NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

NCTRC Telehealth Hack Series

Rehabilitation Services & Early Intervention

March 10th, 2021

NCTRC Telehealth Hack Data

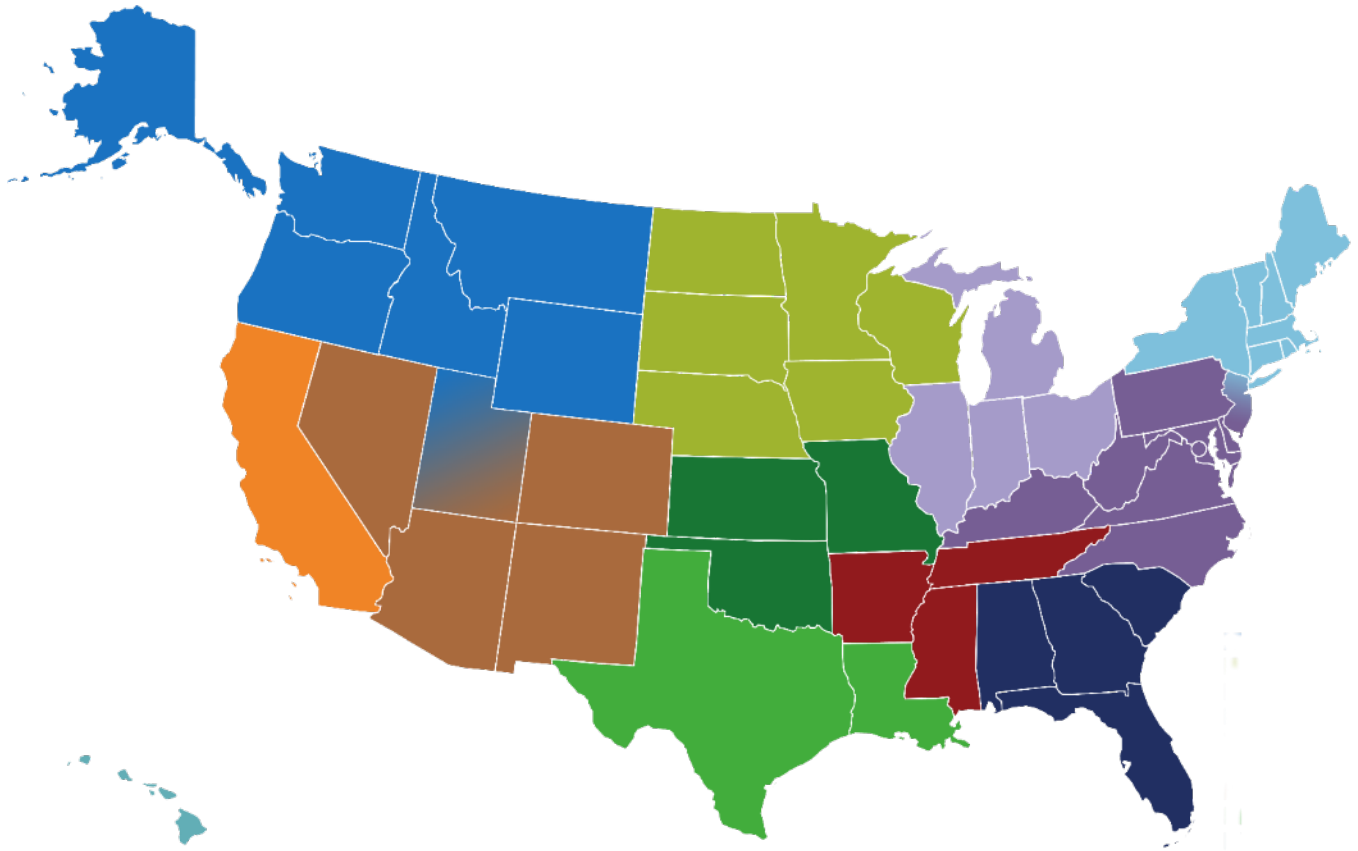
- The National Consortium of Telehealth Resource Centers collects registration, participation, questions/answers, chat comments, and poll responses for this program and shares this data with the HHS – Health Resources and Services Administration (HRSA). **Your individual data will be kept confidential.** These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals

- CTRC — California Telehealth Resource Center
- gpTRAC — gpTRAC Great Plains Telehealth Resource & Assistance Center
- HTRC — HTRC Heartland Telehealth Resource Center
- MATRC — Mid-Atlantic Telehealth Resource Center
- NETRC — Northeast Telehealth Resource Center
- NRTRC — NRTRC
- PBTRC — Pacific Basin Telehealth Resource Center, The University of Hawai'i at Mānoa
- SCTRC — University of Arkansas for Medical Sciences, South Central Telehealth Resource Center, LearnTelehealth.org
- SETRC — Southeastern telehealth Resource Center
- SWTRC — Southwest TRC Telehealth Resource Center
- TexLa — TexLa Telehealth Resource Center
- UMTRC — Upper Midwest Telehealth Resource Center, UMTRC.org



Nationals

- CCHP — Center for Connected Health Policy, The National Telehealth Policy Resource Center
- TTAC — TTAC TelehealthTechnology.org

Transitioning from HHS - ASPR

The National Consortium of Telehealth Resource Centers (NCTRC) have played an active role throughout the legacy HHS – ASPR Telemedicine Hack series. With the program becoming widely popular, HHS – ASPR has agreed to transition the program to the NCTRC.

With the Telehealth Hack program now fully transitioned, the NCTRC will provide peer-to-peer learning sessions through March 2021, covering core topics and specialties where telehealth is utilized.

Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- Please place your questions into **the Q&A function**.
- For technical assistance with Zoom, please use **the Chat function**.
- Attendees are able to adjust video sizing via Zoom's sliding feature.
- Attendees can toggle Closed Captioning in the toolbar.
- The webinar is being **recorded**.
- Recordings will be posted to our website and YouTube Channel:

  www.telehealthresourcecenter.org

  https://www.youtube.com/c/nctrc

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Disclosures

The following planners and speakers of this CE telehealth series and activities have no relevant financial relationships with commercial interests to disclose:

Aria Javidan
Amanda Enyeart
Kathy Wibberly, PhD
Doris Barta, MHA
Nichole Perisho
Becky Bounds
Jordan Berg
Alysa Bass, JD
Clarette Yen, JD
Jason Jent, PhD
Michael McKee, MD
Nicki Perisho
Anthony Yengo, DPT
Benjamin Boyle, DPT
Kaitlyn Andreason, CCC-SLP

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The accreditation compliance reviewer, Courtney Bryant, has no financial relationships with commercial interests to disclose.

