Amended

April 30, 2026

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1915(1)
Transmittal Sheet
January 5, 2023

ENTERPRISE CLINICAL RESOURCE SHARING THROUGH TELEHEALTH FROM NATIONALLY DESIGNATED TELEHEALTH HUBS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy that facilitates the efficient deployment of telehealth health care professional services from Nationally Designated Telehealth Hubs (NDTHs) to support Veterans at Department of Veterans Affairs (VA) medical facilities with unmet clinical demand. It enables NDTH telehealth health care professionals to deliver health care services through telehealth to Veterans at any originating sites without re-credentialing or re-privileging the NDTH telehealth health care professionals at the originating site or requiring a unique, signed Telehealth Service Agreement (TSA) between a NDTH host VA medical facility and the originating site.

2. SUMMARY OF CONTENT:

a. Administrative Amendment dated, April 30, 2026: Removes the identical notes under 5.n.(3) and 5.r.(3) to avoid conflicts between this directive and 38 C.F.R. § 17.417 (Health Care Providers Practicing via Telehealth) with respect to the prescribing of controlled substances by telehealth. State laws interfering with VA health care professionals prescribing controlled substances are not applicable to VA health care professionals.

b. As published, this directive defined national standards and responsibilities for establishing telehealth “privileging-by-proxy” or a “privileging-by-proxy equivalent” at all VA originating sites for NDTH telehealth health care professionals delivering telehealth services through NDTHs.

3. RELATED ISSUES: VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

4. RESPONSIBLE OFFICE: The Executive Director, Office of Connected Care (12CC) Telehealth Services is responsible for the contents of this directive. Questions may be referred to 404-771-8794.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 31, 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter*.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 18, 2023.

CONTENTS

ENTERPRISE CLINICAL RESOURCE SHARING THROUGH TELEHEALTH FROM NATIONALLY DESIGNATED TELEHEALTH HUBS

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 3

4. POLICY 6

5. RESPONSIBILITIES 6

6. DISCIPLINARY ACTION 27

7. TRAINING 27

8. RECORDS MANAGEMENT 27

9. REFERENCES 27

APPENDIX A

NATIONALLY DESIGNATED TELEHEALTH HUB TERMS OF SERVICE APPROVAL CHECKLIST A-1

APPENDIX B

NATIONALLY DESIGNATED TELEHEALTH HUB TERMS OF SERVICE REQUIREMENTS B-1

APPENDIX C

MANAGING HEALTH CARE PROVIDER ALERTS FROM THE NATIONAL PRACTITIONER DATABASE CONTINUOUS QUERY PROGRAM FOR NATIONALLY DESIGNATED TELEHEALTH HUB TELEHEALTH HEALTH CARE PROFESSIONALS C-1

ENTERPRISE CLINICAL RESOURCE SHARING THROUGH TELEHEALTH FROM NATIONALLY DESIGNATED TELEHEALTH HUBS

1. PURPOSE

This directive establishes standard responsibilities for enterprise "privileging by-proxy" or the "privileging-by-proxy equivalent" for telehealth health care professionals working at Nationally Designated Telehealth Hubs (NDTHs). It eliminates the requirement for unique, signed agreements between Department of Veterans Affairs (VA) medical facilities when sharing specified clinical services through telehealth from NDTHs, thereby facilitating the efficient distribution and movement of clinical capacity across the enterprise to help match clinical demand. ***NOTES:*** *(1) This directive applies only to a host VA medical facility when it is acting as a NDTH. It does not apply to a VA medical facility when it is providing telehealth services pursuant to a unique, signed Telehealth Service Agreement (TSA) with another VA medical facility. Telehealth services provided through a TSA are governed by Veterans Health Administration (VHA) Directive 1914(1), Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020. (2) VHA teleradiology programs are governed by VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020, and VHA Directive 1916, VHA Teleradiology Programs, dated June 10, 2021, and are thereby specifically excluded from this directive.* **AUTHORITY:** 38 U.S.C. §§ 1730C, 7301(b); 38 C.F.R. § 17.417.

2. BACKGROUND

a. Telehealth, sometimes referred to as telemedicine, is the use of electronic information (e.g., secure messaging) or telecommunications technologies (e.g., telephone or synchronous video) to support clinical health care, patient and professional health-related education, public health or health administration at a distance.

b. In order to enhance the accessibility, capacity and quality of VA health care, VHA has established telehealth hubs at strategically located host VA medical facilities, such as those in large cities, to help meet Veteran health care needs in rural areas where clinical resources are scarce.

c. Historically, a signed memorandum of understanding (MOU), establishing general telehealth procedures and responsibilities for VA medical facilities, along with a unique, signed TSA, defining specific terms of a clinical service, were required to establish "privileging by proxy" for health care professionals at originating sites. VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, replaced the requirement for a signed MOU between VA medical facilities by establishing standard telehealth procedures and responsibilities for VA medical facilities sharing health care professional resources across VA medical facilities through telehealth. VHA Directive 1914 did not, however, change the requirement for participating VA medical facilities to establish a unique, signed TSA to define the specific terms of clinical services. ***NOTE:*** *Establishing "privileging by proxy" enables VA health care professionals to deliver services to patients at an originating site without repeating the credentialing and privileging process at the originating site.*

d. The requirement to develop a unique, signed TSA between VA medical facilities before sharing health care professional resources through telehealth remained an administrative burden, particularly for telehealth hub locations that were required to enter and maintain multiple TSAs. Further, the requirement inhibited the efficient movement of health care professional resources between VA medical facilities which is critical when addressing unforeseen, shifting supply and demand.

e. The intent of this directive is to facilitate the sharing of health care professional resources across VA medical facilities through telehealth. It accomplishes this by defining responsibilities for efficiently establishing enterprise privileging-by-proxy, or the privileging-by-proxy- equivalent, for NDTH telehealth health care professionals without requiring a unique, signed TSA between participating sites. It also establishes the process for activating NDTH services at multiple VA medical facilities, at all VA medical facilities in a Veterans Integrated Service Network (VISN), or at all VA medical facilities across the enterprise.

f. In place of TSAs, this directive establishes responsibilities for NDTHs employing Terms of Service (TOS) which, once established, apply to all VA medical facilities choosing to receive telehealth services from its health care professionals. The directive thereby streamlines the administrative requirements for telehealth service initiation and maintenance from NDTHs and allows VA medical facilities to more flexibly, and efficiently, shift health care provider resources to serve Veterans across the organization based on need. ***NOTE:*** *This directive does not eliminate prerequisites for activating a telehealth service (e.g., setting up telehealth clinic schedules, training a telepresenter) which vary by clinical services and are defined in a TOS; however, it enables staff to focus on those prerequisites, many of which can be addressed in advance of needing telehealth services.*

g. If a NDTH telehealth health care professional, as defined in this directive, performs any medical duties in-person at an originating site VA medical facility, or otherwise works outside the scope of this directive or their NDTH TOS, the NDTH telehealth health care professional is not functioning as a health care professional covered under this policy and, therefore, must be credentialed and assigned privileges, a scope of practice or a functional statement as appropriate for their occupation at each VA medical facility where they provide onsite services.

h. This directive does not apply to VA-contracted NDTH telehealth health care professionals. VA-contracted NDTH telehealth health care professionals do not have the same legal protections as VA-employed NDTH telehealth health care professionals who deliver telehealth services. Additional requirements must be met before authorizing VA-contracted NDTH telehealth health care professionals to deliver care across VA medical facilities using telehealth. This includes ensuring that any contracts for telehealth include all necessary State license, registration or certification requirements. Before a VA-contracted NDTH telehealth health care professional delivers services across VA medical facilities using telehealth, consultation should be sought from the VA medical facility contracting officer and District Counsel to ensure all requirements are met.

3. DEFINITIONS

a. **Adverse Events.** Adverse events are untoward diagnostic or therapeutic incidents, iatrogenic injuries, or other occurrences of harm or potential harm directly associated with care or services delivered by VA health care providers.

b. **Distant Site.** A distant site is the VA health care system or VA medical facility that accepts responsibility for completing and maintaining medical staff credentialing requirements and privileging, scope of practice or functional statement requirements for the NDTH telehealth health care professionals practicing as part of a telehealth service. For the purposes of this directive, a distant site that accepts responsibility for NDTH telehealth health care professionals practicing as part of a NDTH is called a host site VA medical facility or just a host site.

c. **Focused Professional Practice Evaluation.** A Focused Professional Practice Evaluation (FPPE) is an oversight process within a defined period of evaluation whereby the respective clinical service chief and the Executive Committee of the Medical Staff evaluates the privilege-specific competence of a Licensed Independent Practitioner (LIP) who does not yet have documented evidence of competently performing the requested privileges at the VA medical facility. This is a routine process with standardized criteria approved by the VA medical facility's Executive Committee of the Medical Staff and Director and applied to LIPs within the same specialty who hold the same privileges. ***NOTE:*** *FPPE also applies to physician assistants, nurse practitioners and clinical pharmacy specialists who are on scopes of practice.*

d. **Hosted NDTH Telehealth Health Care Professional.** A hosted NDTH telehealth health care professional is a VA NDTH telehealth health care professional who is credentialed and assigned privileges, a scope of practice or a functional statement, as appropriate for their occupation, at a host VA medical facility without direct employment at the host VA medical facility (e.g., VISN employees, alternate VA medical facility employees, or VA Central Office employees). A hosted NDTH telehealth health care professional adheres to the host VA medical facility medical staff bylaws, receives clinical competency oversight from the host VA medical facility and aligns with a clinical service line that reports through the host VA medical facility Clinical Executives consistent with all other members of the medical staff.

