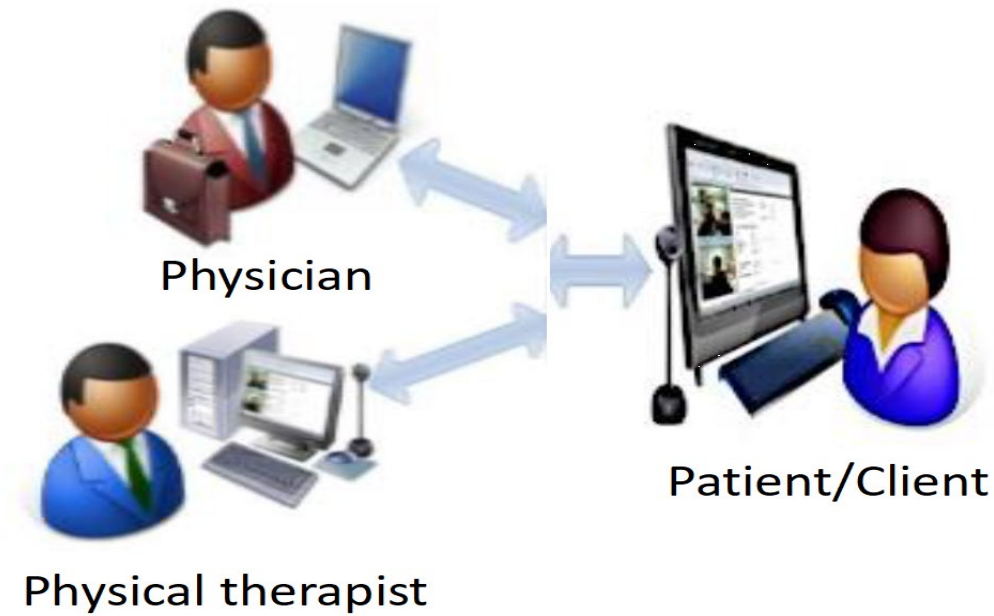
Advancement of Telehealth and Digital Practice in Physical Therapy



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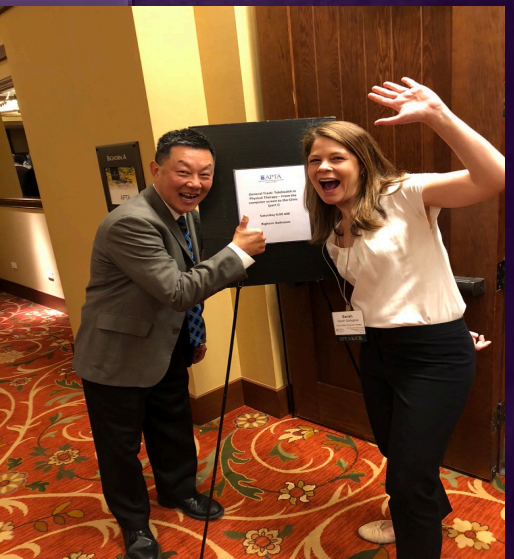
Learning Objectives

- The learner will be able to:
  - Describe the historical perspective of telehealth and digital practice in physical therapy
  - Identify key topics before, during, and after telehealth and digital physical therapist practice
  - Discuss current resources developed by the physical therapy profession (APTA, FSBPT, WCPT)

Telehealth & Digital Practice in Physical Therapy
My Story

allee@msmu.edu
@alanleeDPT



Disclosures:
Dr. Lee serves on a telehealth advisory board for Bluejay Mobile Health.

OXFORD ACADEMIC

PTJ Physical Therapy & Rehabilitation Journal

APTA American Physical Therapy Association

Article Navigation

Telehealth as a Means of Health Care Delivery for Physical Therapist Practice FREE

Alan Chong W. Lee ✉, Nancy Harada

Physical Therapy, Volume 92, Issue 3, 1 March 2012, Pages 463–468,
https://doi.org/10.2522/ptj.20110100
Published: 01 March 2012 **Article history** ▾

PDF
Help

https://academic.oup.com/ptj/article/92/3/463/2735321?searchresult=1

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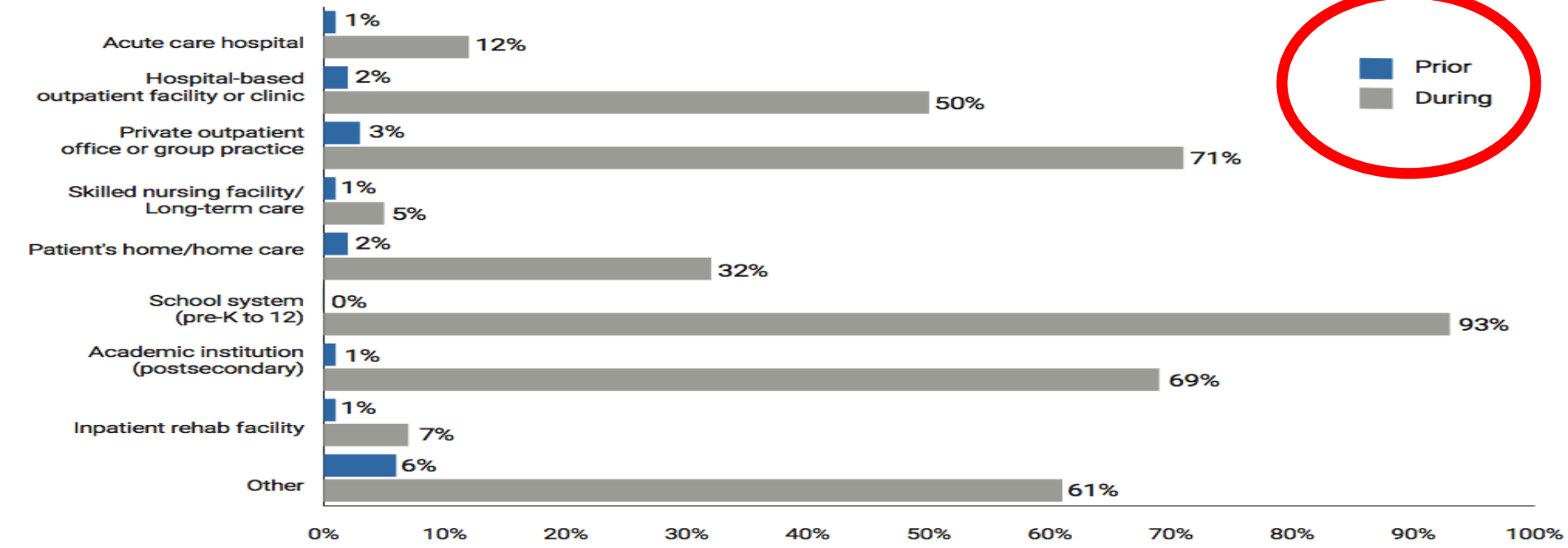
Telehealth Adoption



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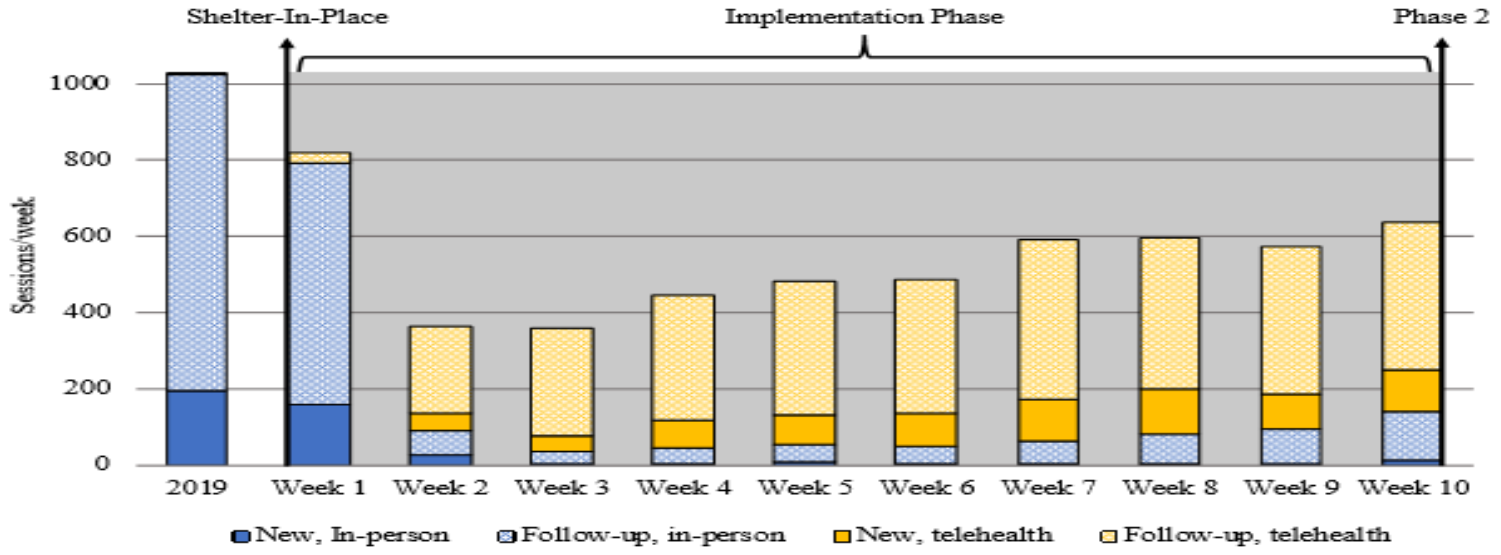
Title: Evaluation of Pragmatic Telehealth Physical Therapy Implementation During the COVID-19 Pandemic

