The Joint Commission introduces MS.03.01.01: A tougher telemedicine standard, but only for some...

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For many hospitals that use teleradiology services, privileging telemedicine practitioners just got tougher. Last week, The Joint Commission (TJC) announced a new privileging standard for telemedicine practitioners, but this change only applies to organizations that use Joint Commission accreditation for deemed status purposes.

First, it may be helpful to understand that this change was necessitated by the Centers for Medicare & Medicaid Services (CMS). CMS required this change as part of the process of aligning TJC’s standards more closely with CMS’s Conditions of Participation (CoPs). As a result, TJC wrote standard MS.03.01.01 in such a way that hospitals that use TJC accreditation for deemed status (meaning as a proxy for meeting the CoPs, which makes them eligible to bill Medicare) are held to one standard and those that do not (such as Veteran’s Association hospitals) are held to a different standard.

Effective July 15, 2010, TJC accredited-hospitals must credential and privilege licensed independent practitioners (LIP) “who are responsible for the patient’s care, treatment, or services.” The process for credentialing and privileging these telemedicine providers that fall into this category must meet all of the standards required for credentialing and privileging any other LIPs on the medical staff. This means that it is no longer acceptable for medical staffs to depend on the credentialing and privileging decisions of other TJC-accredited organizations to privilege and credential telemedicine providers. The standard allows the medical staff to use information that another hospital gathered for a physician’s credentialing file, provided that the other hospital is a Medicare-participating hospital. This data includes:

- Licensure
- Training
- Board certification verifications
- National Practitioner Data Bank queries
- Sanction queries
- References
- Other information gathered during the credentialing process

However, the originating site hospital (where the patient is located) must conduct its own assessment of the LIPs’ current competence and capacity to perform the privileges requested. This assessment needs to include the same steps required for other LIPs on the hospital’s medical staff, such as:

- Recommendation from the department chair
- Evaluation by the credentials committee (if the medical staff has one)
- Recommendation by the medical executive committee (MEC)
- Approval by the governing board
Hospitals that do not use their TJC accreditation for deemed compliance with the CoPs, such as VA hospitals, can continue to credential and privilege telemedicine providers the same way they do now. This includes the following options:

- The hospital does its own credentialing and privileging
- The hospital depends on credentialing information from another hospital while still making its own determination regarding credentialing, competency and privileging
- The hospital uses the credentialing and privileging decisions of another hospital as the basis for its own decisions, provided certain requirements are met by the other hospital

For hospitals using TJC accreditation for deemed status purposes, complying with the new telemedicine credentialing standard will be a lot of work for medical staff services departments and medical staff leaders. It will be even more challenging because some teleradiology companies place hundreds of LIPs and can’t always determine which ones will care for patients at your hospital. So for now, it looks like your medical staff services department and medical staff leaders may have to process applications for a large number of telemedicine providers in a short time.

Two strategies may help reduce this burden. The first is for your hospital to begin negotiating with companies that provide telemedicine services to reduce the number of LIPs who provide care to your patients. This may require a teleradiology company to change its operations somewhat, but this will prevent you from having to credential every single LIP who works with the teleradiology company your hospital uses.

The second is a bit more of a wild card. In the past, some hospitals have successfully argued that teleradiology providers are not responsible for patients’ care, treatment, or services. They make the case that in their organizations, teleradiology physicians provide initial readings in the middle of the night and on weekends, and the local radiologist double checks each study and assumes responsibility for the definitive interpretation. They therefore adopt a policy that excludes teleradiology providers from being “responsible for the patient’s care, treatment, or services.” Whether or not this approach will stand up to the scrutiny TJC and CMS are likely to place on this new telemedicine standard in 2010 and beyond is something we all want to watch carefully.

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