



ACCEPTED: Final Revisions to Telemedicine Standards

The Centers for Medicare & Medicaid Services (CMS) recently approved The Joint Commission's final revisions to requirements related to the credentialing and privileging of telemedicine practitioners in **hospitals** and **critical access hospitals**.

The Joint Commission's initial revisions, approved by CMS in response to its May 5, 2011, Medicare Conditions of Participation (CoP) final rule, were published in the October 2011 issue of *Perspectives* on pages 6–9. The revisions appear in the elements of performance (EPs) of the Leadership (LD) and Medical Staff (MS) standards related to the Medicare CoP requirements. In all, the new Medicare CoP requirements remove barriers to the use of telemedicine for medically necessary interventions and uphold The Joint

Commission's existing practice of allowing an originating site (where the patient is located) to use the credentialing and privileging information from a distant site when making final privileging decisions for telemedicine practitioners.

The Joint Commission's Board of Commissioners has accepted the final changes, which are **effective immediately**. The revisions are shown in the accompanying box below, with new text underlined and deletions noted in ~~strike through~~. These revisions will appear in the *2012 Update 1* to the *Comprehensive Accreditation Manual for Hospitals* and the *Comprehensive Accreditation Manual for Critical Access Hospitals*, which are scheduled for publication in late March, and in the *E-dition*[®], which is scheduled for release in April. 



Official Publication of Joint Commission Requirements
Final Telemedicine Revisions

APPLICABLE TO HOSPITALS

Effective immediately

Leadership (LD)

Standard LD.04.03.09
Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Element of Performance for LD.04.03.09
A 23. © For hospitals that use Joint Commission accreditation for deemed status purposes: The originating site has a written agreement with the distant site that specifies the following:

- The distant site is a contractor of services to the hospital.
- The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation.
- The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1)

Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.

If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:

- The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (~~For more information, see~~ Standards MS.06.01.01 through MS.06.01.13).
- The governing body of the originating site grants privileges to a distant-site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.

Medical Staff (MS)

Standard MS.13.01.01
For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.

Element of Performance for MS.13.01.01
A 1. All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:

Final Telemedicine Revisions (continued)

- 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13.

Or

- 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Or

- 3. The originating site may choose to uses the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:
 1. The distant site is a Joint Commission–accredited hospital or ambulatory care organization.
 2. The practitioner is privileged at the distant site for those services to be provided at the originating site.
 3. For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges.
 4. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided; and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9)

Note 4: *This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.*

- The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note 21: *In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive*

Accreditation Manual for Ambulatory Care.

Note 2: *For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.*

APPLICABLE TO CRITICAL ACCESS HOSPITALS

Effective immediately

Leadership (LD)

Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Element of Performance for LD.04.03.09

A 23. Ⓣ The originating site has a written agreement with the distant site that specifies the following:

- The distant site is a contractor of services to the critical access hospital.
- The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation.
- The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii). (See also MS.13.01.01, EP 1)

Note: *For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.*

If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:

- The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (~~For more information, see~~ Standards MS.06.01.01 through MS.06.01.13).
- The governing body of the originating site grants privileges to a distant-site licensed independent practitioner based on the originating site's medical

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staff recommendations, which rely on information provided by the distant site.

Medical Staff (MS)

Standard MS.13.01.01

For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.

Element of Performance for MS.13.01.01

- A 1.** All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:
- 1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13.
Or
 - 2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.
Or
 - 3. The originating site may choose to uses the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:
 - 4. ● The distant site is a Joint Commission–accredited hospital or ambulatory care organization.
 - 2. ● The practitioner is privileged at the distant site for those services to be provided at the originating site.
 - 3. ● The distant site provides the originating site with a current list of licensed independent practitioners' privileges.
 - 4. ● The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided; and

complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site.

Note 4: *This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.*

- When telemedicine services are provided by a distant-site Medicare-participating hospital, the distant-site hospital evaluates the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital.
- When telemedicine services are provided by a distant-site telemedicine entity (a non-Medicare-participating provider or supplier), the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital are evaluated by a hospital that is a member of the network, a QIO or equivalent entity, or an appropriate and qualified entity identified in the state rural health plan.
- The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note 21: *In the case of an accredited ambulatory care organization, the critical access hospital verifies that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.*

Note 2: *As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.*

Note 3: *A distant-site telemedicine entity is not required to be a Medicare-participating provider or supplier. (For more information, see 42 CFR 485.635(c)(5) in Appendix A.)*