Running Head: Telehealth Physical Therapy Implementation

TOC CATEGORY: Original Research

AUTHOR BYLINE: Matthew J. Miller, Sang S Pak, Daniel R Keller, Deborah E. Barnes

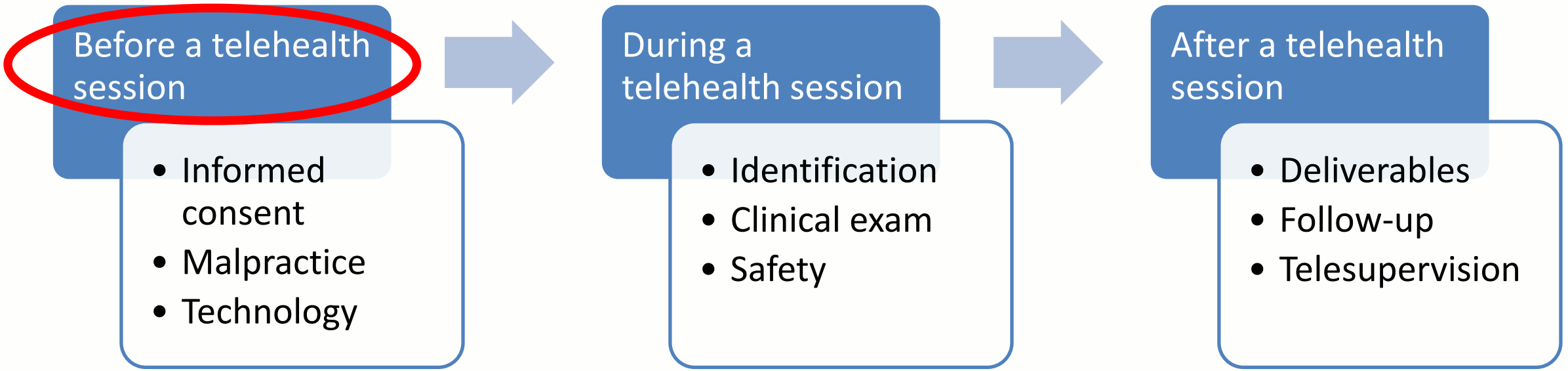
Figure 2. Distribution of in-person and telehealth sessions (new and follow-up) by week during implementation phase (March 22 to May 16, 2020) and average sessions/week during comparison period (March 22 to May 16, 2019).



Physical Therapy

APTA American Physical Therapy Association

Telehealth Implementation



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An official website of the Department of Health and Human Services

Agency for Healthcare Research and Quality

Search AHRQ

Informed Consent Resources for Telehealth

As the COVID-19 pandemic has forced healthcare providers to limit in-person visits, telehealth has expanded rapidly.

In response to the need to obtain informed consent from patients for virtual visits, AHRQ has created a **sample telehealth consent form** (Word, 26.6 KB) that is easy to understand and guidance for clinicians on how to obtain informed consent for telehealth.

Access more information about AHRQ's telehealth consent form and other health literacy resources.

Page last reviewed May 2020
Page originally created May 2020

Internet Citation: Informed Consent Resources for Telehealth. Content last reviewed May 2020. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/news/telehealth-consent.html

Telehealth Consent Teach-back Documentation

Name of Patient: _____ Date: _____

Name of Clinician: _____

Name of Interpreter: _____

(If patient does not speak English **very** well, use an interpreter)

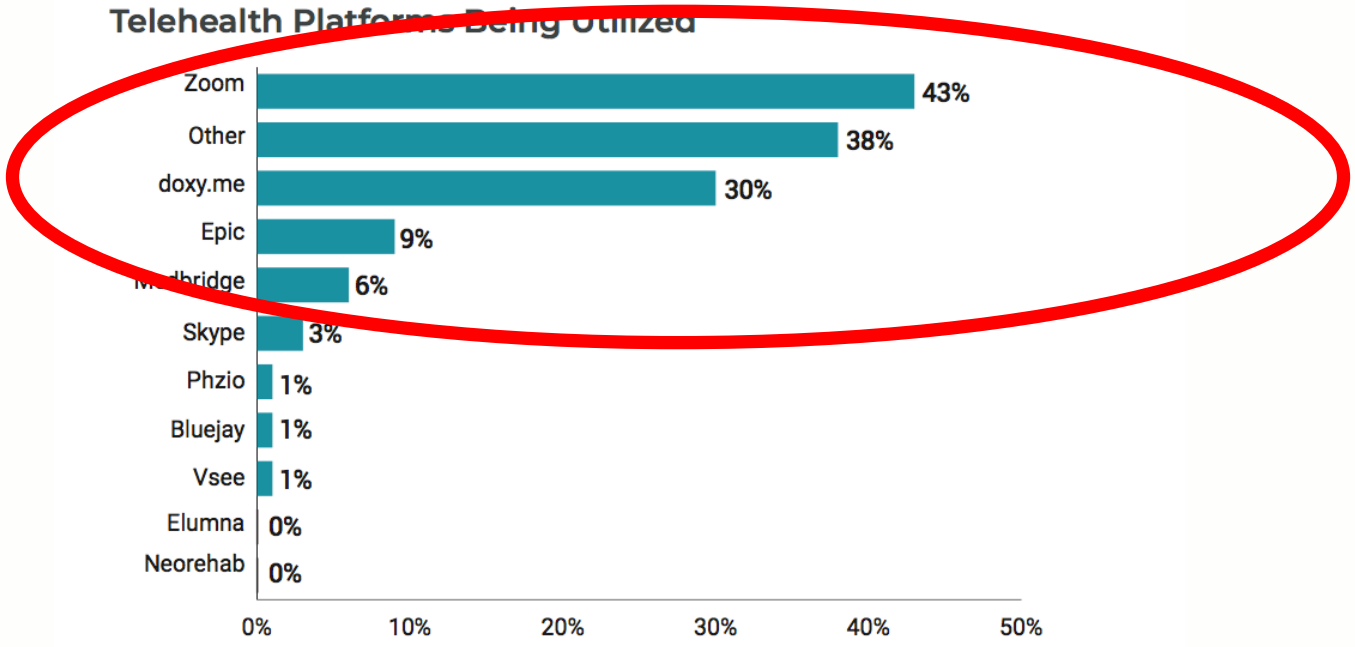
	Was the patient able to teach-back the information in their own words?			
	1st attempt	**2nd attempt**	**3rd attempt**	**4th attempt**
What telehealth is	☐ Yes☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
How telehealth could help (benefits)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
How telehealth could be bad (harms and risks)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Privacy of telehealth (risks)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alternative of office visit (options)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ability to withdraw consent (no penalty)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Cost	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Obligation to sign (voluntariness)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

https://www.ahrq.gov/news/telehealth-consent.html

Technology

Zoom Leads the Way

The most popular platform for video consults was Zoom, identified by 43% of PTs surveyed. Doxy.me was used by 30%, and Epic by 9%. Respondents identified more than two dozen platforms used to facilitate video-based care.



We make it easy to get started
By keeping things simple

NO DOWNLOAD REQUIRED
With accessibility in mind, we have made Doxy.me extremely simple and easy to use for both clinicians and patients.

FREE TO USE
We believe cost shouldn't be a barrier to telemedicine. That's why Doxy.me is free for all.

WORLDWIDE USAGE
HIPAA, GDPR, PHIPA/PIPEDA, & HITECH compliant: We meet worldwide security requirements.

BAA INCLUDED
All individual providers get a free Business Associate Agreement (BAA) with Doxy.me. Sign up for free to download your BAA.

