Embracing Telehealth in 2021

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INFINITY REHAB

State of Telehealth

Update on the Public Health Emergency

- HHS Secretary issued a renewal of the PHE effective January 21, 2021 for an additional 90 days until April 20, 2021
- Recent HHS letter to Governors indicated the PHE “will likely remain in place for the entirety of 2021.”
- Not an official Public Health Emergency declaration
Challenges

- How can our organization fully embrace telehealth?
- How do we get buy in from Therapists? Patients? Physicians?
- Once the PHE ends how can we continue to use in OP?
- How can we market our telehealth services to physicians?

Fully Embracing Telehealth

ORGANIZATION  CLINICIANS  PATIENTS
How does this make you feel?

...and this?
Organization & Clinician Buy-In

Telehealth in your Organization

Response to COVID-19

STRATEGY

Implementation

Maintenance
Change Management

Embracing telehealth as a mode of care delivery is first and foremost a change management effort.

A successful telehealth strategy must outline the strategies and principles behind engaging the clinicians and staff.

Shared Vision and Goals

A well-developed telehealth strategy conveys a vision that aligns with the organization's overall strategy.

Answers “WHY?”

Your telehealth strategy must demonstrate how telehealth will be used to drive the organization’s strategic objectives.

Drives buy-in
The Change Seesaw - Moving from Resistance to Action

Source of Resistance: Actions Focused on Maintaining Status Quo

Antidotes: Actions Focused on Growing and Improving

RESIST CHANGE____________________CHANGE

<table>
<thead>
<tr>
<th>SOURCE OF RESISTANCE</th>
<th>ANTIDOTES</th>
</tr>
</thead>
</table>
| 1. The old way is comfortable and known. | • Provide encouragement and support  
• Acknowledge discomfort and assist people to move through it instead of avoiding it |
| 2. The need for change is not clear or not accepted. | • Structure rational dialogue  
• Structure high levels of participation from the earliest stages |
| 3. The nature of the change is unknown or feared. | • Educate about anticipated processes and outcomes  
• Frequent and open communication on process and outcomes |
| 4. The change may require new skills or skills that are perceived to be lacking. | • Provide coaching and training for competence and confidence building |
| 5. The impact of the change is not clear or not accepted. | • Provide education on the impact  
• Structure dialogue regularly  
• Allow participation in planning and design  
• Provide incentives to change |
| 6. There is no incentive to change. | • Revamp performance appraisal and reward systems |
| 7. There is a lack of commitment to the change or its implementation. | • Promote high levels of participation in planning  
• Inquire as to what is needed for people to make commitment and create a plan |
| 8. The change is inconsistent with the current culture. | • Define shift in paradigm  
• Reframe activities to fit new paradigm  
• Invest in organizational learning and development |
Training and Workflow

A telehealth program is only as strong as the training clinicians receive around quality care delivery and engaging patients virtually.

Review telehealth workflow to simplify and resolve barriers.

- 44% stated lack of training on how to practice medicine via telehealth
- 41% stated limited technology infrastructure

Source: Digital Doctor 2020 survey of 1,745 PCPs across 21 countries (Nov 2019-Feb 2020)
Clinician Training

IMPLEMENTATION

- Benefits of telehealth
- Basic clinical decision-making with telehealth delivery
- Basic technology troubleshooting
- Best practice for workflows and patient scheduling

MAINTENANCE

- Advanced clinical decision-making with telehealth delivery
- Incorporate other technology (exercise videos, digital measurement)
- Engaging other stakeholders (physicians, caregivers) as part of telehealth visits
- Problem solving environmental barriers as needed (with distant provider and/or patient)
What will you measure?

QUALITY OUTCOMES
PATIENT EXPERIENCE
PROVIDER SATISFACTION

Measuring Impact

Input Measures – resources, i.e. time, staff, money, spent on delivering the service

Output Measures – quantifiable results, i.e. the number of visits or patients seen

Quality Measures – characteristics of the results, i.e. patient or physician satisfaction

Outcome Measures – impact and value generated, i.e. improved health or reduced ED visits
Patient Buy-In

Barriers

FEAR OF TECHNOLOGY
LACK OF ACCESS TO TECHNOLOGY
PERCEPTION THAT TELEHEALTH IS A LOWER QUALITY OF CARE
Patient Introduction to Telehealth

Hybrid approach
• At evaluation, present telehealth as part of delivery of therapy (not a replacement)

Main principles of patient-centered therapy apply
• Build rapport
• Ask patient his/her goals and preferences
• Practice active listening
• Use shared-decision making

Education

Educate on what telehealth is (and isn't)
• Media/Communication (brochures, emails, newsletters)

Assess access and familiarity with technology
• Assure telehealth is secure
• Provide Technology tips
• Do a practice run

Set expectation and prepare patient/caregiver for what a telehealth visit "looks" like
• Patient checklist
• What to do prior to visit (i.e. test equipment, find a quiet area with good light, charge device)
• What to have available for visit (i.e. adaptive devices, vitals equipment, clinician’s cell #)
## Device Adoption of Older Adults 65+

