Amended

April 30, 2026

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1914(2)
Transmittal Sheet
April 27, 2020

TELEHEALTH CLINICAL RESOURCE SHARING BETWEEN VA FACILITIES AND TELEHEALTH FROM APPROVED ALTERNATIVE WORKSITES

1. REASON FOR ISSUE: This new Veterans Health Administration (VHA) directive establishes policy to facilitate efficient sharing of clinical resources across Department of Veterans Affairs (VA) medical facilities and from approved alternative worksites, through telehealth. This directive enables VA medical facilities to share health care professional services through telehealth within the integrated VHA enterprise without re-credentialing or re-privileging the health care professionals at each VA medical facility or developing a Telehealth Memoranda of Understanding (MOU) between collaborating VA medical facilities. Additionally, this directive establishes the policy for VHA clinicians and allied or ancillary health care professionals to provide clinical video telehealth services while working at approved alternative worksites (i.e., telework).

2. SUMMARY OF CONTENTS:

a. Administrative Amendment dated, April 30, 2026: Removes the identical notes under 5.n.(2)(c) and 5.q.(2) to avoid conflicts between this directive and 38 CFR § 17.417(b)(3) (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. Amendment dated January 5, 2023:

(1) Updated responsibilities for the Chief Officer, Office of Connected Care; Veterans Integrated Service Network (VISN) Director; VISN Clinical Executives; VISN Telehealth Program Manager; VA medical facility Director; VA medical facility Clinical Executives; VA medical facility Biomedical Engineering Service Chief; VA medical facility Clinical Service Chief or Clinical Supervisors; VA medical facility Telehealth Coordinator (FTC); and VA medical facility Telehealth Health Care Professional (Distant Site).

(2) Included a new role and responsibilities for the VA medical facility Credentialing and Privileging Manager (Distant Site).

(3) Updated the title of the VA medical facility Information Security Officer (ISO) to Information System Security Officer (ISSO).

(4) Updated content in Appendix C, Managing Health Care Provider Alerts from the National Practitioner Database Continuous Query Program.

c. As published, this directive defined national standards and responsibilities for sharing health care professional services across VHA facilities through telehealth and for health care professionals providing clinical video telehealth (CVT) services while

working at approved alternative worksites. This directive established standards for telehealth "privileging-by-proxy" for privileged health care professionals and a "privileging-by-proxy equivalent" for non-privileged health care professionals delivering telehealth services across VA medical facilities under a Telehealth Service Agreement (TSA), thereby enabling the flexible utilization of VHA health care professional services across VA medical facilities.

3. RELATED ISSUES: VA Directive 6001, Limited Personal Use Government Office Equipment, Including Information Technology, dated July 28, 2000; VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016; VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; VHA Directive 1100.20, Credentialing of Health Care Professionals, dated September 15, 2021.

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

5. RESCISSIONS: None.

6. IMPLEMENTATION DATE: This directive is effective on April 27, 2020. However, full implementation of this directive is delayed for 6 months after the effective date, or 3 months after the date the President ends the national state of emergency related to COVID-19, declared on March 13, 2020, whichever is sooner. A VA medical facility with capacity may implement this directive prior to the implementation date. However, if leveraging the cross VA medical facility telehealth authority, both VA medical facilities must have fully implemented this directive. If that is not the case, then the legacy process of a telehealth Memorandum of Understanding (MOU) must be utilized. ***NOTE:*** *Before utilizing the cross medical facility telehealth authority, Veterans Integrated Service Network (VISN) leadership must be consulted to ensure the VISN has the capacity to implement this directive.*

7. COVID-19 RELATED CONSIDERATIONS.

a. Paragraph 5.i.(1)(b) of this directive describes emergency situations where a telehealth service may be initiated without a telehealth service agreement (TSA) between participating VA medical facilities. Consistent with this paragraph, the March 17, 2020 Operational Memo, *Emergent Credentialing and Privileging to Address COVID-19 Needs* (Operational Memo), authorizes the initiation of telehealth services without a TSA under conditions defined in the memo. The publication of this directive does not supersede the emergency authorities in the Operational Memo due to the ongoing national health emergency related to COVID 19, declared on March 13, 2020. The ability to initiate telehealth services without a TSA under the conditions defined in the Operational Memo impacts multiple requirements of this directive, including but not limited to paragraphs 5.k.(3)(c), 5.n.(1)(b), and 5.p.(10). The Operational Memo will remain in effect until the end of the national state of emergency related to COVID-19, declared on March 13, 2020, at which point the Operational Memo will be rescinded.

b. The Operational Memo enables VA healthcare professionals to be temporarily assigned to Telehealth Clinical Resource Hubs so they can support any VA medical facility during the national state of emergency related to COVID-19, declared on March 13, 2020. Due to this emergency authority, clarification is needed for paragraph 5.k.(3)(f) of this directive, which defines the location for conducting protected peer reviews. If a protected peer review is needed for a telehealth health care professional assigned to a clinical resource hub to support VHA's COVID-19 response, it should be conducted at the VA medical facility where the VA telehealth health care professional is fully credentialed and privileged, not at the VA medical facility where the telehealth health care professional is temporarily assigned. The Operational Memo will remain in effect until the end of the national state of emergency related to COVID-19, declared on March 13, 2020, at which point the Operational Memo will be rescinded.

8. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE UNDER SECRETARY FOR HEALTH:

/s/ Steven Lieberman, MD, MBA, FACHE
Acting Principal Deputy Under Secretary for Health

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 April 30, 2020.