Accessible from everywhere
Your desktop, tablet & smartphone

Don't forget Business Associate Agreements – now & after PHE

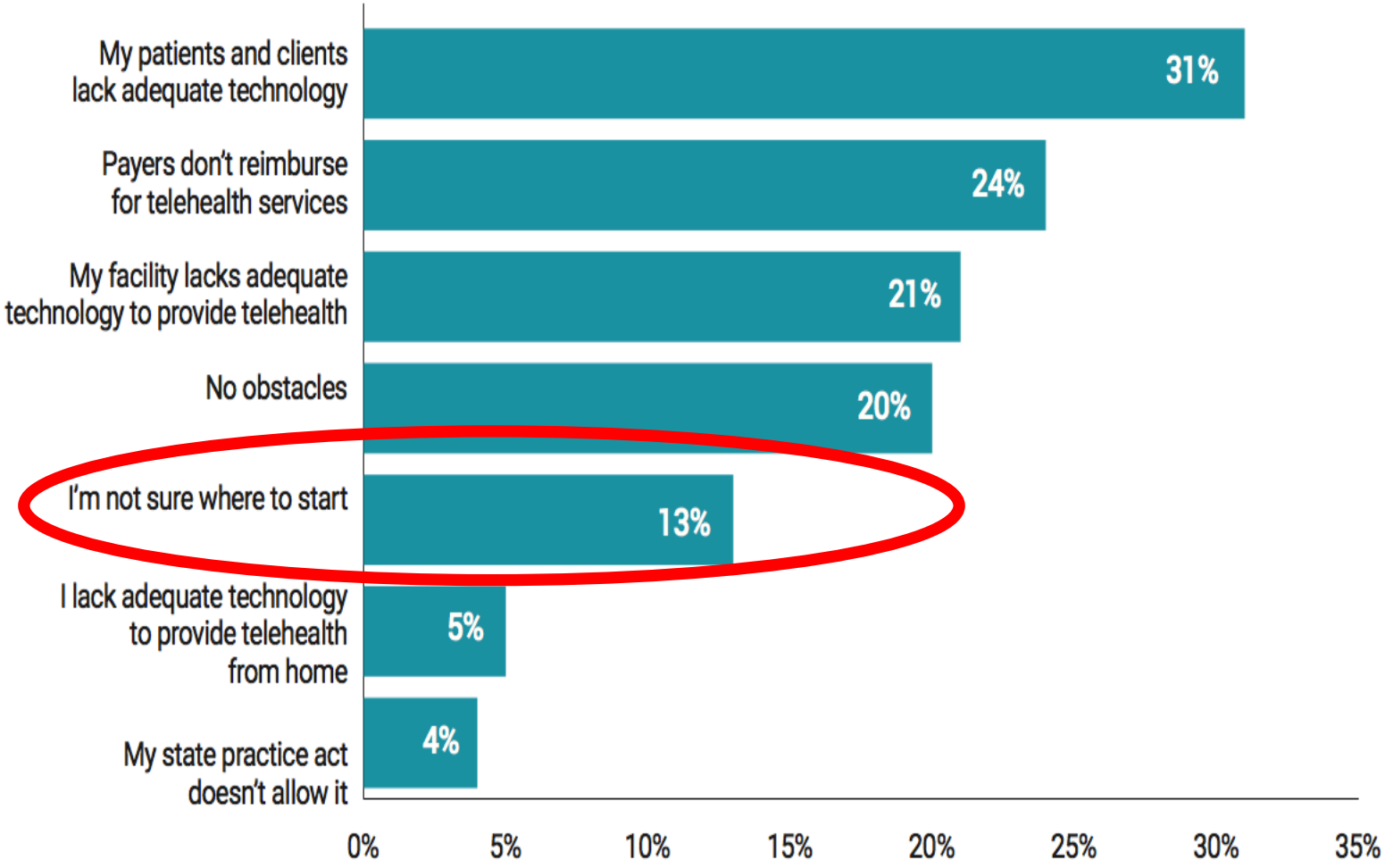
Disclosures

- Alan Lee worked on this project. He is on the advisory board for Blue Jay Health
- Robert Latz worked on this project. His wife works on a limited basis for Physitrack.
- No disclosures for Sara Gallagher, Sean Bagbey, Kara Gainer, Steve Postal

APTA's Interactive Audio and Video Telecommunications System Matrix

https://www.aptahpa.org/page/TechnologySIGAbout

PTs Obstacles To Providing Telehealth



CPTBC
College of Physical Therapists of British Columbia

Telerehabilitation Guide

July 2020, Version 1

Safety Expectations

The physical therapist:

- Obtains access to appropriate technical support for trouble shooting in the event of technical difficulties.
- Tests all technologies prior to client appointments to ensure the system is functioning well.
- Has an alternative method of contacting the client and provides the client with an alternate way of contacting the physical therapist. For example, in the case of an internet failure the physical therapist must be able to telephone the client.
- Has a safety protocol in place in the event of an emergency or adverse event, including:
  - contact information for first responders in the client's location, using designated phone numbers local to the client. Calling 911 from the physical therapist's location will not connect to emergency services in the client's location.
  - contact information for others within the client's environment (care providers, family members), and client consent to contact these individuals in the event of an emergency or adverse event.
  - plans and procedures to follow to manage adverse events while waiting for assistance to arrive.
  - plans and procedures for managing adverse events that do not require assistance from a first responder.
- Should be aware of other service providers in the client's area that they may refer the client to in the event of a client adverse event or complication.
- Facilitates the transfer of care to another treatment provider if the physical therapist or client determines that telerehabilitation is not appropriate.

The use of Critical Event Management Plans can help physical therapists to consider adverse events that they may potentially encounter within their practice environment and to identify the procedures, equipment, personnel, and other resources required to manage these events. For more information, see the Physiotherapy Alberta College + Association resource Critical Event Management Plans.

Viewpoint

Telehealth in the COVID-19 Era: A Balancing Act to Avoid Harm

J Jeffery Reeves[1*], MD; John W Ayers[2*], PhD; Christopher A Longhurst[2*], MD
[1]Department of Surgery, University of California San Diego, La Jolla, CA, United States
[2]Department of Medicine, Division of Biomedical Informatics, University of California San Diego, La Jolla, CA, United States

Characteristics to consider for determining the appropriateness of telehealth.

Characteristic	Appropriate for telehealth	Potentially inappropriate for telehealth
Visit type	Follow-up visit for known/diagnosed disease state or patient condition	New patient (establishment of primary care or new consultation)
	Follow-up postprocedure visit with no patient complaints	Annual physical examination or well-child check
	Recurring medication or chronic medical condition review	Acute visit prompted by an acute change in patient condition
	Initial or follow-up visit for mental health conditions	Initial psychiatry visits or annual follow-up for controlled substances
Patient characteristics	Existing, trusting, personal connection with the provider	Distrusting of health care professionals
	High health literacy	Low health literacy
	Robust social support system	Low social support system
	Anxious in health care settings	Poor vision or hearing
	Lives remotely or has inadequate transportation	Prefers in-person
	Prefers telehealth	
Chief complaint or disease state characteristics	Physical examination unlikely to be diagnostic	Physical examination may aid in diagnosis or prognosis
	N/A[a]	Examination findings may influence initial workup and/or management
	Focused physical examination can be performed virtually (ie, visual examination)	Focused examination cannot be performed virtually (ie, palpation of mass)
	Chief complaint with standardized initial workup and management	Chief complaints that often result in referral to acute care settings
Other considerations	English as a second language (interpreter required)	Patient has a poor internet connection
	Patient or close family member technologically savvy	Patient lacks technological capabilities to join video visit/telehealth encounter
	Patient with multiple family members at home who can join telehealth visit	N/A

[a]N/A: not applicable.

Don’t forget prior exposure, bias, super determinant of health matters

Telehealth Session

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HEALTHCARE PERSPECTIVE
ISSUE 14
CNA We can show you more.®
NSO
HPSO

Telemedicine: Risk Management Issues, Strategies and Resources

RISK CONTROL MEASURES	STATUS	COMMENT/ ACTIONS PLAN
TRAINING REQUIREMENTS		
Educational and professional development requirements are specified, including equipment training, participation in pilot programs and familiarity with clinical protocols.		
Ongoing training – including review of proper documentation practices – is required for continued participation in the TMH program.		
Staff are trained in incident reporting, and adverse TMH occurrences are tracked and trended for quality improvement purposes.		
Staff members are tested for knowledge and proficiency regarding software applications and computer connectivity.		
TMH-related policies, procedures and staff training efforts are reviewed on an annual basis, with revisions based upon incident report findings and assessment of the program's safety, effectiveness and efficiency.		

RISK CONTROL MEASURES	STATUS	COMMENT/ ACTIONS PLAN
CONSULTATION ENVIRONMENT		
TMH sessions take place in a clinical setting that offers both privacy and professional amenities, analogous to traditional face-to-face consultations.		
The consulting space is well-lit, well-ventilated and well-equipped for safe patient/client examination, with an emergency alert system and easy access to infection control supplies.		
Consulting spaces are identified by signs, indicating that a private patient/client session is in progress.		
A comfortable waiting area is available for use by patients/clients and families.		

http://www.hpso.com/Documents/Risk%20Education/Businesses/CNA_HP17-14_060117_CF_PROD_SEC.pdf

