

## VHA TELERADIOLOGY PROGRAMS

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy to facilitate efficient sharing of radiology resources across Department of Veterans Affairs (VA) medical facilities through teleradiology. This directive enables VA medical facilities to share radiologist professional services through teleradiology within the integrated VHA enterprise without re-credentialing or re-privileging the radiologists at each individual VA medical facility. **NOTE:** *Teleradiology is specifically excluded from VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020. Teleradiology Services provided by the National Teleradiology Program are established through VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020.*

**2. SUMMARY OF CONTENT:** This is a new directive that defines national standards and responsibilities for sharing radiology professional services across VA medical facilities through teleradiology. It establishes standards for teleradiology “privileging-by-proxy” for privileged teleradiology health care professionals, which enables the flexible utilization of VHA radiology professional services across VA medical facilities.

**3. RELATED ISSUES:** VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.

**4. RESPONSIBLE OFFICE:** The Office of Diagnostics Services (11DIAG) in the Office of the Assistant Under Secretary for Clinical Services is responsible for the contents of this directive. Questions may be addressed to [VHARadiologyProgramOffice@va.gov](mailto:VHARadiologyProgramOffice@va.gov).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Kameron Matthews, MD, JD  
Assistant Under Secretary for Health  
for Clinical Services

June 10, 2021

VHA DIRECTIVE 1916

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on June 11, 2021.

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TELERADIOLOGY SERVICE AGREEMENT.....A-1

## VHA TELERADIOLOGY PROGRAMS

### 1. PURPOSE

This Veterans Health Administration (VHA) directive facilitates the efficient sharing of radiology resources across Department of Veterans Affairs (VA) medical facilities through teleradiology. The directive reduces the administrative requirements for teleradiology program activation and maintenance between VA medical facilities while maintaining quality processes that ensure oversight of the teleradiology health care professional practice. Thus, VA medical facilities can share teleradiology health care professional services within the integrated VHA enterprise, without re-credentialing or re-privileging the teleradiology health care providers at each VA medical facility. This directive is intended to cover site to site teleradiology services in VHA, including a VA medical facility providing teleradiology services to one or more originating sites. **NOTE:** *All references to radiology services, radiologists and teleradiology also include nuclear medicine services, nuclear medicine physicians and tele-nuclear medicine.*  
**AUTHORITY:** 38 U.S.C. §§ 1730C, 7301(b); 38 C.F.R. §§ 17.417, 17.419.

### 2. BACKGROUND

a. VHA requires teleradiology health care professionals to be credentialed and privileged in accordance with VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, or VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012, before practicing at, or under the authority of, a VA medical facility.

b. VHA has established processes, consistent with applicable accreditation organizations, for sharing privileging decisions between VA medical facilities (e.g., privileging-by-proxy) and health care professional resources via teleradiology between VA medical facilities within its integrated health care system.

c. Historically, a signed Teleradiology Memorandum of Understanding (MOU) establishing the procedures and responsibilities for privileging-by-proxy, was used to authorize privileging-by-proxy between two VA medical facilities.

d. VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020, specifically excludes privileging by proxy for teleradiology.

e. This directive excludes the National Teleradiology Program (NTP), where privileging by proxy is established under VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020.

f. If a teleradiology health care professional performs medical duties onsite for an originating site VA medical facility, or otherwise works outside the scope of this directive or an accompanying Teleradiology Service Agreement (TSA), the teleradiology health care professional is not functioning as a health care professional covered under this policy and, therefore, must be credentialed and privileged in accordance with VHA

Handbook 1100.19 or VHA Directive 2012-030 at each VA medical facility where they provide onsite services.

g. This directive does not apply to VA-contracted teleradiology health care professionals. VA-contracted teleradiology health care professionals do not have the same legal protections as VA-employed teleradiology health care professionals who deliver telehealth services. Additional requirements must be met before authorizing VA-contracted teleradiology health care professionals to deliver care across VA medical facilities using telehealth. This includes ensuring that any contracts for telehealth include all necessary State license, registration or certification requirements and consulting with the VA medical facility contracting officer and District counsel to ensure all requirements are met for VA-contracted teleradiology health care professionals to provide teleradiology professional services.

