

April 1, 2019

The Honorable Mike Thompson  
Member of Congress

The Honorable Peter Welch  
Member of Congress

The Honorable David Schweikert  
Member of Congress

The Honorable Bill Johnson  
Member of Congress

The Honorable Brian Schatz  
United States Senator

The Honorable Roger F. Wicker  
United States Senator

The Honorable John Thune  
United States Senator

The Honorable Benjamin L. Cardin  
United States Senator

The Honorable Mark R. Warner  
United States Senator

The Honorable Cindy Hyde-Smith  
United States Senator

*Submitted electronically*

RE: Recommendations for telehealth policy for the 116th Congress

Dear Members of the Congressional Telehealth Caucus:

On behalf of the over 4,000 members of the Private Practice Section (PPS) of the 100,000 member American Physical Therapy Association (APTA), we thank the Congressional Telehealth Caucus for reaching out to us with its request for information (RFI) as it begins the process of crafting comprehensive telehealth legislation for the 116<sup>th</sup> Congress.

PPS is an organization of physical therapists in private practice who use their expertise in non-pharmacological interventions to restore function, improve mobility, relieve pain, as well as prevent or limit both opioid abuse and permanent physical disabilities in patients with injury or disease. The rehabilitative and habilitative care they provide restores, maintains, and promotes overall fitness and health. In representing independent, small business owners PPS is interested in policies that will enable our patients the ability to choose for themselves which clinician, practice location, and type of interface (in this case, using telehealth) through which they are able to access affordable, high-quality physical therapy.

Private practice physical therapists provide care in community-based settings. They are agile members of the medical community and are eager to utilize technology to most effectively

engage with and support the needs of their patients.<sup>1</sup> As patients become more comfortable with technology in their everyday lives, they expect it to also be a tool their providers can use as part of their plan of care.<sup>2</sup>

PPS encourages the Telehealth Caucus to consider the following ways in which physical therapy care provided via telehealth would expand access to vital and cost-efficient care.

### **Recommendations:**

In 2017, portions of the *CONNECT for Health Act* (H.R.2556/S.1016) which allowed for Medicare enrolled providers, including physical therapists, to use telehealth to treat patients enrolled in Medicare Advantage (MA) plans, accountable care organizations (ACOs), and certain bundled payment models became law. PPS encourages the Congressional Telehealth Caucus to include policies in its revised legislation which further support and incentivize the adoption and utilization of telehealth in these situations. Until this is the case, patients are still facing unnecessary limitations when attempting to access care via telehealth.

PPS further recommends that telehealth legislation for the 116<sup>th</sup> Congress continue its pursuit of adding physical therapists as authorized users of telehealth for Medicare Fee-for-service. At this time, while some states permit it, on the federal level physical therapists are not authorized to provide or bill for telehealth services furnished to Medicare beneficiaries. Patients as well as payers are seeking more time-efficient and less costly care models. By providing assessments, care, and interventions via telehealth, physical therapists could prevent falls<sup>3</sup>, reduce functional decline<sup>4</sup>, avoid costly emergency room visits<sup>5</sup>, and reduce hospital admissions<sup>6</sup> as well as readmissions.

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<sup>1</sup> Turner, A. (2018). Case studies in physical therapy: Transitioning a “hands-on” approach into a virtual platform. *International Journal of Telerehabilitation*, 10(1), 37-50. doi.org/10.5195/ijt.2018.6253

<sup>2</sup> Gordon, N.P., and Hornbrook, M.C. (2018). Older adults’ readiness to engage with eHealth patient education and self-care resources: a cross-sectional survey. *BMC Health Services Research*, 18(1), doi.org/10.1186/s12913-018-2986-0

<sup>3</sup> Dekker-van Weering, M., Jansen—Kosterink, S., Frazer, S., and Vollenbroek-Hutten, M. (2017). User experience, actual use, and effectiveness of an information communication technology-supported home exercise program for pre-frail older adults. *Frontiers in Medicine*, 4(208), doi.org/10.3389/fmed.2017.00208

<sup>4</sup> Tsai, L.L., McNamara, R.J., Moddel, C., Alison, J.A., McKenzie, D.K., and McKeough, Z.J. (2017). Home-based telerehabilitation via real-time videoconferencing improves endurance exercise capacity in patients with COPD: the randomized controlled TeleR study. *Respirology*, 22(4), 699-707. doi: 10.1111/resp.12966.

<sup>5</sup> Hallfors, E., Saku, S.A., Makinen, T.J., and Madanat, R. (2018). A consultation phone service for patients with total joint arthroplasty may reduce unnecessary emergency department visits. *Journal of Arthroplasty*, 33, 650-654. doi.org/10.1016/j.arth.2017.10.040

<sup>6</sup> Vasilopoulou, M., Papaioannou, A.I., Kaltsakas, G., Louvaris, Z., Chynkiamis, N., and Spetsioti, G. et al. (2017). Home-based maintenance tele-rehabilitation reduces the risk for acute exacerbations of COPD, hospitalisations and emergency department visits. *European Respiratory Journal*, 49(5), doi.org/10.1183/13993003.02129-2016

A telehealth platform offers private practice physical therapists additional tools through which to provide quality services to their patients who would like to receive care without having to miss work or school.<sup>7</sup> In its simplest form, physical therapists may provide interventions using telehealth by first observing how the patient moves and performs exercises and activities, then providing verbal and visual instructions to modify how the patient performs various activities. Additional applications are varied and provide opportunity for high quality care. For example:

- Allowing for physical therapy to be provided via telehealth would benefit a patient who has a spike in pain after hours, needs to move a heavy object and desires input as how to do so to avoid injury, or perhaps is unclear how to perform a home exercise assigned by his therapist. This access to timely care could reduce the number of visits needed to achieve positive results for the patient, as well as prevent additional injuries.
- Using telehealth to provide care would open the door for more weekend and night availability which would improve patient access as well as improve the timeliness of interventions.
- The realities of inclement weather and other transportation obstacles often interfere with a patient's plan of care despite a patient's desire to comply. Similarly, patients who spend a season in an alternate location face a break in care if they are limited to in-person visits only. The use of telehealth would support continued treatment in these situations, and in many cases the continuity of care would lead to better outcomes and lower costs.
- In areas where access to specialty physical therapists, patients often forgo treatment that could make measurable differences in quality of life and functional status. Patients with particular needs (scoliosis, home-bound, or those with neurological disorders<sup>8</sup>, to name a few) could use telehealth to access a specialty certified provider, reducing barriers to access and improving outcomes. This increased access would most acutely impact those patients in rural or otherwise underserved communities.<sup>9</sup>
- Should telehealth be available as a standard mechanism through which to provide care, it could be used to provide quicker screening, assessment, and referrals. In some cases, it could also improve care coordination within collaborative delivery models with bundled payments<sup>10</sup> such as accountable care organizations (ACOs) and patient-centered medical homes.

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<sup>7</sup> Tenforde, A.S., Hefner, J.E., Kodish-Wachs, J.E., Iaccarino, M.A., and Paganoni, S. (2017). Telehealth in physical medicine and rehabilitation: A narrative review. *Clinical Informatics in Psychiatry*, 9(5), s51-s58. doi.org/10.1016/j.pmrj.2017.02.013

<sup>8</sup> Rintala, A., Paivarinne, V., Hakala, S., Paltamaa, J., Heinonen, A., Karvanen, J., and Sjorgen, T. (2019). Effectiveness of technology-based distance physical rehabilitation interventions for improving physical functioning in stroke: a systematic review and meta-analysis of randomized controlled trials. *Archives of Physical Medicine and Rehabilitation*, doi.org/10.1016/j.apmr.2018.11.007

<sup>9</sup> Speyer, R., Denman, D., Wilkes-Gillan, S., Chen, Y.W., Bogaardt, H., Kim, J.H., Heckathorn, D.E., and Cordier, R. (2018). Effects of Telehealth by Allied Health Professionals and Nurses in Rural and Remote Areas: A systematic review and meta-analysis. *Journal of Rehabilitation Medicine*, 50, 225-235. doi.org/10.2340/16501977-2297

<sup>10</sup> Wicklund, E. (2019). Telehealth helps CMS bundled payment program show some savings. Retrieved from <https://mhealthintelligence.com/news/telehealth-helps-cms-bundled-payment-program-show-some-savings>

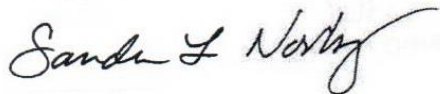
- Low back pain is a very common reason for people to be absent from work, seek emergency or urgent care, and develop chronic health and pain issues; similarly total hip and total knee replacement surgeries are not uncommon in the Medicare population. If these common conditions could be addressed<sup>11</sup> and rehabilitated<sup>12</sup>, in-part, via telehealth so that care was most efficiently provided through remote health services, improved outcomes and reduced economic drains on patients and payers would be likely.

PPS also supports the recommendations made by the American Physical Therapy Association which called for the increase funding<sup>13</sup> to the Federal Communications Commission to expand access to telehealth for the benefit of individuals with chronic and/or complex conditions as well its recommendation that Congress streamline and reduce burdensome HIPAA requirements in order to spur on the adoption of telehealth.<sup>14</sup>

### Conclusion

PPS appreciates the opportunity to respond to Congressional Telehealth Caucus' request for information about suggestions for what could be included in bipartisan, comprehensive telehealth legislation crafted for success in the 116<sup>th</sup> Congress. We hope our ideas, insight, and perspective on how these policies could improve patient care while reducing burdens will be helpful as the Telehealth Caucus considers policy ideas. If you have any questions or would like additional information, please contact Alpha Lillstrom Cheng, PPS lobbyist, at [alpha@lillstrom.com](mailto:alpha@lillstrom.com) or 301.787.0877. We look forward to future conversations about how private practice physical therapists can use telehealth to improve outcomes and access to quality care for their patients. Thank you for your time and consideration.

Sincerely,



Sandra Norby, PT, DPT  
President, Private Practice Section of APTA

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<sup>11</sup> Peterson, S. (2018) Telerehabilitation booster sessions and remote patient monitoring in the management of chronic low back pain: A case series. *Physiotherapy Theory and Practice*, 34(5), 393-402, doi.org/10.1080/09593985.2017.1401190

<sup>12</sup> Chughati, M., Newman, J.M., Sultan, A.A., Khlopas, A., Navarro, S.M., Bhawe, A., and Mont, M.A. (2018). The role of virtual rehabilitation in total knee and hip arthroplasty. *Surgical Technology International*, 32, 299-305.

<sup>13</sup> American Hospital Association. Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care. <https://www.aha.org/guidesreports/2019-02-04-rural-report-2019>. Accessed March 19, 2019.

<sup>14</sup> Center for Connected Health Policy. HIPAA and Telehealth. <https://www.cchpca.org/sites/default/files/2018-09/HIPAA%20and%20Telehealth.pdf>. Accessed March 25, 2019.