

Community Physical Therapy

Telehealth

In response to the pandemic of COVID-19 The Secretary of Health and Human Services declared a public health emergency (PHE) in the United States. As a result of the PHE, flexibilities were created in order to ensure patient access to care without increasing their risk of exposure or infection through in-person visits or appointments with healthcare professionals.

Previously restricted professionals were added as eligible providers of telehealth as a result of these new flexibilities, including PT's, PTA's, OT's, OTA's, and SLP's. Additionally, waivers, which are in place for the duration of the PHE, allow for use of non-HIPAA compliant platforms for communication with patients such as FaceTime and Skype. (Note: The PHE expired in Wisconsin on May 11, 2020 but the Federal PHE is still in effect.)

Emerging evidence indicates that telehealth can empower both patients and health care providers to offer the best approaches to care that consider patient demographics, location, and diagnoses; provide high-quality, cost-effective care; and reduce disparities in care, especially in rural communities (CMS). 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.

Whereas Community Physical Therapy (CPT) wishes to focus on providing quality evidenced-based care to all its clients during the PHE and beyond, they are open to the adoption of new delivery models that can be leveraged for the best possible outcomes for their patients and their clinicians.

Definitions:

Originating Site: Location of the patient at the time of service

Distant Site: Location of the practitioner at the time of service.

Onsite Virtual Visit: An in-person service provided via an audio-visual platform where the patient and clinician are at the same location.

Telehealth Visit: A true telehealth is an "in-person service" provided remotely via an audio-visual platform.

E-visits, virtual check in's: Remote evaluation of recorded video/images, and telephone assessments are "non face-to-face" communication technology-based services, but do not constitute telehealth under Medicare.

Policy - Telehealth in SNF Settings

Community Physical Therapy seeks to offer telehealth services to the patients in its contracted skilled nursing facilities for both Part A and Part B Medicare patients. CPT will ensure that full compliance with all applicable federal, state, and local laws and regulations. In the absence of state and local laws and regulations, CPT will adhere to the federal guidelines/regulations.

Telehealth will be used in the following instances:

- when no therapist is able to physically come to the facility due to staffing / travel issues
- when covid outbreaks or testing restrictions/expectations occur that no available onsite staff member can meet
- to complete evaluations, recerts, 10th visits, DC Summaries and maintain Medicare requirements in a timely manner with minimal interruptions to services to the patients

Software considerations: Remote Access must be granted to all Clinicians at the Distant site for all EMR needs to adequately complete the visit.

Hardware considerations: Both the Originating Site and the Distant Site must have hardware with a camera and speakers. At the Originating Site, be sure that the entire patient is in view of the camera (head to toe) and ensure that the area around the patient is free from obstructions. At the Distant site hardware must be a company issued computer and is to only be used for work.

Procedure

In order to ensure compliance in meeting this standard, the following procedure will be followed:

1. All Clinicians performing Telehealth will complete CPT Telehealth training and sign the Attestation Document
2. CPT Clinicians will only use platforms for telehealth that are approved by the company.
3. If the originating site and the distant site consist of two separate states, the clinician must be licensed in each state or hold compact privileges (and the compact be recognized by both states) in the state where the patient is located.
4. Telehealth must be permitted by the practice act of the state the therapist is licensed and practicing in.
5. The standard of care for practicing telehealth is the same as that of in-person therapy services. No matter what delivery model is being used for a treatment, company protocols and treatment models must still be followed including all infection control guidelines and practices.
6. The clinician is responsible for identifying patients who are appropriate for telehealth visits. Be mindful of the patient's cognition and ability to follow directions.
7. Insurance coverage of Telehealth must be verified prior to the telehealth visit.