### 3. DEFINITIONS

a. **Adverse Events.** Adverse events are untoward diagnostic or therapeutic incidents, iatrogenic injuries or other occurrences of harm or potential harm directly associated with care or services delivered by VA health care providers. **NOTE:** *For further information on adverse events, see VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.*

b. **Distant Site.** A distant site is the VA health care system or VA medical facility that accepts responsibility for completing and maintaining medical staff credentialing and privileging requirements for the teleradiology health care professionals practicing as part of a teleradiology service.

c. **Focused Professional Practice Evaluation.** A Focused Professional Practice Evaluation (FPPE) is an oversight process within a defined period of evaluation whereby the respective clinical service chief and the Executive Committee of the Medical Staff evaluates the privilege-specific competence of a Licensed Independent Practitioner (LIP) who does not yet have documented evidence of competently performing the requested privileges at the VA medical facility. This is a routine process with standardized criteria approved by the VA medical facility's Executive Committee of the Medical Staff and Director and applied to LIPs within the same specialty who hold the same privileges.

d. **Health Care Professional.** For purposes of this directive, a health care professional is an individual who meets all of the following requirements:

(1) Is appointed to an occupation in VHA that is listed in or authorized under 38 U.S.C. §§ 7306, 7401, 7405, 7406, or 7408 or Title 5 U.S.C.

(2) Is not a VA-contracted health care professional.

(3) Has an active, current, full and unrestricted license, registration or certification in a State to practice the health care profession of the health care professional or is both:

(a) Under the clinical supervision of a health care professional that meets the requirements of paragraph 3.d.(5) of this section; and

(b) A postgraduate employee, appointed under Title 5, 38 U.S.C. § 7401(1), (3), or 38 U.S.C § 7405 for any category of personnel described in 38 U.S.C. § 7401(1), (3) who must obtain full and unrestricted licensure, registration or certification or meet the qualification standards as defined by the Under Secretary for Health within the specified time frame. **NOTE:** *For the purposes of this directive, teleradiology health care professionals include all health care professionals who provide patient care and related health care services via teleradiology, including teleradiologists with fee basis appointments. Health Professions Trainees are authorized to participate in teleradiology under specific conditions; however, they are not credentialed and privileged or authorized to work independently of their supervising health care professional. Therefore, they are not applicable to this policy and are not considered to be teleradiology health care professionals.*

e. **Ongoing Professional Practice Evaluation.** Ongoing Professional Performance Evaluation (OPPE) is the ongoing monitoring of privileged LIPs to identify clinical practice trends that may impact the quality and safety of care. OPPE applies to all LIPs who are privileged as well as physician assistants, nurse practitioners, and clinical pharmacy specialists who are on Scopes of Practice. Information, and data considered must be LIP and specialty specific. The OPPE data is maintained as part of the Practitioner Profile to be analyzed in the VA medical facility's on-going monitoring program.

f. **Originating Site.** An originating site is the VA health care system or VA medical facility through which the beneficiary is receiving clinical care.

g. **Privileging-by-Proxy.** Privileging-by-proxy is the process by which one VA medical facility accepts the decisions of another VA medical facility regarding granting or maintaining the clinical privileges of a privileged health care professional.

h. **Sentinel Event.** A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm or severe temporary harm.

i. **Teleradiology.** Teleradiology is the use of electronic telecommunications technologies to provide radiology interpretations at a distance. **Note:** *For the purposes of this directive, teleradiology health care professionals providing services from an approved alternate worksite (e.g. from a home teleradiology workstation) for the VA medical facility at which they are credentialed, are not considered teleradiology requiring a TSA. In addition, the terms "radiology" and "teleradiology" include radiology, nuclear medicine and other diagnostic imaging services.*

j. **Teleradiology Service Agreement.** A Teleradiology Service Agreement (TSA) defines the clinical, technical and business requirements for a teleradiology clinical service. TSAs include the contingency and emergency plans for the clinical service.

TSA requirements are further defined in Appendix A and a TSA template can be found on the National Radiology Program Office Intranet site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP/Mammography/DirectivesSOPs/Forms/AllItems.aspx?csf=1&web=1&e=Yh9H1Q&cid=4d6cae22%2D8762%2D4b90%2D9213%2D84313118145e&RootFolder=%2Fsites%2FVHADiagnosticservices%2FNRP%2FMammography%2FDirectivesSOPs%2FPre%2DDecisional%20VHA%20Directive%201916%20Teleradiology&FolderCTID=0x0120000C55B1024EE5CE4989B50D684DF5FF4E>.

