

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 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: This directive defines 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 establishes standards for telehealth “privileging-by-proxy” for privileged health care professionals and a “privileging-by-proxy equivalent” for non-privileged health care professionals, thereby enabling the flexible utilization of VHA health care professional services across VA medical facilities.

3. RELATED ISSUES: VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012; VA Handbook 5011/26, Hours of Duty and Leave, Part II, Chapter 4, dated August 9, 2013; VA Handbook 5011/28, Hours of Duty and Leave, Part II, Chapter 4, dated October 12, 2016; and VA Directive 6001, Limited Personal Use Government Office Equipment, Including Information Technology, dated July 28, 2000.

4. RESPONSIBLE OFFICE: Office of VHA Telehealth Services in the Office of Connected Care (10A7D) 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.(2) 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 Paragraph 5.k.(7)(c), 5.m.(7), and 5.n.(2). 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.i.(7)(f) of this directive, which defines the location for conducting protected peer reviews. If a protected peer review is needed for a 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 health care professional is fully credentialed and privileged, not at the VA medical facility where the 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

April 27, 2020

VHA DIRECTIVE 1914

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.

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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 health care professional practice. This directive enables VA medical facilities to share health care professional services 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.

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, VA Form 0740, available at: <https://vaww.va.gov/vaforms/va/pdf/VA0740.pdf> (**NOTE:** *This is an internal VA website that is not available to the public*) and who provide clinical video telehealth services. 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:** Title 38 United States Code (U.S.C.) 1730C; 38 Code of Federal Regulations (CFR) 17.417.

NOTE: *This directive does not apply to VA contract health care professionals. VA contract 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 contract health care professionals to deliver care across VA medical facilities using telehealth or before authorizing VA contract 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 contractor health care professionals to provide telehealth.*

2. BACKGROUND

a. The VHA requires 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 2012-030 Credentialing of Health Care Professionals, dated October 11, 2012 before practicing at, or under the authority of, a VA medical facility.

b. VA has established processes, consistent with The Joint Commission standards 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 health care professionals.

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

e. Creating the infrastructure to support the provision of clinical video telehealth services from approved alternative worksites by VA 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).

f. In addition to all Telework Agreement requirements outlined in VA Handbook 5011/26, Hours of Duty and Leave (Telework), Part II, Chapter 4, dated August 9, 2013, 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 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.

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

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 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 serving as The Joint Commission accredited entity 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.

f. **Focused Professional Practice Evaluation.** Focused Professional Practice Evaluation (FPPE) as defined by The Joint Commission E-Manual, Hospital Standards, means the time-limited evaluation of practitioner competence in performing a specific privilege. This process is implemented for all initially requested privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality patient care through a FPPE for Cause. **NOTE:** *For more information on The Joint Commission Standards, please see <http://vaww.ogsv.med.va.gov/functions/integrity/accred/jointcommission.aspx>. This is an internal VA website that is not available to the public.*

g. **Health Care Professional.** A health care professional is an individual who:

(1) Is appointed to an occupation in the VHA that is listed in or authorized under 38 U.S.C. 7306, 7401, 7405, 7406, or 7408 or title 5 U.S.C;

(2) Is authorized by the Secretary to provide health care;

(3) Is required to adhere to all standards for quality relating to the provision of health care in accordance with applicable VA policies;

(4) Is not a VA-contracted health care professional; and

(5) Has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional; or, such qualifications as prescribed by the Secretary for those health care professions listed under 38 U.S.C. 7402(b), or is an employee otherwise authorized by the Secretary to provide health care services; or

(a) Is under the clinical supervision of a health care professional that meets the requirements of Paragraph 3.g.(5); and

(b) Is a postgraduate employee, appointed under Title 5, 38 U.S.C. 7401(1),(3), or 38 U.S.C 7405 for any category of personnel described in 38 U.S.C. 7401(1),(3) who must obtain full and unrestricted licensure, registration, or certification or meet the qualification standards as defined by the Secretary within the specified time frame.

