

Hiring Providers for Telemedicine

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Why talk about this?

Healthcare delivery is undergoing a paradigm shift



This is what we think of when we say “see a Doctor”.



This is what patients are quickly beginning to think of when they say, “see a Doctor”

“By 2017, eight of ten office visits will be done virtually”

– Don Berwick



High Level View

For Profit
Comprehensive
Health Services

Online Acute
Care

Online Remote
Specialists

Dr. XXX wants
to do some
telemedicine

Dr. XXX who
you want to do
telemedicine

How do we hire providers of telemedicine services?

In many ways – it is the same process your hospital has in place already

- Know what you want vs. need
 - Lots of vendors selling services
 - Need to make a decision that is right for your organization
 - Easy to be swayed by sales pitches
- Data informed decisions are better
- For hospitals systems, must still follow State laws, Hospital by-laws, credentialing, privileging, etc.

System Know Thyself - and everyone else

Look at your By-Laws

Review Joint Commission's Position

- http://www.jointcommission.org/final_revisions_to_telemedicine_standards/

CMS rules effective July 5th, 2011 to streamline credentialing

- Open question if CMS rules also transfer liability of credentialing
- *Darling v. Charleston Community Memorial Hospital*, 33 Ill.2d 326, 211 N.E.2d 253, 14 A.L.R.3d 860 (Ill. Sep 29, 1965)

Review the AMA documents

- H-120.956 Internet Prescribing (1999, reaffirmed 2004, 2005)
- H-480.974 Evolving Impact of Telemedicine (1994, reaffirmed 2001, 2011)
- H-480.968 Telemedicine (1996, reaffirmed 2006)
- H-480.969 The Promotion of Quality Telemedicine (1996, amended 1999, reaffirmed 2009, 2010, 2012)
- H-225.962 Medical Staff Membership Category for Physicians Providing Telemedicine (1997, reaffirmed 2007)
- H-478.999 An International Code of Ethics for Health Internet Sites (2000, reaffirmed 2010)

Review the FDA guidelines

To Staff or Non-staff?

Will telemedicine providers be expected to serve as Staff physicians?

- What are your systems requirements for staff physicians?
Take call? Attend meetings?
- \$\$, dues, TB tests?

Does a Non-staff designation impede care?

- Admitting privileges?
- Directing patient care?

Examples

Telemedicine physicians do not admit patients or provide direct patient care and are categorized as non-staff physicians

XXXXX Regional Medical Center **accepts** a Non-Staff Telemedicine contract firm's credentialing so long as they are Joint Commission accredited or accredited by another agency who has deemed status

Pay attention to that contract!!

Availability

- What if expectations aren't met?
- Who tracks response time?

Relationship with patient

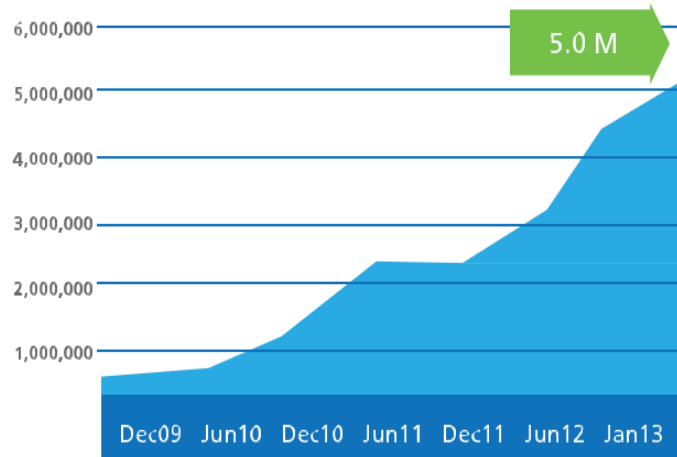
- Some will stipulate that their service does NOT establish a physician patient relationship

Equipment

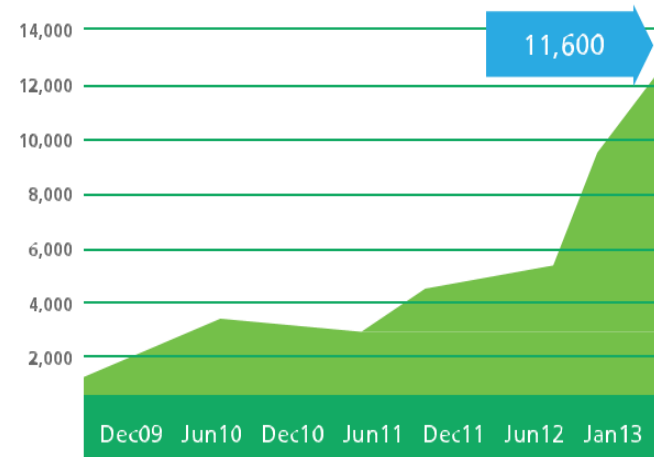
- Be Stark compliant

The new competition ...

Members



Monthly Consults



The new competition ...

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

Talk to a doctor anytime for \$5*



One Critical Access Hospital – Grande Ronde, Oregon

Reverse Hub and Spoke

- Hospitalist coverage from Israel and France
- eICU coverage from St. Louis
- Local coverage for some specialties
- Contract with anyone who is qualified to provide the service at the cost the hospital can manage.



Is this a core service of your hospital?

Outsourcing patient care to other companies

- Attractive short term may have negative long term consequences
- What is their ability to direct referrals?
- With healthcare changing, online services will be a part of successful hospital programs.

Attracting physicians in your organization to provide services

Keep them financially “whole”

- Block or integrated service options
- Keep them in their office if possible
- Integrate into their work flow unless you have enough volume for a dedicated program
- Providers with offices will still have to keep those offices staffed when doing telehealth

Attracting physicians in your organization to provide services

Keep it simple

- Seriously Keep it simple
- Provide training and leverage providers current staff where possible
- If volumes are high and warrant a dedicated staff, consider up-staffing a multi-provider clinic to do a rotation schedule
- Need to balance based on number of States to maintain license in