# Telehealth (Digital Practice) Implementation: Considerations and Road Map
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- [Calista] What is it my pleasure to welcome to physical therapy.com, Dr. Ed Dobrzykowski. Ed has been engaged in healthcare administration management, education and consulting for more than 30 years. He is presently an independent contractor, sole proprietor for rehabilitation services and education and chair elect of the Kentucky Physical Therapy License Board. Since 2003, he has provided over 200 workshops, webinars Continued education events. Topics have included Leadership and Management Development, Productivity, Efficiency and Improvement, Healthcare transition to value as well as Telehealth which is what we are here today for. So today's title is Telehealth additional practice implementation considerations and roadmap. And so at this time, I'm gonna turn the microphone over to you Ed.

- [Edward] Okay, welcome, everyone. It's my pleasure to present a topic that's been near and dear to my heart for the past couple of years. And let me just start with a very brief sort of introduction here to telehealth. I'm assuming that many of you now have been introduced to it over the past several months and years. But now the preferred term that we're starting to use with telehealth is actually the term digital practice. And it has evolved from a 20 plus year gradual implementation into the practice of medicine and rehabilitation, beginning with the entrepreneurs and early adopters. Over the past couple of years, there's been a little bit of swing towards implementation. And now we've been thrust into a methodology of practice necessity during the current pandemic. The pathway forward from a traditional in-person visit of healthcare delivery to that of remote delivery has been daunting due to the very rapid response required by many moving parts of a massive healthcare delivery system. You know, amazingly our world has changed dramatically just in the last two months with the backdrop of COVID-19 and many unknowns. And we learned that we indeed can provide health care delivery through remote means through technology for most of our patients.

So today's program really reflects my desire to step back for the moment and take a pause and reflect. Have we completed all the necessary steps to fully and safely

implement the practice of telehealth or digital practice? Was there anything missed? Where do we go from this point forward in our planning process? Will it be temporary or permanent? This whole idea of digital practice? Just some couple disclosures there. And I'll also say with so many moving parts, particularly in regulatory matters, insurance matters, what I'm saying to you today is current to the best of my knowledge. And as you've seen over the past few months, there's been so much change there. So there could indeed be some content changes that will occur after this webinar, depending on the timing of your listening. So I've got some learning outcomes here.

First of all, we wanna go through the components steps required for the implementation of telehealth into existing clinical practice. So what is that framework? And if we've already begun to implement that, have we covered all of the items that we need to do? We're gonna look at some regulatory and insurance considerations, some clinical scenarios, the growing body of evidence using telehealth in patient care and also provide you with lots of resources available in the digital telehealth practice space. So let's go to our first poll this today where we wanna ask you about your clinical type. So I wanna learn more about the attendees. And we have lots of you here. So I wanna just get a flavor of your disciplines of care. As you're going ahead and filling that out looks like we've got mostly PT, you got some OT. So we'll go ahead and continue to fill that out, give you another couple of seconds there. And it looks like well, maybe 3/4 of you had filled it out. Let's continue another couple seconds. So please answer that as best you can, quickly as you can. Alright, so let's go ahead and close out the poll. We're predominantly PT or PTA. And we have a couple of OTs or COTAs with us. So welcome to all of you here.

So we'll bring our slideshow back up. Okay, you know, as I mentioned two decades plus of telemedicine history was really led by physicians with specific underlying purposes to expand rural patient access. And we could even go beyond, before the

year 2000 and see that there was some incidences of telemedicine as we called it and still call it to some extent, but really, it was to expand access to our patients who might otherwise not be able to see us. So those tended to be those patients in rural areas and also provide access to available specialist which were predominantly in more of the urban areas. We also wanted to improve healthcare delivery. I'll be done with early technology if you think about how our technology has progressed over a couple of decades. And that presented many barriers. So the pioneers included states with large rural populations and the Veterans Administration Department of Defense, followed by some healthcare systems such as the Health Maintenance Organizations that ventured into telehealth as a result of the same desire to increase patient access, but also lower costs and improve value.

So the terminology and I'll probably use telehealth and digital practice sort of concurrently in my remarks today, but we've used other terms from tele physical therapy, telerehabilitation, I think the first source I found on that was by the Australians, and most recently, the preferred term over the last year, year and a half has been digital practice or digital health. As far as the implementation, as you'll see, the utilization was probably moving along. It's kind of a gradual pace of employment. And then as our world change just a few months ago, utilization went up, probably somewhere from around at least in rehab, five to 10% utilization, you know, zooming up into the 80% level. So it remains to be seen about how this will, how this will pan out over time? Are people gonna be staying within telehealth, are they gonna be dropping back down a little bit in their utilization of it? So, clearly, implementation was aided by the number of vendors that came along and over the past, I would say five to seven years, the number of vendors have emerged that have allowed people to take advantage of the new technologies that are available and make it a bit easier for us to get into the digital practice space. We really haven't deciphered full deployment of clinical practice though in my mind, because there's still some diagnoses and patient

and other patient types where hands on delivery is deemed essential to practice or we haven't quite figured out how we're gonna do that yet.

So the early years historically, were really all about access. You know, how can primary care and specialists be utilized efficiently in rural areas of the country where it made it difficult for people to travel to urban areas, more likely to have physicians? And then there were the smaller hospitals, you know, needing specialist coverages, hospitalists, radiologists, et cetera. And how can we mitigate the impact of weather events which impeded in-person visit attendance? I think this has been an interesting sort of side benefit that we'll see from more telehealth today is how we can still have our visits when in-person visits are hindered, perhaps by illness or weather. And is there a way to complement our desire to improve health by review reducing impacts of social and health disparities? More recently, the urban world and population and today's healthcare consumer has demanded the convenience of access to their providers, you know, even when an in-person visit was a viable option. So candidly, I've kind of struggled with that where we've really designed telehealth more for really improving access to patients who otherwise wouldn't have it. Now we move more to the convenience side of telehealth. And through modernization, we discovered the convenience of email and communication programs connected to our electronic health records. And home programs specific to rehabilitation, increased our contact points with our patients, and hopefully their adherence and ultimately their outcomes.

So today, our need is obvious. The necessity to provide care without direct patient contact and thereby reducing community infection, you know, unwittingly, those providers unwilling or choosing not to use telehealth in the past, we're kind of thrust into the absolute need for using visits outside of traditional patient care, so we really have had to figure that out very quickly. I will have, as you have questions, you can certainly type them in the Q and A box. And we won't get to those till the latter part of the presentation today. But as you have them, you certainly can put those up there.

The other point I'd like to make as an introduction here is how all of these areas listed on this slide have converged. You know, fortunately, there's been a distinct convergence of this long standing need for patients to improve their access, with very gradual changes to practice regulations to support telehealth, of course, until the last few weeks. And those were somewhat silent or specific. And more recently this year, government policy changes broadening access, particularly with Medicare patients in rehab. Private insurance coverage is literally in the past few weeks as well. Passage of payer parity laws, you know providing that in some states where you would have to pay the same rate for a digital practice visit or telehealth visit as you would as an in-person visit. And most healthcare consumers now have owned, own a computer or tablet or a smartphone device that provides the hardware and platform for consumers to complete and view their visits. And then the broadband coverage required. So that was sort of a barrier where I reside in Kentucky, where you could have all the telehealth you wanted and get in using the new technology but didn't have the broadband coverage really, although that's been, that barrier has been reduced extensively now.

And then the emerging virtual health technologies, which will likely provide a method to facilitate this hands on approach that we have in rehabilitation and gaps that exist in today's digital practice delivery. We look at my slide there, sorry, OT, PT and speech language pathology and audiology. Although most attendees are in PT and a few on OT here today, recognize that all three of our disciplines in rehabilitation have been very active in this area, particularly over the last decade or so. If I mentioned for our OTs there if you'd like to dive in further, Dr. Jana Cason has written in the International Journal of tele rehabilitation, the AOTA in 2013 came out with their position paper and ethical considerations, the world confederation of OT in 2014 and there's a telehealth position statement by Dr. Karen Jacobs from 2015. In the PT area, we'll have a number of those references today. Dr. Alan Lee has clearly been an international leader in our profession looking specifically at telehealth and its applications in a variety of healthcare practice. So our literature is clearly growing. And there's not only the need

to educate an existing workforce, but our students need information, and digital practice will become more of the norm. And then in the speech area, Dr. Elizabeth Grillo has had some papers talking about speech language, pathology and telepractice methods. Dr. Wales is another one. And the Asha has had some position papers on this as well. And I will just give a shout out for Dr. Janine Bowman at University of Kentucky who's done a tremendous amount in bringing speech pathology forward in the telehealth space.