NOTE: *Health Professions Trainees are authorized to participate in telehealth under specific conditions; however, they are not credentialed and privileged or authorized to work independent of their supervising health care professional. Therefore, they are not applicable to this policy and have been excluded from the Health Care Professional definition.*

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 health care professional practicing as part of a Distant Site facility and a beneficiary receiving care through an Originating Site facility.

k. **Licensed Independent Practitioner.** For purposes of this directive, a Licensed Independent Practitioner (LIP) as defined by The Joint Commission E-Manual, Hospital Standards 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 Telehealth Operations Manuals.** National Telehealth Operations Manuals and their specialty supplements provide guidance on the development and management of VA telehealth services. **NOTE:** *A list of current Telehealth Operations Manuals can be found in the National Telehealth Document Library at <https://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/ops.aspx>. This is an internal VA website that is not available to the public.*

n. **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.

o. **Ongoing Professional Practice Evaluation.** Ongoing Professional Practice Evaluation (OPPE) as defined by The Joint Commission E-Manual, Hospital Standards means a document summary of ongoing data collected for the purpose of assessing a practitioner's clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s) prior to or at the end of the two-year license and privilege renewal cycle.

p. **Originating Site.** An Originating Site is the VA health care system or VA medical facility through which the beneficiary is receiving clinical care. **NOTE:** *This is generally the beneficiary's medical home.*

q. **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.

r. **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.

s. **Sentinel Event.** A sentinel event as defined by The Joint Commission E-Manual, Hospital Standards, 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. **NOTE:** *For more information on The Joint Commission Standards, please see <http://vaww.ogsv.med.va.gov/functions/integrity/accred/jointcommission.aspx>. NOTE: This is an internal VA website that is not available to the public.*

t. **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 health care professional at another location for clinical evaluation.

u. **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.

v. **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 conditions of participation can be accessed on the VHA telehealth website, located at <https://vaww.infoshare.va.gov/sites/telehealth/docs/sop-std-sa.docx>. This is an internal VA website that is not available to the public.*

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 health care professionals, using privileging-by-proxy, between VA medical facilities sharing clinical resources through telehealth.

y. **Telehealth Health Care Professional.** For the purposes of this directive, telehealth health care professionals include all health care professionals who provide patient care and related health care services via telehealth.

z. **Telehealth Service Agreement.** A Telehealth Service Agreement (TSA) defines the clinical, technical, and business requirements for a telehealth clinical service. TSAs include the contingency and emergency plans for the clinical service. **NOTE:** *An example TSA can be found on the Telehealth Services website at <http://vaww.infoshare.va.gov/sites/telehealth/docs/th-sagr.docx>. 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 5011/26, Hours of Duty and Leave, part 2, Chapter 4, dated August 9, 2013.*

aa. **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 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, so long as the following requirements are met:

(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 Telehealth Service Agreement (TSA).

NOTE: *This policy, in combination with a TSA, establishes privileging-by-proxy or the privileging-by-proxy equivalent. If a 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 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, Credentialing and Privileging, or VHA Directive 2012-030, Credentialing of Health Care Professionals, at each VA medical facility where they provide onsite services. This policy does not apply to radiology services being shared across sites.*

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, please see VA Handbook 5011/26, Hours of Duty and Leave (Telework), Part II, Chapter 4, and VA Handbook 5011/28, Hours of Duty and Leave, Part II, Chapter 4.*

NOTE: *This policy 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.*

NOTE: *This directive does not apply to VA contract health care professionals. VA contract 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 contract health care professionals to deliver care across VA medical facilities using telehealth or before authorizing VA contract 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 contractor health care professionals to provide telehealth.*

5. RESPONSIBILITIES

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

b. **Principal Deputy Under Secretary for Health.** The Principle Deputy Under Secretary for Health is responsible for overall oversight of the VHA Office of Connected Care.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Establishing a report that identifies at which Originating Site facilities a Distant Site health care professional has delivered Telehealth care as evidenced by documentation in the originating and/or Distant Site medical records. **NOTE:** *The report will include enough information so the documentation can be found in the Originating Site medical record for use in practice reviews at the Distant Site. Due to technical limitations, the report may not differentiate between Originating Site facilities with a shared instance of VistA. This is only a concern with the VistA platform and is not applicable to other VA electronic health record platforms. 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, alternative methods for identifying interfacility work, for the purposes of practice reviews, must be identified and defined in the service line's Telehealth Service Agreement (TSA);*

