



TEXAS MEDICAL BOARD

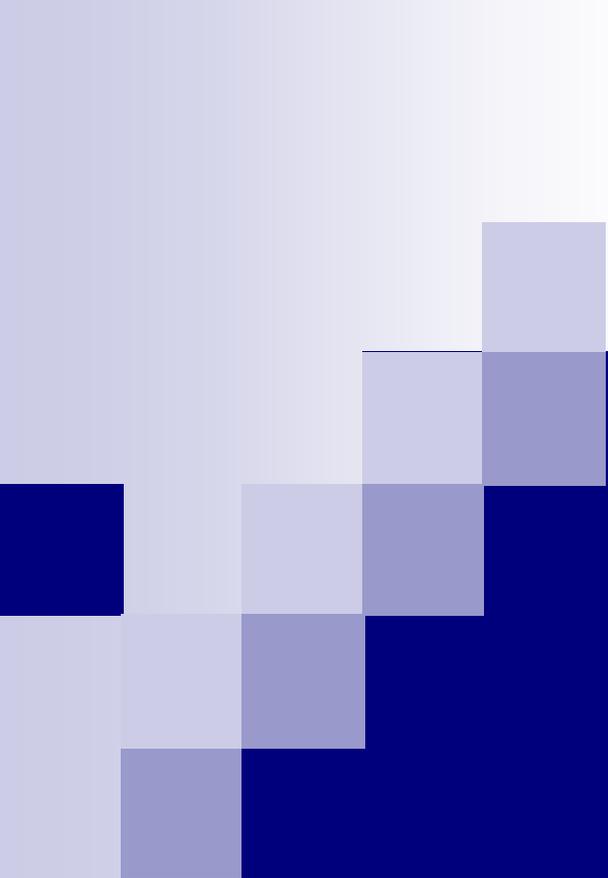
Mari Robinson, J.D.
Executive Director

TMB ***Delegation & Telemedicine***



Mission Statement

“Our mission is to protect and enhance the public’s health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.”