Joint Accreditation and Credit Designation Statements

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Arkansas for Medical Sciences and National Consortium on Telehealth Research Centers. University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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1. Go to learnondemand.org

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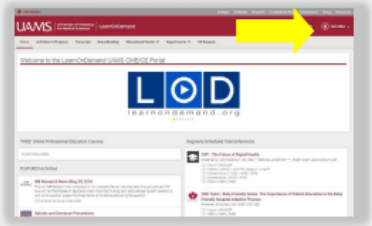
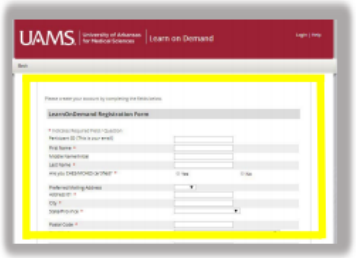


3. Complete Registration Form

4. Select Passwords, Security Questions,and accept Privacy Statement



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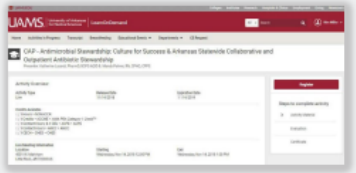

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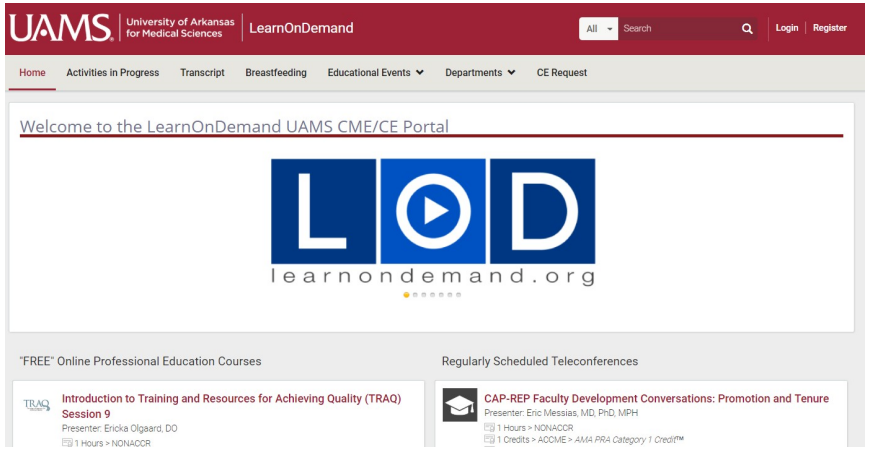

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- Login to https://learnondemand.org/lms/activity?@curriculum.id=-1&@activity.id=7312901 with your new or existing login.
- Search for the Topic
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Deadline!!!

All evaluations must be completed by

Wednesday, March 24, 2021

If you do not complete an evaluation by this deadline, you will not receive continuing education hours for this conference.

Course Evaluation & CE Certificate

❖Deadline !!!

March 24, 2021; 11:59 PM

No credit will be awarded after this date!!!

❖ www.learnondemand.org

Questions about evaluations and/or certificates should be directed to **IDHI@uams.edu**

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Today's Agenda

- **Introduction (5 min)**- Nicki Perisho
- **Didactic #1 (12 min)** – Benjamin Boyle, DPT
- **Didactic #2 (12 min)** – Anthony Yengo, DPT
- **Didactic #3 (12 min)** – Kaitlyn Andreason, CCC-SLP
- **Panel Q&A (10 min) –** Moderated by Nicki Perisho
- **Closing Remarks** – Mei Kwong, JD (4 min)

TELEHEALTH BASICS

Ben Boyle PT, DPT, FAAOMPT

Chief Clinical Affairs Officer

IRG Physical & Hand Therapy

WHAT IS TELEHEALTH ?

Use of HIPAA –compliant

Interactive

Real – time audio AND video communication

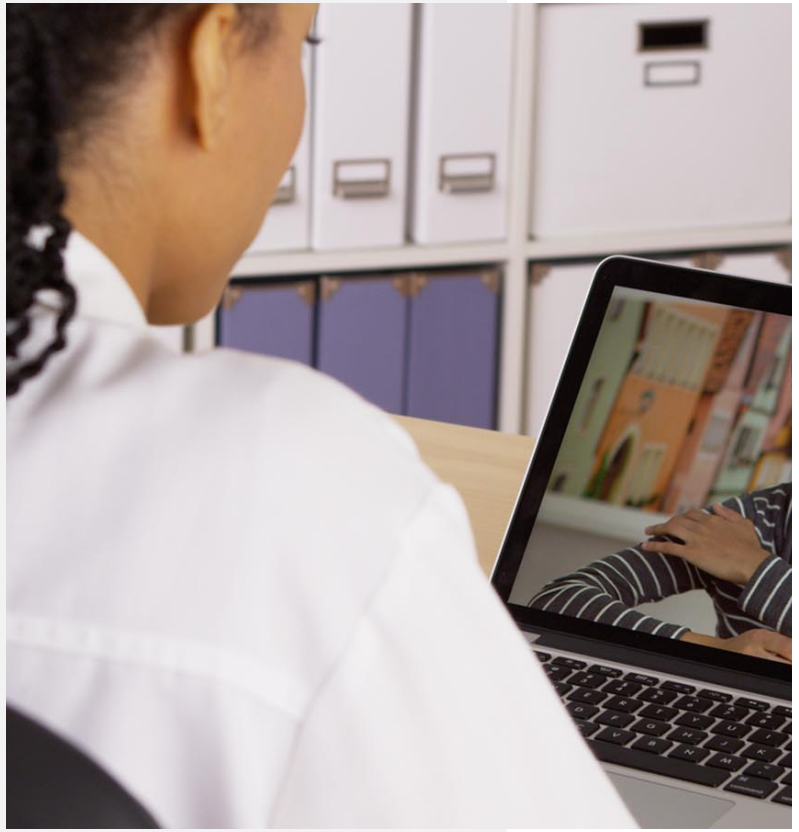
To deliver healthcare services

To an alternate site then where the provider is located .

WHAT IS TELEHEALTH?

Types of telehealth modalities…

- Live video
  - Audio / visual
  - Real time
  - Synchronous
  - Excepted substitute for in-person encounters
- Store & Forward
  - Asynchronous
  - Transmission of health information via secure email
  - Often used to communicate among specialists
- Remote Patient Monitoring
  - Uses digital technologies to collect health date from patients in remote location



Washington State law requires at minimum – audio and video equipment permitting two – way, real time interactive communication between therapist and patient

