way
- % cost per case based upon tele-health service utilization



National Quality Forum Experience of Care Sample Measures:

- % of top box scores ('almost always') for experience surveys for: patients, families, physicians, nurses, care team etc.
- % of top box scores that tele-health instructions that were clear and easy to understand
- % of top box scores that technologists and associated practitioners treated me with courtesy and respect

Why should you only look at top box as opposed to all scores in experience surveys?



National Quality Forum Effectiveness of Care Sample Measures:

- % of over-reads that result in a significant change in clinical care
- Timeliness of interpretations of studies
- Timeliness of communication of findings with patient, family, and all key care givers
- % studies not considered to be clinically indicated or medically necessary (e.g. CT Scans!)
- % studies not ordered found to be clinically indicated and medically necessary



National Regulation: Federation of State Medical Boards-

- Physician must be licensed by the medical board/jurisdiction where the patient is located
- A physician-patient relationship (e.g. duty) must be established
- A documented history and evaluation must be made prior to diagnosis and/or treatment (e.g. no on line questionnaires)
- Informed consent must include: identification of physician/patient, whether tele-medicine is appropriate and if so what components are included, security measures for PHI and information sharing agreements, hold-harmless clauses for technical failures;
- Continuity of care must be defined (including referrals for emergency services when required)
- E-prescription capabilities and protections



State of Washington-Appropriate use of Tele-Medicine:

- Physician must be licensed in Washington to treat patients in Washington from any distant site
- The standard of care for tele-medicine will be held to the same level as the traditional standard for direct care
- Must establish a doctor/patient relationship (e.g. no questionnaires)
- Must provide adequate informed consent (see FSMB requirements)
- An appropriate history and evaluation must be completed prior to diagnosis and treatment
- The limitations of tele-medicine must be recognized and referrals must be immediately available if necessary
- Documentation must be complete and accurate
- Measures to ensure accurate, informed, and error free prescribing practices



State of Washington-Tele-Health Collaborative (2016):

- Broaden the uses of and reimbursement for tele-health services in Washington State
- Research and recommendations for the safe and expanded use of tele-health services
- Inventory of existing and developing tele-health services in Washington
- Home defined as 'home or any location deemed appropriate by an individual seeking the service'
- Provider to Provider Consultations (modeled after ECHO Program in New Mexico) for individuals with complex chronic diseases
- Fraud prevention ('ghost patients')
- Billing/coding issues (store and forward and direct video conferencing)
- State wide consent forms
- Disaster Preparedness training



State of Washington-IMLC (2017):

House Bill 1337: Interstate Medical License Compact (2017)- An unrestricted Washington State license to practice will allow for expedited licenses (without a traditional licensure examination) to be obtained from other States in order to provide tele-health (and other) services.

Similarly, a professional with an unrestricted license in another State may obtain a Washington license through an expedited process.

All relevant States must participate in the Interstate Medical License Compact

Is this an incremental step towards national licensure?



Common Pitfalls:

- A. Telemedicine practitioners not appropriately credentialed and privileged at BOTH originating and distant site
- B. Originating site over-relies on information from the distant site and does not perform a due diligence evaluation on its own
- C. Patients are unaware of the identity of all practitioners involved in their care (HIPAA)



“Best Practices”:

- Credential and privilege tele-practitioners as you would any member of the medical staff
- Don't over-rely on the distant site for anything!
- Perform the same rigorous OPPE/FPPE (e.g. peer review) on tele-practitioners independent of the contracting organization
- Don't be afraid to charge the contracting vendor organization for your costs to do this work!



“You Ain't Seen Nothin' Yet!”

“The primary access to healthcare services in the 21st century will be through the I-Phone.”

Clay Christensen, Jerry Grossman, Jason Hwang, “The Innovator's Prescription” (2008)



Thank You for Joining Us!

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