

Telemedicine: Credentialing And Best Practices

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Catherine M. Ballard does not have any real or apparent conflict(s) of interests or vested interest(s) that may have a direct bearing on the subject matter of the continuing education activity.

Learning Objectives

This presentation will enable participants to:

- Describe the current state of telemedicine in healthcare
- Describe the role of Centers for Medicare and Medicaid and Medicaid Conditions of Participation and private accrediting entities in telemedicine credentialing, privileging, and regulation

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Learning Objectives

This presentation will enable participants to (cont.):

- Identify best practices in telemedicine arrangements
- Identify peer review and related sharing of information issues that may arise with respect to telemedicine arrangements

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Telehealth

- The definition of telehealth varies.
 - 2016 Federal Trade Commission and Department of Justice advocated for adoption and road use (*i.e.*, use of technologies to share information and provide clinical care, education, public health and administrative services at a distance).
 - Telemedicine is a subset of telehealth.

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Telehealth

- Barriers:
 - In-state professional licensure requirements
 - Scope of practice restrictions (*e.g.*, remote prescribing laws)
 - Patient consent requirements
 - Lack of coverage
 - Lack of reimbursement

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Telehealth

- Current Medicare covered services
 - Consultation (ED or initial inpatient visit; follow up inpatient; critical care)
 - Outpatient visits
 - Group and individual therapy/counseling
 - ESRD related services
 - Nutrition therapy
 - Alcohol abuse/misuse; counseling/screening
 - Depression screening
 - Obesity counseling
 - Advanced care planning
 - Psychoanalysis
 - Family Psychotherapy
 - Annual Wellness visit

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Telehealth

- Progress in the past year
 - More than ½ of the states now have laws of some type
 - More than ¼ of the states have joined the Interstate Medical Licensure Compact
 - Teladoc case has been stayed by agreement of the parties

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Telehealth

- Six common categories:
 - Consults between a patient at home and a distant clinician
 - Consults between a patient in the presence of a clinician and a distant clinician
 - Consults between 2 clinicians without the patient present

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Telehealth

- Six common categories (con't.):
 - Remote patient monitoring of a patient in a hospital/health care facility
 - Remote patient monitoring of a patient at home
 - Asynchronous electronic transfer of patient information to a clinician (e.g., labs or images)

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Telehealth

- Primary users of telehealth services:
 - Patients who are younger, disabled, dually eligible for Medicare/Medicaid and/or living in rural areas
- Most common service
 - Evaluation and management services
 - Psychiatric consults

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Telehealth

- Most common provider
 - Physician
 - Outpatient hospital departments

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Telemedicine

- The provision of clinical services to patients by practitioners from a distance via electronic communications.
- Applies to all Medicare-participating Hospitals and CAH inpatients and outpatients.

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Types of Telemedicine Arrangements

- Simultaneous
 - The distant site telemedicine practitioner provides clinical services to the Hospital or CAH patient simultaneously.
 - Clinical services provided to the patient in “real time.”
 - Examples: telestroke/teleneurology, teleICU, teleNICU, *etc.*

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Types of Telemedicine Arrangements

- Non-simultaneous
 - Services may involve after-the fact interpretation of diagnostic tests in order to provide an assessment of the patient’s condition.
 - Do not require real time assessments.
 - Examples: teleradiology, telepathology, *etc.*

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Telemedicine Position Statements

- Regardless of what CMS or your private accrediting entity says, you need to check your state law as well.
- Even though this is a contractual situation, it is critical to obtain input from Medical Staff leadership and Medical Staff Services.

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Credentialing and Privileging Options

- Traditional credentialing and privileging procedure
- Credentialing by Proxy
 - Between Hospital or CAH and distant site Medicare-participating hospital
 - Between a Hospital or CAH and a distant site telemedicine entity

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Traditional Credentialing

Why do it?

- Because you like it better
- Your state does not permit credentialing by proxy
- The entity does not qualify as a telemedicine entity

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Traditional Credentialing

If so,

- Consider what you can do to improve your process since you will still have a contract with the distant site. It can address issues such as:
 - Peer review: What will the distant site share with you?

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Traditional Credentialing

(con't.)

- Indemnification: Will the distant site provide this for medical malpractice and/or negligent credentialing claims?
- Number of practitioners: Can you limit?
- Number of affiliations: Can you limit?
- Process: Can you refine (e.g., on-site interview?)

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Credentialing by Proxy

- Goals of CMS Telemedicine Hospital/ CAH Conditions of Participation (CoP):
 - Increase patient access to specialty services
 - Reduce burden on small hospitals and CAHs

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Legal Requirements for Credentialing by Proxy

- Written agreement that
 - Meets applicable CMS Hospital or CAH CoPs
 - Meets applicable Hospital or CAH accreditation standards

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Legal Requirements for Credentialing by Proxy

- When the distant site is a *Medicare participating hospital*, the written agreement must specify that it is the responsibility of the distant site hospital to meet the credentialing requirements of 42 C.F.R. 482.12 (a)(1)-(a)(7) with regard to the distant site (DS) practitioners providing telemedicine services.

