---FINAL APPROVED---

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE BUSINESS MEETING

Wednesday, July 26, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 1:04 p.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
David Taminger, MD
Svinder Toor, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, Deputy Executive Director, Discipline
Colanthia Morton Opher, Operations Manager

GUEST PRESENT: Til Jolly, MD, CMO, Specialists on Call

Dr. Taminger read the emergency egress instructions.

Ms. Opher called the roll; a quorum was declared.

Dr. Toor moved to approve the October 19, 2016 business meeting minutes as presented. The motion was seconded and carried unanimously.

There was no public comment.

Dr. Harp requested that item #2 – "Consideration of student exemptions and license applicant exemptions for all advisory board professions", be stricken from the agenda. Dr. Toor moved to accept the amended agenda. The motion was seconded and carried unanimously.

NEW BUSINESS

#1 Presentation by Til Jolly, MD, Specialists on Call

Dr. Harp provided some background prior to Dr. Jolly's presentation. He stated that not so long ago, teleradiology and telepathology applicants were required to provide an employment verification (FORM B) from every hospital at which they were privileged to

perform services. So if they were privileged at 50 hospitals, it would take months for them to complete the licensing process.

Staff asked the Board to consider accepting a FORM B for a physician's performance at a contracted hospital signed by the Medical Director of the company that employed the physician. Besides the challenge of the sheer volume of FORM B's, there was the issue that, not infrequently, a hospital would say that no one at the facility could recall the physician. Therefore, the hospital could not provide the information sought by the FORM B. The Medical Director approach was approved by the Board, and it has helped expedite licensure of radiologists and pathologists.

There are other specialties that provide telemedicine services. Previously staff had asked the Board if it would consider broadening the acceptance of FORM B's signed by the Medical Director of a company that provided services beyond radiology and pathology. The Board declined to do so.

Dr. Jolly gave an educational presentation which, while proprietary, was applicable to all parties that provide telemedicine. His company employs neurologists, psychiatrists, and critical care specialists. He asked that telemedicine applicants other than radiologists and pathologists be allowed the expedited approach of accepting FORM B's signed by the Medical Director of the company. He then fielded questions from Board members and staff.

Q. How are complaints handled?

Dr. Jolly stated that complaints are handled internally. The Medical Director has a one-on-one talk with each of the parties involved to ascertain what happened. He said there is no video recording of the session, but there is a written consultation note placed in the file. If the complaint involved a behavioral issue, then the physician may be required to complete a training/educational program. If the issue was clinical (i.e. decision-making or quality of care, etc.), peer review is utilized to decide if the care was within acceptable standards. The resolution of a complaint may include disciplinary action all the way up to dismissal.

Q. What percentage of telemedicine companies are regulated by JCAHO?

Dr. Jolly advised that there are only two other companies, and he believes they are located in Missouri.

Dr. Jolly stated that other models of telemedicine exist that are not JCAHO-accredited. Direct-to-consumer is one such model. He says that the American Telemedicine Association is developing standards for such companies.

Dr. Harp said that he can envision three categories of telemedicine: 1) JCAHO-accredited companies; 2) non-accredited companies; and 3) the solitary physician providing telemedicine from his/her home or office. He pointed out that a challenge for the Board is the practitioner that provides direct-to-consumer care in 150 different locations to 300 different patients. The only information on performance that the Board gets on such an applicant is a letter from a colleague, who may or may not know much about his/her telemedicine performance.

Q. Virginia is typically not the first state board and not the last when considering changing an existing process. What other states are accepting the process of employment verification you are requesting the Board to consider?

Dr. Jolly said that his company faced this "FORM B" issue in Wisconsin, but now the process has been streamlined. There are also states that have considered the number of hospital evaluations that would be needed for a telemedicine applicant. Such states have decided that a performance evaluation from the company and a National Practitioner Data Bank (NPDB) report would provide adequate information for licensure.

Q. Do we really need 150 FORM B's?

Ms. Deschenes reminded the Committee that, at the June full Board meeting, the members agreed to accept NPDB in lieu of the American Medical Association (AMA) profile and Federation Credentials Verification Service (FCVS) disciplinary report. The NPDB report should contain all reports of adverse actions.

Dr. Toor said that, while Specialists on Call may have good intentions and an adequate vetting process, other companies may not have the same quality process.

Dr. Harp reported that in 2014 the Board developed a guidance document on telemedicine. Public comment before the Board showed even that the direct-to-consumer model appeared relatively safe. Telemedicine has not generated a lot of malpractice suits or board complaints. Most telemedicine companies handle issues that would be urgent care at best. Telemedicine practitioners generally refer patients with acute conditions to the ER or their PCP. These points appear to speak to a single standard for the licensure of those practicing telemedicine. The Board's mission is to protect the public and keep them safe. It appears that telemedicine, as a delivery system, has a good safety record.

Dr. Toor said that he doesn't feel that there is enough data to support that statement. If a patient is having a stroke in a small hospital, and it takes two hours to transport to the

care of a neurologist, engaging a tele-neurologist may mean one life saved. Strokes are in a high stakes category, and the benefit of tele-neurology consultation is because the risk of waiting for treatment is too high. It is still in question as to whether outcomes are the same with tele-medicine as if the patient had been seen in-person.

Dr. Harp said that, most of the time, a telemedicine practitioner instructs the patient to follow up with his/her PCP or go to the ER if the condition worsens or there is no improvement. Telemedicine complaints to the Board are infrequent. Most of the complaints regarding care are generated by in-person visits with a physician.

Dr. Harp pointed out that the FORM B is a screening tool for a physician's performance. What the Committee is asked to consider is if the Board believes that getting performance information from every facility at which the applicant has privileges is necessary. Or in the alternative, is a composite report from the company Medical Director acceptable, since he/she would have performance data on the physician?

Dr. Jolly said that practitioners are routinely re-credentialed.

Ms. Deschenes stated that, although the Board did not choose to participate in the Compact, licensure by endorsement should accomplish the same result, especially if the Board streamlined the FORM B's needed from telemedicine practitioners. She suggested to the Committee that it could recommend to the Executive Committee that the telemedicine companies submit a composite score with a list of hospitals from the Medical Director or require a maximum of five FORM B's from facilities.

Dr. Harp agreed that one FORM B filled out by the Medical Director reflecting that the physician had performed safely and competently should suffice. The list of sites at which services had been provided should be attached to the FORM B.

Dr. Taminger said that he sees streamlining the licensure process as an alternative to the Compact will enhance access to care for rural patients.

At the conclusion of the Q & A, Dr. Jolly was asked to provide examples of the letters and forms currently used by Specialists On Call and other state boards of medicine in the licensure of telemedicine practitioners.

Dr. Toor said that this is the way of the future, and we have to look at every company across the board.

The Committee agreed that it should recommend to the Executive Committee that it streamline the employment verification process for physician-to-physician telemedicine companies. It asked Dr. Harp to present the item to the August 4, 2017 Executive

Committee.

With no additional business, the meeting adjourned 2:38 p.m.

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Kenneth Walker, MD
Chair

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William L. Harp, MD
Executive Director

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Colanthia Morton Opher
Operations Manager