CONTENTS

TELEHEALTH CLINICAL RESOURCE SHARING BETWEEN VA FACILITIES AND TELEHEALTH FROM APPROVED ALTERNATIVE WORKSITES

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 3

4. POLICY 6

5. RESPONSIBILITIES 7

6. TRAINING 22

7. RECORDS MANAGEMENT 22

8. REFERENCES 22

APPENDIX A

TELEHEALTH SERVICE AGREEMENT EQUIVALENTS FOR TELEWORKING HEALTH CARE PROFESSIONALS DELIVERING SERVICES USING CLINICAL VIDEO TELEHEALTH A-1

APPENDIX B

ADDITIONAL PRIVACY AND SECURITY REQUIREMENTS FOR TELEHEALTH HEALTH CARE PROFESSIONALS WHO PROVIDE SERVICES TO BENEFICIARIES USING CLINICAL VIDEO TELEHEALTH FROM APPROVED ALTERNATIVE WORKSITES B-1

APPENDIX C

MANAGING HEALTH CARE PROVIDER ALERTS FROM THE NATIONAL PRACTITIONER DATABASE CONTINUOUS QUERY PROGRAM C-1

TELEHEALTH CLINICAL RESOURCE SHARING BETWEEN VA FACILITIES AND TELEHEALTH FROM APPROVED ALTERNATIVE WORKSITES

1. PURPOSE

a. This Veterans Health Administration (VHA) directive facilitates the efficient sharing of clinical resources across VA medical facilities through telehealth by reducing the administrative requirements for telehealth program activation and maintenance between facilities while maintaining quality processes that ensure oversight of telehealth health care professional practice. This directive enables VA medical facilities to share telehealth health care professional services within the integrated VHA enterprise without re-credentialing or re-privileging the telehealth health care professionals at each VA medical facility or developing a Telehealth Memoranda of Understanding (MOU) between collaborating VA medical facilities. This directive does not obviate the needs for establishing a TSA between VA medical facilities that want to share services through telehealth.

b. This VHA directive also states the requirements for health care professionals who provide clinical video telehealth (CVT) services from approved alternative worksites (i.e., telework). The telework requirements in this directive are only applicable to VA health care professionals on an approved Telework Agreement documented on VA Form 0740 or on the HR Smart Employee Self Service Portal: https://hris.va.gov/portal/ and who provide clinical video telehealth services. ***NOTE:*** *This is an internal VA website that is not available to the public. The requirements do not apply to health care professionals who periodically engage in health care delivery through virtual means from non-VA locations (e.g., after-hours) or to health care professionals using anything but real time (i.e., synchronous) video technology.* **AUTHORITY:** *38 U.S.C. § 1730C; 38 C.F.R. § 17.417.*

2. BACKGROUND

a. VHA requires telehealth health care professionals to be credentialed and privileged in accordance with VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, or VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021 before practicing at, or under the authority of, a VA medical facility.

b. VA has established processes for sharing privileging decisions between facilities (e.g., privileging-by-proxy) to share health care professional resources via telehealth between facilities within its integrated health care system.

c. Historically, a signed Telehealth MOU, establishing the procedures and responsibilities for privileging-by-proxy, was used to authorize privileging-by-proxy between two VA medical facilities. The Telehealth MOUs did not explicitly address sharing the services of non-privileged telehealth health care professionals.

d. This directive, in combination with a TSA, establishes privileging-by-proxy or the privileging-by-proxy equivalent. If a telehealth health care professional performs medical

duties onsite for an originating site VA medical facility, or otherwise works outside the scope of this directive or an accompanying TSA, the telehealth health care professional is not functioning as a health care professional covered under this policy and, therefore, must be credentialed and privileged in accordance with VHA Handbook 1100.19 or VHA Directive 1100.20 at each VA medical facility where they provide onsite services. This directive does not apply to radiology services being shared across sites. 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.

e. Telehealth creates the opportunity for telehealth health care professionals to deliver interactive health care services from non-traditional clinical spaces, such as administrative offices or home or remote offices.

f. Creating the infrastructure to support the provision of clinical video telehealth services from approved alternative worksites by VA telehealth health care professionals operating under Telework Agreements enhances VHA's ability to expand and maintain clinical services, including in situations where health care professional space has traditionally been a limiting constraint and during emergencies when clinical space may be compromised. Telehealth additionally provides unique opportunities for the recruitment and retention of health care professionals (e.g., health care professionals recruited to telework from home to provide care via telehealth to areas of health care professional scarcity) as well as the development of unique Veteran-centered care opportunities (e.g., ability for health care professionals to staff after-hour clinics from their homes via telehealth).

g. In addition to all Telework Agreement requirements outlined in VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016, VA staff that provide telehealth services from an approved alternative worksite have specific requirements related to the provision of clinical video telehealth care and related services, documentation of these services, and the use of telehealth technologies to provide these services. This directive and referenced guidance outline these requirements to ensure the safety and security of beneficiaries, teleworking telehealth health care professionals, and the security of the information that is being exchanged remotely. This directive and referenced guidance also state the requirements that ensure clinical, technical, and business standards are identified and met.

h. This directive does not impede, by introducing any new requirement to obtain telework agreements or approvals, the provision of health care through electronic means or remote access capabilities (e.g., Telephone follow-up Consults, e-Consults, Store and Forward Consults) where approved alternative worksite agreements are not elsewhere required or clinical video telehealth technology is not used as a communications modality.

i. The Office of Connected Care which includes Telehealth Services, is the VHA program office that supports the development and sustainment of telehealth services

throughout VHA. The Office of Connected Care Telehealth Manual, and its specialty supplements, provides guidance on the development and management of VA telehealth services. ***NOTE:*** *The current Office of Connected Care Telehealth Operations Manual is located at: https://vaots.blackboard.com/bbcswebdav/xid-510063_1. This is an internal VA website that is not available to the public.*

j. This directive does not apply to VA contracted health care professionals. VA contracted health care professionals do not have the same legal protections as VA employed health care professionals who deliver telehealth services. Additional requirements must be met before authorizing VA contracted health care professionals to deliver care across VA medical facilities using telehealth or before authorizing VA contracted health care professionals to furnish health care services using CVT from an approved alternative worksite to serve eligible beneficiaries. This includes ensuring that any contracts for telehealth includes all necessary State license, registration, or certification requirements and consulting with the VA medical facility contracting officer and District counsel to ensure all requirements are met for VA contracted health care professionals to provide telehealth.

