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TELEHEALTH

Innovations in Care

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October 18, 2017

continued^{ed}

Introduction

Learning Objectives

- List five benefits of implementing a telehealth program.
- Explain at least three components of payment methodology for a Medicare funded telehealth program.
- Describe three examples of synchronous and asynchronous communication applications utilizing telehealth technology

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Objectives

Telehealth

- Terms and considerations
- Modes and applications
- Research and innovations

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continued™

Pop Quiz

What percentage of Americans would be receptive to an online physician visit?

- a. 20%
- b. 40%
- c. 60%
- d. 80%

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continued™

Terms and Conditions

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Terms and Considerations

- “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 BODP03-06-10-20
nationalgovernance@apta.org

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Terms and Considerations

- Telehealth- “the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.”

International Organization of Standardization

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Terms and Considerations

Telehealth is a broad term:

- Telemedicine
- Telerehabilitation
- Telehealth Nursing

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Terms and Considerations

Telehealth uses:

- Education
- Advice
- Reminders
- Interventions
- Monitoring of interventions

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Terms and Considerations

Telehealth benefits:

- Overcoming barriers to access
- Unavailability of specialists
- Impaired mobility
- Extend the reach of care
- Foster inclusiveness

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Terms and Considerations

Synchronous communication:

- **Synchronous communication** can be defined as real-time **communication** between two people.
- Examples include: face-to-face, phone, or video **communication**.
- A term that designates **communications** between two or more individuals that takes place simultaneously.

<https://www.igi-global.com/dictionary/synchronous-communication/28968>

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Terms and Considerations

Asynchronous communication:

- Asynchronous communication is the exchange of messages, such as among the hosts on a network or devices in a computer, by reading and responding as schedules permit.

www.linfo.org/asynchronous.html

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Terms and Considerations

Originating site:

- An originating site is the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

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continued

Terms and Considerations

Originating site:

- A county outside of a Metropolitan Statistical Area (MSA) A rural Health Professional Shortage Area (HPSA) located in a rural census tract

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continued

Terms and Considerations

Distance/remote site:

Practitioners at the distant site who may furnish and receive payment for covered telehealth services are:

- A. Physicians
- B. Nurse practitioners (NPs)
- C. Physician assistants (PAs)
- D. Nurse-midwives
- E. Clinical nurse specialists (CNSs)
- F. Certified registered nurse anesthetists
- G. Clinical psychologists (CPs)
- H. Clinical social workers (CSWs)

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Terms and Conditions

Live video/audio-

- As a condition of MC payment, an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site, is required.

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Terms and Conditions

Store-and-forward:

- “Store-and-forward (S&F) services where patient health care data and digital images (such as radiological images) are captured, packaged as a case file, and transferred via telecommunication services to a clinician who then responds with a diagnosis and therapeutic recommendations”

<http://atawiki.org.s161633.gridserver.com/wiki/index.php?title=Store-and-forward>

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Terms and Conditions

Payment for services delivered via store and forward technologies should be the same as for in-person health service or real-time telemedicine health services.

Several professions have been billing for store-and-forward services.

- Radiology
- Cardiology
- Obstetrics
- Dermatology
- Ophthalmology
- Wound Care
- ENT
- Dental

<http://atawiki.org.s161633.gridserver.com/wiki/index.php?title=Store-and-forward>

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Terms and Considerations

Risk Management:

Telehealth, “must adhere to the same standards of ethics and legal parameters as services delivered onsite.”

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continued

Terms and Considerations

General Considerations:

- APTA Code of Ethics and Standards of Practice
- State and Federal practice act standards
- HIPPA

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continued

Terms and Considerations

Special considerations:

- How is patient privacy maintained?
- Does HIPPA consider interactive video consultation to be PHI?
- Do I need secure licenses in both the originating site and the remote site if the patient is in a different state?
- Do I need to get an informed consent form for patients practicing telehealth?

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How is patient privacy maintained?

- “Organizational, technological, personal safeguards are necessary to keep all electronic interactions private and inaccessible by those who are unauthorized.”

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Does HIPPA consider interactive video consultation to be PHI?

- “No”
- “Device encryption and a private Internet connection are recommended for patient security and privacy.”
- Store-and-forward data is PHI and “must be managed according to HIPPA requirements.”

www.telehealthresourcecenter.org/toolbox-module/privacy-confidentially-and-security

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continued™

Do I need secure licenses in both the originating site and the remote site if the patient is in a different state?

