



Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

August 26, 2010
FOR IMMEDIATE RELEASE

Board ad hoc committee to study broad range of telemedicine issues

DES MOINES, IA – The Iowa Board of Medicine’s pending review of its policy statement on a physician’s practice of medicine over the Internet and by means other than a face-to-face visit with a patient will encompass a broad range of medical applications.

Siroos Shirazi, M.D., chair of the Board, on Friday (August 20, 2010) appointed an ad hoc committee to study the Board’s 1996 policy statement and determine what is needed to make it more relevant to the continually expanding use of “telemedicine” by physicians. Telemedicine is being used to facilitate the routine practice of medicine to distant locations and across state lines for such services as psychiatry, pathology, radiology, prescribing, consultation and even robotic surgery.

The committee will begin a review of the policy statement and the general topic of telemedicine this fall, but may not complete its work until a parallel nationwide study is completed in 2011. An update on the ad hoc committee’s work is expected to be reported at the Board’s October 22 meeting.

Members of the ad hoc committee include Board members Amber Mian of Ames, Colleen Stockdale, M.D., of Muscatine, Joyce Vista Wayne, M.D., of Ottumwa, former Board member Carole Frier, D.O., of Des Moines, and Board staff. The ad hoc committee will likely invite participation by others who have expertise in telemedicine issues.

The establishment of the ad hoc committee is not directly related to any investigations under way by the Board. Under Iowa law, the Board may not discuss investigative information until and unless the Board finds cause to file disciplinary charges against a physician. If charges are filed, the legal document is made available to the public. If, however, the Board does not find

sufficient legal basis to file disciplinary charges, the Board may not share the outcome of an investigation.

The Board's policy statement is based in part on a 1996 report by the Federation of State Medical Boards, a national non-profit organization representing the 70 medical boards of the United States and its territories. In July, the federation's board of directors approved a survey of state boards to collect information for a new position paper to assist boards in addressing the latest issues in telemedicine. The federation's study is expected to be completed next spring.

Telemedicine is a significant topic of discussion among state boards because physician licensure is a state-based system that requires physicians to have licenses in each state in which they diagnose and treat patients. With the proliferation of medical practices using technology to evaluate or monitor patients without face-to-face contact, there is concern about the potential for the unregulated practice of medicine, putting patients at risk.

Shirazi said the federation's new study will be useful in the Board's formation of an updated policy statement or proposed administrative rules or legislation.

He noted that the Board's policy statement is not a legally binding opinion, but is only intended to provide guidance to the public. The Board may make formal policy only through administrative rules, declaratory orders or contested case decisions.