

International Telemedicine: A Checklist of Best Practices and Operational Safeguards

This self-assessment questionnaire is designed to help healthcare organizations and providers identify and examine their risk management exposures related to the practice of International telemedicine/telehealth (TMH). An effective telemedical partnership requires careful examination of professional liability issues, including contract protections, practitioner credentialing requirements, technology safeguards, network security, applicable practice standards, and insurance coverage. Before implementing a TMH program, or prior to updating existing provisions, consultation with competent legal counsel is advised.

Indicators			
Licensure	Present		Comments
For radiologists: Physicians who interpret images internationally are appropriately licensed in the transmitting jurisdiction, in accordance with the American College of Radiology (ACR) Task Force on International Teleradiology.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
For other telemedical providers: Physicians and other providers who deliver telemedical services are licensed in the patient location and practicing in compliance with local health regulations, consistent with the “patient-location-law” approach as endorsed by the International Society for Telemedicine & eHealth.	<input type="checkbox"/>	<input type="checkbox"/>	
Telemedical service agreements specify adherence to the licensure requirements and medical practice standards of the country where services are delivered.	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians and other providers who engage in peer-to-peer consultation (i.e., two physicians consult with each other regarding a medical question) are licensed in their respective jurisdictions, and the physician/provider of record for the patient is responsible for maintaining the patient-physician relationship.	<input type="checkbox"/>	<input type="checkbox"/>	
Telemedical service agreements acknowledge the peer-to-peer consultation licensure exemption and are in compliance with jurisdictional requirements regarding the permissible scope of consultation activities.	<input type="checkbox"/>	<input type="checkbox"/>	
Credentialing and Certification	Present		Comments
For radiologists: Physicians who interpret images outside of the U.S. are appropriately credentialed and have membership on the medical staff of the institution where they are making interpretations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business agreements for international teleradiology fully disclose the American Board of Radiology certification status of all participating radiologists.	<input type="checkbox"/>	<input type="checkbox"/>	
For other telemedical providers: Physicians and other providers are evaluated for competencies regarding their role in providing telemedical services upon hire and annually thereafter, as well as when new services are added or policies change.	<input type="checkbox"/>	<input type="checkbox"/>	
Business agreements for telemedical services that rely on proxy credentialing have such provisions in their operating bylaws.	<input type="checkbox"/>	<input type="checkbox"/>	

Indicators			
Adequate representations and warranties regarding the quality of the credentialing/privileging processes are provided by international telemedicine partners, vendors or their subcontractors.	<input type="checkbox"/>	<input type="checkbox"/>	
Standard of Care	Present		Comments
For radiologists: Physicians who perform teleradiology services adhere to the ACR Technical Standard for Teleradiology, including qualifications of personnel and equipment specifications.	<input type="checkbox"/>	<input type="checkbox"/>	
For other telemedical providers: Physicians and other providers who perform telemedical services adhere to the same standard of care as they would when delivering care in person, which includes knowledge of the patient's local healthcare system and environmental health risks, in order to ensure appropriate diagnostic advice and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians and providers who select and prescribe medications consequent to telemedical services possess broad knowledge and familiarity of local medication availability, brand names and accessibility, including regulations for prescription and controlled medications.	<input type="checkbox"/>	<input type="checkbox"/>	
Policies, Protocols and Guidelines	Present		Comments
Written policy defines when the provider/patient relationship begins.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Evidence based guidelines are adopted for medical and behavioral health conditions that will be treated by virtual and e-visits.	<input type="checkbox"/>	<input type="checkbox"/>	
Practice standards are developed for patient examinations and remote prescribing activities.	<input type="checkbox"/>	<input type="checkbox"/>	
Protocols for maintenance of patient relations include, at a minimum, a process for patient choice in provider assignment, billing and payment provisions, and complaint and grievance handling.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policy requires physicians and other providers who cannot competently and confidently diagnose or treat patients via teleconsultation refer patients for in person examination before rendering a diagnosis or prescribing therapeutic treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians and other providers are fluent in the local language at the patient location, or have access to interpreters, in order to ensure appropriate documentation and referrals.	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation	Present		Comments
Physicians and other providers document and maintain patient records of their telemedical/consultation encounters.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Indicators

Written documentation guidelines include:

- How and where to document the telemedical visit, names of providers, staff members, and others present
- Expectations regarding documentation of informed consent
- A process for receiving, responding and recording patient messages
- Disposition of patient-provided health information
- How to archive and retrieve video, as applicable
- A process for delivering applicable privacy notices

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Initial patient evaluations include, at a minimum, notation of the following items:

- Relevant patient history
- Medical evaluation
- Diagnosis
- Treatment recommendations
- Prescription(s), as applicable
- Lab and test results
- Post-visit instructions
- Recommended follow-up
- Patient related electronic communications

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Privacy of Health Information

Present

Comments

A cyber-security risk assessment of the telemedical alliance is conducted at every point of the process, in order to ensure user authentication, patient identification, data control and other security measures.

