Telehealth in Physical Therapy

Policy Recommendations for Appropriate Regulation

Approved April 2015 by FSBPT Board of Directors
Contents
Introduction .............................................................................................................................................. 1
Telehealth Statutes and Regulations Specific to Physical Therapy ......................................................... 2
Guidelines for the Use of Telehealth in Physical Therapy Practice ....................................................... 2
  Responsibility for and appropriate use of technology ........................................................................ 2
  Verification of identity ...................................................................................................................... 2
  Informed consent ............................................................................................................................ 3
  Physical therapist/client relationship .............................................................................................. 3
  Licensure ........................................................................................................................................ 3
  Standards of care ............................................................................................................................ 3
Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies ....... 4
  Privacy and security of client records and exchange of information ............................................. 4
  Administrative guidelines ............................................................................................................. 4
  Technical guidelines ..................................................................................................................... 4
Emergencies and Client Safety Procedures .......................................................................................... 5
Conclusion ............................................................................................................................................. 5
References ............................................................................................................................................. 6
Introduction
The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership organization whose mission is to protect the public by providing service and leadership that promote safe and competent physical therapy practice. Its membership comprises the 53 jurisdictional physical therapy licensing boards in the United States.

Telehealth technology and applications are rapidly expanding. Telehealth technology often uses secure videoconferencing or ‘store and forward’ technology to allow interaction between the patient/client ("client") and the healthcare provider. In some cases, such as when travel is difficult or there is no provider nearby, the use of the technology is preferable to a traditional (in-person) encounter. The provider, however, is responsible for making sure that the appropriate care can be delivered without in-person interaction.

Advancement in telehealth may be complicated by current regulatory requirements, assumptions, and/or licensure policies. Some of the difficulty to provide physical therapy services using telehealth technologies may be related to the current fragmented licensure system. Inconsistent licensure application requirements and the necessity to obtain licensure (licensure or certification in the case of the PTA) in every state in which clients are located may be viewed as potential barriers to providing physical therapy services remotely. Concerns have been voiced in the regulatory community regarding the potential in telehealth for the misuse of physical therapist assistants (PTAs), the potential for fraudulent billing, as well as other unprofessional conduct. Mandates for in-person evaluations or supervisory visits are examples of regulations, while well intentioned, may inhibit the potential use of telehealth in physical therapy.

While researching licensure mobility, FSBPT took note of the interest in telehealth in reference literature, legislative initiatives, popular media, as well as FSBPT member requests for information and resources regarding regulation of physical therapy services utilizing telehealth technology. As a first step, FSBPT reviewed the existing 5th Edition of the Model Practice Act (MPA) language which defines telehealth as “the use of electronic communications to provide and deliver a host of health-related information and healthcare services (including physical therapy related information and services) over large and small distances.” As we further researched typical applications of telehealth in varied treatment settings, we found that the use of telehealth was growing significantly in the profession yet questions remained regarding the best practices for regulation.

The purpose of this document is to provide information and general guidance to physical therapy jurisdictional authorities for regulating the use of telehealth technologies in the practice of physical therapy. In developing these recommendations, FSBPT conducted a review of other professions’ models and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry standards. Acknowledging the rapid growth in telehealth technology and applications, the guidelines in this resource were purposefully written in a general manner in an attempt to maintain future relevance.
and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic. Telehealth is not a new treatment, or an expansion of scope of practice, but a means to deliver physical therapy care to those in need. The physical therapist is still responsible for the care of the patient and for making determinations of the best means to deliver that care. The standards of care and practice, laws, and regulations currently required to be followed for any in-person encounter must also be followed for any encounter via telehealth. Regulators should review existing statute and rules to determine if the language is sufficient to authorize physical therapy to be delivered via telehealth technology; then only drafting new language if required.

FSBPT has proposed these initial guidelines for PTs and PTAs (subsequently referred to collectively as physical therapy providers) utilizing telehealth technologies in the delivery of client care and additionally considerations for regulators when drafting policies regarding physical therapy via telehealth. These guidelines support a consistent scope of practice and standard of care regardless of the delivery mechanism and are not draft model language.

The following guidelines should not be construed to alter the scope of practice of physical therapy or authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by jurisdictional authorities or regulatory agencies.

**Telehealth Statutes and Regulations Specific to Physical Therapy**

In preparing the following guidelines, FSBPT reviewed current statutes and regulations and proposed legislative language regarding physical therapy provided via telehealth technologies. At the time of review (2015), only three jurisdictions: Alaska, Kentucky, and Washington, had specific language regulating physical therapy practice using telehealth. Other jurisdictions have more generalized telehealth laws and regulations that may be applicable to physical therapy treatment.

