

“Licensure Portability and Telemedicine: Navigating the Road Ahead”

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President and CEO, Federation of State Medical Boards

August 25, 2023

E X P L O R E
HEALTHCARE SUMMIT

Greetings from FSMB's Board of Directors 2023-2024



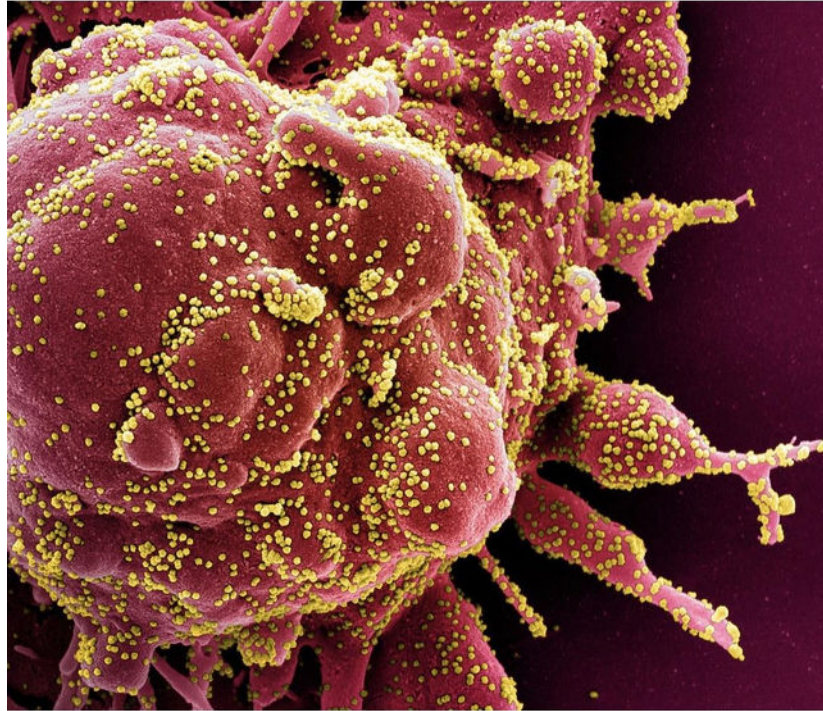


Federation of State Medical Boards

- A not-for-profit organization, established in 1912
- Represents all 70 state & territorial medical boards of the U.S.
- Offices in Eules, 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  & 
- 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



[For Health Care Professionals](#) [For Health Care Entities](#) [Ask a Question](#) [About Provider Bridge](#)

PREVENT. PREPARE. RESPOND.

COMING OCTOBER 2020

Provider Bridge will streamline the process for mobilizing health care professionals during the COVID-19 pandemic and future public health emergencies.

[Learn More](#)