(2) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISN);

(3) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all VA medical facilities within that VISN; and

(4) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

d. **Chief Officer, VHA Office of Connected Care.** The Chief Officer, VHA Office of Connected 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; and

(c) The National Telehealth Technology Help Desk to provide technical assistance to VHA staff and beneficiaries 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.

e. **VHA Office of Healthcare Technology Management Director.** The VHA Office of Healthcare Technology Management Director is responsible for collaborating with VA OIT to establish supplemental VA and VHA policies, agreements, and processes in

support of telehealth health care professionals at approved alternative worksites as needed.

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

- (1) Ensuring the network complies with the requirements in this directive; and
- (2) Incorporating telehealth in strategic planning for standardizing the availability of clinical services within the network.

g. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer (CMO) is responsible for:

- (1) Monitoring and reviewing available data to ensure the quality of clinical care provided by telehealth to beneficiaries within the VISN; and
- (2) Reviewing provider alerts from the National Practitioner Database (NPDB) Continuous Query Program as appropriate. **NOTE:** *For more information on when the VISN CMO review of the provider alert is needed, please see Appendix C.*

h. **Veterans Integrated Service Network Telehealth Program Manager.** The VISN Telehealth program manager is responsible for oversight of telehealth program requirements, including but not limited to, adherence to the Telehealth Conditions of Participation (COP) standards.

i. **VA Medical Facility Director.** The VA medical facility Director of either an originating or Distant Site is responsible for:

NOTE: *The following responsibilities apply to the VA Medical Facility Director at either an originating or Distant Site VA medical facility.*

- (1) Authorizing access to facility electronic systems, including medical records and scheduling systems, for Distant Site health care professionals, quality managers, schedulers, and other Distant Site staff as needed for the safe delivery, operation, and oversight of a telehealth service;
- (2) Ensuring that a TSA between participating 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;*
- (3) Ensuring that the VA medical facility complies with the requirements in approved TSAs;
- (4) Ensuring there is updated 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;

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

(6) 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 facility.

NOTE: *The following responsibility applies to the VA Medical Facility Director at a Distant Site VA medical facility.*

(7) Ensuring the Distant Site facility tracks at which sites distant health care professionals have been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged health care professionals through a telehealth service agreement.

j. **VA Medical Facility Executive Committee of the Medical Staff:** The VA medical facility medical executive committee of the medical staff (ECMS) at either an originating or Distant Site is responsible for

NOTE: *This committee may go by a different name at different VA medical facilities, including the Medical Executives Committee (MEC).*

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

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

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 provider report from the NPDB Continuous Query Program, as discussed in Appendix C.

k. **VA Medical Facility Clinical Executives (e.g., Chief of Staff, Associate Director for Patient Care Services).**

NOTE: *The following responsibilities apply to the Clinical Executives at either an originating or Distant Site VA medical facility.*

NOTE: *It is expected that the originating and Distant Site Clinical Executives will work together to address issues that may arise with the provision of telehealth services.*

(1) Approving interfacility TSAs in coordination with the appropriate Service Chief or Clinical Supervisor and Facility Telehealth Coordinator (FTC). This coordination includes ensuring that the TSA:

(a) Stipulates the clinical services to be provided through telehealth;

(b) 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;*

(c) 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 health care professionals or contact information; and*

(d) Defines contingency and clinical and behavioral emergency plans for the service or provides references to those plans.