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. **Clinical Enterprise Video Network.** Clinical Enterprise Video Network (CEVN) is a subnetwork of VA's national information technology (IT) network, comprised of video telehealth endpoints in VA.

c. **Clinical Executives.** Clinical Executives refers to the VA Medical Facility Chief of Staff and Associate Director for Patient Care Services.

d. **Clinical Video Telehealth.** CVT is the use of real-time (i.e., synchronous) interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat, and provide care to a beneficiary remotely.

e. **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 telehealth health care professionals practicing as part of a telehealth service.

f. **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, clinical pharmacy specialists and other clinicians who are on scopes of practice.*

h. **Home Telehealth.** Home Telehealth (HT) is a remote patient monitoring program into which beneficiaries are enrolled that provides ongoing assessment, monitoring, and case management of beneficiaries in their residential environment (or their environment of choice).

i. **Inter-Facility Consultation.** An inter-facility consultation (IFC) is a request for service between different parent facilities. They must either be Outpatient Clinical Consultation or clinical communications. The results of the request must be returned to the requesting site through the inter-facility consultation request and is complete when the result is available.

j. **Inter-Facility Telehealth Encounter.** An inter-facility encounter is the provision of services between a telehealth health care professional practicing as part of a distant site VA medical facility and a beneficiary receiving care through an originating site VA medical facility.

k. **Licensed Independent Practitioner.** For purposes of this directive, a Licensed Independent Practitioner (LIP) means any practitioner permitted by law and by the organization to provide care, treatment, or services, without direction or supervision, within the scope of the practitioner license and consistent with assigned clinical responsibilities.

l. **Medical Home.** Medical home refers to the VA health care system or medical facility where the beneficiary most recently received their Primary Care services, and where their Patient-Aligned Care Team (PACT) resides.

m. **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, providers, and suppliers.

n. **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, clinical pharmacy specialists and other clinicians 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.

o. **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.*

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

q. **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 regarding 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.

r. **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.

s. **Store and Forward Telehealth.** Store and Forward Telehealth (SFT) is the use of technologies to asynchronously acquire and store clinical information (e.g., data, image, sound, or video) that is then forwarded to or retrieved by a telehealth health care professional at another location for clinical evaluation.

t. **Telehealth (Telemedicine).** Telehealth (telemedicine) is the use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, or health administration at a distance.

u. **Telehealth Conditions of Participation.** The Telehealth Conditions of Participation (COP) are the VA's nationally defined quality standards for the clinical, business, and technology components of telehealth services. ***NOTE:*** *The COP can be accessed on the VHA telehealth website, located at: 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.*

v. **Telehealth Emergency Handoff.** 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.

w. **Telehealth Management Platform.** Telehealth Management Platform (TMP) is a national platform used for scheduling of telehealth appointments and facilitating the creation and management of Telehealth Service Agreements.

x. **Telehealth Memorandum of Understanding.** A Telehealth Memorandum of Understanding (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 telehealth health care professionals, using privileging-by-

proxy or the privileging-by-proxy equivalent, between VA medical facilities sharing clinical resources through telehealth.

y. **Telehealth Service Agreement.** A TSA is a unique, signed agreement between facilities that defines the clinical, technical, and business requirements for a telehealth clinical service. TSAs include the contingency 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. This is an internal VA website that is not available to the public. 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.*

z. **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 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.

4. POLICY

a. It is VHA policy that distant site VA health care professionals may use telehealth to provide care to originating site VA beneficiaries, without those health care professionals being re-credentialed or re-privileged at the originating site, provided that:

(1) The health care professional practices within their VA scope of practice, functional statement, or clinical privileges; and

(2) The health care professionals deliver services in accordance with a TSA.

NOTE: *This policy statement 4.a. applies only to telehealth services which are provided pursuant to a TSA. It does not apply to telehealth services provided by a VA medical facility which is acting as a Nationally Designated Telehealth Hub (NDTH) and is not providing telehealth services pursuant to a TSA. NDTH services and responsibilities are governed by VHA Directive 1915, Enterprise Clinical Resource Sharing Through Telehealth from Nationally Designated Telehealth Hubs, dated January 5, 2023.*

b. It is VHA policy that VA health care professionals acting within the scope of their VA employment who have met the alternative worksite requirements outlined in this policy and other VA telework policy may furnish health care services using CVT from an approved alternative worksite to serve eligible beneficiaries. ***NOTE:*** *For more information on VA telework policy, see VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016*.

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 Veterans Integrated Service Networks (VISNs).

(2) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations based on information provided by the Chief Officer, Office of Connected Care.

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; 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 to provide technical assistance to VHA staff and benificiaries using telehealth technologies.

(2) Providing guidance and training modules for telehealth staff 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) Establishing standard operating procedures (SOPs) for telehealth emergency handoffs for use by telehealth health care professionals. ***NOTES:*** *(1) Telehealth emergency handoff procedures are used to address medical or behavioral health emergencies when the 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.*

(4) Establishing a report that identifies at which originating site facilities a distant site 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 distant 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 interfacility workload can be captured through an automated report. In situations where a service's interfacility workload cannot be captured in an automated report, the TSA must identify and define the method that will be used to identify telehealth health care professional documentation at originating sites to use as part of their competency reviews.*

(5) Overseeing the effectiveness of this directive in enhancing cross-VA medical facility telehealth care.

e. **Director, Office of Healthcare Technology Management.** The Director, Office of Healthcare Technology Management is responsible for collaborating with VA OIT to establish supplemental VA and VHA polices, agreements, and processes in support of telehealth health care professionals at approved alternative worksites as needed.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that the VISN complies with the requirements in this directive.