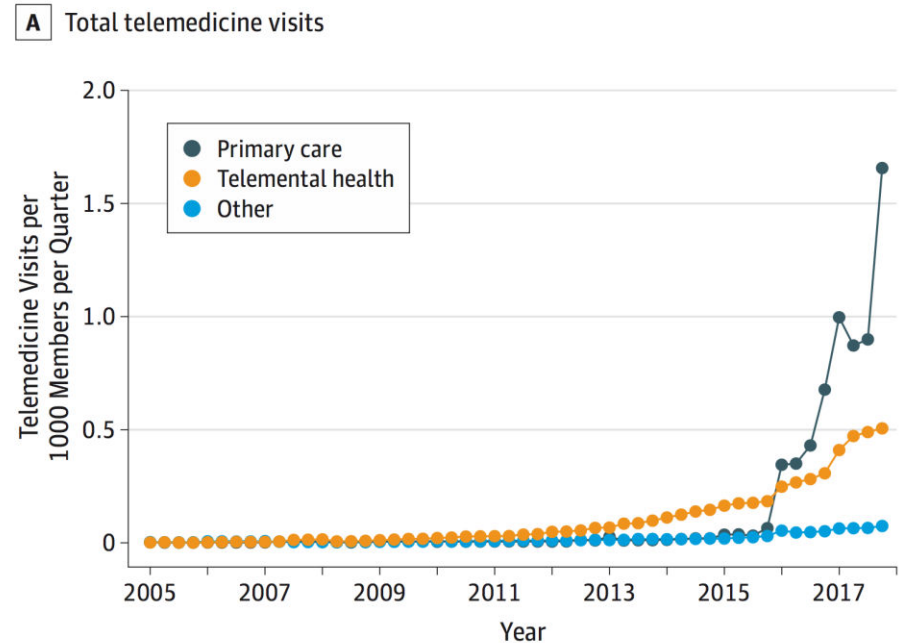
COVID-19 Resources



Before COVID-19, Not Much Telemedicine Use

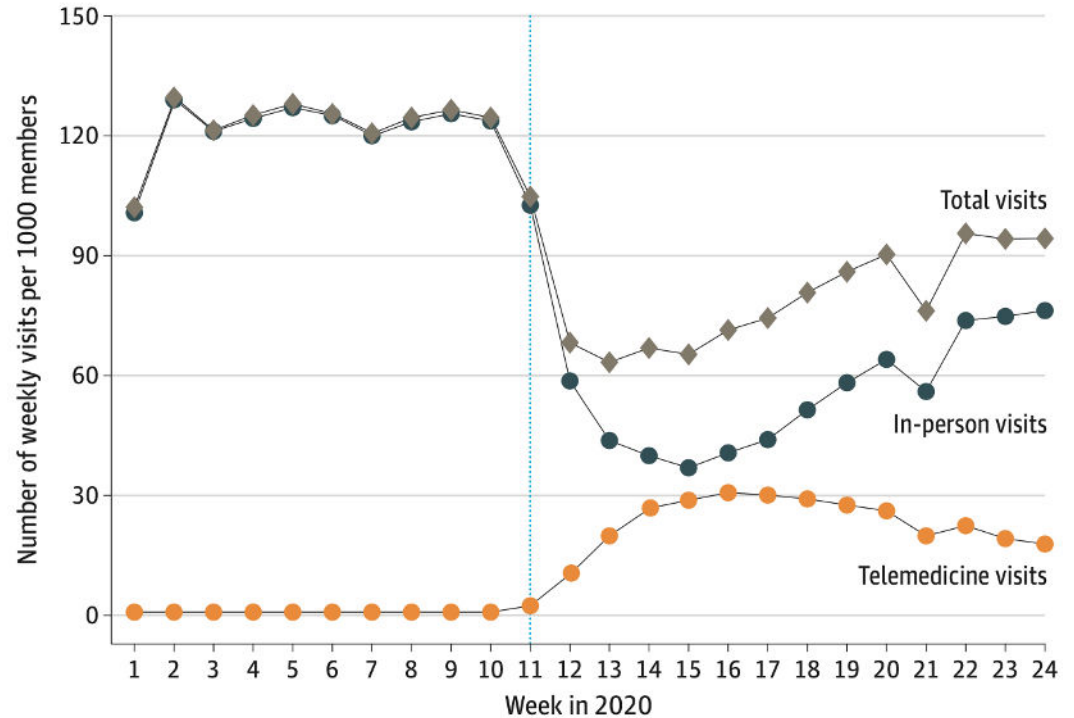
- Prior to COVID-19, telemedicine use was accelerating quickly - but still rather uncommon, largely <1% of enrollees per quarter
- Specialty breakdown, 2005-2017:
 - 53% telemental health
 - 39% primary care
 - 8% everything else

Figure. Trends in Telemedicine Visits by Specialty, 2005-2017



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



Office visits vs. telehealth visits

For 37 healthcare systems in the U.S.