e. **Host VA Medical Facility.** A host VA medical facility is a VA medical facility serving as a "distant site" VA medical facility for a NDTH. The host VA medical facility accepts responsibility for completing and maintaining medical staff credentialing requirements and privileging, scope of practice, or functional statement requirements for the NDTH telehealth health care professionals practicing as part of a NDTH. NDTH telehealth health care professionals may be directly employed by the host VA medical facility or may be a hosted NDTH telehealth health care professional.

f. **Nationally Designated Telehealth Hubs.** NDTHs are telehealth hubs that have been designated by the Assistant Under Secretary for Health for Operations to manage the provision of cross-VA medical facility telehealth services, delivered by NDTH

telehealth health care professionals, from one or more host VA medical facilities, to any VA medical facility in the enterprise.

g. **National Practitioner Data Bank.** The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, health care providers and suppliers.

h. **Ongoing Professional Practice Evaluation.** Ongoing Professional Performance Evaluation (OPPE) is the ongoing monitoring of privileged LIPs to identify clinical practice trends that may impact the quality and safety of care. OPPE apply to all LIPs who are privileged as well as physician assistants, nurse practitioners and clinical pharmacy specialists who are on scopes of practice. Information and data considered must be LIP and specialty specific. The OPPE data is maintained as part of the Practitioner Profile to be analyzed in the VA medical facility's on-going monitoring program.

i. **Originating Site.** An originating site is the VA health care system or VA medical facility through which the patient is receiving clinical care. ***NOTE:*** *This is generally the patient's medical home which is the VA medical facility where their Patient-Aligned Care Team (PACT) resides*.

j. **Privileging-by-Proxy.** Privileging-by-proxy is the process by which one VA medical facility accepts the decisions of another VA medical facility in granting or maintaining the clinical privileges of a health care professional.

k. **Privileging-by-Proxy Equivalent.** Privileging-by-proxy equivalent is the process by which one VA medical facility accepts the decisions of another VA medical facility in granting or maintaining the clinical responsibilities of a non-privileged health care professional as documented in their current approved scope of practice or functional statement.

l. **Sentinel Event.** A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm or severe temporary harm.

m. **Telehealth Conditions of Participation.** The telehealth Conditions of Participation (COP) are VA's nationally defined quality standards for the clinical, business and technology components of telehealth services. ***NOTE:*** *The telehealth COP Quality Management Program Standard Operating Procedures (SOP) can be accessed at the following link: https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Quality/Conditions%20of%20Participation%20Quality%20Management%20Program%20Standard%20Operating%20Procedures.pdf. This is an internal VA website that is not available to the public.*

n. **Telehealth Emergency Handoffs.** A telehealth emergency handoff is the process where a telehealth health care professional, who is remote from a patient, notifies an emergency contact (e.g., on-site VA clinic staff in the case of a synchronous telehealth

visit in a VA clinic), that a patient emergency is occurring to activate an emergency response at the patient's location and transfer care.

o. **Telehealth Hub.** A telehealth hub is a clinical and administrative organization at a national, consortia, regional, VISN or VA medical facility level that facilitates and supports the sharing of telehealth services across VA medical facilities by health care professionals from one or more host VA medical facilities. Examples include Clinical Resource Hubs, Tele-Critical Care Hubs and VISN-level Clinical Contact centers.

p. **Telehealth Memorandum of Understanding**. A telehealth MOU is an umbrella agreement that authorizes the sharing of clinical services through telehealth between two VA medical facilities. The telehealth MOU specifically defines the requirements for sharing credentialing information and authorizes privileging of VA health care professionals, using privileging-by-proxy or the privileging-by-proxy equivalent, between VA medical facilities sharing clinical resources through telehealth. ***NOTE:*** *Telehealth MOUs are not required when VA medical facilities are sharing clinical resources through telehealth. Within VA, VHA Directive 1914(1) defines the requirements for sharing credentialing information and authorizes privileging of VA health care professionals, using privileging-by-proxy or the privileging-by-proxy equivalent between VA medical facilities sharing clinical resources through telehealth.*

q. **Telehealth Service Agreement.** A TSA is a unique, signed agreement between VA medical facilities that defines the clinical, technical and business requirements for a telehealth clinical service. TSAs include the contingency plans and emergency handoff procedures for the clinical service. ***NOTE****: An example TSA can be viewed at the following link: https://vaots.blackboard.com/bbcswebdav/xid-726584_1. A TSA is distinctly different from, and in addition to, the Telework Agreement requirements outlined in VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016. This is an internal VA website that is not available to the public.*

r. **Telehealth Technologies.** Telehealth technologies are information technology-based tools that collect clinical patient information in the form of vital signs, disease management data, still images and live audio or video from an originating site (e.g., where the beneficiary is located such as either a clinic or home setting). The data is sent via telecommunications networks to a remote site where they are received, reviewed and assessed by telehealth health care professionals. Telehealth technologies enable a range of health care applications that cross the usual constraining boundaries of geographic distance, time and social or cultural borders while protecting privacy act materials consistent with applicable VA policies.

s. **Terms of Service.** For the purposes of this directive, TOS define the clinical, technical and business requirements for a telehealth clinical service delivered from a NDTH along with the service's contingency plans and emergency handoff procedures. ***NOTES:*** *(1) TOS have similar content to a TSA. The main difference is that a TOS, once established for a NDTH, define the NDTH service and standard requirements for every participating site without requiring a unique agreement or signature from each site. This is unlike a TSA which is a unique, signed agreement with each participating*

site. (2) To exemplify the value of a TOS, a telehealth hub that intends to serve Veterans at any VA medical facility would only need to develop one TOS in place of developing unique, signed TSAs with numerous VA medical facilities.

4. POLICY

It is VHA policy that a VA health care professional delivering services organized through a NDTH may use telehealth to provide care to VA beneficiaries at any VA originating site, without the health care professional being re-credentialed or assigned privileges, a scope of practice or a functional statement (as applicable for the respective occupation) at the originating site, and without a unique, signed TSA between the NDTH host VA medical facility and the originating site, provided that the VA health care professional is practicing:

a. Within their VA scope of practice, functional statement or clinical privileges as defined by the host VA medical facility.

b. In accordance with the NDTH TOS.

c. In response to a request for NDTH services from an originating site or on behalf of an originating site.

NOTE: *Beneficiaries do not need to be physically located at the originating site to receive services from NDTH telehealth health care professionals in accordance with this policy.*

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Patient Care Services.** The Assistant Under Secretary for Patient Care Services is responsible for supporting the Office of Connected Care with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness based on information provided by the Chief Officer, Office of Connected Care.

(4) Approving designation of a telehealth hub as a NDTH after considering recommendations from the Chief Officer, Office of Connected Care.

(5) Determining when national designation must be removed from a NDTH. ***NOTE:*** *The Assistant Under Secretary for Health for Operations has the authority to remove the designation for cause.*

(6) Notifying relevant stakeholders (i.e., Director or Chief Executive of a VHA clinical program office, VISN Director(s), NDTH Director(s)) including the Chief Officer, Office of Connected Care to update the VA intranet location (https://vaww.telehealth.va.gov/resources/1915/) that lists NDTHs, if a national designation is removed for cause. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) When deemed valuable, making the request for a NDTH's services, and thereby concurring with requirements in their TOS, on behalf of all VA medical facilities after considering recommendations from the Chief Officer, Office of Connected Care. ***NOTES:*** *(1) This statement gives the Assistant Under Secretary for Health for Operations the ability to efficiently make a telehealth service available to Veterans across the enterprise under circumstances where all VA medical facilities have the resources to meet the TOS requirements, and to rapidly expand the availability of NDTH services during an emergency (e.g., Presidential disaster declaration). (2) The Assistant Under Secretary for Health for Operations may also request to deactivate NDTH services on behalf of all VA medical facilities.*

(8) Notifying VISN Directors, VA medical facility Directors, and other relevant stakeholders (i.e., Director or Chief Executive of a VHA clinical program office, NDTH Director(s), Chief Officer, Office of Connected Care) if requesting NDTH services on behalf of all VA medical facilities or requesting deactivation of NDTH services on behalf of all VA medical facilities.

d. **Chief Officer, Office of Connected Care.** The Chief Officer, Office of Connected Care is responsible for:

(1) Providing management and oversight of:

(a) National contracts for telehealth technologies that can be purchased by VA medical facilities, VISNs and program offices; that are approved for use in VHA; and which meet all Federal and VA encryption and security standards.

(b) National contracts that provide services and warranty coverage for telehealth technologies used at VA sites of care to provide clinical services to beneficiaries.

(c) The National Telehealth Technology Help Desk which provides technical assistance to VHA staff providing NDTH services and beneficiaries receiving NDTH services.

(2) Providing guidance and training modules for NDTH telehealth health care professionals in the required clinical, technical and business standards for telehealth services in collaboration with other national program offices and the VA Office of

Information and Technology (OIT) to ensure that telehealth quality, safety and information security requirements are met.

