

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Emergency Telemedicine Section Annual Meeting

Tuesday, October 27, 2015

9:00 a.m. – 11:00 a.m.

Boston Convention & Exhibition Center

Location: Room 212

Minutes

Telemedicine Section Officers

Chair - Robert Galli, MD, FACEP

Chair-elect - Hartmut Gross, MD, FACEP

Secretary - Heather Godale, MD, FACEP

Newsletter Editor - Edward A. Shaheen, MD

Website Editor - Robert J. Wagner, MD, FACEP

Immediate Past Chair - Neal Sikka, MD, FACEP

Councillor - Hartmut Gross, MD, FACEP

Alternate Councillor - Neal Sikka, MD, FACEP

Board Liaison - John J. Rogers, MD, FACEP

Staff Liaisons - Barbara Tomar / Dainsworth Chamber

Chair's Welcome & Introductions

Dr. Galli opened the meeting with remarks on the history of the Telemedicine Section and announced that his group continues to reach new telemedicine patient milestones. He also reminded everyone of the 12-year anniversary of telemedicine as of October 1, 2015. Attendees then introduced themselves and described their connection and interest in telemedicine. A sign-in sheet was circulated so attendees could provide contact information.

Sponsor Presentation:

John Klepper of HUB Healthcare Solutions, a division of HUB International, an endorsed broker of the ATA for liability/malpractice insurance introduced himself and gave a presentation regarding HUB Healthcare Solutions malpractice insurance with a focus on telemedicine coverage. He discussed the following:

- Estimated that 8-10 standard insurers provide options for telemedicine
- Premiums are based on number of annual patients and patient encounters
- Some policies have deductibles i.e. \$5,000, while others have a zero deductible
- Policies do not limit services performed via telemedicine
- Policies allow for addition or deletion of physicians on quarterly basis
- \$1Million/3 Million and \$2Million/\$6Million are most common policy limits
- Premiums based on Claims Made

- Shared Limits-all physicians, mid-levels, company, etc. share policy limits
- Pointed out that while telemedicine does not have the track record of traditional medicine, there are “virtually no claims” in telemedicine. (“very light”)

***Section members also refer to our last Newsletter’s article “Malpractice Insurance for Telemedicine.”**

Board Update

ACEP’s Board Liaison to the Telemedicine Section, John J. Rogers, MD, FACEP, attended and gave the section an update of what was presented at ACEP’s Board and annual Council meeting. He echoed the Board’s support of the telemedicine section. The following items were addressed:

- The definition of where “encounter” occurs. There is consensus that encounter is where the patient is located.
- Privacy issues
- Consent: traditionally, consent is not written and a higher standard should not be required for telemedicine.
- Informed Telemedicine Section that while ACEP “agrees with telemedicine”, the draft telemedicine policy reviewed by the Board needs a few clarifications from committees before it returns for Board approval.

Council Report

Dr. Gross, Chair-Elect and Councillor for the Telemedicine Section, reported that there were 46 resolutions and of these, two were related to telemedicine. He mentioned that the telemedicine policy was not approved by the Board yet. He thanked those who contributed to writing of the proposed policy and recognized those who contributed.

2015 American Telemedicine Association (ATA) Updates

Dr. Neal Sikka, Immediate Past Chair of the Section gave his report attended the most recent annual ATA meeting in Washington D.C. He discussed two key points: telemedicine should **not** have more stringent requirements than traditional medicine. He also referenced the ongoing legal proceedings between the Texas Medical Board and Teladoc. Dr. Sikka reminded those in attendance that next ATA meeting will be in Minneapolis, MN in May 2016.

Issues Discussed in the Open Forum

Dr. Godale discussed the Texas Medical Board and Teladoc case:

- Texas Medical Board (TMB) opposed Teladoc’s practice of telemedicine in the state of Texas
- TMB asserts that if a prescription is going to be written, there has to be a “face-to-face” interaction. This raises the question of how one interprets “face-to-face.” Is it in person or electronically? TMB maintains the position that “face-to-face” is in-person and involves

touch. (Psychiatric interactions are the exception as are interactions that involve telemedicine when there is also a provider in person with the patient)

- TMB and Teladoc have gone back and forth with court filings and legal action against each other. It has been reported that Teladoc has an injunction against the enforcement of the previous judgment against Teladoc.

A member of the section mentioned that in Idaho, the state went after a family practice physician for prescribing medications by telemedicine in order to make an example out of him.

If members are interested in reading more about the Texas Board of Medical Examiners and its position on telemedicine, please refer to the last Newsletter's article "**Texas Medical Board Votes to Restrict Telemedicine**"

***Newsletter Editor's commentary-** Dr. Shaheen noted that the approach being taken by attacking one another (i.e. legal action) is not healthy and may actually set our cause backwards. Working with state medical boards as opposed to butting heads/suing one another is a more proactive approach and much more likely to yield positive results. Perhaps objective data, quality measures, and developing relationships with those on the medical board and others who influence them (as some members of the section suggested) will achieve the desired goals and help advance the interests of telemedicine and the patients and public it will benefit.

Dr. Sikka informed the attendees that HHS' Health Services and Resource Administration had grants available for quality measure development. Question was what measures are appropriate measures? Members in attendance voiced opinions that we, the ACEP Telemedicine Section, should be the first to decide and need to use this opportunity to lead as opposed to having others determine our path. This position was supported by numerous members.

Bob Galli encouraged those in attendance to join ATA or at least visit the ATA website. Dr. Galli mentioned that Mississippi and Texas had similar concerns. The approach used in Mississippi was to take time to lobby for Telemedicine. It's important to have a friend on the state licensing board. He helped to write regulations on telemedicine with the state.

Dr. Galli also announced that the ongoing lawsuit against him and others in MS by Emtel had been settled. He mentioned that everyone should consider having legal advice to assess risks before putting yourself in jeopardy of infringing on another entity's arrangement.

Dr. Galli announced that telemedicine is advancing and mentioned **IRIS Telehealth, American Well, and Telemedicine Magazine** as three of four companies exhibiting at ACEP 2015.

Dr. Edward Shaheen, Telemedicine Section Newsletter Editor, asked those attending the meeting to be active and to submit ideas, topics, success stories etc. to be included in our Newsletter and to help further the telemedicine cause.

Goals for the Telemedicine Section for Upcoming Year:

Newsletter

- Expand the newsletter and target areas that may be of interest and benefit to the Section members. Implementing an employment section, a comment section and success stories of our members and others in telemedicine.

Website

- Expand and include links of interest including to the newsletter, the ATA, etc.

Facebook

- Encourage members to take lead and start a Section Facebook page as social media has become a valuable resource and preferred method to many.

Developing Policy

- Take the lead and become more proactive leaders in telemedicine.
- Engage members in our section and promote telemedicine
- Increasing communication and dialogue among ACEP membership

The meeting was adjourned with encouragement of members and those in attendance to be active and involved.

* Worthy of mentioning, the Telemedicine Section meeting was well attended with standing room only as the meeting got underway. This reflects the expanding interest and popularity in this disruptive technology that will certainly continue to change the future of medicine and expand what we are able to achieve.