8. Due to the nature of the telehealth visit, clinicians must be especially sensitive to connecting with the patient during the visit. Be aware of your “web”-side manner.
9. Clinicians are responsible for ensuring a *signed consent* from the patient or at minimum a *verbal consent* from the responsible party is in place. The clinician must also document that fact in their note. Obtaining consent is much more than getting your patient's signature. It's part of a process that ensures your compliance with all rules and regulations and ethical responsibilities, and ensures that the patient is informed, understands, and is comfortable with treatment via telehealth.
10. Onsite virtual visits are billed the same as an in-person visit, however, the therapist should describe the format of the visit in the documentation.
11. Document the legal and ethical reasons you are converting patients to telehealth visits. While the COVID-19 pandemic in itself offers justification, you still need to document the rationale for furnishing telehealth. (APTA)
12. In the case of an emergency, the clinician/presenter should call for immediate assistance from facility staff.
13. Consideration should be given to the atmosphere at the Distant Site as well as what will be viewed on-screen at the Distant Site. Providing a telehealth visit should be no different than the therapist providing the same service in person, therefore, there should be no interruptions by others at the Distant Site while the telehealth visit is occurring.
 - a. For parents, child care should be secured and pets should be kept in other parts of the Distant Site.
 - b. As a professional and employee of CPT, your appearance is an extension of CPT and all behavior and dress codes still apply even though the employee is not at a CPT location.
 - c. What is viewed at the Distant Site should be images that are appropriate and professional. Strictly prohibited are images of drugs (or drug paraphernalia), alcohol, questionable reading material, people in clothing (or lack of clothing) that does not meet the CPT dress code.

Logistics:

1. The “Presenter” (therapy assistant preferred; but could be a tech or CNA) takes the computer to the session location and sets up the hardware. If there is a “telehealth” station in the therapy gym, then the patient can be brought to the “telehealth” station. If this session is a “supervisory visit” session, then the presenter should be the therapy assistant being supervised.
2. Clinician at the Distant site is to ensure no one else can hear or see the telehealth session, unless the patient has given consent for their presence.
3. Both the presenter and the therapist log in to the approved platform at the designated time.
4. A short introduction occurs, where consent for a telehealth visit is secured and a brief orientation to the telehealth platform and process are reviewed. Be sure to explain the technology you're using and identify yourself and any others involved during the session, such as the presenter or other provider, including their credentials.
5. Explain that the patient can ask questions before, during, and after the telehealth session—and answer any that are raised.
6. Explain that the session is not being recorded, but if the patient wants to be recorded and the telehealth technology has that capacity, obtain written consent from the patient for recording and

storing the session with encryption, satisfying all HIPAA requirements and state privacy law requirements. (APTA)

7. Explain that the patient has the right to refuse and can discontinue the telehealth visit at any time.
8. Explain any possible technical difficulties, including sound and video delay, and interruptions due to poor internet connection or tech breaches.
9. The therapist instructs the patient and presenter through the evaluation/treatment session and the therapist documents what is observed.
 - a. Keep in mind that the presenter is the “hands” of the therapist and should be adhering to all CPT patient care policies relative to safety and privacy.
 - b. Provide the patient with follow-up instructions and next steps of treatment.
10. If the therapist asks the patient to perform any task that the patient is uncomfortable with and the presenter cannot ensure safety during the task, then this task should be omitted from the evaluation. Patient safety is paramount for both in-person and telehealth therapy visits.
11. Upon completion of the treatment session/evaluation, the therapist and presenter log off of the approved telehealth platform.
12. Document your location, the location of the patient, and the name & location of any others involved during the session, including a therapy assistant and any other provider(s).
13. The Therapist completes the treatment session/evaluation documentation (including GG, PCC Clarification orders & care plans where necessary). Documentation of why the decision was made for this visit to be performed via telehealth should be placed in the TEN under the Subjective/Objective box.
14. The Therapist completes the billing in the CPT EMR documentation and billing software noting the time for each billing code performed or a “missed visit” document must be logged under daily activity log
 - when billing in the daily activity log: must mark the visit “interaction method” as E-synchronous
15. The Therapist labor time must be logged into Net Health by clocking in and clocking out to the facility site
16. Onsite Assistant or supervisor to follow up on any on-site post visit needs. Ex: Assistant to print documentation from originating site and ensures MD signature process is followed