— Office Visits — Telehealth Visits

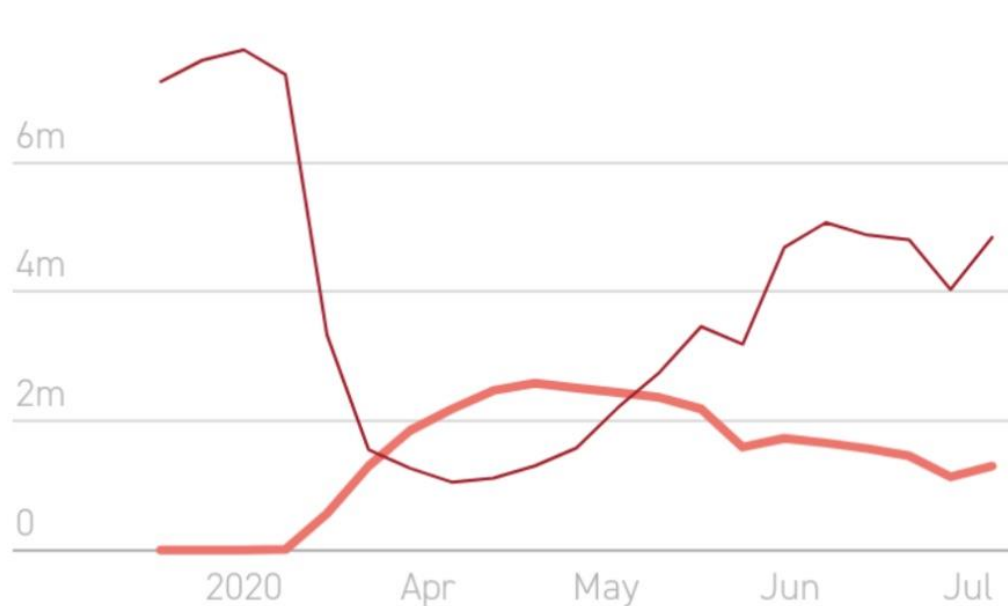
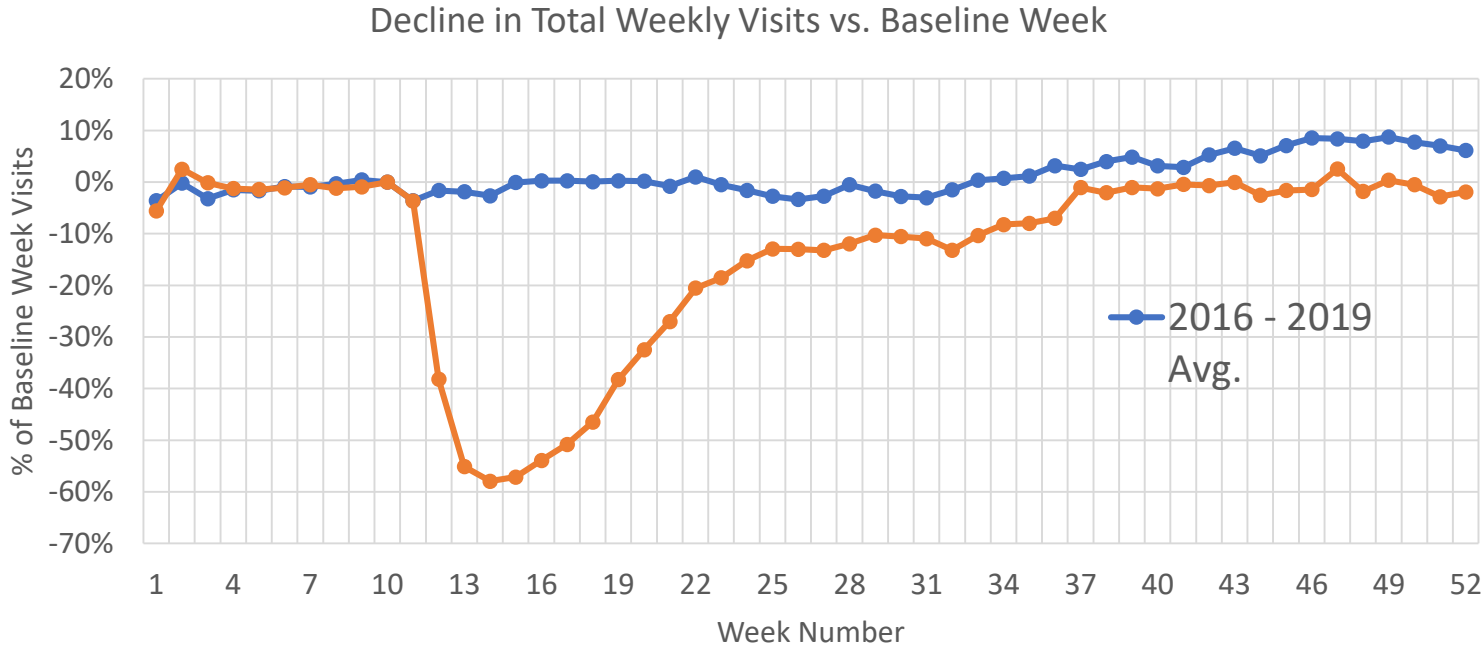