So what exactly is telehealth? Well, one definition says that we use telehealth using electronic communication and technologies to support long distance clinical healthcare, patient and professional education. The technologies include video conferencing, oh, gosh, we could not do it without the internet obviously, store and forward imaging, streaming and the wireless and both ground communications. So telehealth is a very large area of how we deliver care, you know remotely from our in-person sort of visits. So what is digital health in practice? You know, digital health is a convergence of digital technologies, with health, healthcare, living and society. So I think the big point about this moving to this new term over the last couple of years is it's more encompassing, so beyond just the clinical practice of delivering care and billing insurance companies for it. It provides us with a space to communicate as consumers and learn more about our health. It connects devices that allow us to track some of our healthcare needs, particularly those that have chronic kind of condition.

So, along with self management and adherence provides us with really the potential for connecting more closely and appropriately with our healthcare providers, particularly when some of the signs come out that indicate we might have a problem. So digital health connects and empowers people to manage their own health and wellness, augmented by accessible and supportive provider teams working within flexible, integrated, interoperable and digitally enabled care environments. So this is where we get into that term of artificial intelligence, and how is that intelligence going to aid us in

recognizing early where we might have a deviation in our healthcare, vital signs or other things that are being tracked and get us into prevention in the system earlier for a remedy.

Okay, now we're gonna go into our second poll since we have so many participants here today and I'll give you a few seconds to respond to that once we have the poll pulled up here, but I'd like to know what your current level of participation is in telehealth. And so, where you are from the standpoint of telehealth today, so it gives me a little better idea of where you are. We'll give you a few seconds to complete that poll. If you could do that, that'd be awesome. So it looks like got some planning to implement as well as engaged in practice. The tipping point was our pandemic, which has been for many again, the most people were really not in the telehealth digital practice space, those that were a little bit of early adopters and entrepreneurial type. A lot of some of our outpatient people had gotten involved in telehealth space. So we'll give you another couple seconds if you could quickly answer that poll. Okay. Two the more seconds. Thank you, okay, let's close it out. Looks like we're equally engaged in practice and those that are just recently and those that are planning to jump in a little bit more. So we'll bring up our slides here and continue. Great.

So what are the types of digital practice or telehealth? So the three terms you may have heard already, I just wanna review those and also talk to you again about mobile health or sometimes called mHealth. Synchronous is the real time on demand healthcare delivery with a patient and client. So this is the one that we'll probably be doing most of the time. It's usually scheduled visits, it's most similar to an in-person visit. And you'll likely have a camera there so that you can view the patient during their care during the visit time. Asynchronous is not real time healthcare delivery. In the medicine space, this is where for example, radiologists could pick up views of a patient's scans or images and provide some feedback on that. So that's typically asynchronous delivery. It could be your review of patient assessments prior to the visit

or not. And then your dialog may be post synchronous with a patient to clarify exercises program in e-visits. So it may not be a real, sort of a real time visit but more of a non real time but you know, that allows you then some fashion potentially to bill for that visit.

The remote patient monitoring is the desire to improve the quality of chronic disease management, so this would be using an assistive device or technology outside of the conventional clinic settings to monitor a patient. All of the wearables that are out there typically your vital signs, such as blood pressure, oxygen sat, your pulse rate, your weights. So it could be a home compliance monitor, which is common in use in home care today, or device measuring exercise completion, which is becoming more and more prevalent. So there would be some sort of tracking device that is worn or some kind of computer that you're logging into, that goes ahead and measures you from the standpoint of your completion of your exercises, and also the type of exercise and the quality of the exercise that you're doing. So it also could be a trigger to cause someone to intervene from the data provided by the device. So for example, in the total joint area where you might have a nurse or therapist monitoring the patient's completion of their home exercise and their adherence to their program repetitions and quality and quantity of exercises needed. So that may cause us then to intervene seeing that that exercise is not happening.

So then mobile health or mHealth refers to the concept of mobile self care. So these are consumer technologies, using smartphones, tablet apps, and apps that enable consumers to capture their own health data. Likely most of us are doing that today with our step counts, heart rates. And you know, you could also use it for seeking out valid information on specific health questionnaire. So for example, in the behavioral health space, there's a lot of use of digital practice today, where patients can be filling out a variety of screening assessment tools to then check in with their healthcare provider and provide some indication about how they're feeling. So there's a number of ways

that are emerging. I think that we're gonna learn a lot more about over the past or over the next several years.

Well, what's the patient satisfaction with telehealth? Let me just for a moment state that as you begin or are doing your digital practice experience, it will be important that we track the patient satisfaction, the questions may need to be tweaked a little bit. I think APTA actually has some suggested questions from Dr. Alan Lee and in other committees that have come up with some standard platform, nothing surprising in regards to their clinical outcomes and their satisfaction, but there's also some questions indicating about, you know, sort of their use of the technology and how that is. Well, here was a study by CVS and of course done themselves by their company, but patients were coming in and they were very satisfied with their telehealth experience. 1/3 prefer to telehealth visit to a traditional in-person visit. And I think if any of us on the call have had or on the webinar have had the time to do a telehealth visit, there's definitely some advantages to it with taking out your driving time. And if the technology works and even having more confidentiality, perhaps with your provider that you might not normally have. So clearly, the early experience suggests in the research that that patients are accepting of their telehealth experience in many different types of care, this one in the sort of the medical care.

So we've got this whole pre COVID-19 you know, world that we were in, and then the last couple of months have changed everyone's practice over the past couple of months. I wanna cite a survey that we did in Kentucky just in February of 2019, where we had 163 PT respondents and 93% had not used any form of tele physical therapy or tele-rehab or digital practice. And even those that were that small five six 7% that were probably just doing telephone calls versus an actual sort of tele visit, even though we've had that potential in Kentucky for several years now, in our practice that we really need to do a follow up survey today. And I suspect that it would be much higher in that implementation. So again, Dr. Lee has provided a paper I hope you get a

chance to look at it. It was just in the April physical therapy journal, where he specifically talks about COVID-19 and some advantages to that. And it provides the guiding principles of the report from the task force and that task force was the digital practice task force of the WC, PT, WC, PT and MPT. I've got a slide about later. But one point that it indicates, we lacked telehealth competencies when it's thrust upon us. And so I hope today that will at least get us going into the categories of what we need. We have to work on that, you know, independently or with our colleagues on that. But we don't have all the competencies, we certainly weren't trained in school of it and we're sort of all learning by fire here what those competencies are. But another very good point that he made is that we can preserve scarce resources such as PPE and make a case for advancement of digital practice, PT practice. So it really provides us a unique opportunity, albeit one that we probably all like to not have to jump into this space sooner than later.

So what I'd like to say at this point, is that why? Why do you really want to be in digital practice? Perhaps today it's out of necessity, because of the pandemic that we are in. But I think we all need to take a step back and reflect and think about it as any new business strategy or operational strategy that we might have. The implementation of that requires us to think about the question of why and how it fits with our current practice. You know, in the midst of the pandemic, many practices had not considered and were required to implement a methodology for telehealth. So my goal, again, is to give you that template or outline and make sure you've got all your bases covered to pause for a moment. Also, would you actually be in this space were it not for the pandemic? Was it something that was on your radar for further development? I mean you weren't sure how you were gonna implement it. I think for many of us, we thought about it. It wasn't an essential need because we had a way of doing our traditional kinds of care, but isn't here to stay in our practice. I think the data today suggests that it will stay in our practice, it'll evolve further, its utilization will likely drop a little bit from a higher rate today, depending on the length of this time that we're working through.

But we will settle in probably at some, somewhere in between there where we might end up at a 50 40 30% utilization rate of telehealth in many practices.