#### 4. POLICY

It is VHA policy that distant site VA teleradiology health care professionals may provide teleradiology services to originating site Veterans, without those health care professionals being re-credentialed or re-privileged at the originating site, so long as the following requirements are met:

(1) The teleradiology health care professionals practice within their clinical privileges at the distant site.

(2) The teleradiology health care professionals deliver services in accordance with a TSA.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Clinical Services.** The Assistant Under Secretary for Clinical Services is responsible for supporting the Diagnostic Services Program Office with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Diagnostic Services.** The Executive Director, Diagnostic Services is responsible for overseeing the Director, National Radiology Program Office in policy development and supporting VISN Directors with implementation of this directive.

e. **Director, National Radiology Program Office.** The Director, National Radiology Program Office is responsible for:

(1) Assisting VISNs with workload monitoring and teleradiology workload redistribution.

(2) Developing VHA policies and standards for teleradiology.

(3) Developing VHA guidelines for TSA templates.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Incorporating teleradiology in strategic planning for optimizing the availability of radiology services within the VISN, when appropriate.

g. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer (CMO) or designee (e.g., the VA medical facility Chief Nursing Officer) is responsible for:

(1) Providing oversight of the privileging process at all VA medical facilities within the VISN.

(2) Monitoring and reviewing available teleradiology data to ensure the high quality of clinical care provided by teleradiology health care professionals to Veterans within the VISN.

h. **Veterans Integrated Service Network Diagnostics Integrated Clinical Community Lead.** The VISN Diagnostics Integrated Clinical Community (ICC) Lead is responsible for:

(1) Reviewing inter-VA medical facility TSAs at least annually with the Chiefs of Radiology in their VISN.

(2) Maintaining an inventory of teleradiology resources within the VISN and incorporating teleradiology into VISN imaging contingency planning.

(3) Facilitating teleradiology resources for purposes of intra-VISN OPPE.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for the following based on the site designation:

(1) **All VA Medical Facilities (Originating and Distant Sites).** The VA medical facility Directors at all VA medical facilities are responsible for:



(a) Authorizing access to VA medical facility electronic systems, including electronic health records for distant site teleradiology health care professionals.

(b) Ensuring that a TSA between participating VA medical facilities is approved by the VA medical facility Chief of Staff and Chief of Radiology before the service is initiated. **NOTE:** *There are emergency situations where this requirement may be waived by the VA medical facility Director when the VA medical facility emergency management plan has been activated in order to meet immediate patient needs.*

(c) Ensuring that the VA medical facility complies with the requirements in approved TSAs.

(d) Providing oversight to ensure that VA medical facility staff comply with this directive.

(2) **Distant Site VA Medical Facility.** The VA medical facility Director at a distant site VA medical facility is responsible for ensuring that the Chief of Radiology at the distant site tracks which sites teleradiology health care professionals have been assigned privileging-by-proxy through a TSA.

j. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff or designee (e.g. the VA medical facility Chief Nursing Officer) is responsible for the following based on the site designation:

(1) **All VA Medical Facility Sites (Originating and Distant Sites).** The VA medical facility Chiefs of Staff at all VA medical facility sites are responsible for:

(a) Approving inter-VA medical facility TSAs in coordination with the Chief of Radiology.

(b) Stipulating within the TSA the clinical services to be provided through teleradiology.

(c) Specifying within the TSA contingency and clinical emergency plans in the event of interruptions to a teleradiology service for any reason.

(d) Addressing non-emergent issues, concerns or problems related to patient safety, patient care, administrative concerns, data and information transmissions, patient identification questions, confidentiality, privacy, consent, incomplete information or other concerns affecting patient care and ensuring communication of such events to the appropriate staff, such as the Quality Manager, Privacy Officer, or Patient Safety Officer, at both the originating and distant site, as appropriate, for resolution. **NOTE:** *In the event that there is an interruption to a Teleradiology Service for any reason, the VA medical facility Chief of Staff (or designee such as the Associate Chief of Staff) at the distant site and the originating site are responsible for taking immediate and appropriate measures to ensure patients continue to receive needed care and services in a manner consistent with VHA patient safety and health care standards.*

(2) **Distant Site VA Medical Facility.** The VA medical facility Chief of Staff at a distant site VA medical facility is responsible for:

(a) Notifying the originating site Chief of Staff or other designated point of contact of quality concerns or changes to the privileges of distant site teleradiology health care professionals that impact their abilities to perform their teleradiology duties.

