

Idaho Telehealth Council  
Definitions Subcommittee Workgroup Notes  
10/20/14

Present: Stacey Carson, Tana Cory, Nancy Kerr, Carla Cerchione (staff), Cynthia York (staff)  
Teleconference: Bill Hazle, Casey Meza, Ken Schaecher

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The subcommittee was tasked with recommending a proposed definition of telemedicine for the Council to consider at the November 2014 meeting.

The subcommittee reviewed all comments submitted by Council members by 10/17/14 as requested at the 10/10/14 Council meeting. The subcommittee acknowledged the major themes contained within the comments submitted and attempted to note the core elements that should be:

1. considered either in a proposed definition (statute/enabling legislation);
2. recommended for rules; or,
3. noted for educational efforts, clarification, or communication of the subcommittee's intent (i.e. practice standards).

There may be elements of the subcommittee's proposal that serves as a discussion point and warrants further discussion from the Council as a whole (see footnotes).

The subcommittee has not yet discussed potential proposed amendments to current statutes, such as Idaho Code 54-1733.

Subcommittee members noted the following statements in the comments submitted and highlighted several core elements for the proposed definition in statute, recommendation for rules, or to note as important for education or intent:

- The terms "Telehealth" and "Telemedicine" should each be defined separately
- Keep the patient focus as the primary goal – make sure the definition is "patient-centric"
- Licensure is appropriate and necessary
- Recommendations may align already with established standards
- Uphold patient privacy and consent
- We are very supportive of the definition of telemedicine created by FSMB Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine April 2014
- Licensed health care practitioners using telemedicine technologies will be held to the same standard of care as health care as practitioners practicing in-office settings or on-call coverage situations (in-person encounters).
- Should cover store and forward – do not limit to real time
- Telehealth benefits should be allowed in all areas, not just rural
- Telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient
- Practitioner – patient relationship
- Privacy and security
- To the extent possible, identify the requesting patient
- Telemedicine and telehealth – 2 definitions

- Meaningful use of patient portal
- Should not be restricted based on geography
- I prefer the more inclusive definition of telehealth that includes both real time audio/video feed (synchronous) and store and forward (asynchronous) models
- Store and forward is an important component of telehealth
- Should not be restricted based on geography
- Most state definitions include defining “originating site” (site of patient location) and “distant site” (location of physician) descriptions
- California definition is a good model
- House Concurrent Resolution No. 46 defines Telehealth as a mode of delivering health care services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health status
- Telemedicine and telehealth – 2 definitions
- Consent
- Confidentiality
- Transmitted medical information that is captured and stored
- Practitioner/provider relationship must be established (what constitutes Practitioner/provider relationship)
- Continuity of care is important
- Physician/provider practicing telemedicine shall be held to the same standards of care as required from physicians/providers completing face-to-face patient interactions in the medical community
- Broad definition is preferred
- California has a good definition

**FSMB 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. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.”

**American Telemedicine Association (ATA):**

The definition of telemedicine services shall be health care services to a patient from a provider who is at a site other than the site where the patient is located using telecommunications technology.

Comments surrounding the ATA definition

- Consultation clause – 54-1804
- Licensed provider or practitioner (important the practitioner is licensed in Idaho but does not necessarily reside in Idaho).
- Care delivered via telemedicine conforms to the same standard of care as a face-to-face or in-person encounter
- Provision of care that uses audio and visual (although some committee members feel that the definition may need to be technology agnostic as long as the standard of care expectation is the same as an in-person encounter)

- Doctors with existing relationship can order prescription via a phone encounter

**California Definition:**

“Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”

54-1804. Unlicensed practice -- Penalties and remedies relating to unlicensed practice.

<http://legislature.idaho.gov/idstat/Title54/T54CH18SECT54-1804.htm>

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Next steps:

Prior to the next subcommittee meeting, Stacey will find a definition using other state examples that most closely matches the above mentioned core elements and intent. The Council can use this definition as a starting point to craft a proposed definition for Idaho.

At the next subcommittee meeting prior to Nov 14<sup>th</sup>, comments will be categorized into: Statute, Rules, and Standard of Care.