

Eli's Rehab Report

Legislation: Track the Latest Telehealth Trends Heating Up the Rehab Scene

Healthcare industry sees more momentum than ever in Congress for widespread coverage.

Rehab services delivered via telehealth would no longer be excluded from Medicare reimbursement if the Medicare Telehealth Parity Act of 2014 becomes law. This bill, introduced by the **House of Representatives** this summer, would not only expand Medicare coverage of telemedicine beyond rural areas but would include PTs, OTs, and SLPs under covered providers.

While telehealth may be a limited practice in your facility due to reimbursement constraints, experts predict that a law like this could open big doors to quality care, patient access, reimbursement opportunities, and cost savings.

"It would galvanize a huge leap forward in the implementation of telepractice in healthcare settings," says **Janet Brown, MA CCC-SLP**, director of health care services in SLP for the **American Speech-Language Hearing Association** (ASHA). "A lot of people can't even start thinking about implementing those programs until they see a revenue stream from Medicare, Medicaid, or private practice."

In short: Many believe Congress is closer than ever to passing a major telehealth parity bill for Medicare.

Get to Know Your Treatment Options

Rehab is chock-full of opportunities for telehealth. Many services are easily performed using videoconferencing, web-based applications, wireless tools, and more.

The **American Occupational Therapy Association's** (AOTA's) position paper on telehealth names skill development; assistive technology incorporation and adaptive techniques; work, home, and school environment modifications; and healthy lifestyle/routine planning all as valid services for telehealth delivery.

Speech-language pathology, in particular, lends itself to telehealth. ASHA has been promoting telepractice for close to 15 years, according to Brown. "It's a natural fit because so many of our services can be done on a video call, and if visual stimuli are needed, they can be incorporated as computer tasks □ it's almost as seamless as sitting across a table from someone in their office," she says.

Impressive: Even modified barium swallow studies can be done remotely, Brown says. You can have a technician and a radiologist at the hospital doing the procedure and an SLP at a remote site watching real-time and directing the food and liquid being administered.

While physical therapy often involves more manual, hands-on modalities, telehealth can still work effectively in PT for screenings, assessments, guided exercises, and consultations, according to the **American Physical Therapy Association** (APTA).

Remarkable Results, But Adoption Still Slow

Critics have raised questions as to whether remote interventions and real-time visits have comparable outcomes □ and multiple studies have found that indeed they do.

Citing a study by **Malandraki, McCullough, He, McWeeny, & Perlman** on telepractice with dysphagia cases, Brown notes there was "high agreement between what the distant SLP and the SLP on site were seeing."

"Comparative effectiveness studies often conclude that there is no significant difference in clinical outcomes between services provided in-person and services provided through telehealth," says **Jana Cason, DHS, OTR/L, FAOTA**, associate professor at the **Auerbauch School of Occupational Therapy** at **Spaulding University** in Louisville, Ky. In fact, "some studies indicate telehealth may result in better outcomes."

For a detailed report by Cason on the efficacy of telehealth in a children's hospital feeding program, see the International Journal of Telerehabilitation, Vol. 6, No. 1, Spring 2014.

Still catching up: Despite the solid studies that strengthen the integrity of telehealth, consumers are not fully on board yet. APTA recently reported on a **Mayo Clinic** study, in which only 66 percent of 263 patients surveyed said they were likely to do a video session with their provider.

"The consumer demand for such an option still has a way to go before it could be characterized as overwhelming," APTA reported. According to the study, factors affecting patients' interest in telehealth included,

- Experience with the required technology
- Patient age
- Distance from home to the health care setting
- General preference for a face-to-face visit

Understand Your Reimbursement Playing Field

Currently, Medicare will reimburse telehealth within 4 parameters:

1. A patient must be in a rural area (per CMS criteria).
2. Only certain types of settings are eligible.
3. Only certain providers are eligible (PTs, OTs, and SLPs excluded at this time).
4. Service lines are limited (e.g., real-time audio/video conferencing only).

"The first three limits are all based on statues, so it doesn't matter how hard we knock on CMS' door to cover more □ they don't have the legal authority to do so," explains **Alexis Gilroy, JD**, partner with **Jones Day** in Washington, D.C. and co-chair of the **American Health Lawyers Association's Telemedicine and E-Health Affinity Group**.

The Medicare Telehealth Parity Act, however, would statutorily change those three limiting factors, and add PT, OT, and SLP as reimbursable services. The Act would also expand coverage beyond real-time video and audio conferencing service lines.

For now: The **U.S. Department of Defense and Veteran's Health Administration** use rehab services for select telehealth programming. Schools are also a hot spot for telehealth, especially for speech language pathology. Private payers in various states with telehealth parity acts are also beginning to cover these services.

Now it's just a matter of getting Congress on board with Medicare. A huge pro to the Medicare Telehealth Parity Act, is more access to rehab services via telehealth. This "will prove critical in helping seniors with barriers to access live independently in their own homes and communities, longer, and without fear of more costly health episodes," says **Tim Casey**, AOTA's director of federal affairs.