Clinical Set-up

Musculoskeletal Science and Practice 38 (2018) 99–105

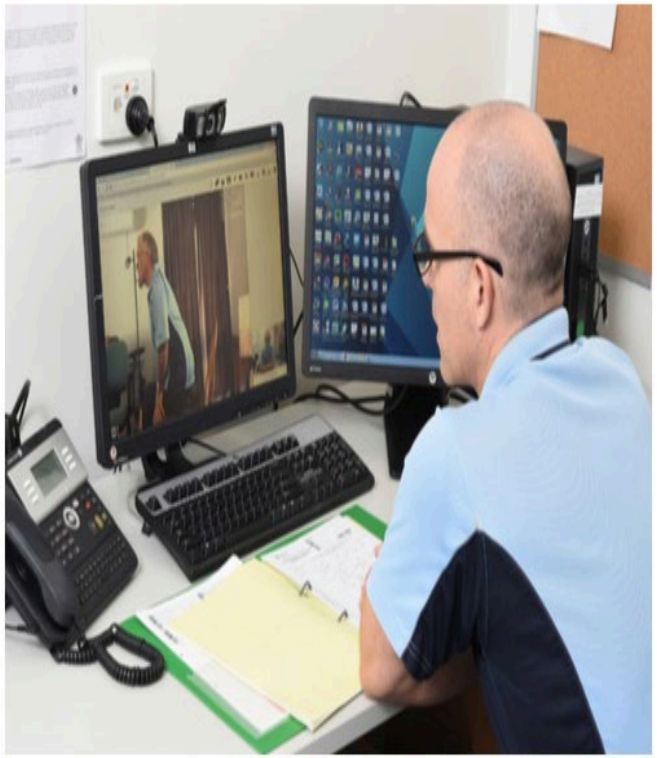
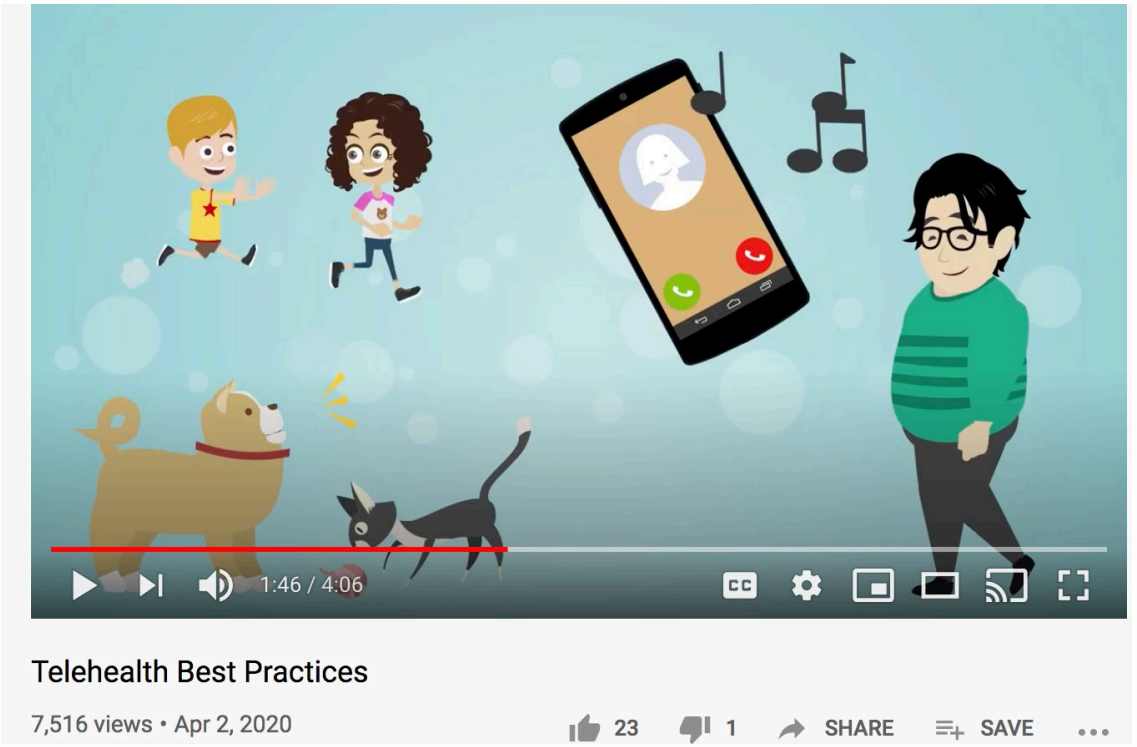


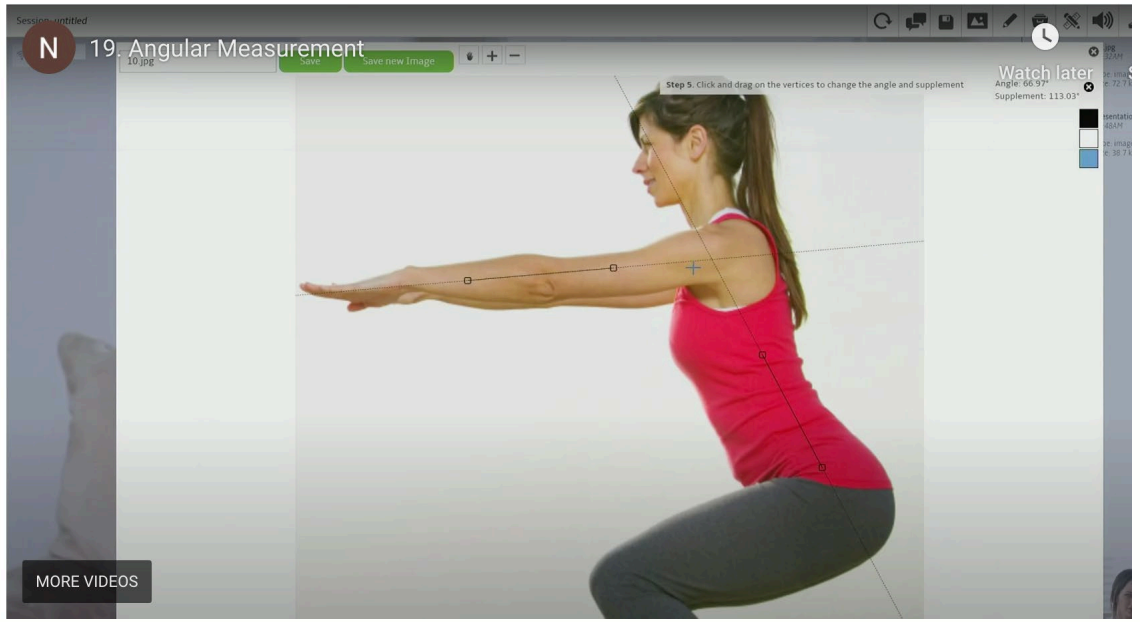
Fig. 1. Set-up of the physiotherapist for the telehealth assessment.



https://www.youtube.com/watch?v=kdTc2Wbi_Ag&feature=youtu.be

Clinical Examination

19. Performing angular measurements



https://www.neorehab.com/how-to/

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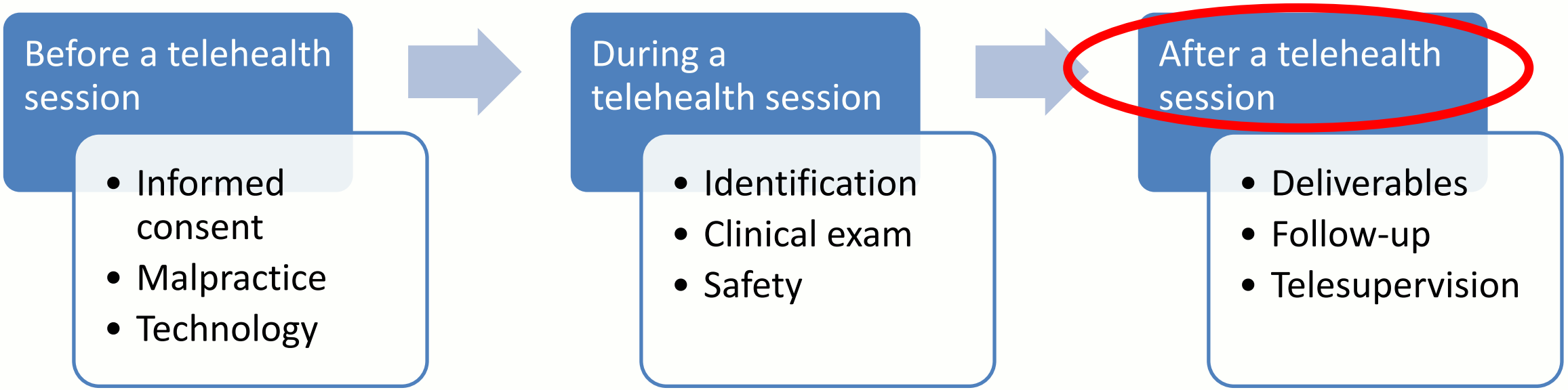
Validity and reliability of Internet-based physiotherapy assessment for musculoskeletal disorders: a systematic review

Suresh Mani[1], Shobha Sharma[2], Baharudin Omar[3], Aatit Paungmali[4] and Leonard Joseph[1]

- Good concurrent validity
  - ROM (9)
  - Strength, endurance, motor control (4)
  - Pain, swelling (2)
  - Gait & balance (2)
  - Functional outcome measures (3)
- Moderate validity
  - Lumbar spine posture (2)
  - Special Ortho (4)
  - Special Neuro (4)
  - scarring(1)
- Poor concurrent validity due to
  - Poor bandwidth
  - Low camera resolution
  - Bad lighting
  - Complexity of tests
  - Inexperienced raters
  - Lack of video call etiquette
  - Poor rapport
- Overcome barriers by
  - Provide body chart ahead of time
  - Guiding & training caregivers
  - Clinical reasoning

Telehealth Session



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Deliverables

CLINICAL AND OPERATIONAL GUIDELINES		
A standard method of collecting and storing TMH information is established and implemented at both originating and distant sites.		
A private and secure computer network is maintained to protect patient/client confidentiality and the integrity of information exchanged between sites/practitioners.		
Policy prohibits the use of personal e-mail accounts for the exchange of patient/client protected health information, instead mandating the use of network-based accounts.		
The TMH coordinator is swiftly notified of any changes regarding contact information of partner sites or practitioners, including business e-mail addresses.		

http://www.hpso.com/Documents/Risk%20Education/Businesses/CNA_HP17-14_060117_CF_PROD_SEC.pdf

Patient Satisfaction Survey

Telehealth Resources for PT and PTA Students

View the resource here!

