



APTA

American Physical Therapy AssociationSM

The Role of Tele Rehabilitation in Health Care Transformation

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Disclosures

- No disclosures

Objectives

- Participants will describe the role of physical therapy in the health care system during public emergencies
- Participants will identify the role of telehealth in rehabilitation therapy delivery
- Participants will understand the best practices for telehealth PT implementation
- Participants will describe models of digital delivery of rehabilitation therapy
- Participants will identify CPT codes that are appropriate for utilization for physical therapy services provided via telehealth

Tele Rehabilitation

- Telehealth uses electronic communications to provide information and health care services to patients and clients.
 - » 2014 House of Delegates Minutes. American Physical Therapy Association website.
<http://www.apta.org/HOD/Minutes/2014/>. Accessed February 1, 2017.

Tele Rehabilitation

- These services are delivered in real time by using audio and video, or are distributed with store-and-forward technology. By using both synchronous (real-time) and asynchronous (store-and-forward) services, physical therapists (PTs) and physical therapist assistants (PTAs) can increase their collaborative ability and bridge tangible gaps in order to best address patient needs.
 - » Lee ACW, Billings M. Telehealth implementation in a skilled nursing facility: case report for physical therapist practice in Washington. *Phys Ther.* 2016;96(2):252-259.

Disaster

- A disaster is defined by The United Nations Office for Disaster Risk Reduction (UNISDR) as “a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.”

APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES

- It is the intent of the American Physical Therapy Association (APTA) to assist its members in mobilizing and providing disaster relief and assistance to augment the response efforts of the Federal government, State and local governments, and volunteer relief organizations in protecting public health and safety.
 - » PLAN FOR APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES BOD 03-06-08-13 (Program 01) [Retitled APTA Disaster Response Plan; Amended BOD 02-96-02-04]

APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES

- The type, magnitude, and location of the disaster will necessarily dictate what resources will be needed and what types of relief efforts will most appropriately meet the needs of the affected population.
 - » PLAN FOR APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES BOD 03-06-08-13 (Program 01)
[Retitled APTA Disaster Response Plan; Amended BOD 02-96-02-04]

APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES

- Using existing infrastructure, State Chapters of APTA are best situated to assess the needs of the community and to determine appropriate responses during local and regional emergencies and disasters. State Chapters, therefore, will be at the forefront of response and relief efforts. APTA will coordinate its efforts with Chapter leaders in the areas affected by the emergency or disaster.
 - » PLAN FOR APTA RELIEF EFFORTS IN RESPONSE TO FEDERAL AND STATE DISASTERS/EMERGENCIES BOD 03-06-08-13 (Program 01) [Retitled APTA Disaster Response Plan; Amended BOD 02-96-02-04]

Tele rehabilitation

- Emerging evidence indicates that telehealth can empower both patients and health care providers to offer the best approaches to care that consider a patient's age, race/ethnicity, geographic location, and diagnoses, as well as provide high-quality care without increasing costs.

Tele rehabilitation

- Telehealth also can reduce disparities in care, especially in rural communities.
- While it does not eliminate the need for in-person visits, telehealth does increase access to a greater variety of providers and can enhance delivery and coordination of care.

Tele rehabilitation During COVID19

- **In the acute phase:**
 - Physical therapists can help optimize and free up scarce hospital resources in the following ways:
 - (1) getting patients moving and independent through treatment of their conditions and training on proper use of assistive devices to facilitate discharge, and
 - (2) cardiorespiratory physical therapy to reduce the need and duration of mechanical ventilation. We are currently provided with a window of opportunity where physical therapists can and must work in hospitals to free up needed ICU beds and ventilators. Each day, this window of opportunity narrows, as we approach the response phase.

Tele rehabilitation During COVID19

- **In the response phase:**
 - Demand for ICU care and ventilators have the high likelihood of outweighing the supply. Physical therapists have an essential role in responding to COVID-19 by treating patients who have cardiorespiratory conditions associated with the virus. This can reduce the need for mechanical ventilation and reduce the duration resulting in more favorable outcomes for patients, and thus a faster turnaround time for acute health care resources.