<table>
<thead>
<tr>
<th>Device</th>
<th>Age 65+ (inclusive)</th>
<th>Age 75+</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell phone (not smartphone)</td>
<td>40%</td>
<td>58-63%*</td>
<td>Pew 2017, AARP 2019</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smartphone</td>
<td>46%</td>
<td>31%</td>
<td>Pew 2018</td>
</tr>
<tr>
<td>Fitness band</td>
<td>10%</td>
<td>N/A</td>
<td>AARP 2019</td>
</tr>
<tr>
<td>Tablet</td>
<td>40%</td>
<td>20-28%*</td>
<td>AARP 2019, Pew 2018</td>
</tr>
<tr>
<td>Computer (Desktop, Laptop)</td>
<td>61%</td>
<td>73%</td>
<td>AARP 2019, Pew 2015</td>
</tr>
<tr>
<td>Use the Internet</td>
<td>66%</td>
<td>44-60%*</td>
<td>Pew 2018</td>
</tr>
<tr>
<td>Home broadband</td>
<td>61-66%</td>
<td>28-41%*</td>
<td>Pew 2018</td>
</tr>
</tbody>
</table>

### Telehealth after the PHE
Motivation Beyond Safety

Currently, one of the main messages is that telehealth provides safe and convenient access to care.

As we move past the pandemic, the safety message will still be important, but providers will also need messages for different demographics.

The motivation to use telehealth is going to be different for a person who is completely mobile with a car, where eliminating the hassle of an in-person appointment will be appealing, vs. an older adult who has limited mobility or someone who lives in a rural community.

Build into Your Business Strategy

- **Identify Reimbursement Source (be aware of any rules and restrictions)**
- **Review state practice acts and regulations after PHE for changes**
- **Be innovative and build off the referral relationships you have established**
Marketing to Physicians and Other Referral Sources

Marketing Telehealth Therapy Services

Imbed use of telehealth as a mode of delivery into existing campaigns

General Notice

Opportunity to Educate

Reach out to Referral sources

Contact current and former patients

Anticipate common questions and provide information proactively
Marketing Telehealth

- Be consistent with your organization’s identity
- Telehealth as a mode of delivery of your organization’s clinical model
- Include your data: Quality outcomes, Patient experience, Provider satisfaction

Get to know Telehealth

- What is telehealth?
- What are the benefits of telehealth?
- What does telehealth mean for therapy services?

Marketing Direct to Consumer

Consumers 65+ are using a wide range of digital platforms to find the right provider. (via Healthgrades 2020)

- 60% use search engines
- 51% use social media
- 31% use voice search
Resources

Evaluation of Pragmatic Telehealth Physical Therapy Implementation During the COVID-19 Pandemic

Matthew J. Miller, DPT, PhD 1,*, Sang S. Pak, DPT2, Daniel R. Keller, DPT2, Deborah E. Barnes, PhD, MPH3

Abstract

Objective: The objective was to evaluate implementation of telehealth physical therapy in response to COVID-19 and identify implementation strategies to maintain and scale up telehealth physical therapy within a large value academic medical center.

Methods: The Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework was used to evaluate telehealth physical therapy implementation. Descriptive data were extracted from electronic medical records between March 16, 2020, and May 16, 2020 (Implementation phase). Reach was defined as the proportion of physical therapy sessions completed via telehealth. Effectiveness was assessed using a patient-reported satisfaction survey with a 5-point Likert scale. Adoption was defined as the proportion of physical therapists who used telehealth. Implementation was assessed through qualitative analysis of patient and clinician perspectives to identify emergent themes, retrospectively identify strategies used during the implementation phase, and prospectively identify evidence-based strategies to increase telehealth maintenance and scale up. Maintenance of telehealth was defined as the proportion of patients who indicated they would attend another telehealth session.

Results: There were 450 physical therapy sessions provided by 48 therapists from March 17, 2020, to May 16, 2020, of which 390 (87%) were telehealth. Thirty-four percent of patients were satisfied. All physical therapists (100%) used telehealth technology at least once. Retrospectively, identified and prospectively identified evidence-based strategies were organized into 6 qualitative themes that supported implementation: organizational factors (planning, providing support, engaging network stakeholders), technology-based, clinician education and training, flexibility, process (reimbursement, workflow), and process (economic feasibility, small tests of change). Ninety-two percent of patients reported they would attend another telehealth session.

Conclusions: Findings from this study suggest that implementation of telehealth physical therapy during the COVID-19 pandemic was feasible and acceptable in this setting.

Keywords: Telehealth, Physical Therapy, Implementation Science, Department Physical Therapy, Hospital-Based

Resources

California Telehealth Resource Center

https://www.caltrc.org/knowledge-center/
Resources

HHS Telehealth Resource site
https://telehealth.hhs.gov/

Thank you!

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