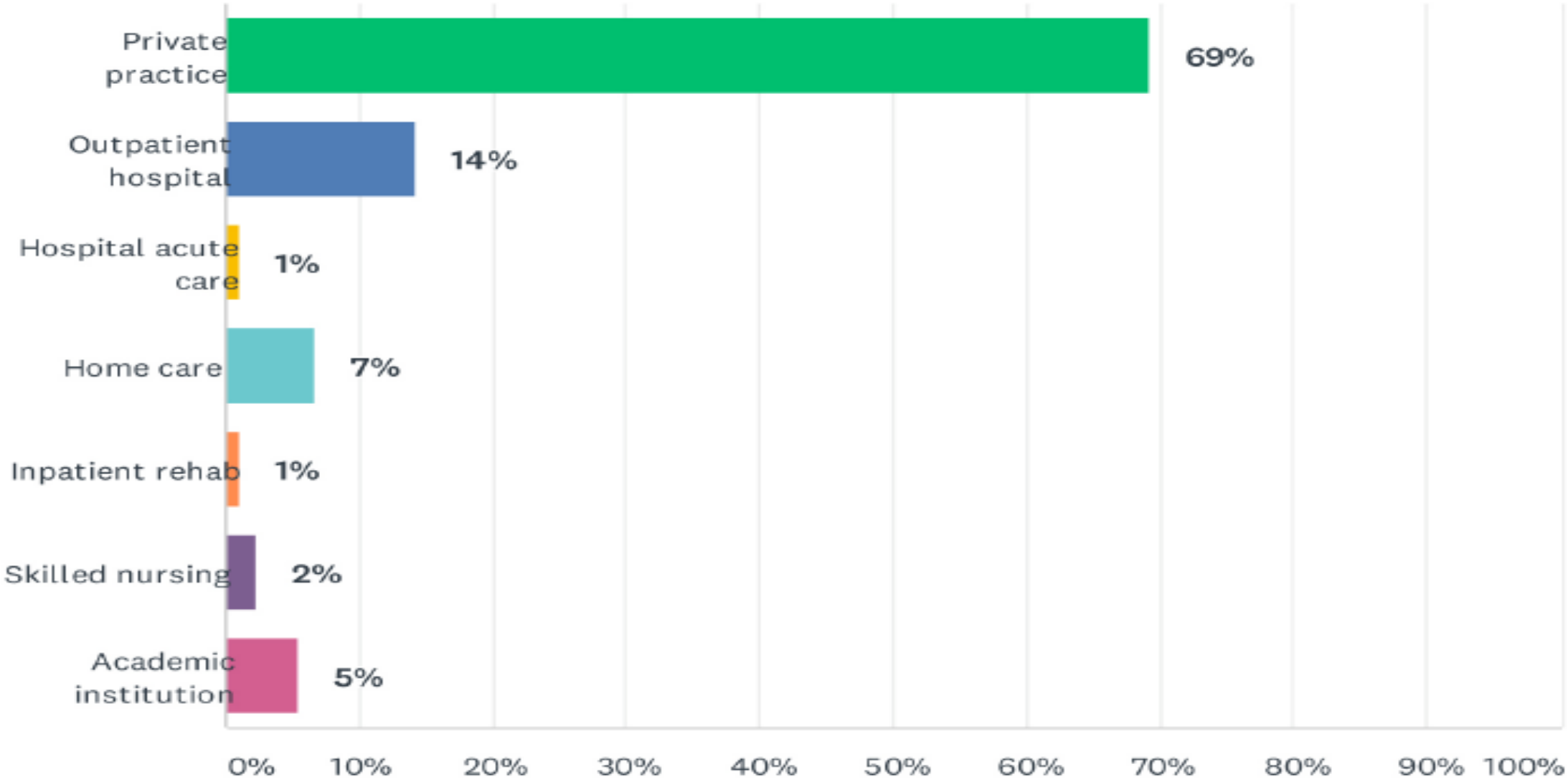
*HB 1196 if signed would create reimbursement parity for **audio-only consultations***

Telehealth: Demographics Benefits Barriers

Summary findings APTA WA Practice Survey

Q1 What is your primary practice setting?

Answered: 91 Skipped: 9

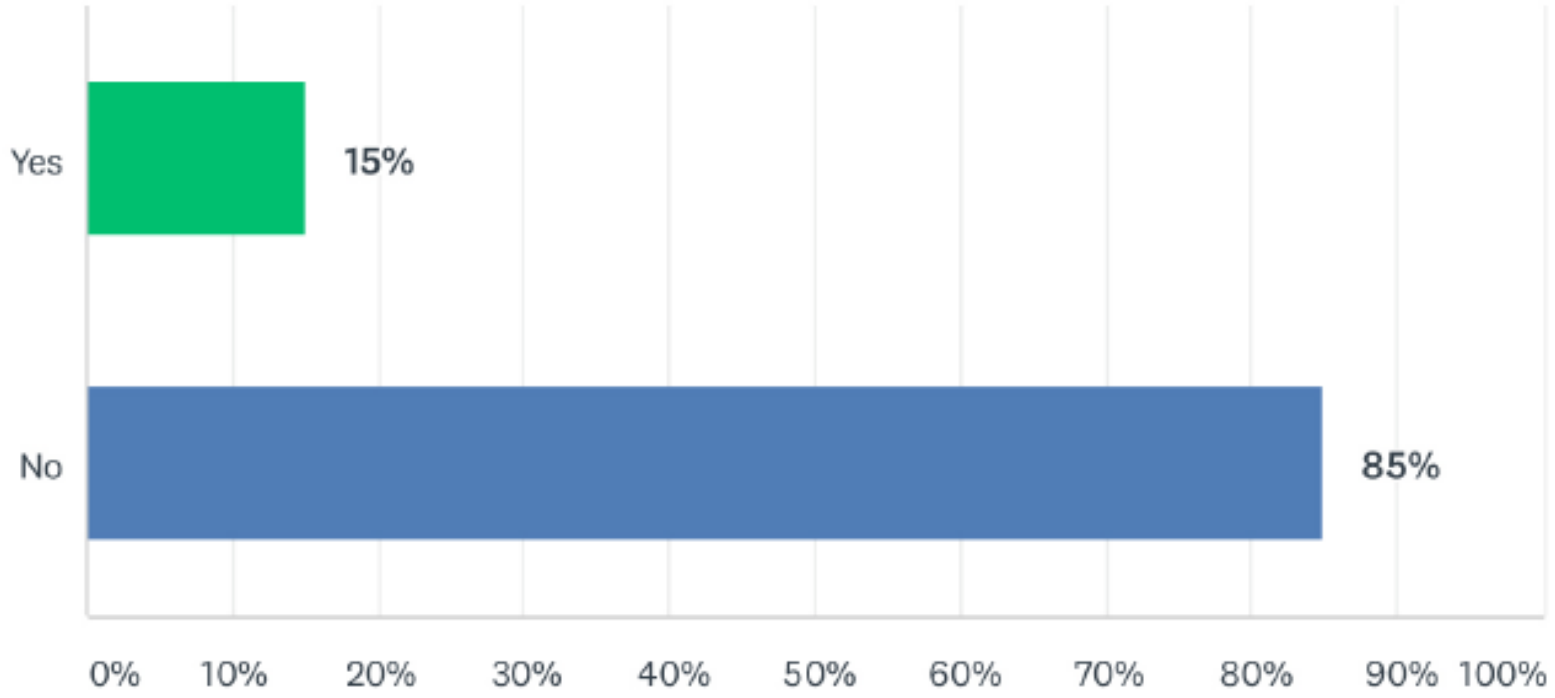


If you are not using telehealth, why not?