Yes
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No
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Privacy and security protocols are in writing for all telemedical/consultation/radiology services.

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International sites and telemedical entities are evaluated to determine if a business associate agreement is necessary, pursuant to the HIPAA Rule.

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Providers and support staff members in both locations have received HIPAA Privacy and Security Awareness training specific to telemedical/consultation/radiology services, including information security, common sources of breaches and consequences of protocol noncompliance.

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All staff involved in a telemedical consult execute confidentiality agreements.

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Telemedical/consultation/radiology services are included in HIPAA Privacy policies and the Notice of Privacy Practices for patients.

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Telemedical recordings are given the same level of protection against improper disclosure as patient records.

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Transmission of patient data is done on an as needed basis and inappropriate access to private health information is monitored.

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Indicators			
Informed Consent	Present		Comments
<p>Informed consent is obtained from the patient for telemedical services, including:</p> <ul style="list-style-type: none"> Any jurisdictional-specific requirements Patient identification The names of providers and staff members who will be involved in providing the services Patient rights, including the right to stop or refuse treatment by telemedical means The service being provided and the technology that will be used Potential privacy and security risks and measures taken to reduce those risks Technology specific risks, such as interruption of the audio/video link, poor transmission quality, and/or electronic tampering Instructions for alternative care in case of an emergency or technology malfunction. 	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
Continuity of Care	Present		Comments
<p>For radiologists: Physicians should independently interpret teleradiology studies that are initially read outside of the U.S. and provide official authenticated written reports to the teleradiology partner(s).</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<p>Radiologists rendering interpretations on emergent cases should be immediately available for consultations. For non-emergent cases, interpreting radiologists either should be available for consultations or make arrangements to communicate their findings.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For other telemedical providers: Physicians and providers who deliver telemedical services are capable of facilitating care beyond the initial encounter, including making referrals for diagnostic work-up and to local specialists.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Written plans address technology problems and how to communicate with the distant site and/or patient in the event of an equipment failure.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>System backups occur on a routine basis and are tested periodically to ensure that system recovery can be achieved expeditiously.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of Care	Present		Comments
<p>The equipment selected for telemedical/consultation/radiology services has high quality video and audio capabilities.</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<p>All devices used have up-to-date operating systems and security software.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>The entity providing or coordinating the telemedical services should be certified to appropriate quality management standards, such as ISO/TS 13131 Telehealth Services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Radiologists providing imaging interpretations, both in the U.S. and abroad, should regularly participate in an on-site quality assurance process and document their involvement. The quality assurance program must be equivalent to or exceed that of the service hospital.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicators

Quality measures are developed and monitored for telemedical/consultation services, including:

- Clinical documentation review
- Evidence based protocol compliance
- Treatment utilization rates
- Patient satisfaction
- Provider satisfaction
- Technology up time, number of interrupted or incomplete visits by month

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A hard copy of all telemedical recordings/images are retained for audit and internal quality purposes.

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Liability Insurance and Contractual Protections

Present

Comments

Both parties to a telemedical service agreement have professional liability insurance at a specified coverage level.

Yes

No

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Radiology groups that obtain final interpretations from overseas ensure that radiologists who provide image interpretation have proper liability insurance coverage.

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Additional insurance coverages, as applicable, have been secured, including:

- Data Privacy/Cyber Liability
- Technology based Errors & Omissions
- General Liability (including coverage for medical devices and telemedicine products)
- Property (buildings, personal property and business interruption)

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Telemedical/consultation/radiology service agreements contain standard contractual terms and features, including, but not limited to:

- Effective dates
- Termination dates
- Termination provisions
- Appropriate signatures
- Dispute resolution methods
- Determination of situs and jurisdiction in case of litigation
- Indemnification provision
- Privacy security provisions
- Insurance requirements

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Indemnification and risk sharing provisions within service agreements are reviewed and approved by legal counsel.

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Legal counsel reviews all service agreements to ensure provisions do not run contrary to the following:

- Foreign Corrupt Practices Act
- North American Free Trade Agreement and related or replacement laws and agreements
- Stark Laws
- Telephone Consumer Protection Act
- OFAC
- Any other law in the applicable jurisdiction having authority over such service agreements

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Resource Organizations

- American College of Radiology (ACR), at www.acr.org/Practice-Management-Quality-Informatics/Legal-Practices/Teleradiology
- American Telemedicine Association (ATA), at www.atmeda.org
- International Council of Nurses (ICN) Telenursing Network
www.old.icn.ch/networks/telenursing-network/telenursing-network-969.html
- International Society for Telemedicine & eHealth (ISfTeH), at www.isfteh.org/
- Telehealth Resources Center (TRC), at www.telehealthresourcecenter.org
- Telemedicine Information Exchange, at www.telemedicineexchange.com