

## Addendum to the MDCH DSME Program Standards: Telemedicine

### **Standard 2: External Input**

#### 2.1 Interpretive Guidelines

- When telemedicine services are provided, ongoing external input is sought from a stakeholder/expert representing the service area of the originating site.

### **Standard 3: Access**

#### 3.1 Interpretive Guidelines

- If telemedicine is provided, specific indicators are present that help determine the use of telemedicine as a means to meet the needs of the target population.

### **Standard 5: Instructional Staff**

#### 5.3 Interpretive Guidelines

- Community Health Workers (CHWs) will not be the primary instructor for any telemedicine services; they may only be utilized to provide support services to participants and assistance to DSME instructional staff.
- The program's policy related to Community Health Workers (CHWs) must address on-going training and competencies, supervision by DSME instructional staff and expectations relative to the CHW's role in providing assistance with telemedicine services of DSME and DSMS when CHWs are utilized at either the originating or distant sites.

### **Standard 6: Curriculum**

#### 6.1 Interpretive Guidelines

- If instructional method of delivery includes telemedicine use, the written curriculum indicates delivery is done by means of secure, real time interactive, two-way audio and video telecommunications.
- If there are variances in instructional materials or methods utilized due to telemedicine services being provided, there is documentation present in the curriculum.

### **Standard 7: Individualization**

#### 7.4 Interpretive Guidelines

- There is evidence of documentation of the location of the originating site and instructional staff present and providing services at the distant site when telemedicine services are provided.
- There is evidence in the education record, assessment form or progress note of how educational materials are provided to the telemedicine participant at the originating site.
- When telemedicine services are provided, there is evidence in the education record that the participant received one hour of in-person services furnished in the year following the initial DSMT service to ensure effective injection training, as needed.

- When telemedicine services are provided the participant's original DSME record will be kept at the distant site location for use by the instructional staff.

Written by: Frances Pachota, Dawn Crane 4/2/15

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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**Addendum to the MDCH Site Visit/Standards Review Form: Telemedicine**

**Standard 2: External Input**

- If telemedicine services are provided, there is evidence that external input was sought from a stakeholder/expert representing the service area of the originating site.

**Standard 3: Access**

- If telemedicine services are offered, indicators are present that determined use of telemedicine to serve the needs of the target population is warranted.

**Standard 5: Instructional Staff**

- When CHWs are utilized to assist with telemedicine services at either the originating or distant site, there is evidence in the program’s policy related to Community Health Workers (CHWs) that on-going training and competencies, supervision by DSME instructional staff and expectations relative to the CHW’s role assisting with telemedicine services of DSME and DSMS are addressed.

**Standard 6: Curriculum**

- If telemedicine services are provided, there is evidence in the written curriculum that education is delivered through secure, real time interactive, two-way audio and video telecommunications, and any variances in instructional materials or methods utilized are documented.

**Standard 7: Individualization**

- Location of originating site and instructional staff present and providing services at the distant site is documented when telemedicine services are provided.
- There is evidence in the education record, assessment form or progress note of how educational materials were provided to the telemedicine participant at the originating site.
- When telemedicine services are provided, there is documentation in the education record that the participant received one hour of in-person services furnished in the year following the initial DSMT service to ensure effective injection training, as needed.

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