So what is your strategy? You know, you'll also have to look at the return on investment and your administrators and managers and those on the call already know that. And so are we gonna get paid for this? Are we gonna have codes that we can use? And does it extend, does our implementation extend beyond the return on investment? Does it enhance our quality of connections with our patients and improve those relationships? Does it bring new patients that we might not otherwise have? So does deployment add value to your practice? So again, step back and think about that further if you haven't already, and get, you know, get into that mindset of how this fits with other new methods and practice ideas that you've had over the years. So make it an established option in your practice where you convert most or all to digital practice there, there are those therapists already who are doing most or all of their practice digitally. And by remote, so making an option perhaps, for your patients to do. How are you positioned or wherever you position in your pre COVID-19 implementation of telehealth? What types of patients do you see? What populations are aided by digital practice?

I think for me, as I began exploring this concept a couple of years ago, it really became a thought process where you think about the kinds of patients that you see whatever kind of clinical care you deliver, and how can that be done when we're just so used to being hands on in our practice, and how do we then translate that to the new world of healthcare delivery and adapt to that? And will the fast expansion now a positive regulations permit deployment? Is this a temporary emergency that we're under that have made all of these regulations supportive of digital practice? Are they gonna be permanent? Or are they going to be something that are gonna be removed in time? Those are questions that we still have with very few exceptions.

So I like to use this graph about telerehab today, really how rehab is delivered. You know, traditional rehab has been the same for many years, although the time frame and the payment methodologies have changed considerably over time. Really, if we look at it from an acute care, going into the next levels of care, in whole or in part, and then moving to outpatient, what are some things that we might do from a digital practice perspective of I think about acute care itself, using artificial intelligence to assist with appropriate patient selection. We still hear so much from our acute care colleagues about inappropriate patients that really don't need skilled care? Well, how can we use some of our digital practice and artificial intelligence technologies that are emerging to actually help us with finding and selecting those that are appropriate patients? How might we talk to a patient in the room remotely? I thought, you know, will we be in our own down the hall sort of office talking to patients in room particularly those that have infections or are at risk or we may be putting ourselves more at risk with a patient? Could we potentially do that, and have care in the room with another person or family member there? Could it help us in advising and using interprofessional care on a more regular basis?

In skilled nursing, I was fascinated by a presentation I attended a couple of years ago, where there is a company today that provides a telehealth experience for patients who are in nursing homes. And they have so many patients that go to the emergency room for trips from the residents that need a physician to see them, you know, where there's been an escalation in symptoms. And they were able to then do those ER visits, if you will, remotely by having a nurse practitioner or a physician on the other end, talking and dealing with the patient via telehealth, and they found that they actually reduced their emergency room trips by 80%. So that high of emergency room visits were unnecessary from skilled nursing simply by providing and implementing a telehealth experience for patients. In home health, if you think about avoiding in-person or home visits for safety reasons, can you maintain patient contact for adherence and maintenance and set up a mechanism for that? On the outpatient side, we've seen it

all. I think from evaluations to screening, follow up visits, attempting to increase adherence to the recommended interventions. And also patients literally finding you from online sourcing, you know, exploring, looking, you know, exploring their own back pain and symptoms, and then having the potential to go into a physical therapy clinic. So might there be a way to even modify the continuum of care? Can we skip steps and get through this whole system a bit faster?

On the clinical applications, literally if we start on the left side there, the telemedicine side, all of these are in use today. Physician visits have become more and more common, certainly very common over the past few months. Behavioral Health interestingly as I learned more about telehealth on how from patients who actually have behavioral health disorders and even substance abuse disorder orders, there actually is increased adherence to their programs. They don't have to show up in a clinic and others might see them, they have more privacy. And that's actually increased or I should say, reduce the amount of cancellations and no shows that they had simply by providing telehealth in the behavioral health area, you can have assessments done and track sort of their moods over time. And and using that, so I think we can study the applications of those parts of healthcare that are a little more mature than our digital health in our rehabilitation services today.

On the rehab side, there's been just an explosion over the past several years of doing this and so there's lots of opportunities if we really think through how to do this with our patient care. And one recent study that came from the Journal of women's health PT where they were able to demonstrate the potential of telerehab for high quality care for pelvic floor dysfunction and greater access to PTs for both initial and follow up visits. So that was just published in 2019. For patients with MS, telerehab was shown to be beneficial cost effective and satisfactory for patients and providers from the Journal of Telemedicine and Telecare of 2019. There are now hand therapists, certified hand therapist delivering occupational therapy with initial visits as well as follow up

visits. And you think about, there's a profession that needs a lot of their goniometers at range of motion and assessment tools, but they have figured out a way to do that remotely with the again the appropriate types of patients, so there's been publication in that area. Speech has had publications related to stroke, head and neck cancer for the pediatric space of speech sound production stuttering, school care, children with autism, and in cardiopulmonary.

So there are a number of emerging areas. And I think it's really, would be very good for us to think through the kinds of patients we see and how we can adapt telehealth or digital practice for them and doesn't make sense for our business. And can indeed improve their clinical outcomes? So what do we do with implementation? I've listed here, the primary topics that we're gonna talk about. And that includes identifying vendors. I'm the one that I think the vendors that I come across, and I obviously don't have any preference on that, I'll have a list of those. But I think vendors allow us to use someone who's involved in telehealth and digital practice, and it's kind of worked out a lot of the bugs and so we have to see if that will work with our particular practice. So what are those considerations?

Security and HIPAA is so important. It hasn't changed, despite some of the more recent things that have said, well, we're gonna waive HIPAA or we're gonna look the other way or something. I certainly wouldn't feel comfortable with that. I think any patients being seen in this digital practice area, we need to be even more cognizant of security and HIPAA, it will come back to haunt us if we aren't. How do we install that technology? How do we get it connected to our medical records, and our visit sort of calendars that are done? So this workflow becomes important. Communication with patients, staff education, informed consent and the patient education or assistance? So let me start with the vendors again. You know, should we use a vendor? You know, my opinion is that there are plenty of vendors available for physical therapy, and occupational and speech pathology today. And so you certainly should look at that as

a potential versus developing something on your own. The companies, though, vary in their quality and quantity and their ability, I think. So you would have to look at those. But look at a company that has an established history with a customer base, who's maybe worked with your kinds of patients and in clinic before, and it's so important to have a business associate agreement. You know, they will have template or can use, I'm sorry, your template developed with them for your evaluation scheme and your documentation. So how will this fit with your current practice? The secure data transmissions is a given, we have to have that as a check. And you know, there's been some emerging companies or companies emerging in this new area because there's been such a need in telehealth and we really need to do our homework around that security of those transmissions. So HIPAA is it given? You also have to look at high tech. I don't have that on the slide here, but high tech and that particular act that's done from a national level. What do we do in the event of data breaches? Or questions, who owns the data, is a key one. Do we retain the clinical data within our EHRs or is there gonna be a copy made? Or how does that flow with the vendor? Will this actually interface with your electronic health record in your scheduling system? So check with their current customers, get some references, investigate pricing models, but do make sure that you talk about the question of really who owns the data?

Okay, so some methods you know, in use may not be secure, it was interesting reading in the just the past few weeks about some of the lessening, purported lessening of standards in regards to HIPAA and I'm talking about FaceTime and Google and others that we might chat with our family on and use more casually. And in sort of suggesting that those methods could be used with patients, I, again, give you my opinion on that, I would not be in favor of that, I would wanna make sure that any kind of communication I'm having with patients is having, particularly, if I'm billing for that, and I'm documenting for that care, that is using secure methodology with all of the issues that we have just internationally with hacking and lack of security, I think we have to really pay attention to that. So do your homework on that with your vendors,

and your own systems and making sure that all of your HIPAA, HIPAA requirements are being met. So regardless of whether you're in the patient, you know, with the patient physically, or they're connected remotely, the HIPAA laws in opinion apply. And there are 18 items to private health information. And so keep track of all those things. There was an article in the International Journal of Telerehab back in 2014, I think Chris Peterson was one of the primary authors who talks about, telerehab store and forward applications or review of applications and privacy considerations in physical and occupational therapy practice. Chris is a pioneer in the area of tele space, telerehab in Connecticut. So think about your installation now. Will the data be yours? Or will it remain property or a co property of the vendor partner? It's a very significant question to explore.

