

WHAT ARE THE FSMB'S NEW MODEL TELEMEDICINE GUIDELINES?

Throughout the last decade, the use of telehealth in the practice of medicine has expanded at an unprecedented rate. Technological innovations have enabled providers to treat patients online more efficiently and effectively than ever before. Additionally, the outbreak of COVID-19 spurred a dramatic increase in the number of patients interacting with providers virtually.

In response, the Federation of State Medical Boards (FSMB) recently revised its telemedicine guidelines for the first time since 2014. The updates' objectives were to propose policies for lawmakers' and state medical boards' adoption that enable the broad use of telehealth technologies while prioritizing patient safety.

Here are some of the definitions forwarded and model policies suggested by the FSMB regarding the central tenets of telehealth:

Telemedicine Definition

'Telemedicine' means the practice of medicine using electronic communications, information technology or other means between a licensee in one location and a patient in another location, with or without an intervening healthcare provider."

Establishing a physician-patient relationship

"A physician-patient relationship may be established via either synchronous or asynchronous telemedicine technologies without any requirement of a prior in-person meeting, so long as the standard of care is met."

Prescribing medications via telemedicine

"The indication, appropriateness, and safety considerations for each prescription issued during a telemedicine encounter must be evaluated by the physician in accordance with state and federal laws, as well as current standards of practice... However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, physicians may exercise their judgment and prescribe medications as part of telemedicine encounters."

Cross-state licensure

"There are a few instances... where certain exceptions may permit the practice of medicine across state lines without the need for licensure in the jurisdictions where the patient is located." These exceptions include physician-to-physician consultations, prospective patient screenings for complex referrals, episodic follow-up care, and follow-up after surgeries or other medical treatments.

Referrals via telemedicine

"If a patient is inappropriate for care via telemedicine technologies or experiences an emergent situation, complication, or side effects after an encounter using telemedicine technologies, physicians should have a standing plan in place and have the responsibility to refer the patient to appropriate care (e.g. acute care, emergency room, or another provider) to ensure patient safety."

The FSMB's latest guidance document includes technology-neutral policy prescriptions that are in general agreement with ATA policy principles. The American Telemedicine Association will continue to encourage the FSMB, state medical boards, and lawmakers to adopt policies which ensure patients across the country have easy and efficient access to high-quality, affordable health care.