

Dear Colleague:

The practice of telemedicine in the United States and worldwide is growing rapidly, presenting both opportunities and challenges to the health care community.

At this important time of development, the Federation of State Medical Boards (FSMB) believes the national dialogue on telemedicine should be taken to a new level - ensuring that patient protection, medical quality and sound regulatory policy are all taken into account as telemedicine evolves.

With that goal in mind, FSMB earlier this year convened an invitational symposium in Washington, D.C., titled "Balancing Access, Safety and Quality in a New Era of Telemedicine."

We are sending you a summary of this forum today in the hope that it will provide useful background about key issues that will shape telemedicine's future.

The symposium included a diverse mix of participants – ranging from state medical and osteopathic board members and government policymakers to physicians, payers and consumers – for a full day of panel presentations and smallgroup discussions.

Participants identified gaps in knowledge, policy and structural resources that must be addressed in order to facilitate telemedicine's adoption and expansion – while ensuring patient safety and medical quality.

Keynote speakers included Rep. Erik Paulsen (R-MN), who serves as co-chair of the U.S. House of Representatives Medical Technology Caucus; and Sachin Jain, M.D., M.B.A., then-acting deputy director of policy and programs for the federal government's new Center for Medicare and Medicaid Innovation.

The FSMB is now actively considering the symposium's action steps and recommendations as it reviews its longstanding policy on telemedicine (which you can view by visiting www.fsmb.org).

The FSMB believes strongly in the potential of telemedicine to lower costs, provide health care to underserved populations, facilitate health care delivery and enhance health. But it must be shaped in a way that ensures patient safety and medical quality, core concerns of the nation's state medical and osteopathic boards. We hope distribution of this symposium summary will help move the nation a step closer to that goal.

Sincerely,

ganelle A. Rhyne, MD Janelle A. Rhyne, M.D., MA, MACP

Chair

FSMB

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President and CEO

FSMB

ADVOCACY OFFICE



BALANCING ACCESS, SAFETY + QUALITY IN A NEW ERA OF TELEMEDICINE

SUMMARY AND HIGHLIGHTS







A Conference to Discuss Telemedicine's Future

MARCH 10, 2011 WASHINGTON, D.C.

INTRODUCTION

THE PRACTICE OF TELEMEDICINE in the United States and worldwide is moving forward at a fast pace; it is rapidly presenting both opportunities and challenges as it grows. The potential benefits of telemedicine are vast, ranging from improved care for underserved and rural communities to lowered cost and greater efficiencies. At the same time, the practice of telemedicine raises new questions related to patient safety, privacy of medical information and regulatory and licensing standards.



At a point when the opportunities and challenges in telemedicine are converging, the Federation of State Medical Boards (FSMB) believes the national dialogue on telemedicine should be taken to a new level — particularly among major stakeholders in health care — to ensure that telemedicine continues to evolve in a way that ensures patient protection, medical quality and sound regulatory policy.

No sector of the health care arena will be more greatly impacted by the rise of telemedicine than the regulatory community — particularly the nation's 70 state medical and osteopathic boards. These physician-licensing organizations are a key guardian of the quality and safety of medicine, and they will play an important role in determining the regulatory policies that will shape telemedicine's future.

As the voice of the nation's physician-licensing organizations, and with a long history of actively addressing medical regulatory issues, FSMB convened a day-long symposium in March 2011 to explore the opportunities and challenges that lie ahead as telemedicine continues to grow. Nearly 100 high-level thought leaders and stakeholders, representing a broad cross-section of both not-for-profit and for-profit organizations and institutions, gathered at the Westin City Center Hotel in Washington D.C., to share their perspectives. Their backgrounds were diverse, including policymakers and elected officials, health care providers, consumers, payers, corporate leaders, academics, members of state medical and osteopathic boards and those with a stake in telemedicine's future.

Also participating as keynote speakers were two high-profile public policy leaders: Rep. Erik Paulsen (R-MN), who serves as co-chair of the U.S. House of Representatives Medical Technology Caucus; and Sachin Jain, MD, MBA, then-acting deputy director of policy and programs for the federal government's new Center for Medicare and Medicaid Innovation.

During a day of large-group forums and smaller brainstorming sessions, these leaders sought to identify the gaps in knowledge, policy and structural resources that must be addressed in order to facilitate telemedicine's adoption and expansion – while ensuring patient safety and medical quality as key priorities.

This publication summarizes discussions from the symposium and offers, in its conclusion, a list of potential action steps that can be taken as telemedicine continues to evolve in the United States.

The FSMB believes strongly in the potential of telemedicine to lower costs, provide health care to underserved populations, facilitate health care delivery and enhance health. But it must be shaped in a way that ensures patient safety and medical quality, core concerns of the nation's state medical and osteopathic boards. The fundamental professional, ethical and scientific underpinnings of medicine must be preserved as telemedicine grows.