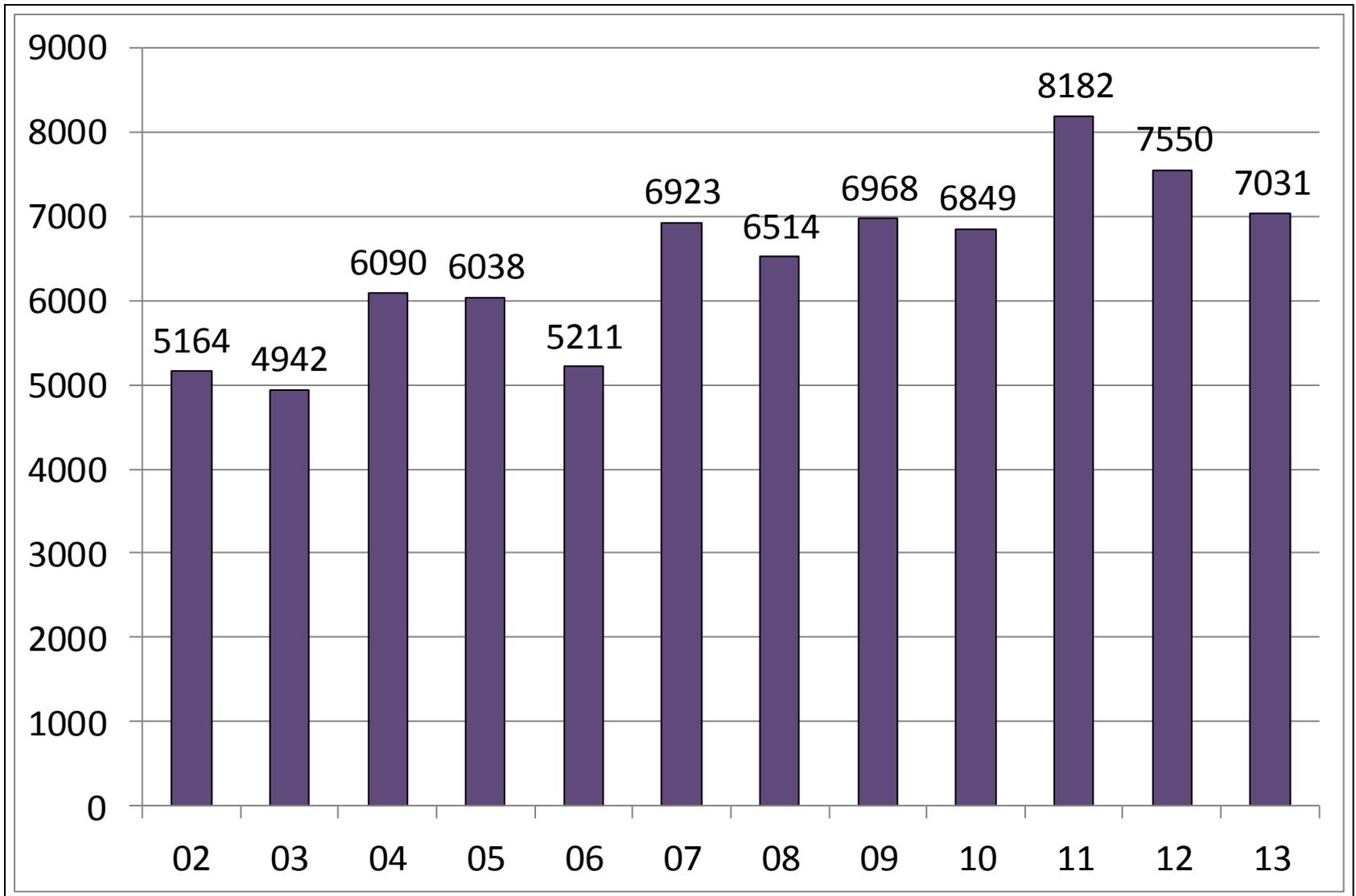


Statistics- FY'13

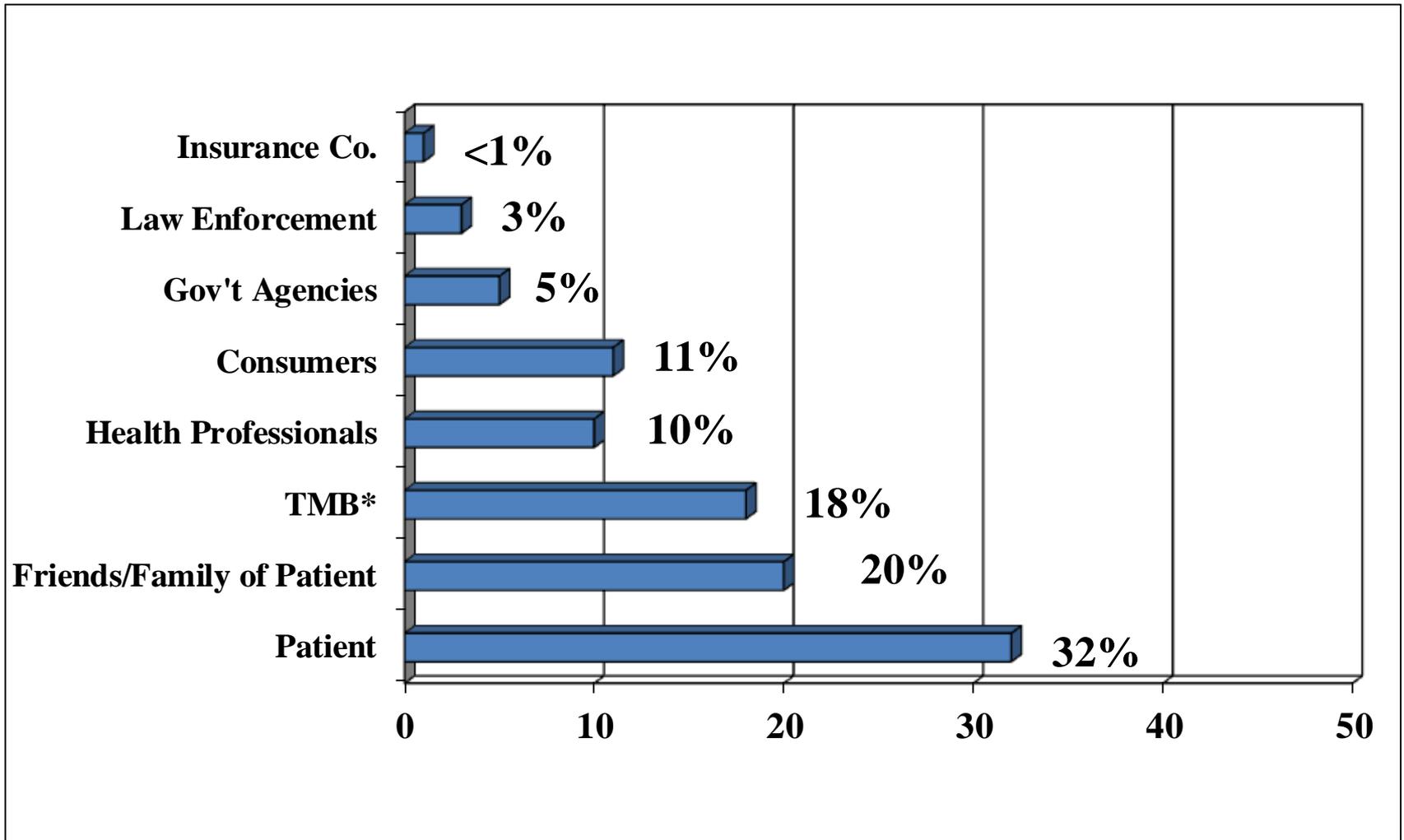
Licensee Demographics

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13
Licensed Physicians	60,749	61,334	62,869	65,247	67,515	69,133	72,948	75,132	77,421	79,613
Physicians	54,205	54,736	56,734	58,842	61,178	62,886	66,601	68,556	70,667	72,625
Physicians in Training	6,544	6,608	6,135	6,405	6,337	6,247	6,347	6,576	6,754	6,988
Acupuncturists	625	682	743	810	822	875	961	1,019	1,052	1,107
Physician Assistants	3,228	3,608	3,864	4,135	4,142	4,854	5,633	6,066	6,323	6,736
Surgical Assistants	259	272	242	259	259	269	314	314	345	359