(3) Consolidating the following information on a VA intranet location:

(a) The list of NDTHs, the services they deliver and their TOS.

(b) Contact information for the key personnel at each NDTH and host VA medical facility.

(c) The list of NDTH telehealth health care professionals delivering services as part of each NDTH. ***NOTE:*** *When Health Professions Trainees (HPTs) are participating in a NDTH service (which includes but is not limited to delivering services under supervision, helping to deliver services under supervision, or simply being in the room as another telehealth health care professional delivers the service), the individual names of HPTs are not required or expected to be included on this list. Upon request by a VA medical facility Director, the NDTH Director must provide a list of all HPTs that may participate in the NDTH service (i.e., a list of all 3rd year residents who are eligible to rotate through the NDTH).*

(4) Establishing a report that identifies at which originating site VA medical facilities a NDTH heath care professional has delivered telehealth care as evidenced by documentation in the originating site electronic health record (EHR). ***NOTES:*** *(1) The report must include information (e.g., VA medical facility name, date) so the documentation can be found in the originating site EHR for use in practice reviews at the host site. (2) Due to technical limitations, the report may not differentiate between originating site VA medical facilities with a shared instance of VistA. This is only a concern with the VistA platform and is not applicable to other VA EHR platforms. (3) Not all inter-facility workload can be captured through an automated report. In situations where a service's inter-facility workload cannot be captured in an automated report, the Director or Chief Executive of the VHA clinical program office, or the NDTH Director, as applicable, must identify and define in the NDTH TOS the method that will be used to identify NDTH telehealth health care professional documentation at originating sites to use as part of their competency reviews.*

(5) Establishing a process for designation of telehealth hubs as NDTHs.

(6) Recommending designation of telehealth hubs as NDTHs to the Assistant Under Secretary for Health for Operations.

(7) When deemed valuable, recommending that the Assistant Under Secretary for Health for Operations requests a NDTH's services on behalf of all VA medical facilities.

(8) Incorporating quality standards for NDTHs, as needed, into the Telehealth COP.

(9) Establishing SOPs for telehealth emergency handoffs for use by NDTH telehealth health care professionals. ***NOTES:*** *(1) Telehealth emergency handoff procedures are used to address medical or behavioral health emergencies when the*

NDTH telehealth health care professional and patient are at different locations. (2) National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.

(10) Providing oversight to ensure compliance with this directive and its effectiveness in enhancing cross-VA medical facility telehealth care from NDTHs.

e. **Director or Chief Executive, VHA Clinical Program Office.** The Director or Chief Executive of each VHA clinical program office, or designee (e.g., NDTH Director), is responsible for:

(1) Defining, as needed, NDTH TOS requirements for NDTHs delivering care within their clinical discipline. ***NOTE:*** *The Director or Chief Executive of a VHA clinical program office may determine that there are standard requirements (i.e., specific staffing or technology requirements) that must exist across TOS for all NDTHs delivering their clinical service and may prevent approval of NDTH TOS that are inconsistent with clinical program office standards.*

(2) Incorporating oversight of their clinical services, delivered through NDTHs, into their clinical program office oversight processes.

(3) Developing the TOS for NDTHs that are managed and hosted in more than one VISN (e.g., Tele-Critical Care). ***NOTE:*** *A Director or Chief Executive of a VHA clinical program office may choose to develop a series of TOS for hubs that will function together to deliver services across multiple VISNs (e.g., Spinal Cord Injury and Disorders Network). When a network of hubs is used to provide a service, the TOS may authorize one hub to failover to another hub without a new request for NDTH services so long as the originating site requirements and prerequisites for activation are consistent.*

(4) Including the required elements outlined in Appendix B, Nationally Designated Telehealth Hub Terms of Service Requirements, when developing TOS.

(5) Obtaining input on the TOS for NDTHs that are managed and hosted in more than one VISN from the VA medical facility Director(s), VA medical facility Clinical Executive(s), the VISN Telehealth Program Manager and the VISN Clinical Executive for the host site VA medical facility, or facilities.

(6) Obtaining approval on the TOS for NDTHs that are managed and hosted in more than one VISN from VISN Directors with host site VA medical facilities.

(7) Including the following information in the NDTH TOS about the HPTs if HPTs will be participating in a NDTH service:

(a) Type of training program/profession.

(b) Training level.

(c) Training director name.

NOTE: *HPTs are not required or expected to be individually named in the TOS. Upon request by a VA medical facility Director, the NDTH Director must provide a list of all HPTs that may participate in the NDTH service (i.e., a list of all 3rd year residents who are eligible to rotate through the NDTH).*

(8) Annually reviewing TOS relevant to their clinical program office, in collaboration with NDTH Directors and VISN Telehealth Program Managers (Host Site), to address any needed changes. ***NOTE:*** *TOS may be reviewed and updated at any time to account for new circumstances, needs, or concerns.*

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for the following based on the site designation:

(1) **Veterans Integrated Service Network Director (Originating and Host Sites).** The VISN Director at the originating and host site is responsible for:

(a) Ensuring that all VA medical facilities within the VISN Comply with this directive and informing leadership when barriers to compliance are identified.

(b) Overseeing the implementation of national SOPs for telehealth emergency handoffs at each VA medical facility in the VISN. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(c) Providing the resources to support successful NDTH operations in the VISN.

(2) **Veterans Integrated Service Network Director (Host Site).** In addition to the responsibilities listed above for VISN Director (Originating and Host Sites), the VISN Director or designee (e.g., Deputy VISN Director) at the host site is responsible for:

(a) Incorporating NDTHs in strategic planning for standardizing the availability of clinical services within the VISN.

(b) Ensuring that each NDTH operating in the VISN has a named NDTH Director.

(c) Providing the resources (i.e., leadership team, clinical schedulers, credentialing and privileging staff, clinical and technical staff, quality management staff, administrative staff, equipment) to support successful NDTH operations in the VISN.

(d) Overseeing and sustaining NDTH operations within the VISN.

(e) Incorporating NDTH operations in VISN-level Continuity of Operations Plans.

(f) Approving the TOS for NDTHs operating within the VISN. This includes ensuring that the NDTH TOS:

1. Establish a clinical service that can be appropriately delivered through telehealth and is consistent with commonly accepted clinical quality standards.

2. Comply with Appendix B.

(3) **Veterans Integrated Service Network Director (Originating Site).** In addition to the responsibilities listed above for VISN Director (Originating and Host Sites), the VISN Director or designee (e.g., Deputy VISN Director) at the originating site is responsible for:

(a) Making the request for a NDTH's services, and thereby concurring with requirements in their TOS, on behalf of all VA medical facilities within their VISN when deemed valuable. ***NOTES:*** *(1) This statement gives the VISN Director the ability to efficiently make a telehealth service available to Veterans across the VISN under circumstances where all VA medical facilities have the resources to meet the TOS requirements and to rapidly expand the availability of NDTH services during an emergency (e.g., Presidential disaster declaration). (2) The action of making the request may be delegated so long as the VISN Director approves the request. (3) The VISN Director may also request to deactivate NDTH services on behalf of all VA medical facilities within their VISN.*

(b) Notifying VA medical facility Directors and other relevant stakeholders (i.e., Director or Chief Executive of a VHA clinical program office, NDTH Director(s)) if requesting NDTH services on behalf of all VA medical facilities within their VISN or requesting deactivation of NDTH services on behalf of all VA medical facilities within their VISN.

g. **Veteran Integrated Service Network Clinical Executive**. The VISN Clinical Executive includes the Chief Medical Officer (CMO) or Chief Nursing Officer. The VISN Clinical Executive is responsible for the following based on the site designation:

(1) **Veteran Integrated Service Network Clinical Executive (Originating and Host Sites).** The VISN Clinical Executive at the originating and host site is responsible for monitoring and reviewing clinical data to ensure the quality of clinical care provided by NDTHs to beneficiaries within the VISN.

(2) **Veteran Integrated Service Network Clinical Executive (Host Site).** In addition to the responsibilities listed above for VISN Clinical Executive (Originating and Host Sites), the VISN Clinical Executive at the host site is responsible for:

(a) Reviewing health care provider alerts from the NPDB Continuous Query (CQ) Program as appropriate. ***NOTE:*** *For more information on when the VISN Clinical Executive (in particular, the VISN CMO) review of the health care provider alert is needed, please see Appendix C, Managing Health Care Provider Alerts from the*

National Practitioner Database Continuous Query Program for Nationally Designated Telehealth Hub Telehealth Health Care Professionals.

(b) Recommending approval of TOS for NDTHs operating within the VISN to the host site VISN Director. This includes providing input, as needed, to ensure that the NDTH TOS:

1. Establish a clinical service that can be appropriately delivered through telehealth and is consistent with commonly accepted clinical quality standards.

2. Comply with Appendix B.

h. **Veteran Integrated Service Network Telehealth Program Manager.** The VISN Telehealth Program Manager is responsible for the following based on the site designation:

(1) **Veteran Integrated Service Network Telehealth Program Manager (Originating and Host Sites).** The VISN Telehealth Program Manager at the originating and host sites is responsible for:

(a) Overseeing telehealth program requirements across the VISN, including but not limited to adherence to the Telehealth COP standards applicable to NDTH services.