The United States needs a more integrated and coordinated development environment in concert with our state-based regulatory system in order for telemedicine to achieve its full promise and potential.

Freda M. Pousli, MD

Freda Bush, MD, FACOG, Immediate Past Chair, FSMB

"TELEMEDICINE" IS DEFINED IN MANY WAYS BY MANY ORGANIZATIONS IN THE UNITED STATES. IT IS A BROAD TERM THAT GENERALLY REFERS TO THE DELIVERY OF MEDICAL SERVICES OVER A DISTANCE, USING THE ELECTRONIC TRANSMISSION OF INFORMATION.

The FSMB's House of Delegates years ago defined telemedicine as "the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider."

However it is defined, over the last several decades telemedicine has begun to transform the way health care is delivered.

Telemedicine services range from the remote monitoring of a patient's vital signs to video-conferencing between a patient and a physician and the sharing of radiological images via e-mail.

Several trends are driving the growth of telemedicine in the United States, including:

- A growing population, expected to reach more than 360 million by 2030, which will increase the demand for medical services
- A projected physician shortage, which could reach 130,000 by the year 2025
- A rapid increase of older Americans, coping with chronic diseases, many of whom are likely to be home-bound and physically challenged late in life
- A lack of access to medical services in many parts of the country, especially in rural areas
- An explosion in computer-based technology and electronic communications capabilities, particularly in mobile devices
- A consumer population that is increasingly at ease with computer-based and electronically enabled transactions in day-to-day life

Telemedicine offers great promise to address some of the challenges raised by these trends, and it is increasingly being included in discussions of medicine's future.

In his 2011 State of the Union Address, President Obama set a goal of providing high-speed wireless coverage to 98 percent of all Americans within the next five years, highlighting the benefit of "a patient who can have face-to-face video chats with her doctor."

Recent market research studies have forecasted that the market for telemedicine devices will exceed \$1.8 billion by the year 2013, and that the market is expected to grow at a five-year compounded annual rate of 56 percent.

As these trends have grown, the FSMB has recognized the need for it to provide leadership and guidance in medical regulation and licensure related to telemedicine. Starting in the 1990s, it has issued, through its House of Delegates, national policy statements to help guide the regulatory community as telemedicine has evolved.

In 2011, the FSMB distributed a telemedicine survey to the board members and executive directors of the nation's 70 state medical and osteopathic licensing boards, seeking their view of telemedicine's importance as a policy topic.

The survey sought feedback on a variety of telemedicine-related topics, ranging from what state boards see as the greatest benefits and risks associated with telemedicine to what they consider the barriers that could hinder its safe growth and integration into medical practice.

More than 80 percent of those who responded consider telemedicine to be important as a policy issue for the nation's regulatory community.

All signs point to faster growth in telemedicine in the near future, making the need great for a national discussion of how the various sectors of health care can work together to ensure its safe and effective implementation.

Eventually, virtually every sector in health care will be touched by telemedicine, from insurers to government agencies to academia. It is important that all parties understand and prepare for this new environment for medical practice.

Balancing Access, Safety and Quality in a New Era of Telemedicine provided a unique opportunity for leaders from diverse sectors to engage in dialogue about telemedicine's future. But this is just the first step in a process FSMB believes must continue in order to ensure patient protection, medical quality and sound regulatory policy as telemedicine continues to evolve.

FSMB's Workgroup on Telemedicine will use the proceedings of this symposium to help guide a formal review of its existing policy on telemedicine, identifying areas for updating and modification. All stakeholders are encouraged to view this event as a catalyst to help move forward new telemedicine policies and initiatives in the public's interest.



Federation of STATE MEDICAL BOARDS

"Our goal was not to try to determine telemedicine's future in one meeting, but to define new parameters and questions to guide the ongoing national dialogue about telemedicine to a new level."

 FSMB's Immediate Past Chair Freda Bush, MD, FACOG, master of ceremonies during the day's discussions.

In Search of Good Ideas

How the Center for Medicare and Medicaid Innovation is promoting telemedicine's growth

Sachin Jain, MD, MBA, former acting deputy director of policy and programs at the Center for Medicare and Medicaid Innovation (The Innovation Center), kicked off the symposium with a backgrounder on federal efforts to encourage telemedicine's growth.

During his tenure, Dr. Jain played an important role in policy-making at the federal level, working closely with Centers for Medicare and Medicaid Services (CMS) Administrator Donald Berwick, MD, MPP, and others at CMS at a time of many challenges in medicine.

The mandate for the Innovation Center is to seek ways to produce better experiences of care and better health outcomes for all Americans and at lower costs. According to Dr. Jain, the Innovation Center considers telemedicine an important part of this effort.