Complaints Received FY '02 – '13

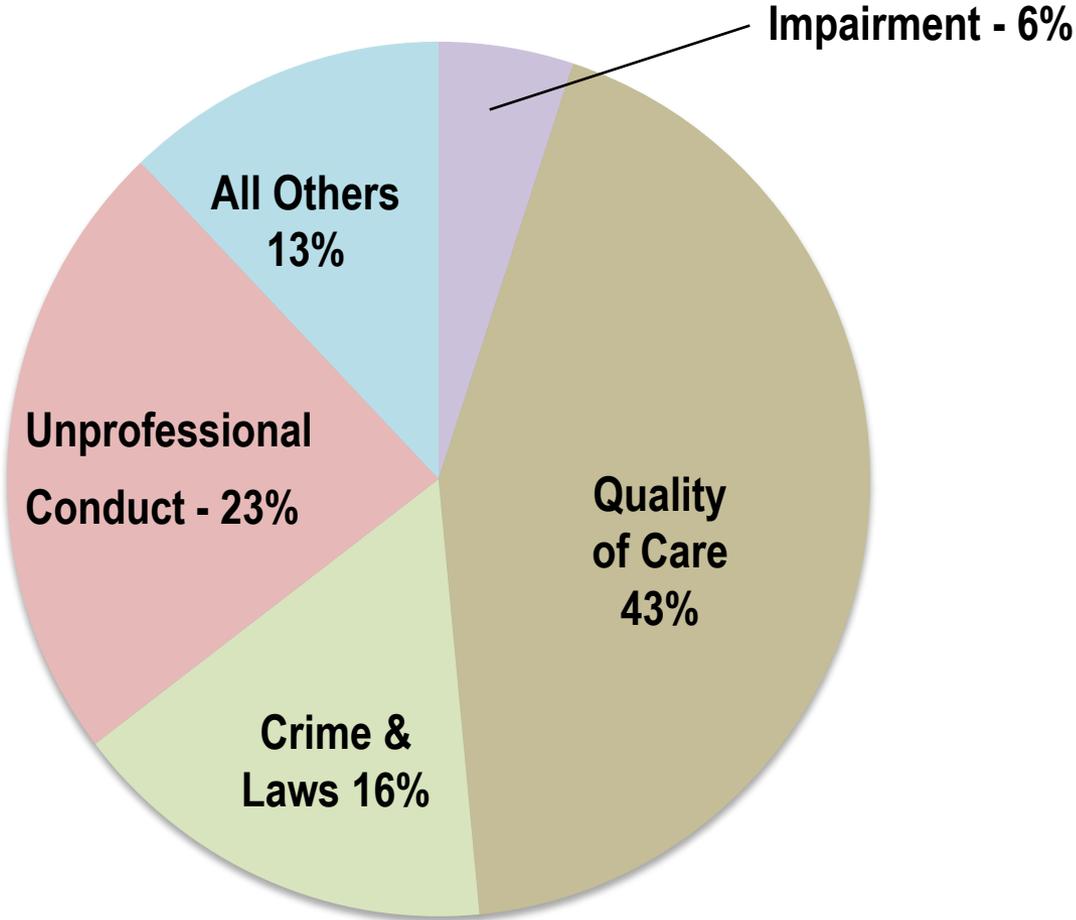


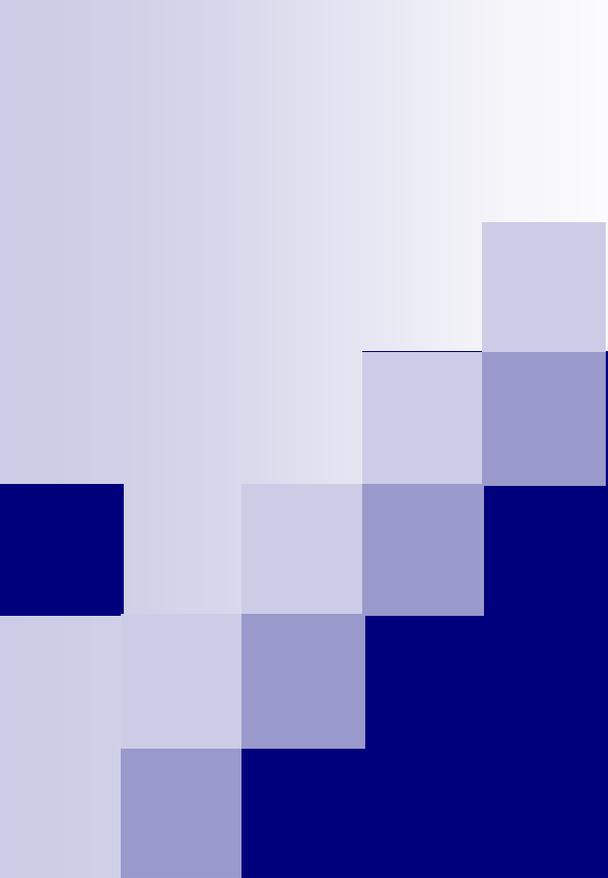
Filed Complaints by Source - FY '13



*TMB category includes registrations responses, CME audits, medical malpractice reviews, newspaper items, and board discovered violations.