NOTE: *A Telehealth Service Agreement 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.*

(2) Ensuring, along with the Service Chief or Clinical Supervisor, FTC, and 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;

(3) Ensuring VA medical facility staff have the technology, processes, training, and competency to execute and manage Contingency and Emergency plans for the telehealth service as included or referenced in the TSA. **NOTE:** *This may include, but is not limited to, ensuring clinic and staff contact information remains current, that staff are aware of emergency procedures, and that “must answer” phones are maintained;*

(4) 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;

(5) 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; and

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

(7) **Distant Site VA Medical Facility.** The following responsibilities apply to the Clinical Executives at a Distant Site VA medical facility:

(a) Notifying the Originating Site Clinical Executive(s), or designated point of contact, within one business day of changes to the privileges, scope of practice, or functional statement of a Distant Site health care professional that impacts their abilities 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 standard;*

(b) Ensuring a health care professional's practice review (i.e. FPPE and OPPE reviews) and a copy of a 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 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. **NOTE:** *The list of health care professionals may be included in a TSA or within a shared or online location referenced in the agreement;*

(d) Ensuring Distant Site licensed health care professionals are enrolled in the NPDB Continuous Query (CQ) program;

(e) Ensuring that the health care professionals delivering services through the TSA have the appropriate privileges, functional statement, or scope of practice to deliver the service. **NOTE:** *Privileges, scopes of practice, and the functional statements of health care professionals, practicing under the auspices of this directive and in accordance with a TSA, will be available to each Originating Site participating in a TSA upon request; and*

(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 facilities.*

NOTE: *Unless specified, additional signatures to a TSA are not required when adding or removing health care professionals to or from the service respectively.*

(8) **Originating Site VA Medical Facility.** The following responsibilities apply to the Clinical Executives at an Originating Site VA medical facility:

(a) Notifying impacted patients, clinical service chiefs, and clinical supervisors about a disruption of services within one business day of receiving notification of a suspension, change, or revocation of privileges or clinical responsibilities for a Distant Site 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 health care professional from patients, health care professionals, or staff at the Originating Site; and **NOTE:** *Each facility is encouraged to consult legal counsel regarding a cross-facility adverse or sentinel event. While Distant Sites provide oversight for the provider competency (OPPE and FPPE), the Originating Site provides any applicable feedback, when identified through their usual processes, from incidents, complaints, and other triggers regarding the episode of care provided by the telehealth provider.*

(e) 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.

(9) Approved Alternative Worksites. The following responsibilities apply to the Clinical Executives at the VA medical facility serving as The Joint Commission accredited entity 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:

(a) Ensuring that health care professionals participating in CVT from approved alternative worksites are credentialed and privileged in accordance with VHA Handbook 1100.19, Credentialing and Privileging, and VHA Directive 2012-030, Credentialing of Health Care Professionals;

(b) Determining which clinical services and health care professionals are suitable for the provision of care from approved alternative worksites; and **NOTE:** *For more information on telework criteria that must be met, please see VA Handbook 5011/28, Hours of Duty and Leave, Part II, Chapter 4.*

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

k. **VA Medical Facility Biomedical Engineering Service Chief.** The VA medical facility Biomedical Engineering Service Chief is responsible for:

(1) Ensuring 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 health care professionals who are providing telehealth services, to include employees using CVT at approved alternative worksites; and **NOTE:** *Such technical support does not generally extend to “hands on” support at non-VA locations.*

(2) Collaborating with the VA medical facility Telehealth Coordinator and Information Security Officer 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 health care professionals at approved alternative worksites are configured with proper safeguards, such as encryption.

l. **VA Medical Facility Information Security Officer (ISO).** The VA medical facility Chief ISO is responsible for collaborating with the VA medical facility Telehealth Coordinator 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 health care professionals at approved alternative worksites are configured with current encryption standards. **NOTE:** *This responsibility applies whether the ISO is located at either the Distant Site or Originating Site VA Medical Facility.*

m. **VA Medical Facility Telehealth Coordinator (FTC).** The VA medical facility Telehealth Coordinator (FTC) is responsible for:

(1) Overseeing the implementation of telehealth services to ensure adherence to Telehealth Conditions of Participation (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 health care professionals are configured with current encryption standards; and **NOTE:** *Configuration of equipment is performed in collaboration with the OIT Area Manager,*

the facility Biomedical Engineering Service, and Facility Chief Information Security Officer.

