

Via email to joeminer@utah.gov

July 17, 2020

Dr. Joseph K. Miner MD, MSPH
Executive Director/Medical Director
Utah Department of Health Medicaid
288 North 1460 West
Salt Lake City, Utah 84116

Dear Dr. Miner:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 213,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. The science-driven, evidence-based practice of occupational therapy enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. Occupational therapy practitioners help to improve the quality of life and participation in meaningful life occupations for millions of Americans.

The purpose of this letter is to urge Utah to permanently expand the telehealth flexibilities granted for occupational therapy services during the public health emergency (PHE) so that telehealth can be accessed by Medicaid beneficiaries in your state as an adjunct to in-person occupational therapy provided post-pandemic. As you are aware, the coronavirus pandemic has required health care policymakers, payers, and providers alike to reconsider how care is delivered. We greatly appreciate the expansions and flexibilities that Utah has adopted for occupational therapy services in this newly imagined healthcare landscape to this point.

The coronavirus pandemic has required all stakeholders in the healthcare system, including patients, health systems, payers, and providers to rapidly adopt or expand methods of care delivery that minimize disruptions and the risks associated with those disruptions, and maintain continuity of care. The expansion of telehealth payment and practice policies on the state and federal level during the PHE has demonstrated not only that many needs can be met effectively through the use of technology but that patients also have improved access to skilled care by leveraging telehealth resources. Health professionals, including occupational therapy practitioners, who had to rapidly deploy telehealth services in less than ideal situations were still able to support patients and positively impact outcomes. We assert that the sudden termination of telehealth options and resources would unnecessarily interrupt care, since the safety of patients, especially those suffering from multiple chronic conditions who are most vulnerable to falls, hospitalizations or re-hospitalizations, and infections from future waves of the coronavirus, which we are already seeing in the general population.

For patients who have mobility issues and find it difficult to leave their homes without assistance, who lack transportation, and/or need to travel long distances, the ability to supplement or replace in-clinic occupational therapy sessions with those furnished via telehealth greatly reduces the burden on the patient and their family when accessing care.

Therapy interventions delivered through electronic or digital media have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Permanently instituting telehealth as an optional adjunct to in-person care can be a critical healthcare

solution that helps beneficiaries overcome access barriers caused by distance, lack of availability of specialists and/or subspecialists and impaired mobility; and can prevent unnecessary exposure during a pandemic, epidemic, or even the annual flu season, especially for vulnerable, immunocompromised patients. **AOTA urges you to permanently implement policies that allow for reimbursement of telehealth services furnished by occupational therapy, as well as physical therapy and speech language-pathology, practitioners to allow your beneficiaries to receive these services within their home via telehealth.**

The Value of Occupational Therapy and Telehealth

The very nature of occupational therapy services makes them well-suited to telehealth, especially when used as an adjunct, or enhancement, to service delivery rather than a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the practitioner is able to evaluate and treat the patient within the real-life context of their home environment, something that is not easy to replicate in the clinic. Patient and caregiver self-efficacy are inherent goals of care provided by occupational therapy practitioners. A patient's ability to interact in her home environment with a therapist where they can immediately identify a challenge with an ADL, for example, rather than waiting for the next face-to-face appointment, can be invaluable in supporting the adoption of effective rehabilitative strategies to improve function, enhance safety, and promote engagement.

The AOTA Telehealth Position Paper¹ sets forth how occupational therapy practitioners use telehealth technologies as a method for service delivery for evaluation, intervention, consultation, monitoring, and supervision of students and other personnel. Occupational therapy interventions delivered via telehealth can assist patients regain, develop, and build functional independence in everyday life activities. In many ways, occupational therapy is a perfect match for telehealth technologies that enable completion of one of the key aspects of occupational therapy: defining and enabling function within a specific context and environment, such as a patient's home. Occupational therapy is the chief profession with expertise in activities of daily living and community environments, which may be better observed and evaluated through telehealth services.

Specific examples of occupational therapy practitioners using telehealth technologies include the following:

- Occupational therapy practitioners use telehealth technologies in evaluation, intervention, consultation, and monitoring.
- Occupational therapy practitioners can use telehealth technologies to provide educational programming and targeted interventions to promote independent living skills (e.g., management of one's home, time, money, medication); behavioral health (e.g., assertiveness, self-awareness, interpersonal and social skills, stress management); and occupational performance in activities of daily living (e.g., dressing, grooming, self-care).
- Occupational therapy practitioners can remotely monitor their clients' occupational performance and provide recommendations for environmental modifications and adaptive equipment.
- Occupational therapy practitioners use telehealth technologies to conduct home safety evaluations, preadmission consultation for patients undergoing total hip and total knee replacement, and to facilitate support groups for people with chronic conditions.