COVID-19 Resources

Complete the Telehealth PT Patient Satisfaction Survey

Check out this Telehealth PT Patient Satisfaction survey! Check out the Spanish version CLICK HERE!

Give this to your patients. Learn more about your customers/patients. Please share results with your state chapter, the APTA and the HPA Tech SIG so we can advocate, even more, for the ability for Physical Therapists and Physical Therapist Assistants to provide Telehealth services when appropriate.

APTA would like to encourage PTs and PTAs to share their stories about using telehealth during this COVID-19 pandemic. Please consider sharing this link with others and urging them to share their story on APTA Engage.

These are two great ways to make a positive difference for our profession.

https://www.aptahpa.org/general/custom.asp?page=TechnologySIGAbout

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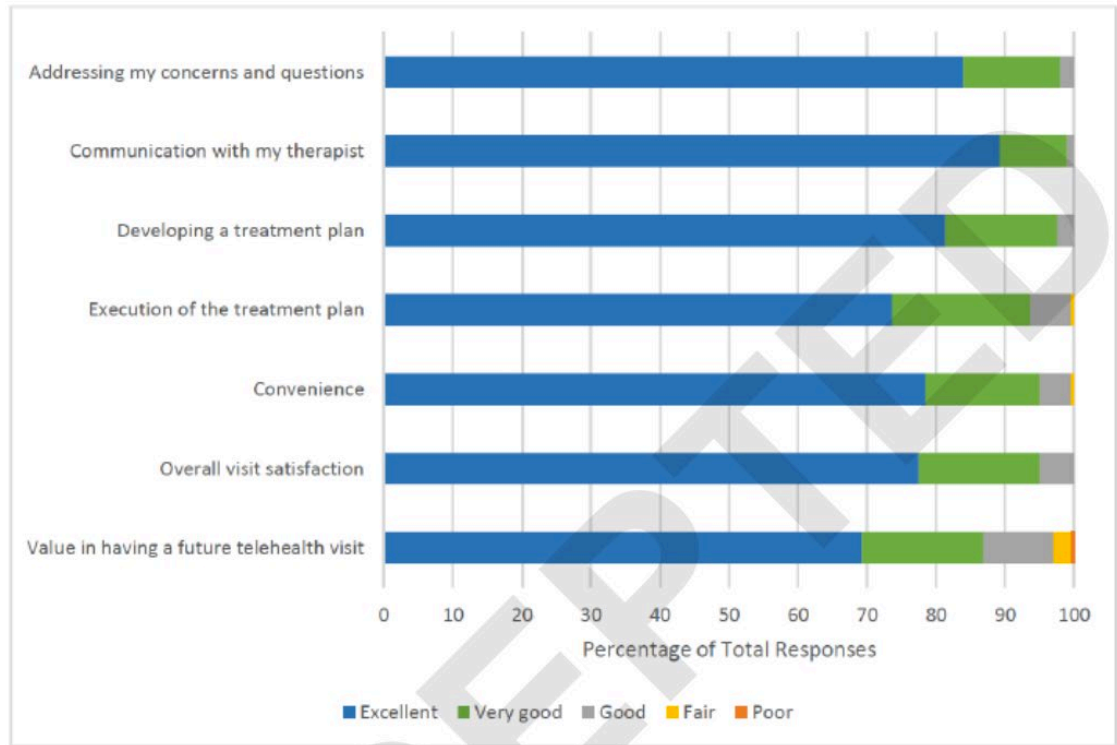
American Journal of Physical Medicine & Rehabilitation Articles Ahead of Print
DOI: 10.1097/PHM.0000000000001571

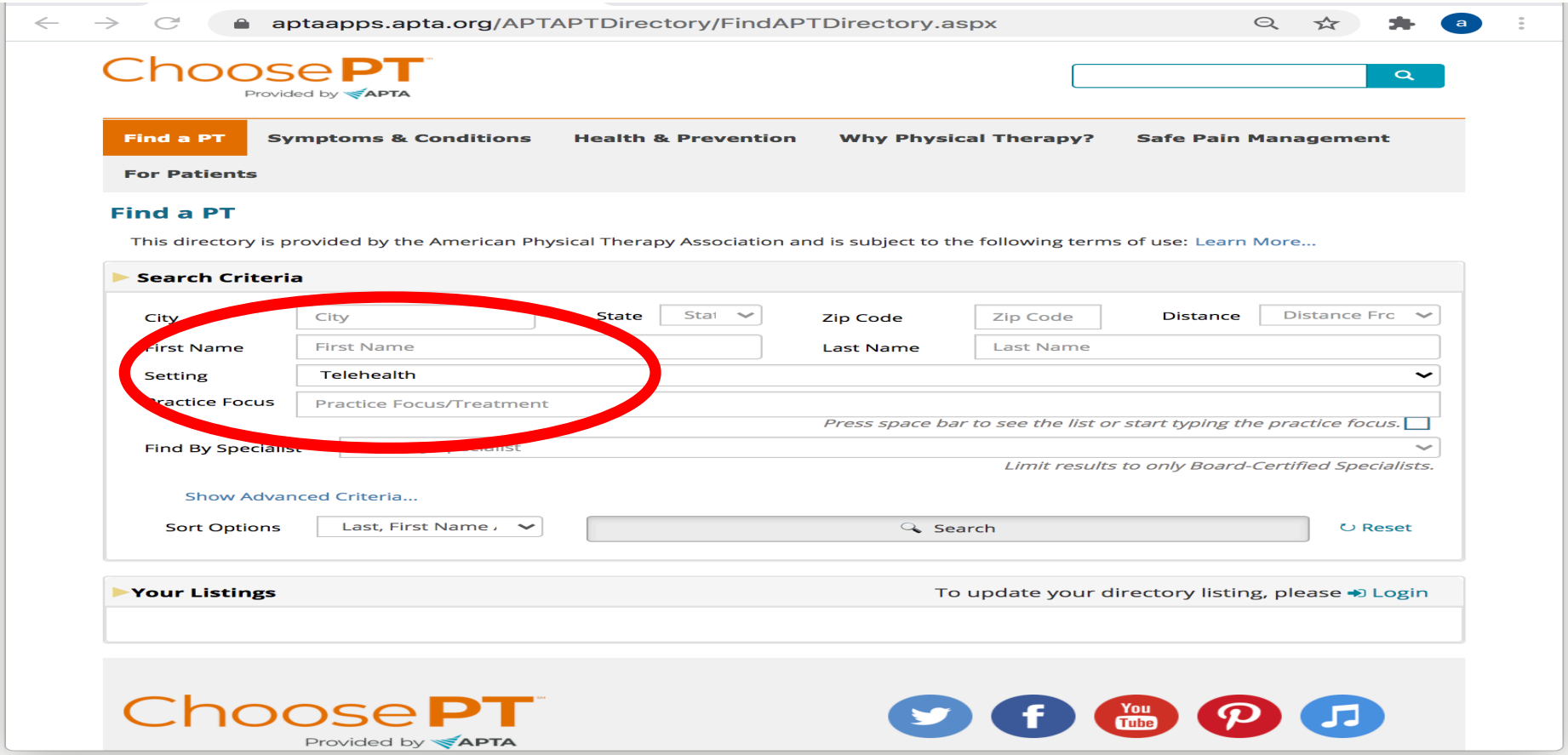
Outpatient Physical, Occupational, and Speech Therapy Synchronous Telemedicine: A Survey Study of Patient Satisfaction with Virtual Visits During the COVID-19 Pandemic



