

1/27/2011

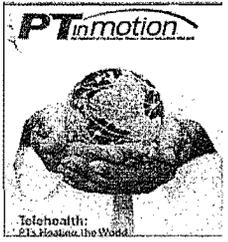


**Regulation of Telehealth
Best Practices Part I & II**

Janice A. Brannon, M.A. - ASHA
Clay Brown, PT, DPT - Bristol Bay Area Health Corp.
Tim Esau, PT, MSPT - Infinity Rehab
Alan Chang W. Lee, PT, DPT, CWS, GCS - MSMC

Overview of FSBPT

- This session will focus on the need for effective regulations related to Telehealth and will be made up of a panel of experts in the area. Two physical therapists who have been involved in utilizing Telehealth in practice will make the case for the need for regulatory standards to address the issue around Telehealth. Another physical therapist who has done some work surrounding Telehealth will present the state of Telehealth currently. Finally a representative from another healthcare organization will share the work her organization has been doing related to Telehealth.



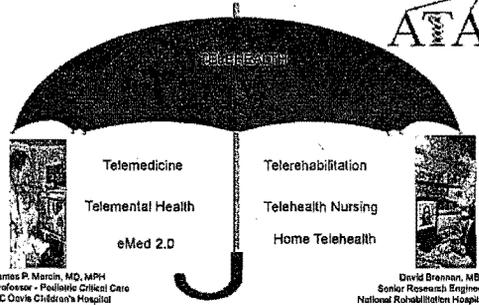
Telehealth:
It's Not Just the World.

Welcome to San Diego!

- Disclosures**
 - NIDDR TR grant
- Learning Objectives**
 - Introduce Telehealth
 - NIDDR TIP-5 Telerehabilitation Project
 - AK, WA Telehealth Experiences

2011 State of the Union

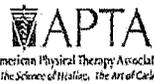
Within the next five years, we will make it possible for business to deploy the next generation of high-speed wireless coverage to 98% of all Americans. This isn't just about a faster Internet and fewer dropped calls. It's about connecting every part of America to the digital age. It's about a rural community in Iowa or Alabama where farmers and small business owners will be able to sell their products all over the world. It's about a firefighter who can download the design of a burning building onto a handheld device; a student who can take classes with a digital textbook; or a patient who can have face-to-face video chats with her doctor.

James P. Marcini, MD, MPH
Professor - Palliative Critical Care
UC Davis Children's Hospital

David Brennan, MBE
Senior Research Engineer
National Rehabilitation Hospital

Definitions



TELEHEALTH - DEFINITIONS AND GUIDELINES BOD G03-06-09-19 (Revised; Telehealth; Amended BOD G03-03-07-12; Initial BOD 11-01-28-70) [Guideline]

The following are operationally defined for clarification between similar terms used in this document:

Telehealth - Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health care services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Telerehabilitation Benefits³

- Accessibility of services
- Timing intensity & sequencing of interventions
- Motivation for end users within their own social and vocational environments

Telerehabilitation Risks³

- Professional portability & training
 - Physical contact required in rehabilitation therapy
 - Availability of tools to replicate face-to-face practice
- Payment structures and reimbursement
- Liability
- Quality standards for devices
- Licensure and practice across state lines

Changes in Training and Practice of Psychologists: Current Challenges for Licensing Boards

Stephan T. DiMerr, Barbara A. Van Horn, and Earl R. Ruckliff
 Association of State and Territorial Psychology Boards

- How will an emergency be handled?
- What are the limits of confidentiality?
- How is the Health Insurance Portability and Accountability Act (1996) applicable?
- How are charges and payments handled?
- Will professional liability insurance cover practice across jurisdictional lines?
- How will a complaint be handled?