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

(4) Developing, reviewing, and revising contingency and emergency plans for the telehealth service, to include appropriate instructions on how to address technology failure and urgent and emergent clinical events that could occur during a telehealth visit wherever the health care professional is located;

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

(6) 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;

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

(8) Ensuring, in collaboration with the Facility Director and Clinical Executives that the facility is adhering to the requirements in approved Telehealth Service Agreements.

n. **VA Medical Facility Clinical Service Chief or Clinical Supervisor.** The VA medical facility Clinical Service Chief or Supervisor is responsible for:

NOTE: *The following responsibilities apply to the VA Medical Facility Clinical Service Chief or Clinical Supervisor at both the distant and Originating Site VA medical facilities:*

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

(2) Developing interfacility TSAs in coordination with the FTC for approval by Clinical Executives.

(3) **Distant Site VA medical Facility.** The following responsibilities apply to the VA Medical Facility Clinical Service Chief or Clinical Supervisor at a Distant Site VA medical facility:

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

(b) Ensuring that 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 CFR part 1300-1321) when the health care professional has not completed an in-person encounter with the patient;

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

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

(e) Reviewing patient care data and feedback submitted about a health care professional's practice from the Originating Site where a health care professional is practicing or from a representative sample of Originating Sites if a health care professional is practicing at more than one facility;

(f) Considering patient care data reviews and feedback submitted about a health care professional's practice from an Originating Site, inclusive of adverse outcomes or complaints related to the health care professional's practice, in practice reviews and privileging actions, as appropriate for the 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.*

(g) Maintaining, and making available to the Originating Site, a current list of health care professionals who deliver telehealth services as defined by a TSA;

(h) 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; and

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

(4) Approved Alternative Worksites:

NOTE: *The following responsibilities apply to the VA Medical Facility Clinical Service Chief or Clinical Supervisor serving as The Joint Commission accredited entity 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.*

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

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

(c) Approving a TSA, or equivalent, as defined in Appendix A, for health care professionals delivering CVT services from approved alternative worksites, in coordination with the VA medical facility 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 clinical 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 judgement. This may be done remotely using video conferencing equipment; and

(f) Ensuring the 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 Telehealth Health Care Professional.** The VA medical facility health care professional 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 CFR part 1300-1321), which limits the prescribing of controlled substances through telehealth prior to an in-person assessment;

(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 note; **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; **NOTE:** *This requirement may be assigned elsewhere for a specific service or program if defined in a TSA or national telehealth operations manual. NOTE: When a beneficiary is unable to provide oral consent for care through telehealth, and a surrogate is not available, the health care professional must follow procedures in paragraph 14. c. (1) of VHA Handbook 1004.01 Informed Consent for Clinical Treatment and Procedures, dated, August 14, 2009. For more information on informed consent, please see VHA Handbook 1004.01.*

(6) Knowing and being prepared to execute contingency and medical and behavioral health emergency plans when needed, specific to the telehealth service being provided and the beneficiary's site or chosen modality;

(7) Verifying that privacy and security is maintained during telehealth visits and assessments;

(8) Unless otherwise specified in the TSA or a national telehealth operations manual, documenting the results of telehealth clinical services in the Originating Site medical record or in a system that makes the documentation available in the Originating Site medical record;

(9) Unless otherwise specified in the TSA or a national telehealth operations manual, documenting encounter and workload information in both the distant and Originating Site medical records;

(10) Providing feedback about service quality concerns to the supervisor, VA medical facility Telehealth Coordinator, 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; and

(12) Disclosing adverse events which result from the telehealth service to patients following the procedures outlined in VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.

(13) Approved Alternative Worksites.

(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; and

(c) Ensuring 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 health care professional role or the clinical service being delivered, VA medical facility Telehealth Coordinators should be consulted to ensure 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, Telework Enhancement Act of 2010.
- 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 CFR part 1300-1321.
- g. 38 CFR 17.417.
- h. VA Handbook 5011/26, Hours of Duty and Leave, part 2, Chapter 4, dated August 9, 2013.