ACCEPTED

APTA

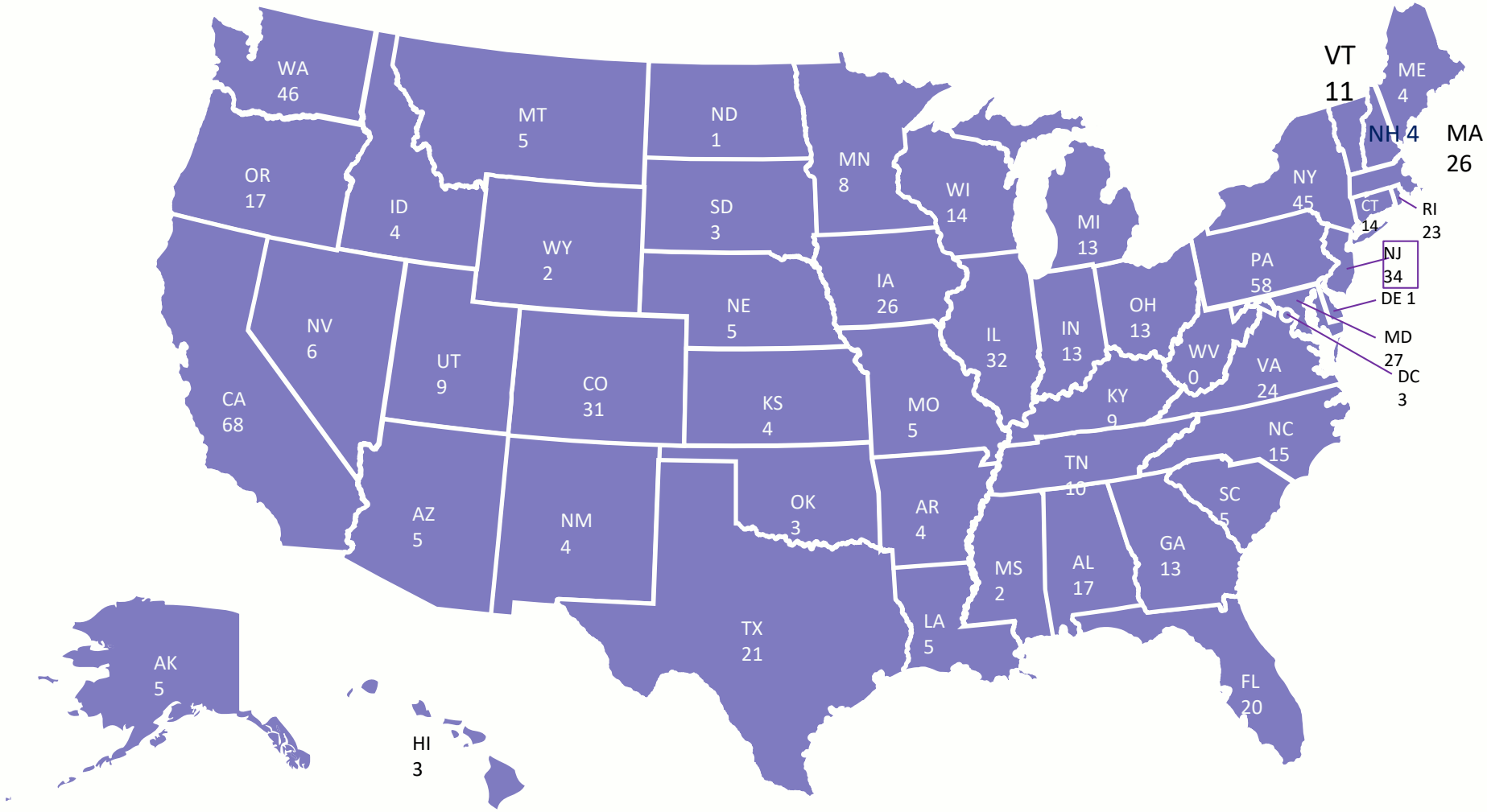
Find a “Telehealth” PT



https://aptaapps.apta.org/APTAPTDirectory/FindAPTDirectory.aspx

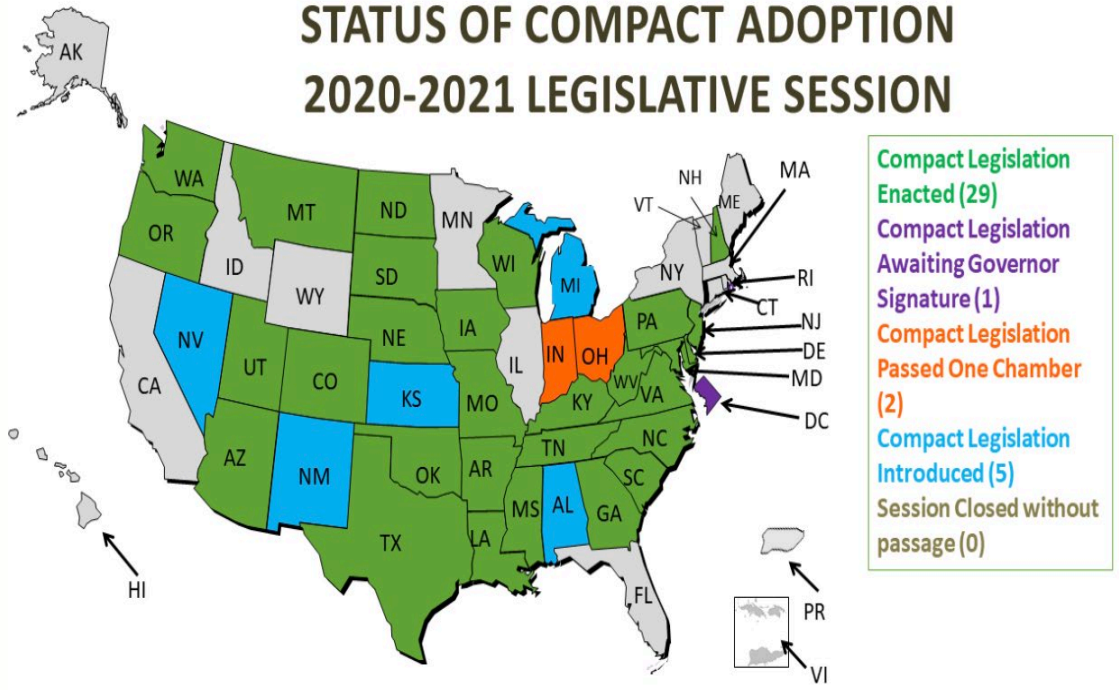
Find A "Telehealth" PT

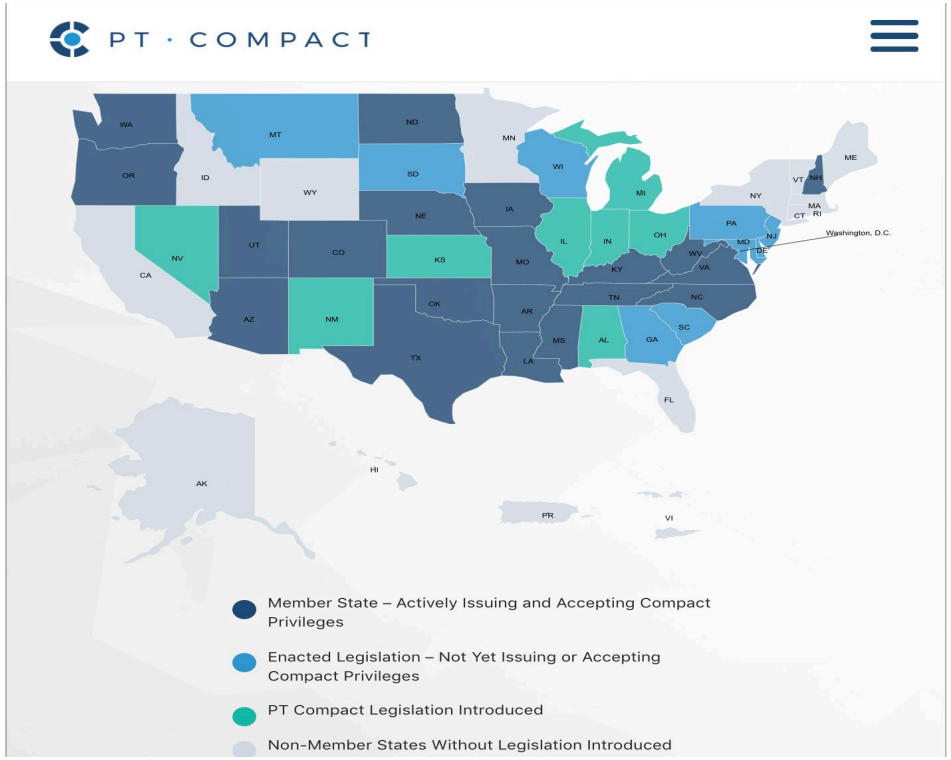
ChoosePT
Provided by APTA



https://aptaapps.apta.org/APTAPTDirectory/FindAPTDirectory.aspx

Physical Therapy Licensure Compact





https://www.fsbpt.org/Free-Resources/Physical-Therapy-Licensure-Compact

http://ptcompact.org/ptc-states

Telemedicine Adverse Outcomes

CHAPTER 16

Mandated report: Telehealth services and the Medicare program

RECOMMENDATION

Vote to forward telehealth report to Congress.

