# Telemedical Records (1997)

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## Background

The practice of telemedicine uses any electronic signal to transmit medical information from one site to another. This includes the transmission of medical information by video, electronic mail, telephone, and satellite. The benefits of telemedicine are profound. They include:

- Improved access to healthcare, e.g., obtaining second opinions
- Improved continuity of care, patient education, and timely treatment, e.g., monitoring the condition of chronically ill patients; reduced travel time for physicians, other healthcare providers, and patients; and better access for patients in underserved areas
- Improved access to medical records and information, e.g., promoting self-help by increasing the online availability of medical information; knowledge-based self-diagnosis programs; distance learning programs; and medical research data/information
- Improved continuing medical education

Because the benefits are great, the use of telemedicine is likely to increase.

## Issues

The new application of any technology in healthcare raises concerns, and telemedicine is no exception. A number of issues must be addressed by organizations developing and using telemedicine programs:

**Confidentiality and Security**
Instant access to medical information is beneficial to the medical community. However, this access may jeopardize patient privacy and the confidentiality of sensitive information.

**Liability**
Traditionally, liability has been shared by the referring facility and physician and the consulting facility and/or physician. Telemedicine introduces new parties, such as the telemedicine vendor and technical staff. Consequently, because telemedicine is not in wide use, neither malpractice statutes nor case law clearly address these issues.

**Licensure and Accreditation**
Because physician licensure is issued by states, it may be illegal to practice without a license across state lines, since rules for accreditation and licensing may differ from state to state. The Federation of State Medical Boards and the National Council on State Boards of Nursing are developing model licensure processes for interstate telemedicine.

**Legislation**
Legislation regarding licensure is not uniform. Currently these states have legislation related to telemedicine: Idaho, Indiana, Kansas, Maine, Maryland, Nevada, New Hampshire, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, and Texas. Some states require that a physician be licensed in the state where the patient is treated; others are more moderate and allow for episodic or occasional telemedical or other consultations.

**Fraud**
Resources to provide telemedicine services may be purchased from vendors. As a result, telemedicine service may be

dependent upon the vendor to ensure that information and data received or transmitted is current and accurate. This dependence could result in the potential for fraud and misrepresentation.

**Reimbursement**
Medicare currently does not reimburse telemedical providers. How-ever, the Comprehensive Telehealth Act of 1996 mandates that such payments be made no later than January 1, 1998. In the meantime, information will be gathered to develop an appropriate fee schedule, establish quality monitors, and evaluate the effectiveness of this technology.

**Technology**
Although improvement is being made quickly, there is still potential for transmission problems, including audio clarity and video resolution.

# Documentation Requirements

Based on extensive research and interviews with those who have telemedicine programs in place, it can be concluded that telemedical record requirements, regardless of media, are the same as for other medical records.

**Joint Commission on Accreditation of Healthcare Organizations**
According to Louis Head, MD, of the Joint Commission's Department of Standards Interpretation, all standards apply to telemedical records regardless of the location of the patient, physician, or facility. A tele-medicine consultation is viewed in the same way as one within the facility. Consequently, the Joint Commission expects the facility using the telemedical information to make a decision on the patient's treatment to comply with all standards, including the need for assessment, physician privileges, informed consent, documentation of event (regardless of the media), and authentication of record entries. Per-formance improvement standards, to validate use of the technology, also apply. The specific documentation needed varies depending upon the level of telemedical interaction. For example, documentation of an interpretation of an x-ray film may include little more than an x-ray report. However, interactive examinations would include more.

**Standards/Requirements**
Telemedical record content is not specifically addressed in the standards of the Joint Commission, the National Committee for Quality Assurance, the American Osteopathic Association, the US Department of Health and Human Services, or the Accreditation Association for Ambulatory Health Care. Neither has it been addressed in the Comprehensive Telehealth Act of 1996 or state legislation.

