

September 4, 2001

## CREENTIALING AND PRIVILEGING OF TELEMEDICINE AND TELEHEALTH SERVICES PROVIDED IN HOSPITALS AND CLINICS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides guidance for the credentialing and privileging of medical and other practitioners providing clinical telehealth services between Department of Veterans Affairs (VA) medical centers, community-based outpatient clinics (CBOCs), and community facilities. *NOTE: This Directive does not cover the provision of such services that are adjunct to care delivered by the VA medical center (i.e., Vet Centers, patients' homes, etc.). A separate directive covers providing clinical telehealth services into these adjunct sites.*

### 2. BACKGROUND

a. VA considers telemedicine an enabling technology to deliver currently defined health care interventions. The guidance for credentialing and privileging contained in VHA Handbook 1100.19, March 4, 1999, applies in exactly the same manner for practitioners as if they are delivering services in the conventional (non-telemedicine) manner. It, therefore, directly follows that the requirements contained in the VHA Handbook for the credentialing of practitioners must be followed for all VHA practitioners who provide clinical services using telemedicine.

b. Not only is the telephone used extensively in health care, new telecommunications technologies are increasingly being used as a way to improve access of patients to health care services. These new technologies are bringing new challenges, including how to ensure providers, who are not in physical proximity, are appropriately credentialed and privileged to offer health care consultation advice and treatment. There are over 31 different clinical telemedicine applications in use in VA medical centers, ranging from teleradiology and remote imaging to speech pathology. Other common examples of telemedicine and telehealth may be found on the Telemedicine Home Page (see <http://vaww.va.gov/telemed> and <http://www.va.gov/telemed>).

c. The appropriate mechanism for credentialing and privileging off-site providers providing clinical telemedicine services from one facility to other remote locations is receiving increasing attention from professional and regulatory organizations in health care. Examples of such concerned organizations which have made recent recommendations on the credentialing and privileging of telemedicine are: American College of Radiology, American Medical Association, and the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). JCAHO has issued standards for the credentialing and privileging of practitioners for telemedicine which make a distinction between teleconsultation and the direct provision of care using telemedicine; each has different requirements for telemedicine privileging.

#### d. Definitions

(1) **Telehealth.** Telehealth is the use of electronic communications and information technology to provide and support health care when distance separates the participants. It covers

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health care practitioners interacting with patients, and patients interacting with other patients.

(2) **Telemedicine.** Telemedicine is the provision of care by an licensed independent health care provider that directs, diagnoses, or otherwise provides clinical treatment delivered using electronic communications and information technology when distance separates the provider and the patient. For example, a provider who is providing services to a facility and whose orders, treatment plans, reports, etc., are entered into the medical record for action by other providers at the facility would need to be credentialed and privileged in accordance with this policy at the site of the patient, i.e., teleradiology encompasses reading radiographic films at a distance.

(3) **Teleconsulting.** The provision of advice on a diagnosis, prognosis, and/or therapy using electronic communications and information technology to support the care provided when distance separates the participants, and where hands-on care is delivered at the site of the patient by a licensed independent health care provider, is called teleconsulting. The actual care of the patient, or action on the advice, is given by a licensed independent provider at the site of the patient, and determines the appropriateness of the advice for action, i.e., a cardiology consultation where a licensed independent provider at the site of the patient implements the advice through orders or other means and then monitors the status of the patient.

(4) **Credentialing.** The term credentialing refers to the systematic process of verifying and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence, and health status. Credentialing is required to ensure an applicant has the required education, training, experience, physical and mental health, and skill to fulfill the requirements of the position and to support the requested clinical privileges.

(5) **Clinical Privileging.** Clinical privileging refers to the process by which a licensed practitioner is permitted by law and the facility to practice independently, to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experiences, health status, (as it relates to the individual's ability to perform the requested clinical privileges), education, training, and licensure.

(6) **Independent Licensed Practitioner.** The term independent licensed practitioner is any individual permitted by law (the statute which defines the terms and conditions of the practitioner's license) and the facility to provide patient care services independently; i.e., without supervision or direction, within the scope of the individual's license and in accordance with individually granted clinical privileges.

(7) **Consultation versus Care.** A crucial consideration raised by the JCAHO standards for the credentialing and privileging of telemedicine (see subpar. 2d(2)) is making a distinction between consultation and care. For the current purposes, "consultation" is when the consultant involved in providing telemedicine and/or telehealth recommends diagnoses, treatments, etc., to the provider requesting the consult, but does not actually write orders or assume the care of the

patient. If the consultant writes orders or assumes the care of the patient, then this constitutes “care.”