Dr. Jain discussed the need for the medical regulatory community to embrace technology and the role it can play in the delivery of health care to patients, identifying four obstacles for broader adoption and utilization of telemedicine:

- Resistance to technology
- A lack of technological focus in medical education curriculum
- Policy standards, governance, and regulations that are inhibiting – including issues with license portability
- Payment and delivery systems that are inadequate to telemedicine's needs

"Compared to industries such as banking and retail, we in medicine have lagged far behind in terms of distance technology," Jain said. "But we are poised to make some real progress."



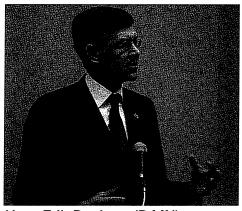
Sachin Jain, MD, MBA

According to Jain, real progress toward telemedicine adoption will depend largely on the medical profession's ability to overcome what he called its "inherent conservatism," especially in educational settings. He advocates a concept for updating the medical school curriculum that he calls "transfusion": "In this model we don't just add new courses – rather, we weave technology into the things we already teach," he said. As an example, Jain said medical students should routinely be taught how to perform a History and Physical Examination (H&P) using a handheld device.

Another huge impediment that must be overcome, according to Jain, is the lack of incentives for adoption. "Folks don't do things if they aren't paid to do them," he said. "We have to create a new payment model."

With a budget of \$10 billion over ten years, the Innovation Center is seeking transformational ideas from physicians, administrators, researchers – anyone who has a model for innovation and can demonstrate that it has potential to reduce costs and improve quality in care. According to Jain, concepts that can be proven in large-scale tests can be fast-tracked through the Center and "diffused" throughout the Medicare and Medicaid systems.

The Center is seeking ideas for three areas of innovation in particular, Jain said: New patient-care models, including new ways of treating specific conditions and illnesses; better systems coordination and integration (where telemedicine will play a large role); and ways to impact population health in communities. He encouraged telemedicine innovators to check the Center's request for proposal (RFP) process, which will offer generous support for new ideas, as well as a list of prizes and challenges that are in development (www.innovations.cms.gov).





Hon. Erik Paulsen (R-MN)

Finding the Balance in Technology Adoption How the federal government can help make telemedicine a reality

Rep. Erik Paulsen, who represents Minnesota's 3rd Congressional District, addressed symposium participants during lunch, offering an overview of his efforts to encourage telemedicine as co-chair of the U.S. House of Representatives Medical Technology Caucus.

Rep. Paulsen said it's important to seek a balanced approach to telemedicine, including finding the right emphasis point in guidelines and standards – between overly broad guidelines and those that are too detailed and specific. He has historically been a strong supporter of telemedicine, saying that it has enormous cost savings potential because "it is less expensive to move electrons than to move bodies."

Paulsen discussed the three components he believes are most critical for telemedicine's future – quality, access and cost – saying that innovation will improve access and that it should also lower costs.

Paulsen urged exercising restraint in the development of taxes aimed at medical devices, expressing the opinion that steps should be taken to ease burdens and incentivize technology innovators. The United States fiscal policies can be simplified by saying that we "get less of what we tax and more of what we subsidize," he said. The obvious result in terms of medical devices, he said, is that our tax policy has the potential to impede the development of potentially life-saving technology.

Paulsen said telemedicine represents a new, better paradigm of health care, in which digital information efficiently follows the patient, rather than a system in which physicians and patients are constantly "chasing the information." Individuals can take more control over their health decisions and their care plans as a consequence, he said.

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TELEMEDICINE'S CONTINUED GROWTH.

Paulsen said he is optimistic that medical technology can be integrated with existing infrastructure and platforms, but in order for that to happen the government has to encourage more innovation and "defend" telemedicine's continued growth.

What gaps exist in the current **technology environment** that must be addressed to ensure access, safety and quality in telemedicine?

Moderator: Rebecca Hafner-Fogarty, MD, MBA, chief medical officer, Zipnosis

Panelists:

- Jay H. Sanders, MD, president and chief executive officer, The Global Telemedicine Group
- Vincent Ricco, senior network consultant, Allied Telesis, Inc.
- Alexander Vo, PhD, executive director, AT&T Center for Telehealth Research and Policy, University of Texas Medical Branch

In an environment as fast-changing as telemedicine, how can we create a system of guidelines, standards and nomenclature that doesn't become hopelessly outdated as technology continues to evolve? If such a system were adopted, who would determine what it would be comprised of? Should state medical and osteopathic boards be involved?

Panel One participants tackled these and other difficult questions during a lively discussion.

The need for a common nomenclature was a major point of discussion, with many participants questioning whether the term "telemedicine" is even relevant in 2011.

