

"Licensure Portability and Telemedicine: Navigating the Road Ahead"

Humayun "Hank" Chaudhry, DO, MS, MACP, FRCP
President and CEO, Federation of State Medical Boards

August 25, 2023

E×PLORE
HEALTHCARE SUMMIT

Greetings from FSMB's Board of Directors
2023-2024



✕



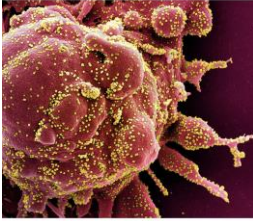
Federation of State Medical Boards

- A not-for-profit organization, established in 1912
- Represents all 70 state & territorial medical boards of the U.S.
- Offices in Euless, Texas and Washington, DC
- Services including USMLE, FCVS, Physician Data Center (PDC), health policy development, advocacy and education



✕

SARS-CoV-2 Virus, a Novel Coronavirus



An apoptotic cell heavily infected with coronavirus, yellow. National Institutes of Health/EPA, via Shutterstock



School Closure, Deer Park School District May 3, 2009



State and Territorial Responses to COVID-19

- The states and territories showed **extraordinary flexibility** by temporarily waiving or modifying medical licensure requirements to meet healthcare workforce needs:
 - 49 states modified medical licensure requirements and/or renewals for out of state health care professionals
 - 45 states modified in-state medical licensure requirements for telehealth from other states
 - 33 states expedited licensure for retired or inactive physicians
 - 29 states were part of the Interstate Medical Licensure Compact
 - 11 states allowed early MD and DO graduates to provide care under the supervision of a licensed physician before July 1, 2020



"COVID-19 Junior Physician"
NYU Grossman School of Medicine Early Graduate



The USMLE Exam

- USMLE is a joint program of **fsmb** & **NBME**
- Established in 1991 as a pathway to medical licensure open to MD, DO & IMG students/graduates
- ~100,000 test administrations around the world annually
- More than 70% of licensed physicians in the U.S. have taken all or part of the USMLE, or one of its two predecessor examinations (the NBME exam, the FLEX exam).



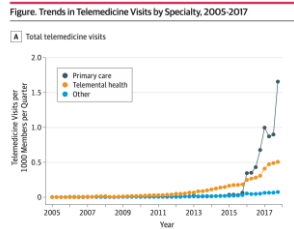
ProviderBridge.org



COVID-19 Resources

Before COVID-19, Not Much Telemedicine Use

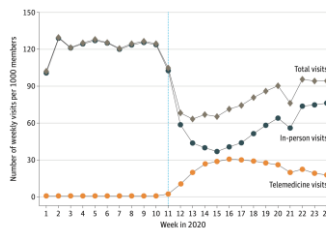
- Prior to COVID-19, telemedicine use was accelerating quickly - but still rather uncommon, largely <1% of enrollees per quarter
- Specialty breakdown, 2005-2017:
 - 53% telemental health
 - 39% primary care
 - 8% everything else



Barnett ML, Ray KH, Souza J, Mehrotra A. JAMA 2018;320(20):2148B-6

COVID-19: A Watershed for Telemedicine in the U.S.

- Expanded reimbursement of telemedicine by Medicare in March 2020 was a pivotal event
- Same story in almost every sector of health care, from outpatient care to nursing homes
- A watershed moment in the use and regulation of telemedicine moving forward



Patel SY, et al. JAMA Internal Medicine. 2021

Office visits vs. telehealth visits

For 37 healthcare systems in the U.S.

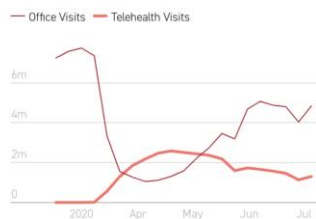
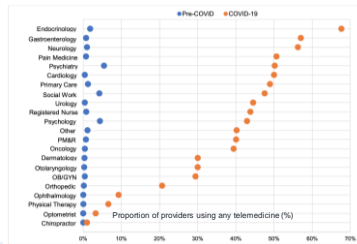


Chart: Darius Tahir/POLITICO
Source: Epic Health Research Network

Which Doctors Used Telemedicine?

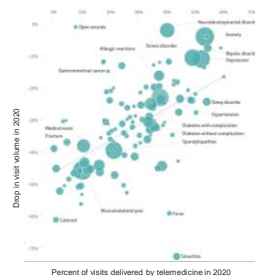
- Substantial variation
- Majority of doctors using telemedicine:
 - Endocrinology
 - Psychiatry
- Less than 1/3rd:
 - Orthopedic surgery
 - Ophthalmology



Patel SY et al. Health Affairs 2021;40(2):349-58.