COMMISSIONER VOTES: YES 16 • NO 0 • NOT VOTING 0 • ABSENT 1

Phone Scammers And 'Teledoctors' Charged With Preying On Seniors In Fraud Case

By VICTORIA KNIGHT • OCT 7, 2019

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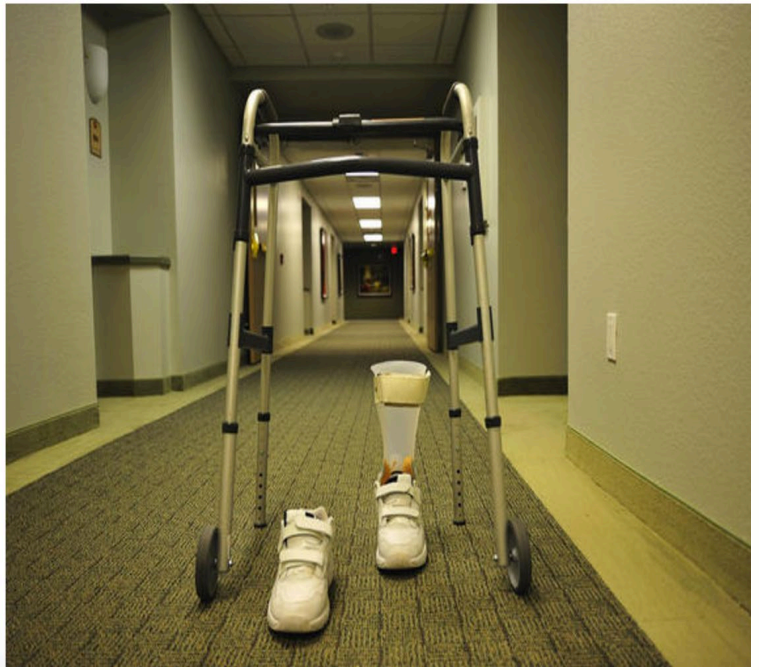

Principal Deputy Inspector General Grimm on Telehealth

It has been just over a year into the COVID-19 pandemic and we remember the over 500,000 Americans who have lost their lives due to COVID-19. That figure is a stark reminder of the critical mission of the Department of Health and Human Services. Challenges in responding to the pandemic have been many, thorny and unprecedented. Consequential decisions often were made quickly to respond to the emergency and provide relief in the way of funding, supplies, and reductions in regulatory and procedural burden. This quick response and scope of relief make oversight, enforcement, transparency, program integrity, and accountability all the more important.

United States Department of Justice

THE UNITED STATES ATTORNEY'S OFFICE
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FOR IMMEDIATE RELEASE — Friday, September 25, 2020

Doctor Pleads Guilty to Obstructing Telemedicine Investigation

LITTLE ROCK-A Dallas-area doctor pled guilty this afternoon to obstructing a federal health care investigation. Cody Hiland, United States Attorney for the Eastern District of Arkansas, Michael C. Mentavlos, Special Agent in Charge of the Defense Criminal Investigative Service Southwest Field Office, Patrick Roche, Acting Special Agent in Charge of the Department of Veterans Affairs Office of Inspector General South Central Field Office, Miranda L. Bennett, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services, and Diane Upchurch, Special Agent in Charge of the FBI Little Rock Field Office, announced Dr. Lorraine De Blanche, 56, pled guilty this afternoon before U.S. District Judge Brian S. Miller.

Patient complaints and a surge in claims for durable medical equipment (DME) and compounded prescription drugs triggered investigations into telemedicine fraud targeting federal insurers, including TRICARE, CHAMPVA, and Medicare. This prompted federal investigators to speak with medical providers linked to related DME claims and prescriptions.

Balancing telehealth evidence on cost, quality, and access – Not duplicating unwarranted services

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

- Tier 1 – Routine services or a check-in (telehealth)
- Tier 2 – Chronic symptoms/New patient with chronic symptoms (hybrid telehealth & in-person)
- Tier 3 – New patient with new symptoms or severe symptoms in any patient (in-person)
  - Differ in need for in-person evaluation (Dr. C. Powell, ATS)

Considerations for Outpatient Physical Therapy Clinics During the COVID-19 Public Health Crisis

May 2020

Patient Triage

Determining whether a patient should be seen in the clinic or via telehealth should be a shared decision based on clinical judgment, patient needs and preferences, and local guidelines.

In-Clinic Appointments

- Patient cleared by a COVID-19 [illegible] or at check-in. See example.
- Patient's health condition has high likelihood of deterioration or worsening if in clinic care is not provided.
- Patient requires hands-on care.
- Patient desires to come in for treatment despite risks.

Telehealth Considerations

Consider recommending care delivered via telehealth when:

- Patient has significant risk factors for severe illness from COVID-19.
- Patient is concerned about coming into the clinic.
- Patient asks to be treated via telehealth.
- Patient can be treated effectively via telehealth, and the use of telehealth is preferred over no care if that is the only alternative.
- Patient's insurance covers telehealth visits.

Goals for Ensuring Value and Innovation in Telehealth for Physical Therapist Practice

- **Enhance communication** for screening, reassuring patients, and collecting outcomes in practice settings for COVID-19 screening & referral for testing.
- **Improve coordination** for a tiered approach to a physical therapist's care delivery for digital practice and telehealth options, to preserve PPE and ensure patient safety. Use a hybrid approach of in-person and telehealth delivery when optimal, and in-person physical therapy delivery for essential and emergent services.
- **Advocate** for federal, state, and local legislation and payment for telehealth physical therapy services post-public health emergency in order to ensure continuum of care in physical therapy.

APTA Resources

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

APTA Telehealth Resources

Learning Center Courses (Your Career)
https://learningcenter.apta.org/telehealth

Telehealth in Practice (Your Practice)
https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice

Advocacy (Telehealth)
https://www.apta.org/advocacy/issues/telehealth

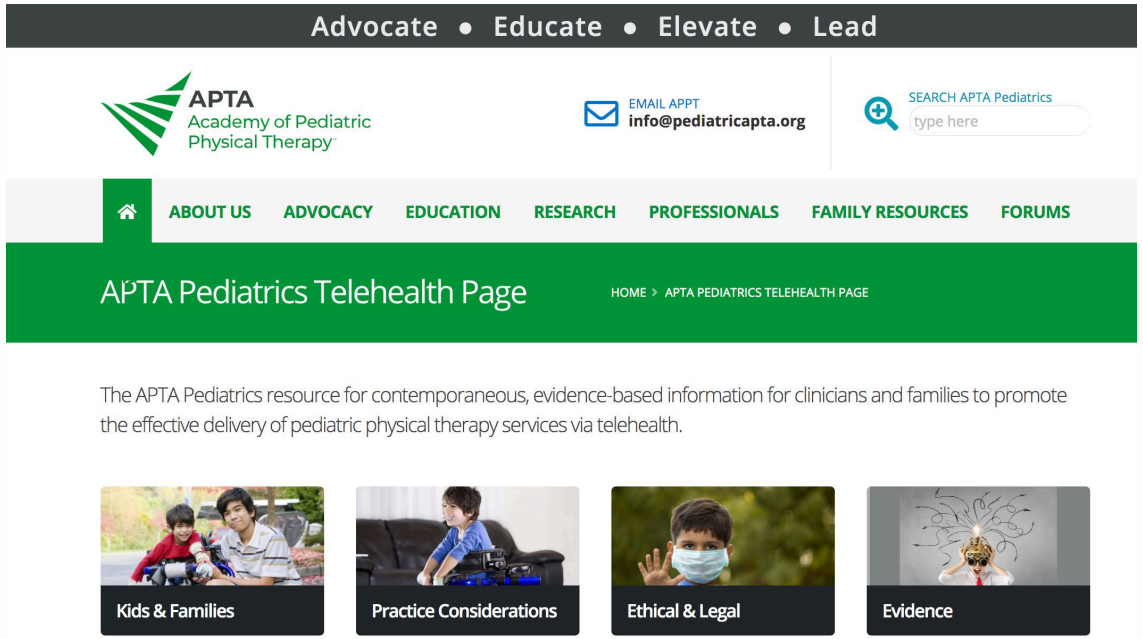
Frontiers in Rehabilitation, Science, and Technology Council (APTA and You)
https://www.apta.org/apta-and-you/councils/frontiers-in-rehabilitation-science-and-technology-first-council