**Content**
At minimum, AHIMA recommends that each telemedical record contain the following:

- Patient name
- Identification number
- Date of service
- Referring physician
- Consulting physician
- Provider facility
- Type of evaluation performed
- Informed consent (if appropriate) (In many telemedicine programs, the referring physician/facility retains the original and a copy is sent to the consulting physician/facility)
- Evaluation results (In many tele-medicine programs, the consulting physician/facility retains the original and a copy is sent to the referring physician/facility)
- Diagnosis/impression
- Recommendations for further treatment

It's also important to ensure that patient registration information needed by the consulting physician/facility is obtained, in addition to information routinely obtained. Retention of telemedical records should be in accordance with state laws or regulations and any reimbursement requirements. Maintenance of telemedical records should ensure that the facility can quickly assemble all components of a patient's record, regardless of their location in the facility. Disclosure, in the absence of policies specifically addressing disclosure of telemedical information, should be upon receipt of written authorization from the

patient or legal representative or in accordance with court order, subpoena, or statute.Informed consent for telemedical encounters should include the names of both the referring physician and the consulting physician, and it should inform the patient that his/her medical information will be electronically transmitted. Telemedical record media may be hard copy, video- or audiotape, monitor strip, or electronic files. Some states specify acceptable media for medical records. Review the appropriate state laws and regulations for any specific requirements.

# Planning Services

**Confidentiality and Security**
Because telemedicine involves the electronic transmission of patient information, tampering, unauthorized access, and interception are issues. To safeguard information, AHIMA recommends the following actions:

- Ensure that confidentiality/nondisclosure agreements have been signed by all contract/vendor personnel
- Encrypt the data if possible
- Employ redundant systems to "mirror" tape/monitor so that both referring and consulting facilities have originals of the media
- Incorporate telemedical records in disclosure policies. Address who can disclose the information (e.g., either facility upon receipt of written authorization from the patient or legal representative; the referring facility only; the consulting facility only; in accordance with court order, subpoena, statute; or other)
- Establish a method to ensure that only authorized person(s) receive and transmit telemedical information
- Ensure appropriate information system security maintenance procedures

**Physician Privileges and Licensure**
Until legislation is passed otherwise and in compliance with Joint Commission standards, the consulting physician or practitioner is required to have privileges at the referring facility and may need to be licensed to practice in the state of the referring facility. Establish procedures to ensure that appropriate privileges and licensure are obtained.

**Fraud**
Ensure that vendor contracts are sensitive to misrepresentation of services and fraud. Establish appropriate quality controls.

**Processes**
Define the goals for the service. Based on the goals, define the needs or requirements involving all interested parties, including appropriate clinical staff, legal counsel or risk manager, HIM professionals, and information systems professionals. Design around the patient care needs, not around the technology. Design the process for minimal variation from other patient encounters. For example, the creation of "telemedical" forms is not required. Use forms already in place and modify them only if necessary. Further, insofar as possible, incorporate telemedical records in your current processes rather than establishing parallel processes for them. Establish procedures to ensure that all parties have appropriate medical and billing information, consents, and authorizations prior to the telemedical encounter. When the referring and consulting physician/facility partner regularly, consider preparing a written agreement of documentation needed.

**Equipment and Structure**
Ensure that telecopier (fax) machines are convenient at both the referring and consulting sites to facilitate exchange of information. Equipment should be located in a secure area that is not accessible to unauthorized individuals. To minimize transmission distortion, consider the following when designing the examination room:

- Location of public address speakers
- Need for soundproof rooms
- Appropriate lighting
- Neutral wall color that does not produce glare

**Expansion**
Processes, treatment rooms, equipment, etc., should have the capacity for increased utilization.

# References

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US Senate. *Comprehensive Telehealth Act of 1996*. 104th Congress, 2nd session, S. 2171. Congressional Record 142, p. S11983.

## Further Reading

For more information, see these related practice briefs:

Patient Photography, Videotaping, and Other Imaging (Updated) (January 1999)

Information Security -- An Overview (June 1996)

Disclosure of Health Information (September 1996).

Retention of Health Information (Updated) (June 1999)

The Telemedicine Research Center has created the Telemedicine Information Exchange on the World Wide Web. Visit the site at http://www.telemed.org.

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