For What Conditions?

- Wide variation
- Behavioral health dominated use
- Common chronic illnesses that were middle of the road – hypertension, diabetes
- There was a remarkable drop in upper respiratory infections like sinusitis

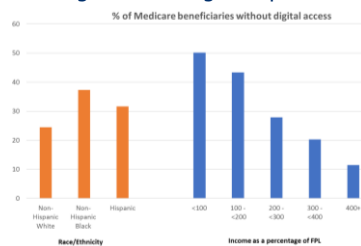


Percent of visits delivered by telemedicine in 2020

Patel SY et al. Health Affairs 2021;40(2):349-58.

17

A "Digital Divide" May Limit Uptake of Telemedicine Among Disadvantaged Populations



Assessment of Disparities in Digital Access Among Medicare Beneficiaries and Implications for Telemedicine. JAMA Internal Medicine. 2020

A Difficult Balancing Act

- Risk of increased spending
- Unnecessary visits
- Reliance on internet access

- Receive specialty care otherwise not available
- Potential to improve access to care
- Improved chronic-illness management

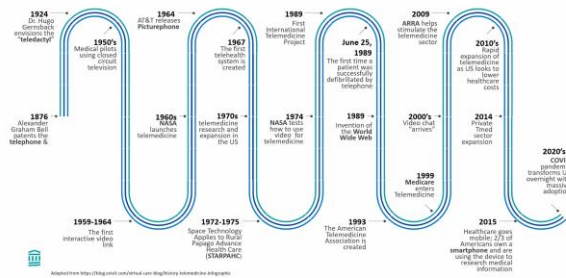


Telemedicine's ability to make care convenient and more accessible — the key to its enormous potential to improve the health of many patients — may also be its Achilles' heel.



19

The History of Telemedicine: An Illustrative Timeline



FSMB Workgroup on Telemedicine July 15, 2021



FSMB Workgroup on Telemedicine Recommendations Adopted, FSMB House of Delegates, April 2022

- Patients and physicians expect telemedicine to continue to be a component of healthcare delivery
- Regulators should be concerned about fraud and abuse, patient safety and access inequity
- The use of telemedicine may not be appropriate in all circumstances
- The practice of medicine, including telemedicine, occurs where the patient is located, with certain exceptions: episodic follow up care of established patients, physician-to-physician consultations, clinical trials, patient screening for complex referrals
- Informed consent **must** be obtained in virtual care settings
- Physicians should meet or exceed applicable federal and state patient privacy laws (e.g. HIPAA)



Positive Developments during COVID: The Rise of “Hospital at Home” Services



<https://www.medscape.com/viewarticle/941173>



Positive Developments: Rich Innovations in Home Care

Accelerating the Delivery of Cancer Care at Home During the Covid-19 Pandemic

Penn Medicine's Cancer Care at Home program, established to address clinical, administrative, and financial obstacles to delivering certain cancer drugs at home, enabled hundreds of cancer patients to safely continue their treatment during the Covid-19 pandemic.

COMMENTARY

Bringing Kidney Care Home: Lessons from Covid-19

Care for end-stage kidney disease, which disproportionately affects people of color, has been predominantly delivered in dialysis centers, even when home dialysis would offer the same benefits with less cost and more convenience for the patients.

IN DEPTH

Mobile Integrated Health Care in Los Angeles: Upstream Solutions to Mitigate the Covid-19 Pandemic



<https://catalyst.nejm.org/doi/full/10.1096/cat.20.0258>, <https://catalyst.nejm.org/doi/full/10.1096/CAT.20.0835>, <https://catalyst.nejm.org/doi/full/10.1096/CAT.20.0835>

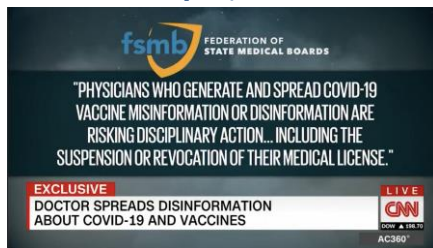
Coalition for Physician Accountability April 9, 2020

- The FSMB partnered with leaders of the AMA, AOA, CMSS, AAMC, AACOM, ACCME, ACGME, ECFMG, LCME, NBME, and NBOME to issue a consensus statement:

We support “strengthened efforts that must be in place to safeguard the public and... protect our nation’s health care workforce during the COVID-19 pandemic so they remain able to meet the public’s needs.”



