

**DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION  
BOARD OF MEDICINE**

**Policy No. 15-01**

**November 13, 2014**

**TELEMEDICINE POLICY**

The practice of medicine in the United States, and worldwide, is changing at a pace faster than the law. Health care is increasingly delivered by integrated networks of hospitals, physicians, and other health care providers as opposed to individual health professionals working in single offices. Increasingly through electronic communication, information technology and other means of communication, physicians may diagnose and treat patients in distant locations, even crossing state lines and international boundaries. Telemedicine, one of these new communication technologies, has many potential uses which can include clinical interviews, emergency evaluation, and case management. Accordingly, the Board of Medicine has resolved to adopt the following policy until the Board promulgates regulations governing telemedicine. Until the Board promulgates these regulations, the Board encourages each practitioner under the Board's governance to adhere to this policy. Moreover, this policy merely supplements all of the current laws and regulations already in existence under the Health Occupations Revision Act of 2009, as amended, and Title 17 of the District of Columbia Municipal Regulations, Chapter 46. This policy is not intended to alter any current standard of care or standard of conduct required by District of Columbia law.

For purposes of this policy, the following terms have the meanings indicated:

**“Face-to-face”** means within the physical sight and presence of another person or persons.

**“Group practice”** means a group of two or more health care practitioners legally organized as a partnership, professional corporation, foundation, not-for-profit corporation, faculty practice plan, or similar association: (A) In which each health care practitioner who is a member of the group provides substantially the full range of services that the practitioner routinely provides through the joint use of shared office space, facilities, equipment, and personnel; (B) For which substantially all of the services of the health care practitioners who are members of the group are provided through the group and are billed in the name of the group, and amounts so received are treated as receipts of the group; and (C) In which the overhead expenses of, and the income from, the practice are distributed in accordance with methods previously determined on an annual basis by members of the group.

**“Interpretive Services”** means official readings of images, tracings, or specimens through telemedicine. Interpretive services include remote, real-time monitoring of a patient being cared for within a health care facility or home-based setting.

**“Notice of privacy practices”** means a written statement that complies with all District and Federal laws.

**“Physician”** means a person holding a degree in medicine or osteopathy.

**“Physician-patient relationship”** means a relationship between a physician and a patient in which there is an exchange of an individual’s protected health information for the purpose of providing patient care treatment or services.

**“Real-time”** means simultaneously or quickly enough to allow two or more individuals to communicate.

**“Telemedicine”** means the practice of medicine by a licensed practitioner to provide patient care treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct. Generally, telemedicine is not an audio-only telephone conversation, electronic mail or instant messaging conversation or via fax. Telemedicine typically involves the application of secure videoconferencing or store and forward technology to provide or support the delivery of healthcare by replicating the interaction of a traditional encounter in person between a licensee and patient.

- 1.1 A license to practice medicine in the District of Columbia is required in order to practice telemedicine, except as specified in §3-1205.01 and 3-1205.02 of the Health Occupations Revision Act of the District of Columbia (D.C. Law 6-00; D.C. Official Code § 3-1201.01 et seq.).
- 1.2 In making medical decisions, a physician shall ensure that the quality and quantity of data and other information meet all applicable standards of care.
- 1.3 Except when a physician is performing interpretive services, the physician shall perform a patient evaluation that meets the requirements set forth in 17 DCMR § 4618.7 before providing recommendations or making treatment decisions for a patient.
- 1.4 When providing interpretive services, the physician shall ensure that there is no clinically significant loss of data from image acquisition through transmission to final image display.
- 1.5 A physician practicing telemedicine shall:

(a) Obtain and document patient consent, except when providing interpretive services;

(b) Create and maintain adequate medical records;

(c) Follow requirements of the District of Columbia and federal law and regulations with respect to the confidentiality of medical records and disclosure of medical records; and

(d) Adhere to requirements and prohibitions found in the Health Occupation Revision Act of the District of Columbia (D.C. Law 6-00; D.C. Official Code § 3-1201.01 et seq.).

1.6 A physician shall perform a patient evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication.

1.7 A District of Columbia-licensed physician may rely on a patient evaluation performed by another District of Columbia-licensed physician if the former is providing coverage for the latter.

1.8 If a physician-patient relationship does not include prior in-person, face-to-face interaction with a patient, the physician shall incorporate real-time auditory communications or real-time visual and auditory communications to allow a free exchange of protected health information between the patient and the physician performing the patient evaluation.

1.9 In order to deliver services or treatment through telemedicine, a licensed practitioner should have the current minimal technological capabilities to meet all standard of care requirements.

1.10 Adequate security measures should be implemented to ensure that all patient communications, recordings and records remain confidential.

1.11 Written policies and procedures should be maintained when using electronic mail for physician-patient communications. Policies should be evaluated periodically to make sure they are up to date. Such policies and procedures should address:

(a) Privacy to assure confidentiality and integrity of patient-identifiable information;

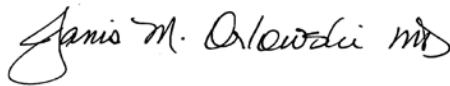
(b) Health care personnel, in addition to the physician, who will process messages;

(c) Hours of operation and availability;

- (d) Types of transactions that will be permitted electronically;
- (e) Required patient information to be included in the communication, such as patient name, identification number and type of transaction;
- (f) Archival and retrieval of patient records; and
- (g) Quality oversight mechanisms.

- 1.12 All relevant patient-physician e-mail, as well as other patient-related electronic communications, should be stored and filed in the patient's medical record.
- 1.13 Patients should be informed of alternate forms of communication between the patient and a physician for urgent matters.
- 1.14 In adhering to this policy, all licensees shall continue to be subject to the requirements of the Health Occupations Revision Act, D.C. Official Code, §§ 3-1201 *et seq.*, and the District of Columbia Municipal Regulations §§ 17-4600 *et seq.*

DISTRICT OF COLUMBIA BOARD OF MEDICINE



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Date

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