

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital at Stanford</i> <input checked="" type="checkbox"/> <i>Stanford Health Care Tri-Valley</i>	<b>Date Written or Last Revision:</b> July 2022
<b>Name of Policy</b> Credentialing for Telehealth/Telemedicine	<b>Page 1 of 3</b>
<b>Departments Affected:</b> All Departments	

**1. Policy Statement:**

It is the policy of Stanford Health Care (SHC), Lucile Packard Children’s Hospital Stanford (LPCHS) and Stanford Health Care Tri-Valley (SHC TV) to credential any physician providing services to our patients via Telehealth based on procedures and specific criteria as they relate to distant site (*site where the practitioner providing professional services is located*) and originating site (*site where the patient is located*)

This policy and the implementing procedure describe recommended actions to comply with statutory or regulatory requirements.

**2. Definitions:**

Telehealth (also referred to as Telemedicine) means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care provider and patient constitutes “telehealth” for purposes of this policy.

**3. Procedures:**

Should SHC, LPCHS and SHC TV administration, medical staff leadership or faculty physicians agree to provide services via Telehealth LINK, the following procedures will be applied. These procedures however, do not pertain to “interpretive services” in which a Licensed Independent Practitioner (LIP) provides official readings of images, tracings, or specimens through contract services and/or “consultations”.

**A. Originating Site Practices:** The following applies to patient care services via Telehealth Link where the patient is located at Stanford Health Care or Lucile Packard Children’s Hospital Stanford and services are provided remotely by a LIP that is not currently affiliated with SHC or LPCHS.

Should SHC or LPCHS become an *Originating Site*, the following conditions would apply:

1. Credentialing procedures for the LIP who will be providing services to a Stanford/LPCHS patient will be fully credentialed and privileged.

Telehealth Policy with the following provision:

- Current CA State License

Before Telehealth Privileges are granted, the following elements will be evaluated:

- Challenges to any licensure or registration
- Voluntary and involuntary relinquishment of any license or registration

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- Voluntary or involuntary termination of medical staff membership
- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant
- Documentation as to the applicant’s health status
- Relevant practitioner-specific data as compared to aggregate data, when available
- Performance Measurement Data including morbidity and mortality data, when available

**B. Distant Site Practices:** The following applies to patient care services via Telehealth Link where the patient is located at a remote site and patient care services are provided by SHC/LPCHS member of the Medical Staff at SHC/LPCHS/SHC TV. If

SHC/LPCHS/SHC TV Medical Staff member provides care as Distant Site provider, the following would apply:

1. Any and all credentialing documentation that can be released to the originating site will be per written consent for release of information for Telehealth purposes from the individual LIP of the Medical Staff. The following is a list of the information that can be shared:
  - a) Copy of Initial Application or Reappointment Application
  - b) List of current approved privileges
  - c) Copy of California Medical Board Medical License verification
  - d) Copy of DEA Certificate verification
  - e) Copy of Fluoroscopy/X-Ray Certificate verification
  - f) Confirmation of current medical staff status and membership at SHC/LPCHS
  - g) Copy of Curriculum Vitae
  - h) Copy of current Professional Liability (if applicable)

**DOCUMENT INFORMATION:**

**A. Legal Authority/References**

American Telehealth Association  
University of Hawaii Telehealth/Telehealth Project – Department of Defense  
Pacific Telehealth and Technology HUI – VA/DoD Joint Telehealth Project  
The Joint Commission – Telehealth Standards MS 13.01.01

**B. Author/Original Date**

This Policy was authored by the Director, Medical Staff Services in February 2004

**C. Gate Keeper of Original Document**

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The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Services Department.

**D. Distribution and Training Requirements**

None

**E. Requirements for Review and Renewal**

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

**F. Review and Revision History**

This is a new policy  
December 2006

**G. Local Approvals**

Credentials Committee - April 2004, 4/10, 4/13, 10/16, 5/19, 3/22, 7/22  
SHC-TV – 3/22  
LPCHS Policy Committee – 4/10, 4/13, 11/16,5/19, 8/19, 3/22  
LPCHS MEC – 5/10, 4/13, 12/16, 5/19, 9/19, 4/22  
SHC MEC – 5/10, 4/13, 12/16, 5/19, 4/22, 7/22  
SHC-TV – 3/22

**Hospital Board Approvals**

May 2004; January 2007, 5/10, 4/13, 12/16, 5/19, 9/19  
SHC: 4/2, 7/22  
LPCHS: 4/22  
SHC-TV: 4/22

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SHC and LPCHS