Tele rehabilitation During COVID19

- **In the recovery phase:**
 - Countries will be recovering from the medical, financial, and social impacts of COVID-19 for years to come. As we recover from the effects of COVID-19, people will be returning to work. Physical therapists have an essential role in improving mobility, function, mental health, and quality of life to get individuals back to work faster after contracting the virus.

Tele Rehabilitation

- The delivery of physical therapy care via telehealth is not a new concept but one that can be leveraged to a greater extent in challenging times.

Tele Rehabilitation

- Although physical therapist care includes a variety of procedures it is more complex than that.
- Physical therapists examine, evaluate, diagnose, consult, advise, identify compensatory strategies, promote meaningful movement, educate, support, empower, modify environments to promote optimal performance, and ultimately promote self efficacy.

Tele rehabilitation in Standard Care Delivery

- 27-year-old male from Togiak, Alaska, experienced a bicycle/vehicle accident resulting in left lower extremity injuries:
 - Grade II open tibia fracture
 - Fracture of medial femoral condyle
 - Anterior and posterior cruciate ligament tears
 - Grade II to III medial collateral ligament tear
 - Surgical intervention at Alaska Native Medical Center in Anchorage

Tele rehabilitation in Standard Care Delivery

- **Intervention:**
10 days of daily "hands on" therapeutic exercise, gait training, and functional training; ensure adherence with bracing and NWB
- Discharged home to Togiak, to be followed up with weekly tele rehabilitation physical therapy sessions.

Tele rehabilitation

- **Tele rehabilitation Management:**

- The tele rehabilitation PT session was a 30-45 minute session via telemedicine polycom system from Togiak to Dillingham, AK. During the sessions, the physical therapist and patient used interactive live video. The therapist had the patient perform exercise and gave instructions on how the patient should modify and progress. The patient's gait was observed and verbal cues were made to improve gait pattern. The patient's home exercises were modified and advanced.
- Patient's status after 6 weeks of tele rehabilitation:
 - **full weight-bearing, functional lower extremity strength and ROM, able to ascend/descend stairs, walk on uneven terrain, and ride a bike.**

E-Visit Examples

- The patient contacts the PT through the portal and reports an increase in neck and shoulder pain.

Using the portal, the PT asks the patient to provide details about factors that may have contributed to the increased pain. The PT determines that the pain is associated with the patient spending more time sitting and working at a home computer. The PT develops an activity plan that calls for increased periods of physical activity and stretching exercises to perform throughout the day. The PT sends the program to the patient through the portal and asks the patient to report any changes.

E-Visit Examples

- The patient, having missed several in-person appointments, contacts the PT through the portal and reports a concern regarding decreased flexibility in his postoperative knee.

Using the portal, the PT asks the patient to describe any movement-related changes, such as more difficulty getting out of a chair and/or not being able to get his foot back as far when sitting in a chair. The PT also asks the patient to provide, through the portal, a diary of activity and exercise throughout the day. The PT determines that the patient is sitting too long throughout the day and is not performing ROM exercises as frequently as prescribed. Using the portal, the PT provides the patient with a specific schedule of exercise and activity, and advises the patient to check back in through the portal in two days unless the patient experiences any other changes or difficulty before then.

E-Visit Examples

- The patient contacts the physical therapist through the online portal and reports having difficulty performing one or more of their home exercises.

Using the portal, the PT asks the patient to provide details, also using the portal, regarding the difficulty. The PT reevaluates the program and makes a clinical determination to modify, replace, eliminate, or downgrade one of the exercises. The PT sends the updated program to the patient through the portal.

Coding and Billing

- 97000 CPT Codes
 - Which codes?
 - What place of service?
 - Which modifiers?

Coding and Billing

- Non Face-to-Face Non Physician Codes
 - Telephone Services
 - On line digital assessment and management services
 - Remote physiologic monitoring

Coding and Billing

- What's Next?

Open Discussion/Questions



