

## Telemedicine Medical Staff Privileges

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

Requested
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### Instructions

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair & Clinic Medical Director:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## Telemedicine Medical Staff Privileges

### Policies Governing Scope of Practice

#### Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

#### Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

## Telemedicine Medical Staff Privileges

### ***Qualifications for Telemedicine core privileges***

***Initial privileges:*** To be eligible to apply for telemedicine privileges, the initial applicant must meet the following criteria:

Current board certification in non-telemedicine specialty or active participation in the examination process leading to certification by the respective board.

AND

Current member in good standing on the UNMMG Medical staff, with clinical privileges in their respective specialty.

***Renewal of privileges:*** To be eligible to renew telemedicine privileges, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Documentation of provision of outpatient care within the specialty for which one will provide telemedicine services with demonstrated current competence in the last 24 months.

## Telemedicine Medical Staff Privileges

### **CORE PRIVILEGES: *Telemedicine***

Evaluate, diagnose and provide treatment recommendations to originating site physicians, advanced practice professionals, nurses and technicians for patients with conditions as listed in the provider's primary hospital privileges, using the UNMMG approved telemedicine platform(s) for which s/he has been trained.

**Requested**

### ***Telemedicine Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, then initial and date.

1. Consultation with originating side provider.
2. Direct patient interaction/encounters via telemedicine communication modality.
3. Prescribing and initiating orders.

*Continued...*

*UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.*

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## Telemedicine Medical Staff Privileges

### Required Elements: (If Applicable)

All telemedicine privileges apply only to UNMMG Medical Staff approved technology and programs for which the applicant has been trained. All treatment recommendations will:

- a. Provide patients with quality care, meeting or exceeding the originating site's expectations.
- b. Meet the professional standards of the originating site's medical staff.
- c. Be performed on a timely basis within the expectations of the originating site's medical staff.
- d. Follow patient care protocols as established by the originating site.
- e. Ensure patient confidentiality according to UNMMG policy.
- f. Be documented in the patient's medical record.
- g. Be eligible for quality review at the originating and distant sites.

### Privilege Limitations:

- a. The physician applicant cannot admit or discharge patients to the originating site hospital.
- b. The physician applicant cannot perform services in-person at the originating site hospital based upon this telemedicine privilege.
- c. The physician applicant is not granted originating site active medical staff voting privileges with this telemedicine privilege.

## Telemedicine Medical Staff Privileges

### Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

Department Chair *:(print & sign)* \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Medical Director *:(print & sign)* \_\_\_\_\_ Date: \_\_\_\_\_

CMO or ACMO \_\_\_\_\_ Date: \_\_\_\_\_

**Criteria Approved by UNMMG Board of Directors on 1/31/2017**