

 HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday" Policies and Procedures	Department: Information Technology Department	Policy No.: TEL 0001
	Issued by: Dennis Sato VP & CIO	Revision No.: 1
Subject: Telemedicine Policy	Approved by: Thomas M. Driskill, Jr. President & CEO	Effective Date: 2/12/02
		Supersedes Policy: 1/11/00
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I. PURPOSE:

- A. To increase the access to specialty expertise across geographic boundaries by way of technological advances;
- B. To increase diagnostic and treatment modalities available to patients and physicians by electronic communications;
- C. To establish safeguards to assure that patients' rights and interests are protected and to assure that patients' records and identifying information will be maintained in a confidential and secure manner;
- D. To establish procedures and protocols for providers requiring/requesting telemedicine services and to delineate approved methodologies for transmission of information; and
- E. To assure that physicians furnishing telemedicine services are appropriately licensed and that hospital records are maintained reflecting this licensure.

II. DEFINITIONS:

- A. Telemedicine – the use of telecommunications to furnish medical information and services at a distance. Methods approved for transmitting individual patient information include the use of the Hawaii Health Systems Corporation wide area network. The Internet and e-mail may only be used with encryption approved by the Vice President and Chief Information Officer of HHSC in order to protect confidentiality. Encryption is provided via the windows N2, level C2 encryption which is a government rated standard.
- B. Confidential Patient Information – any patient identifiable information contained in any medical record, report, test result, summary, video or communication. For purposes of this definition, "Confidential Patient Information" includes, but is not limited to, the encryption of any electronic information or the application of code names or code words to avoid patient identifiers.
- C. Requesting M.D. – any physician who requests a telemedicine consultation from another physician/specialist.

- D. Providing M.D. – any physician providing telemedicine consultative services at the request of a physician or other qualified provider.
- E. Emergency - Those patients at an HHSC medical facility who need evaluation urgently for either stabilization before transfer to an acute facility or immediate interventions beyond the scope of providers at the HHSC facilities.

III. PROCEDURE:

A. Requesting and Providing Telemedicine Services:

1. Providers Authorized to Request and Provide Services: The medical staff bylaws of each facility define the privileges of the medical and allied medical staff. Any provider with privileges to perform the service in person may make a request to perform the service via telecommunication. Pursuant to federal law, the following providers may request telemedicine services, if properly credentialed: physician, nurse practitioner, physician assistant, clinical nurse specialist, certified nurse midwife, and clinical psychologists. All requests for telemedicine services should be clearly documented in the patient's medical record.
2. Documentation: The request shall be in writing to the Telemedicine Coordinator (or designee). The request shall include the name of the patient and all participants; the date and time of the requested service; the type of service requested (e.g., consultation); whether any participants are seeking privileges; and a description of the consent obtained from the patient (e.g., oral, written approval to use for educational purposes, etc.). Further information may be requested by the Telemedicine Coordinator (or designee) prior to approval.
3. Emergency Consultations: In emergency situations only, any HHSC physician may access telemedicine capabilities for the benefit of his patients.

B. Credentialing of Non-staff Physicians: Physicians who have been requested to provide consultative services via telemedicine to or from HHSC facilities and who are not members of the medical staff of that facility are required to provide the facility administrator or his/her designee with evidence of the following prior to the transmission:

1. Unrestricted license to practice medicine in the state in which he/she resides
2. Current malpractice coverage
3. Good standing status in the facility where he/she currently practices
4. Approved list of privileges in facility where practicing, which shall include privileges for the service to be provided via telemedicine
5. Not on debarment list for federal insurance programs

The Administrator (or designee) shall verify the above information per existing temporary privileging policies prior to approving the temporary privileges. If a non-HHSC physician performs more than 6 consultations in a 12-month period, that physician will need to be fully credentialed at that HHSC facility.