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

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

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

l. VHA Directive 2012-030 Credentialing of Health Care Professionals, dated October 11, 2012.

m. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.

n. VHA Handbook 1004.01, 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: <http://vaww.telehealth.va.gov/> **NOTE:** *This is an internal VA website that is not available to the public.*

q. National Telehealth Document Library at <https://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/ops.aspx> . **NOTE:** *This is an internal VA website that is not available to the public.*

r. The Joint Commission E-Manual, Hospital Standards, current edition available at: https://www.jointcommission.org/standards_information/edition.aspx. **NOTE:** *Access to this website requires a purchased license.*

**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 health care professional is working in a VA space at the VA medical facility where the 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 health care professional is credentialed and privileged as appropriate for their position; and
 - c. The 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 health care professional information and conditions in the TSA (e.g., multiple 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 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; and
 - 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".

(DATE)

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

d. Emergency plans in case of medical or behavior health emergencies at the patient location; and

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 plans.

(2) Health care professional requirements for internet connectivity.

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

(4) 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 health care professional will be using video telehealth to deliver clinical services from approved alternative worksites, the supervisor is responsible for visually assessing the 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, etc.); and

b. Monitor 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, 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, 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, etc.) and also be sufficient to mask sounds from activities occurring outside the room that may distract from the telehealth visit.*

3. Personal items within the alternative worksitespace do not identify the health care professional's physical location. **NOTE:** *If any such items exist, they should be removed from camera view to protect the 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 PROVIDER ALERTS FROM THE NATIONAL PRACTITIONER
DATABASE CONTINUOUS QUERY PROGRAM**

1. All licensed health care professionals credentialed at a VA medical facility and providing health care to originating 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, the following procedure must be followed to ensure that Originating Site 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.

3. The Distant Site Clinical Executive will:

a. Obtain Primary Source Verification of the NPDB report from the entity which submitted the report and document the verification in the electronic credentialing file;

b. Instruct the provider to update their electronic credentialing file to add information to the supplemental questions screen related to the incident reported to the NPDB;

c. Obtain a list of VA facilities from the applicable VA Medical Facility Clinical Service Chief or Clinical Supervisor defining where the health care professional has been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged 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 health care professional has not been assigned privileging-by-proxy or a privileging-by-proxy equivalent for non-privileged health care professionals through a telehealth service agreement.

d. Notify the VA medical center Director of each Originating Site facility, identified by the Clinical Service Chief or Clinical Supervisor in "1c" 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; and

(3) Date of report.

NOTE: This notification must be made within two business days of receipt of notice of the NPDB report so that the Originating Site(s) can begin the process outlined in this Appendix.

- e. Obtain VISN Chief Medical Officer (CMO) review in the following circumstances:

NOTE: *The CMO review is to be performed after the facility has completed the “Documentation of Review of Licensure/ Certification/ Registration Actions” review and scanned the review document with the final determination of the facility’s Human Resource Officer into the electronic credentialing file.*

NOTE: *When requesting the CMO review, the facility will inform the CMO that the provider is a telehealth provider and the number of facilities where the provider has provided telehealth services.*

- (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 provider’s license has been restricted, suspended, limited, issued, or placed on probational status, or denied upon application.

NOTE: *The CMO review will be documented in the electronic credentialing file.*

- f. Document discussion by the Executive Committee of the Medical Staff (ECMS) about appropriate actions to be taken because of the finding. If no action is deemed required, the rationale for the decision must likewise be documented; and

NOTE: *Actions may include, but are not limited to, a focused management review of care provided by the health care professional within their medical center. Reviews of the 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 will 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).*

- g. Document the minutes of the ECMS discussion in the electronic credentialing record. If there are subsequent discussions about the 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.

4. The Originating Site Clinical Executive will:

- a. Request shared access to the provider’s electronic credentialing file within one business day of being notified of the NPDB report;

- b. Enroll the provider 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. Document discussion by the Executive Committee of the Medical Staff (ECMS) about appropriate actions to be taken because of the finding. If no action is deemed required, the rationale for the decision must be documented; and

NOTE: *Actions may include but are not limited to a focused management review of care provided by the health care professional at the Originating Site medical center. Reviews of the health care professional will be coordinated with the Distant Site 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. Document the minutes of the ECMS discussion in the electronic credentialing record. If there are subsequent discussions about the 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.