(2) Incorporating telehealth in strategic planning for standardizing the availability of clinical services within the network.

(3) Providing the resources to support successful telehealth operations in the VISN.

(4) 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.*

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

(1) **Veterans Integrated Service Network Clinical Executive (Originating and Distant Sites).** The VISN Clinical Executive at both the originating and distant sites is responsible for monitoring and reviewing available data to ensure the quality of clinical care provided by telehealth to beneficiaries within the VISN.

(2) **Veterans Integrated Service Network Clinical Executive (Distant Site).** In addition to the responsibilities listed above for VISN Clinical Executive (Originating and Distant Sites), the VISN Clinical Executive at the distant site is responsible for 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 NPDB CQ Program.*

h. **Veterans Integrated Service Network Telehealth Program Manager (Originating and Distant Sites).** The VISN Telehealth Program Manager for both the originating and distant sites is responsible for:

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

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

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

(4) Monitoring facility adherence to national SOPs for telehealth emergency handoffs across VA medical facilities 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.*

i. **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 Distant Sites).** The VA medical facility Director at both the originating and distant sites is responsible for:

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

(b) Ensuring that a TSA between participating VA medical facilities is approved before the service is initiated. ***NOTE:*** *There are emergency situations where this requirement may be waived such as when the emergency situation is covered by a Presidential Disaster Declaration.*

(c) Ensuring that, in collaboration with their VA medical facility Clinical Executive and VA medical facility Telehealth Coordinator (FTC), the VA medical facility remains

compliant with the TSA for the delivery or receipt of NDTH services as applicable for the VA medical facility.

(d) Ensuring that there is updated VA medical facility and clinic contact information, as included or referenced in a TSA, for technical, clinical and administrative support of the telehealth service, including during emergencies.

(e) Providing resources to train telehealth health care professionals on the technical, business, and emergency handoff procedures which are specific to the provision of telehealth care, as well as relevant privacy standards needed to provide telehealth care.

(f) 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. ***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.*

(2) **VA Medical Facility Director (Originating Site).** In addition to the responsibilities for VA medical facility Director (Originating and Distant Site), the VA medical facility Director at an originating site is responsible for maintaining the space, staff, equipment, contact information and ancillary services (e.g., Laboratory, X-ray) needed to effectively support the receipt of telehealth service at the originating site VA medical facility.

(3) **VA Medical Facility Director (Distant Site).** In addition to the responsibilities for VA medical facility Directors (Originating and Distant Site), the VA medical facility Director at a distant site is responsible for:

(a) Ensuring that the distant site VA medical facility tracks at which originating sites telehealth health care professionals have been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged telehealth health care professionals through a TSA.

(b) Ensuring that the resources (i.e., scheduling support, hardware, software, telehealth staffing and staff training) needed to efficiently provide clinical services via telehealth are available at the VA medical facility.

j. **Chair, VA Medical Facility Executive Committee of the Medical Staff (Originating and Distant Sites).** 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). The Chair, VA medical facility ECMS (Originating and Distant Site) is responsible for:

(1) Recommending which clinical services are appropriately delivered through telehealth.

(2) Ensuring clinical services offered are consistent with commonly accepted quality standards.

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

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

k. **VA Medical Facility Clinical Executives.** 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 telehealth is responsible for the following based on the site designation:

(1) **VA Medical Facility Clinical Executive (Originating and Distant Sites).** The originating and distant site Clinical Executives must work together to address issues that may arise with the provision of telehealth services. The VA medical facility Clinical Executive at both the originating and distant sites is responsible for:

(a) Approving inter-facility TSAs in coordination with the appropriate Service Chief or Clinical Supervisor and FTC. This coordination includes ensuring that the TSA:

1. Stipulates the clinical services to be provided through telehealth.

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

3. Outlines the technology, space, staffing, and logistical requirements, including points of contacts, for the service. ***NOTE****: A TSA may reference the location of information, instead of including the information, particularly in cases where the information is subject to change such as a list of telehealth health care professionals or contact information.*

4. Defines contingency plans and clinical and behavioral emergency handoff procedures for the service or provides references to these items. ***NOTE:*** *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 telehealth health care professionals and referenced in the TSA. SOPs for telehealth emergency handoffs can be found at the following link: (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.*

(b) Ensuring that the following information is included in the TSA about the Health Professions Trainees (HPTs) that will be participating in a telehealth service (if applicable):

1. Type of training program/profession.

2. Training level.

3. Training director name.

NOTES: *(1) 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 telehealth health care professional delivers the service), HPTs are not required or expected to be individually named in the TSA. Upon request by a VA medical facility Director, the VA medical facility Clinical Executives must provide a list of all HPTs that may participate in the telehealth service (i.e., a list of all third-year residents who are eligible to rotate through the service). (2) A TSA may include one distant site and multiple originating sites, multiple distant sites and one originating site, or multiple distant sites and multiple originating sites so long as agreement requirements are standard across sites and site-specific information (e.g., contact information, emergency plans) is available for all locations within the TSA or a referenced, shared location, such as an intranet location.*

(c) Ensuring that, in collaboration with their VA medical facility Director and FTC, the VA medical facility remains compliant with the TSA for the delivery or receipt of telehealth services as applicable for the VA medical facility.

(d) Ensuring, along with the Service Chief or Clinical Supervisor, FTC, and telehealth health care professionals that the technology, space, staffing, documentation and logistical requirements of the telehealth service are in place before scheduling of the first patient.

(e) Ensuring that VA medical facility staff have the technology, processes, training and competency to execute and manage contingency and emergency handoff procedures for the telehealth service as included or referenced in the TSA and national SOPs for emergency handoff procedures. ***NOTES:*** *(1) 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. (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.*

(f) Ensuring that applicable health care professionals and staff demonstrate their competency to perform telehealth emergency handoff procedures at least annually as required by national SOPs for telehealth emergency handoffs.