"The best thing we could do is get rid of the term 'telemedicine,' said Dr. Sanders. "When we started using CAT scans we didn't call it 'CAT-scan medicine,' and when ultrasounds came in we didn't call it 'ultrasound medicine,'" he said. "It's medicine, period."

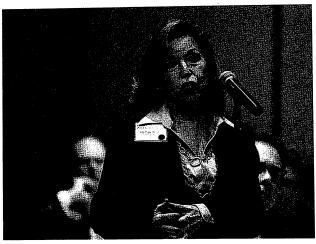
Dr. Sanders warned that use of such terms divides rather than unites, noting that developers of technology are "putting their stakes in the ground" with terminology such as "m-health" to describe diagnostic applications specifically for mobile phones.

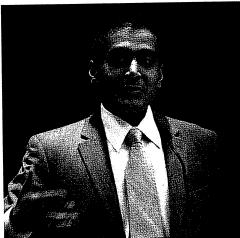
Dale Alverson, MD, immediate past president of the American Telemedicine Association, agreed with Dr. Sanders, saying that too great a focus has been put on the term "telemedicine," rather than on the value that the technology brings. "'Tele' is just a Greek root word that means 'at a distance,'" he said, and medicine "at a distance" has simply added value to health care overall.

During Panel One, and throughout the proceedings, a common observation was that the medical profession is disproportionately behind other sectors in its use of technology in delivering its products and services.

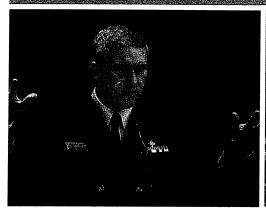
Sectors such as banking had the "same problems we're talking about years ago and they solved the problems," Dr. Sanders said.

Alexander Vo said the problem is not that technology has inherent issues or that it isn't available but, rather, that there is a lack of "awareness and education" about it. "The technology has not been adopted well because people aren't aware of its capabilities," he said. Vo suggested that a greater effort needs to be made at creating an awareness of technology during medical school training, and that a greater synergy must be devel-













oped "between the clinical side and the IT (information technology) side" for more rapid uptake of technology by physicians.

Vincent Ricco noted that connectivity between a dizzying array of platforms, carriers and technology models is one of the key issues to be sorted out and that achieving consistency should be a priority for the medical community as it seeks to connect systems. "One of the biggest issues is identifying standards," he said, suggesting that a system of oversight is needed. "In corporate America you typically have a body or organization that is overseeing standards."

While too much emphasis may have been put on the term "telemedicine," Vo said, it is important to establish a common nomenclature for terms that may need further definition by telemedicine practitioners. As an example, he referred to terms such as "distant site," which he said currently mean "different things to different folks." Telemedicine needs a "cohesive adoption" of a nomenclature so "everyone is speaking the same language," he said.

Panelists and audience members questioned the need for diverse state standards for telemedicine, with some proposing a common system that would apply to all physicians. Several speakers suggested that state legislators must quickly be brought to the table as part of a national dialogue in order

to better understand the obstacles that might be impeding telemedicine adoption. Many speakers agreed that the lack of "portability" of medical licenses from state to state is an issue that must be dealt with – according to one audience member, "it is the single biggest obstacle" to telemedicine.

One audience member said during the Panel One forum that the medical community must avoid viewing telemedicine as simply the transfer of information over distance. She said telemedicine is becoming a more all-encompassing "e-health" environment, in which the relationship between patients and physicians will be defined increasingly by data and the ability to share it. "It isn't just transmitting information, it's how you use it," she said. "It's not only a tool for diagnosing, but a tool for creating relationships."

Dr. Hafner-Fogarty closed the session by saying that medical professionals need to take a cue from the patients they care for, who are very comfortable with technology-enabled interactions. "Our patients, many of whom are much more digitally adapted than their physicians are, already expect that from us," she said. "They live in a digital, virtual world. They make fewer and fewer distinctions between the virtual relationship and the 'real' relationship."





Question: What gaps exist in the current structure of the health system that must be addressed to ensure access, safety and quality in telemedicine?

Moderator: Gregory Snyder, MD, Minnesota Board of Medical Practice

Panelists:

- Dale Alverson, MD, immediate past president, American
 Telemedicine Association
- Leah Hirsch, senior legislative director, Government Relations Health Team, AARP
- Scott J. Cooper, PA-C, senior health insurance specialist/ policy analyst, Clinical Standards Group, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services
- Miles S. Snowden, MD, chief medical officer, OptumHealth

In the evolving telemedicine environment, how do we define a "patient/physician relationship"? What exactly do we mean today by "medical consultation"? And how can we incentivize best practices in telemedicine?

Panel Two participants discussed some of the most fundamental – and in some cases, the most challenging – questions about the impact of telemedicine on medical care.