International Psychology Research and Practice
 2006, Vol. 16, No. 4, 317-327

Telerehabilitation Integration⁴

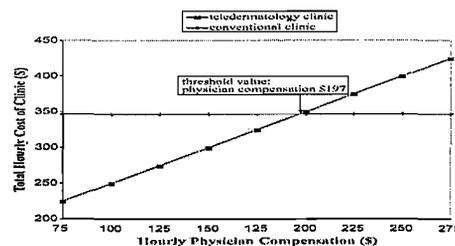
- Needs analysis
- Business plan
- Equipment
- Evaluation
- Technical and professional policy standards

Clinical & Cost Effectiveness³

- Costs are offset by reduction in re-hospitalizations
- Efficiencies in the provider care process
- Reduction in travel, waiting times for end users
- Payers provide timely treatment that averts complications
- Lack of clarity on value of telehealth cited for slow adoption

Economic Evaluation of Interactive Teledermatology Compared with Conventional Care

APRIL W. ARMSTRONG, M.D., DAVID J. DOBER, PH.D., NANCY E. URGH, J.D., M.D.A.,
 and JOSEPH C. ANZIGAR, M.D.*



Disability and Rehabilitation, 2009; 31(6): 437-447

informa
healthcare

REVIEW

A systematic review of clinical outcomes, clinical process, healthcare utilization and costs associated with telerehabilitation

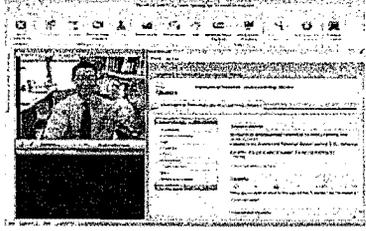
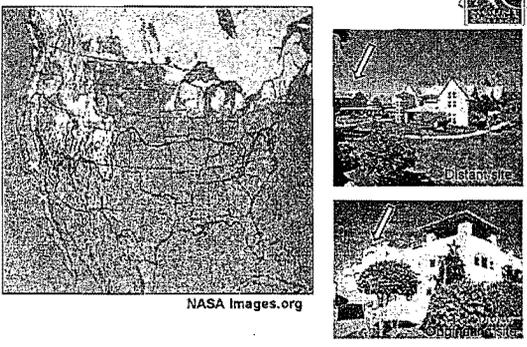
DAHLIA KAIRI^{1,2}, PASCALE LEHOUC^{1,3}, CLAUDE VINCENT^{1,4} & MARTHA VISINTINI¹

¹Department of Health Administration, University of Montreal, ²Centre de Réhabilitation Hémiplégie, Centre de Neurobiologie Cognitive et Réhabilitation d'Équipe d'Épilepsie (CEREBE), ³Programme de Recherche en Santé Épilepsie (PRSE), ⁴Department of Rehabilitation, Laval University, and ⁵Centre for Interdisciplinary Research in Rehabilitation and Social Inclusion (CIERSI), Canada

Accepted March 2009

Conclusions: While evidence is mounting concerning the efficacy and effectiveness of telerehabilitation, high-quality evidence regarding impact on resource allocation and costs is still needed to support clinical and policy decision-making.

Telerehabilitation Implementation⁵
TIP-5: IRSL 

NASA Images.org

Hospital Infantil de las Californias
Jornada Clinics⁶



The Silver Lining



What Do You Need to Know!

- Informed consent
- Technical standards
- Professional standards
- Provider & End user acceptance



Friday, February 19, 2010

- Physical Therapy Telemedicine (Tele-PT) in Rural Southwestern Alaska
- **Brown C, Henderson N, McAdoo P**

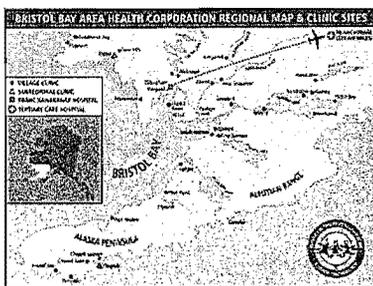
4:00 pm to 5:00 pm
The Promise of Telemedicine for Wound Management
 Speaker:
 Honoret Lechne PT, DPT, CWS, FACCWS
 Joint programming with Home Health and Education

12 AAC 54.550. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PHYSICAL THERAPIST. (a) The purpose of this section is to establish standards for the practice of telehabilitation by means of an interactive telecommunication system by a physical therapist licensed under AS 08.64 and this chapter in order to provide physical therapy to patients who are located at remote sites in the state which are not in close proximity of a physical therapist.
 (b) A physical therapist licensed under AS 08.64 and this chapter conducting telehabilitation by means of an interactive telecommunication system
 (1) shall be physically present at the site while performing telehabilitation under this section;
 (2) shall interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.500(c) and (d);
 (3) shall comply with the requirements of 12 AAC 54.510 for any licensed physical therapist assistant providing services under this section;
 (4) shall conduct on-site examinations, including girth evaluation, under this section; and
 (5) shall provide and secure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