(g) Addressing 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 the FTC, Quality Manager, Privacy Officer, or Patient Safety Officer, at both the originating and distant site, as appropriate, for resolution.

(h) Ensuring that patients continue to receive needed care and services in a manner consistent with VHA patient safety and health care standards in the event there should be an interruption to a telehealth service.

(i) Implementing and following the process for managing provider alerts from the NPDB CQ Program as outlined in Appendix C.

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

(a) Notifying affected patients, clinical service chiefs, and clinical supervisors about a disruption of services within 1 business day of receiving notification of a suspension, change, or revocation of privileges or clinical responsibilities for a distant site telehealth health care professional that will disrupt services at the originating site. ***NOTE:*** *In the event there is interruption to a Telehealth Service, for any reason, the distant site and the originating site are responsible for taking immediate and appropriate measures to ensure patients continue to receive needed care and services in a manner consistent with VHA patient safety and health care standards.*

(b) Providing all necessary onsite supervision and competency or practice oversight for originating site staff supporting the delivery of approved telehealth services. ***NOTE:*** *Staff involved in supporting the delivery of telehealth services may include, but are not limited to, Telehealth Clinical Technicians, nursing staff, schedulers, pharmacists, and locally privileged health care professionals.*

(c) 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 that include a telehealth health care professional are communicated to the responsible Clinical Executive.

(d) Notifying the distant Site Clinical Executive or designee about, at minimum, any adverse or sentinel events that result from the telehealth services provided and any validated complaints about a distant site telehealth health care professional from patients, telehealth health care professionals, or staff at the originating site. ***NOTE:*** *Each VA medical facility is encouraged to consult legal counsel regarding a cross-facility adverse or sentinel event. While VA medical facility Clinical Executives at the distant sites provide oversight for the provider competency (e.g., completing OPPE and FPPE for privileged telehealth 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 distant site's telehealth health care professional.

(2) 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 (Distant Site).** In addition to the responsibilities for VA medical facility Clinical Executive (Originating and Distant Site), the VA medical facility Clinical Executive at the distant site is responsible for:

(a) Notifying the originating site Clinical Executive(s), or designated point of contact, within 1 business day of changes to the privileges, scope of practice, or functional statement of a distant site telehealth health care professional's qualifications to perform their telehealth duties. ***NOTE:*** *In the event there is interruption to a telehealth service, for any reason, the distant site and the originating site are responsible for taking immediate measures to ensure beneficiaries continue to receive needed care and services in a manner consistent with VHA patient safety and health care standards.*

(b) Ensuring that a telehealth health care professional's practice review (i.e., FPPE and OPPE reviews) and a copy of a telehealth health care professional's privileges, scope of practice, or functional statement are made available to an originating site upon request.

(c) Ensuring that a current list of telehealth health care professionals, practicing under the auspices of this directive and in accordance with a TSA, is available to each originating site participating in a TSA. ***NOTES:*** *(1) The list of telehealth health care professionals may be included in a TSA or within a shared or online location referenced in the agreement. (2) When HPTs are participating under a TSA (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. HPTs will likely only participate in a telehealth service for a short period of time as part of their training program. Upon request by a VA medical facility Director, the Clinical Executive must provide a list of all HPTs that may participate in the telehealth service (i.e., a list of all third-year residents who are eligible to rotate through the telehealth service). (3) Unless specified, additional signatures to a TSA are not required when adding or removing telehealth health care professionals to or from the service respectively.*

(d) Ensuring that distant site licensed telehealth health care professionals are enrolled in the NPDB CQ program.

(e) Ensuring that the telehealth health care professionals delivering services through the TSA have the appropriate credentials and privileges, functional statement or scope of practice to deliver the service as outlined in the TSA. ***NOTE:*** *Privileges, scopes of practice, and the functional statements of telehealth health care professionals,*

practicing under the auspices of this directive and in accordance with a TSA, must be available to each originating site participating in a TSA upon request.

(f) Conducting protected peer reviews at the distant 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 written agreement between VA medical facilities.*

(g) Coordinating with the VA medical facility Clinical Executive at the originating site on reviews of telehealth 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, when necessary, in accordance with Appendix C.

(4) **VA Medical Facility Clinical Executive (Regarding Approved Alternative Worksites).** The VA medical facility Clinical Executive at the VA medical facility that accepts responsibility for completing and maintaining medical staff credentialing and privileging requirements for the telehealth health care professionals practicing as part of a telehealth service is responsible for:

(a) Ensuring that telehealth health care professionals participating in CVT from approved alternative worksites are credentialed and privileged in accordance with VHA Handbook 1100.19 and VHA Directive 1100.20.

(b) Determining which clinical services and health care professionals are suitable for the provision of care from approved alternative worksites. ***NOTE:*** *For more information on telework criteria that must be met, please see VA Handbook 5011, Hours of Duty and Leave, Part II, Chapter 4.*

(c) Overseeing the clinical care provided to patients from telehealth health care professionals delivering care using CVT from approved alternative worksites.

l. **VA Medical Facility Credentialing and Privileging Manager (Distant Site).** The VA medical facility Credentialing and Privileging Manager at the distant site is responsible for:

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

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

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

(1) Ensuring that help desk tickets which are escalated by a national technology help desk (e.g., National Telehealth Technology Help Desk or OIT Help Desk) and assigned to the biomedical service for local resolution are resolved for telehealth health care professionals who are providing telehealth services, to include employees using CVT at approved alternative worksites. ***NOTE:*** *Such technical support does not generally extend to "hands on" support at non-VA locations.*

(2) Collaborating with the OIT Area Manager, FTC and VA medical facility Chief Information System Security Officer (ISSO) to ensure telehealth technologies are configured correctly to support the type(s) of care to be provided from approved alternative worksites. This collaboration includes ensuring that any telehealth video systems provided to telehealth health care professionals at approved alternative worksites are configured with proper safeguards, such as encryption.

n. **VA Medical Facility Clinical Service Chief or Clinical Supervisor.** The VA medical facility Clinical Service Chief or Supervisor is responsible for the following based on the site designation:

(1) **VA Medical Facility Clinical Service Chief or Clinical Supervisor (Originating and Distant Sites).** The VA medical facility Clinical Service Chief or Supervisor at both the originating and distant sites is responsible for:

(a) Collaborating, along with the clinical executives, FTC and telehealth health care professionals that the technology, space, staffing, documentation, and logistical requirements of the service are in place before scheduling of the first beneficiary.