(b) Monitoring facility adherence to national SOPs for telehealth emergency handoffs at each VA medical facility in the VISN. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(c) Assessing the resources (i.e., scheduling support, hardware, software, telehealth staffing and staff training) needed to efficiently provide or receive clinical services via telehealth from NDTHs across the VISN and making resource recommendations to their respective VISN Director.

(d) Consulting on telehealth data capture requirements, needs assessments and development of targeted expansion plans for telehealth services from NDTHs across the VISN.

(2) **Veteran Integrated Service Network Telehealth Program Manager (Host Site).** In addition to the responsibilities listed above for VISN Telehealth Program Manager (Originating and Host Sites), the VISN Telehealth Program Manager at the host site is responsible for:

(a) Recommending approval of NDTH TOS to the host site VISN Director.

(b) Annually reviewing NDTH TOS hosted in their VISN, in collaboration with NDTH Directors and relevant Directors or Chief Executives of VHA clinical program offices to address any needed changes.

(c) Participating in VISN governance board(s) (e.g., Telehealth Committee, Quality Management Committee) overseeing NDTH operations.

i. **Nationally Designated Telehealth Hub Director.** The NDTH Director is responsible for:

(1) Equitably distributing clinical resources from the NDTH to VA medical facilities with service needs in the VISN or service area (e.g., Consortia, Enterprise).

(2) Establishing the clinical, administrative and financial policies and procedures to execute clinical resource sharing from the NDTH.

(3) Developing agreements with host sites, as needed (e.g., agreements to formalize the host site resources that will be provided to support NDTH operations).

(4) Developing the NDTH TOS for NDTHs that are managed and hosted within one VISN. ***NOTES:*** *(1) For example, the Director of a VISN-level Clinical Resource Hub that has received national designation and is hosted in one or more of the VISN's own VA medical facilities, is responsible for developing the NDTH TOS. (2) If a NDTH is hosted in multiple VA medical facilities that span more than one VISN (e.g., TeleCritical Care), then the Director or Chief Executive of the relevant VHA clinical program office, is responsible for developing TOS for the NDTHs.*

(5) Including the required elements outlined in Appendix B when developing TOS.

(6) Obtaining input on the TOS for NDTHs that are managed and hosted within one VISN from the VA medical facility Director(s), VA medical facility Clinical Executive(s), the VISN Telehealth Program Manager and the VISN Clinical Executive for the host site VA medical facility, or facilities. ***NOTE:*** *Where there is a VISN clinical service lead overseeing the services that will be provided from a NDTH, the clinical service lead must have input into the TOS.*

(7) Obtaining approval on the TOS for NDTHs that are managed and hosted in one VISN from the host site VISN Director.

(8) Annually reviewing their NDTH TOS, in collaboration with relevant Directors or Chief Executives of VHA clinical program offices and the VISN Telehealth Program Manager (Host Site) to address any needed changes.

(9) Ensuring that NDTH telehealth health care professionals have the tools, resources, scheduling support, competencies and training needed to effectively deliver their clinical service through telehealth, including cross-VA medical facility telehealth. ***NOTE:*** *This includes ensuring NDTH telehealth health care professionals have the tools, resources, training and competency to execute and manage contingency plans*

and emergency handoff procedures for the telehealth services as included or referenced in the NDTH TOS and national SOPs for emergency handoff procedures.

(10) Ensuring that host site NDTH health care professionals and applicable NDTH staff demonstrate their competency to perform telehealth emergency handoff procedures at least annually as required by national SOPs for telehealth emergency handoffs. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(11) Including the following information in the NDTH TOS about the HPTs if HPTs will be participating in a NDTH service:

(a) Type of training program/profession.

(b) Training level.

(c) Training director name.

NOTE: *HPTs are not required or expected to be individually named in the TOS. Upon request by a VA medical facility Director, the NDTH Director must provide a list of all HPTs that may participate in the NDTH service (i.e., a list of all 3rd year residents who are eligible to rotate through the NDTH).*

(12) Ensuring that there is updated VISN, host VA medical facility and VA clinic contact information, as included or referenced in the NDTH TOS, for technical, clinical and administrative support of the NDTH telehealth services, including during emergencies. ***NOTE:*** *The NDTH Director is responsible for updating contact information for VISN staff, VA medical facilities and clinics in their respective VISNs only. This responsibility includes ensuring updated contact information is available nationally through the Office of Connected Care website: https://vaww.telehealth.va.gov/resources/1915/. This is an internal VA website that is not available to the public.*

(13) Notifying the originating site VA medical facility Clinical Executive within 1 business day of changes to the privileges, scope of practice or functional statement of a NDTH telehealth health care professional that impact their qualifications to perform their telehealth duties and that will disrupt services to the originating site.

(14) Taking immediate measures to ensure beneficiaries continue to receive needed care and services, consistent with VHA patient safety and health care standards, if there is an interruption to a telehealth service for any reason. ***NOTE:*** *Immediate measures are taken in collaboration with the originating site VA medical facility Clinical Executive.*

(15) Proactively tracking at which VA medical facilities NDTH telehealth health care professionals are delivering services or establishing processes to obtain this information within 1 business day when needed. ***NOTE:*** *The NDTH Director must notify VA medical*

facilities upon receipt of an alert from the NPDB about a NDTH telehealth health care professional.

(16) Ensuring that a current list of NDTH health care professionals who are practicing under the auspices of this directive and in accordance with a NDTH's TOS, is available to each participating originating site. ***NOTE:*** *When HPTs are participating in a NDTH service (which includes but is not limited to delivering services under supervision, helping to deliver services under supervision, or simply being in the room as another NDTH telehealth health care professional delivers the service), the individual names of HPTs are not required or expected to be included on this list. HPTs will likely only participate in a NDTH service for a short period of time as part of their training program. Upon request by a VA medical facility Director, the NDTH Director must provide a list of all HPTs that may participate in the NDTH service (i.e., a list of all 3rd year residents who are eligible to rotate through the NDTH).*

(17) Ensuring that TOS prerequisites (e.g., training technology, space, staffing, documentation, logistical), needed for the safe delivery and coordination of care are addressed before activating NDTH services at originating sites.

(18) Notifying the responsible host VA medical facility Clinical Executive and Clinical Service Chief or designee (e.g., Clinical Supervisor) about any adverse or sentinel events that result from the telehealth services provided and complaints about a NDTH telehealth health care professional communicated from patients, other NDTH telehealth health care professionals or staff at an originating site.

(19) Presenting any activation of telehealth emergency handoff procedures by NDTH telehealth health care professionals to a VISN governance board or committee (e.g., Telehealth Committee, Quality Management Committee) in support of continuous learning and quality improvement. ***NOTE:*** *Any time a remote NDTH telehealth health care professional initiates an emergency response at a Veteran's address or contacts local VA staff to enter the Veteran's room to address a medical or behavioral health concern, the event must be reported by the NDTH Director to a VISN governance board or committee to identify opportunities for improvement.*

(20) Collaborating with host site VA medical facility Clinical Executives and host site NDTH Clinical Service Chiefs or designee (e.g., Clinical Supervisor) to ensure successful completion of OPPE/FPPEs for host site NDTH health care professionals ***NOTE:*** *This applies only to privileged health care providers and to physician assistants, nurse practitioners and clinical pharmacy specialists who are on scopes of practice.*

(21) Identifying, in conjunction with VA medical facility NDTH Clinical Service Chiefs, non-emergent issues, concerns or problems related to patient safety, patient care, administrative concerns, data and information transmissions, patient identification questions, confidentiality, privacy, consent, incomplete information or other concerns affecting patient care and ensuring communication of such events to the appropriate staff, such as a VA medical facility Telehealth Coordinator, Quality Manager, Privacy

Officer or Patient Safety Officer, at both the originating and host sites, as appropriate, for resolution.

(22) Tracking which VA medical facilities or VISNs have requested NDTH services.

(23) Determining if NDTH resources are available to support a request for NDTH services.

(24) Notifying the VA medical facility Director of each originating site about NPDB reports in accordance with Appendix C.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for the following based on the site designation:

(1) **VA Medical Facility Director (Originating and Host Sites).** The VA medical facility Director at both the originating and host sites is responsible for:

(a) Authorizing access to VA medical facility electronic systems, including EHR and scheduling systems, for host site NDTH telehealth health care professionals, quality managers, schedulers and other host site staff as needed for the safe delivery, operation and oversight of a telehealth service.

(b) Ensuring that, in collaboration with their VA medical facility Clinical Executive and VA medical facility Telehealth Coordinator, the VA medical facility remains compliant with the TOS for the delivery or receipt of NDTH services as applicable for the VA medical facility.

(c) Ensuring that VA medical facility and clinic contact information remains updated in required databases, as included or referenced in the NDTH TOS, for technical, clinical and administrative support of the NDTH telehealth services, including during emergencies.

(d) Providing resources to train NDTH telehealth health care professionals and technicians on the technical, business and emergency procedures which are specific to the provision of telehealth care, as well as relevant privacy standards needed for NDTH health care professional telehealth care.

