Success Factors for Patient Engagement in Telehealth

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Foundations of Trust
Connecting our Community to Research
Disclosures

• Telerehabilitation Program Director

• Primary Investigator of a feasibility study funded by the Jefferson House Foundation; Total amount 258,000

Vendor relationships: eHab, Jintronix, Wellpepper I have no direct Financial relationship with any vendors

• Vice Chair Telerehabilitation Special Interest Group
Where are we going?
Telehealth Adoption

Patients Worldwide Using Telehealth Technology

Less than 350,000 in 2013

Approximately 7 Million by 2018

Resources:
www.fiercehealthit.com
www.informationweek.com
www.beckershospitalreview.com

http://hin.com/blog/2015/02/20/infographic-telemedicine-market-growth/
Policy: Focus on value

- Affordable Care Act
- Connect for Health Act
- Bundled Care Payment Incentive (BCPI)
- Comprehensive Care for Joint Replacements (CJR)
- Cardiac Rehabilitation (CR)
- Next Generation ACO Model
Telehealth Stories

Overall services provided with telehealth
Increased 18% FYI 2014

Video Store and Forward Telehealth:
Average of $35-40 savings per consult

Chronic care management:
54% decrease in VA bed stays

Patient Satisfaction:
94% Clinical Video Telehealth (CVT)
88% Home Telehealth
93% for Store and Forward Telehealth

Reference: 2014 VA Telehealth Fact Sheet
Telerehabilitation

- Synchronous Face to Face
- Store and Forward (Portals)
- Remote Monitoring (wearables etc)
- Virtual Reality/Robotics

Technical Efficacy
Diagnostic Accuracy
Therapeutic Outcome Efficacy
Societal Efficacy
By the time that the fifth square is reached on the chessboard, the board contains a total of 31 grains of wheat.
Objectives

• Identify Key Telehealth Definitions

• Outline key considerations for implementing telehealth

• Describe Initial experiences/findings from HHC telerehabilitation feasibility study.

• Identify keys to success for operationalization of telehealth
Keys to Telehealth Implementation
Telehealth Terms

- **Synchronous**
  - Live Video
  - Real-time

- **Asynchronous**
  - Portals
  - Engagement platforms
  - Wearable Technology
  - Not in Real-time
Telehealth Terms

- **Patient Location**
- **Originating Site (Spoke Site)**
- **Provider Location**
- **Distant Site (Hub Site)**
What is Telerehabilitation?

The use of the internet or telecommunications to provide physical, occupational, and speech therapy to patients in their home.
What types of activities can a synchronous telerehabilitation session incorporate?

- Patient History
- Guided Examination/Assessment
- Environmental Assessment
- Goal Setting
- Patient Education
- Therapeutic Exercise
- Functional Training
- Movement Facilitation
Resources ATA TR SIG

A Blueprint for Telerehabilitation Guidelines October 2010

ATA TR
Resource Guide

Last released 2010
Currently in edit process...

Coming soon....
Regulatory
Application (Use Case)
Sustainability
Training
GO!
How do states regulate telehealth use by physical therapists?

- Telehealth can be addressed through several mechanisms:
  - State Statutes
  - Regulations
  - Regulatory Board Statements
Policy Resources

Related Resources

- APTA Board of Directors Policy on Telehealth (BOD P03-06-10-20) (.pdf)
- APTA Definitions and Guidelines on Telehealth (BOD G03-06-09-19) (.pdf)
Privacy Versus Security

HIPAA (Privacy)

Develop a staff training program

HITECH (Security)

Choose HIPAA conscious partners
<table>
<thead>
<tr>
<th>Risk</th>
<th>Impact</th>
<th>Probability</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breech of confidentiality</td>
<td>3</td>
<td>2</td>
<td>Notify all parties. Determine cause of breech and mediate immediately</td>
</tr>
<tr>
<td>Patient falls at home</td>
<td>1</td>
<td>2</td>
<td>Patient is in therapist field of vision during session. In case of fall, therapist would contact EMS, complete incident report</td>
</tr>
<tr>
<td>Telehealth session poor quality, lost connection</td>
<td>1</td>
<td>3</td>
<td>Reconnect by telephone, reschedule apt as needed</td>
</tr>
<tr>
<td>Patient/Therapist behaves in inappropriate manner</td>
<td>2</td>
<td>2</td>
<td>Therapist sets professional boundaries with patient/Therapist subject to same behavioral expectations, code of conduct as in traditional setting</td>
</tr>
<tr>
<td>Therapist behaves in inappropriate manner towards patient</td>
<td>2</td>
<td>2</td>
<td>Reconnect by telephone, reschedule apt as needed</td>
</tr>
<tr>
<td>Appointment is missed because of technical difficulty</td>
<td>1</td>
<td>3</td>
<td>In case of suspicion of medical or behavioral emergency, therapist to contact EMS</td>
</tr>
<tr>
<td>Telehealth is practiced across state lines and the therapist is not licensed in both states.</td>
<td>3</td>
<td>1</td>
<td>Provide telerehabilitation practitioners with education on pertinent state licensure laws</td>
</tr>
</tbody>
</table>
Program Mapping