FSMB Statement on Misinformation July 29, 2021



“Professional Expectations Regarding Medical Misinformation and Disinformation”

- “Truthful and accurate information is central to the provision of quality medical care.”
- Physicians must use the “best available scientific evidence or prevailing scientific consensus.”
- In the absence of available evidence or consensus, physicians must only proceed when there is “appropriate scientific rationale and justification for a proposed treatment” and informed consent
- “Novel, experimental and unproven interventions should only be proposed when traditional or accepted and proven treatment modalities have been exhausted.”
- “Physicians are expected to remain current with evolving scientific evidence and practice standards.”

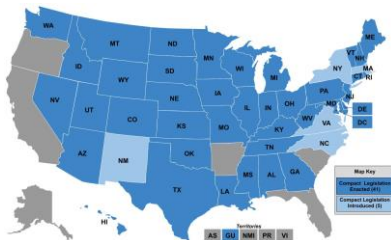




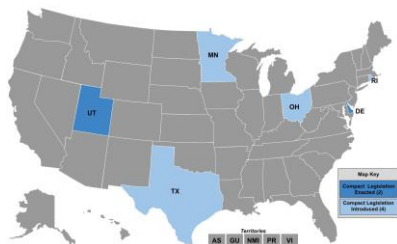
9 Physician Eligibility Requirements for the Interstate Medical Licensure Compact

- **Graduate of a medical school** accredited by LCME, COCA, or a medical school listed in the International Medical Education Directory or its equivalent
- **Passed USMLE or COMLEX within 3 attempts**, or any of its predecessor exams accepted by a state medical board
- **Completed GME** approved by ACGME or AOA
- **Holds specialty certification** or a time-unlimited specialty certificate recognized by ABMS or AOA's Bureau of Osteopathic Specialists
- **Possesses a full and unrestricted license** to practice medicine in a participating state
- Has **no criminal history**
- Has **no disciplinary action** by a licensing agency
- Has **never had a controlled substance license or permit suspended or revoked** by the U.S. DEA
- Is **not under active investigation** by a licensing agency or law enforcement authority

Interstate Medical Licensure Compact 39 States, District of Columbia, Guam



Physician Assistant Licensure Compact, 2023



FSMB Priorities and Activities, 2023-24

- *Advisory Council of Board Executives, FCVS Advisory Council, State Board Advisory Panel to the USMLE*
- **FSMB Workgroup on Re-Entry to Practice**
- **FSMB Workgroup on Regulation of Physicians in Training**
- **FSMB Workgroup on Opioid and Addiction Treatment**
- Partnership with AIM (Training of EDs, Licensing Staff, Investigators)
- Collaboration with the National Academy of Medicine (NAM)
- Opioid Regulatory Collaborative
- **FSMB Ethics and Professionalism Committee: Generative Artificial Intelligence**
- "House of Medicine" Collaboration on Medical Misinformation
- Tri-Regulator Collaborative
- Coalition for Physician Accountability
- IAMRA, WFME, FMRAC, NBME, AMA, AOA, NMA, FSMB Foundation
- Services: USMLE and SPEX (with NBME), FCVS, UA, ProviderBridge, DocInfo
- Interstate Medical Licensure Compact
- FSMB Branding, USMLE Branding, FSMB Website Revision



July 10, 2023 Statement by Jesse Ehrenfeld, MD President, AMA

"It is clear to me that AI will never replace physicians – but physicians who use AI will replace those who don't."



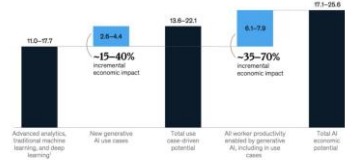
McKinsey & Company Report on AI June 19, 2023



McKinsey & Company Report on AI June 19, 2023

Generative AI could create additional value potential above what could be unlocked by other AI and analytics.

AI's potential impact on the global economy, \$ trillion

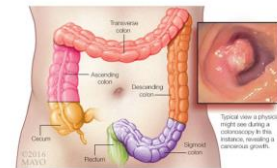


*Updated use case estimates from "Notes from the AI Frontier: Applications and value of deep learning," McKinsey Global Institute, April 10, 2023.



AI-assisted colonoscopies reduce miss rate by 50 percent

May 10, 2023



Receive Mayo Clinic news in your inbox.

Sign up

Related Content

- [view](#)
Procedural and anthropometric factors associated with mucosal-based lesions among gastroenterology endoscopists.
- [view](#)
Pillpocket colon capsule technology: New research examines this less invasive approach to colorectal cancer screening.
- [view](#)
Role of AI in detection and management of colorectal polyps and cancer.



REGULATORY INNOVATION



Twitter: [@DrHankChaudhry](#)
E-Mail: hchaudhry@fsmb.org



38