

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## Senate interim study on rural health access

### Statistics and Programs

Lyle Kelsey

Executive Director

Reji Varghese

Deputy Director

---

# OKLAHOMA MEDICAL BOARD

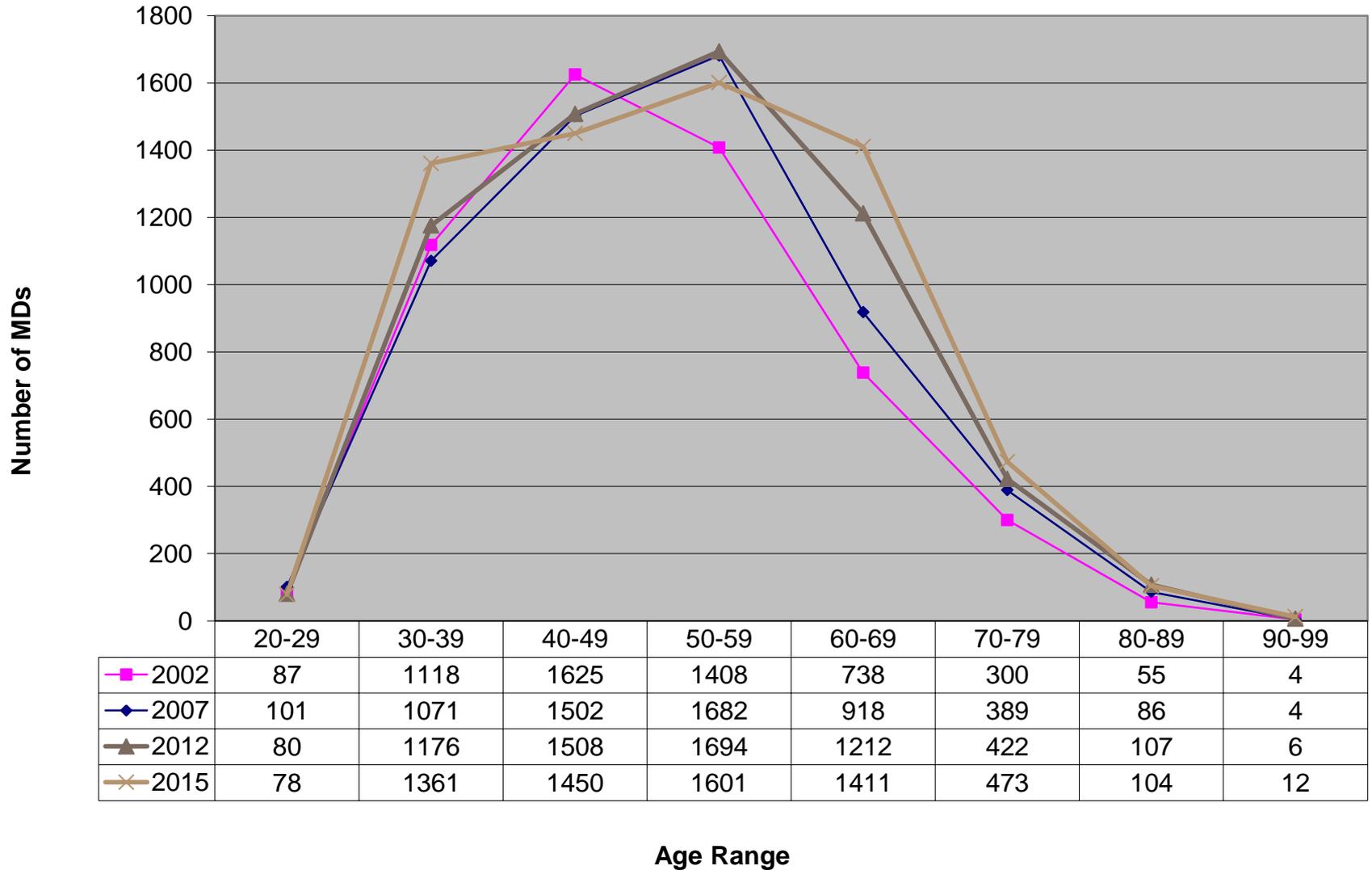
## MDS IN RURAL OKLAHOMA STATISTICS

- **Total Number of all Licensees Licensed by Medical Board:**  
[http://www.okmedicalboard.org/statistics/Tot\\_licensed.html](http://www.okmedicalboard.org/statistics/Tot_licensed.html)
- **Number of MDs by County:** <http://www.okmedicalboard.org/statistics/MDsByCounty.html>
- **Active MDs practicing in Rural Areas of Oklahoma:**  
<http://www.okmedicalboard.org/statistics/RuralMDs.html>
- **Distribution of MD Specialties relative to population, by County:**  
<http://www.okmedicalboard.org/statistics/MDSpecByCounty.html>
- **For a complete list of statistics, updated daily, please visit:** <http://www.okmedicalboard.org/#statistics>

# OKLAHOMA MEDICAL BOARD PROGRAMS

- **National and State Medical & Osteopathic Licensure Compact**
  - <http://www.licenseportability.org/>
- **Oklahoma Medical Board and Oklahoma Hospital Association Health Exchange**
  - <https://secure.okmedicalboard.org/careers/>
- **Telemedicine Law & Rule changes to improve access**
- **The NEW Physician Assistant Law November 1, 2015 will improve rural access**
- **Chart of MDs by age since 2002 - 2015**

## 5 year change in Age Distribution of MDs Working in Oklahoma



# THE LICENSURE COMPACT

## \* **Optimal credentials:** [Such as]

- Board Certified;
- Clean Background check;
- No adverse Board action;
- Graduated from med School in 4 years;
- Completed progressive Residency of 3 years or more; Etc.