(e) Designating staff to implement facility requirements in national SOPs for telehealth emergency handoffs at the VA medical facility including designating staff (e.g., supervisors) responsible for completing annual competencies for VA medical facility staff, who are not NDTH staff but are participating in NDTH telehealth services. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(f) Overseeing implementation of national SOPs for telehealth emergency handoffs at the VA medical facility.

(2) **VA Medical Facility Director (Originating Site).** In addition to the responsibilities above for VA medical facility Directors (Originating and Host Sites), the VA medical facility Director at an originating site is responsible for:

(a) Maintaining the space, staff, equipment, contact information and ancillary services (e.g., Laboratory, X-ray) needed to effectively support the telehealth service at the originating site VA medical facility.

(b) Making the request for NDTH services, and thereby concurring with requirements in their TOS on behalf of their VA medical facility. ***NOTES:*** *(1) The action of making the request may be delegated so long as the VA medical facility Director approves the request. (2) The VA medical facility Director may deactivate NDTH services on behalf of their VA medical facility.*

(c) Notifying relevant stakeholders (i.e., VA medical facility Clinical Executives, Director or Chief Executive of a VHA clinical program office, NDTH Director(s)) if requesting NDTH services on behalf of their VA medical facility or requesting deactivation of NDTH services on behalf of their VA medical facility.

(3) **VA Medical Facility Director (Host Site).** In addition to the responsibilities above for VA medical facility Directors (Originating and Host Sites), the VA medical facility Director at a host site is responsible for recommending approval of host site NDTH TOS to the host site VISN Director.

k. **Chair, VA Medical Facility Executive Committee of the Medical Staff (Host Site).** The VA medical facility Executive Committee of the Medical Staff (ECMS) may go by a different name at different VA medical facilities, including the Medical Executives Committee (MEC). The Chair, VA medical facility ECMS at the host site is responsible for:

(1) Recommending which clinical services are appropriately delivered through telehealth from the host site.

(2) Ensuring that clinical services delivered through telehealth from the host site are consistent with commonly accepted quality standards.

NOTE: *For purposes of this policy, the above responsibilities are delegated to the VA medical facility Clinical Executives.*

(3) Discussing appropriate actions to be taken as a result of a NDTH telehealth health care professional report from the NPDB CQ Program, as referenced in Appendix C.

l. **VA Medical Facility Clinical Executive.** The VA medical facility Clinical Executive may be either the VA medical facility Chief of Staff or Associate Director for Patient Care Services. The VA medical facility Clinical Executive for the clinical service being delivered through a NDTH is responsible for the following based on the site designation:

(1) **VA Medical Facility Clinical Executive (Originating and Host Sites).** The VA medical facility Clinical Executive at both the originating and host sites is responsible for:

(a) Ensuring that, in collaboration with their VA medical facility Director and VA medical facility Telehealth Coordinator, the VA medical facility remains compliant with the TOS for the delivery or receipt of NDTH services as applicable for the VA medical facility.

(b) Ensuring that VA medical facility staff, who are not NDTH staff but are participating in NDTH telehealth services, have the technology, processes, training, and competency to execute and manage contingency plans and emergency handoff procedures for the telehealth services as included or referenced in the NDTH TOS and national SOPs for telehealth emergency handoffs. ***NOTE:*** *This may include, but is not limited to, ensuring clinic and staff contact information remains current, that staff are aware of emergency handoff procedures and that "must answer" phones are maintained.*

(c) Ensuring that VA medical facility staff, who are not NDTH staff but are participating in NDTH telehealth services, demonstrate their competency to perform telehealth emergency handoff procedures at least annually as required by national SOPs for telehealth emergency handoffs. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(d) Completing the actions in managing health care provider alerts from the NPDB CQ program for NDTH telehealth health care professionals in accordance with Appendix C.

(2) **VA Medical Facility Clinical Executive (Originating Site).** In addition to the responsibilities above for VA medical facility Clinical Executives (Originating and Host Sites), the VA medical facility Clinical Executive at the originating site is responsible for:

(a) Ensuring that originating site prerequisites (e.g., technology, space, staffing, documentation, and logistical) that are needed for the safe delivery and coordination of care as outlined in the TOS, are addressed before scheduling patients for NDTH services.

(b) Taking immediate measures to ensure beneficiaries continue to receive needed care and services, consistent with VHA patient safety and health care standards, if there is an interruption to a telehealth service for any reason. ***NOTE:*** *Immediate measures are taken in collaboration with the NDTH Director.*

(c) Providing all necessary onsite supervision and competency or practice oversight for originating site staff supporting the delivery of approved NDTH telehealth services. ***NOTE:*** *Staff involved in supporting the delivery of telehealth services may include, but*

is not limited to, Telehealth Clinical Technicians, nursing staff, schedulers, pharmacists and locally privileged NDTH telehealth health care professionals.

(d) Ensuring findings from quality management (e.g., chart audits) and other reviews (e.g., patient complaints) that identify a concern about an episode of care and include a NDTH telehealth health care professional are communicated to the NDTH Director.

(e) Notifying the NDTH Director, or designated point of contact in the TOS, about any adverse or sentinel events that result from the telehealth services provided and any validated complaints about a NDTH health care professional from patients, other NDTH telehealth health care professionals or staff at the originating site. ***NOTE:*** *Each VA medical facility is encouraged to consult their District Counsel regarding a cross-VA medical facility adverse or sentinel event. While VA medical facility Clinical Executives at the host site provide oversight for the NDTH telehealth health care professional's competency (e.g., completing OPPE and FPPE for privileged health care professionals), the VA medical facility Clinical Executives at the originating site provide any applicable feedback when identified through their usual processes, from incidents, complaints and other triggers regarding the episode of care provided by the host site's NDTH telehealth health care professional.*

(f) Ensuring that adverse events that result from the telehealth service are disclosed to patients according to VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.

(3) **VA Medical Facility Clinical Executive (Host Site).** In addition to the responsibilities above for VA medical facility Clinical Executives (Originating and Host Sites), the VA medical facility Clinical Executive at the host site is responsible for:

(a) Notifying the NDTH Director within 1 business day of changes to the privileges, scope of practice or functional statement of a NDTH telehealth health care professional that impacts the NDTH telehealth health care professional's qualifications to perform their telehealth duties.

(b) Collaborating with the NDTH Director and host site VA medical facility NDTH Clinical Service Chiefs or designee (e.g., Clinical Supervisor) to ensure successful completion of OPPE/FPPEs for privileged, host site NDTH telehealth health care professionals as well as NDTH telehealth health care professionals who are physician assistants, nurse practitioners and clinical pharmacy specialists on scopes of practice.

(c) Ensuring that host site licensed NDTH telehealth health care professionals are enrolled in the NPDB CQ program.

(d) Ensuring that the NDTH telehealth health care professionals delivering services through a NDTH have the appropriate credentialing and privileges, functional statement or scope of practice to deliver the service outlined in the TOS. ***NOTE:*** *Privileges, scopes of practice and the functional statements of NDTH telehealth health care professionals, practicing under the auspices of this directive and in accordance with a*

TOS, must be available to each originating site participating in a NDTH service upon request.

(e) Conducting protected peer reviews at the host site for quality management in accordance with VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018. ***NOTE:*** *Alternative peer review processes may be established for specialized telehealth programs through either policy or TOS.*

(f) Recommending approval of, along with the host site VA medical facility Director, a hosted NDTH's TOS to the host site VISN Director. This includes providing input, as needed, to ensure that the NDTH TOS:

1. Establish a clinical service that can be appropriately delivered through telehealth and is consistent with commonly accepted clinical quality standards. ***NOTE:*** *This responsibility is delegated from the VA medical facility ECMS. The Clinical Executives determine if TOS need review by the VA medical facility ECMS of the hospital before recommending approval.*

2. Comply with Appendix B.

(g) When necessary, in accordance with Appendix C, coordinating with the VA medical facility Clinical Executive at the originating site on reviews of NDTH health care professionals to help identify and communicate telehealth services with findings of substandard care, professional misconduct or professional incompetence provided at the originating site.

m. **VA Medical Facility Credentialing and Privileging Manager (Host Site).** The VA medical facility Credentialing and Privileging Manager at the host site is responsible for:

(1) Enrolling and maintaining licensed NDTH telehealth health care professionals in the NPDB CQ program.

(2) Supporting the process outlined in Appendix C if the host site receives a NPDB report involving a NDTH telehealth health care professional.

n. **VA Medical Facility Nationally Designated Telehealth Hub Clinical Service Chief (Host Site).** The host site NDTH Clinical Service Chief may go by a different name at different VA medical facilities, including the NDTH Clinical Section Chief. The host site NDTH Clinical Service Chief or designee (e.g., Clinical Supervisor) may be employed or administratively supervised at a VISN office, VA Central Office or host VA medical facility so long as the NDTH Clinical Service Chief or designee is hosted at the relevant host VA medical facility, completes the following clinical supervision responsibilities as part of the host VA medical facility medical staff and reports clinically through the appropriate VA medical facility Clinical Executive. The VA medical facility NDTH Clinical Service Chief or designee (e.g., Clinical Supervisor) at the host site is responsible for:

(1) Communicating with the VA medical facility Credentialing and Privileging Manager at the host site on matters related to the credentialing and privileging of NDTH telehealth health care professionals.

