

University of Colorado School of Medicine

Graduate Medical Education

Policy: Telehealth: GME Residents Performing Telehealth Patient Care		
Original Approval: April 21, 2021	Effective Date: April 21, 2021	Revision Date: July 27, 2021 (editorial) April 19, 2023 June 28, 2023 (editorial) February 21, 2024 (editorial) April 17, 2024 June 26, 2024 (editorial) February 12, 2025

In this policy, "Residents" refers to both residents and sub/specialty fellows.

Purpose:

This policy is to ensure GME Residents are compliant with ACGME, university, federal and state regulations when performing telehealth patient care.

Policy:

Telehealth patient care means a mode of delivery of healthcare services through HIPAA compliant, telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site. Telehealth includes, but is not limited to video encounters, patient portal messages, and telephone calls.

Telehealth for Patients In-State: In-state is determined by the **location of the patient** at the time the Telehealth encounter occurs. In-state status is not determined by the location of the site of practice for the training program or the location of resident or supervising physician.

Telehealth for Patients <u>In-State</u> - Allowable	
GME Residents (ACGME and Non-ACGME) may participate in patient care via Telehealth under direct faculty supervision to all patients provided the patient is located in-state at the time of the encounter.	
Direct Faculty Supervision - ACGME	For ACGME Residencies and Fellowships, the Common Program Requirements allow each Residency Review Committee (RRC) the option of permitting Direct Faculty Supervision through the use of telecommunication technology, as defined below: ⁱ Direct Supervision:

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	<ul style="list-style-type: none"> The supervising physician is physically present with the resident during the key portions of the patient interaction; or <ul style="list-style-type: none"> The RRC may further specify that PGY-1 residents must initially be supervised directly The RRC may describe the conditions under which PGY-1 residents progress to be supervised indirectly The patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology while physically present in the location of the resident. <p>Through Dec 31, 2025, virtual direct supervision is allowed when both the attending and the Resident are conducting care virtually.</p> <ul style="list-style-type: none"> Virtual direct supervision may be provided using real-time, interactive audio/video technology (excluding audio-only), and subject to the clinical judgement of the supervising physician or other supervising practitioner. The requirement can be met by the supervising physician or other practitioner being immediately available to engage in audio/video technology and does not require real-time presence or observation of the service throughout the performance of the procedure.
Direct Faculty Supervision – Billing for Professional Fees	Direct faculty supervision is required for all Residents (ACGME and Non-ACGME) for CU Medicine to bill for professional fees under the Faculty supervisor.
Program Letters of Agreement (PLA)	<ul style="list-style-type: none"> PLAs are required with the originating telehealth site, defined as the location where a patient receives physician medical services through telehealthⁱⁱ or alternatively; Telehealth patient care must be documented in the PLA of the GME affiliated teaching hospital where the Resident will be located while performing telehealth services (Example: UCH PLA or CHCO PLA) The PLA must specify if telehealth services are being provided to patients at non-health care locations (non-originating telehealth sites) example, the patient’s home.

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Telehealth for Patients <u>Out-of-State</u> – Not Allowable	
GME Residents (ACGME and Non-ACGME) are restricted from practicing telehealth to out-of-state patients regardless of the level of Faculty supervision provided, due to individual states' licensing requirements.	
Exceptions	Exceptions will be considered by GMEC if out-of-state Telehealth patients are critical to program accreditation. Data regarding case volumes that cannot be met without out-of-state telehealth patients or providing care to unique populations or clinical scenarios not available in Colorado will be required for consideration. Compliance with applicable state licensing requirements is required.
Exception for Wyoming	<p>Wyoming Board of Medicine Rules:</p> <ul style="list-style-type: none"> • Medical Students in an accredited program are exempt from licensure so long as they are directly supervised by a Wyoming licensed physician. ⁱⁱⁱ • The Wyoming Medical Board defines “Medical Students” as “physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, <u>residency or fellowship training</u> under the supervision of a physician licensed by the Board”. ^{iv} <p>Criteria for Wyoming Exception:</p> <ul style="list-style-type: none"> • The Resident is directly supervised by the Faculty supervisor during the Telehealth encounter. • The Faculty supervisor is licensed by the Wyoming Medical Board. • The Wyoming site is approved as a CU Medicine Site of Practice. • A PLA is required with the originating telehealth site, defined as the location where a patient receives physician medical services through telehealth; or alternatively, the telehealth experience must be documented in the PLA of the GME affiliated teaching hospital where the Resident will be located while performing telehealth services (Example: UCH PLA or CHCO PLA)
Exception for the VA	Any GME Resident supervised by a CUSOM VA Faculty member while practicing on location at the RMR VA providing telehealth patient care to Veterans is allowed in any state without additional licensure or PLA.

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ⁱ ACGME Specialty-Specific Program Requirements: Direct Supervision Using Telecommunication Technology VI.A.2.b).(1 - 1b)

ⁱⁱ <https://www.cms.gov/files/document/mln901705-telehealth-services.pdf> (Pg 2 Section: Originating Sites)

ⁱⁱⁱ <https://rules.wyo.gov/> WY Board of Medicine, Current Rules, Chapter 1: License Eligibility, Application and Interviews Section 7. Exemption from licensure (b)

^{iv} <https://rules.wyo.gov/> WY Board of Medicine, Current Rules, Chapter 1: License Eligibility, Application and Interviews Section 3. Definitions (aaa)(ii)