

**Summary of Telerehab SIG Conference Call
September 20, 2005**

Reports from Rehab Associations

1. AOTA--Deborah Lieberman and Tim Nanof

AOTA approved a position paper on telerehab in May, 2005. The paper recognizes that OTs and OTAs use telehealth in several areas (evaluation, supervision, etc). Examines issues related to telerehabilitation and service provision, practitioner qualifications, ethics, reimbursement, etc., and includes some case examples. It will be published in the *American Journal of Occupational Therapy* in the Nov/Dec 2005 issue and in *The Reference Manual of the Official Documents of the AOTA*. It has been disseminated to states boards, but no state boards have proposed any regulations relating to telehealth issues affecting OT.

Telehealth is addressed in articles appearing in OT journals and newsletters. Legislatively, AOTA is supporting a number of bills that include telehealth, such as the Stop Stroke Act and bills for enhancing telemedicine support.

Response to questions: Articles are mostly reports and some case studies. Research evidence in tele-OT is very sparse. The VA is currently interested in exploring telehealth. Unaware of any use in active military.

Deborah will email the policy document to Janet Brown for dissemination to SIG members.

2. APTA—Mary Fran Delaune, Lisa Culver, and Jennifer Baker

APTA's position paper was published in 2001, but they are organizing a group to meet in October 2005 to re-examine existing guidelines on electronic communications and telerehab. Quality of equipment is another area of interest from a risk management perspective.

Response to questions: Robotics is way down the pike. Looking at monitoring vital signs during home exercise. Really focusing on monitoring and visual examination for now.

3. ASHA—Janet Brown

ASHA has 3 audiology and 3 speech-pathology documents, including position statements, technical reports, and "knowledge and skills" for the 2 professions. ASHA's documents and other information can be retrieved at www.asha.org/telepractice.htm. "Telepractice" is used by ASHA because it is inclusive of health as well as school practice in school settings. ASHA has been networking with telehealth organizations, including exhibiting at ATA's annual conference and meeting with the Center for Telemedicine Law. ASHA is presenting on telehealth at the National Rehabilitation

Association meeting and submitted an article on home telehealth in SLP to the National Association for Home Care's publication.

Lack of reimbursement by CMS is a major barrier for SLPs and audiologists performing telehealth. ASHA petitioned CMS in Dec. 2003 and was told that legislative action was needed to be an approved provider. Because of reimbursement issues, contract services to schools are a faster growing area of telehealth services by SLPs than health care.

John Linkous, ATA

The deadline for submissions for the annual meeting just passed—the SIG will participate in peer reviewing the submissions.

At ATA's recent meeting, standards were discussed. ATA has a partnership with the National Institute on Standards & Technology (NIST). They developed a road map for diabetic retinopathy that has been very well received. Now looking at other practice areas to focus on where there is a lot of activity. When rehab gets to that point, would like to involve AOTA, APTA, ASHA.

ATA site is being redesigned. Homecare SIG and the U. of South Florida are working on a self-study course of home telehealth, for academic credit. A Buyers' Guide for technology will also be on the site.

Public policy: Medicare reimbursement is #1. Every year, CMS opens for petitions to add services. CMS approved diabetes nutrition therapy – certain codes and G codes. CMS decided to include nutritionists as eligible providers, even though NOT in the legislation! (Notice of proposed rulemaking is now out). Information available at: www.cms.hhs.gov/physicians/pfs/default.asp

Quality Improvement Organizations' 8th Statement of Work (SOW) focuses on telemedicine, especially home telehealth. This is a new area for CMS. They are saying QIOs need to work with local providers to adopt home telehealth. Activity by Pennsylvania and Montana QIOs.

Several telecommunications bills are up for renewal in 2006.

Review of SIG Goals and Progress—Sue Palsbo, co-chair

1. Establish and solidify alliances with national therapy associations and other organizations working toward the advancement of telehealth.

Activities: holding conference call with representatives of other organizations.

2. Work with the ATA policy committee to increase lobbying efforts (federal and state) to work toward reimbursement of telerehabilitation services for therapists.

Activities: submitted letter to chair of public policy committee (Nina Antoniotti) requesting support of advocacy to include rehab provides as eligible providers of telehealth by CMS. Disseminated response via listserver.

3. Increase collaborative efforts to include reaching out to other ATA SIG's and committees for guidance and development.

No activity this quarter

4. Foster research initiatives for Randomized Controlled Trials (RTC) to validate the efficacy of telerehabilitation.

Activities: Sue held discussions with SIG members at ATA meeting. Interested in developing an international trial involving speech-language pathology.

5. Continue updating the ATA Telerehabilitation SIG web page for compilation of data of all activities within telerehabilitation and for the dissemination of this information.

Activities: Telerehab bibliography posted on the SIG web site. Members are encouraged to send updates to Sue for periodic updating.

Discussion

Networking with other SIGS: Telerehab SIG might want to talk to home health care SIG and perhaps the nursing SIG.

Public Policy: Telerehab SIG could identify a few codes and petition CMS.

Research: Mayo Clinic is conducting a RCT to see if people with severe-moderate TBI can go online to instant message. Have a control group doing diary phase; experimental group doing electronic diary. Do for 30 ½-hour sessions. Then do a cross-over. If can do 20 people, will have enough power. Cleared to do 40. NIDRR is funding through Model TBI Systems grant.