

Federation of State Medical Boards Establishes New Model Policy on Telemedicine

On April 26, 2014, the Federation of State Medical Boards approved a [Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine](#).

New (and some not-so-new) technologies are being used in the practice of medicine in many ways. Communication options are making it possible for more kinds of interactions between physicians and their patients to occur remotely. Advancements in “apps” and inexpensive diagnostic devices are helping to bridge the gap between a physician and a patient who are not in the same room. Telemedicine technologies are being used to make access to care more available and more convenient and to make delivery of care more efficient. The availability of new modes of practice through telemedicine has presented novel issues for health care professionals and regulators alike.

What is “telemedicine?”

An initial task is to define the limits of the conversation. The Model Policy, by its terms, is not targeted at every electronic communication between physician and patient. Physicians and patients have engaged in electronic communications for decades – e.g. by telephone or facsimile – and those longstanding forms of remote contact are not within the scope of “Telemedicine” as defined for the Policy.

“Telemedicine” means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional encounter in person between a provider and a patient (Model Policy, p.4).

The goals of the Federation in establishing a Model Policy on Telemedicine are the very same goals pursued by the Federation and each medical board as they contribute to the oversight of the profession.



The expectations for the physician are no less than when practicing in a traditional face-to-face encounter. The goals reflected in the Model Policy are to foster a high degree of professionalism among physicians and to call on them to:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the profession;
- Properly supervise non-physician clinicians; and
- Protect patient confidentiality.

The fundamental requirements for the practice of telemedicine reflected above are already part of Vermont law. In 2011, the Vermont law on medical practice was amended to require a physician who is practicing via electronic communication to: take reasonable steps to confirm the patient’s identity; establish a diagnosis in accordance with accepted practices; and maintain a record. 26 V.S.A. §1354(a)(33). The use of telemedicine technology would not lessen the obligations of the physician to supervise non-physicians, nor would it lower expectations for maintenance of patient privacy.

What new ground is covered by the Model Policy?

It’s not exactly new, but the policy reaffirms the stance that a physician must be licensed in the jurisdiction in which the patient is located. This is a vital tenet of medical regulation that is rooted in the concept that the

States have the right and the duty to protect their citizens. With the expansion of remote care via telemedicine technology, this is a concept that has been challenged by some. The reaffirmation of the “location of the patient” as the basis for determining where the physician must be licensed is an important part of the model policy.

The model policy also establishes the expectation that informed consent must be obtained for practice relying on telemedicine technology. It addresses the issues of continuity of care, referrals for emergency services, and medical record issues that are specific to telemedicine. Finally, the Model Policy includes, in detail, issues of privacy and security that are of special importance in the telemedicine setting.

As is typical of the Federation’s Model Policies, the Model Policy for Telemedicine was established as a resource for boards and practitioners to help them identify the issues that should be considered when examining the practice of telemedicine and to help boards establish appropriate standards.

Why should Vermont physicians be interested in the new Telemedicine Model Policy?

First, whether you seek to practice remotely or not, it is becoming more common. You are likely to encounter circumstances in which these issues are relevant and you may have to make decisions about how you and your practice will respond to new situations. Second, the Federation’s approval of the new Model Policy will prompt the Vermont Board of Medical Practice and other boards to discuss adoption of telemedicine policies.

If you want to participate in those conversations, we encourage you to begin to examine the issues now so that you can let your views be known when that opportunity arises. With careful examination of telemedicine technology capabilities and an eye to the patient-centered goals detailed above, the medical profession and regulators will define standards that will allow telemedicine to meet its full potential to improve the ability to meet society’s needs for health care services without compromising professionalism, patient safety or personal privacy.



Vermont Board of Medical Practice
PO Box 70, Burlington VT 05402-0070
802-657-4220
(within VT: 800-745-7371)
medicalboard@state.vt.us
[http://healthvermont.gov/hc/
med_board/bmp.aspx](http://healthvermont.gov/hc/med_board/bmp.aspx)