Authority: AS 08.64.010

<http://commerce.state.ak.us/OCC/pub/PT-OTStatutes.pdf>

Division of Professions
 Physical Therapy and
 Occupational Therapy



History leading up to Tele-PT

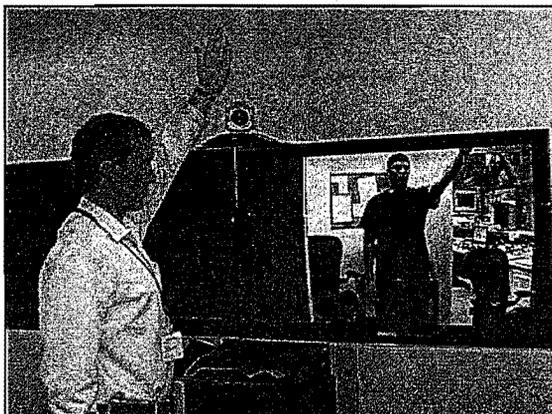
- Original Communications: short wave radio and regular mail (Non-HIPAA Compliant)
- 1980's: Fax Machines- traced x-rays
- 1992: Dept of Veterans Affairs, Dept of Defense, Indian Health Service-Alaska Federal Healthcare Access Network (AFHCAN)
- Scan images, x-rays and send to Anchorage

Historical Perspective

- Latest Telecommunications Technology: HIPAA compliant high resolution live video conferencing software (Polycom)
- Zoom in-out, scan side to side
- Control of both provider and patient's camera
- 2004: Initial use of Tele-PT in Bristol Bay region

- Polycom VSX 7000
- Rolling Cart





Roundtrip Air fare from Regional Hospital in Dillingham, AK			
Ekwok	\$177	Twin Hills	\$224
King Salmon	\$240	Chignik Bay	\$712
Koliganek	\$201	Egegik	\$470
Levelock	\$272	Igigigig	\$570
Manokotak	\$117	Perryville	\$804
New Stuyahok	\$190	Pilot Point	\$536
South naknek	\$313	Port Heiden	\$614
Togiak	\$224	Good news Bay	\$440
Anchorage	\$463	Platinum	\$440

Enter Tele-PT

- Tele-PT: bridge to many limitations
- Provides PT to those who otherwise may not have easy access to good healthcare

PHYSICAL THERAPY USES OF TELEMEDICINE

- Teach/modify home exercises programs
- Patient education and motivation
- Determine functional limitations
- Monitor progression and goal achievement
- Determine need for further referral

Continued...

- Wound assessment and monitoring
- Verify receipt, fit, and use of durable medical equipment
- Continuing Education
- Videoconferencing with other healthcare providers
- Streamline facility costs



Current Referral Sources

- 11 Family practice physicians- Village Travel
- Orthopedic Referrals-Field Clinics
- Post-op patients from Anchorage

CHALLENGES AND POTENTIAL LIMITATIONS

- Reimbursement
- No "hands-on" examination/intervention
- Communication challenges
- Barrier to patient/provider relationship
- Telemedicine cart availability
- Coordination of patient/therapist schedules
- Village health aide assistance
- Weather

When in doubt...

- Tele-PT doesn't work for every patient
- Manual Intervention may be necessary
- If not pleased with outcomes...
- Bring the patient to Dillingham

Case Study

- 27 year-old male from Togiak, Alaska
- Bicycle/vehicle accident → Left lower extremity injuries
 - Grade II open tibia fracture
 - Fracture of medial femoral condyle
 - Anterior and posterior cruciate ligament tears
 - Grade II to III medial collateral ligament tear
- Surgical intervention at Alaska Native Medical Center in Anchorage
- 6 weeks post op: PT evaluation in Dillingham (hands on)

Case Study Cont.