Panel member Dale Alverson, MD, immediate past president of the American Telemedicine Association, began the discussion by noting that the American health care system is experiencing a kind of "perfect storm" today with major demographic trends, political issues and economic pressures converging to create real questions about medicine's future. In the face of these factors, emerging technology offers new hope.

One of the key factors that must be addressed in this environment is blending technology with information. "Telemedicine cannot function without the integration of health information," he said. "We have to work with our [healthcare provider] community that has been struggling with the challenges of adopting electronic health records."

Eventually, he said, the borders of states and countries will be blurred by advanced technologies such as live holograms, which will make telemedicine a truly global phenomenon. With this fact, license portability becomes essential, as does redefining medicine so that care is delivered where the patient is — "in their homes, in their schools, perhaps even where they shop," he said.

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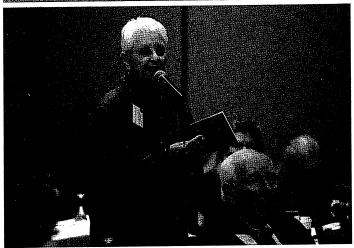
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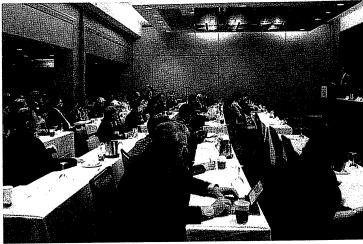
HOLOGRAMS, WHICH WILL MAKE TELE
MEDICINE A TRULY GLOBAL PHENOMENON.

Panelist Leah Hirsch of AARP focused on a key question about telemedicine: How will it impact an older generation of Americans? Hirsch said AARP considers telemedicine very important for older Americans in rural areas, but also for those who live in urban areas but are homebound — especially as a tool for disease management.

Hirsch said other advantages to telemedicine are its use for educating providers and the way it serves patients efficiently. At the same time, there are obvious issues that need to be taken into account affecting older Americans — from the size of typing keys on a Blackberry to general understanding of how to use computers and the Internet. She said older patients are concerned about the privacy of their health records, the cost of technology and its reliability. "Technologies can fail — they aren't always going to work," she said, and this will put older Americans — not comfortable with technology in the first place — in a more vulnerable position.

Scott Cooper of CMS, a physician assistant, discussed what he called a "CMS perspective on telemedicine." He said one of the important areas for consideration is reimbursement policy for services provided by telemedicine and telehealth — which at the current time is quite narrow in scope within CMS payment





regulations. Cooper noted that the payment provisions are statutorily determined by Congress under amendments to the Social Security Act. CMS patient health and safety regulations for telemedicine are limited to the credentialing and privileging process for practitioners in hospital settings.

CMS started updating its rules on the credentialing and privileging process for telemedicine practitioners with a proposed rule in 2010 that was found to be overly burdensome for hospitals. The new final rule from CMS, effective in July 2011, is intended to reduce burdens by allowing for a more streamlined credentialing and privileging process in recognition of telemedicine's growth, according to Cooper.

Panelist Miles Snowden, MD, of Optum Health said what is missing mostly from the current dialogue on telemedicine in terms of patients is that "the patient is generally not in the room when these conversations are going on," he said. Snowden encouraged symposium participants to consider the need for "greater service to patient interests" as telemedicine evolves.

Dr. Snowden quoted from the 2001 Institute of Medicine report, "Crossing the Quality Chasm," saying that many of its recommendations on delivering a more robust, patient-centered technology base has not happened, ten years later.

According to Dr. Snowden, access to care is a much bigger problem than acknowledged; a recent survey by Optum Health found that 41 percent of emergency department visitors were there because they had no other way to access care. Telemedicine offers new opportunities to address this issue. While its total medical cost-savings at present may be negligible, "without question it improves access to those who do not have it," he said.

Dr. Snowden offered several steps that state boards should take to help to define a telemedicine system better for patients and physicians, ranging from better defining the role of face-to-face vs. virtual encounters to determining what constitutes proper prescribing practices over the Internet and how best to deliver follow-up care.

THE FLUIDITY OF COMMUNICATION IN VIRTUAL SETTINGS CREATES A SYSTEM IN WHICH STRONG MEASURES MUST BE IN PLACE TO ENSURE TRUST BETWEEN PATIENTS AND PHYSICIANS.

Audience discussion included the question of accountability and how best to ensure it when physicians branch out via telemedicine into other states. Some urged a more comprehensive national provider-certification verification system for telemedicine providers.

The question of surveillance and enforcement of standards in a future system of telemedicine was also discussed. The fluidity of communication in virtual settings creates a system in which strong measures must be in place to ensure trust between patients and physicians. "We shouldn't get in the way of good care, but there is a need for due diligence to make sure that we do it appropriately on behalf of our patients," Dr. Alverson said.