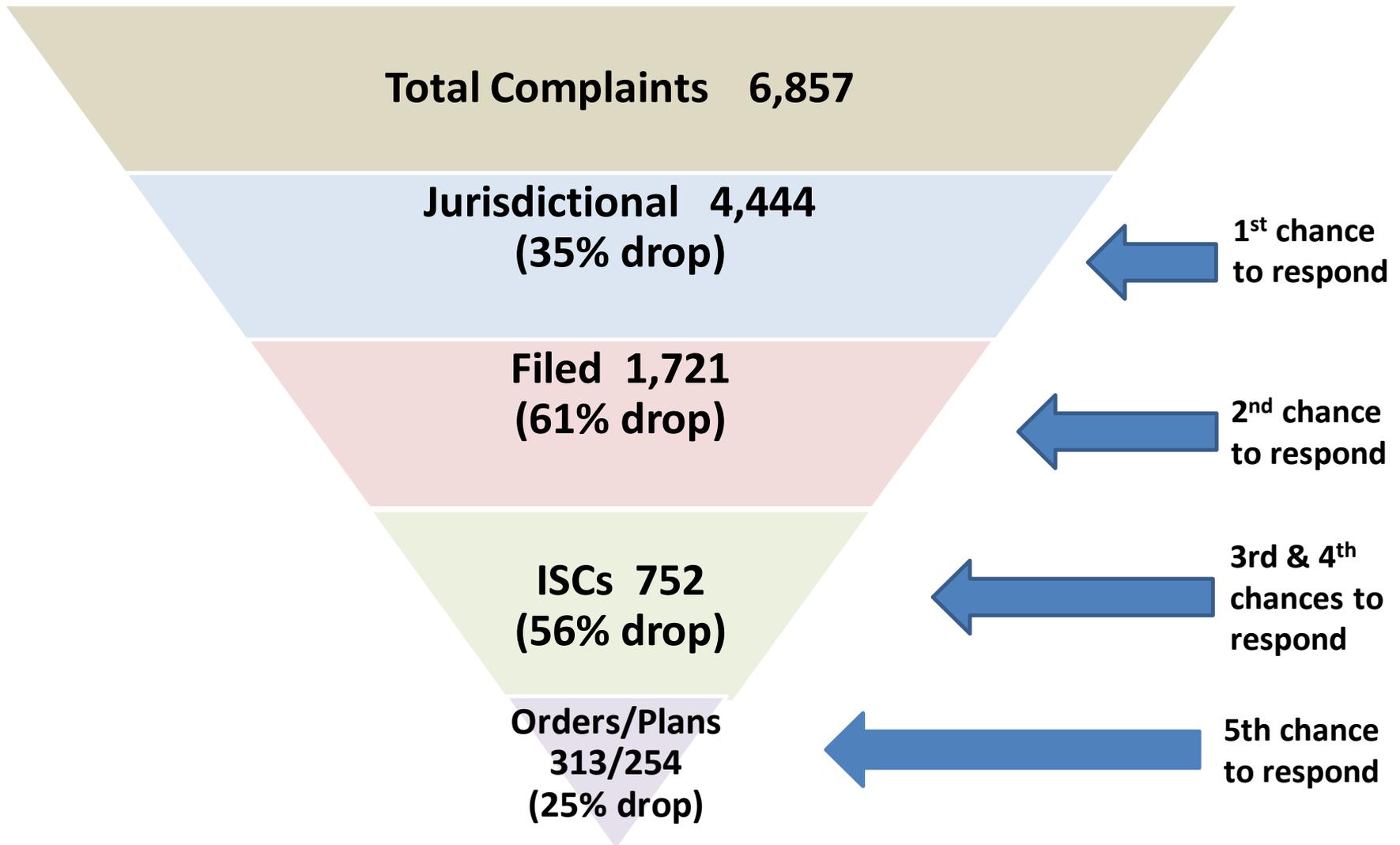
Basis of TMB Filed Complaints FY '13

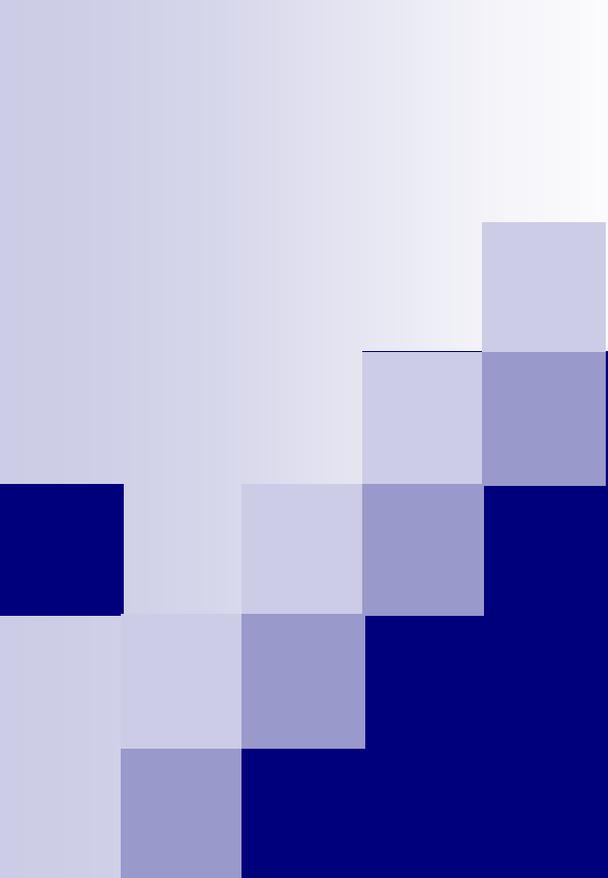




Enforcement Process

Complaints FY '13





Telemedicine

What is Telemedicine?

- Telemedicine License
- Exceptions
- Telemedicine within Texas



Wait...what is medicine?

172.2(g)(8) Practice of medicine--A person shall be considered to be practicing medicine under any of the following circumstances listed in subparagraphs (A) - (D) of this paragraph. ...