So are you connecting to sort of separate systems of telehealth, versus something that's intertwined with your own EMR and documentation system. So that is something we got to keep at top of mind. I've listed a convenient sample of vendors, there are others out there, I don't have any financial relationship to any and all of them, those listed or not. And so, these I just provided for you that perhaps you might wanna take a look at depending on your business needs. I will say that I think most of the costs that I've seen have been very reasonable. It's been very competitive. So what's your workflow? And you need to think through this as a staff and as a director as a manager. How will this fit with your current patient practice? And you know, you start with an evaluation. There are some that would suggest that the best sort of telehealth practice is to provide an in-person visit for evaluation, and then use intermittent visits done by telehealth, those remote visits. So the idea would be that you would have that in-person evaluation first, to develop that rapport with the patient, talk about the telehealth follow up visits that will be occurring, making them comfortable with the technology that will be used, the workflow about that, how they'll get notice of their visits. But that certainly doesn't mandate that you have to have an in-person, first time evaluation with a patient. By most laws, that's not not required. So again, my

suggestion for best practice would be to sort of use a hybrid model and have those remote visits intertwined with the inner in-clinic visits. So and also think about is there a patient portal for ease and patients to contact you for an appointment information requested follow up. In the systems that I've seen, that when a telehealth visit is scheduled, and an email or text message is sent to the patient, to again remind them of the visit, will provide a link that they can click on, a unique link for that visit. Sometimes it's a unique link for the episode of visits. But nonetheless, they'll have a visit that will make a link that they can sign into when they're ready to begin their telehealth visit. And then on the end that you all have as a provider, you notice that they're in your, basically, in your waiting room. So think about workflows very carefully about how you will use it and you probably will need to adapt here and there as you gain experience.

So let's put the patient at the center of this I really wanna emphasize that the patient needs to be the center of our digital practice experience. And so I thought of these kind of four C's to remember. You know, you need to have consent. Patience can't consent, and I've got some remarks about that shortly here, but each and every visit, you need to have a consent from the patient verbally, or in some fashion that they've consented to the telehealth visit and that's layered on top of traditional consent forms. And so it becomes even more important that you have that. On the communication side that you're announcing and inviting patient participation, you know, at the start of that visitor that's upcoming, you could also have patients who are seeking care from algorithms that suggests specific providers, and I think that's gonna become more and more common. And as our practice acts allow us to be more national in nature versus licensed in multiple states, a compact will certainly helped there. Connectivity, you know, how will you overcome barriers expected and unexpected? And clearly there's gonna be things that are gonna happen on the patient end and on your end that are gonna lead to interruptions during visits, and you probably have seen that already. So technology's not flawless. You will need a plan B, what is your plan B? And what are you gonna do?

Interestingly, my wife has had three telemedicine visits with two different physicians over the past, I would say six weeks, and on at least a couple of the times the connection wasn't very good. And so we immediately punted to a call. So it started via a telehealth sort of video visit and move to a telephone call where the connection for the verbal communication needed was much cleaner. So we probably have seen that ourselves in connecting via meetings that we have, and compliance, you know, does telehealth improve patient compliance with your interventions? And I think there's some evidence that suggests that's the case. And what I mean is, are they following your home programs that you're setting people up on? Are they having a greater ability to understand those to communicate you with when they have questions? So there is evidence that's suggesting that patient outcomes in the digital space are at least comparable to in-person visits. But I think we have a long way to go on this one. And it's really a nice opportunity for us to be on the forefront of measuring that. So on the patient side, we have to think through their challenges, you know, the broadband connections and connectivity are getting better. They've improved dramatically, I would say in the last couple of years, but they're still gonna be issues with broadband and also wireless.

You know, what are those hardware and device options for patients to connect to us? Do they actually have the user capability or technology savviness, if you will, to connect to us, and how will, here's one of the questions that I think all of us have is, if we need a second pair of hands there to help us in the assistance of patient care whether that's in the evaluation or in a follow up visit. And can that be a lay caregiver? Can it be someone who's more trained to assist us in the home? I think you're gonna see an expansion of that quite a bit. And then there are some clinical equipment devices that aid considerably in the application of digital practice for those follow up visits, particularly in the total join area. What about staff education and training? You know, we can't discount the need for clinician training and retraining. And it's not a

huge amount of time, but it's gonna be an hour two or three for most of our staffs, as they think through carefully about how they're gonna intertwine the need for tele-visits with their clients and patients. And modules can be live or can be online. Some of the vendors have this as an option which really helps us to streamline it but clinicians for the most part really haven't been trained in tele-rehab or digital practice. It's been a small percentage of us who've sort of dived in. Now we're all in this area.

So there's important considerations that need to be clear, and not the least of which is our standard operating procedures. We wanna make sure we have consistency, in how we're communicating with our patients, and inviting them to participate, how we're handling those communications during the patient care experience themselves. And what can we do to substitute or replace our hands on care methodologies? I think this is again, one of our more challenging ones in the short term. How do we replace those hands on or even substitute for it when we really need that in the care that we've done for all of our time? Patients have to know the risks that they can opt out of telehealth, they may choose not to be involved with that. And what will you do in the event of an emergency? What will happen if there's a fall from a patient, a cardiac event or other emergency that happens? It's rare, but it has happened. And so communications by the staff, to the patients and their caregivers is critical so that we have that consistency of messaging.

You know, documentation needs to be the same as in-person visit, at a minimum, you're gonna add the additional things that you've done from a digital practice visit, but it has to be the same. And I know that in Kentucky where we are, we have telehealth regs for physical therapists and they even state that that in-person visit essentially needs to be the same documentation standard. And so that makes sense to us. It should be a flow in our EHR, EMRs for doing that, but we'll also need to document other things that come up with our digital practice experience and as we gain knowledge and those common ground and it'll make it easier for us to do. So

we've got a document that consent and the risk of completion by telehealth and I suggest that's done really literally at every visit even though it gets redundant, at least at this time.

So just some other final comments about patient consent here. This is the one of the most important elements with implementation. You have to explain each visit, the risks, the benefits, alternate treatment options and any limits to protection of privacy, security, and confidentiality of personal health information associated with the technology. Now, Medicare states that it doesn't require an informed consent from a patient prior to a telehealth delivered service taking place. However, a majority of states either require informed consent be obtained with their Medicaid program or in their statute or rules regulating healthcare professionals i.e. for the private pay kinds of clients. So this is likely due to concerns over Health Information Security, or ensuring whether the patient fully understands what's to take place. So informed consent is used to explain what telehealth is, lay out the benefits and possible risks and explain security measures. It often requires a written form which needs to be signed by the patient, that's often done electronically today. And it's noted in the patient's records. One resource for this is the telehealthresourcecenter.org. So I don't have that on the slide if you wanna know telehealthresourcecenter.org. And they have sample informed consent forms.

If we wanna talk about additional consideration looking at state licensure, for example. And this is sort of, again, a checkbox for you as you work through your implementation. Does your professional licensure today as a PT or OT, allow you to do telehealth or is it silent and it's not prohibitive and that's how some are designated. So it allows you to do it. What about your state telehealth regulations? They may be in place outside of your licensure, such as the insurance provisions that will have some information there. What about risk management, you know, considering patients for their own safety that may be compromised in times of pandemic as we're in now?

What do we do in time of emergency? The HPSO insurance company has a telemedicine readiness assessment tool that you might wanna take a look at to make sure that you've had some communication with your risk management vendor. And also, that you've done sort of an assessment of what your potential risks are doing in performing digital practice versus an in-person visit. I don't think that it greatly adds to the risk in my opinion, but it is something that we have to be aware of because and cognizant of in the rare case where an emergency happens just as it might in an in-person visit.

So how do we then abandon a telehealth strategy with a particular patient? Maybe you decide after the first time doing it, it's just not gonna work whether their abilities to use the hardware device and the software, is it something that it just, that it need to be more of an in-person visit? Can we effectively use a proxy to help with the care i.e. a caregiver or family member? And then how do we measure their outcomes and determine if a digital practice visit is as effective as an in-person visit? Is there value? I think this is sort of the nice part of digital practice in our implementation sort of very rapidly here is that it has allowed us to have some data potentially about our patients seen this way and can it then reduce the cost of health care which has always been out there.