(2) Ensuring that NDTH telehealth health care professionals have been provided reference materials, equipment and or other tools required for the execution of NDTH telehealth contingency plans and emergency handoff procedures.

(3) Ensuring that NDTH telehealth health care professionals with prescribing authority are aware of the legal prescribing restrictions in 21 U.S.C. § 801 et seq. and its implementing regulations (21 C.F.R. §§ 1300 – 1321) when the NDTH telehealth health care professional has not completed an in-person encounter with the patient.

(4) Communicating feedback received by the originating site about the NDTH telehealth program, services or processes to staff (e.g., NDTH Director, NDTH telehealth health care professionals, VA medical facility Telehealth Coordinator) or groups (e.g., Telehealth Committee), as appropriate and as needed, to support continuous quality improvement.

(5) Ensuring that each NDTH telehealth health care professional's profile (e.g., FPPE and OPPE for privileged health care professionals) substantiates the NDTH telehealth health care professional's continued competency and supports their requested clinical privileges, functional statement or scope of practice.

(6) Collaborating with the NDTH Director and host site VA medical facility Clinical Executive to ensure successful completion of OPPE/FPPEs for host site NDTH telehealth health care professionals who are privileged or who are physician assistants, nurse practitioners or clinical pharmacy specialists on scopes of practice.

(7) Reviewing patient care data from an originating site where the NDTH telehealth health care professional is practicing, or from a representative sample of originating sites if a NDTH telehealth health care professional is practicing at more than one originating site.

(8) Reviewing feedback submitted by any originating site about a NDTH telehealth health care professional's practice.

(9) Considering patient care data reviews and feedback submitted by an originating site about a NDTH telehealth health care professional's practice, inclusive of adverse outcomes or complaints related to the NDTH telehealth health care professional's practice, in practice reviews and privileging actions as appropriate for the NDTH telehealth health care professional. ***NOTE:*** *The host site may utilize the information from the originating site (or sites, if more than one) for personnel actions, privileging actions or performance improvement activities.*

(10) Maintaining a current list of NDTH telehealth health care professionals under their supervision, who deliver telehealth services through a NDTH and communicating any changes to the NDTH Director.

(11) Identifying, in conjunction with the NDTH Director, non-emergent issues, concerns or problems related to patient safety, patient care, administrative concerns, data and information transmissions, patient identification questions, confidentiality, privacy, consent, incomplete information or other concerns affecting patient care and ensuring communication of such events to the appropriate staff, such as a VA medical facility Telehealth Coordinator, Quality Manager, Privacy Officer or Patient Safety Officer, at both the originating and host sites, as appropriate, for resolution.

(12) Tracking at which sites NDTH telehealth health care professionals under their supervision are delivering services through a NDTH or being prepared to obtain this information within 1 business day, as needed.

(13) Contributing to the development and recommendations to approve NDTH TOS when requested by other individuals responsible for recommending the TOS (e.g., the VA medical facility Director).

(14) Collaborating with the VA medical facility Telehealth Coordinators (Originating Sites) to address originating site prerequisites (e.g., technology, space, staffing, documentation, and logistical), that are needed for the safe delivery and coordination of care as outlined in a TOS, before scheduling patients from an originating site to receive NDTH services.

(15) Addressing host site requirements (e.g., technology, space, staffing, documentation, and logistical), in collaboration with the VA medical facility Telehealth Coordinator (Host Site), that are needed for the safe delivery and coordination of care as outlined in a TOS, before scheduling patients to receive NDTH services.

(16) Ensuring that NDTH telehealth health care professionals under their supervision identify their NDTH and host VA medical facility in their clinical documentation.

(17) Ensuring that NDTH telehealth health care professionals meet requirements outlined in their NDTH TOS (e.g., documentation of emergency handoff procedure preparedness).

(18) Communicating any activation of telehealth emergency handoff procedures by NDTH telehealth health care professionals under their supervision in accordance with national SOPs for telehealth handoff procedures. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

o. **VA Medical Facility Biomedical Engineering Service Chief (Originating and Host Sites).** The VA medical facility Biomedical Engineering Service Chief at both the originating and host sites is responsible for:

(1) Ensuring that help desk tickets related to NDTH services, which are escalated by a national technology help desk (e.g., National Connected Care Help Desk or OIT Help

Desk) and assigned to the biomedical service for local resolution, are resolved for NDTH telehealth health care professionals and technicians who are participating in telehealth services.

(2) Collaborating with the OIT Area Manager, VA medical facility Telehealth Coordinator and VA medical facility Information System Security Officer (ISSO) at originating and host sites to configure telehealth technologies correctly to support the types of care to be provided. This configuration includes ensuring that any telehealth video systems provided to NDTH telehealth health care professionals are configured with current encryption standards.

p. **VA Medical Facility Information System Security Officer (Originating and Host Sites).** The VA medical facility ISSO at both the originating and host sites is responsible for:

(1) Collaborating with the VA medical facility Telehealth Coordinator at originating and host sites to ensure telehealth technologies used to support NDTH services are configured correctly to support the types of care to be provided.

(2) Collaborating with the OIT Area Manager, VA medical facility Telehealth Coordinator and VA medical facility Biomedical Engineering Service Chief at originating and host sites to configure telehealth technologies correctly to support the types of care to be provided. This configuration includes ensuring that any telehealth video systems provided to NDTH telehealth health care professionals are configured with current encryption standards.

q. **VA Medical Facility Telehealth Coordinator.** The VA medical facility Telehealth Coordinator is responsible for the following based on the site designation:

(1) **VA Medical Facility Telehealth Coordinator (Originating and Host Sites).** The VA medical facility Telehealth Coordinator at both the originating and host sites is responsible for:

(a) Ensuring that the implementation of telehealth services at the VA medical facility adheres to Telehealth COP standards.

(b) Ensuring that only approved telehealth technologies (i.e., technologies that have been designated by the Office of Connected Care to meet the clinical, business and information security standards required by VA OIT or have been approved by specialty program offices for their specific telehealth program) are acquired for use and that these telehealth technologies are:

1. Suitable, in terms of video quality or technology to meet clinical requirements, for the type of care being provided.

2. Configured correctly to support the types of care to be provided. This configuration includes ensuring that any telehealth video systems provided to NDTH telehealth health care professionals are configured with current encryption standards.

NOTE: *Configuration of equipment is performed in collaboration with the OIT Area Manager, the VA medical facility Biomedical Engineering Service Chief, and VA medical facility ISSO at originating and host sites.*

3. Registered on the Clinical Enterprise Video Network (CEVN) or with the National Telehealth Technology Help Desk, when appropriate for the technology, so that these technologies can receive any needed service and warranty coverage and support available under national contracts.

(c) Communicating information to NDTH telehealth health care professionals on the unique technical, business, and emergency handoff procedures needed to provide telehealth care and directing them to training resources.

(d) Monitoring implementation of national standard telehealth emergency handoff procedures at the facility and notifying the VA medical facility Director of needed corrective actions. ***NOTE:*** *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(e) Ensuring that, in collaboration with their VA medical facility Director and VA medical facility Clinical Executive, the VA medical facility remains compliant with a NDTH TOS for the delivery or receipt of telehealth services as applicable for the VA medical facility.

(2) **VA Medical Facility Telehealth Coordinator (Originating Site).** In addition to the responsibilities listed above for the VA medical facility Telehealth Coordinator (Originating and Host Site), the VA medical facility Telehealth Coordinator at the originating site is responsible for:

(a) Notifying the VA medical facility Clinical Executive at the originating site about any concerns about the NDTH services that come to their attention.

(b) Overseeing telehealth program requirements, including but not limited to, adherence to the Telehealth COP standards applicable to NDTH services.

(c) Addressing originating site requirements (e.g., technology, space, staffing, documentation, scheduling, training, and logistical), in collaboration with the VA medical facility NDTH Clinical Service Chief (Host Site), that are needed for the safe delivery and coordination of care as outlined in a TOS, before scheduling patients to receive NDTH services.

(3) **VA Medical Facility Telehealth Coordinator (Host Site).** In addition to the responsibilities listed above for the VA medical facility Telehealth Coordinator (Originating and a Host Site), the VA medical facility Telehealth Coordinator at the host site is responsible for:

(a) Submitting any concerns about a NDTH telehealth health care professional's services that come to the attention of the VA medical facility Telehealth Coordinator, or a designee, to the NDTH telehealth health care professional's supervisor.

(b) Addressing host site requirements (e.g., technology, space, staffing, documentation, and logistical), in collaboration with the VA medical facility NDTH Clinical Service Chief (Host Site), that are needed for the safe delivery and coordination of care as outlined in a TOS, before scheduling patients to receive NDTH services.

r. **NDTH Telehealth Health Care Professional (Host Site).** NDTH telehealth health care professionals include all VA-employed health care professionals who provide patient care and related health care services via telehealth through a NDTH. NDTH telehealth health care professionals may be directly employed at a VA medical facility, in a VISN office, in VA Central Office or in any combination of these locations. Irrespective of VA employment location, NDTH telehealth health care professionals delivering services organized by a NDTH must be credentialed and assigned privileges, a scope of practice or a functional statement by a host VA medical facility. The NDTH telehealth health care professional at the host site is responsible for:

(1) Practicing telehealth in accordance with their VA privileges, assigned clinical responsibilities, functional statement or scope of practice granted at the host site. ***NOTE:*** *Telehealth is a modality of care, not a separate privilege or setting of care.*

(2) Only delivering telehealth services in accordance with their NDTH TOS and at VA medical facilities that have requested activation of their NDTH services. ***NOTE:*** *This information is consolidated on a VA intranet site by the Office of Connected Care: https://vaww.telehealth.va.gov/resources/1915/. This is an internal VA website that is not available to the public.*

(3) Practicing in accordance with 21 U.S.C. § 801 et seq. and its implementing regulations (21 C.F.R. §§ 1300 – 1321), which limit the prescribing of controlled substances through telehealth.

