Telehealth in Physical Therapy – Care Models You Need to Know!

Date and Time of Presentation: Saturday, February 18, 2017, 8:00:00 AM - 10:00:00 AM

Presenters:
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Disclosures: Dr. Chokshi serves as a VP of Clinical Accounts & Lead PT for Reflexion Health, Inc. Dr. Lee serves as a consultant for Bluejay Mobile Health, Inc.

Course Description:
Telehealth has emerged as an innovative model for improving access and quality of care with use of technology in physical therapy. Both real time audio and video and store-and-forward technologies with remote patient monitoring are used by physical therapists to deliver care at the right time for the right patient. This presentation will discuss several telehealth physical therapy care models being used in current health care environment. We hope you will leave this session with the essential telehealth information that you need to know now in order to implement it in your physical therapist practice.

Course Objectives:
1) Differentiate real time audio and video versus store-and-forward telehealth in physical therapy
2) Identify key telehealth guidelines from various organizations
3) Discuss telehealth implementation in your practice with several examples

Course Outline: (1.5 hours)

A. Introductions 10 minutes
B. Telehealth Physical Therapy Background: 20 minutes
C. Description of Models of Care: 30 minutes each (2 models) = 60minutes
D. Implementation in your practice: 15minutes
E. Discussion with Panel: 15 minutes
APTA: HOUSE OF DELEGATES
APTA's House of Delegates approved a resolution that supports the adoption of telehealth technologies in physical therapy as "an appropriate model of service delivery" when provided in ways that are "consistent with association positions, standards, guidelines, policies, procedures, Standards of Practice for Physical Therapy, Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the Physical Therapist Assistant, the Guide to Physical Therapist Practice, and APTA Telehealth Definitions and Guidelines; as well as federal, state, and local regulations."
http://www.apta.org/PTinMotion/News/2014/8/1/TelehealthBill/

FSBPT: TELEHEALTH POLICY RECOMMENDATIONS
Telehealth in Physical Therapy: Policy Recommendations for Appropriate Regulation are to provide information and general guidance to physical therapy jurisdictional authorities for helping to assure safe and effective use of telehealth technologies in the practice of physical therapy.
In developing these recommendations, the FSBPT Ethics and Legislation Committee conducted a review of other professions’ models and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry standards. Acknowledging the rapid growth in telehealth technology and applications, the guidelines in this resource were purposefully written in a general manner in an attempt to maintain future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic.
https://www.fsbpt.org/Search.aspx?q=TELEHALT

ATA: BLUEPRINT FOR TELEREHABILITATION GUIDELINES
The American Telemedicine Association initially released the Blueprint for Telerehabilitation Guidelines in 2010 and was authored by members of the ATA under the direction of the ATA’s Telerehabilitation SIG. This document serves as a reference for educators, administrators, clinicians and other stakeholders on important considerations when implementing practice through the use of information and communication technologies. The document is divided into 4 categories of guidelines including administrative, clinical, technical and ethical. Currently this resource is in the process of being updated to reflect current practice standards. A link to the blueprint and other resources can be found on the ATA website.
http://www.americantelemed.org/main/membership/ata-members/ata-sigs/telerehabilitation-sig

Care Model Exemplars

HARTFORD HEALTHCARE REHABILITATION NETWORK
Current trends in discharge planning for patients receiving total knee arthroplasty (TKA) include discharge to home with physical therapy and in some cases nursing care services to assist with wound management and other medical diagnoses, if present. This telerehabilitation (TR) pilot program creates an intermediate option for discharge planning from acute hospitalization that includes the delivery of physical therapy services using a mobile tablet with synchronous and store and forward telehealth technologies. The outcomes measured in this pilot study include, clinical efficacy, patient satisfaction, provider satisfaction, technical performance of the technology and cost. This study builds from the foundational RCT research conducted at University of Queensland, Australia and University of Sherbrooke Montreal, Canada. The outcomes from this pilot study are helping to provide context for the use of telehealth for physical therapists within the construct of a post acute care environment and could be important in guiding the development of care delivery systems within ACO and other types of bundle payment models.
Reflexion Health, Inc.

Reflexion Health is a digital healthcare company dedicated to transforming traditional medicine and improving clinical outcomes by using innovative technology solutions to deliver patient-centered care at reduced costs. VERA™, Reflexion Health’s signature solution, is an FDA-cleared Virtual Exercise Rehabilitation Assistant that detects motion and remotely monitors the effectiveness of prescribed physical therapy in real-time. VERA brings the guidance of a physical therapist into the home to coach and motivate patients through recovery from joint replacement surgery or as a preventative therapy to reduce falls.

Describing an observational case series where patients undergoing joint replacement knee arthroplasty combined with a novel TR tool, VERA (Reflexion Health Inc, San Diego, CA) to enable home physical therapy exercise program and virtual telehealth visits with a physical therapist in lieu of in-person clinic visits. Eligible patients received VERA in their homes as part of a prehab program up to two weeks prior to their surgery with plans to use it during their rehabilitation program. Patients used VERA to complete HEP and participate in video telehealth visits from home with a PT at the clinic. Information collected included overall adherence to the home PT exercises. The PT reviewed performance metrics remotely. Additional physical measurements, functional outcomes scores, and usability surveys were recorded via the PT during clinic visits. This innovative telehealth model of care will undergo a randomized trial study as noted below.

http://www.mobihealthnews.com/content/duke-study-evaluate-use-virtual-assistant-rehabilitation-total-knee-replacement

Conclusions

As telehealth is implemented in clinical practice, it is imperative that practitioners interacting with patients and clients are able to collaborate using telecommunication technologies to facilitate evidence-based outcomes. More importantly, all telehealth is not the same. Therefore, innovative telehealth models of care can augment physical therapy practice, research, and education in the digital age.

REFERENCES