(b) Developing inter-facility TSAs in coordination with the FTC for approval by Clinical Executives.

(2) **VA Medical Facility Clinical Service Chief or Clinical Supervisor (Distant Site).** The VA medical facility Clinical Service Chief or Clinical Supervisor at a distant site VA medical facility is responsible for:

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

(b) Communicating any activation of telehealth emergency handoff procedures by 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.*

(c) Ensuring that telehealth health care professionals with prescribing authority are aware of the legal prescribing restrictions in the Controlled Substances Act (21 U.S.C. §

801 et seq.) and its implementing regulations (21 C.F.R. §§ 1300 – 1321) which limits the prescribing of controlled substances through telehealth.

(d) Communicating feedback about the telehealth services provided to the telehealth health care professional (to include from approved alternative worksites), Clinical Executives, or alternate staff, as appropriate, for purposes of continuous quality improvement.

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

(f) Reviewing patient care data and feedback submitted about a telehealth health care professional's practice from the originating site where a telehealth health care professional is practicing or from a representative sample of originating sites if a telehealth health care professional is practicing at more than one VA medical facility.

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

(h) Maintaining, and making available to the originating site, a current list of telehealth health care professionals who deliver telehealth services as defined by a TSA.

(i) Identifying, in conjunction with the distant site FTC, 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 an FTC, Quality Manager, Privacy Officer or Patient Safety Officer, at both the distant and originating sites, as appropriate, for resolution.

(j) Tracking at which sites distant telehealth health care professionals under their supervision have been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged telehealth health care professionals through a TSA.

(3) **VA Medical Facility Clinical Service Chief or Clinical Supervisor (Regarding Approved Alternative Worksites).** The VA medical facility Clinical Service Chief or Clinical Supervisor at the facility that accepts responsibility for completing and maintaining medical staff credentialing and privileging requirements for the telehealth health care professionals practicing as part of a telehealth service is responsible for:

(a) Determining if the specified clinical services can be appropriately, safely, and effectively provided from an alternate worksite by a specified telehealth health care professional without onsite supervision.

(b) Ensuring all telework requirements and telehealth training requirements are completed by the telehealth health care professional before authorizing CVT services from an approved alternative worksite.

(c) Approving a TSA, or equivalent, as defined in Appendix A, for telehealth health care professionals delivering CVT services from approved alternative worksites, in coordination with the FTC, before authorizing the scheduling of video telehealth services from the approved alternative worksite. ***NOTE:*** *This includes ensuring that the TSA includes the requirements in Appendix A.*

(d) Assessing the telehealth health care professionals' alternative work environment to ensure that:

1. The environment of care is appropriate for the clinical service.

2. The privacy requirements as listed in Appendix B are met.

NOTE: *This assessment may be done remotely using video conferencing equipment.*

(e) Auditing the approved alternative worksite environment of care and employee professionalism as often as needed based on the supervisor's judgment. This may be done remotely using video conferencing equipment.

(f) Ensuring that the telehealth health care professional has the telecommunications capabilities needed to meet clinical and contingency requirements, for the type of care being provided before authorizing the initiation of clinical video telehealth from alternate worksites.

o. **VA Medical Facility Information System Security Officer (Originating and Distant Sites).** The VA medical facility ISSO at both the originating and distant sites is responsible for collaborating with the FTC to ensure telehealth technologies are configured correctly to support the types of care to be provided, including from approved alternative worksites. This collaboration includes ensuring that any CVT technologies provided to telehealth health care professionals at approved alternative worksites are configured with current encryption standards.

p. **VA Medical Facility Telehealth Coordinator (Originating and Distant Sites).** The FTC at both the originating and distant sites is responsible for:

(1) Ensuring that the implementation of telehealth services at the VA medical facility adheres to Telehealth COP standards, including at approved alternative worksites.

(2) 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:

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

(b) Configured correctly to support the types of care to be provided. This configuration includes ensuring that any telehealth video systems provided to 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 distant sites.*

(c) 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.

(3) Assessing the resources (i.e., scheduling support, hardware, software, telehealth staffing and staff training) needed to efficiently provide or receive clinical services via telehealth at the VA medical facility and making resource recommendations to the VA medical facility Director.

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

(5) Developing, reviewing and revising contingency plans for the telehealth service, to include appropriate instructions on how to address technology failure that could occur during a telehealth visit wherever the telehealth health care professional is located.

(6) Monitoring implementation of national standard telehealth emergency handoff procedures at the VA medical 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.*

(7) Submitting any concerns about a telehealth health care professional's services that come to the attention of the FTC, or a designee, to the telehealth health care professional's supervisor.

(8) Ensuring that, in collaboration with their VA medical facility Director and VA medical facility Clinical Executive, the VA medical facility remains compliant with the

TSA for the delivery or receipt of telehealth services, as applicable, for the VA medical facility.

(9) Ensuring, in collaboration with Service Chiefs and Clinical Supervisors, that the technology, space, staffing, documentation, and logistical requirements of the service are in place before scheduling of the first patient.