Business Aim

Service

Cost Avoidant

Revenue Generating

Teleconsultation

Assessment

Intervention

Funding

Payer partners

Technology

Provider Side

Patient Side

Interoperability

Hartford HealthCare Rehabilitation Network

Connect to healthier.
Implementing Telehealth in Your Practice

Collaboration with patients/clients, payers, state boards, and IT support are all critical for delivery of ethical, legal, and high-quality physical therapy care via telehealth. Your practice will have individual needs to be addressed either internally or with help from outside experts. In addition to the legal, regulatory, payment, and ethical issues discussed earlier, here are a few practical topics you will need to address:

- Business plan (costs and savings for your practice)
- Patient demographics (which patients will be appropriate for telehealth)
- Relevancy to current health care delivery systems
- Staff skills and responsibilities (video etiquette, HIPAA-compliant scripts for patient communication, protection of PHI)
- IT development/installation/support plan (who will advise you on what to purchase, set up your equipment, troubleshoot or restore if there are problems)

The last item, related to technology, can't be glossed over. You must ensure that the technologies you choose will meet the needs of your staff and patients/clients, and the requirements of standards such as HIPAA. With the help of an IT expert to evaluate your individual needs, here are some items to consider:

- Does the software comply with HIPAA requirements for privacy and security, such as adequate encryption for PHI?
- Is connectivity reliable, in terms of IP protocol, sufficient bandwidth, and audio/video interface quality?
- Can staff easily learn and use the equipment, both onsite and remotely when needed?
- Is the system compatible with your facility's current hardware and software?

Resource: http://scap.nist.gov/hipaa/
Telerehabilitation Case Study
Innovation: Coordinated Care
Post-Acute Care Model

Pre Surgical

Baseline Outcomes

Acute Care

Sub-Acute Care

Home

Telehealth Handoff

Telerehab
Telerehabilitation Study Phase Overview

1 month

Phase 1
Cost Assessment/Training

Phase 2
Technology Testing

Phase 3
Data Collection and Analysis

Phase 4
Dissemination/Next Steps for HHC

1 month
3 months
12 months
2 months

Consultation Model
Direct Care Model
Equipment Overview

Patient Location: Home

Synchronous

Video

Clinician Location: Jefferson House
1) Technical Feasibility
How well does this work, technically?

2) Can we get as good or Better outcomes with a focused patient group?
Preliminary Findings
Study 1: Technology Test

Patient Satisfaction

- I cannot always trust the equipment to work
- Telerehabilitation makes it easier for me to contact the nurse
- A physical therapist cannot examine me over the iPad as well as in person
- The use of the technology does not threaten the confidentiality of my data
- Telerehabilitation cannot increase access to care for me
- Telerehabilitation can reduce the costs for the healthcare agencies
- Telerehabilitation can be an addition to the regular care I receive
- Telerehabilitation will be a standard way of health-care-delivery in the future
- Telerehabilitation saves me time
- Telerehabilitation is a convenient form of health care delivery for me
- I don't like that there is no physical contact during a home telerehabilitation visit
- Using telerehabilitation the physical therapists will be able to monitor my condition well
- Telerehabilitation cannot save me any money
- Telerehabilitation can save time for the physical therapists
- Telerehabilitation can improve my general health
- I can be as satisfied talking to the physical therapist over the iPad as talking in person
- The use of the necessary equipment seems difficult to me
- I am able to explain my medical problems well enough over the iPad
- Telerehabilitation can violate my privacy
- A physical therapist can get a good understanding of my medical problem over the iPad

- Strongly disagree
- Disagree
- No opinion
- Agree
- Strongly agree
Patient Telehealth Quality

The overall quality of the iPad physical therapy session
2 Terrible, 9 Poor, 10 Functional

The overall quality of the video during the iPad physical therapy session
2 Terrible, 9 Poor, 10 Functional

The overall quality of the audio during the iPad physical therapy session
1 Terrible, 4 Poor, 7 Functional, 9 Good

I would like to use this system again
43% Strongly disagree, 9% Disagree, 48% Agree
Jefferson House Telerehab
Study 1: Technology Test

Provider Telehealth Quality

The overall quality of the iPad physical therapy session

The overall quality of the video during the iPad physical therapy session

The overall quality of the audio during the iPad physical therapy session

I would like to use this system again

- Strongly disagree: 12%
- Disagree: 8%
- No opinion: 12%
- Agree: 88%

Terrible - Poor - Functional - Good - Excellent
The use of telemedicine (TM) could help me to evaluate and monitor my patients more rapidly. I think that I could easily learn how to use TM. I think it is a good idea to use TM to monitor my patients. Most of my colleagues will welcome the fact that I use TM. Most of my patients will welcome the fact that I use TM. In general, TM could be useful to improve the care of my patients.
• Patient connects to physical therapist with a live video session by opening an app on the iPad.