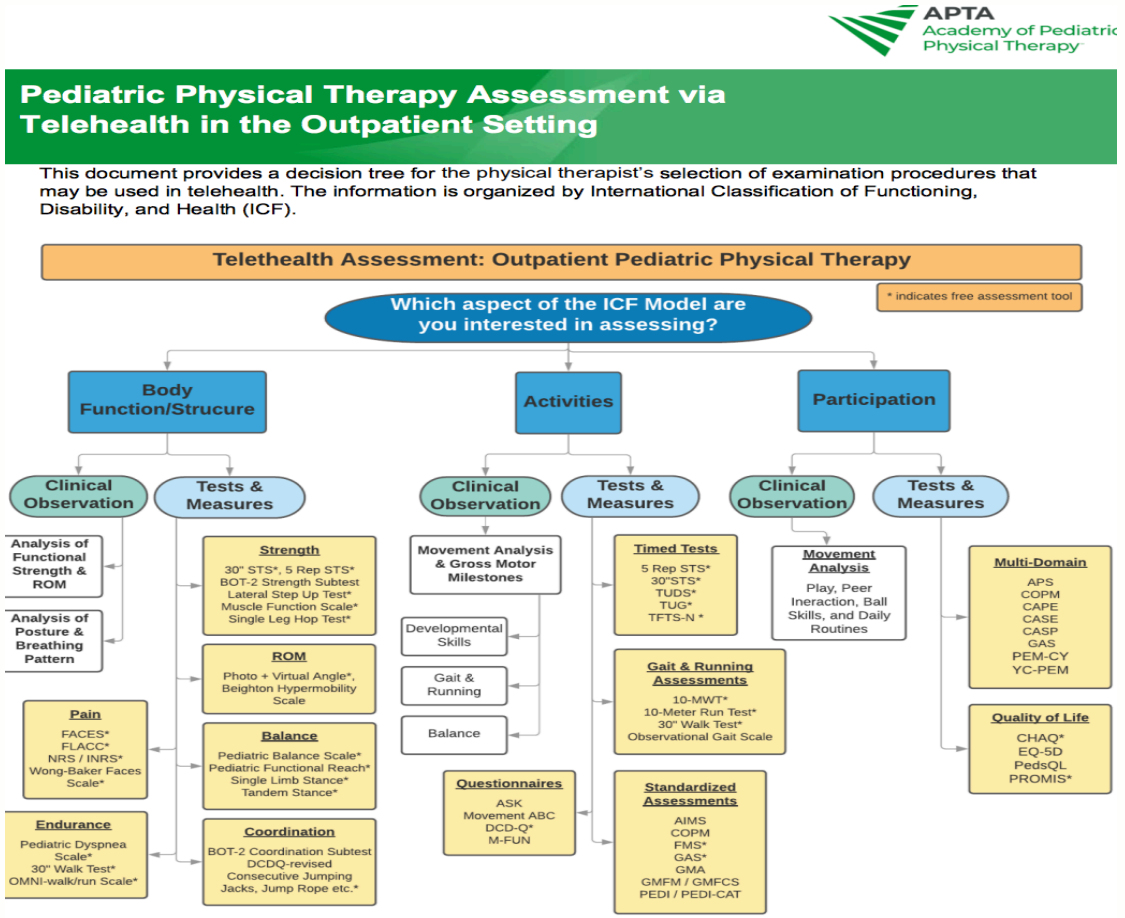
Chapters and Sections (APTA and You)
http://aptaapps.apta.org/componentconnection/chaptersandsections.aspx?UniqueKey=BCE953BC-256D-464A-9079-5081289D3CD1

Choose PT (Patient Care)
https://www.choosept.com/search/results?q=telehealth&realmName=HTTP&wt=json&rows=10&start=0

Find a PT (Under settings, “telehealth”)
https://aptaapps.apta.org/APTAPTDirectory/FindAPTDirectory.aspx

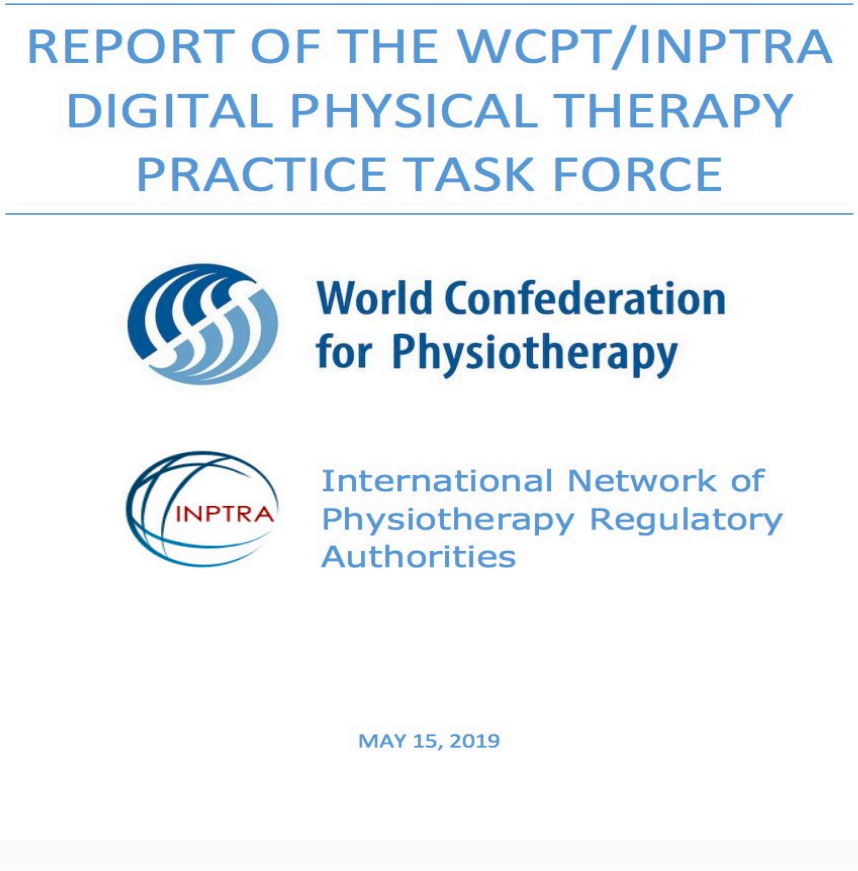
Pediatrics





https://pediatricapta.org/COVID-19/telehealth/

WCPT Resources



http://inptra.org/Resources/DigitalPracticeWhitePaperandSurvey.aspx

https://academic.oup.com/ptj/pages/ptj-podcast-2020#4e834e85231ee06287cd

FSBPT Resources

https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Telehealth-in-Physical-Therapy

Telehealth and Physical Therapy Providers

In light of COVID-19, many jurisdictions are offering guidance to physical therapy practitioners using telehealth during the current crisis. To provide and bill for physical therapy services via telehealth, a PT or PTA must verify that they are practicing legally and ethically in the jurisdiction in which the patient is located. The physical therapy regulatory board is the ultimate authority on the licensure/compact privilege requirements to provide physical therapy services in the jurisdiction.

At this time FSBPT recommends individual practitioners refer to the state board(s) in which they plan to provide physical therapy services for the most accurate and current information.

- Telehealth in Physical Therapy: Summary in the wake of COVID-19
- Jurisdiction Telehealth Laws/Guidance for PTs and PTAs
- Current State Laws & Reimbursement Policies, from the Center for Connected Health Policy
- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, from the Centers for Medicare & Medicaid services
- Health Coverage Policies in the Time of COVID-19, from the Center for Connected Health Policy
- APTA Guidance on Telehealth
- HHS Office for Civil Rights FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health

Additional Physical Therapy Resources

- Coronavirus: Information for APTA Members
- CAPTE Coronavirus Response
- WCPT/INPTRA Digital Practice White Paper and Survey
- WCPT Information and resources about COVID-19
- Council on Licensure, Enforcement & Regulation resources
- World Health Organization: Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities of Health Workers, Including Key Considerations for Occupational Safety and Health

Information from the CDC

- What You Need to Know

https://www.fsbpt.org/News-Events/News/COVID-19-Updates

2021 APTA Telehealth Certificate

1. Introduction: Evidence-based Provision of Telehealth Services
2. Provision of Telehealth Services: Administrative/Marketing
3. **Provision of Telehealth Services: Ethical Considerations**
4. Provision of Telehealth Services: Regulatory Considerations
5. Provision of Telehealth Services: Technical Considerations
6. Provision of Telehealth Services: Clinical Applications and Pearls
7. Elective Courses: Various Practice Settings and Patient Populations

The COVID-19 pandemic significantly increased the number of patients seeking physical therapist services via telehealth. This paradigm shift will improve access to care, but it also brings change. APTA has developed a telehealth certificate series to ensure that PTs, PTAs, and students are prepared to provide excellent care via telehealth. Learn best practices and tips covering ethical and regulatory considerations, administration and marketing, technology, and clinical application.

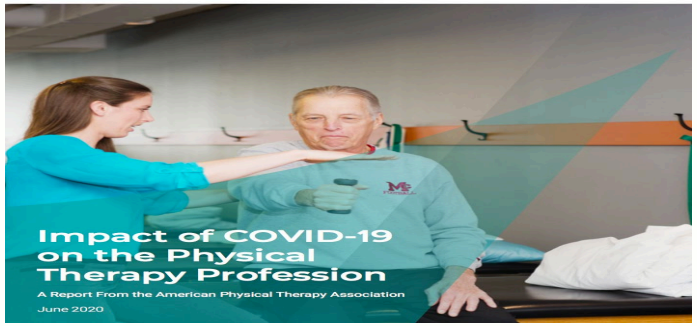
Enrollees must complete six mandatory core courses within six months of enrollment to receive the APTA telehealth certificate. Elective courses are optional and not required to receive the APTA telehealth certificate.

https://learningcenter.apta.org/student/MyLP.aspx?id=054e0729-854a-454e-bd49-e0be81817e9a&ProgramID=dcca7f06-4cd9-4530-b9d3-4ef7d2717b5d

Follow Up Opportunity

https://us02web.zoom.us/webinar/register/WN_vGXsxSCtTZiVqPmehsQXGg

Summary



- COVID-19 & Safe Return to Practice, Research, Education
- Post COVID-19 – Prepare to inform patients now & not abandon telehealth choice in rehabilitation (PT and OT and ST)

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Thank you & Stay Safe

Duke University
School of Medicine

Doctor of Physical Therapy

Mount Saint Mary's University
LOS ANGELES