So additional considerations, staff competencies, you know, again, staff are largely not competent to deliver tele-visits, they have the capabilities, obviously, with few exceptions, but many have quickly learned the basics and how do we formalize that knowledge base? How do we inculcate that with our students that we may be having in our clinics in their clinical rotations? How do we simulate, you know, digital practice itself for our students where obviously, digital practice will become very, very common? What are standard operating procedures? Can we model after the guidelines that are out there with our professional association? So we need a fundamental playbook moving forward for this? And then emergencies again, I just wanna mention,

how will this be handled and managed even though it's a rare event, we need to have that program in place for it. So again, as a former director over many years, it was always pertinent to think about sort of a triage of questions with the highest or most stringent regulation sort of trumping everything on how we might look at following this digital practice implementation in our clinics and systems.

So review your Practice Act itself. Is it explicit about telehealth, prohibitive in some fashion, or is it just silent and doesn't mention it, which is actually a nice way, in many cases for implementation? What are your state regs regarding telehealth? So in most states, if not all, would have some of that, and I've got a reference for you that would allow you to quickly look up on a very regular basis what those regs are, which is nice. What are your compact laws? I think there's 26 states now that are in the compact. That probably allows us a little easier way to get into the implementation of this across our state of primary practice area. What about emergency declarations of governors? You know, in Kentucky we're currently under an emergency declaration where there are therapists who aren't licensed in Kentucky that actually have the ability to see patients. There's a telehealth registry process with our state board that has to happen. But it allowed build up sort of capability of practitioners in all disciplines. It wasn't just therapy, but certainly in medicine, nursing, pharmacy, et cetera. So federal law seems to be changing, you know, just, what do we have, a week or two ago, where PT, OT and speech couldn't do Medicare patients. And now all of a sudden, we're an approved provider and we've been like banging our heads on this for many years and lobbying for it.

And there was one thing that I read this week that said, we've had more practice, regulation, positive practice regulatory change in the past two months than we had in the past 20 years, with all of the work that we tried to do. So I guess the emergency has helped that. It remains to be seen, though well, will this become permanent and it's

our hope certainly that we can demonstrate the value of digital practice with our patients and then continue on beyond the pandemic and the emergency that's there.

So these are two ones that you need to get very familiar with this if you aren't already. The Center for Connected Health Policy is the websites are near the end of the presentation, so you'll have those, but it's a wonderful, it's a government funded entity that provides, it's based in California but it provides for each state where you can literally go in there. There's nothing you need to join, but you can go in there and look up your state your Practice Act, your regulatory, your regulations regarding telehealth, digital practice in many areas. You can go outside of PT, it goes into other areas of medicine. It's sort of one central repository and it's maintained and kept up and very well up to date. The American Telemedicine Association has been around for a long time, it is a group that you might wanna consider joining, if this is gonna become a primary area of interest or become literally a major part of your job. So key findings on that, and again, this is just from April of this year and so there would be probably a little bit of change, change on that. But just to show you some of the differences among the states on how they might treat Medicaid patients parity among payment restrictions. So I would encourage you to look at the websites specifically for things that will be updated with your own areas, own state.

So the white paper I referenced earlier, the World Confederation for Physical Therapy and the International Network of Physiotherapy Regulatory Authorities created a White Paper and it took them, it took a couple of years. Dr. Alan Lee is one of the, if he's not the lead author, he's a primary author on it. And so this is available, you can find it online. And it really discusses the regulations, limitations of digital practice, some of the evidence, ethics, user safety, how to educate students, just a wonderful, very current resource for you to take a look at with this topic. So other steps to think about obviously, are each of your individual payer groups and what percentage of the payers are in your various practice? Now, this is again changed with CMS. When I say CMS

for Medicare primarily, you know, they've got waivers now for their e-visits, virtual check ins, remote evaluation and recorded video and images, telephone assessment and management services. This particular presentation doesn't go into detail on those. There are others that do. But clearly, there's been new methods created for use by therapists that allow us to at least get into the area of digital practice. And in the more recent change where it gave us the provider authority to bill for it from a standard perspective. There was no real time video analysis, and that would be as of April in the middle of April, but that's asynchronous. So you'll need to make sure on anything you do asynchronous, not in real time, that you're using methodologies and insurance that has authorized I would say for that. There's still some question about hospital based therapists versus the private practitioner, that you know, that this is just constantly out there. My suggestion I think, I've got, I got that on the next point coming up here but there is a methodology I believe for hospital based therapists to use digital practicing and bill for it. But again, I'm not the expert and you wanna check with your insurance companies specifically about that.

So Medicaid, your state laws will determine and what about payment. We're really blessed in Kentucky because of payment parity that Medicaid has to pay the same that they do as an in-person visit. And now as you know, commercially, carriers, such as Humana, Cigna, United Healthcare and Aetna are now allowing payers, allowing telehealth by PTs for the duration of the public health emergency I just hope that passed that emergency that some of those will become permanent. The only one that I'm aware of right now was Blue Cross Blue Shield of Tennessee, became the first large insurer to make PT delivered via telehealth a permanent part of their benefit package. On the workers comp side, it's still emerging. But it's used now to help in that initial triage and contact with a clinician. And it's more similar to in-person follow up visits to save costs and insurance parity laws, again on workers comp have helped in that deployment. So just to me e-visits here again, you already probably know these,

if not they're there for your reference that you wanna make sure your coders and yourself are up to date on e-visits.

The Medicare codes, got up there, it's the interest of time, but one of the questions that comes up frequently is what's the telehealth visit versus an e-visit? And e-visits which came out just probably a month, a month and a half ago, talked about that this would be only with a remote visit and otherwise would not normally occur and it's usually generated by the patient requests. So the initial thrust from e-visit needs to come from the patient. Now, you can work around that a little bit in conversation with the patient where they request that, but that was the e-visit and only until recently, I think where the asynchronous sort of telehealth visit from the standpoint of being able to bill for the codes, most of the CPT codes that we would use for an in-person visit is now apparently permitted. I say apparently, because until we really bill for some of these and see some of the hurdles and barriers we might go to, need to go through. But a telehealth visit is not the same as an e-visit. So those, I'm not gonna go through the CPT codes modifiers and the billing forms. I'm happy to answer questions specifically to this after this program. But the billing for telehealth can be confusing depending upon the setting that you're in. And it's changed so rapidly due to regulatory change. So the place of service codes for example O2, as a way that designates the home as the place of service, used on a 1500 form with private practitioners. Modifier 95, the asynchronous telemedicine service similar to an in-person visit used again by private practice are those billing on a HIPAA form, the modifier GQ which means asynchronous. So it's certainly set up in a little bit easier for those billing on a HIPAA form in private practitioners, but hospital-based practices, I believe, in my opinion are able to now finally, probably bill for telehealth, but it's gonna require some diligent work on. The requirements for it I have seen recently where we just use a temporary home as a temporary expansion site on our UB form, that that allows us to potentially build for our services.

Alright, so insurance bottom line, are we being paid? So those that as you get into this, obviously, we're gonna be very curious as to how we're getting paid. How much are we being paid? Do we get the return on investment that we need for the telehealth visit? CMS has said they're retrofitting a lot of their things back to March 1 so you can be doing billing, should you choose to do that. But we really need to check and see how that's materialized. So I'm not sure if I've heard of a few people getting paid. I don't know, really, in general, how that is to make any specific comment as at this time.

So what are the gaps right now? And, you know, the technology gap, in my opinion, is our adjustment, in our adjustment to a lack of or change in our hands on evaluation, intervention techniques, you know, how do you literally do manual therapy if you're a manual therapist? And so there's some interesting, creative ways that therapists have started to do some of that, but it's not, you're not doing manual therapy if you're not physically doing that with a client. So I think we really need to think through carefully moving forward and we have an opportunity here, believing the technology is there, do we just need our creativity there, the entrepreneurs will have the vendor stuff that we need, but how do we adjust them to delivering our patient care and digital practice, when may not have that hands on stuff that we've been using in our treatment and evaluation techniques? So how can we amplify usage of existing caregivers? So how do we get the family a non skilled assistance? Skilled assistance, if we have PTAs and OTAs, this has come up with questions that can we use PTAs and OTAs as our hands while we deliver that evaluation of that patient. In my opinion, I believe you can, you're still using the PT and OT for the evaluation, you're just having them help you with that hands on portion. So that'll allow us I think to deliver more effective sort of synchronous care.