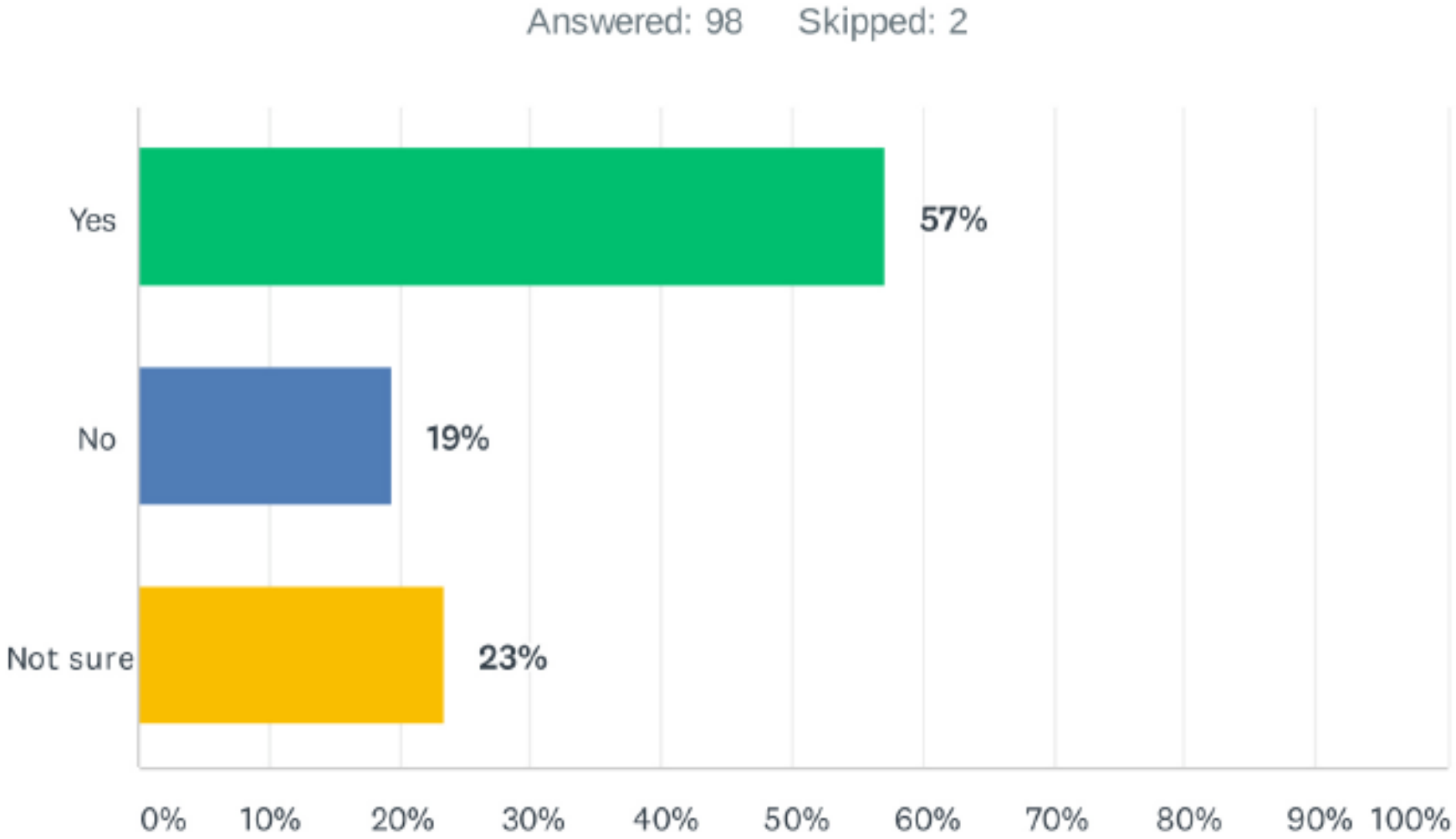
ANSWER CHOICES	RESPONSE
Unsure if the practice act allows it	0%
Unsure about whether insurance will pay for it	13%
Patients uninterested	35%
Don't think I can deliver adequate care via telehealth	26%
Not sure where to start	4%
My clinic lacks the technology to provide telehealth	22%

Did you treat patients via telehealth prior to the pandemic?

Answered: 100 Skipped: 0



Do you plan to continue treating patients via telehealth after the pandemic is over?



Describe Scenarios where you think telehealth will be most beneficial after the pandemic

Telehealth Benefits Post-Pandemic

29 Avoid Transportation Issues (Distance, Parking, Traffic)

9 Child Care/Care of Other Family Members

21 Vulnerable or Compromised Health of Patient or Other Household Member

20 Intermittent Check-ins for Post-Op and Patients Who are Traveling

1 Inclement Weather

12 Patient Education and Interviewing

5 Treatment More Accessible for Busy Patients

6 Insight into Patient's Home Situation

Did you encounter any technical or logistical difficulties when delivering care via telehealth?

Technical/connectivity issues on my end	38%
Patient having connectivity or technology issues	81%
Patient having inadequate internet access	43%
Patient had inadequate home set up and space for telehealth (not related to technology problems)	30%
Appointments taking more time than in-person visits	28%
Problems getting paid for treatment delivered	19%

Describe positive or negative quality factors or outcomes when treating patients via telehealth?

Positive Aspects of Telehealth

- **29** Greater access to physical therapy, including for rural communities and where there are gaps in specialty care such as pediatric
- **8** The ability to see a patient's home environment
- **4** Family members being able to participate in session

Negative Aspects of Telehealth

- **20** Can't do hands on therapy
- **6** Technology and communication barriers
- **1** Appointments take more time
- **3** Limitations for long-term treatment


PREPPING FOR
TELEHEALTH

WHAT PREPARATION STEPS ARE NEEDED TO UTILIZE TELEHEALTH?

Steps to initiate telehealth...

- **Complete any required training activities**
  - ***Complete Washington State Telehealth Collaborative Training***
  - Mandatory for all non-physician providers Jan 1st 2021
- **Identify telehealth platform**
  - Number of available synchronous audio – visual technologies available
  - HIPAA Compliance
    - Temporarily waived during public health emergency
    - HIPAA compliant platforms will need a completed Business Associate Agreement
      - Keep this on file for each provider
- **Informed Consent**
  - Process where risks, benefits, and procedure is explained to patient
  - All standard components in traditional procedures should be included when conducting telehealth services
    - Additional considerations may include:
      - Limits on encryption methods, documentation and storage of information, possibility of technology failure or communication interruption

CONSIDERATIONS FOR CONDUCTING A TELEHEALTH VISIT

- **Provider can be either PT or PTA**
  - Supervision requirements are still in effect
    - CMS Final Rule amended definition of direct supervision to include availability by synchronous audio – visual technology
- **Acceptable locations for telehealth**
  - Originating site: location of patient
    - Home, Hospitals, Critical Access Hospitals, SNF's, Rural Health Clinics
  - Distant site: location of practitioner
    - No statutory restriction on distant site
    - May be contractual restrictions on distant site
      - CMS waived requirement to list multiple distant site addresses on Medicare enrollment, allowing providers to bill from currently listed location
      - In – network providers may have similar requirements to list all provider sites
- **Specific Documentation Requirements**
  - Documentation must include:
    - Originating site patient name / address
    - Distant site provider name / address
    - Statement of "services provided in response to public health emergency"
      - Necessary if you are going to utilize any of the exceptions

CODING & BILLING FOR TELEHEALTH

STEPS FOR BILLING TELEHEALTH

Place of Service & Modifiers

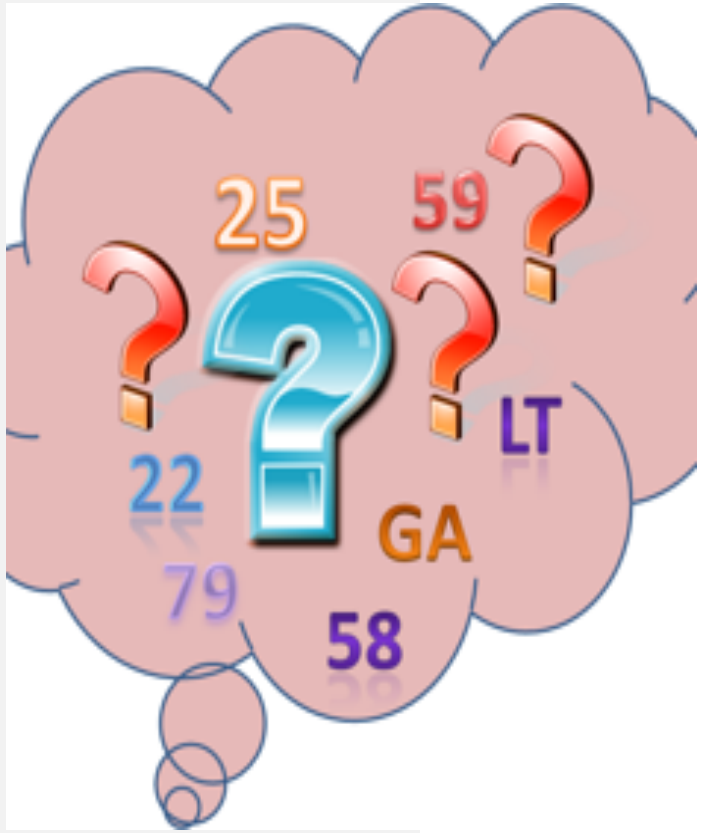
- Place of Service Codes
  - Also known as location codes
  - 2 – digit codes placed on claims to indicate the setting in which service was provided

- Modifiers
  - Also known as Level 1 modifiers
  - Used to supplement information or adjust care descriptions
  - Provide extra details concerning a procedure or service
  - Help further describe a procedure code without changing the code definition

WHAT MODIFIERS DO I USE?