Question: How can the **licensing and regulatory challenges** of 21st century telemedicine be addressed?

Moderator: Timothy Turner, secretary/treasurer of the Texas Medical Board and a board member of the FSMB Foundation.

Panelists:

- Carl F. Ameringer, PhD, professor of health policy and politics, Virginia Commonwealth University
- Kevin Bohnenblust, JD, executive director, Wyoming Board of Medicine
- Dena Puskin, ScD, senior advisor, Health Information
 Technology and Telehealth Policy, Health Resources and
 Services Administration
- Melanie Rhinehart Van Tassell, legislative director,
 Office of U.S. Rep. Mike Thompson (D-CA)

In a decentralized U.S. medical licensing system, how can we ensure that multi-state telemedicine providers are properly regulated and accountable? Should there be specific licensing requirements applicable to telemedicine? Should specialty societies and other physician organizations play a larger role in the oversight of telemedicine?

These and other questions provided the backdrop for Panel Three, which featured medical regulatory and other policy experts.

In an opening statement, panelist Dena Puskin maintained that in discussions of telemedicine the real issues for the regulatory community in coming years will be workforce development and scope of practice. "That's the elephant in the room," she said, explaining that increasingly, telemedicine will force the medical community to focus and come to consensus on these other issues. "We have scarce resources and there is recognition that life has changed" when it comes to how best to ensure access to medical care for those in need.

Dr. Puskin discussed license portability, using as an example the Nurse Licensure Compact, a mutual licensing recognition model used currently by 24 states that allows nurses licensed in one state to practice in the other 23 states. While such arrangements simplify licensing, some boards may feel they lose regulatory authority and control as a result of their participation.

Dr. Puskin also noted recent efforts by the Health Resources and Services Administration (HRSA) and the FSMB to streamline the credentials verification process and to create a so-called "uniform application" (UA) – which is standardized but permits state-specific addenda. Uniform application could be used in multiple states by physicians to ease the inefficiencies of multistate licensing that is needed for telemedicine practitioners.

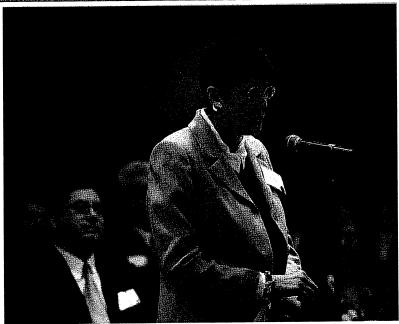
Kevin Bohnenblust discussed Wyoming's unique experience with telemedicine, which is heavily utilized because of Wyoming's rural standing. Eighty percent of Wyoming physicians are cross-licensed in multiple jurisdictions, and while Wyoming has 2,800 licensed physicians, only 1,200 are located in the state. He discussed steps Wyoming has taken to create a more welcoming environment for telemedicine, including the use of a temporary license process that can precede full licensing. The board has worked closely with the

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state legislature, which has helped the state's medical board achieve flexibility in creating rules that facilitate telemedicine.

Panelist Carl Ameringer suggested that the regulatory community should address telemedicine from two vantage points: first, in terms of the interstate practice of medicine, and second, the interstate regulation of telemedicine with consideration of some division of responsibility for these two areas between state boards and medical specialty organizations. "Medical specialization is a very powerful trend," he said, observing that most physicians are board certified and practice medicine in a particular specialty area. Under these





circumstances, Dr. Ameringer said, the specialty boards and the specialty associations should have a prominent role in establishing any rules and guidelines for physicians who use electronic means to facilitate their specialty practices.

At the same time, he said, "licensing and discipline are intertwined and shouldn't be separated."

Like Puskin, Dr. Ameringer believes that the increasing growth of mobility in medical practice will eventually force the nation to confront how it handles licensure. He urged the state boards and the FSMB to begin working on "removing barriers to promising technology," but said they should be careful that they don't become overly specific in terms of regulation, keeping guidelines as "generic" as possible.

Melanie Rhinehart Van Tassell, legislative director for U.S Rep. Mike Thompson (D-CA), said legislators have an important role to play in the regulatory discussion. Rep. Thompson is particularly attuned to the need for telemedicine and represents one of California's largest and most rural districts.

Van Tassell said that state legislation in California has expanded telemedicine in nursing homes and rural clinics and that it serves as a model for national lawmakers. She said California's effort to address Medicaid reimbursement for telemedicine and to push health plans to include telemedicine in their coverage has also helped move telemedicine to a new level in the state.

During the panel discussion, several speakers agreed with panelists that some key aspects should be factored more prominently in the national dialogue about telemedicine's future. These include scope of practice, credentialing and privileging, and the current trends toward ensuring lifelong physician learning through Maintenance of Certification (MOC), Osteopathic Continuous Certification (OCC) and Maintenance of Licensure (MOL) programs.