(4) Completing telehealth training and competency requirements applicable to their telehealth service. ***NOTE:*** *See paragraph 7 below for additional details on training requirements.*

(5) Identifying their NDTH and host VA medical facility in their clinical documentation. ***NOTE:*** *This will enable an originating site to identify where feedback about the NDTH telehealth health care professional's services can be directed.*

(6) Documenting the patient's oral consent to participate in care through telehealth or ensuring that oral consent has been documented previously. ***NOTE:*** *This requirement may be assigned elsewhere for a specific service or program if defined in a TSA or national telehealth operations manual. When a beneficiary is unable to provide oral consent for care through telehealth and a surrogate is not available, the NDTH telehealth health care professional must follow procedures in paragraph 14.c.(1) of VHA Handbook 1004.01(5), Informed Consent for Clinical Treatment and Procedures, dated,*

August 14, 2009. For more information on informed consent, please see VHA Handbook 1004.01(5).

(7) Adhering to health care professional requirements in national SOPs for emergency handoff procedures including, but not limited to:

(a) Being prepared to execute medical or behavioral health emergency handoff procedures.

(b) Documenting their preparedness to execute medical or behavioral health emergency handoff procedures in EHR.

(c) Documenting and communicating any activation of telehealth emergency handoff procedures.

NOTE: *National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

(8) Maintaining privacy and information security during telehealth visits and assessments. This includes adhering to privacy and information security requirements when providing clinical video telehealth services while working at approved alternate worksites (i.e., telework) in accordance with VHA Directive 1914(1), adhering to privacy responsibilities applicable to all VHA personnel in accordance with VHA Directive 1605, VHA Privacy Program, dated September 1, 2017, and adhering to information security policy in accordance with VHA Directive 1907.08, Health Care Information Security Policy And Requirements, dated April 30, 2019.

(9) Documenting the results of telehealth clinical services in the originating site's EHR or in a system that makes the documentation available in the originating site EHR (e.g., Inter-facility Consult Process, third-party application), unless otherwise specified in the NDTH TOS.

(10) Capturing the appropriate encounter and workload information in both the originating and host sites' EHR, unless otherwise specified in the NDTH TOS or a national telehealth operational manual.

(11) Providing feedback about NDTH service quality concerns to the VA medical facility NDTH Clinical Service Chief, NDTH Director, VA medical facility Telehealth Coordinator, National Telehealth Technology Help Desk or alternate staff, as appropriate, to promote continuous quality improvement.

(12) Ensuring that their appearance and attire is appropriate and consistent with expectations for an on-site, in-person office visit when providing care using video telehealth.

(13) Disclosing adverse events which result from the NDTH telehealth service to patients following the procedures required in VHA Directive 1004.08.

(14) Following the requirements in VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019 and VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015 related to the clinical supervision of HPTs when supervising HPTs who are participating in services provided by a NDTH.

6. DISCIPLINARY ACTION

Disciplinary actions for NDTH telehealth health care professionals will be processed in accordance with the provisions of VA Directive 5021, Employee/Management Relations, dated April 15, 2002, and VA Handbook 5021, Employee/Management Relations, dated December 28, 2017.

7. TRAINING

NDTH and telehealth training modules are developed by VHA Telehealth Services and other national clinical program offices and made available through the Talent Management System. Additional NDTH training requirements for a specific NDTH may be developed and distributed locally. Since requirements differ by NDTH, NDTH telehealth health care professional role or the clinical service being delivered, VA medical facility Telehealth Coordinators and the NDTH Director should be consulted to ensure NDTH telehealth health care professionals and other VA staff complete the required training applicable to their NDTH, role and clinical service.

8. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

9. REFERENCES

a. 21 U.S.C. § 801 et seq.

b. 38 U.S.C. §§ 1730C, 7301(b).

c. 21 C.F.R. §§ 1300 – 1321.

d. 38 C.F.R. § 17.417.

e. VA Directive 5021, Employee/Management Relations, dated April 15, 2002.

f. VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016.

g. VA Handbook 5021, Employee/Management Relations, dated December 28, 2017.

h. VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.

i. VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020.

j. VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.

k. VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019.

l. VHA Directive 1605, VHA Privacy Program, dated September 1, 2017.

m. VHA Directive 1907.08, Health Care Information Security Policy and Requirements, dated April 30, 2019.

n. VHA Directive 1914(1), Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.

o. VHA Handbook 1004.01(5), Informed Consent for Clinical Treatment and Procedures, dated, August 14, 2009.

p. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.

q. Office of Connected Care VHA Directive 1915 Telehealth Website: https://vaww.telehealth.va.gov/resources/1915/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

r. National SOPs for Telehealth Emergency Handoffs: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. ***NOTE:*** *This is an internal VA website that is not available to the public.*

s. Telehealth COP Quality Management Program SOP: https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Quality/Conditions%20of%20Participation%20Quality%20Management%20Program%20Standard%20Operating%20Procedures.pdf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

t. Example TSA: https://vaots.blackboard.com/bbcswebdav/xid-726584_1. ***NOTE:*** *This is an internal VA website that is not available to the public.*

NATIONALLY DESIGNATED TELEHEALTH HUB TERMS OF SERVICE APPROVAL CHECKLIST

1. National Designated Telehealth Hub (NDTH) Terms of Service (TOS) must be approved by the host site Veterans Integrated Service Network (VISN) Director. This directive requires additional leadership in the host site VISN and Department of Veterans Affairs (VA) medical facility to recommend approval of the TOS before host site VISN director approval. The following is a checklist including those stakeholders.

Host Site VA Medical Facility Leadership

- ☐ VA medical facility Clinical Executive(s) (e.g., Chief of Staff, Associate Director for Patient Care Services)
- ☐ VA medical facility Director

Host Site VISN Leadership Approvals

- ☐ VISN Telehealth Program Manager
- ☐ VISN Clinical Executive(s) (e.g., Chief Medical Officer, Chief Nursing Officer)

2. For NDTHs that are operated from a single host site, or multiple host sites within one VISN, the NDTH Director is responsible for developing the NDTH TOS, coordinating approval of the TOS and reviewing the TOS annually.

3. For NDTHs that are operated from multiple host sites in more than one VISN, the Director or Chief Executive at the relevant VHA clinical program office is responsible for developing the NDTH TOS, obtaining required approvals and reviewing the TOS annually.

4. If no changes or only minor revisions are needed following annual review, the approval process does not need to be repeated. When major program changes occur, such as adding host sites or new categories of clinical services, the updated TOS must go through the approval process. The NDTH Director and the Director or Chief Executive at the relevant VHA clinical program office have discretion over what changes are considered minor or major for the TOS under their responsibility.

NATIONALLY DESIGNATED TELEHEALTH HUB TERMS OF SERVICE REQUIREMENTS

1. Telehealth Terms of Service (TOS) define the clinical, technical and business requirements for a telehealth clinical service along with its contingency plans and emergency handoff procedures. The national TOS template is available at following location: https://vaots.blackboard.com/bbcswebdav/xid-2132558_1. ***NOTE:*** *This is an internal VA website that is not available to the public.*

2. A TOS has similar content to a Telehealth Service Agreement (TSA) and serves the same functions. The main difference is that once a Nationally Designated Telehealth Hub (NDTH) establishes its TOS, the TOS apply to any originating site that chooses to receive services from the NDTH. The TOS obviate the need for a NDTH to establish a unique, signed Telehealth Service Agreement (TSA) with each originating site before initiating services.

3. NDTH TOS must include the information needed to effectively and safely operate the telehealth services between the host site and originating sites. This information includes, but is not limited to:

a. A description of the clinical service that will be provided through telehealth.

b. The intended service area of the NDTH (i.e., specified VISN, specified Consortia, all VA medical facilities). ***NOTES:*** *(1) While NDTHs will have the authority to serve any VA medical facility when needed, they still need to define their intended service area for resource planning. (2) A NDTH may align with an additional NDTH, or group of NDTHs, to support originating sites if clinical demand exceeds their supply or for other defined purposes outlined in the TOS. When a NDTH chooses to align with other NDTHs in this fashion, it should be explained in the TOS and the additional NDTHs listed. Additionally, the originating site requirements and prerequisites for activation in the TOS must be consistent. Under these conditions, the originating site would not need to request services from one of the supporting NDTHs.*

c. Service specific information such as:

(1) Hours of operation.

(2) Telehealth modality or modalities used to deliver the service.

(3) Appointment durations (if applicable).

(4) Setting of care (i.e., clinic, Emergency Department, Veteran's home, combination of clinic and Veteran's home).