I want to apply for a license in Oklahoma...



Same State Board Fee

Texas

Kansas

Oklahoma

**Compact Licensure Commission** [member boards]  
**Fast Track \*Credentialing**

Missouri

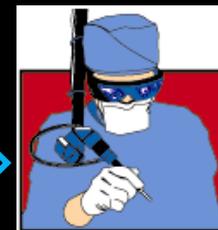
Same State Board Fee



**Oklahoma Medical Board**  
Regular Licensure track\*



Same State Board Fee



## How does the Compact Licensure Commission CLC get their operating funds?

Initially, the CLC will research grants & contributions; However, there may be a need for the CLC Member Boards to fund some of the start up costs [\$2,000 - \$5,000] or an annual CLC membership fee based on state board statistics/budget.

## \* **Current Licensure Requirements** [such as]

- No Board Certification required
- 1 year of ACGME Post Graduate Education
- Passage of Licensure Exam in 3 attempts
- Background check issues handled individually
- Unusual circumstances handled individually, etc.

# TELEMEDICINE RULES EFFECTIVE SEPTEMBER 12, 2014

“**Telemedicine**” means the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telemedicine management, transfer of medical data, or exchange of medical education information **by means of audio, video, or data communications**. Telemedicine is not a consultation provided by telephone or facsimile machine (Oklahoma Statutes, Title 36, Sec. 6802). **This definition excludes phone or Internet contact or prescribing and other forms of communication**, such as web-based video, that might occur between parties that does not meet the equipment requirements as specified in OAC 435:10-7-13 **and therefore requires an actual face-to-face encounter**. **Telemedicine physicians who meet the requirements of OAC 435:10-7-13 do not require a face to face encounter**

## 435:10-7-13. Telemedicine [NEW]

- a. Physicians treating patients in Oklahoma through telemedicine must be **fully licensed to practice medicine in Oklahoma**; and
- b. **Must practice telemedicine in compliance with standards established in these rules**. In order to be exempt from the face-to-face meeting requirement set out in these rules, **the telemedicine encounter must meet the following**:
  1. **Telemedicine encounters**. Telemedicine encounters require the distant site physician to perform an exam of a patient at a separate, remote originating site location. In order to accomplish this, **and if the distant site physician deems it to be medically necessary**, a licensed healthcare provider trained in the use of the equipment may be utilized at the originating site to “present” the patient, manage the cameras, and perform any physical activities to successfully complete the exam. **A medical record must be kept and be accessible at both the distant and originating sites**, preferably a shared Electronic Medical Record, that is full and complete and meets the standards as a valid medical record. **There should be provisions for appropriate follow up care equivalent to that available to face-to-face patients**. The information available to the distant site physician for the medical problem to be addressed must be equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter and must meet all applicable standards of care for that medical problem including the documentation of a history, a physical exam, the ordering of any diagnostic tests, making a diagnosis and initiating a treatment plan with appropriate discussion and informed consent.

# TELEMEDICINE RULES EFFECTIVE SEPTEMBER 12, 2014

## 435:10-7-13. Telemedicine (Cont'd)

- **2. Equipment and technical standards**
- A. Telemedicine technology must be sufficient to provide the same information to the provider as if the exam has been performed face-to-face.
- B. Telemedicine encounters must comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) security measures to ensure that all patient communications and records are secure and remain confidential.
- **3. Technology guidelines**
- A. Audio and video equipment must permit interactive, real-time communications.
- B. Technology must be HIPAA compliant.
- **4. Board Approval of Telemedicine**
- In the event a specific telemedicine program is outside the parameters of these rules, the Board reserves the right to approve or deny the program.

-

# TELEMEDICINE RULES EFFECTIVE SEPTEMBER 12, 2014

- **435:10-7-12. Establishing a physician/patient relationship; exceptions**
- A physician/patient relationship is established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules **except the following providers are not subject to the face-to-face encounter:**
- (1) **Providers covering the practice of another provider may approve refills of previously ordered medications if they have access to the medical file of the patient.**
- (2) **Hospice medical directors** may initiate prescriptions based on requests from licensed health care providers and on information from Hospice records.
- (3) Providers ordering appropriate medications for persons with laboratory-proven, **sexually transmitted diseases and persons who have been in contact with certain infectious diseases.**
- (4) **Telemedicine physicians who meet the criteria set out in OAC 435:10-7-13 of this Subchapter.**
- (5) Licensed healthcare providers providing **medical immunizations**, which may be implemented by means of standing order(s) and/or policies.
-

OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Senate interim study  
on rural health access

Thank you

Lyle Kelsey

Executive Director

Reji Varghese

Deputy Director

---