It depends on the payer, and it may change …

- -95 modifier
  - Indicates that services were delivered synchronously & in real time
  - Typically used for CPT codes listed in Appendix P of CPT coding manual
- - GT modifier
  - Indicates that services were delivered synchronously & in real time
  - Using HIPAA compliant platform
  - Replaced by -95 in 2017
    - Some payers still require it
- - GQ modifier
  - Indicate services were delivered asynchronously and in real time
    - *Example: online HEP, sent via link with access to videos*
- - CR modifier
  - Indicates services are catastrophe or disaster related
  - Must use with Medicare e-visits



Appropriate modifier must be added to each billed CPT code …

WHAT PLACE OF SERVICE CODE SHOULD BE USED?

Well, it depends….

Place of Service Codes

- -02 (Telehealth)
  - Indicates service was provided by telehealth
  - Went into effect January 2017
- -11 (Office)
  - Indicates service performed in an ambulatory office facility
- -12 (Home
  - Indicates service took place in private residence

- Added to the claim to indicate where service is performed
- Notable variability among payers regarding telehealth
  - In some instances these is done by payors to insure payment parity

TELEHEALTH CODING MATRIX

Covered Service	Insurance Type	Allowed CPT Codes	Modifiers	Place of Service Code
Yes	Regence First Choice Uniform Medical	Use Evaluation and Standard Therapy CPT Codes 97110, 97535, 97112, 97530	Add **95 modifier** to each procedure	POS code is **11 (Clinic)**
Yes	BCBS Federal	Use Standard Therapy CPT Codes 97110, 97535, 97112, 97530	Add **95 modifier** to each procedure	POS code is **2 (Telehealth)**
Yes	Premera	Use Evaluation CPT codes and 97110, 97535, 97112, 97530	Add **GT modifier** to CPT codes Add **-95** to G/HCPCS codes	**POS 2 (Telehealth (effective 9/1/2020)**
Yes	Aetna	Evaluation and CPT codes 97110, 97116, 97530, 97112, 97535	Use **95 Modifier**	POS code is **2 (Telehealth)**
Yes	Humana	Use Evaluation codes and CPT codes 97110, 97535, 97112, 97530	Add **GT modifier** to each procedure	POS code is **2 (Telehealth)**
Yes	Cigna	Use CPT codes for **PT/OT evaluation** 97110, 97116, 97530, 97112, 97535	**95 modifier** to be added	POS code is **11 (Clinic)**
Yes	Tricare	Must be Established Patient **(No Evaluation)** Use Standard CPT codes 97110, 97535, 97112, 97530	Use **GT Modifier** for each procedure	POS code is **2 (Telehealth)**
Yes	TriWest	Evaluation and CPT codes 97110, 97112, 97116, 97535, 97750,97755, 97760, 97761 **ONLY**	Use **GT Modifier** for each procedure	POS code is **2 (Telehealth)**
Yes	Washington Labor and Industries	Evaluation and CPT codes 97110, 97535, 97530, 97112	Do not add modifier	POS code is **12 (Home)** Continue to use **2** for privately funded plans
Yes	Molina	Use CPT codes 97110, 97535, 97112, 97530	Use **95 modifier** for each procedure	POS code is **2 (Telehealth)**
	Kaiser	Evaluation and CPT 97110, 97535	Use **GT modifier**	POS code is **2 (Telehealth)**
Yes	United Healthcare	Evaluation and CPT codes 97110, 97116, 97530, 97112, 97535	Use **95 modifier** for each procedure	POS code is **2 (Telehealth)**
Yes	Apple Health	Evaluation codes and 97110,97112,97116,97530, 97535, 97750,97755,97760,97761	Use **95 modifier** for each procedure	POS code **12 (Home)**
Yes	Medicare Plan	Evaluation codes and 97110,97112,97116,97530, 97535, 97750,97755,97760,97761 **ONLY**	Add **95** modifier to each procedure	POS code remains **11 (Clinic)**

TELEHEALTH IN PHYSICAL THERAPY

Anthony Yengo

Physical Therapist

Private Practice Owner

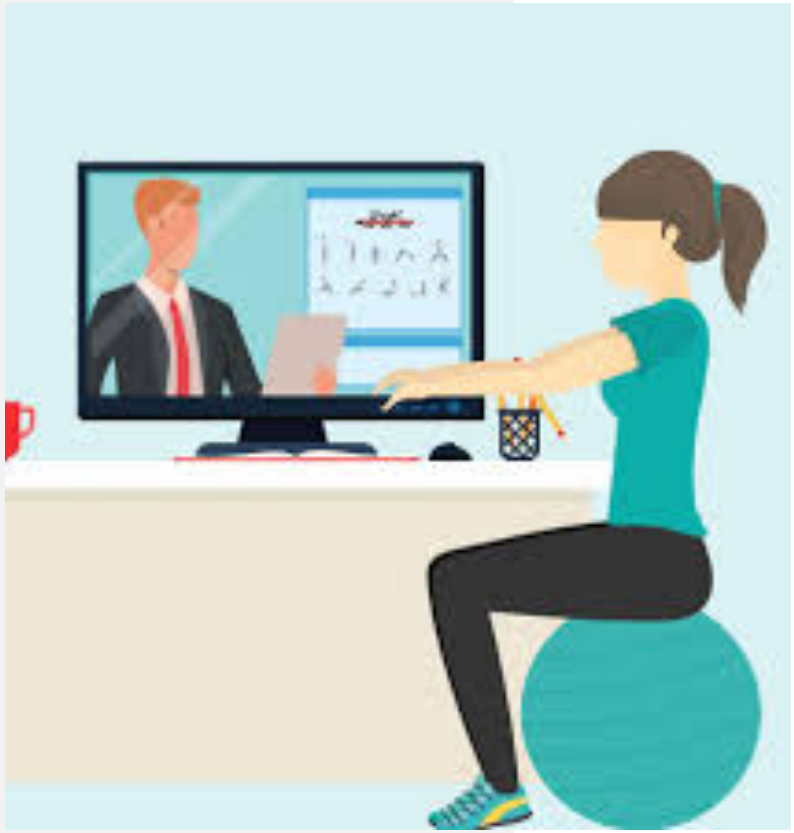
Quest Physical Therapy, Issaquah, WA

QUEST Physical Therapy

MY START IN TELEHEALTH

COVID-19 Pandemic

- COVID-19
  - All of our practices changed in an instant
  - Rapidly changed gears and get up to speed with telehealth
- Telehealth
  - Allowed us to treat patients that needed care
  - Telehealth has value
  - Continues to have value in our practice



VALUE

PT is hands on….. Right?