(b) Ensuring that a current list of teleradiology health care professionals, practicing under the auspices of this directive and in accordance with a TSA, is available to each originating site participating in a TSA. **NOTE:** *The list of teleradiology health care professionals may be included in a TSA or within a shared or online location referenced in the TSA.*

(c) Ensuring that the teleradiology health care professionals delivering services through the TSA have the appropriate privileges to deliver the service. **NOTE:** *Teleradiology is a method to provide radiology professional services and is not itself a specific or separate privilege. Privileges of teleradiology health care professionals practicing under the auspices of this directive and in accordance with a TSA, must be available to each originating site participating in a TSA upon request. The request may be delivered by the Chief of Staff, Quality Manager, or Credentialing Committee at the originating site.*

(d) Ensuring that a teleradiology health care professional's FPPE and OPPE reviews and a copy of a teleradiology health care professional's privileges are made available to an originating site upon request. **NOTE:** *Unless specified in the TSA, additional signatures to a TSA are not required when adding or removing teleradiology health care professionals to or from the service respectively.*

(e) Conducting protected peer reviews for quality management in accordance with VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018, at the distant site. **NOTE:** *Alternative peer review processes may be established for specialized telehealth programs through either policy or written agreement between VA medical facilities.*

(3) **Originating Site VA Medical Facility.** The VA medical facility Chief of Staff at an originating site VA medical facility is responsible for:

(a) Notifying the distant site Chief of Staff or designee (e.g., Associate Chief of Staff) about any adverse or sentinel events that result from the teleradiology services provided and any validated complaints about a distant site teleradiology health care professional from patients, health care professionals, or staff at the originating site. **NOTE:** *While the Chiefs of Staff at distant sites provide oversight for the health care provider competency (OPPE and FPPE), the Chiefs of Staff at the originating site provide any applicable feedback, when identified through their usual processes, from incidents, complaints and other triggers regarding the episode of care provided by the teleradiology health care professional.*

(b) Ensuring that findings from quality management (e.g., chart audits) and other reviews (e.g., patient complaints) which identify a concern about an episode of care involving a teleradiology health care professional are communicated by the Quality Manager to the Chief of Staff or responsible designee (e.g., Associate Chief of Staff) at the distant site.

(c) Ensuring that adverse events that result from the telehealth service are disclosed by teleradiology health care professionals to patients according to VHA Directive 1004.08.

k. **VA Medical Facility Chief of Radiology.** The VA medical facility Chief of Radiology is responsible for the following based on the site designation:

(1) **All VA Medical Facility Sites (Originating and Distant Sites).** The VA medical facility Chief of Radiology at all VA medical facilities is responsible for:

(a) Developing inter-VA medical facility TSAs in conjunction with the VISN Diagnostics ICC Lead for approval and signatures by the VA medical facility Chief of Staff and Chief of Radiology at both the originating and distant sites.

(b) Ensuring contact information remains current on a TSA SharePoint site and that appropriate staff (e.g., ordering health care providers, teleradiology health care professionals, radiology department technical staff) are aware of emergency procedures.

(c) Identifying and communicating with the Chief of Staff at both the distant and originating sites non-emergent issues, concerns or problems related to patient safety, patient care, administrative concerns, data and information transmissions, patient identification questions, confidentiality, privacy, consent, incomplete information or other concerns affecting patient care.

(2) **Distant Site VA Medical Facility.** The VA medical facility Chief of Radiology at a distant site VA medical facility is responsible for:

(a) Communicating feedback about the teleradiology services to the originating site VA medical facility Chief of Radiology or Chief of Staff, as appropriate, for purposes of continuous quality improvement.

(b) Ensuring that each teleradiology health care professional's profile (e.g., FPPE and OPPE) substantiates the teleradiology health care professional's continued competency and supports their requested clinical privileges.

(c) Ensuring that the teleradiology health care professional maintains privileges at the distant site and practice within their VHA clinical privileges.

(d) Considering patient care data reviews and feedback submitted from an originating site about a teleradiology health care professional's practice, including adverse outcomes or complaints related to the teleradiology health care professional's

practice, in practice reviews and privileging actions, as appropriate for the teleradiology health care professional. **NOTE:** *The distant site may use the information from the originating site (or sites, if more than one) for personnel actions, privileging actions or performance improvement activities.*

(e) Maintaining and making available to the originating site a current list of teleradiology health care professionals who deliver teleradiology services as defined by a TSA.