**3. POLICY:** It is VHA policy that all VHA practitioners involved in the provision of clinical telehealth services are subject to all existing requirements for credentialing, as identified in VHA Handbook 1100.19, Credentialing and Privileging. *NOTE: This VHA Directive does not apply to physicians who are residents. The requirements for this group are covered through the attending physicians who supervise them, providing they practice solely within the scope of their residency training program.*

**4. ACTION:** The facility or site Director has the ultimate responsibility for ensuring that all telemedicine and/or telehealth activity taking place in a facility, or at a site, fit within the scope of practice of the relevant practitioner. *NOTE: In the event there are any concerns about the adequacy of any existing credentialing and privileging arrangements to cover the clinical practice of a practitioner using telemedicine or telehealth, these concerns must then be taken to the appropriate network clinical service manager for resolution. All (not just medical) practitioners treating patients using telemedicine must be qualified to deliver the level of consultation, care, and treatment involved regardless of the technology used. NOTE: In the meantime, while this process of resolution is happening, telemedicine and telehealth services cannot be provided to or from a facility or site by the practitioner in question.*

a. If a clinician would normally make a referral to another institution and telehealth is chosen as the mechanism for undertaking this, then privileging requirements are the same as when making a conventional referral (in person, by letter, by fax or by telephone).

b. The usual basic credentialing and privileging requirements must be completed and maintained for all VA medical practitioners as a precondition to providing telehealth. The provider must be credentialed and privileged at the facility or site at which the provider is physically located when providing telehealth services. Because telemedicine and/or telehealth usually involves more than one site of health care delivery, a question arises with respect to inter-facility agreements and coordination of these services. *NOTE: The VISN is the ultimate authority that is responsible for brokering these agreements and coordinating these relationships.*

c. In addition, when the provider is providing telemedicine and telehealth services, a copy of the practitioner’s current credentialing information must be immediately available at the facility, or site where the patient is physically located; i.e., where the telemedicine and/or telehealth services are being provided. Making this information available may be accomplished by using the Credentials Transfer Brief (Att .A.) whenever its use can reasonably ensure the accurate and confidential transfer of credentialing information. The Transfer Brief can be sent electronically (i.e., an attachment to an e-mail) and maintained in a credentialing file, which then replaces other documents normally kept as part of making credentialing decisions. *NOTE: It is VHA’s intention to make this information available by means of VetPro. When the parties involved in telemedicine and telehealth have access to VetPro, the Transfer Brief will no longer be necessary.*

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d. When a practitioner provides only teleconsultation services to another site, a copy of the provider's current clinical privileges must be made immediately available to the facility or site where the patient is physically located (see subpar. 4c). This requirement can be accomplished electronically (providing the method used has the necessary data security and confidentiality protections), by facsimiles or by mail.

e. When telemedicine and/or telehealth services are being provided that direct, diagnose, or otherwise provide clinical treatment to a patient via a telemedicine link, the provider must be credentialed and privileged at the facility which receives the telemedicine service (remote site) as well as at the site from which the provider provides service. In addition to the Credentials Transfer Brief (in the future it will be known as VetPro data verification), a copy of the provider's current clinical privileges from the site where the provider provides the service, must be made available to the site where the patient is physically located. A separate delineation and granting of privileges must be made by the facility receiving the telemedicine services. If necessary, any consideration concerning the appropriate utilization of telemedicine equipment by the provider should be encompassed in the course of this privileging process.

f. Before a remote practitioner conducts telemedicine and/or telehealth with another facility or site, the facility or site where the patient is physically located must first query the National Practitioner Data Bank (NPDB) to check on the suitability of the practitioner to practice. **NOTE:** *If this is not done it must be clearly documented why an NPDB query was not completed before the practitioner can engage in patient care via telemedicine and/or telehealth.*

## 5. REFERENCES

- a. <http://vaww.va.gov/telemed>
- b. <http://www.va.gov/telemed>
- c. [http://www.jcaho.org/standard/medicalstaff\\_rev.html](http://www.jcaho.org/standard/medicalstaff_rev.html).
- d. Standard For Teleradiology. American College of Radiology, revised 1996. American College of Radiology: <http://www.acr.org>
- e. American Medical Association: <http://www.ama-assn.org/mem-data/special/omss/omssadv/policy.htm>
- f. VHA Handbook 1100.19 "Credentialing and Privileging," March 4, 1999.
- g. Field, M., ed. "A Guide to Assessing Telecommunications in Health Care," Institute of Medicine. Telemedicine National Academy Press, 1996.
- h. **Other Useful Web sites**
  - (1) Telemedicine Information Exchange: <http://www.tie.telemed.org>
  - (2) Federal Telemedicine Gateway: <http://www.tmgateway.org>

- (3) Telemedicine activities of National Library of Medicine: <http://www.nlm.nih.gov>
- (4) Department of Defense telemedicine: <http://www.matmo.org>
- (5) American Telemedicine Association: <http://www.atmeda.org>

**6. FOLLOW-UP RESPONSIBILITY:** The Telemedicine Strategic Health Care Group (11T) is responsible for the contents of this directive. ***NOTE:** Questions that pertain to the issues identified in this directive may be referred (202) 273-8508. General questions pertaining to credentialing and privileging may be referred to (202) 273-8936.*