- Some PT's are hesitant to try telehealth
  - "PT is hands on"
  - "How can I do PT through a video?"
- PT: We have a lot to offer (We do a lot without our hands)
  - Active listening
  - Examination and assessment
  - Education
  - Self treatment
  - Home exercise programs
  - Ergonomics
  - Seeing the patient in their own environment
- Limitations…. but telehealth has value

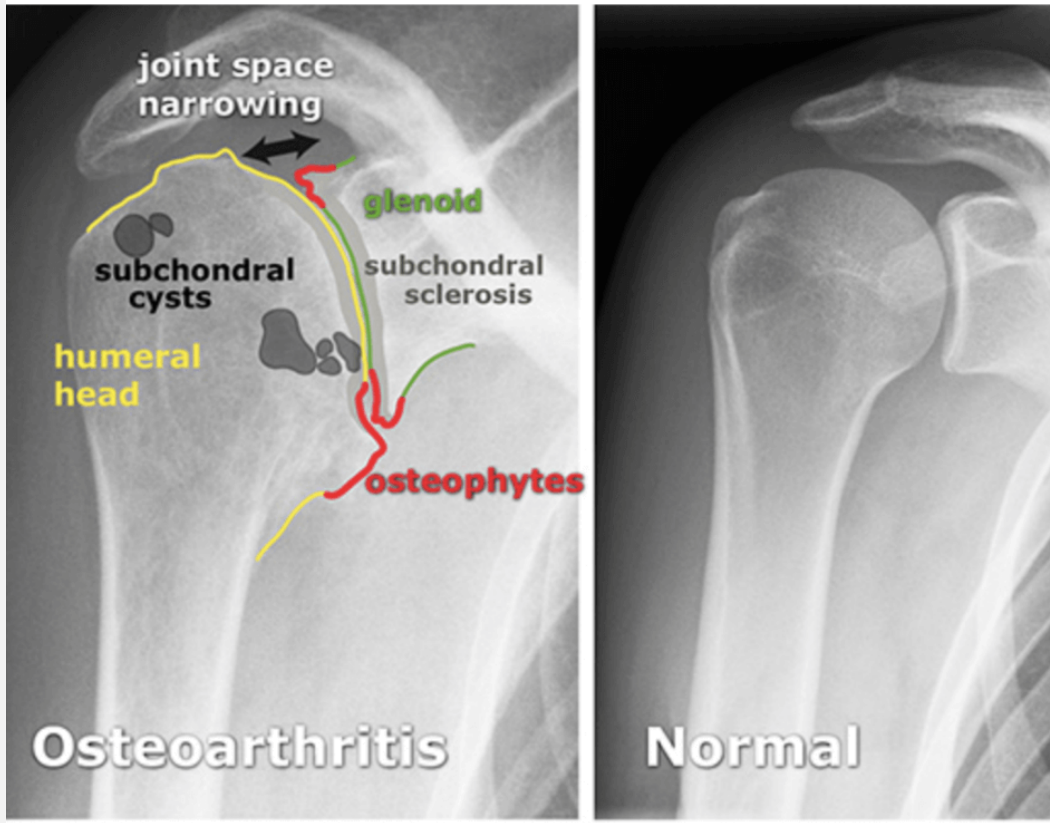
TELEHEALTH IN ACTION

QUEST Physical Therapy

TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

- 60 year old, right handed active male tennis player.
- Right shoulder pain for several years
- 2017, physical therapy reduced his pain by 50% but not full resolution
- MRI shows
  - Severe glenohumeral osteoarthritis with labral tearing
  - Partial thickness supraspinatus tear with tendinopathy of the infraspinatus and subscapularis tendons
  - A large osteophyte at the head neck junction of the humerus.
  - Severe degenerative changes at the Acromioclavicular joint



TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

- Elected to have a PRP (Platelet rich plasma) injection on March 10, 2020
- Our clinic temporarily closed for any in-person visits the weekend after March 13th.

TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

Physician Guidelines after PRP injection (Injection: 3/10/20)

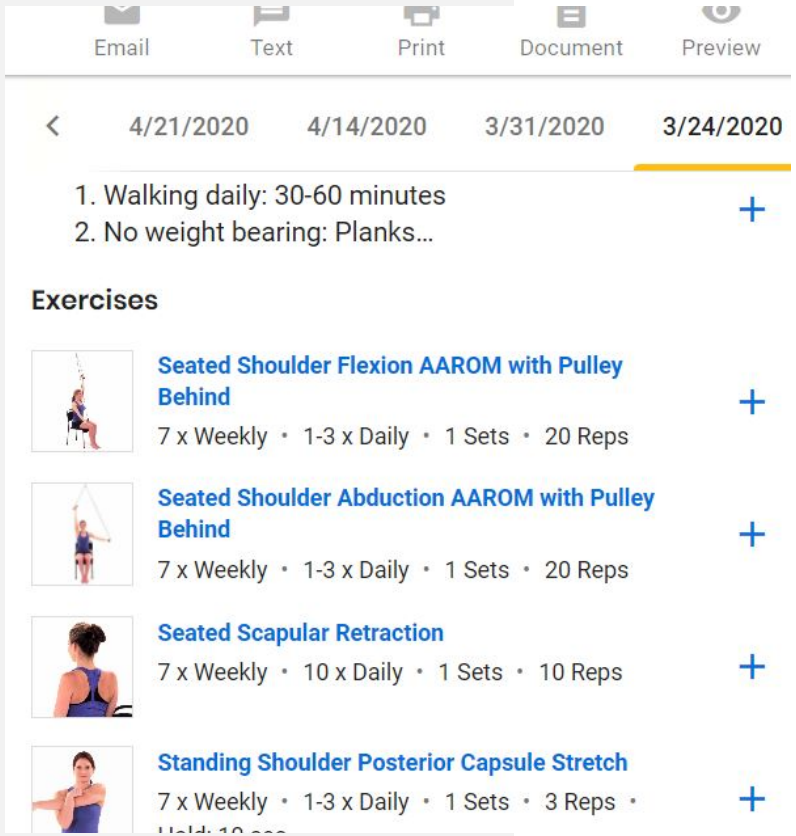
- Start PT at two weeks S/P injection
- Start “low level” with passive and active assisted ROM and progress to AROM against gravity
- Work on scapular and thoracic mobility
- Stepwise progression toward more functional movements.
- Manual therapy as needed
- Progressive RTC and periscapular strengthening after 4-6 weeks

TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

Initial Examination: 3/24/20

- Minimal swelling
- Shoulder flexion and abduction limited by 10-20%
- Horizontal adduction and internal rotation limited by roughly 50%
- Mild discomfort with gentle isometric pressures in abduction, external rotation, and internal rotation
- He has been to PT before, and we agreed to meet once per week via telehealth.
- Started his formal home exercise program



TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

Second appointment:

- Overall feeling better
- Shoulder flexion and abduction 95-100%
- Horizontal adduction a little better
- Shoulder internal rotation the same
- Continues to have difficulty sleeping, achiness B/T his scapula and spine, and anterior shoulder discomfort
- Introduced self trigger point release techniques and progressed his HEP.

TELEHEALTH CASE

60 Year old male tennis player with right shoulder pain

Treated the patient for 6 visits over 9 weeks with tapering frequency.

- Relatively full recovery, although he has not returned to tennis.
- Felt that the self myofascial treatment techniques were valuable, and he progressed back to exercising daily, using free weights, and doing all of his home and yard maintenance pain free.
- Overall, he was happy with his progress and he no longer had shoulder pain.

