

Telemedicine

Guidelines from the Maine Board of Licensure in Medicine for telemedicine-distance medicine

- A. The practice of medicine occurs at the originating site.
- B. Maine medical licensure is required for the practice of telemedicine- distance medicine. The only permissible exception to Maine licensure is a physician providing infrequent episodic care where there is an existing, on-going, established patient-physician relationship.
- C. Electronic communication must include both audio and video or store and forward technology. Audio only, telephone conversation, e-mail/instant messaging or fax are not acceptable methods for the practice of medicine in the State of Maine with the following exceptions:
 - 1. Providers covering their own practice or that of another licensee where an established patient-physician relationship exists.
 - 2. Providers who initiate treatment of a patient/partner for sexually transmitted disease.
 - 3. Distant site provider who provides consultation to a licensee who has primary responsibility for the care and treatment of the patient.
- D. Medical records. Records must be kept at the distant site. Medical records must be accessible to local health care providers and local health care facilities upon request. Medical records maintained at the distant site are expected to meet all medical record standards and confidentiality rules.
- E. Consent to Treat. A Consent to Treatment is required for the practice of telemedicine. The consent should include:
 - 1. Patient and physician identification
 - 2. Types of interactions/transmissions permissible such as prescriptions, refills, education, diagnosis, appointment scheduling.
 - 3. Security measures taken with use of telemedicine such as password protection, encryption and notification of potential risk to privacy and sensitive information even with such measures.

4. Possibility of transmission failure or loss of information due to technical reasons.
5. Information regarding emergency care and after-hours contact(s).

F. Evaluation and Treatment. The telemedicine interaction must include all the recognized components of a patient-physician encounter required to establish a diagnosis and treatment. The interaction, treatment, recommendations and the issuance of prescriptions will be held to the same standards of appropriate practice as those in traditional face-to-face settings.

G. Telemedicine physicians providing primary care, other than acute episodic care, must have a face-to-face visit with their patients once a year.

H. Prescribing. Telemedicine technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation and resulting prescription is both enforced and independently kept. Measures to assure informed, accurate and error prevention prescribing practices (e.g. integration with e-Prescription systems) are encouraged.

Prescribing medications, in-person or via telemedicine, is at the professional discretion of the physician. The physician prescribing via telemedicine must ensure that the clinical evaluation, indication, appropriateness, and safety consideration for the resulting prescription are appropriately documented and meet the same standard of care as that of a traditional patient- physician interaction. Consequently, prescriptions via telemedicine carry the same accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, physicians may exercise their judgment and prescribe medications as part of telemedicine encounters.

I. Emergency Care. A plan of next steps to be taken by the patient must be provided to the patient by the physician providing telemedicine care when that care indicates the need for an acute care facility or hospital emergency department, including after-hours emergency treatment instructions.

J. Technology Considerations.

1. Must be HIPAA compliant
2. Audio and visual communications must be a real-time transmission
3. The technology must be of sufficient quality to provide the same information To the provider as if the encounter had occurred face-to-face.
4. Telemedicine technologies must verify the identity and location of a requesting patient and disclose the provider's identity and credentials.

Definitions:

“Distant Site” means the location of the physician providing telemedicine services.

“Originating Site” means the location of the patient at the time of examination, diagnosis or treatment.

“Patient-Physician Relationship” is defined by Opinion 10.015 in the **AMA Code of Medical Ethics 2012-2013 Edition**

“Telemedicine-Distance Medicine” is the practice of medicine at a distance through the use of any electronic means.

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