**Guidelines for the Use of Telehealth in Physical Therapy Practice**

**Responsibility for and appropriate use of technology**

A client’s appropriateness to be treated via telehealth should be determined on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

**Verification of identity**

Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address
or drivers license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

**Informed consent**

Just as PTs must follow state law requirements and professional best practices for acquiring informed consent for in-person encounters, the same requirements should be followed for the delivery of physical therapy services via telehealth technologies. Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation such as the inability to perform hands-on examination, assessment and treatment. Given the unique nature of the provision of services through telehealth there are some special considerations including:

1. Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data, if applicable. Disclosure should be made as to how long data will be stored.
2. Consent procedures should include a hold harmless clause for medical or other information lost because of technology failures. Clients should be informed of the possibility of failure of the technologies used to provide telehealth services.

**Physical therapist/client relationship**

Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the patient (duty of care). Guidelines, position statements, or standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy Association (APTA), American Telemedicine Association (ATA)), should be reviewed and appropriately incorporated into practice.

**Licensure**

Physical therapy providers delivering care using technology must be authorized by law (licensure or certification) to provide physical therapy services in the state or jurisdiction in which the client is physically located during the PT/client interaction. This originating site, or client site, is the location where physical therapy care occurs. The client site may change if the client’s physical location changes between initial and subsequent treatments. The provider must be licensed in the jurisdiction where the client is located and must adhere to the laws defining scope of practice in that jurisdiction, however, the provider should not be required to be physically located in that same jurisdiction. The physical therapy providers should ensure compliance with regulatory requirements as applicable.

**Standards of care**

It is the responsibility of the PT to ensure the standard of care required both professionally and legally per the practice act is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers shall be guided by
professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth.

Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings.

The documentation of the telehealth encounter should be held at minimum to the standards of an in-person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies

Privacy and security of client records and exchange of information
In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Physical therapy providers must comply with federal and state legal requirements of medical/health information privacy, referring for guidance to such documents as the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), the Affordable Care Act (ACA), and state privacy, confidentiality, security, and medical retention rules.

Providers and their staff should be aware of the requirements for privacy and confidentiality associated with provision of services through telehealth technology at both the originating (client) site and remote (provider) setting. Specific considerations when delivering services via telehealth technologies, such as the use of information/communications transmitted via telehealth technologies and the utilization of any data tracking mechanisms in the collection of information for confidentiality and information integrity should be communicated to the client. Specific guidelines should be in place to address access to client records so as to ensure that unauthorized users cannot access, alter, tamper with, destroy or otherwise misuse client information however while still providing clients with a clear mechanism to access, supplement, and amend client-provided personal health information. The physical security of telehealth equipment and the electronic security of data storage, retrieval and transmission should be maintained. Lastly, providers and their staff should be educated in risk management strategies including data and identity theft, activating wiping and/or disabling programs if devices are lost or stolen, and deleting stored health information on technology devices.

Administrative guidelines
Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records of the encounter using telehealth technologies. Additionally, when relevant, infection control policies and procedures should be followed for shared, multi-user equipment. It is imperative that quality-oversight mechanisms are in place.

Technical guidelines
Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter,
is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

**Emergencies and Client Safety Procedures**

When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans as medical emergencies will most often be handled through the typical chain of emergency procedures such as notifying the client’s emergency contact, notifying local physician, or calling local first responders. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to inform the client of these procedures; furthermore, it is the responsibility of the provider to have all needed information to activate emergency medical services to the clients’ physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services will be terminated and the client referred to an appropriate level of service.

**Conclusion**

Advancements in technology have created expanded and innovative treatment options for clinicians and clients while posing challenges to physical therapy regulators. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth is physical therapy, falling under the purview of the existing regulatory body and the respective practice act and regulations. Regulators must consider care delivered in this manner as physical therapy first, telehealth second; ignoring any impulse to draft a new set of “telehealth” rules, instead, relying on the existing regulatory framework for physical therapy and making minor modifications as needed.

**FSBPT Ethics & Legislation Committee Members**

Jane E. Julian, PT/ATC
Joni Kalis, PT, MS
Kevin Lindsey, PT
Kathleen A. Luedtke-Hoffmann, PT, MBA, PhD
Scott D. Majors
Robert E. Schmidt, PT
References


Mead v Adler citing to Adams v Via Christi Regional Medical Center, 270 Kan 824, 837, 19 P3d, 140 (2001), Oregon Court of Appeals at 456 (October 28, 2009).
Mead v Adler, 321 OR App 451, Oregon Court of Appeals (October 29, 2009).

Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, Federation of State Medical Boards, April 2014.


New York State Department of Health, Special Committee on Telemedicine, “Statements on Telemedicine Board of Professional Medical Conduct.”

O’Connor, M, “The Physician-Client Relationship & the Professional Standard of Care: Reevaluation Medical Negligence Principles to Achieve the Goals of Tort Reform,” American Bar Association Tort Trial and Insurance Practice Section, Law Student Writing Competition 2009-2010 First Prize Winner.


