**Telemedicine**

*“Telemedicine” is the practice of medicine using electronic communication, information technology or other means between a licensee in one location and a patient in another location with or without an intervening health care provider.*

The Board recognizes that technological advances have made it possible for licensees to provide medical care to patients who are separated by some geographical distance. As a result, telemedicine is a potentially useful tool that, if employed appropriately, can provide important benefits to patients, including: increased access to health care, expanded utilization of specialty expertise, rapid availability of patient records, and the reduced cost of patient care. Telemedicine providers are expected to adhere to current standards for practice improvement and monitoring of outcomes.

The Board cautions, however, that licensees practicing via telemedicine will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in-person or via telemedicine, may subject the licensee to potential discipline by this Board. It is the Board’s position that there is not a separate standard of care applicable to telemedicine. Telemedicine providers will be evaluated according to the standard of care applicable to their area of specialty.

The Board provides the following considerations to its licensees as guidance in providing medical services via telemedicine:

**Training of Staff** — Staff involved in the telemedicine visit should be trained in the use of the telemedicine equipment and competent in its operation.

**Evaluations and Examinations** — Licensees using telemedicine technologies to provide care to patients located in North Carolina must provide an appropriate evaluation ~~examination~~ prior to diagnosing and/or treating the patient. However, this evaluation ~~examination~~ need not be in-person if the ~~technology is sufficient to provide the same information to the licensee as if the exam had been performed face-to-face.~~ licensee employs technology and peripherals sufficient to provide an examination that is equal or superior to an in-person examination.

Other examinations may also be considered appropriate if the licensee is at a distance from the patient, but a licensed health care professional is able to provide various physical findings that the licensee needs to complete an adequate assessment. On the other hand, a simple questionnaire without an appropriate examination may be a violation of law and/or subject the licensee to discipline by the Board.1

**Licensee-Patient Relationship** — ~~The licensee using telemedicine should have some means of verifying that the person seeking treatment is in fact who or she claims to be.~~The licensee using telemedicine should verify the identity and location of the patient and should inform the patient of the licensee’s name, location and professional credentials. A diagnosis should be established through the use of accepted medical practices, i.e., a patient history, mental status examination, physical examination and appropriate diagnostic and laboratory testing. Licensees using telemedicine should also ensure the availability for appropriate follow-up care and maintain a complete medical record that is available to the patient and other treating health care providers.

**Prescribing** — Licensees are expected to practice in accordance with the Board’s Position Statement “Contact with patients before prescribing.” Licensees are cautioned that prescribing controlled substances for the treatment of pain via telemedicine is disfavored by the Board. Licensees prescribing controlled substances for other conditions should obey all relevant federal and state laws and are expected to participate in the Controlled Substances Reporting System.

**Medical Records** — The licensee treating a patient via telemedicine must maintain a complete record of the telemedicine patient’s care according to prevailing medical record standards. The medical record serves to document the analysis and plan of an episode of care for future reference. It must reflect an appropriate examination of the patient's presenting symptoms, and relevant components of the electronic professional interaction must be documented as with any other encounter.

The licensee must maintain the record’s confidentiality and disclose the records to the patient consistent with state and federal law. If the patient has a primary care provider and a telemedicine provider for the same ailment, then the primary care provider’s medical record and the telemedicine provider’s record constitute one complete patient record. Licensees practicing via telemedicine will be held to the same standards of professionalism concerning medical records transfer and communication with the primary care provider and medical home as those licensees practicing via traditional means.

**Licensure** — The practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any licensee using telemedicine to regularly provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina.2 Licensees need not reside in North Carolina, as long as they have a valid, current North Carolina license.

North Carolina licensees intending to practice medicine via telemedicine technology to treat or diagnose patients outside of North Carolina should check with other state licensing boards. Most states require physicians to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration. A directory of all U.S. medical boards may be accessed at the Federation of State Medical Boards Web site: <http://www.fsmb.org/directory_smb.html>.

(Adopted July 2010)

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See also the Board’s Position Statement entitled “Contact with Patients before Prescribing.”

2 N.C. Gen. Stat. § 90-18(c)(11) exempts from the requirement for licensure: “The practice of medicine or surgery by any nonregistered reputable physician or surgeon who comes into this State, either in person or by use of any electronic or other mediums, on an irregular basis, to consult with a resident registered physician or to consult with personnel at a medical school about educational or medical training. This proviso shall not apply to physicians resident in a neighboring state and regularly practicing in this State.”

The Board also notes that the North Carolina General Statutes define the practice of medicine as including, “The performance of any act, within or without this State, described in this subdivision by use of any electronic or other means, including the Internet or telephone.” N.C. Gen. Stat. § 90-1.1(5)