Chart: Darius Tahir/POLITICO •
Source: Epic Health Research Network

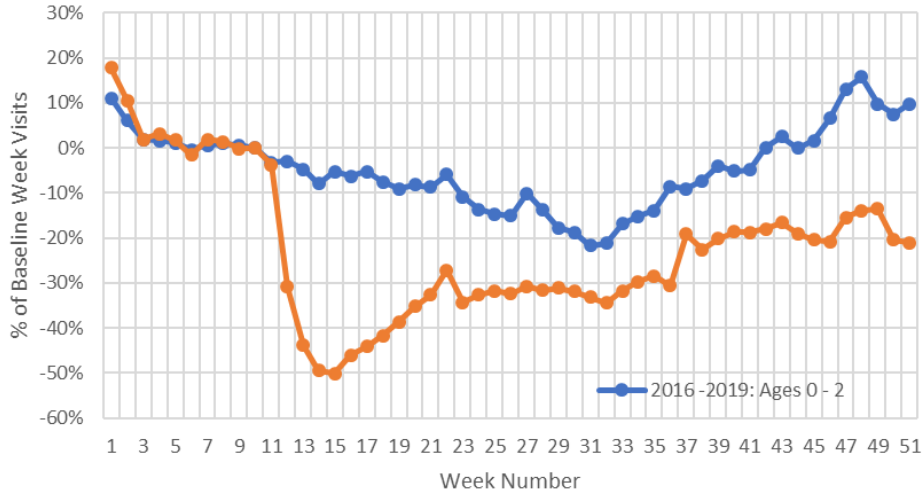


By late 2020, Volume of In-Person Visits Rebounded

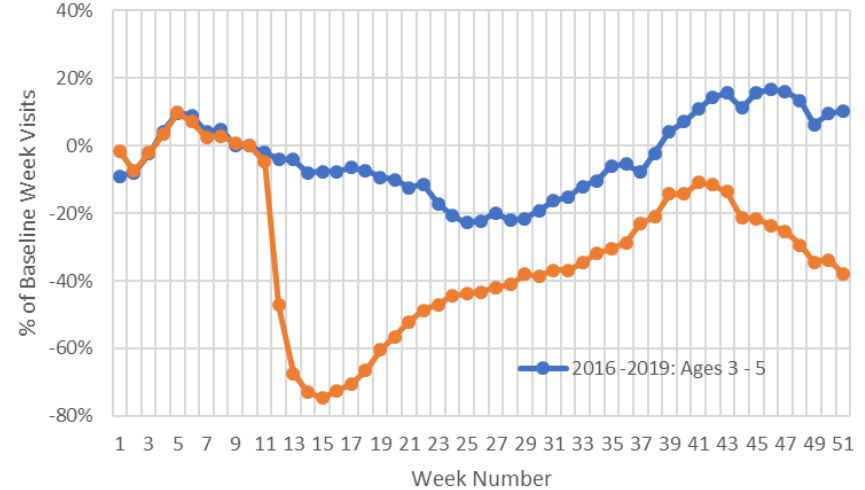


Less Rebound Among Pediatric Population

Ages 0 - 2

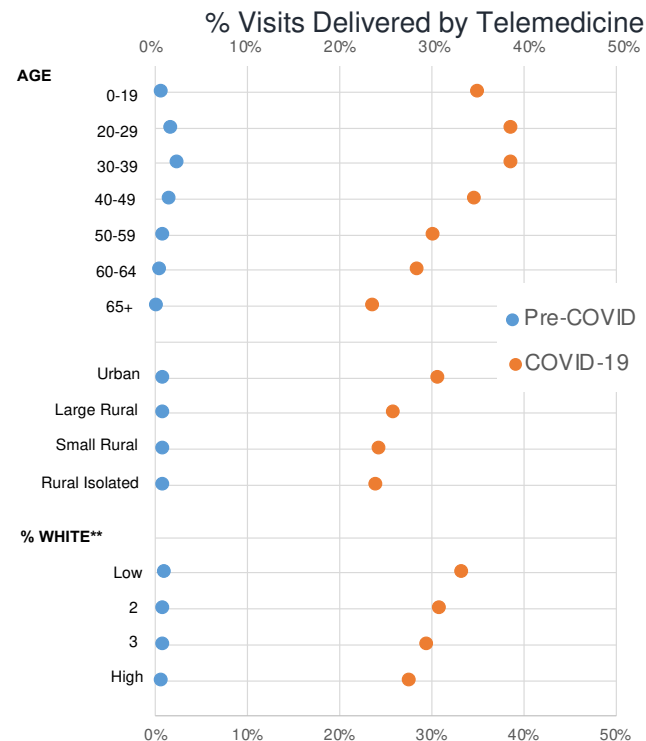


Ages 3 - 5



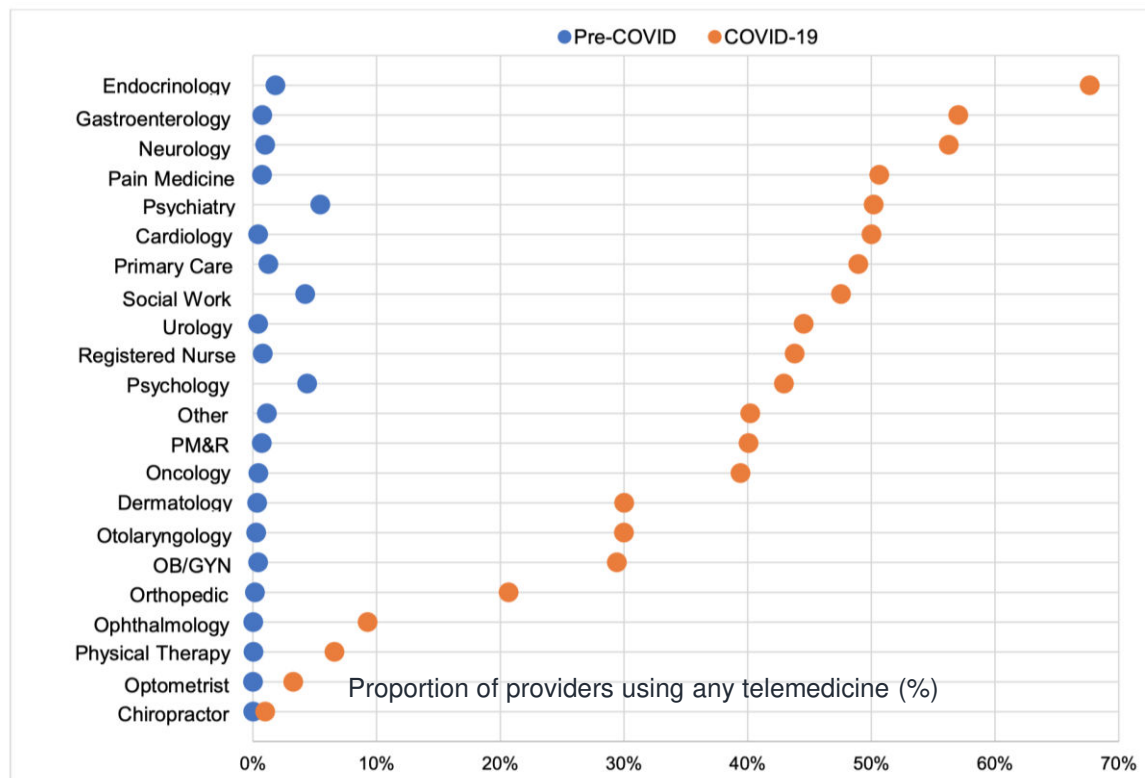
Who Got Telemedicine?

