

10 KAR 3:050. Establishing protocols and standards for telehealth network training centers and rural sites.

RELATES TO: KRS 11.550, 45A.605, 197.020, 205.510, 205.559, 211.195, 304.17A-005, 304.17A-138, 310.200, 311.550, 311.5975, 312.220, 313.255, 314.155, 314A.230, 315.310, 319.140, 319A.300, 320.390, 327.200, 334A.200, 335.158, 335.380

STATUTORY AUTHORITY: KRS 11.550(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 11.550(3) requires the Telehealth Board to promulgate administrative regulations to establish telehealth training centers, develop a telehealth network of rural sites, establish protocols and standards to be followed by the training centers and rural sites, and to maintain the central link for the network with the Kentucky information highway. This emergency administrative regulation establishes protocols and standards to be followed by the training centers and rural sites.

Section 1. Definitions. (1) "Consulting clinician" means a clinician who, using telehealth technology, examines a patient, from a site distant from the patient, while the patient is located at a presenting site.

(2) "Presenter" means a person with the patient during the time of the encounter, who aids in the examination by following the orders of the consulting clinician, including the manipulation of cameras and appropriate placement of other peripheral devices used to conduct the patient examination.

(3) "Referring clinician" means a clinician who requests a patient be seen, via telehealth, by a consulting clinician.

(4) "Teleclinic" means the block of time that a consulting clinician has set aside for the examination of patients by means of telehealth.

(5) "Telehealth" is defined at KRS 310.200.

(6) "Telehealth encounter" means the use of telehealth equipment to bring a patient from a presenting site together with a consulting clinician for the purposes of evaluation and treatment.

Section 2. Protocols and Standards. (1) Every rural site and every telehealth training center shall participate in the development and operation of clinical services for the benefit of its patients by:

- (a) Promoting the referral of patients to existing telehealth clinics;
- (b) Developing new telehealth clinics; and
- (c) Seeking to recruit consulting clinicians to perform telehealth services.

(2) A telehealth encounter shall be:

- (a) Guided by the consulting clinician; and
- (b) Interactive, except for an application not normally interactive, such as:
 - 1. Radiology;
 - 2. Pathology; and
 - 3. Echocardiography.

(3) The clinical staff at the presenting site shall recommend the clinical services to be provided by telehealth in accordance with the Joint Commission on Accreditation of Healthcare Organizations Medical Staff Standard MS.5.16.1.

(4) The referring clinician, consulting clinician, and the patient or the patient's family may decline telehealth services in favor of a traditional face-to-face encounter.

(5) The consulting clinician shall determine:

- (a) If a presenter is medically necessary for the encounter; and

(b) The qualifications required for a presenter medically necessary to the encounter.

(6) Each rural site and training center shall have a trained clinical presenter to conduct telehealth encounters.

(7)(a) The Telehealth Board shall develop clinical application policy and procedure, with input from the presenting and consulting sites, presenting and consulting clinicians, and the telehealth training centers.

(b) Protocols and procedures shall include:

1. The determination of who is appropriate to be a consulting clinician;

2. What process shall be followed to refer a patient into the clinic;

3. Whether the consulting clinician shall accept ad hoc or urgent encounters outside the normal teleclinic;

4. What resources are required at the presenting and consulting sites to conduct the teleclinic;

5. What training shall be required at the presenting and consulting sites to conduct the teleclinic;

6. What paperwork is necessary; and

7. What the response time shall be for reporting the consulting clinician's findings to the referring clinician.

(8) The training centers shall work together to develop a scheduling process and shall draft documentation regarding schedule format and how the schedule shall be managed. The scheduling process and all collateral material shall require the approval of the Telehealth Board prior to implementation.

(9) The telehealth training centers shall work together to draft documentation requirements for telehealth encounters. This shall include what information is required from the referring clinician, what information is required from the patient and what follow-up information is to be sent from the consulting clinician back to the referring clinician. The training centers shall also determine appropriate guidelines for when this information is to be collected and disseminated. All such documentation and processes regarding telehealth encounters shall require the approval of the Telehealth Board prior to implementation.

(10) Patients and consultants shall complete the approved evaluation form for all telehealth encounters and shall be responsible for sending that information to the proper place for compilation and reporting.

(11) All patients shall complete consent forms regarding their use of the telehealth network as well as their participation in the evaluation project, and the presenting site shall insure that all informed consent documentation is properly completed and sent to the proper place for compilation and reporting.

(12) The telehealth training centers shall draft documentation and processes to insure the privacy and confidentiality of telehealth patients and their medical information. The training centers, as well as the Telehealth Board, shall continue ongoing review of the Health Insurance Portability and Accountability Act guidelines to insure the network is in compliance. All such documentation and processes shall require the approval of the Telehealth Board prior to implementation.

(13) The training centers shall draft documentation and processes to insure that the network remains in compliance with all Joint Commission on Accreditation of Healthcare Organizations' credentialing and privileging requirements, as well as all applicable state and federal regulatory bodies. These processes shall require the approval of the Telehealth Board.

Section 3. Incorporation by Reference. (1) "Joint Commission on Accreditation of Healthcare Organizations Medical Staff Standard MS.5.16.1 (January 2001)" is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Governor's Office of Technology, 193 Versailles Road, Suite 63, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. (29 Ky.R. 1423, 2265; eff. 3-19-2003.)