- The originating site determines the state in which the practitioner must be licensed.
- Check with your state's licensure provisions.

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continued™

Do I need to get an informed consent form for patients practicing telehealth?

- It is not required unless specified by payer or state regulations
- Make sure to:
 1. explain the procedure
 2. discuss the benefits, risks, burdens of PT care and any specific issues to the use of TH
 3. answer any questions

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Terms and Considerations

Billing:

- Medicare does not include PTs on their list of approved providers...yet!
- Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act
- **S.1016 - CONNECT for Health Act of 2017** 115th Congress (2017-2018)

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Terms and Conditions

CONNECT for Health Act

- Remove geographic barriers to provide TH services in rural, underserved, and metropolitan areas
- Expand the list of providers eligible to provide TH services to include **PTs**, OTs, and SLPs
- Expand access to telestroke services
- Allow remote patient monitoring for those with chronic conditions including HF, COPD and DM.
- Allow a beneficiary's home to serve as a site of care for home dialysis, hospice care, eligible outpatient mental health services, and home health services.

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Terms and Conditions

H.R.2550 — 115th Congress (2017-2018) Medicare Telehealth Parity Act

- Includes a provision that outpatient therapy services, including physical therapy, delivered via telehealth technologies would be reimbursable under Medicare.

<http://www.apta.org/PTinMotion/News/2014/8/1/TelehealthBill/>

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Terms and Conditions

Medicaid does pay for telehealth provided by physical therapists in:

- Arizona
- Washington
- Kentucky
- Minnesota
- Nebraska
- New Mexico

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continued

Terms and Conditions

Third Party Payers:

- Depends on your contract with your payer.
- Addendums to traditional coding will be required.

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continued

Terms and Conditions

Medicare:

- Payment is based on the originating site:
- (clinical setting-rural area)
- Asynchronous services are not covered.

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Terms and Conditions

State Legislation and Regulation:

- Generally, a PT who provides care must be licensed in the state in which the patient is receiving care.
- Development of an Interstate Compact for Physical Therapy. (finalized by the APTA in 2015- states must uniformly enact via state legislation to become a member of the PT Licensure Compact.

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Terms and Conditions

States who have telehealth-related legislation and regulation:

- Alaska-allows TH who are not local to the clinic
- California-pilot TH program via Medi-Cal.
- Kentucky-allows TH PT
- Washington-PT and PTA-requires documentation if encounter is via TH

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Terms and Conditions

Growing Momentum:

- In January of 2016-"Telehealth should be **integrated standard of care** for people with chronic conditions, not a separate path of care alongside-traditional in-person visits."
- American Hospital Association, American College of Physicians, and the National Coalition on Health Care.

<http://mhealthintelligence.com/news/fed-urged-to-make-telehealth-a-standard-of-care>.

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Technology and Innovation PT-The Best States in Which to Practice

APTA's (2015) ranking based on:

- 1) State Telehealth Laws and Reimbursement Policies
- 2) Adoption of Basic EMRs: Overall Physician Practices
- 3) Overall Hospital Adoption of EHRs
- 4) State Technology and Science Index

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Top 5

1. Minnesota
2. California
3. Oregon
4. Illinois
5. Colorado

<http://www.apta.org/PTinMotion/2015/10/Feature/BestStates/>

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continued™

Modes and Applications

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Modes and Applications

Honeywell | 15 years of telehealth experience

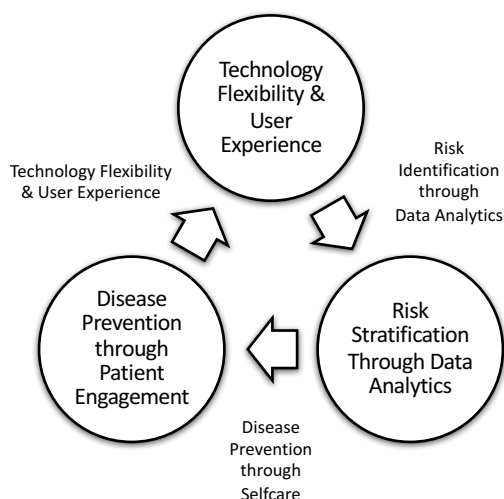
Chronic Disease Management Tools

1. CHF
2. COPD
3. HTN
4. Diabetes
5. Joint Replacement

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Our Vision Technology Model



Leveraging our success in Telehealth, Honeywell Life Care Solutions has committed the resources to evolve our business and product models to address the increasing challenges in healthcare related to:

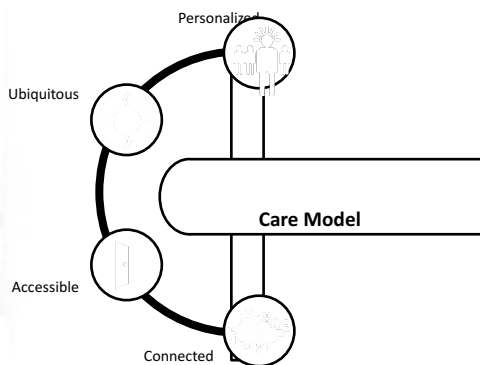
- Cost management
- Improving access to care
- Increasing consumerism of healthcare
- Technology interoperability

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continued™ Our Vision| Care Model

Helping people

Stay healthy... In their homes... As long as possible...



...Through the use of technology and behavioral health methods to encourage compliance with care plans and adoption of healthier choices.

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continued™

Honeywell Life Care Solutions

Chronic condition management and preventive solutions enabling individuals to better manage their own care from home



- Technology/Services**
- Remote patient monitoring solutions
 - Preventive, clinically-driven selfcare platform
 - Monitoring call center services
 - 24x7 customer service & tech support



- Market Depth**
- Hospitals
 - ACOs
 - Managed care organizations
 - Leading provider to home health



- Strategic Planning/Consulting**
- Define program goals
 - Identify healthcare delivery model
 - Best Practices consulting
 - Program development

9 million+

monitored patient days per year

15
year

history with
remote
patient care

700+
customers

nearly
100,000
monitors deployed
since 1999

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continued™

Modes and Applications

- VNA Alliance|Concordia Visiting Nursing
- Teleheath Program



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continued™

Modes and Applications

- **Video Visits**



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Modes and Applications

- Grove City Medical Center Project

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Modes and Applications

Examples of Innovation

Constant Therapy | custom-design therapy programs completed via a tablet that evolve based on the patient's success

- 15%-40% improvements based on compliance.
- <https://www.youtube.com/watch?v=yKVAWpTHiwc&feature=youtu.be>

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Modes and Applications

Physical Therapy Pal | Asynchronous feedback on home exercise via a web portal.

<https://www.youtube.com/watch?v=znXd1UtftzE&feature=youtu.be>

<http://www.ptpal.com/>

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Modes and Applications

Physitrack

- <https://www.physitrack.com/>
- HIPPA compliant video consultations
- Integrated into Physitrack
- Analyze adherence-RPEs, etc.
- Upload outcome data to EMR

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continued

Modes and Applications

CJR Model (2015)

- Includes language that waives geographic and originating site requirements.
- CMS states that this will “allow the greatest degree of efficiency and communication between providers and suppliers and beneficiaries by allowing beneficiaries to receive telehealth services at their home or place of residence.”

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continued

Modes and Applications

“First step in establishing telehealth as the standard of care for all post-discharge programs.”

<http://mhealthintelligence.com/news/telehealth-scores-big-in-joint-replacement-bundled-payment-plan>

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continued

Modes and Applications

American Telemedicine Association

- <http://www.americantelemed.org/>



Letter to CMS...

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continued

Modes and Applications

- “Advances in rehabilitation care have been made in the recent decade by relying on using telehealth technologies that include measuring for and generating wheelchair prescriptions; neurological assessments; adaptive equipment prescriptions and home modifications; ergonomic assessments; functional exercise programs; activities of daily living (ADLs) skills training; self-care training; care giving support; adjustment and clinical support of prosthetic devices; school-based services, including handwriting performance; early intervention; health and wellness programming; and rehabilitation for individuals who have experienced stroke, breast cancer, traumatic brain injury, polytrauma, Parkinson’s disease, and other neurological and orthopedic disorders.” ATA

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Modes and Applications

- Memory loss and chemotherapy
- Memory and Adaptation Training (MAAT)
- Delivered via telehealth

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.29891/abstract>

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Modes and Applications

- “efficacious psychological treatment of CRCD (chemotherapy-related cognitive dysfunction) that can be delivered through videoconference technology”

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Research and Innovations

- Where is the human touch?