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



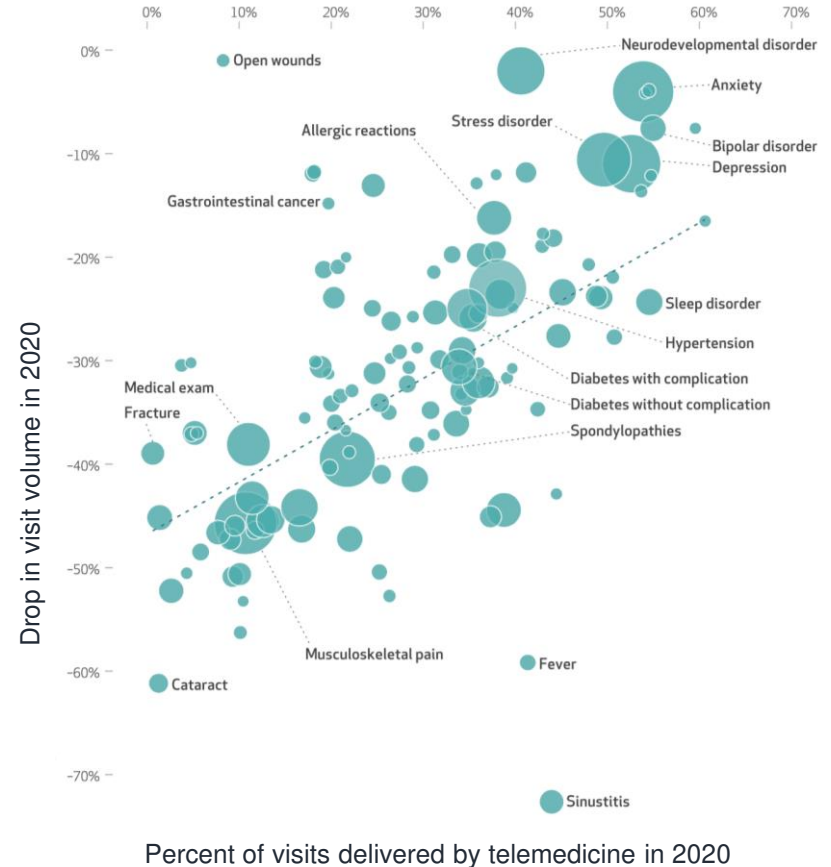
Which Doctors Used Telemedicine?