• A separate app accessed from iPad will allow the patient to access home exercise information.

• A fitbit will track activity levels
• 27 patients
Course of Care:

- Patient is discharged home with necessary technology equipment and medical equipment.
- Once home, participates in 9 telerehab physical therapy visits.
- Upon completion of visits, PT will determine if patient requires outpatient PT.
85 y.o. male
2\textsuperscript{nd} Total Knee Replacement
Previously evaluated and treated by Physical Therapist (Kathleen)
Lives alone in an apartment; no WiFi available at home
Patient Directed Care Coordination
Telerehab

• Visits consisted of:
  – Measuring knee flexion/extension in supine and sitting
  – Stretching/strengthening exercises
  – Balance training
  – Gait training
    • Progressing device
    • Quality of gait
  – Stair training
    • Quality of gait
Final Assessments:

- Performed final measurements over Telerehab
- Then patient follow-up in clinic for in-person measurements per the protocol

- Concluded with Patient satisfaction survey, Therapist satisfaction survey and Lower Extremity Functional Scale

- Patient was referred to Outpatient PT
Concluding Thoughts
Payment Reform

Current State
Volume-Based Payment
  *Fee-for-service*

First Transition Phase
Value-Based Payment
  *Quality, Safety, Patient Satisfaction*

Second Transition Phase
Global Payment - Population Health Management
  *Wellness, Prevention, Management of Chronic Disease*
Reimbursement

AMA Coding work group was established to define billing codes of PT, OT, SLP

- Bundle Care Payment Incentive
- Comprehensive Care for Joint Replacements (CJR)
- Cardiac Rehabilitation Incentive Payment Model (CR)
States with Parity Laws for Telemedicine
Physical Therapy, Occupational Therapy, Speech-Language Pathology, Audiology

- **Parity Law includes PT/OT/SLP/AUD**
- **Parity Law Does Not Include PT/OT/SLP/AUD**
- **Parity Law-Provider and/or Service Neutral**
- **No Parity Laws**
- **Proposed Parity Bill**
- **Parity Law includes OT only**

Requires coverage for Physicians but doesn’t restrict payers from covering other services. Requires in-person encounter as condition of coverage/payment.

**Parity Law-Provider and/or Service Neutral**

**Proposed Parity Bill**

**Parity Law includes OT only**
Summary: TR program Pathway

1. Identify champions
2. Literature Review
3. Identify a use case
4. Identify state regulatory scope
5. Identify business aim (cost avoidant/direct reimbursement)
6. Identify outcome metrics
7. Develop QA initiative for TR
8. Select Vendors (Execute BAAs)
9. Conduct training with relevant stakeholders
10. Begin TR Program
11. Evaluate Program Results
Telehealth Stories
APTA Resources

HPA Section Technology SIG

Telehealth Toolkit

CSM  February 15-18, 2017  San Antonio, TX
ATA Telerehabilitation SIG

Member Spotlight: Lyn Tindall Covert, SLP

The Department of Veterans Affairs (VA) is a national leader in the use of telehealth to expand access to care and optimize the health and wellbeing of veterans. The TR SIG met with Lyn Tindall Covert, SLP, to learn more about Lyn’s pioneering work in telehealth within a VA Medical Center and their telehealth program.

Evelyn Terrell (ET): As an active member of the TR SIG and co-author of the “Blueprint for Telehealth Guidelines”, you have significantly contributed to expanding telehealth within your profession. What accomplishments are you most proud of?

Lyn Tindall Covert (LTC): At the VA in Lexington Kentucky, we began using telecommunications technology to provide telehealth services to veterans approximately 20 years ago. Our two divisional hospital needed to expand access to care for patients at both divisions and we wondered if the existing technology could be leveraged to provide care. When the VA opened a satellite clinic approximately 60 miles from the Main Hub, telecommunications equipment was installed and we started doing speech therapy remotely. I was very proud to be part of this as we were able to share with other VA Medical Centers to expand telehealth across the country.

ET: What is the VA doing in telehealth today, please tell us about some of the programs you helped launch and their quality outcomes?

LTC: We started a program to treat speech disorders associated with Parkinson’s disease, based on the Lee Silverman Voice Treatment - LOUD.
ATA Guidelines

Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions
May 2014
Thank You

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