



Board of Naturopathy Guideline

Title:	Appropriate Use of Telemedicine	Number: BON 17-01
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Contact:	Susan Gragg, Program Manager	
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Approved	--signature on file--	
	Chair, Board of Naturopathy	

Purpose

To clarify the appropriate use of Telemedicine in naturopathic practice and outline the Board of Naturopathy's expectations of naturopathic physicians when using Telemedicine technology.

Background

Advances in technology, communication and data management have resulted in new approaches in the delivery of naturopathic medical care, including those in which the physician and patient are not in the same physical location, but interact using enabling technology. These new approaches are referred to as Telemedicine. If employed appropriately, Telemedicine is a useful tool that can provide important benefits to patients. Benefits include increased access to healthcare, access to healthcare professionals not available in the patient's home community, quick access of patient records, and a potential reduction in the cost of healthcare delivery. These new practice formats require oversight and regulation so the Board of Naturopathy (board) developed this guideline to describe how Telemedicine is to be defined, supervised, regulated, and disciplined. The board developed this guideline consistent with existing statutes governing the practice of naturopathic medicine within the state of Washington. Technologic changes develop rapidly and become quickly applied to practice. The board's intent is to outline general principles that apply to both existing and future technologies, rather than focusing only on specific current technologies.

Definitions

Enabling Technology: Technology and devices allowing a practitioner to engage in Telemedicine. Usually this is electronic in nature. These technologies may simply transmit audio information and/or images at one end of the spectrum, or at the other end they may enable one to perform complex invasive procedures employing robotics.

In-person contact: Interaction between a practitioner and patient in the physical presence of each other as opposed to remote interaction that characterizes Telemedicine.

Practice of naturopathic medicine: For the purposes of this guideline, this is evaluation, diagnosis, or treatment of a patient for which the practitioner receives, or would reasonably be expected to receive, compensation in some form. The practice of medicine occurs at the location of the patient.¹

Practitioner: The word “practitioner” throughout this document means a naturopathic physician with an active and unrestricted license issued under [Chapter 18.36A RCW](#).

Practitioner-Patient Relationship: The relationship between a provider of naturopathic medical services (practitioner) and a receiver of naturopathic medical services (patient) based on mutual understanding of their shared responsibility for the patient’s health care. The relationship is established when the practitioner agrees to undertake diagnosis and/or treatment of the patient and the patient agrees that the practitioner will diagnose and/or treat, whether or not there has been or is an in-person encounter between the parties. The parameters of the practitioner-patient relationship for Telemedicine should mirror those that would be expected for similar in-person medical encounters.

Telemedicine: The practice of naturopathic medicine using enabling technology between a practitioner in one location and a patient in another location with or without an intervening practitioner. It is a tool in naturopathic medical practice, not a separate form of naturopathic medicine.

Guidelines for Appropriate use of Telemedicine

Practitioners using Telemedicine will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality, and ethical standards required by law. Practitioners who fail to conform to the standard of care, whether rendered in-person or by Telemedicine, may be subject to potential discipline by the board. Some elements of the standard of care as applied to Telemedicine include:

1. **Practitioner-Patient Relationship:** When practicing Telemedicine, a practitioner must establish a practitioner-patient relationship with the patient. The absence of in-person contact does not eliminate this requirement. Patient completion of a questionnaire does not, by itself, establish a practitioner-patient relationship, and therefore treatment, including prescriptions, based solely on a questionnaire does not constitute an acceptable standard of care.
2. **Informed Consent:** As with medical care involving in-person contact, a practitioner should obtain appropriate informed consent for Telemedicine encounters and ensure such consent is

¹ The board recognizes that there may be situations in which a patient, following in-person contact with a practitioner in Washington, may communicate with that practitioner by phone, e-mail or other technology for clarification, advice or follow-up regarding that visit from somewhere outside Washington. Response of the practitioner in such situations, even if not licensed for the location of the patient at that time, would not be considered unlicensed or illegal practice in the context of Washington law. However, the practitioner should make themselves aware of any potential conflicting practice laws in the patient’s location outside the state of Washington.

documented in the patient's medical record. Because of the unique characteristics of Telemedicine, it is best practice for the informed consent to include:

- a. Reasonable understanding by all parties of the enabling technologies utilized, their capabilities and limitations, and a mutual agreement that they are appropriate for the circumstances; and
 - b. The credentials of the practitioner.
3. **Patient Evaluation:** An appropriate history and evaluation of the patient must precede the rendering of any care, including provision of prescriptions. Not all patient situations will be appropriate for Telemedicine. Since, by definition, Telemedicine does not involve in-person contact between practitioner and patient, if circumstances require in-person contact, an appropriate surrogate examiner acceptable to the Telemedicine practitioner and the patient must be present with the patient, to provide necessary in-person observations, or the Telemedicine practitioner should advise the patient to be seen by a practitioner in-person. Evaluating the adequacy and significance of any surrogate examination remains the responsibility of the Telemedicine practitioner.
4. **Allowable Treatment Parameters:** The Telemedicine practitioner may provide any treatment deemed appropriate for the patient, including prescriptions, if the evaluation performed is adequate to justify the action taken. The practitioner is responsible for knowing the limitations of the care he or she can provide, no matter how the care is delivered. Just as in a traditional setting, Telemedicine practitioners should recognize situations that are beyond their expertise, their ability, or the limits of available technology to adequately evaluate or manage in the existing circumstances, and refer such patients for appropriate care.
5. **Medical Records:** Practitioners providing Telemedicine services must document the encounter appropriately and completely so that the record clearly, concisely, and accurately reflects what occurred during the encounter. Such records should be permanent and easily available to or on behalf of the patient and other practitioners in accordance with patient consent, direction, and applicable standards. Practitioners should maintain security and confidentiality of the medical record in compliance with applicable laws and regulations related to the maintenance and transmission of such records.
6. **Prescriptions:** Prescribing medications, whether in-person or by Telemedicine, is at the professional discretion of the practitioner. The practitioner, in accordance with current standards of practice, must evaluate the indications, appropriateness, and safety considerations for each Telemedicine prescription. Telemedicine prescriptions entail the same professional accountability as prescriptions incident to an in-person contact. Where appropriate clinical procedures and considerations are applied and documented, practitioners may exercise their judgment and prescribe medications as part of Telemedicine. Careful consideration should especially apply before prescribing DEA-controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected. Measures to ensure informed, accurate and error-free prescribing practices (e.g. integration with e-Prescription services) are encouraged.