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

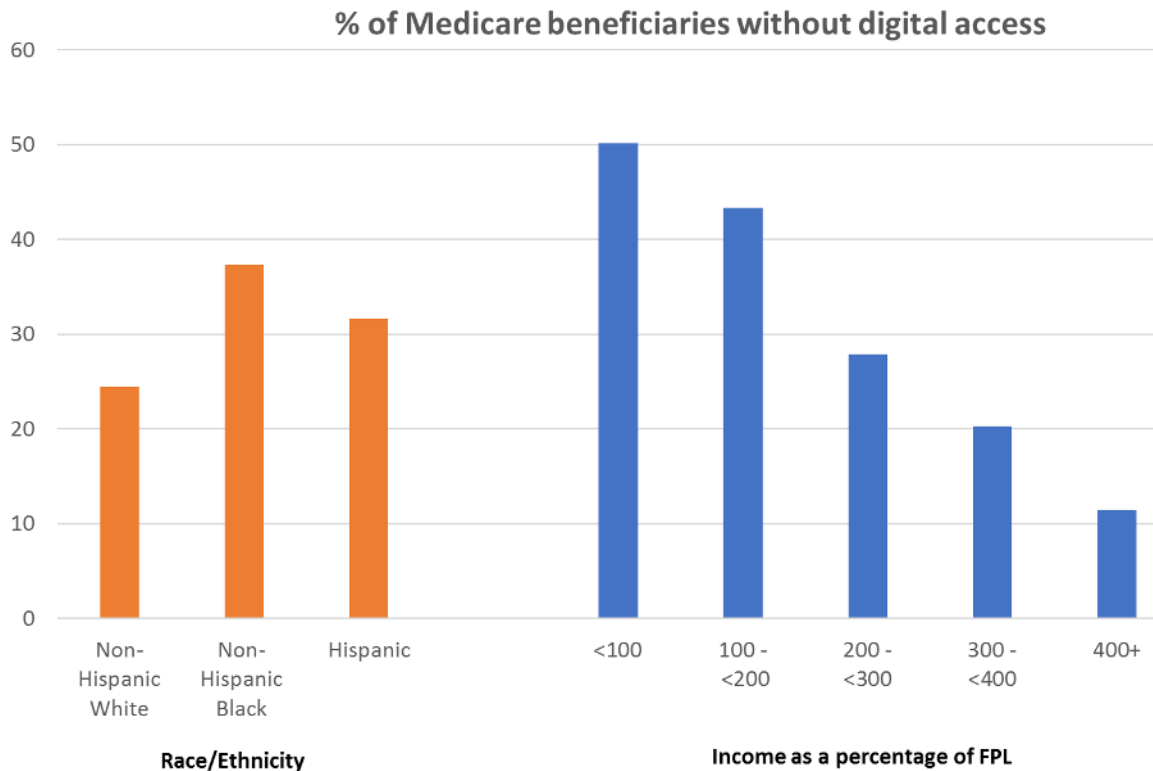


For What Conditions?

- 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



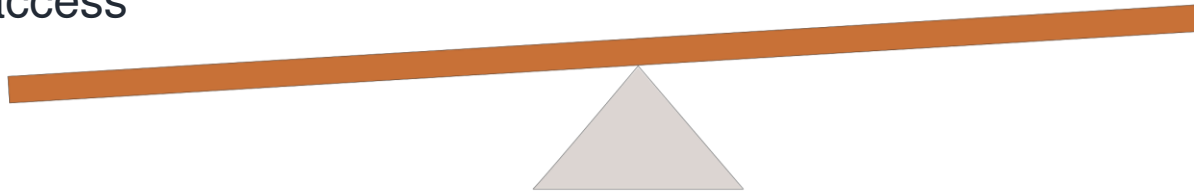
A “Digital Divide” May Limit Uptake of Telemedicine Among Disadvantaged Populations



A Difficult Balancing Act

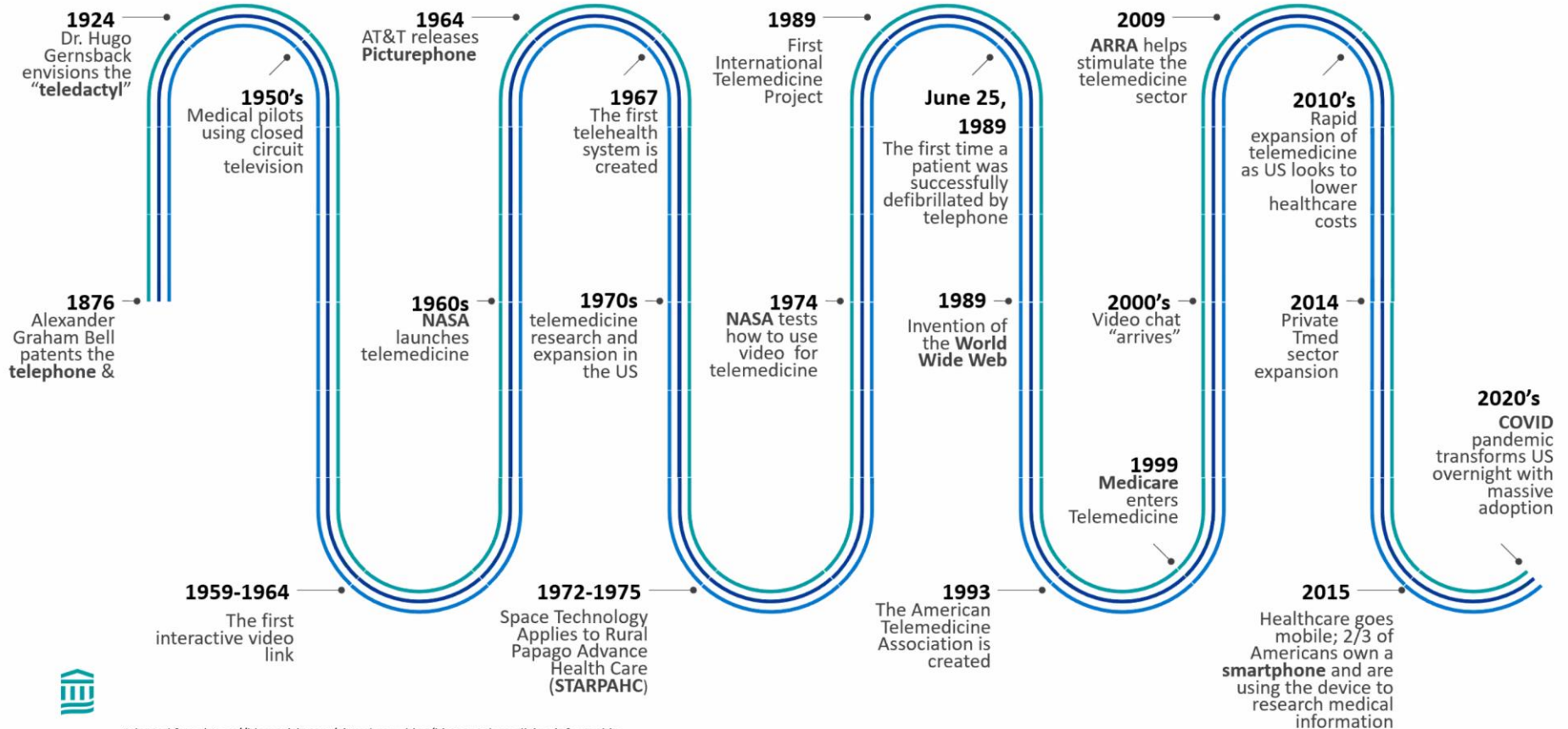
- Risk of increased spending
- Unnecessary visits
- Reliance on internet access