- (A) the person publicly professes to be a physician or surgeon and diagnoses, treats, or offers to treat any mental or physical disease or disorder, or any physical deformity or injury by any system or method or to effect cures thereof;
- (B) the person diagnoses, treats or offers to treat any mental or physical disease or disorder, or any physical deformity or injury by any system or method and to effect cures thereof and charges therefor, directly or indirectly, money or other compensation;
- (C) the person exercises medical judgment, renders an opinion, or gives advice concerning the diagnosis or treatment of a patient, or makes any determination regarding the appropriate or necessary medical response to a particular patient's medical condition that affects the medical care of the patient; or
- (D) the person is physically located in another jurisdiction, other than the state of Texas, and through any medium performs an act that is part of patient care service initiated in this state that would affect the diagnosis or treatment of the patient.

Basic Principle



To practice medicine on a Texas patient a provider must be licensed in Texas or meet a licensing exemption.



Telemedicine License –Rule 172.12(c)

An out-of-state telemedicine license to practice medicine across state lines shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas. Unless a person holds a current full license to practice medicine in this state pursuant to this chapter and the provisions of the Medical Practice Act, Chapter 155 (relating to License to Practice Medicine), a person holding an out-of-state telemedicine license shall not be authorized to physically practice medicine in the state of Texas.

Exemptions—Rule 172.12 (f)

- Episodic consultation by a medical specialist located in another jurisdiction who provides such consultation services on request to a person licensed in this state;
- Consultation services provided by a physician located in another jurisdiction to a medical school (defined by Education Code, §61.501);
- Consultation services provided by a physician located in another jurisdiction to an institution defined in either Subchapter C, Chap. 73, or Subchapter K, Chapter 74 of the Education Code;
- Informal consultation performed by a physician outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;
- Furnishing of medical assistance by a physician in case of an emergency/disaster if no charge is made for the medical assistance; and
- Ordering home health/hospice services for a resident of this state to be delivered by a home and community support services agency licensed by this state, by the resident's treating physician who is located in another jurisdiction of a state with contiguous with the borders of this state.



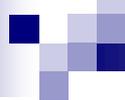
Episodic Definition—Rule 172.2(g)

(4) Episodic consultation--Consultation on an irregular or infrequent basis involving no more than 24 patients of a physician's diagnostic or therapeutic practice per calendar year. Multiple consultations may be performed for one or more patients up to 24 patients per calendar year.

Telemedicine within Texas- Rule 174

Telemedicine is allowed in Texas!





Two Models

Established Site

In the first model, a patient receives care through telemedicine at an “established medical site,” such as a hospital or clinic or other site that has the required medical professionals and equipment. There are no specific limitations on the types of care that a patient may receive at an established site, and both initial visits and follow up visits may be done at this type of site.

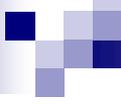
Follow Up

In the second model, patients can access health care via telemedicine (video conferencing with a live feed) from their homes. Once an initial diagnosis is made in person or at an established site, the patient may receive follow-up care for that pre-existing condition via telemedicine in their homes.

What is an established site?

The key criteria are the availability and presence of:

- a patient site presenter who is a licensed or certified health care professional, such as a nurse, emergency medical technician (EMT), or pharmacist; (not req. for mental health) and
- sufficient technology and medical equipment to allow for an adequate physical evaluation.
- The rule also intends that an established site be sufficient in size to accommodate patient privacy and to facilitate the presentation of the patient to the distant site provider.
- Any location that meets these requirements will be considered an established site.
- Examples include: In addition to a hospital or clinic, a facility such as a nurse's station in a school, a volunteer fire department, an EMS station, a residential/institutional care facility, or even a pharmacy.

