

## ***Document No. 2***

# **Telehealth Statement on Occupational Therapy Frequently Asked Questions (FAQs)**



### **VISION STATEMENT:**

A world where all people  
participate in meaningful  
occupations to optimize their  
life experience.

### **MISSION STATEMENT:**

OTAC is the collective voice that  
serves, promotes, and supports  
the profession of occupational  
therapy and its practitioners.



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### **What Is Telehealth?**

The American Occupational Therapy Association describes telehealth as the umbrella term to describe the use of telecommunication and electronic information technologies that support and promote remote clinical health services to patients and professional health-related education, public health, and health administration. Another term, telerehabilitation, is a growing branch of telehealth to deliver rehabilitation services; however, AOTA recognizes and utilizes the umbrella term of telehealth for all non-traditional health care provided via long distance (AOTA, 2017).

### **When Do We Use Telehealth?**

Telehealth is provided in various types of services to provide client evaluation, intervention sessions, client monitoring, consultations, and training. Examples of telehealth sessions may include, yet not limited to, home safety/modification evaluations, prevention and wellness services, ergonomic consultations, preadmission screening for hip or knee replacement surgery, and support groups for those living with chronic conditions. For pediatric clients, telehealth may be provided for consultations for feeding disorders, family training for children with autism or other complex conditions, and support for school-based occupational therapy services (AOTA, 2018).

Synchronous services are provided through various technologies such as videoconferencing, mobile videoconferencing, audio-only telephone calls, and real-time chat rooms to provide instant and engaging services. Other modes of services are asynchronous, which may include pre-recorded videos, data files, digital photographs, virtual reality technologies, and electronic communications such as text messages or e-mail correspondences (AOTA, 2017).

### **What Are the Benefits of Telehealth?**

The many benefits of telehealth are becoming more relevant, as numerous health care systems are adopting it. Cason stated, "telehealth improves access to care and specialists; prevents delays in care caused by personnel shortages, travel, and other barriers; facilitates care coordination and communication; reduces hospital admissions and readmissions through telehealth-delivered health and wellness services, chronic disease management, and prevention of secondary complications of chronic diseases; and fosters care in the community (p.2)." Patients have reported high levels of satisfaction, and some even prefer telehealth

compared to in-person services. Studies showed patients and caregivers found the telehealth services beneficial, convenient, and useful. Additionally, telehealth may also reduce overall health care costs (Cason, 2015, p.2).

### **What Are the Shortcomings of Telehealth?**

Although OT services through telehealth can provide services to where people live, work, and play, which is the foundation of occupational therapy, not all services can be provided through long distances. Some sessions may require in-person services, and some services may be done through telehealth, creating a hybrid OT service.

While Medicare offers telehealth medical services, occupational therapy is not covered by Medicare as the statutory definition of telehealth-eligible provider does not include occupational therapy at this time. More advocacy towards CMS is required to reach unserved clientele (AOTA, 2020).

### **What Types of Services Are Covered by Telehealth?**

Many health care services are fulfilled through telehealth, such as telephone medical appointments, online check-in, and e-mailing the healthcare team with non-emergency inquiries. Various occupational therapy services are also performed by telehealth; however, some entities such as Medicare are currently not recognizing OT for telehealth coverage, although telehealth OT has been proven to be successful. With some private insurances, private pay, and Medicare Advantage, occupational therapy services may be covered, and it is up to the provider and client to determine the coverage.

Darkin (2014) stated, “The U.S. Department of Veterans Affairs (VA) has been at the forefront of the use of telehealth. A VA report noted a 22% annual increase in telehealth utilization and reported that 1,793,496 telehealth episodes of care took place in fiscal year 2013. Home telehealth services within the VA enabled 41,430 patients to live independently in their own homes rather than receiving care in a long-term institutional setting. Telehealth programming in the VA resulted in decreased hospital bed days of care, decreased hospital admissions, travel reduction savings of approximately \$35 per consultation, and high patient satisfaction (as cited in Cason, 2015, p. 3).”

### **How Can We Deliver OT via Telehealth?**

The practitioner will determine occupational therapy services using telehealth by using clinical reasoning, ethical considerations, and following federal and state regulations. Another consideration to factor in for telehealth is making sure the patient and practitioner have adequate competence in the technology being used to engage in the occupational therapy session. The client must always consent to and feel comfortable receiving the service through the chosen technology medium. The practitioner may sometimes require a caregiver or local provider to be physically next to the client during the telehealth visit as appropriate. With these conditions met, the OT will be able to provide various OT services through telehealth such as activities of daily living (ADL) training, patient monitoring, and wheelchair fitting (AOTA, 2018).

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### **Will There Be a Temporary Lifting of HIPAA Technology Compliance Only During Public Health Emergency?**

As part of the March 17 announcement, CMS has indicated that the Department of Health and Human Services, Office of Civil Rights (HHS OCR), the office responsible for enforcing the Health Insurance Portability and Accountability (HIPAA) Act, will exercise enforcement discretion during the COVID-19 public health emergency (PHE). This announcement means that if providers use technology during the PHE that is not fully compliant with HIPAA, HHS OOCR will not impose penalties on providers. After the PHE is lifted, providers must conform by using HIPAA-compliant technology. (Wright, M. AOTA, 2020)

### **How Is Telehealth Relevant at this Time?**

Telehealth is projected to continue its growth as technologies are integrated more into clients' lives. Access to services, chronic condition management, and health and wellness services will be increasingly online and through improved technologies such as the availability of online conferences. Occupational therapy practitioners must become acquainted with the latest technology to provide services to clients. Telehealth will become more valuable as the population is increasing technology use and "the profession must take advantage of these opportunities both to keep up with the changing health care system and to ensure the full and contemporary availability of occupational therapy (Cason, 2015, p.2)."

Given the current status of the world with the pandemic of the COVID-19 outbreak, the virus is shown to be highly contagious amongst even non-symptomatic victims. Due to this emergency, social distancing is encouraging to slow down the rate of infection worldwide. Telehealth is crucial at this time to continue providing occupational therapy services to clients. Members are encouraged to check the updated telehealth laws and regulations as well as other AOTA practitioner guides to continue providing services through long distances. Resources will be updated as they become available at [www.aota.org/coronavirus](http://www.aota.org/coronavirus) (AOTA.org, 2020).

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