(10) Developing and approving Interfacility TSAs, or an equivalent as defined in Appendix A, for telehealth health care professionals delivering CVT services from approved alternative worksites in coordination with the Clinical Executives and, if applicable, the Service Chief/Clinical Supervisor. ***NOTE:*** *This includes ensuring that the TSA, or TSA equivalent, meets the requirements in Appendix A*.

(11) Ensuring, in collaboration with the VA medical facility Director and Clinical Executives that the VA medical facility is adhering to the requirements in approved TSAs.

q. **Telehealth Health Care Professional (Distant Site).** For purposes of this policy, telehealth health care professionals at the distant site include all VA-employed health care professionals who provide patient care and related health care services via telehealth under a TSA or from an alternate worksite. Telehealth health care professionals operating under a TSA 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, telehealth health care professionals delivering services under a TSA must be credentialed and assigned privileges, a scope of practice, or a functional statement by a distant site VA medical facility. The telehealth health care professional at the distant 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 distant site. ***NOTE*****:** *Telehealth is a modality of care, not a separate privilege or setting of care.*

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

(3) Completing telehealth training and competency requirements applicable to their telehealth service.

(4) Providing the name of the distant site to the beneficiary, if providing care through CVT, and documenting the name of the distant site in their clinical documentation. ***NOTE:*** *This requirement is only applicable if the distant site is different than the originating site.*

(5) Documenting the beneficiary's oral consent to participate in care through telehealth or ensuring that oral consent has been documented previously. ***NOTES:*** *(1) This requirement may be assigned elsewhere for a specific service or program if defined in a TSA or national telehealth operations manual. (2) When a beneficiary is*

unable to provide oral consent for care through telehealth, and a surrogate is not available, the 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).

(6) 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.*

(7) 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) per this directive, 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.

(8) Unless otherwise specified in the TSA or a national telehealth operations manual, documenting the results of telehealth clinical services in the originating site EHR or in a system that makes the documentation available in the originating site EHR (e.g., Inter-facility Consult Process, third-party application).

(9) Unless otherwise specified in the TSA or a national telehealth operations manual, capturing the appropriate encounter and workload information in both the distant and originating site EHR.

(10) Providing feedback about service quality concerns to the supervisor, FTC, National Telehealth Technology Help Desk, or alternate staff as appropriate to promote continuous quality improvement.

(11) Ensuring that their appearance and attire is appropriate and consistent with expectations for an onsite, in-person office visit when providing care using CVT.

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

(13) Following 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.

(14) Completing the following responsibilities if operating from an approved alternative worksite:

(a) Assessing the approved alternative worksite on an ongoing basis to determine if the environment remains appropriate for telehealth care using the checklist in Appendix B as a guide.

(b) Ceasing telehealth care and notifying their supervisor if the approved alternative worksite environment becomes inappropriate for the provision of telehealth care.

(c) Ensuring that the alternative worksite has the telecommunications capabilities, where not provided by the government, needed to meet clinical and contingency requirements, for the type of care being provided.

6. TRAINING

Telehealth training modules are developed by VHA Telehealth Services and made available through the Talent Management System. Since requirements differ by telehealth health care professional role or the clinical service being delivered, FTCs should be consulted to ensure telehealth health care professionals complete the required training applicable to their role and clinical service.

7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Any questions regarding any aspect of records management, should be directed to the VA medical facility Records Manager or Records Liaison.

8. REFERENCES

a. P.L. 111 – 292.

b. 21 U.S.C. § 801 et seq.

c. 38 U.S.C. § 1730C.

d. 38 U.S.C. § 7301.

e. 38 U.S.C. § 7403.

f. 21 C.F.R. §§ 1300 – 1321.

g. 38 C.F.R. § 17.417.

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

i. VHA Directive 1004.08, Disclosure of Adverse Events to Patient, dated October 31, 2018.

j. VHA Directive 1100.20 Credentialing of Health Care Providers, dated September 15, 2021.

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

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

o. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.

p. Telehealth Services Intranet Website: https://vaww.telehealth.va.gov/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

q. Office of Connected Care Telehealth Document Library: https://vaots.blackboard.com/webapps/cmsmain/webui/library/LibraryContent?action=frameset&subaction=view. ***NOTE:*** *This is an internal VA website that is not available to the public.*

TELEHEALTH SERVICE AGREEMENT EQUIVALENTS FOR TELEWORKING HEALTH CARE PROFESSIONALS DELIVERING SERVICES USING CLINICAL VIDEO TELEHEALTH

1. Telehealth Service Agreements (TSAs) define the clinical service being delivered through telehealth; the personnel involved; contingency and emergency plans; and other key operational components needed to manage the telehealth service.

2. Depending on the nature of the telehealth service, the TSA may also serve to:

a. Satisfy an external accreditation requirement; and

b. Define telehealth resources in scheduling software.

3. A TSA is not required for clinical video telehealth (CVT) services to beneficiaries in their homes or other personal spaces if all three conditions below are met:

a. The telehealth health care professional is working in a Department of Veterans Affairs (VA) space at the VA medical facility where the telehealth health care professional is credentialed and privileged as appropriate for their position.

b. The beneficiary is receiving clinical care from the same VA medical facility where the telehealth health care professional is credentialed and assigned privileges, a scope of practice, or a functional statement as appropriate for their position.

c. The telehealth health care professional is using approved information technology (IT) and telehealth technologies to deliver clinical services considered part of their official duties. ***NOTE:*** *In the above situation, telehealth requirements approximate telephone care requirements which, as a standard, do not require a special agreement.*

4. For telehealth services from approved alternative worksites in which a TSA is not required, or in situations in which it would be impractical to include unique teleworking, telehealth health care professional information and conditions in the TSA (e.g., multiple telehealth health care professionals are involved in the service), a supplemental telehealth section, including key information usually found in the TSA, should be added to the telehealth health care professional's telework agreement and therefore be considered a "TSA Equivalent" for purposes of this policy. The supplement to the telework agreement should include the following information:

a. Clinical service to be provided through telehealth at the alternate worksite.

b. A description of where services will be delivered. Examples:

(1) "Services will be delivered to the Rome CBOC and to beneficiaries' homes or on their mobile devices."

