

PRIVILEGING FOR VHA TELERADIOLOGY

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive defines the mechanism for credentialing and privileging of teleradiologists who are appointed to the National Teleradiology Program (NTP).
- 2. SUMMARY OF MAJOR CHANGES:** This revised VHA Directive provides updates to the responsibilities of the Director of the National Teleradiology Program and adds responsibilities for client medical facility Directors.
- 3. RELATED ISSUES:** VHA Handbook 1100.19.
- 4. RESPONSIBLE OFFICE:** Diagnostics Services (10P4D) in the Office of Patient Care Services (10P4) is responsible for the contents of this Directive. Questions may be addressed to 1-877-780-5559. *NOTE: Consultation can be obtained from the National Director of Credentialing and Privileging.*
- 5. RESCISSIONS:** VHA Directive 2007-034, dated October 11, 2007, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of December, 2019.

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PRIVILEGING FOR VHA TELERADIOLOGY

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the mechanism for credentialing and privileging teleradiologists who are appointed to the National Teleradiology Program (NTP). **AUTHORITY:** 38 U.S.C. Chapter 74; 38 CFR Part 46; 45 CFR Part 60; 5 CFR Parts 315, 731, and 752.

2. BACKGROUND:

a. The NTP is a VHA service providing remote teleradiology interpretations for each Department of Veterans Affairs (VA) medical facility with a need for additional radiologic patient image interpretations.

b. Previously, VHA teleradiologists were required to be privileged at each VA medical facility for which they provided service. In the case of the NTP, each physician would need to maintain privileges at dozens of hospitals. This created an administrative burden. To overcome this hurdle, VHA negotiated a national privileging program with The Joint Commission, which has been successfully executed since October 11, 2007.

(1) The Joint Commission standards (LD.04.03.09, MS.13.01.01) allow an originating site (where the patient is located) to use the credentialing and privileging information of telemedicine practitioners from a distant site if there is a contractual agreement for services and the distant site is a Joint Commission-accredited organization. It is not necessary for Joint Commission accreditation personnel to maintain a complete credentials file for each provider, or to fully credential the provider using the originating site hospital process.

(2) The Joint Commission has agreed to a privileging program within VHA that treats the NTP as a unique entity for purposes of credentialing and privileging. The NTP is a clinical service of its host facility (VA Palo Alto Health Care System) and is surveyable as part of that facility's survey.

3. POLICY: It is VHA policy that radiologists appointed to the NTP to perform teleradiology be credentialed, privileged, and participate in the NTP quality assurance program.

4. RESPONSIBILITIES:

a. **Director of the National Teleradiology Program.** The Director of the National Teleradiology Program (NTP) is responsible for ensuring:

(1) A signed Memorandum of Understanding (MOU) is established between the NTP and each VA medical facility receiving teleradiology services from the NTP.

(2) The provider profile of each NTP teleradiologist is maintained to support the provider's renewal of privileges. The provider profile must include such factors as:

(a) Peer review (clinical competency) aggregate data;

(b) Incident reports;

(c) Letters of complaint or praise;

(d) Participation in quality improvement activities including completion of assigned random peer review cases and other selected peer reviews;

(e) Licensure actions;

(f) Completion of continuing education requirements; and

(g) Maintenance of certification.

(3) Competency data is collected and reviews are performed for all locations for which the physician is privileged. To accomplish this, competency statistics of radiologists' performance at the NTP are sent to the relevant Chief of Service at remote locations when requested. Likewise, the Chief of Service at remote locations where NTP physicians are privileged will send competency data to the Director of the NTP.

(4) Quality Assurance surveys are collected from all facilities that receive service from the NTP. Information collected from remote sites receiving teleradiology services include, but are not limited to: satisfaction, timeliness of services, accuracy of interpretation, and communication of critical results.

(5) An annual report of quality and performance improvement monitors is submitted to the Quality Manager at the host facility, the Quality Manager at each VA medical facility served by the NTP, and the Teleradiology Governance Board. This annual report must de-identify all patient, physician and VA medical facilities.

b. **Host Medical Facility Director.** The Director at the host medical facility to which NTP radiologists are appointed is responsible for oversight of the NTP and the NTP quality assurance program. Specifically, the medical facility Director is responsible for ensuring:

(1) All teleradiologists who are appointed to the NTP are privileged at its host facility to practice radiology using teleradiology for VHA in any and all of NTP's reading locations.

(2) A copy of the NTP radiologists' credentials and privileges are available to each site served by the NTP. Credentials must be entered in the VetPro credentialing information system.

(3) The NTP is included in the Joint Commission accreditation survey of the host VA medical facility to which NTP radiologists are appointed.

c. **Client Medical Facility Director.** The Director at the client medical facility receiving teleradiology services from the NTP is responsible for ensuring:

(1) A signed Memorandum of Understanding (MOU) is established between the medical facility and the NTP.

(2) Teleradiologists appointed to the NTP do not need to be credentialed and privileged at the VA medical facility served by the NTP as long as they are working within the scope of their NTP duties.

(3) An NTP teleradiologist who performs studies on-site for the VA medical facility, or otherwise works outside of the NTP, is independently privileged at the facility for which the teleradiologist provides care outside of the NTP.

(a) Example: If a radiologist works for the NTP, he or she must be privileged to perform radiology within the Teleradiology Service at the host facility. If the radiologist also performs interventional procedures at the host facility, he or she must have privileges for interventional procedures within the Radiology Service at that facility.

(b) Example: If a radiologist privileged at the NTP also interprets studies for VA Sierra Nevada Healthcare System (SNHCS) by teleradiology in fulfillment of a Memorandum of Understanding (MOU) between the NTP host facility and SNHCS, then the radiologist must have privileges at SNHCS because the MOU was with the host facility and not with NTP.

(4) Quality assurance information is communicated to the NTP. It is imperative that client facilities communicate to the NTP the results of any peer reviews performed at the client medical center, as well as any complications or incidents that result in adverse or serious patient outcomes. Such information will be incorporated into each teleradiologist's provider profile and must be considered whenever undertaking privileging actions.

5. REFERENCES:

a. Credentialing and Privileging for Providers from the Joint Commission Accredited Organization: http://www.jointcommission.org/accreditation/accreditation_main.aspx.

b. Final Revisions to Telemedicine Standards; Joint Commission Perspectives, January 2012, Volume 32, Issue 1.