(f) Ensuring that the teleradiology health care professionals deliver services in accordance with a TSA between the distant site and the originating site by monitoring the workload provided and confirming the workload is within the scope of the TSA.

(g) Tracking at which sites distant teleradiology health care professionals under their supervision have been assigned privileging-by-proxy through a TSA.

(h) Providing teleradiology health care professional information to the originating site for the purpose of Third Party Payer claim submission and adjudication for non-service connected care billable to Third Party Payer plans, when applicable.

(3) **Originating Site VA Medical Facility.** The VA medical facility Chief of Radiology at the originating site VA medical facility is responsible for notifying the distant site Chief of Radiology, Chief of Staff or designee (i.e. the Associate Chief of Staff) about, at minimum, any adverse or sentinel events that result from the telehealth services provided and any validated complaints about a distant site teleradiology health care professional from patients, health care professionals, or staff at the originating site.

l. **VA Medical Facility Quality Manager (Originating Site).** The VA medical facility Quality Manager at the originating site VA medical facility is responsible for communicating quality assurance information, including results of professional practice reviews, as well as any complications or incidents that result in adverse or serious patient outcomes to the distant site Chief of Radiology.

m. **Teleradiology Health Care Professional.** The teleradiology health care professional is responsible for:

(1) Practicing teleradiology in accordance with their VA privileges, assigned clinical responsibilities and functional statement as applicable and as granted at the distant site. **NOTE:** *Teleradiology is not a separate privilege or setting of care.*

(2) Providing feedback about service quality concerns to the distant site Chief of Radiology as appropriate to promote continuous quality improvement.

(3) Updating the Chief of Radiology at the distant site of any adverse licensure actions, malpractice claims or restrictions to privileges at other sites.

## 6. TRAINING

There are no formal training requirements associated with this directive.

## 7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer. **NOTE:** *Credentialing and privileging documents must be maintained in accordance with VHA Handbook 1100.19, VHA Directive 2012-030 and the System of Records Notice 77VA10A4, "Health Care Provider Credentialing and Privileging Records – VA."*

## 8. REFERENCES

- a. 38 U.S.C. § 1730C.
- b. 38 U.S.C. § 7301(b).
- c. 38 C.F.R. § 17.417.
- d. VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.
- e. VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020.
- f. VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.
- g. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.
- h. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.

## TELERADIOLOGY SERVICE AGREEMENT

1. A Teleradiology Service Agreement (TSA) allows for privileging by proxy for distant site teleradiology health care professionals interpreting imaging examinations from one or more originating sites. **NOTE:** *A TSA may include one distant site and multiple originating sites, multiple distant sites and one originating site or multiple distant sites and multiple originating sites so long as agreement requirements are standard across sites and site-specific information (e.g., contact information, emergency plans and list of teleradiology health care professional providing teleradiology services to the originating site) is available for all locations within the TSA or a referenced shared location, such as an intranet location.*

2. A TSA defines:

- a. Teleradiology services to be provided.
- b. Hours of operation.
- c. Contact information at both the originating and distant sites.
- d. Emergency plans.
- e. Process for notification of critical results.

f. List of health care providers at the distant site providing teleradiology services by means of privileging by proxy at the originating site. **NOTE:** *The health care provider list may be maintained by the distant site Chief of Radiology on a SharePoint site; additions or deletions do not require a new TSA.*

g. Process for workload tracking and third-party billing.

h. Process for sharing professional competency data (Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Performance Evaluation (OPPE)) between the distant and originating sites.

i. Signatures for Chief of Radiology and Chief of Staff at both originating and distant sites.

j. A boilerplate template of a TSA can be found on the National Radiology Program Office SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP/Mammography/DirectivesSOPs/Forms/AllItems.aspx?csf=1&web=1&e=Yh9H1Q&cid=4d6cae22%2D8762%2D4b90%2D9213%2D84313118145e&RootFolder=%2Fsites%2FVHADiagnosticservices%2FNRP%2FMammography%2FDirectivesSOPs%2FPre%2DDecisional%20VHA%20Directive%201916%20Teleradiology&FolderCTID=0x0120000C55B1024EE5CE4989B5>

June 10, 2021

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APPENDIX A

[0D684DF5FF4E](#). **NOTE:** *This is an internal VA website that is not available to the public.*