TELEHEALTH CLINICAL SET UP

QUEST Physical Therapy

PREPARE THE PATIENT

Set patient up for success

- Intro email with expectations
  - Computer or laptop with high quality audio and video
    - Phone (may be too small) or tablet can work with a stand
    - Must be able to walk away from your device
    - It is helpful if the patient can adjust their camera angle as needed.
  - Patient should have space to step back from their computer and move
  - Wear clothing to allow for movement and visualization of the injured area
  - When will the patient receive their appointment invite
    - We send their invite 5 minutes before their appointment time
  - Make sure the have a stable internet connection
  - Appropriate lighting
  - Other special instructions

PROVIDER SET UP

Plan for easy workflow

- Laptop vs tablet/ phone
  - Consider a tablet and computer
- Quite space
- Patient privacy
- Space for the provider to demonstrate

“WEBSIDE MANNER”

Soft skills

- Same courtesies as an in-person visit
- Introduce yourself and welcome the patient
- Professional presentation, pay attention to office layout, dress, surrounding equipment
- Introduce other parties in the room and ask permission
- Smile and be personable. Act as if the patient is in the room with you.

“WEBSIDE MANNER”

Technical details

- Check your web cam angle
  - Straight on viewing angle
  - Look directly into the camera at times so that the patient feels that they can see you “eye to eye”
- Lighting
- Sound check
- Test your equipment ahead of time
- Avoid clutter behind you. Have a simple backdrop.
- Let the patient know if you need to type or write and what you are doing.

SUBJECTIVE INFORMATION

- Electronic intake forms
  - Through your EMR or 3rd party
  - Fax
  - Email if email is HIPPA compliant
- History
  - Active listening….This is how you connect with your patient
  - Details about their condition
  - Functional limitations
  - Goals

EXAMINATION

- Visual Inspection
- Posture assessment
- Range of motion: using visual estimations
- Gait: as space allows
- Strength
  - Functional movement assessment
  - Isometric testing similar to manual muscle testing
- ADL, household chore assessment, home set up
  - Big advantage with telehealth
- Some special tests
- Workstation set up

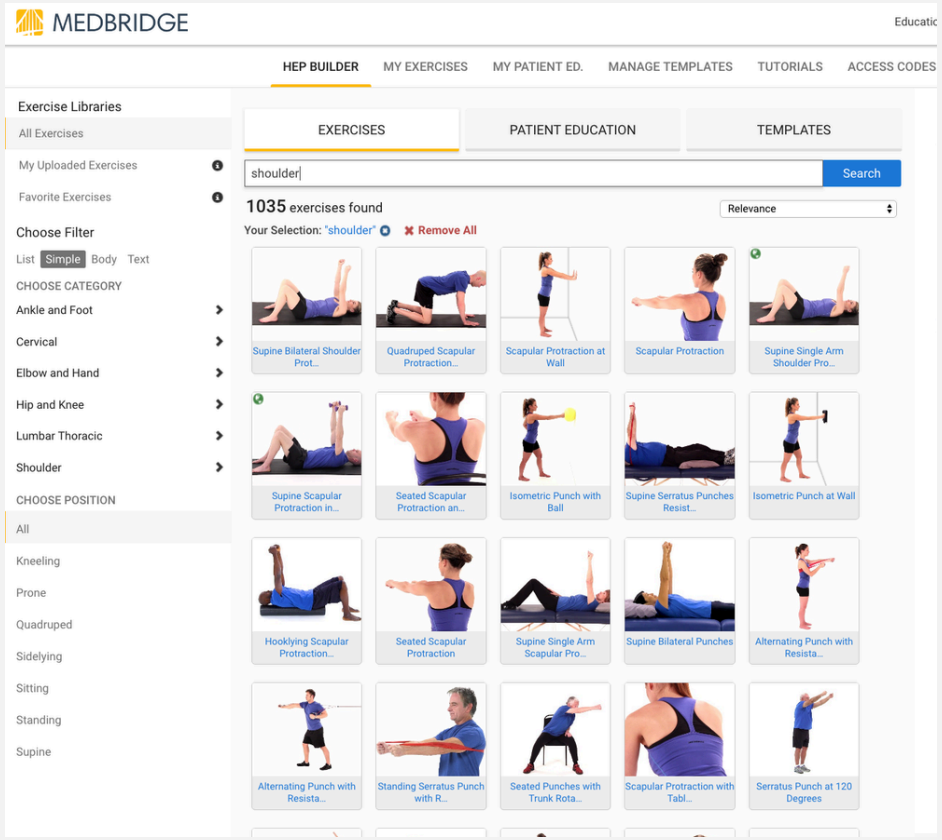
TYPICAL APPOINTMENT

Other considerations

- Initial evaluation: plan on 45-55 minutes
- F/U appointments are usually shorter than an in-person appointment. We schedule 45 minutes
- Work after the appointment
  - Sending F/U email and home program to patient
  - Email correspondences with patient

HOME EXERCISE & EDUCATION PROGRAM

- Platform that offers videos, pdfs, educational material are very useful
- Asynchronous platform
- Helpful if patient can provide feedback. PT must remember to check for messages.



LIMITATIONS OF TELEHEALTH

- May be more difficult to connect with patient
- Details of an in-person assessment may not be appreciated
  - Detailed biomechanical assessment, passive mobility testing, neural mobility assessment, balance assessment, palpation, manual muscle testing, special tests, etc.
- No manual treatment
- Specific neuromuscular re-education is difficult
- May not be safe to perform gait or balance assessment
- An in-person appointment may be needed before treatment can proceed to ensure an accurate treatment diagnosis.

DOCUMENTATION

My suggestion for documentation

- Why meeting via telehealth versus in person
- Why telehealth was helpful and necessary in the recovery of the patient
- Limitations in your examination, assessment, and treatment related to telehealth
- Qualify your objective findings if needed
  - Range of motion was visually estimated via telehealth
  - Caregiver assisted with manual muscle testing and gave feedback
  - I walked the patient through a special test and their response suggests possible diagnosis

OTHER MISCELLANEOUS POINTS

- Providers may get “screen fatigue”
  - Can be meet with patients back to back via telehealth appointments.
- Patients may transition directly from one meeting to your appointment.
  - Normally, a patient may drive 10 minutes to your appointment which may allow them to mentally prepare for PT.
- Some providers report better compliance if you had a relationship with the patient prior to their telehealth visit.

QUEST
Physical Therapy

NCTRC Telehealth Hack-Speech Therapy through Telepractice

Presented by
Kaitlyn Andreason

Outline

Telepractice and COVID-19

Telepractice

- ASHA uses the term "telepractice" rather than telehealth
- Telepractice has more historically been used by school districts serving rural communities
- The pandemic allowed for more widespread use of telepractice and provided more access to rehab services
- COVID-19 established need to research and implement best practices in Telepractice

Types of Telepractice

(ASHA, n.d., Telepractice)

Synchronous

- Services are conducted with interactive audio and video connection in real time to create an in-person experience similar to that achieved in a traditional encounter (client interactive)
- Synchronous services may connect a client or group of clients with a clinician, or they may include consultation between a clinician and a specialist

Asynchronous

- Images or data are captured and transmitted for viewing or interpretation by a professional (store and forward)
- Examples include transmission of voice clips, audiologic testing results, or outcomes of independent client practice

Hybrid

- Applications of telepractice that include combinations of synchronous, asynchronous, and/or in-person services.