¹ American Occupational Therapy Association (2013). Telehealth. *American Journal of Occupational Therapy*, 67(6 Suppl.), S69-S90. <http://dx.doi.org/10.5014/ajot.2013.67S69>

- Occupational therapy practitioners are using telehealth technologies to provide services for children participating in early intervention services.
- Occupational therapy practitioners use telehealth for targeted clinical check-ins with established patients.
- Occupational therapy practitioners use telehealth for caregiver education and carryover of therapeutic strategies in daily routines.
- Occupational therapy practitioners use telehealth with children to provide interventions that target sensory processing, emotional regulation, fine motor, visual motor, visual perception, executive functioning, and independent living skills.

Benefits include increased access to occupational therapy services for children and adults who live in remote areas, the prevention of unnecessary delays in receiving services, and coordinated care among team members in different locations. Telehealth transcends geographic limitations and provides an opportunity to match patients' needs with practitioners' areas of expertise. Telehealth provides increased educational opportunities for caregivers, decreased need for travel; decreased health risks for patients with compromised immune systems; and for some, increased attention and decreased behavioral challenges when using a technology platform for intervention. The AOTA Telehealth Position Paper extensively references research on the use of telehealth in rehabilitation or habilitation which include occupational therapy - there is a growing body of evidence demonstrating the efficacy of technologically mediated occupational therapy.²

AOTA asserts that the same ethical and professional standards that apply to the traditional delivery of occupational therapy services also apply to the delivery of services received via telehealth. To that end, AOTA has developed a number of resources available to all practitioners that provide guidance on how to safely and effectively deliver occupational therapy services via telehealth including a Telehealth Decision Guide that includes links to telehealth resources and outlines key considerations for implementing telehealth into their practice. There is also an AOTA Ethics Advisory to provide practitioners with appropriate considerations to ensure they are practicing ethically when providing telehealth services.

As stated above, the need for increased infection control will continue to challenge patients' access to safe and effective medically necessary skilled therapy services and will not go away in the foreseeable future, especially as coronavirus patients are often discharged from hospitals to the home environment with more complications.

These challenges are anticipated to grow as the nation begins to resume more normal social interactions. AOTA stands ready to work with Utah to develop further guidance related to appropriate use of telehealth, including coding and documentation, therapy interventions, appropriate use of technology, and other related areas.

In summary, we are requesting that Utah make telehealth a permanent benefit for beneficiaries to access appropriate and medically necessary occupational therapy services as an adjunct to therapy provided in the clinical setting.

² Cason J (2009). A Pilot Telerehabilitation Program: Delivering Early Intervention Services to Rural Families. *International Journal of Telerehabilitation*, 2009;1(1):29-37. Hoffmann T, Russell T, Thompson L, Vincent A, Nelson M. (2008). Using the Internet to assess activities of daily living and hand function in people with Parkinson's disease. *NeuroRehabilitation*, 23.

Permanent adoption of such policies will provide greater flexibility to both providers and patients and increase access to skilled care. Maintaining coverage to include the delivery of appropriate and beneficial telehealth services by therapy practitioners will lead to reduced health care expenditures, increased patient access, and improved management of chronic disease and quality of life. Patient geography would no longer be a barrier to receiving timely, appropriate medical care. Access to telehealth services will also serve to reduce caregiver burden by providing them with an alternative means by which to access the specialized training, knowledge and skills of an occupational therapy practitioner.

Please do not hesitate to contact Sharmila Sandhu, AOTA's Vice President of Regulatory Affairs, at ssandhu@aota.org or Julie Lenhardt, AOTA's Manager of Reimbursement & Regulatory Policy at jlenhardt@aota.org with any questions. AOTA thanks you for your consideration and stands ready to collaborate in advancing this important initiative.

Sincerely,



Sharmila Sandhu
Vice President, Regulatory Affairs



Julie Lenhardt
Manager, Reimbursement & Regulatory Policy

Enclosures:

AOTA Position Paper: Telehealth in Occupational Therapy
AOTA Occupational Therapy Telehealth Decision Guide
AOTA Ethics Advisory: Telehealth

CC: Brenda Lyman, President Utah Occupational Therapy Association