So virtual care and development, you know, this is where you know, those of you who are more experienced than I am in using these devices for virtual reality. So there are

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methods underway to actually literally feel the patient for assessment through remote techniques in sort of branching off the technology used for virtual reality. How's that if you haven't heard that before? And so it's kind of weird, but you may be able to have some of that hands on technique with a client, they'd obviously have to have some sensors or some other device being able to connect with them on their end. But I think that you're gonna see a lot of work over the next several years to make this more prevalent. So Linda published in the age shot in 2015, "Improving Quality of Life and Depression After Stroke Through Telerehabilitation" using a robot assisted intervention coupled with a home X program. And it may be a valuable approach to improving quality of life and depression with people after stroke. So there was no differences found in the two models, but at least it was, you know as effective using telerehab versus in the clinic. There's another study from the publication called Sensors in 18. It talks about an ambient intelligent environment for home cognitive telerehab. So it proposes an implementation of a fuzzy inference system that simulates the knowledge of the rehab specialists. So it allows, again, a way to not be in the patient's home, but to mimic that and it uses sensors such as an EEG headset. So the patient will be able to carry out exercises without the need for consistent supervision of the therapists. Interesting approaches here.

So let me go quickly through the best practice here so we can get to the end of this here. Start with strategic fit and your patient needs. How does it fit with your practice? Understand the current regs and that requires a deeper dive talking to your state boards, making sure your insurance regs are being followed, investigate vendors, we talked about informed consent documentation, and then a shout out for outcomes measurement with your thing. S

o we're up to another poll here. Hopefully, you're all hanging in there here. But we've got a poll pulled up. And I want your largest practice barrier to initiate or if you're already doing it to expand digital practice. So of those choices there, what's your

primary practice barrier to initiate or expand digital practice? So I'll give you a few seconds here if you could go ahead and quickly make a decision, there's no right or wrong answer. No multiple answers, please . Go ahead and fill that out. It looks like, yeah, the types of patients seen, yeah, yeah. And that's not unexpected, the work flows, yep. So if you've got patients with challenging, you know, use of technology to patients with brain injury, stroke, thinking of some of the neuro clients, and others. So it looks like the types of patients seen are challenging. We'll give you a couple of three more seconds here. Okay, well, it looks like, that's the number one answer to follow technology and work flows. Okay, not unexpected. So if we could bring our slideshow back up here. Thank you for answering.

And we've talked about now next year, the practice metrics and when you're in getting in starting digital practice, I think it's gonna be real important that we think about the metrics here for these new types of patients we're seeing, you know, what are your volumes compared to your in-person visits? What are your outcomes, the cost effectiveness, the patient's sense of satisfaction and adherence to the care that's done? So kudos to those who have the capability to measure and compare their outcomes. You know, you've got this years of data on outcomes with in-person visits. Let's compare our telehealth outcomes or digital practice outcomes to traditional care and add to that research data that we desperately need here.

So just some quick evidence here. And again, it's not all encompassing, but there's many, many studies that are emerging now. This was a just a poster from a year ago where there were a lot of rural health sports medicine clients that rather than sending them an hour or two to an ER, was there a way that they could do a quick telemedicine assessment via some screening tools, some, you know with that physician on the other end to then decide whether they really truly need to get sort of immediate care with their pediatric orthopedic patients and go to the trauma center. So there's a way to kind of look at that. Telehealth case studies that exist out there in patients with back

pain, total joint replacements, screenings that allow patients to say you know, that are formulated via the clinical practice guideline methods and then permit the patient to decide if they want to go ahead and pursue a visit with a therapist. There are therapists now doing patients with vestibular areas. Wound care, if you think about that, from the standpoint of being able to view the wound remotely. And using a camera there, you could stage and provide direction if you were a CWS, Certified Wound Specialist. You could provide home-care assistance in wound management by saying that cardiopulmonary kinds of patients, you know, with the use of home monitoring equipment and progressing them, and in the pediatrics area, you know, working with the parent and guardian and performing screenings as your treatment progression, much as what you do today in your home instruction. In an in-person visit, you could certainly do that from a remote visit. And again, you reduce the time needed for travel, and even patient illness barriers there.

Skilled nursing in Alan Lee article here, Washington state requires a fifth visit for the reevaluation requirement there and an innovative skilled nursing contract company worked with their state board of Washington to develop an approach using telehealth in skilled nursing sort of substituting the need to send and pay someone to go out for that fifth visit and doing that in a tele kind of environment. And found that it was definitely very feasible. This article was really good if you're in patients with TBI, musculoskeletal disorders rheumatology, Galea goes through a number of applications and use of telemedicine with tele rehab with those applications. In Parkinson's disease, a psychomotor study here that investigated the feasibility and safety of telemedicine using tablets. They actually compared six month of visits, six month periods of in-person visits and tele visits to the six month periods of in-person visits only, and they found that there were high levels of satisfaction the PD-39 which is a Parkinson's disease questionnaire. So you can measure, you know, change over time just as you would in the in-person visits. Patients with stroke burgess article from the Journal of Neurologic Pt 2017 talked about you know, proposing wearing wearable sensor

technologies and telehealth programs that have the potential there. So they're sort of describing how you might use telehealth with patients with stroke. And it gives you a chance to kind of read through that and think through your questions that you may have with that particular patient type. Patients with COPD, you know, think about in Canada with a huge amount of rural population. And they wanted to improve their outcomes, obviously patients with COPD, and so they did find that they improved access and self management of care with patients who had access more to their healthcare providers versus an in-person visit.

If you're a manual therapist or into or have patients with back pain, Turner's article describes case studies and using McKenzie methodology for patients with back pain, and I thought that was an interesting point raised by Turner and that clinicians must change the very foundation of how they have traditionally operated in boys, that is so well stated about as we move through this transition time. And over Yale, they've done some work here. And now they had a device known as Vera, which actually has an avatar. So the patient had a device that's given to them, they're enrolled, you know, after they've had their total knee or hip replacement, and they have a device that helps them through an avatar to track their adherence as well as their quality of their exercises and provide some real time feedback.

So if you really wanna jump ahead in technology, you might wanna take a look at reflection health and their device there. So patients with musculoskeletal pain again, Alan Lee's been a forerunner in our PT profession, and really outlining the current level of evidence with musculoskeletal changes. So it's really an article more about policy changes advocated for one of which was the Medicare recognition which we of course have at the moment to knock on wood. So going through resources before your questions here, the Telehealth Resource Center is National. There's 14 of those 12 regions and two national and this is one that I've learned a tremendous amount through Kentucky's in the metric, one of those resource sites. So you might wanna

check that out. The Center for Connected Health Policy was the one I mentioned regarding the ability to look up your own Practice Act and those of literally all professions and your laws in your state. Telehealth Technology, ATA is listed. The International Journal of Telerehabilitation is a wonderful resource. Obviously our professional association, the Federation's and the World Confederation, and not only PT, but also OT and speech.

So what I've tried to do here before we get some questions is give you the components steps for implementation of telehealth to take a step back and really think about do I have the framework for what I need to successfully implement telehealth or look at what I've done now in telehealth and improve upon what's there if I missed anything? What are the regulatory and insurance considerations, potential clinical scenarios for digital practice and digital health? So what I'd like to just say in summary here before questions is you know, let's return to the gaps. In digital practice implementation, it sounded like it's how do I change from this hands on care delivery to that of remote delivery, and in your specifically in your practice world. and I think our colleagues are gonna be able to help with that as we learn more about what others are doing in it, but put your, you know, your thinking head on that. Much I suggest relates to this hands on work, and it will be done through other methodology of our time or future developing technology or adaptation. The other point I'd like to just make sure, let's measure our outcomes. Let's find out if our outcomes using digital practice are the same or better, hopefully better than what our in-person visits are. And we need that data to be able to suggest whether this is gonna become more long term part of adding to our value, or will it be something that will be an occasional use for specific types of patients?

So with that, I'd like to, Calista, you can come back on and guide me through some questions or maybe some pattern of questions in the 10 or 15 minutes or so that we have here left?

- [Calista] Sure, okay, our first question here is regarding the compact laws. And it states can you please expand on the compact laws and how that affects digital PT practice--

- [Edward] Yeah, great.

- [Calista] Where would you recommend to go to read more about it and do you think changes in the compact laws and to COVID are temporary or permanent?