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Research and Innovations

Haptic technology:

<https://www.youtube.com/watch?v=nMMCbaANd6c>
<http://www.apta.org/PTinMotion/News/2015/6/11/TelerehabHaptic/>

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Research and Innovations

Impact technology

<https://www.youtube.com/watch?v=oZYwrT6nfHo&feature=youtu.be>

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Research and Innovations

Two Pilots

Forduey P, Glueckuf R, Bergquist T, Maheu M, Yutis M. Telehealth for Persons with Severe Functional Disabilities and their Caregivers: Facilitating Self-care Management in the Home. *Psychol Serv.* 2012 May; 9(2):144-162.

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Research and Innovations

High Risk, High Volume, Problem Prone conditions require:

1. active engagement in self-management strategies
2. family participation

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Research and Innovations

“Therapeutic Alliance”

- Therapist
- Person with Disability
- Caregivers (“informal extenders of the health care system”)

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Research and Innovations

Points to consider:

Matching technology to the needs of the patient and family caregiver.

1. comprehensive evaluation of the characteristics of the technology
2. the individual
3. the environment
4. the cost

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Research and Innovations

**TBI (n= 15)
All RX via IM
(30 sessions)**

**Cognitive
Functioning:**
1) Immediate
Memory
2) Visuospatial
3) Language
4) Attention
5) Delayed
memory

**ILS:
(Independent
Living Scale)**

**QTC:
(Compensation
Techniques
Questionnaire)**

Active Treatment
"waiting list"

86%
64%

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Research and Innovations

CVA (n=9) 12 Rx sessions 6 PT 6 OT	FIM	SF-12	# of therapy sessions
Home-based TH (4)	No significant difference	No significant difference	6 PT/6.75 OT
Standard Home Care (5)	NSD	NSD	10.6 PT/7.4 OT

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New CoPs

*Standard: Written information to the patient. The HHA must provide the patient **and caregiver** with a copy of written instructions outlining:*

1. Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.
2. Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.
3. Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
4. Any other pertinent instruction related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs.
5. Name and contact information of the HHA clinical manager.

§484.18 Condition of participation: Acceptance of patients, plan of care, and medical supervision.

Federal Register / Vol. 82, No. 9 / Friday, January 13, 2017 / Rules and Regulations

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OARS Model

Open Questions: Start questions with “how”, “what” or “tell me more about....”

Affirm: Demonstrate you are listening with verbal and nonverbal cues

Reflect: Evaluate for clarity while allowing the patient the opportunity to correct any misunderstanding

Summarize: Restate what was said to move from one subject to another

http://provideaccess.org/wp-content/uploads/2012/09/Communication_Skills_-_OARS_.pdf

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Research and Innovations

Promising Results



Knight P, Bonney A, Teuss G, Guppy M, Lafferre D, Mulan J, Barnett S. Positive Clinical Outcomes Are Synergistic With Positive Educational Outcomes When Using Telehealth Consulting in General Practice: A Mixed-Methods Study. *J Med Internet Res*. 2016 Feb. 18(2): e31.

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Research and Innovations

Benefits:

- improved and quicker access to specialists
- cost and time savings
- “triangulation”-improve interaction between patient, PCPs, specialists

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Research and Innovations

TH consultations for education:



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Research and Innovations

TH experience:

- Qualitative -5 themes emerged
- Quantitative -strongly agreed that interpersonal aspects were satisfactory

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Research and Innovations

Qualitative | Educational benefits

1. Investment and support
2. Patients as educators
3. Evolving real patient learning
4. Mental health learning
5. Job readiness

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Research and Innovations

Qualitative | Clinical benefits

1. Continuity of care
2. Timeliness
3. Normalization

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Research and Innovations

1. investment and support-have a designated TH “organizer”
2. patients as educators-getting active increased engagement
3. Evolving real patient learning- triangulation extended the PCPs role-improving the continuum of care
4. Mental Health learning-beyond misconceptions
5. Job readiness-an awareness of greater connectiveness

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Research and Innovations

“I think one of the reasons-and this is a recruitment issue-one of the reasons that people are nervous about going into rural general practice is that they feel that they will be professionally isolated...this may also serve a purpose where the registrar thinks “Well, actually I have got this support. I can do this and I can learn from this now and forever by being part of these consultations and that I have this to offer for my patients.”

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Research and Innovations

Clinical Benefits

1. Continuity of care-three way consultations
2. Timeliness- access not limited by geographical proximity
3. Normalization-key factor!

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Conclusion

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