- 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



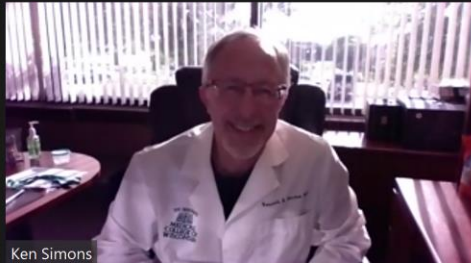
John Bremer



Hank Chaudhry



Shawn Parker



Ken Simons



Irobin



Sarvam Terkonda



Dr. George Abraham



Michael Rodman



Jack Resneck



Michael Brown



Bill England, HRSA/OAT



Frank Meyers

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



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.

IN DEPTH

Mobile Integrated Health Care in Los Angeles: Upstream Solutions to Mitigate 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.

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



**"PHYSICIANS WHO GENERATE AND SPREAD COVID-19
VACCINE MISINFORMATION OR DISINFORMATION ARE
RISKING DISCIPLINARY ACTION... INCLUDING THE
SUSPENSION OR REVOCATION OF THEIR MEDICAL LICENSE."**

EXCLUSIVE

**DOCTOR SPREADS DISINFORMATION
ABOUT COVID-19 AND VACCINES**

LIVE

CNN

DOW ▲ 198.70

AC360°



“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.”





The NEW ENGLAND JOURNAL of MEDICINE

Perspective

APRIL 23, 2015

Improving Access and Mobility — The Interstate Medical Licensure Compact

Humayun J. Chaudhry, D.O., Lisa A. Robin, M.L.A., Eric M. Fish, J.D., Donald H. Polk, D.O., and J. Daniel Gifford, M.D.

Interstate compacts — negotiated agreements among participating states that have the legal status of both contract and statutory law — allow states to address issues of mutual regulatory or

administrative interest without modification of the federal gov-

state boards have since voted to support the model language, and

using this service, which verifies primary-source documents such as medical school degrees and provides a central repository for future use of these documents in applications for licensure, hospital admitting privileges, or participation in health plans. And in 2004, we at

