Telemedicine & Delegated Credentialing: Who is Responsible for What and Why

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Terminology

– Distant Site Hospital or Distant Site Telemedicine Entity = Provider of the telemedicine services

– Hospital or Critical Access Hospital (CAH) = Receiver of the telemedicine services (i.e., the place where the patient is located)

Telehealth

• The definition of telehealth varies.
• Telemedicine is a subset of telehealth.
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.

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.

- 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.
**Telemedicine Position Statements**

- Regardless of what CMS or TJC says, you need to check your state law as well.

**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

**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
Legal Requirements for Credentialing by Proxy

• Written agreement that
  – Meets applicable CMS Hospital or CAH CoPs
  – Meets applicable Hospital or CAH accreditation standards.

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.

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.
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.

Legal Requirements

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

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.
Legal Requirements

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

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.

Accreditation Requirements

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

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?

Practical Considerations/Best Practice

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

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?

QUESTION:
Does the Hospital or CAH need to have a telemedicine delineation of privileges (DoP)? Does the telemedicine Practitioner need to request privileges/sign the Hospital/CAH DoP or is the DoP at the distant site hospital or telemedicine entity sufficient?
Practical Considerations/Best Practice

QUESTION: Is the telemedicine practitioner granted medical staff appointment and privileges?

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?

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?
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.

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

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?
Practical Considerations/Best Practice

QUESTION: Who conducts the Professional Practice Evaluation on telemedicine practitioners?

Practical Considerations/Best Practice

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

Practical Considerations

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

(And our sincere thanks!)

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