Comparing UMA, AMA and FSMB Telehealth and Telemedicine Standards

1. Establishing a Physician-Patient relationship

- **FSMB** – Tends to begin when an individual with a health-related matter seeks assistance from a physician.

  Clearly established when the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person.

  A physician is discouraged from rendering medical advice / using telemedicine without 1) fully verifying and authenticating the location and identifying the requesting patient 2) disclosing and validating the provider's identity and applicable credentials 3) obtaining appropriate consent from requesting patients after disclosure regarding the delivery models and treatment methods.

- **AMA** – Must be established before the provision of telemedicine services. Can be established 1 of 3 ways.

  1. Face to face exam
  2. Consultation with another physician who has an ongoing patient-physician relationship with the patient. The physician who has established a valid physician patient relationship must agree to supervise the patient's care;
  3. Meeting standards of establishing a patient-physician relationship included as part of evidence based clinical practice guidelines on telemedicine.

  Exceptions include: oncall, cross coverage situations, emergency medical treatment.

- **UMA** – Physician-patient relationship should be established. Including the mutual understanding that there is a shared responsibility for patient's health care between the providers and patient.

  Should be established by the treating physician or the consulting physician (AMA).

***** AMA and UMA similar.**

2. Licensing

- **FSMB** – A physician must be licensed by the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used.

- **AMA** – Physicians and other health practitioners delivering telemedicine services must abide by state licensure laws in the state in which the patient receives services.

- **UMA** – A physician providing care to the patient in Utah must be licensed in Utah.

*****All 3 are in agreement**

3. Treatment of the Patient

- **FSMB** – Medical evaluation and collection of relevant clinical history with the presentation of the patient to establish diagnoses and identify underlying conditions. Treatment including issuing a prescription based solely on an online questionnaire does not constitute an acceptable standard of care.

  Patients should be able to seek, follow-up care or information from the physician or physician's designee.

- **AMA** – Delivery of telemedicine services must follow evidence-based practice guidelines, to the degree they are available, to ensure patient safety, quality of care and positive health outcomes.

  Patients medical history must be collected. Services must be properly document and should include providing a visit summary to the patient.

  Services must include care coordination with the patient's medical home and/or existing treating physicians, which includes at a minimum identifying the patient's existing medical home and treating physician(s) and providing to the latter a copy of the medical record.

- **UMA** – A patient's medical history must be collected and documented before performing telehealth services. A patient must be evaluated either by the treating physician or the consulting physician and the relevant clinical history and diagnosis and underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment.

  Patients should be able to seek follow-up care or information from the treating physician and/or consulting physician and there must be care coordination with treating physicians.

*****All 3 are similar**

4. Consent / Transparency

- **FSMB** – Appropriate consent should include the following:
  1. Identification of the patient, the physician and the physician's credentials;
  2. Types of transmissions permitted using telemedicine (e.g. prescription refills, appointment scheduling, patient education);
  3. Details on security measures taken with the use of telemedicine technologies;
  4. Hold harmless clause for information lost due to technical failures;
  5. Requirement for express patient consent to forward patient-identifiable information to a third party.

- **AMA** – The telemedicine service must be delivered in a transparent manner, to include but not limited to, the identification of the patient and physician in advance of the delivery of the service, as well as patient cost-sharing responsibilities and any limitations in drugs that can be prescribed via telemedicine.

  Patients receiving telemedicine services must have access to the licensure and board certification qualifications of the health care practitioners who are providing care in advance of their visit.

- **UMA** – Physician should receive informed consent from the patient for treatment before rendering services.

5. Emergency Services

- **FSMB** – An emergency plan is required and must be provided by the physician to the patient when the care provided using telemedicine technologies indicates that a referral to an acute care facility or ER for treatment is necessary for the safety of the patient.

- **AMA** - Physicians, health professionals, and entities that deliver telemedicine services must establish protocols for referrals for emergency services.

- **UMA** – There must be protocols for emergency services referrals.

*****All 3 are similar**

6. Medical Records

- **FSMB** – Medical record should include, if applicable, copies of all patient-related electronic communications, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine technologies. Informed consent

should also be filed in the medical record.

Record established should be accessible and documented for both the physician and the patient consistent with all established laws and regulations governing patient records.

7. Privacy / Security

- **FSMB** – Physicians should meet or exceed applicable federal and state legal requirements for medical/health privacy including compliance with HIPPA

  Written policies should be maintained at the same standard as a traditional face-to-face encounter. Such policies should address: 1) privacy 2) health care personnel who will process messages 3) hours of operation 4) types of transactions that will be permitted electronically 5) required patient information to be included 6) archival and retrial 7) quality oversight mechanisms.

- **AMA** – Delivery of telemedicine should be consistent with in person services. (Covered below under parity)

- **UMA** – Privacy, security and transparency protocols should be the same for telehealth as for traditional services (HIPPA compliant).

8. Disclosures of Online Services

- **FSMB** - Online services used by physicians should disclose:
  1. specific services provided;
  2. contact information for physician;
  3. licensure and qualifications of physicians and associated physicians;
  4. fees for services and how payment is made;
  5. financial interests other than fees charged, in any information, products, or services provided by a physician;
  6. appropriate uses and limitations of the site, including emergency health situations;
  7. uses and response times for e-mails, electronic messages, and other communication transmitted via telehealth;
  8. to whom health information may be disclosed and for what purpose;

9. Prescribing

- **FSMB** – Measures should guarantee the identity of the patient. To further assure patient safety in the absence of physical examination, telemedicine should limit medication formularies to ones that are deemed safe by the Board.

10. Parity of Professional and Ethical Standards

- **FSMB** – Physicians should comply with recognized online health service standards and the code of ethics from the AMA.

  A physician's professional discretion as to the diagnoses, scope of care, or treatment should not be limited or influenced by non-clinical considerations of telemedicine technologies, and physician remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes or the utilization of telemedicine technologies.

- **AMA** – Standards and cope of telemedicine services should be consistent with related in person services.

  The delivery of telemedicine services must be consistent with state scope of practice laws.

  Patients seek care delivered via telemedicine must have a choice provider.

- **UMA** – Professional and ethical standards should be the same as when providing traditional health care.

  Patients must have a choice of providers.

*****AMA and UMA similar**