"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

EXPLORE HEALTHCARE SUMMIT

Greetings from FSMB's Board of Directors 2023-2024



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fsmb

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



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SARS-CoV-2 Virus, a Novel Coronavirus



An apoptotic cell heavily infected with coronavirus,

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School Closure, Deer Park School District May 3, 2009



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State and Territorial Responses to COVID-19

- The states and territories showed <u>extraordinary flexibility</u> by temporarily <u>waiving</u> or <u>modifying</u> 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 <u>Interstate Medical Licensure Compact</u>
 - 11 states allowed early MD and DO graduates to provide care under the supervision of a licensed physician before July 1, 2020

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



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The USMLE Exam

- USMLE is a joint program of **fsmb** &
- 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	Resource





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

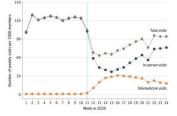


3%

Barnett ML, Ray KN, Souza J, Mehrotra A. JAMA 2018;320(20):2149-9.

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



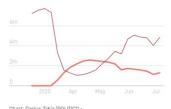
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Patel SY, et al. JAMA Internal Medicine, 2021

Office visits vs. telehealth visits

For 37 healthcare systems in the U.S.

Office Visits Telehealth Visits

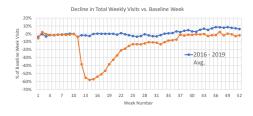


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Chart: Darius Tahir/POLITICO -Source: Epic Health Research Network



By late 2020, Volume of In-Person Visits Rebounded



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e Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providen reconnection Fund. Oct. 2020: https://doi.org/10.2020/04.155/Jan.27

Less Rebound Among Pediatric Population

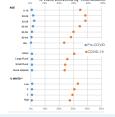


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The Impact of the COVID-19 Pendemic on Outpatient Case: Visite Return to Prepandemic Levels, but Not for All Provide Commonwealth Fund, Oct. 2020). https://doi.org/10.2010/i-41sv-2en52.

Who Got Telemedicine?

- Telemedicine use was more common among:
- Younger enrollees (especially <50yo)
- Urban enrollees
- Telemedicine use was less frequent among:
- Older enrollees (>65yo)
- · Rural enrollees



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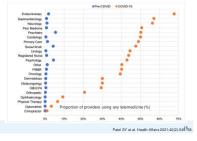
Patel SY et al. Health Affairs 2021;40(2):349-58.



Which Doctors Used Telemedicine?

• Substantial variation

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

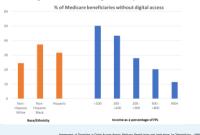


For What Conditions?

- 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



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



A Difficult Balancing Act

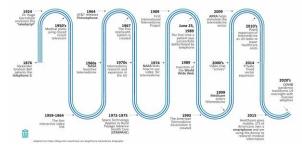
- · Risk of increased
- spending
 Unnecessary visits
- · Reliance on internet access

- 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.

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 <u>fraud and abuse</u>, <u>patient safety</u> and <u>access inequity</u>
- \bullet The use of telemedicine $\underline{\text{may } \text{ not }}$ 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
- \bullet $\underline{\text{Informed consent}}$ \boldsymbol{must} be obtained in virtual care settings
- Physicians should meet or exceed applicable federal and state <u>patient privacy laws</u> (e.g. HIPAA)

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



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https://www.medscape.com/viewarticle/9411

Positive Developments: Rich Innovations in Home Care

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

rein routine s'auministrative, and financial obstacles 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.

MMENTARY

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.

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

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os/licatalyst.nejm.org/doi/full/10.1056/cat.20.0258, https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0695, https://catalyst.nejm.org/doi/full/10.1056/CAT.20

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 <u>safeguard the public</u> and... <u>protect our nation's health care workforce</u> during the COVID-19 pandemic so they remain able to meet the public's needs."

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FSMB Statement on Misinformation July 29, 2021



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"Professional Expectations Regarding Medical Misinformation and Disinformation"

- "Truthful and accurate information is <u>central</u> to the provision of quality medical care."
- Physicians <u>must</u> 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."

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The NEW ENGLAND JOURNAL	of MEDICINE
Per	spective
Improving Access and Mobility — The Inter-	state Medical
Licensure Compact	
Humayun J. Chaudhry, D.O., Usa A. Robin, M.L.A., Eric M. Fish, J.D., Donald H and J. Daniel Gifford, M.D.	Polk, D.O.,
Interstate compacts — negotiated agreements Lamong participating states that have the legal status of both contract and stanutory law — allow states to address issues of mutual regulatory or	using this service, which verifies primary-source documents such as medical school degrees and pro- vides a central repository for future uses of these documents in appli- cations for licensure, hospital ad-
administrative interest without state boards have since voted to	mitting privileges, or participation

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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

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



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Physician Assistant Licensure Compact, 2023	
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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 Opicid and Addiction Treatment Partnership with AlM (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	
* Fowb braining, Cowice braining, Fowb website nevision **	
July 10, 2023 Statement by Jesse Ehrenfeld, MD President, AMA	
residenty APIA	
"It is clear to me that AI will never	
replace physicians – but physicians	
who use Al will replace those who don't."	



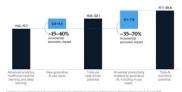
McKinsey & Company Report on Al June 19, 2023



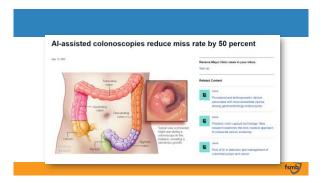
McKinsey & Company Report on Al June 19, 2023

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

Al's potential impact on the global economy, \$ trillo



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REGULATORY INNOVATION	
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