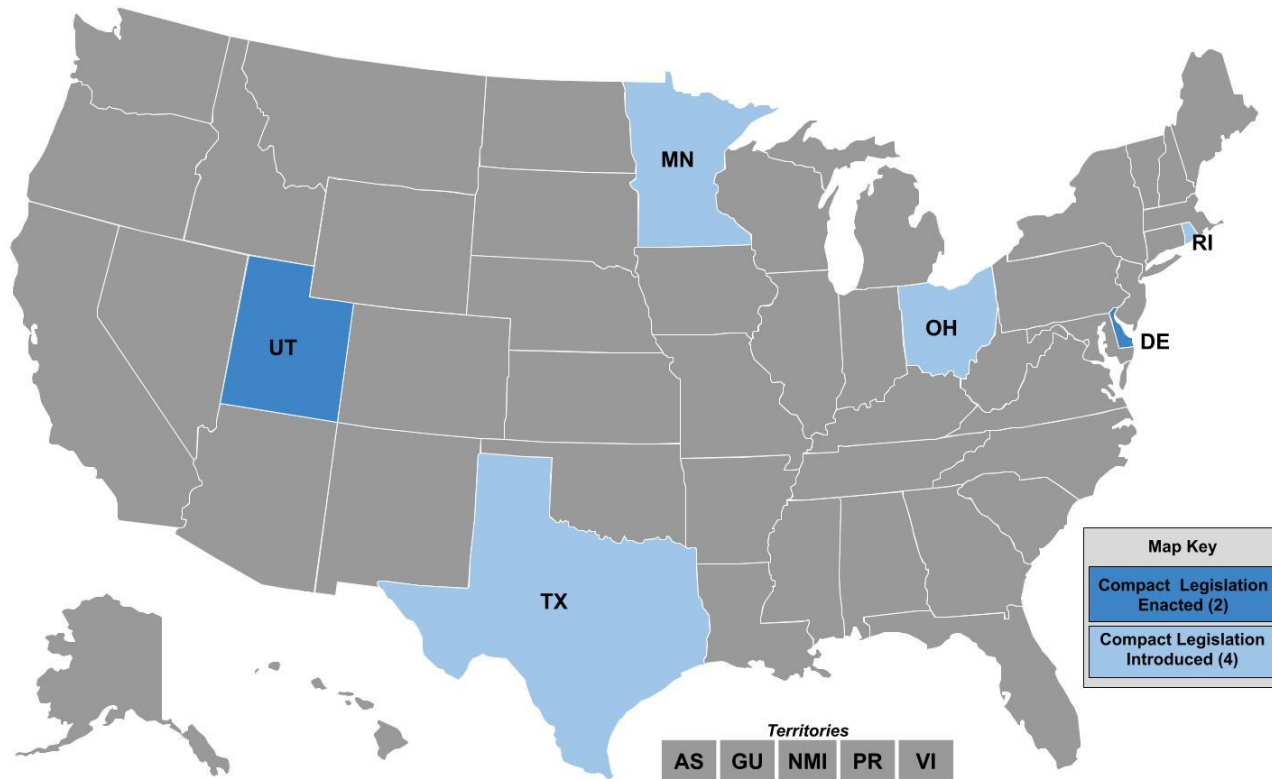


9 Physician Eligibility Requirements for the Interstate Medical Licensure Compact

- **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



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

The economic potential of generative AI

The next productivity frontier

June 2023

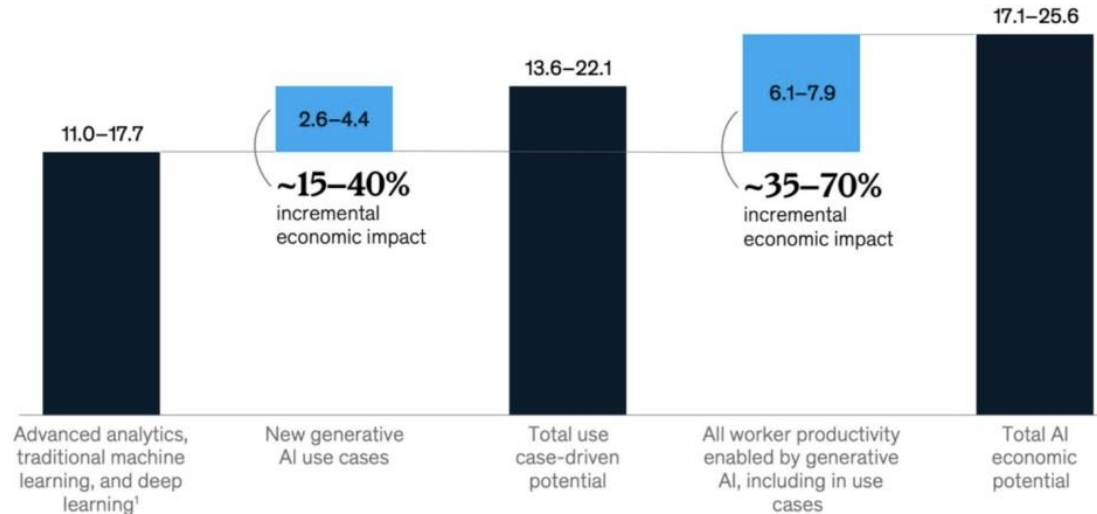


McKinsey & Company Report on AI

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

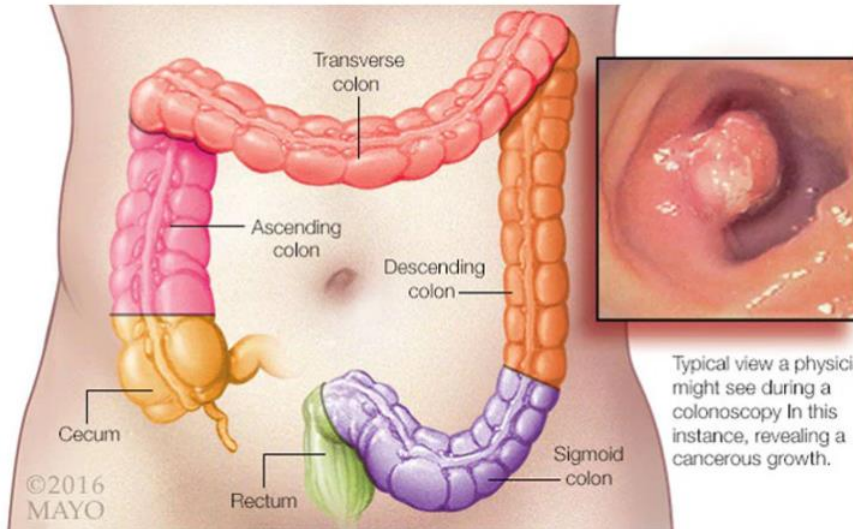


¹Updated use case estimates from "Notes from the AI frontier: Applications and value of deep learning," McKinsey Global Institute, April 17, 2018.



AI-assisted colonoscopies reduce miss rate by 50 percent


Aug. 12, 2022





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REGULATORY INNOVATION



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