- Intervention: 10 days of daily therapeutic exercise, gait training, and functional training; ensure compliance with bracing and his NWB status
- Discharged home to Togiak, AK to be followed up with weekly telemedicine PT sessions
- After 6 weeks of tele-PT: full weight-bearing, had functional lower extremity strength and ROM. Could ascend/descend stairs, walk on uneven terrain, and ride a bike

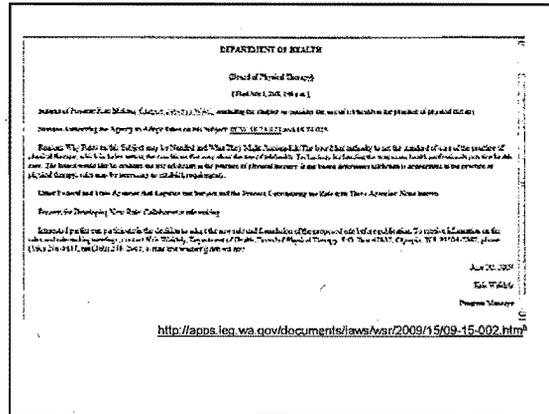
Case Study Discussion

- Due to telemedicine, continuity of care much more manageable
- Patient could continue rehab at home with family rather than in Dillingham
- Avoided expensive prolonged hospitalization
- Avoided round trip airfare of \$448 plus costs of food, housing, and local transportation for follow-up

SUMMARY

- By moving information rather than people, Tele-PT streamlines facility costs, improves provider efficiency, greatly extends access to Physical Therapy services, and enhances the quality of care to patients in remote areas.





Pilot Project – State of WA

Current Supervision Requirements –
RCW 18.74.180-

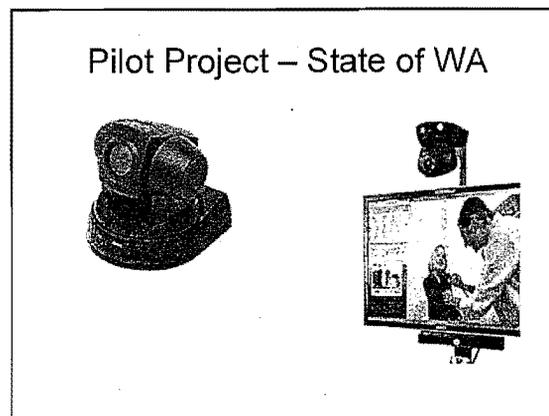
- A physical therapist is professionally and legally responsible for patient care given by assistive personnel under his or her supervision. If a physical therapist fails to adequately supervise patient care given by assistive personnel, the board may take disciplinary action against the physical therapist.
- (2) Supervision requires that the patient reevaluation is performed:
 - (a) Every fifth visit, or if treatment is performed more than five times per week, reevaluation must be performed at least once a week;
 - (b) When there is any change in the patient's condition not consistent with planned progress or treatment goals.

Pilot Project – State of WA

- To meet the supervision requirement the board issued clarification that:
 “When the Board of Physical Therapy wrote this rule, it was their intent that reevaluation means that the licensed physical therapist must at a minimum lay eyes on the patient.”

Pilot Project – State of WA

- Proposal presented at Board of Physical Therapy meeting
- Outlined the parameters of proposal -
 - use of approved Telehealth equipment to interact with patient and assistant
 - if Telehealth did not meet patient needs then onsite visit PT was required.



Pilot Project – State of WA

Financial Investment –

- Initial hardware - \$2,000
– (not including computers)
- Monthly software cost - \$150 + Annual license fee

Pilot Project – State of WA

Financial Analysis -

- Associated costs for regular employee vs. agency therapist
\$20,000 - \$14,000
- Annual cost of equipment \$2,000
- Projected savings \$18,000 – \$12,000

Pilot Project – State of WA

NEW SECTION

- WAC 246-915-187 Use of Telehealth in the practice of physical therapy.
(1) Licensed physical therapists and physical therapist assistants may provide physical therapy via Telehealth following all requirements for standard of care, including those defined in chapters 18.74 RCW and 246-915 WAC.
- (2) The physical therapist or physical therapist assistant must identify in the clinical record that the physical therapy occurred via Telehealth.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:
 - (a) Telehealth means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the patient are not at the same physical location.
 - (b) Electronic communication means the use of interactive, secure multimedia equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the physical therapist or the physical therapist assistant and the patient.

ASHA Definition

“Telepractice is the application of telecommunications technology at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation.”