*Clinicians and programs should verify state licensure and payer definitions to ensure that a particular type of service delivery is consistent with regulation and payment policies

Evidence for Telepractice Based on Population Served

Disorder	Articles	Conclusions
Articulation/phonology	▪ Coufal et al., 2018 ▪ Crutchley et al., 2010 ▪ Grogan-Johnson et al., 2013	▪ There were no significant differences in the median change scores between the traditional group and the telepractice group.* ▪ Reliable and valid assessment has potential. Further study with larger subject pool needed. ▪ There was no significant difference in performance of children who received Tx services in the telepractice condition compared with side-by-side condition.
Autism and other neurodevelopmental disorders; early intervention	▪ Baharav & Reiser, 2010 ▪ Simacek et al., 2017 ▪ Sutherland et al., 2018	▪ Results suggest that gains obtained in traditional therapy can be maintained and even exceeded in a treatment model that uses telepractice (study had a mix of in-person and telehealth services). ▪ The findings support the efficacy of telehealth as a service delivery model to coach parents on intervention strategies for their children's early communication skills.* ▪ Systematic review of use of telehealth in treating individuals with ASD (19 months to adulthood). Review found a range of benefits to individuals with ASD, their families, and teachers using telehealth services for intervention. Overall, positive outcomes were reported. More research is needed to address diagnostic assessments through telehealth though.

Evidence for Telepractice Based on Population Served

Disorder	Articles	Conclusions
Feeding	▪ Raatz et al., 2020 ▪ Raatz et al., 2019	▪ The delivery of pediatric feeding services via telepractice remains limited, but many clinicians were interested in using telepractice and had positive perceptions regarding its use. ▪ Modifications to standard videoconferencing were necessary to develop a clinically viable process for conducting pediatric feeding assessments in the home via telepractice. A combination of synchronous and asynchronous methods were needed for success.
Fluency	▪ Carey et al., 2014; 2012 ▪ Lewis et al., 2008 ▪ McGill et al., 2019	▪ Phase I trial found telehealth delivery of Camperdown Program to be efficacious and efficient for all, Phase II was efficacious and efficient for half of participants. ▪ Telehealth delivery of Lidcombe Program found to be efficacious for preschool children. ▪ Live-stream, video telepractice appears to be a promising service-delivery method for treatment of stuttering using the Camperdown Program, Lidcombe Program, and integrated approaches.
Language and Cognitive	▪ Sutherland et al., 2017; 2016 ▪ Wales et al., 2017	▪ Findings support the use of telehealth in the language assessment of school-aged children ▪ Findings showed there is limited but promising evidence to support telehealth for delivering speech-language pathology intervention services to school-age children.*

Reimbursement for Telehealth Services

Key Issues in Telepractice

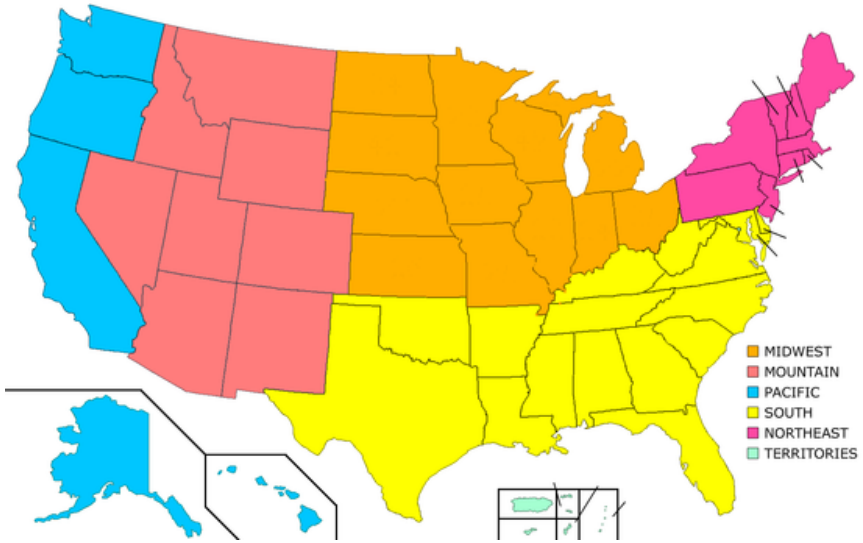
(ASHA, n.d., Telepractice)

- Roles and Responsibilities
- Ethical Considerations
- Licensure and Teacher Certification*
- Reimbursement*
- Telepractice Technology
- Facilitators in Telepractice for Speech-Language Services
- Privacy and Security

Licensure

(ASHA, n.d., Telepractice)

- Client's location determines the site of service
- Telepractitioners need to be licensed in both the state in which they reside at the time of service and the state in which the client is located
- Professional health care organizations are trying to develop licensure compacts
  - There is currently an initiative to explore a compact for audiologists and SLPs



Reimbursement

(ASHA, n.d., Telepractice)

- Coverage and payment of telepractice services varies
  - Some coverage may only be in place during the pandemic
- Clinicians should verify telehealth coverage before initiation of services
- For more specific information regarding coverage and billing practices for telehealth:
  - Payment and coverage of telepractice services

Integrating Virtual Services into Therapy

Considerations for successful integration of virtual services

- Clinician qualities
- Patient/Client selection
  - Not all patients are a good fit for telehealth. Must consider the characteristics and needs of each patient.
  - Telehealth improves access to therapy for many individuals/families who might not otherwise be able to receive services
- Technology available to both clinician and patient and technology available to clinic
- Therapy approach
  - The approach should be based on the individual characteristics and needs of the patient
  - A consultative/parent-coaching approach can be considered with younger patients
  - A hybrid approach of both telehealth and in-person services may also be considered

Case Studies and Patient/Provider Experiences

Caleb

- Age: 3;0
- Diagnosis: Expressive language disorder; Phonological disorder
- Approach: Direct Tx, parent coaching
- Progress: Completed evaluation prior to clinic shutdown. When clinic opened again, parent preferred telehealth option. Caleb was young, but still highly motivated by on-screen games. Within 10 sessions, Caleb met 4 out of 5 goals.
- Parent satisfaction: High. Parent reported great progress from week to week and was grateful for option to stay at home during the pandemic. Telehealth also made transportation and childcare situation easier on the family.
- Clinician satisfaction: High

Cruz

- Age: 7;4
- Diagnosis: Expressive language disorder; Articulation disorder
- Approach: Direct Tx, parent coaching
- Progress: Cruz was a highly distractible kiddo, but responded well to redirection from clinician and parent. His mother was highly motivated and worked with Cruz often, following through with the home program. Within 8 sessions, Cruz met 6 out of 6 of his goals.
- Parent satisfaction: High. Mom reported that she was very grateful for a telehealth option as the family traveled around 45 minutes each way to get to therapy prior to telehealth option.
- Clinician satisfaction: High

Tommy

- Age: 2;4
- Diagnosis: Expressive language disorder
- Approach: Parent coaching
- Progress: Completed an evaluation via telehealth through parent interview. Provided and discussed strategies that could be used immediately. Parents were very motivated and within two additional sessions, Tommy met 3 out of 4 of his goals. He was using over 50 new words and combining words into 2-word phrases.
- Parent satisfaction: High. Parents were extremely cautious about COVID-19 and did not want to attend in-person therapy. They were very grateful for telehealth option and very pleased with Tommy's progress in such a short amount of time.
- Clinician satisfaction: High

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Upcoming Sessions

March Session – Part 2

Early Interventions in Telehealth

March 24th, 2021: 11 AM – 12 PM PT

- *Topic: Behavioral Health Services & Early Intervention*

Thank you!