(2) “Services will be delivered to multiple sites, as needs arise, as coordinated by the Charleston Telemental Health hub.”

c. Contingency plans for the service in case of technology failure or alternate disruption.

d. Emergency handoff procedures in case of medical or behavior health emergencies at the patient location.

e. Unique operational conditions and responsibilities associated with the telehealth service. Examples include:

(1) Unique equipment needed for the service, its contingency plans, or its emergency handoff procedures.

(2) Telehealth health care professional requirements for internet connectivity.

(3) Specific privacy or information security requirements for the service.

(4) Telehealth health care professional contact information for emergencies.

(5) Unique documentation or coding requirements related to the telehealth service.

ADDITIONAL PRIVACY AND SECURITY REQUIREMENTS FOR TELEHEALTH HEALTH CARE PROFESSIONALS WHO PROVIDE SERVICES TO BENEFICIARIES USING CLINICAL VIDEO TELEHEALTH FROM APPROVED ALTERNATIVE WORKSITES

When a teleworking, telehealth health care professional will be using video telehealth to deliver clinical services from approved alternative worksites, the supervisor is responsible for visually assessing the telehelath health care professional's work environment to ensure the following privacy requirements have been met. ***NOTE:*** *This assessment may be done remotely using video conferencing equipment.*

1. Appropriate measures to prevent auditory or visual disclosures to unauthorized individuals in areas where sensitive information or images will be discussed verbally or viewed, have been taken. Measures include:

a. Monitors and displays that will be used to display patient data and images or to connect with beneficiaries via video either do not face windows; or the windows have shades, blinds, or an alternative covering that will be secured during work hours to obstruct their view to prevent potential viewing by unauthorized persons (e.g,. other patients, visitors, family members).

b. Monitors and displays do not face doorways in the approved alternative worksite that could be entered or opened without notice, thereby compromising patient privacy.

NOTE: *Similar to telehealth at a VA location, telehealth health care professionals providing care through telehealth at their home or alternative worksite are expected to adhere to the policy requirements of VHA Directive 1078, Privacy of Persons Regarding Photographs, Digital Images, and Video or Audio Recordings, dated November 29, 2021, which defines when photographs, digital images, or audio or video recordings may be taken as if they were on VHA premises.*

2. Walls and doors exist that separate the approved alternative worksite from public spaces or spaces within the approved alternative worksite that can be accessed by non-authorized persons.

NOTE: *The room at the approved alternative worksite where telehealth visits and communications will occur must have adequate sound-proofing to prevent auditory disclosures to unauthorized persons (e.g., other patients, visitors, family members) and also be sufficent to mask sounds from activities occuring outside the room that may distract from the telehealth visit.*

3. Personal items within the alternative worksitespace do not identify the telehealth health care professional's physical location. ***NOTE:*** *If any such items exist, they should be removed from camera view to protect the telehealth health care professional's privacy.*

4. Landmarks or signs outside the alternative worksite space that could identify the provider's location are not visible in camera view.

MANAGING HEALTH CARE PROVIDER ALERTS FROM THE NATIONAL PRACTITIONER DATABASE CONTINUOUS QUERY PROGRAM

1. All licensed health care professionals credentialed at a Department of Veterans Affairs (VA) medical facility and providing health care to orginating site VA medical facilities via telehealth must be enrolled in the National Practitioner Database (NPDB) Continuous Query (CQ) program at the distant site in accordance with this directive. By enrolling providers in the NPDB CQ program, the distant 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 distant site receives an alert 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 telehealth provider.

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 a TSA, the procedures below should be followed. If the health care professional is delivering services by telehealth to alternate facilities under Terms of Service (TOS) as part of a Nationally Designated Telehealth Hub (NDTH), the procedures in Appendix C of VHA Directive 1915, Enterprise Clinical Resource Sharing Through Telehealth From Nationally Designated Telehealth Hubs, dated January 5, 2023 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 Distant 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 NDPB 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. Obtain a list of VA medical facilities from the applicable VA medical facility Clinical Service Chief or Clinical Supervisor defining where the telehealth health care

professional has been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged telehealth health care professionals through a telehealth service agreement.

***NOTE**: A documented response of "None" should be provided by the applicable service chief or clinic supervisor if the telehealth health care professional has not been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged telehealth health care professionals through a telehealth service agreement (TSA).*

e. Notify the VA medical facility Director of each originating site, identified by the Clinical Service Chief or Clinical Supervisor in "3.d." above, 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(s) can begin the process outlined in this Appendix.*

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

(1) If medical malpractice payment history now shows 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; and

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

***NOTE:** When requesting the VISN CMO review, the VA medical facility must inform the CMO that the health care provider is a telehealth health care provider and the number of VA medical facilities where the health care provider has provided telehealth services. The CMO review must also be documented in the electronic credentialing file.*

g. Ensure that the discussion by the ECMS is documented in VetPro and the documentation includes 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 telehealth health care professional within their medical center. Reviews of the telehealth health care professional will be coordinated with originating site(s) to identify telehealth services delivered with findings of substandard care, professional misconduct, or professional incompetence provided from the distant 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 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 VA Medical Facility Clinical Executive at an Originating Site must:

a. Request shared access to the health care provider's electronic credentialing file within 1 business day of being notified of the NPDB report by the distant site Clinical Executive.

b. Enroll the 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 distant site and the information entered by the provider related to the report.

d. Ensure 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 telehealth health care professional at the originating site medical center. Reviews of the telehealth health care professional must be coordinated with the distant 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 distant site, if applicable, and may also be utilized for purposes of reporting to state licensing board(s).*

e. Ensures 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.