Moderator Timothy Turner suggested that reimbursement policies will need much more emphasis in the discussion. In this context, Puskin noted that "creating a long-term business model and sustainability depends on funding. In health care, form follows function and function follows funding."

One audience member added that the private capital markets must also be engaged and that even if licensure and regulation are sorted out, telemedicine won't grow without financial incentives that appeal to capital investment.

Observing that state-based licensure dates to the founding of the nation and is recognized under the 10th Amendment to the U.S. Constitution, Dr. Bush thanked the panelists for their comments related to licensure and discipline and noted that the FSMB is committed to promoting telemedicine adoption utilizing the existing state-based licensure framework.

Question: What can we do to overcome the obstacles that threaten access, safety and quality in telemedicine?

At the conclusion of the third panel discussion, symposium participants discussed, in small groups, action steps that could be taken to facilitate a more accessible, safe and quality-oriented telemedicine environment.

The results were shared in a final wrap-up session, summarized here.

Facilitators:

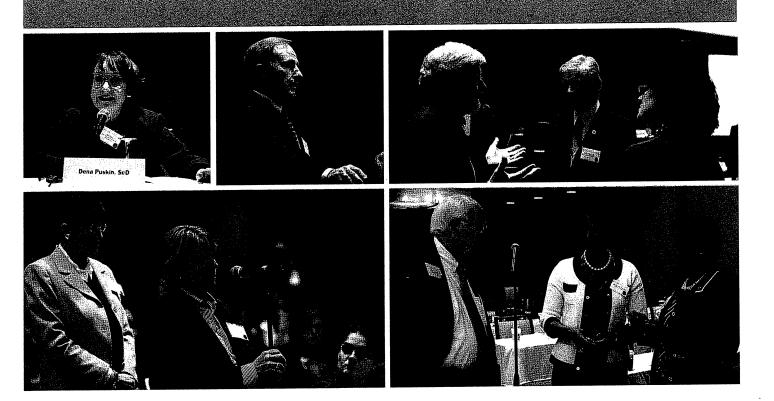
- Lynn Fleisher, JD, PhD, counsel, Sidley Austin LLP
- Diane Hoffmann, JD, MS, professor of law, University of Maryland School of Law
- Jacqueline Watson, DO, MBA, executive director, District of Columbia Board of Medicine and Board of Chiropractic



Obstacles and challenges to U.S. telemedicine

- Technology and infrastructure is diverse and not well-integrated
 - A common nomenclature and standards for technology have yet to be defined
 - There are too many technology platforms and systems
 - It is difficult to create guidelines and standards for technology when it is changing so rapidly
 - A "culture of conservatism" in medicine may hinder adoption of technology
 - There is a lack of coordination between clinicians and technology developers
 - Adequate and affordable broadband is lacking

- Awareness and understanding of telemedicine is limited – on the part of physicians, patients and policymakers
 - The term "telemedicine" is not well defined; it can lead to unfocused dialogue
 - Physician viewpoints and attitudes about telemedicine may not be fully aligned with patient viewpoints and attitudes
 - Telemedicine has not been well integrated into the medical education curriculum
 - Traditional views of medicine favor face-to-face patient-physician interactions
 - There is a lack of dialogue and coordination between regulators and legislators in the development of telemedicine-related policies and laws
 - Some physicians may still lack confidence in the viability of telemedicine's emerging technologies
 - The unique needs and problems of older Americans have not been sufficiently addressed as a part of the national dialogue on telemedicine; there are inherent barriers that make adoption and use of technology more difficult for this segment of the population



Current licensing and regulatory policies are not well-aligned with telemedicine's evolving needs

- The medical licensing and credentialing process can be burdensome
- Multi-state telemedicine practitioners face challenges in a system that could be more efficient in processing multiple state licenses
- Regulatory enforcement guidelines need to be clarified: How can discipline be coordinated in a multi-state setting?
- A standard verification process for telemedicine providers is lacking
- Many scope-of-practice issues exist in telemedicine; determining parameters and appropriate roles and responsibilities of various service providers along with oversight of those providers is a challenge

Telemedicine standards and guidelines for physicians are lacking

- It is difficult to define "the patient-physician relationship" in a rapidly evolving environment
- The role and relationship of large agencies such as the Centers for Medicare and Medicaid Services in helping set telemedicine policy has not been fully defined
- There are many concerns about privacy/ HIPAA/confidentiality in the telemedicine environment
- Ensuring continuity of care in a telemedicine environment presents unique challenges
- Cost barriers and financial issues are impeding a more rapid uptake of telemedicine
 - Reimbursement and payment systems for telemedicine are undefined
 - Incentives for the adoption of telemedicine have not been well-aligned

On balance, the symposium's discussions supported a consensus view that telemedicine holds great promise for the United States; that given its potential to facilitate access to care in rural areas and for an aging population, decrease unnecessary deviation in standards of care, improve disease management and facilitate continuing medical education, its continued development is important and should be encouraged.