- C. Retention of Telemedicine Credentialing Records: Upon receiving the requested information, the information shall be submitted to the Hospital's Medical Staff Office for retention in a telemedicine credentials file.
- D. Patient Consent: Except in cases of emergency, the provider requesting the telemedicine services must advise the patient about the proposed use of telemedicine, any potential risks, consequences, and benefits and obtain the patient's or the patient's legal representative's consent. The patient shall also be advised that they have the right to withhold or withdraw consent without affecting their right to future care. If the form of telemedicine proposed is deemed experimental, the patient or the patient's legal representative must be adequately informed and consent to such experimental use. All other Hospital policies, rules, and bylaws on experimentation must be followed. In the event the transmission will be used for purposes other than healthcare to the patient, (e.g., education, advertising) specific consent shall be obtained from the patient in writing. (Reference – 'The Patient Rights and Responsibilities during use of Telemedicine/Telehealth Consultations Policy/Procedure'.)
- E. Confidentiality/Security: All providers furnishing telemedicine services are required to sign a statement agreeing to maintain the confidentiality of any patient information in accordance with the definition of confidential patient information set forth in this policy as well as to retain any confidential patient information in a secured manner. Any dissemination of patient's records or patient identifiable information must be done only with the patient's express written consent. A copy of the form confidentiality agreement is attached.
- F. Methodology of Transmission: The methodology utilized to transmit "Confidential Patient Information" including, but not limited to, patient records, diagnostic results, and videotapes must assure confidentiality on both the transmitting and receiving ends and be approved by the Medical Staff. Only those methods of transmission approved in this policy may be used.
- G. Recordkeeping: Physicians furnishing telemedicine services are required to provide documentation in accordance with the standard of practice for inclusion in the patient's medical record. The provider requesting telemedicine services is responsible for assuring that such information has been received and is contained in the patient's medical record.
- H. Retention of Control: The provider requesting telemedicine services is required to retain control and remain responsible for the provision of care of the patient.
- I. Reimbursement: Providers requesting telemedicine services as well as those furnishing such services are responsible for billing for such services in compliance with State and federal laws as well as in accordance with any third party payor's requirements. Patient's authorization for billing for such services should be obtained prior to submission of a claim. Additionally, as a condition of Medicare payment, the patient must be present at the time of consultation; the medical examination must be under the control of the consulting practitioner; and the consultation must take place via an interactive audio and video telecommunications system, which must, at a minimum, include audio and video equipment permitting real-time consultation among the patient, consulting practitioner and referring practitioner. Consultations must also result in a written report furnished to the referring practitioner. Telephones, facsimile machines,

and electronic mail do not meet the requirement of interactive telecommunications systems.

REQUEST TO PROVIDE A TELEMEDICINE CONSULTATION

Dr. _____, you are being requested to provide a telemedicine consultation by [name of provider requesting] at [name of Hospital, address, fax]. The scope of the consultation desired is _____. [Signature of provider requesting]

Although the above provider is interested in obtaining your expert telemedicine consultation in an expeditious manner as possible, it is necessary that _____ Hospital obtain necessary credentialing information specified below from you first. Additionally, before any confidential patient identifying information is provided to you it is essential that you first 1) agree to perform the consultation; and 2) sign the confidentiality statement and other acknowledgments set forth below.

CONFIDENTIALITY STATEMENT

By signing below, I agree to maintain the confidentiality of any patient identifiable information provided pursuant to this request, or generated as a result of this request, which is contained in any medical record, report, test result, summary, video or other communication, whether oral, written or otherwise, and to utilize such information for the sole purpose of providing a telemedicine consultation. Patient identifiable information includes, but is not limited to, the encryption of any electronic information or the application of code names or code words to avoid patient identifiers. I also agree to retain any such information in a confidential and secured manner and further agree to refrain from disseminating any patient identifiable information without the patient's express written consent.

LICENSURE/CREDENTIALING

Please provide a copy of the following documents: 1) unrestricted license to practice medicine in the state in which you reside; 2) evidence that you are currently in good standing on the active medical staff of a hospital in the state in which you reside; 3) provide a copy of the approved list of privileges in the facility where you are practicing, which shall include privileges for the service to be provided via telemedicine; 4) a copy of your current malpractice coverage applicable to the requested services; and 5) evidence that you are not on the debarment list for federal insurance programs.¹

BY SIGNING BELOW 1) I AGREE TO FURNISH THE TELEMEDICINE CONSULT REQUESTED AND PROVIDE A COPY OF ANY REPORT GENERATED; 2) I AGREE TO ABIDE BY THE TERMS OF THE CONFIDENTIALITY STATEMENT SET FORTH ABOVE; 3) I ACKNOWLEDGE THAT I POSSESS AN UNRESTRICTED LICENSE TO PRACTICE MEDICINE IN THE STATE IN WHICH I RESIDE AND THE NECESSARY CLINICAL PRIVILEGES TO PROVIDE THE REQUESTED SERVICES; 4) I FURTHER ACKNOWLEDGE THAT I AM NOT CURRENTLY UNDER ANY INVESTIGATION OR SUBJECT TO ANY DISCIPLINARY ACTION BY ANY HEALTH CARE PROVIDER OR LICENSING AGENCY IN ANY STATE; 5) I FURTHER REPRESENT THAT I HAVE NEVER BEEN DEBARRED FROM PARTICIPATING IN A FEDERAL INSURANCE PROGRAM; 6) I FURTHER AGREE TO ONLY BILL FOR SERVICES IN CONFORMITY WITH ALL APPLICABLE LAWS, REGULATIONS AND CONTRACTS.

Physician's Name

Date/Time

Administrator Approval

Date/Time

¹ Please note that if you maintain an office in Hawaii or have a place to meet patients or receive calls within Hawaii, it is necessary that you have a license to practice medicine in the State of Hawaii to provide a teleconsultation. If applicable, please provide evidence of Hawaii licensure. LA:157380.1