**7. RESCISSIONS:** None. This VHA Directive expires September 4, 2006.

Thomas L. Garthwaite, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 9/11/2001  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 9/11/2001

## TELEMEDICINE CREDENTIALS TRANSFER BRIEF

*NOTE: Any item not verified at the primary source is listed with notation of information substituted.*

1. PRACTITIONER'S NAME	1A. SOCIAL SECURITY NUMBER
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1B. TYPE OF APPOINTMENT	1C. SPECIALTY
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### 2. EDUCATION AND TRAINING

	DEGREE OR SPECIALTY	INSTITUTION	LOCATION	COMPLETION DATE	PRIMARY SOURCE VERIFIED
<b>EDUCATION</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INTERNSHIP</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>RESIDENCY</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FELLOWSHIP</b>					YES <input type="checkbox"/> NO

3. ECFMG CERTIFICATE NUMBER	3A. ISSUE DATE	3B. VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
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### 4. STATE MEDICAL LICENSE

STATE	LICENSE NUMBER	EXPIRATION DATE	PRIMARY SOURCE VERIFIED

5. DRUG ENFORCEMENT ADMINISTRATION (DEA) CERTIFICATE NUMBER	5A. EXPIRATION DATE
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6. SPECIALTY BOARD CERTIFICATION	6A. EXPIRATION DATE
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6B. SPECIALTY BOARD CERTIFICATION	7C. EXPIRATION DATE
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7. CLINICAL PRIVILEGES GRANTED IN	7A. EXPIRATION DATE
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8. NATIONAL PRACTITIONER DATA BANK (NPDB) QUERY(IES) DATE; I.E., DATE SUBMITTED:
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9. \_\_\_\_\_ (Practitioner) \_\_\_\_\_ attested to the not having a physical or mental health condition that would adversely affect the ability to carry out the clinical duties requested from \_\_\_\_\_ (*insert name of the VA medical center or Health Care System where currently appointed*); is known to be clinically competent to practice the full scope of privilege granted at this facility, to satisfactorily discharge professional and ethical obligations, as attested to by (*name and telephone number of Service Chief*), and is known to be providing telehealth services. (*Service Chief*) (*has*) additional information relating to (provider's name) competence to perform granted privileges.

10. \_\_\_\_\_ (Practitioner) \_\_\_\_\_ credentialing file and the documents contained therein have been reviewed and verified. The information conveyed in this memorandum reflects credentials status as of \_\_\_\_\_ (Date) \_\_\_\_\_. The credentialing file contains no additional information relevant to the privileging of the provider at your medical center.

11. MEDICAL STAFF COORDINATOR ( <i>Typed Name</i> )	11A. TELEPHONE NUMBER	11B. FACSIMILE NUMBER
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NAME OF FACILITY	SIGNATURE OF MEDICAL STAFF COORDINATOR
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**ATTACHMENT B**

**INSTRUCTIONS FOR USING THE TELEMEDICINE CREDENTIALS  
TRANSFER BRIEF FORMAT**

***NOTE:** Any information that has not been verified at the primary source must be noted as such on the Transfer Brief. The Transfer Brief must specify what effort was taken to verify the item and what information has been substituted for the verification.*

**Paragraph 1.** Complete name, type of appointment, social security number, and clinical specialty.

**Paragraph 2.** List qualifying degree, internship, residency, fellowship, and the qualifying training as appropriate. Include completion date of each and indicate presence or absence of primary source verification in the credentialing file.

**Paragraph 3.** Complete ECFMG certificate number, issue date, and expiration date indicating presence or absence of primary source verification, if appropriate.

**Paragraph 4.** List all currently held state licenses, registrations, and certifications: expiration date and primary source verification status of each.

**Paragraph 5.** List currently held DEA Certification including certificate number and expiration date.

**Paragraph 6.** List all applicable specialty and/or board certifications and recertifications, expiration date, and primary source verification status of each.

**Paragraph 7.** State the type of privileges currently held by the Home facility, and the expiration date of current clinical privileges. Attach copy of current privileges.

**Paragraph 8.** List date of most recent NPDB and if appropriate, Federation of State Medical Board queries and responses.

**Paragraph 9.** Provide a brief statement describing the applicant's health status and actual clinical performance with respect to the privileges granted at the base facility, the discharge of applicant's professional obligation as a medical staff member, and applicant's ethical performance. The paragraph must contain a statement indicating the presence or absence of other relevant information in the recommendation relating to the provider's competence for privileges as granted, knowledge that provider will be participating in telehealth services, and a means of direct contact with the person making the recommendation.

**Paragraph 10.** Provide certification that the credentialing folder was reviewed and is accurately reflected in the Brief as of (annotate that date).

**Paragraph 11.** Provide the name, paper or electronic signature, title, phone number and Fax number of the designated contact (i.e., Medical Staff Coordinator) at the sending facility.