March 8, 2010

Licensure Case Study - Telepsychiatry

A major academic medical center in a large western city (WAMC) has received significant grant funding (state and federal) to develop a Center for Telepsychiatry to provide telepsychiatry services to individuals in underserved rural communities throughout the western United States. Via videoconferencing equipment that will connect patients at remote local hospital sites to the Center, psychiatrists will provide psychiatric consultation, assessment, diagnosis, therapy, and treatment (including prescription of pharmaceuticals). The goal of the Center is to meet the vast unmet need for mental health services in rural communities.

WAMC’s Director of Telemedicine is aware that medical personnel providing services to remotely-located patients must be licensed to practice medicine in the states in which the patient resides. Given the size of the program, the Director of Telemedicine is seeking ways to minimize the burden of requiring all WAMC providers to apply for full and unrestricted licensure in each state in which the Center will provide services. The Director of Telemedicine has arranged a meeting with the directors of the state medical boards as well as the state’s U.S. Senators. He is aware that there are several models of health provider licensure that are being used or discussed in relation to telemedicine. They are outlined in an AMA white paper on the topic (available at this link: http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/young-physicians-section/advocacy-resources/physician-licensure-an-update-trends.shtml).

Given the multi-state scope of the WAMC’s practice, the Director of Telemedicine tends to support a national licensure process for telemedicine practitioners. This approach, advocated by scholars such as Peter Jacobson, would require a single license for the practice of telemedicine. Two approaches to national licensure are possible. The first approach would entail complete federalization of licensure for telemedicine, which would not only establish federal administration of telemedicine licensing, but would also preempt all state regulatory functions in the practice of telemedicine. The second is a hybrid approach in which granting telemedicine licenses would occur at the federal level, but the states would retain authority over the practice of medicine and the ability to enforce standards of practice.

Consider the above facts as a backdrop to the questions below:

- What are the major issues of concern underlying physician licensure?
- Will any of the models noted in the AMA white paper inhibit disciplinary actions against physicians? Consider the issue of who has jurisdiction to conduct investigation if an injury occurs – the state in which the patient is located? The state in which the physician is located? Where the treatment took place? How will subpoenas and discovery be handled?
- Which model of licensure best ensures patient safety? What relevance do the different models of licensure have to standard of care determinations?
Prior to the roundtable, we would appreciate it if you would jot down your reactions to some or all of these questions. Please limit your comments to 3-5 pages.