- [Edward] Yeah, great question. The best resource for compact is to go to the Federation of State Boards of Physical Therapy, the FSBPT. And you can find that very easily. And go to there's information on the compact law and actually show you a map of, I believe there's 26 states now that have fully implemented the compact and there's a number of others that are in process of implementation with it. And so what, yes, will that allow you to do digital practice? Yes, I mean, if you have a compact privilege in your home, in your home state and, I'm sorry, if you have a regular license in your home state and then apply for and acquire a compact privilege in one of the states that are in the compact and for most of those, there will be a small fee, and you'll have to go through their jurisprudence exam to be a, to have that compact privilege, then yes, you would be able to provide care for those patients in that state, whether it's remotely or as a in-person visit, you know, if you so deemed or wanted to do that in-person in that particular state. So that's been a good change. The emergency regulation that I mentioned, at least in Kentucky, I'm not familiar with how it's been in some of the other states, where it really opened up any practitioner to come in on an emergency basis and provide care. My opinion is that it's been good for the doctors and nurses where there may have been some acute shortages, but it perhaps might have been an unintended consequence for having that open up. So and again, emergency things are just that. They're temporary and for, and can be rescinded at any time, you know, by

the governor and the legislature. So check that out for the compact, I believe there is a federation for OT as well. And if you aren't finding your answers, don't hesitate to drop me an email. I'd be happy to explore further on that.

- [Calista] All right, so the next question is regarding Medicare patients and it's asking, are physical therapists being reimbursed for telehealth visits for Medicare patients now?

- [Edward] Yeah, well, great question. As I mentioned, it's a new thing. We had, you know, for about, I don't know four to six weeks, the private practitioners had a way that they could do some limited visits, some e-visits and some kinds of visits. And I don't know our experience overall yet with billing for those, but recently, literally this week, CMS has said that PTs, OTs and speech can now be an approved provider for Medicare with telehealth. So what that suggests to us is that we could bill, not just those earlier codes I had on my slides about mid mid cycle, but our normal sort of CPT codes that we might do for an in-person visits with a few exceptions, manual therapy being a key one, they wouldn't be accepting that. So there's some temporary regulation and permissiveness from CMS to bill Medicare clients now in the therapy area, and that has expanded just in the last week or so with who is doing that. Again, I don't have an enough knowledge yet of how reimbursement has been, I think there's been denials here and there, but it's been more for claims not having right modifiers or place of service things versus no, we don't do that, and you're not gonna get paid. So I think we're gonna have to watch that carefully. Go ahead. Calista, are you there?

- [Calista] I am, the next question is, can we provide telehealth in the clinic visits with the patient or does it have to be only one? So I'm assuming as if, telehealth and clinic visits with the patient or does it have to be only one? I'm assuming they're asking if you have to be one on one, I believe.

- [Edward] If you're talking about an evaluation, you can do a full tele visit remotely or you would do a full in-person visit. I wouldn't be splitting that in some fashion, but I'm hoping that's what they're asking about, is that you could have one telehealth visit remotely with a patient as your evaluation, if that's what they're saying, you don't necessarily have to, if they don't need more than that. But they might need to clarify that if I'm not answering that correctly.

- [Calista] Our next question is, so is telehealth valuation approved in home health and outpatient settings?

- [Edward] Yeah, great question. I think the, gosh, and this is just in the last day or two. It's unclear to me in the home health area, quite honestly. So if it's changed, it's good again, so fluid I'm not aware of it. For outpatient, yeah, I mean, clearly you can bill in more over the past month in the private practice area where you're billing on a HIPAA form. Just recently, although it's still a little muddy to me as far as hospital based outpatient providers billing tele. If I was still in my director hat area, I would clearly be attempting to do that with our hospital based practices billing on a UB. So I think the potential is there, but it's a little muddier and I'm not a billing and coding expert. I would checked with the, your professional associations, they're really up to date on the nature of these rapidly changing practices on reimbursement and coverages.

- [Calista] Okay, and we have another question, and it's saying, "I am having difficulty designing digital approaches to serving individuals with severe complex disabilities for teaching functional mobility skills, designated in IEPs especially when more than one person is typically needed for transfers and or positioning. Do you have any insights or resources that you wanna share?

- [Edward] Well, I don't, that's gonna be, there are gonna be certain types of patients with our capabilities and technology today, that we're just not gonna be able to serve

in this methodology, at least from the full approach of what we might do in an in-person visit, you might find some elements that you can do with a trained caregiver, or an assistant on site with the patient in their home. You know, doing that, but I'd be happy to again, contact me and I'll do a little literature searching around that and see if there's anyone with some insights on that population. But clearly that one will be, that type of client will be more challenging, at least by today's standards that we have.

- [Calista] We have a question about regarding vendors. How'd you go about finding vendors? Are you looking at like Google search or do you recommend other means for vendors?

- [Edward] My vendor list is literally from starting with Google but then I've also been in this area for a couple of years now and gone to different conferences, and many of them are present. And so it's just sort of a list that I'm gaining, you know, knowledge of, but yeah, I mean, the ones that are advertising, you're gonna find on Google, they're gonna be right up there. Again, I have no tie to any of them, but I know that all of them are involved in the PT and rehab area where that might be worth exploring.

- [Calista] Okay, and then we have a question about, like consent for telehealth, sort of like a consent needed to join a video or if you need to get verbal consent as well. How does that work?

- [Edward] Yeah, I think this is where the vendor assistance is important because most of them have a consent form, you would need to review it or your attorney review it. But they have a process where, at the beginning of the tele visit, the patient is consenting to the telehealth visits or it's sort of in a stream, a little bit more streamlined than a when you buy a software and you're reading through 50 pages of what you're clicking the box that you accept it, but it would pop up at the start of the tele visit. So at least that's covered. And I think it behooves you at least at the first visit, to make

sure you cover those things with them. So they really understand what they're consenting to. A lot of that has to do with the just that they are consenting to having a visit remotely, that there's some risks to that, you know if there's some problem with the connections, if there's a problem with, hackings not the right word, but they're you know, if there's risks there when you're using the internet, as you know, in our own experiences overall, and so the consent is there. Other practices have developed their own consent form, but it's layered on top of your standard consent form that would be used at the first visit. So the thing that I'm suggesting is that you get this tele consent at each tele visit, where as your general consent form used for all in-person visits, you probably only need that the first visit, I mean, I'd follow your counsel on that, what they suggest, but for now, anyway, and the way the vendors have it, is they've kind of incorporated it into their process and workflows so that it's a little more seamless for the patient on their end. I think about an experience we had again with my wife, it was at the beginning of it. There's a brief tele consent, that you basically click the box and say I accept to it. It's in very user friendly language, but it does identify those common areas.

- [Calista] And I think you just alluded to that but there was a kind of follow up question as far as consent they needed every visit or for the duration of care and--

- [Edward] Yeah, I just think for now we need to do it every visit. Again just to this tele specific thing should pop up. And as it becomes more seamless in our practice, when they receive a link that their tele visit is up, let's say you know 15 minutes from now is your tele visit, or half hour or an hour, I think an hour before my wife would get an email and say, hey, your tele visit is scheduled in an hour, make sure you log, you sort of sign in and be just like in an in-person visit where you would sign in and they know you're there and in their computer system. Your administrative assistant says, they're present. It basically says I'm present and I'm ready for my tele visit. And then you know, they

have to wait like you would in a waiting room. You know, and then therapists would come on and take care of that client so.

- [Calista] Okay, we have a question, do you have any information to share regarding billing for an asynchronous service, such as putting exercises in a Google Classroom and then have a student perform it at a different time?

- [Edward] Don't have any experience with billing that. In theory, you should be in, they say what kind of payer, I mean, from a private payer. First of all, the first question I would have is make sure, what'd you say, Google, which Google?

- [Calista] A Google Classroom. I'm assuming this is a student like a, this might be part of like a school system or an IEP .

- [Edward] Oh, from--

- [Calista] Sure it says--

- [Edward] if it's, if it was an actual patient, I don't know that I'd use Google Cla, I wouldn't know if Google Classroom is HIPAA secure. Now if you're using it from a training perspective, or an academic perspective, where the HIPAA laws may not apply, it's more of a training thing that I wouldn't see why you couldn't with someone, but I just be very, very cautious with, you know, HIPAA law in using telehealth and having a secure environment for that. So if I'm, we might, whoever wrote that, if you don't mind emailing me, and I'll make sure that I answer that question more specifically, as well.