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Legal Requirements

- When the distant site is a “*distant site telemedicine entity*” the written agreement must specify that the distant site telemedicine entity is a contractor of services to the Hospital and, as such, furnishes the contracted services in a manner that permits the Hospital to comply with all applicable conditions of participation for the contracted services.

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Legal Requirements

- The DS practitioner must have privileges at the distant site for services to be provided to via telemedicine link and the Hospital must be provided with a current list of the practitioner's privileges at the distant site.

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Legal Requirements

- The DS practitioner must hold an appropriate license (or telemedicine certificate) issued by the appropriate State licensing entity.

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Legal Requirements

- The Hospital must maintain documentation of its internal review of the performance of each DS practitioner and must send the distant site such information for use in the distant site's periodic appraisal of the practitioner.

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Legal Requirements

- At a minimum, this information must include:
 - All adverse events that result from the telemedicine services provided by the distant site practitioner to Hospital patients; and,
 - All complaints the Hospital receives about the distant site practitioner.

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Legal Requirements

- Requirements for credentialing by proxy by CAHs are modeled after the Hospital requirements.
 - See 42 C.F.R. 485.616 (c)
 - *For a distant site telemedicine entity, must specify entity that evaluates quality.*

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Accreditation Requirements

- TJC
 - Requires the distant site to be TJC accredited
- HFAP and DNV
 - Mirror CMS Telemedicine Hospital/CAH CoPs

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Peer Review/ Quality Considerations

- CMS Telemedicine Hospital/CAH CoPs require:
 - Hospitals/CAHs who credential by proxy to provide the distant site hospital or telemedicine entity with (1) all adverse events that result from the telemedicine practitioner’s exercise of privileges with respect to the Hospital/CAH patients; and (2) all complaints that the Hospital/CAH receives regarding the telemedicine practitioner.

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Peer Review/ Quality Considerations

- Whether you can feel safe sharing peer review information between the distant site and the receiving site depends upon the State
- You need to know not only the state’s statute but, also, how the state’s courts are interpreting it
- Consider letting telemedicine physicians know this is occurring
 - Permission is not required

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Peer Review/ Quality Considerations

- Be clear as to what is being shared
 - Do not say “all” peer review information.
 - Does ‘root cause analysis’ mean the full analysis or the report or the findings?
 - What about a patient complaint?
 - What about an incident report?
 - Anything informal?

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Practical Considerations/ Best Practice

QUESTION:

Should the Hospital/CAH receiving the telemedicine services maintain a credentials file for the telemedicine practitioner?

If so, what information should be in it?

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Practical Considerations/ Best Practices

QUESTION:

- In order to engage in credentialing by proxy, must there be a provision in the Medical Staff governing documents recognizing it as an option?

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Practical Considerations/ Best Practice

QUESTION:

Is the distant site hospital or telemedicine entity expected to provide the patient-site Hospital/CAH with detailed information that may be contained in the telemedicine practitioner’s credentialing file at the distant site?

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**Practical Considerations/
Best Practice**

QUESTION:

Should a Business Associate Agreement be part of the Credentialing by Proxy Agreement?

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**Practical Considerations/
Best Practice**

QUESTION:

Can the Hospital/CAH rely upon/have a copy of the results of the NPDB query conducted by the distant site hospital/telemedicine entity?

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**Practical Considerations/
Best Practice**

QUESTION:

Does the telemedicine practitioner need to complete an application? Does the distant site hospital or telemedicine entity need to provide the Hospital/CAH with an attestation regarding the telemedicine practitioners' privileges at the distant site?

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**Practical Considerations/
Best Practice**

QUESTION:

Does the telemedicine Practitioner need to request privileges at the Hospital/CAH and sign the DoP or is the DoP at the distant site hospital or telemedicine entity sufficient?

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**Practical Considerations/
Best Practice**

QUESTION:

Is the telemedicine practitioner granted medical staff appointment and privileges?

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**Practical Considerations/
Best Practice**

QUESTION:

Should the telemedicine practitioner's privilege period at the Hospital/CAH match the privilege period at the distance site hospital/telemedicine entity?

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Practical Considerations/ Best Practice

QUESTION:

Does the Hospital/CAH have to actually grant clinical privileges to the telemedicine practitioner or is the fact that the distant site grants the practitioner a medical staff appointment and privileges sufficient?

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Practical Considerations/ Best Practice

QUESTION:

Who conducts the Professional Practice Evaluation on telemedicine practitioners?

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Practical Considerations/ Best Practice

QUESTION:

Should a Sharing of Information Agreement be part of the Credentialing by Proxy Agreement?

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Practical Considerations

QUESTION:

Should the Hospital/CAH maintain a quality file on telemedicine practitioners? If so, what information should be in the file?

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Thank you!

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