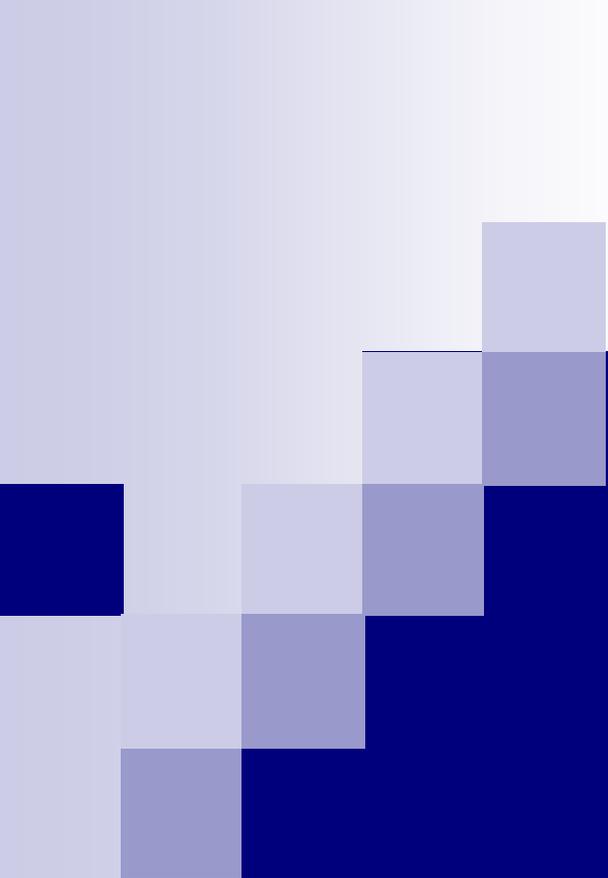


Additional Considerations

- If there is an established relationship from a prior face to face visit, distant site providers may treat patients at home for up to 72 hours as long as the patient is advised to see a physician in a face-to-face visit within 72 hours if the symptoms do not resolve.
- The rule intends that for a patient presenting minor symptoms , a provider may prescribe a course of treatment that runs longer than 72 hours, such as a 10 day course of antibiotics or a 30 day course of medication to relieve allergy symptoms. It is intended that this option be used judiciously and within the standard of care. It is not intended that ongoing prescriptions for new diagnoses made from the patient's home would be issued.

Additional Considerations

- A licensee may not make an initial diagnosis of a new patient via telemedicine at a patient's home (or other non-established medical site) unless the physician has conducted a prior face-to-face initial consultation or the patient has been referred to the distant site provider by a physician who evaluated the patient in-person.
- A licensee may not provide ongoing medical treatment to a preexisting patient with a new chronic condition unless a physician conducts a timely in-person evaluation after the diagnosis of the new condition.
- Finally, the patient being seen via teleconferencing from his or her home must be seen by a treating physician for an in-person evaluation at least once a year and no chronic pain treatment with scheduled drugs may occur through this treatment model.



Delegation

Delegation-general

- Sec. 157.001. GENERAL AUTHORITY OF PHYSICIAN TO DELEGATE. (a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:
 - (1) the act:
 - (A) can be properly and safely performed by the person to whom the medical act is delegated;
 - (B) is performed in its customary manner; and
 - (C) is not in violation of any other statute; and
 - (2) the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine.
- (b) The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.

Delegation (con't)

Nurses

Performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.

Physician Assistants

The practice of a physician assistant includes providing medical services delegated by a supervising physician that are within the education, training, and experience of the physician assistant.

Delegation (con't)

Nurses

- No delegation required for acts defined as Professional Nursing by Sec. 301.002. (e.g.- assessments, evaluations, observation, administration)
- APNS— can delegate diagnosis and treatment via delegation protocols, including prescription drugs Schedules III-V.

Physician Assistants

- Delegation is always required.
- can delegate diagnosis and treatment via delegation protocols, including prescription drugs Schedules III-V.

This will be a huge sea
change...

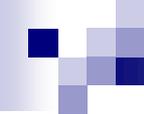


Elements of SB 406

- **Repeals** current prescriptive delegation requirements and creates prescriptive authority agreements which may be entered into by a physician and midlevel (PA or APN) through which the physician delegates prescribing or ordering a drug or device.
- Agreements must be reviewed annually and include the following information:
 - nature of the practice, practice locations/settings;
 - types or categories of drugs/devices that may be prescribed or may not be prescribed;
 - a general plan for addressing consultation and referral;
 - the general process for communication and sharing of information;
 - prescriptive authority quality assurance and improvement plan that includes chart review and periodic face-to-face meetings between the APN or PA and physician. (quarterly min)

Elements of SB 406 (con't)

- Caps the combined number of APNs and PAs with whom a physician may enter into a prescriptive authority agreement at seven - with certain exceptions.
- Allows physicians working in a hospital or long term care facility to delegate prescriptive authority for Schedule II Controlled Substances to APNs and PAs in certain circumstances.
- Requires TMB, Nursing Bd, and PA Bd to develop a process to exchange information about licensees who have entered into these agreements.
- Requires TMB to make available to the public an on-line searchable list of physicians and mid-level practitioners who have entered into prescriptive authority agreements and identify the physician with whom each mid-level practitioner has an agreement.
- Rules deadline is November 2013; statue deadline is Jan. 2014



Contact Information

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