Revisions To Federal Regulations Streamline Credentialing And Privileging In Telemedicine

By:

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The 2011 amendments to Title 42 CFR 482 and 485 revised the conditions of participation in the credentialing and privileging of telehealth providers for hospitals and critical access hospitals. "Telehealth" refers to the use of electronic information and telecommunication technologies to support long-distance clinical health care. Technologies used in this process can include, for example, videoconferencing, the internet, streaming media, and wireless communications. Telehealth allows a patient at an "originating-site hospital" (where the patient is located) to receive care from a practitioner located at a "distant-site" hospital or healthcare facility (commonly referred to as a "distant-site telemedicine entity").

One of its main advantages is that telehealth allows an originating-site hospital to provide a patient with immediate critical care that may not otherwise be available due to the lack of local specialist clinicians to deliver services. Concerns have been raised, however, regarding the credentialing and privileging of the distant-site health care provider at the originating-site hospital. The revised regulations seek to streamline this process.

The main objective of the new CMS regulations is to allow an originating-site hospital to rely upon the credentialing and privileging decisions made by a distant-site hospital or entity when credentialing and privileging individual distant-site practitioners to practice telemedicine at the originating-site. This objective was realized through specific additions and changes to Title 42 C.F.R. § 482.12 and 42 C.F.R. § 482.22.

Title 42 C.F.R. § 482.12(a)(8) specifically allows an originating-site hospital to grant privileges based upon information provided by the distant-site hospital or entity. In order to accomplish this, the regulations require that any process

for credentialing telehealth providers be detailed in a written agreement between the originating-site hospital and the distant-site hospital or entity. The written agreement must be structured in such a way that the originating-site hospital is responsible for ensuring that the credentialing and privileging process at a distant-site hospital meets or exceeds certain standards set forth by CMS. These standards are listed under Title 42 C.F.R. § 482.22(a)(3)(i)-(iv), as follows:

> (i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.
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> (ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital.
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> (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located.
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> (iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine

services provided by the distant-site physician or practitioner to the hospital's patients and all complaints the hospital has received about the distant-site physician or practitioner.

If the originating-site hospital is utilizing the telehealth services of a practitioner at any other distant-site telehealth entity, then somewhat different requirements must be met within the written agreement between the originating-site hospital and the distant-site entity. These standards are as listed under Title 42 C.F.R. § 482.22(a)(3)(i)-(iv), as follows:

(i) The distant-site telemedicine entity's medical staff credentialing and privilege process and standards at least meet the standards at § 482.12(a)(1) through (a)(7) and § 482.22(a)(1) through (a)(2).

(ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provide the hospital with a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.

(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State of Rhode Island in which the hospital whose patients are receiving such telemedicine services is located.

(iv) With respect to a distant-site physician or practitio-

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> ner, who holds current privileges at the hospital whose patient are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients, and all complaints the hospital has received about the distant-site physician or practitioner.

This process allows the originating-site hospital to rely on the credentialing and privileging decisions of the distant-site entity rather than requiring the originating-site hospital to conduct its own credentialing and privileging of the practitioner. This saves the originating-site hospital from having to conduct its own individual assessments and examinations of each distant-site practitioner before granting him/her privileges, a process that can be cumbersome, costly and time consuming. It should be noted, however, that the new regulations do not preclude an originating-site hospital from engaging in traditional credentialing methods for telehealth practitioners, should it wish to do so.

Through these new regulations a streamlined and efficient process is available to originating-site hospitals for credentialing and privileging distant-site telehealth practitioners. This process will allow these originating-site hospitals to take advantage of the benefits of telehealth in a practical and cost effective way.

It should be noted that while this article and the particular sections of the

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Code of Federal Regulations which it discusses focus on the processes involved in interstate medical credentialing through telecredentialing, neither specifically address any issues associated with the unauthorized interstate practice of medicine. These issues will be the subject of a future article in the RCF&P Newsletter.

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