- [Calista] Okay, all right. We have a question regarding athletic trainers. Due to medically, the quick Practice Act changes, are you aware of how the athletic trainers have been impacted in that area?

- [Edward] Well, they've been impacted hugely from a job standpoint. You know, that's a great question, I haven't really explored if they're inferring about billing and using them in the insurance side. I haven't seen where there are kind of designated provider, you know, similar to what they were from the prior world we were in prior to COVID. And so gosh, I would suspect that they could perhaps be used in some fashion and maybe some of the design or some of the workflows or some of the implementation part. But I don't know from an actual use of it with a patient.

- [Calista] All right, and we have a question here. This is regarding school assess, school setting. Do you have any suggestions for PTs providing digital practice in the school setting, in particular?

- [Edward] Yeah, absolutely. I don't know if I have this specifics you're probably wondering about but if you're used to working with children, and their parents, or their caregivers or their guardians, then think about using it from the standpoint of how you might do that remotely. So if our schools, for example, now are impacted because they're closed, and you've had to stop your therapy care for them because you don't have the school to go into to treat the client. In my opinion, there should be a way to do that remotely. You need to have a system in place too in the security that's needed for having that. But clearly, you could be doing particularly an existing client that you know, I don't know how about an initial assessment, and your evaluation techniques and all that involved there. But from a follow up visit and compliance standpoint, even if it was less frequent than your in-person visits, that's better than nothing. And so, but there are people doing telehealth with therapy. There's also from a nursing perspective in rural areas where they don't have access to the nursing care on a daily basis where

they're able to then access a practitioner remotely, where that has come in. So my suggestion again, I'm way outside of my clinical knowledge base with pediatrics here is that it's certainly feasible. Think about your patients and care that could be done via your instruction and follow up care with their parent or caregiver or guardian.

- [Calista] All right, we're gonna take a few more questions before we close out today. Are you aware of how much in general like as far as reimbursement compared a digital visit versus an in-person PT visit? That was one of the questions that was asked.

- [Edward] Yeah, that's gonna depend on payer. In my knowledge of Medicare, it should be the same as what an in-person visit should be. If you're doing an e-visit and some of those new codes, they do have a different fee for those specific CPT codes. And in general, they're not great as far as the reimbursement. Some states that have what's called payment parity, Kentucky is one of those, where they're mandated to pay the same as an in-person visit with Medicaid. and with commercial and with workers comp. Unless you have some specific contract with a payer, they're mandated to pay the same because there was a lot of work from a policy perspective in many states to say, well, if you're doing a digital practice visit that lowers your in-person costs, so we should pay you less. So many states now have payment parity, but certain states won't. And that's where the Center for Connected Health Policy website will be very helpful to go to your specific state and it will have lots of detail around current reimbursement and regulations for your various payers, but there's been more recognition now. And I think it's frankly from the COVID pressure for the commercial carriers to pay the same or very close to the same rate unless they negotiate a specific contract with you as a provider to change that for some reason. If you think about it, you're adding on technology, you're adding on complexity, you're probably adding on a little risk, why would your reimbursement and you know go down if you know if anything and why should go up? But we'll take the same for now at least where we can because it is a different kind of care. And then the other part, the longer term that will

be how our outcomes and if we can demonstrate our outcomes are equivalent, or even better than telehealth, I think will become or digital practice will become more and more prevalent.

- [Calista] Okay, and we have a couple other questions here and I think you know, as PT, some of us struggle as far as how is this gonna work? I think this kind of goes with that. How would a PT evaluate things like infield rigidity, spasticity using a telehealth model--

- [Edward] Yeah, that's--

- [Calista] metric measurements taken via telehealth accurate and valid? And then a follow up question by the same person, is telehealth going to make manual therapy techniques less relevant as this practice model ?

- [Edward] Yeah, those are phenomenal questions we need to answer. We don't know at this point to my knowledge, what those differences may be. I showed that avatar picture and it's not, not avatar, I'm getting my, showing my age here. But where you would actually use your hands on gloves with sensors on the patient, now whether you can do manual therapy that way, but you may have some capabilities with range of motion or some of those techniques. But right now, to the best of my knowledge, those technologies don't exist to replace that but I would suspect that it'll become more prevalent in the next three to five years. So stay tuned. Your entrepreneurs and your, you know, companies are gonna come out with ways to do what you're asking. And as far as replacing that, boy, that's a great question too, time will tell. You know, there are ways, you know, for some kinds of therapy that you would do manually, I think, remotely, but obviously, it's not the same. And until some kind of paradigm shift in my brain occurs or in the technology, I'm not sure you can, so it's not gonna go away by any means if you're a manual therapist, I think you're gonna have to adjust and

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perhaps, maybe do it less frequent, and have in-person visits for that specifically, and then doing other kinds of things that you can do remotely with a client that may be a way that this evolves over time.

- [Calista] Okay, we've question about documentation. Since we need to document possible risk of completion of telehealth with each visit, are there specific risks you think should be documented, and how do you suggest this be documented?

- [Edward] Yeah, and that's a great question too. And I could, if they emailed me, I could probably provide some more detail on that. But essentially, what you wanna do is make sure you have in your informed consent form, that you're stating that there are risks to the telehealth visit whether it says including injury or fall, a breach of your network security, those are things that the lawyers have to write up. And I think, though, at least explaining and I think you're touching on some of our risk management side and ethics side about which clients are really gonna be appropriate for this kind of modality, you know, an intervention and right now, it's gonna be not feasible for some kinds of clients. I will say that the stimulator therapy are using it and using their exercises and monitoring patients via the cameras and homes. And so there's a way, but it's a certain kind of client I would guess that is cognition is not there that other kinds of patients with certain kinds of injuries and impairments just it's not gonna work well right now. I think that that will become probably more used in the future but we're just not there yet.

- [Calista] Okay, and you mentioned vestibular. Can you, we had somebody asked about that, how they were using, how they were doing a vestibular eval in telehealth.

- [Edward] The one I'm most, model I'm most familiar with, I'm sorry, I interrupted you Calista.

- [Calista] No, go ahead.

- [Edward] Yeah, the one I'm most familiar with is where they have an, and this was in rural Colorado, where they have an in-person visit for the first visit and then they do all their follow ups via telehealth. So these are clients typically that live an hour or more away from the clinic and have the capabilities to set up their computer and or camera in the home so the vestibular therapist can observe them and coach them on their exercises just as you would in-person. And of course, you're gonna need to make sure you have proximal areas for stability, perhaps another caregiver, depending on the client, making sure that you've covered your bases on potential downside when the patient loses their balance or has issues with dizziness acutely, as you might, but according to what I know it's been working okay with patients in minimizing their follow up visits. Again the hybrid model might make sense with vestibular and many of our clients and that I mean where you do an in-person visit, followed by intermittent tele visits and then intermittent in-person visits.

- [Calista] Okay, well, we're gonna finish off with one more question. We do have a lot of other questions in the Q and A. But we're gonna finish with one more question. And it's just a clarification question Ed about the difference between e-visits and a telehealth visit.

- [Edward] Yeah.

- [Calista] Somebody wanted that clarification.

- [Edward] Yeah, telehealth visit is really the synchronous one, that you're in a live environment, you know, looking at a client in real time. So if you and I were communicating today, Calista and I, we're synchronous right now, we're in real time doing a webinar in a class here together. And so that's what's called synchronous. And

until recently, at least with Medicare, and perhaps other payers, they weren't, I'm sorry, with Medicare specifically, they weren't paying well for synchronous. They had e-visits, which they would pay for on a modified payment schedule and new codes were created for it. That tends to be more asynchronous which is not in real time. So the patient is connecting with you by email, by phone, and other kinds of non video visits. So there could be some things that are done perhaps in real time, but they're not video supplied, if that makes sense. So there is a distinction, I think on the tele visit also, with more usage, it allows us to use our standard CPT codes, most of them for what we would have as an in-person visit. All right, well, we're gonna go ahead and close out today's course. Thank you so much Ed for sharing your expertise with us today.

- [Edward] Well, thank you and I just wanna reiterate, I've got my email on there. Don't hesitate to email now and anytime, with your questions. I'd love doing research on them. And I have a tremendous interest in this area. And I wouldn't, don't hesitate to reach out and I'll do my best to help you out.

- [Calista] All right, we're gonna conclude today's class. Have a great day everyone.

- [Edward] Thank you all for attending.