(5) Admission/discharge criteria (if applicable).

(6) Clinical service preferences (if applicable).

(7) Pre-visit information requirements (i.e., labs, imaging).

d. The process and information (e.g., point of contact information) needed to request a NDTH's services. ***NOTE:*** *NDTHs may be activated differently within its host site VISN versus outside its host VISN. For instance, a NDTH could be activated upon publication of the TOS within a VISN but require requests from VA medical facilities or VISNs outside the NDTH VISN to initiate work on prerequisites and prepare for activation.*

e. Originating site requirements for the service such as:

(1) Ancillary service availability (i.e., Lab services, Pharmacy Formulary, imaging).

(2) Telehealth equipment requirements.

(3) Scheduling support.

(4) Privacy requirements.

f. Prerequisites that need to be addressed (e.g., training, clinic grids, access to medical records) before activating a NDTH service at an originating site. ***NOTES:*** *(1) One NDTH TOS may include different prerequisites for activating different levels of services. For example, activating TeleCritical Care telephone consultation may have few prerequisites compared with TeleCritical Care monitoring of intensive care patients. (2) NDTH may be activated differently within a VISN versus outside a VISN. For instance, a NDTH could be activated upon publication of the TOS within a VISN but require requests from VA medical facilities or VISNs outside the NDTH VISN to initiate work on prerequisites and prepare for activation.*

g. The participating NDTH telehealth health care professionals. ***NOTES:*** *(1) The list of health care professionals may be included within the TOS or within a shared or online location referenced in the TOS. (2) When health professions trainees (HPTs) are participating in NDTH services, the TOS must contain information about the participating HPTs, including their type of training program/profession, training level, and training director name. Individual names of the HPTs are not needed. (3) NDTH services that include HPTs must follow requirements in VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019, and VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015, related to clinical supervision.*

h. Expectations, reporting pathways and contacts for quality and safety information/concerns

i. Additional originating and host site points of contact for:

(1) Telehealth leadership.

(2) Clinical service line leadership.

(3) Credentialing and privileging.

(4) Technical questions.

(5) Clinical questions.

(6) Scheduling questions, including cancellations, if applicable.

(7) Others as needed for the service.

NOTE: *Contact information may be included within the TOS or within a shared or online location referenced in the TOS.*

j. The telehealth emergency handoff procedure in the case of a patient side emergency (i.e., loss of consciousness) and related NDTH and originating site requirements. ***NOTES:*** *(1) This requirement is applicable to all synchronous telehealth services but may not be applicable to other telehealth modality services. (2) The TOS may define emergency handoff procedures for the service or provide references to those procedures. (3) When a telehealth service (e.g., video telehealth to a VA clinic or video telehealth to a patient's home) has a SOP for emergency handoffs, the SOP must be used by NDTH health care professionals and referenced in the TOS. National SOPs for telehealth emergency handoffs can be found at the following links: https://vaots.blackboard.com/bbcswebdav/xid-1304763_1, https://vaots.blackboard.com/bbcswebdav/xid-1765526_1. This is an internal VA website that is not available to the public.*

k. The method that will be used to identify documentation at originating sites by NDTH telehealth health care professionals to use as part of their competency reviews.

l. The telehealth contingency plans for the originating and host sites in the case of technology failure. ***NOTE:*** *The TOS may define contingency plans for the service or provide references to those plans.*

MANAGING HEALTH CARE PROVIDER ALERTS FROM THE NATIONAL PRACTITIONER DATABASE CONTINUOUS QUERY PROGRAM FOR NATIONALLY DESIGNATED TELEHEALTH HUB TELEHEALTH HEALTH CARE PROFESSIONALS

1. All licensed Nationally Designated Telehealth Hub (NDTH) telehealth health care professionals credentialed at a Department of Veterans Affairs (VA) medical facility and providing health care to orginating site VA medical facilities must be enrolled in the National Practitioner Database (NPDB) Continuous Query (CQ) program at the host site in accordance with this directive. By enrolling health care providers in the NPDB CQ program, the host site receives alerts from the NPDB system notifying them of adverse actions or malpractice reports entered into the NPDB by a reporting entity such as state licensing boards, hospitals, medical malpractice payers or the Drug Enforcement Administration.

2. When the host site receives an initial report from the NPDB, or a substantive change to an existing report, the following procedure must be followed to ensure that originating site VA medical facilities are made aware of the report and take appropriate steps to ensure there are no clinical performance concerns related to care provided by the NDTH telehealth health care professional.

NOTES: *(1) Upon receiving a NPDB alert, the VA medical facility will determine if the applicable health care professional is delivering services by telehealth to alternate facilities. (2) If the health care professional is delivering services by telehealth to alternate facilities under Terms of Service (TOS) as part of a NDTH, the procedures below should be followed. If the health care professional is delivering services by telehealth to alternate facilities under a TSA, the procedures in Appendix C of VHA Directive 1914(1), Telehealth Clinical Resource Sharing Between VA Facilities And Telehealth From Approved Alternative Worksites, dated April 27, 2020 should be followed. (3) The information needed to make this determination should be available from the health care professional's clinical supervisor.*

3. The VA Medical Facility Clinical Executive at the Host Site must:

a. For a change to an existing report, determine if it represents a substantive change that necessitates further actions, and document the decision in minutes from an Executive Committee of the Medical Staff (ECMS) meeting. If no further actions are necessary based on the change to the report, the below steps are not required.

b. Obtain Primary Source Verification of the NPDB report from the entity (e.g., state licensing board) which submitted the report and document the verification in the electronic credentialing file (VetPro).

c. Instruct the health care provider to update their electronic credentialing file by adding information related to the incident that had been reported to the NPDB in the Supplemental Questions screen of VetPro.

d. Notify the applicable NDTH Director about the NPDB report including:

(1) What entity made the report (e.g., state licensing board).

(2) A general summary of what was reported.

(3) Date of report.

e. Request and obtain host site VISN Chief Medical Officer (CMO) review in the following circumstances:

(1) If medical malpractice payment history now shows that there are three or more medical malpractice payments.

(2) If a reported single medical malpractice payment is $550,000 or more.

(3) If the medical malpractice payment history shows two malpractice payments totaling $1,000,000 or more.

(4) If the health care provider's license has been restricted, suspended, limited, issued or placed on probational status, or denied upon application.

f. Inform the VISN CMO that the health care provider is a NDTH telehealth health care professional when requesting a CMO review.

NOTE*: The CMO review must be documented in the electronic credentialing file (VetPro).*

g. Ensure that the discussion by the ECMS is documented in VetPro and the documentation includes the appropriate actions to be taken because of the finding. If no action is deemed required, the rationale for the decision must likewise be documented.

NOTE: *Actions may include, but are not limited to, a focused management review of care provided by the NDTH telehealth health care professional within their VA medical facility. Reviews of the NDTH telehealth health care professional must be coordinated with originating site VA medical facility Clinical Executives to identify telehealth services delivered with findings of substandard care, professional misconduct or professional incompetence provided at the host site. Information obtained through the focused management reviews must be included in an evidence file which may be utilized for adverse human resource and privileging actions, if applicable, and may also be utilized for purposes of reporting to state licensing board(s).*

h. Ensure that the minutes from the ECMS discussion are documented in the electronic credentialing file (VetPro). If there are subsequent discussions about the health care provider at future ECMS meetings related to the information reported to the

NPDB, minutes from each meeting must be recorded in the electronic credentialing record (VetPro).

4. The NDTH Director must:

a. Notify the VA medical facility Director of each originating site about the NPDB report including:

(1) What entity made the report (e.g., state licensing board).

(2) A general summary of what was reported.

(3) Date of report.

NOTE: *This notification must be made within 2 business days of receipt of notice of the NPDB report so that the originating site VA medical facility Clinical Executives can begin the process outlined in this appendix.*

5. The VA Medical Facility Clinical Executive at an Originating Site must:

a. Request shared access to the NDTH telehealth health care professional's electronic credentialing file within 1 business day of being notified of the NPDB report by the NDTH Director.

b. Enroll the NDTH telehealth health care professional in the NPDB CQ program through the electronic credentialing system to view the NPDB report and to ensure receipt of future related reports.

c. Review facts surrounding the information reported to NPDB including the primary source verification obtained by the host site and the information entered by the NDTH telehealth health care professional related to the report.

d. Ensure that the discussion by the ECMS is documented in the electronic credentialing file (VetPro) and the documentation includes the appropriate actions to be taken because of the finding. If no action is deemed required, the rationale for the decision must be documented.

NOTE: *Actions may include but are not limited to a focused management review of care provided by the NDTH telehealth health care professional at the originating site. Reviews of the NDTH telehealth health care professional must be coordinated with the host site VA medical facility Clinical Executive to identify and communicate telehealth services with findings of substandard care, professional misconduct or professional incompetence provided at the originating site. Information obtained through the focused management reviews will be included in an evidence file which may be utilized for adverse human resource and privileging actions at the host site, if applicable, and may also be utilized for purposes of reporting to state licensing board(s).*

e. Ensure that the minutes from the ECMS discussion are documented in the electronic credentialing record (VetPro). If there are subsequent discussions about the

health care provider at future ECMS meetings related to the information reported to the NPDB, minutes from each meeting must be recorded in the electronic credentialing record.