In small brainstorming sessions, participants created a list of potential action steps that could help move this effort forward.

ACTIONS Bds focus on statof Care not regulation of technology Integrating telemedicate with information systems Software + Net

Access

What action steps can be taken to improve ACCESS to telemedicine?

- A well-designed system should be developed that defines payment and reimbursement for telemedicine
- Telemedicine infrastructure including greater access to broadband – should be brought to rural areas of the United States
- Patient education and awareness-building initiatives should be developed to help the public better understand telemedicine and its availability
- Current tools and resources that already exist and can help facilitate telemedicine should be better coordinated and integrated
- Physicians should be encouraged to help raise awareness of telemedicine as a viable care option, including discussing telemedicine with their patients
- Steps should be taken to ensure that, as software and network communications systems supporting telemedicine evolve, they are fully compliant with privacy standards and regulations
- Health-professional licensing and regulatory boards should increase their efforts to address license-portability in the allied health fields, including medical, nursing and others
- An advocacy initiative should be developed that would raise awareness of telemedicine among state licensing and regulatory boards, policy making organizations and legislative bodies

Safety

What action steps can be taken to improve SAFETY in telemedicine?

- The presence of a licensed physician in telemedicine transactions should be required as a part of the fundamental model
- The extended telemedicine support team should demonstrate competence in the use of telemedicine technology
- A strong system of authentication must be in place to protect medical transactions and ensure appropriate medical treatment
- Standards and guidelines for best practices in telemedicine should be better defined and made more consistent
- Updated definitions should be created for traditional concepts, such as the physician-patient relationship, the concept of "office visits" and others, taking into account the delivery of health care over a distance
- Clear and fair guidelines addressing liability and accountability across multiple jurisdictions should be created



Quality

What action steps can be taken to improve QUALITY in telemedicine?

- Medical education in the use of telemedicine technology should be expanded, with a new emphasis at both the undergraduate and graduate levels
- Clinical guidelines, standards of care, and standards of measurement should be developed for telemedicine to ensure consistency and continuous quality improvement
- Enhancements to credentials verification mechanisms are needed to ensure patient protection in telemedicine interactions
- Research is needed to provide evidence of cost efficiencies and improved quality of care through the use of telemedicine for specific disease states

WHAT'S NEXT?

As a next step, the FSMB Workgroup on Telemedicine will reconvene and issue a formal report on the proceedings of the symposium to FSMB's House of Delegates as it considers updates to its current policy on telemedicine over the next year.







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American Telemedicine Association

The American Telemedicine Association is the leading international resource and advocate promoting the use of advanced remote medical technologies. ATA and its diverse membership work to fully integrate telemedicine into transformed healthcare systems to improve quality, equity and affordability of healthcare throughout the world.

CTe

The Center for Telehealth and e-Health Law (CTeL) is proud to be the "go-to" legal and regulatory telehealth organization – providing important information to the healthcare community on critical topics such as physician and nurse licensure, credentialing and privileging, Medicare and Medicaid reimbursement, and e-prescribing and FCC issues. CTeL enjoys a national reputation as one of the preeminent organizations in the telehealth and e-health industries.

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Sidley Austin LLP

Sidley Austin LLP is a large multi-national firm of more than 1,800 lawyers engaged in a broad general practice. For more than twenty years, Sidley has been advising clients regarding the expanding legal issues raised by the rapid development of telemedicine and other non-traditional forms of health information delivery. The firm leads the way in advising and assisting clients on numerous legal issues arising from telemedical practice and health information delivery.

Zipnosis

Launched in 2008, Zipnosis has become an industry leader in online medicine, providing safe, simple and convenient online diagnosis and treatment of common health needs. The company's clinicians, in partnership with Park Nicollet Health Services, currently treat a variety of common ailments, in addition to offering a quit-tobacco product. Zipnosis has revolutionized a patient's traditional waiting room experience to get faster diagnosis and treatment online 24 hours per day, seven days per week.



FSMB Workgoup on Telemedicine

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About the Federation of State Medical Boards

The Federation of State Medical Boards is a national non-profit organization whose members are the seventy (70) state medical and osteopathic licensing and disciplinary boards of the U.S. and its Territories. FSMB is focused on improving the system of medical licensure in the United States and advancing the quality, safety and integrity of health care in general. FSMB will celebrate its 100th anniversary in 2012.

FEDERATION OF STATE MEDICAL BOARDS

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