-ASHA position statement (2004)

NCSB Position - 2005

- Suggested statutory language:

“The provision speech/language pathology or audiology services in this state, through telephonic, electronic or other means, regardless of the location of the speech/language pathologist or audiologist, shall constitute the practice of speech/language pathology or audiology and shall require licensure in this state.”

State Telepractice Provisions

- Eleven (11) states with provisions: DE, GA, IA, KY, LA, ME, MD, NC, OH, OK, WY

Sample:

LA: Individuals may practice by telecommunication (i.e., telepractice, telehealth, e-health) provided they hold the appropriate licensure for the jurisdiction in which the service is rendered and delivered.

Key Points for Developing Regulations

- ✓ Avoid creating new barriers; over-regulation strangles evolving practice
- ✓ Avoid lists of data types or connectivity
- ✓ Telerehab is simply a new way of delivering services
 - ✓ all other requirements-state, federal, professional and ethical, remain the same

Key Points

- ✓ Services must be equivalent to face-to-face
- ✓ Health professionals are trained and competent to determine client candidacy
- ✓ Evidence-based practice is incumbent upon practitioners

ASHA Model Regulations

Intrastate

1. Definitions
2. Guidelines for Use
3. Limitations
4. Personnel Requirements

Interstate

1. Definitions
2. Qualifications for Limited License
3. Exemptions
4. Sanctions
5. License Expiration

Summary of Telehealth

- Differences between telemedicine, telerehabilitation & telehealth definitions persist
- Telehealth by physical therapists may improve access to PT services & provide new revenue opportunities
- Professional & Technical standards must be addressed by legislative & licensing authorities

Alan Chang W. Lee, PT, DPT, CWS, GCS - MSMC

Summary of Telemedicine PT

• Currently being used in Rural Alaska with great success

• By moving information rather than people, Tele-PT streamlines facility costs, improves provider efficiency, greatly extends access to Physical Therapy services, and enhances the quality of care to patients in remote areas

• Can be effective in parts of the USA where access to PT is not readily available

Clay Brown, PT, DPT - Bristol Bay Area Health Corp.

Summary of Telehealth – State of Washington

- Currently used to meet the requirements of the supervisory “5th visit” rule in the State of Washington
- Therapist is able to visually see and interact with the patient in real time to monitor and update the plan of care without delaying access for the patient

Tim Esau, PT, MSPT – Infinity Rehab

Summary of Telehealth – State of Washington

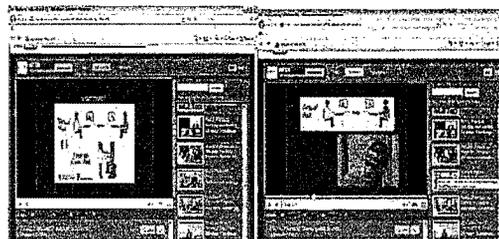
Benefits:

- Allows real time access to patients to improve quality of care
- Removes access barrier for patients when PT not physically present
- Decreases therapist "down time" by reducing travel time and associated costs
- Reduces provider costs for travel and down time

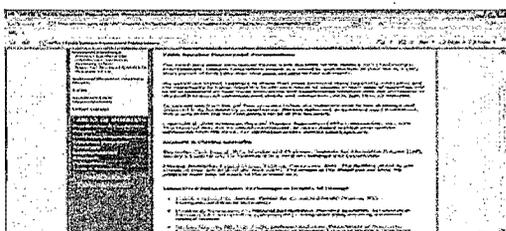
Tim Esau, PT, MSPT – Infinity Rehab

APTA PASS Summit⁹

<http://www.youtube.com/user/APTAvideo>



Technological Drivers of Change



Vision 2020 Telehealth

Now (2010)

- Lacks research³
 - Valid cost studies
- Lacks Legislative policy¹⁰
 - H.R. 6163 to H.R. 2068
- Lacks Reimbursement¹¹
 - Medicaid (HI, LA, NE, MN)

Future (2020)

- Research
 - Technology to ergonomics to clinical outcomes to economics
- Legislative agenda
- Reimbursement
- Provider, Payer, End user support

Conclusion



Physical Therapy East of California

- Demands in healthcare
 - Reform = Reduction
- Need for innovative practice
 - Telehealth = Opportunity
- Collaboration from licensing authorities & professional associations
 - PTBC, FSBPT, APTA, AOTA, ASHA, ATA

Contact Information

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