

Federation of State Boards of Physical Therapy

Summary: Telehealth in Physical Therapy

In the wake of the COVID-19 international health crisis

FSBPT Ethics & Legislation Committee 3/26/2020

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1 Telehealth in Physical Therapy

2 Introduction

- 3 The purpose of this document is to summarize the *Telehealth in Physical Therapy Policy*
- 4 *Recommendations for Appropriate Regulation* paper to provide information and general guidance to
- 5 physical therapy jurisdictional authorities for regulating the use of telehealth technologies in the wake
- 6 of the COVID-19 international health crisis.

7 Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice

8 Responsibility for and appropriate use of technology

- 9 A PT is responsible for all aspects of physical therapy care provided to a client, including determining
- and documenting the extent to which the use of technology is necessary and appropriate in the
- 11 provision of physical therapy. Additionally, the PT is responsible for assuring the technological
- 12 proficiency of those involved in the client's care. A client's appropriateness for telehealth should be
- determined on a case-by-case basis, with selections based on the judgment of the clinician, the client's
- 14 informed choice, and professional standards of care.

15 Verification of identity

- 16 Given the fact that in the telehealth clinical setting the client and therapist are not in the same location,
- 17 it is critical that the identities of the provider, client and assistive personnel present during the physical
- 18 therapy appointment be established and shared with the client and therapist. Photo identification in the
- 19 form of a government or employer issued ID is recommended for all parties who may be involved in the
- 20 delivery of care to the client. Additionally, verification of the therapist's physical therapy license should
- 21 be available to the client.

22 Informed consent

- 23 Just as most PTs have traditionally obtained informed consent for face-to-face encounters, PTs should
- 24 obtain informed consent for the delivery of physical therapy services via telehealth technologies.
- 25 Informed consent is the process of communication between the PT and a competent client, or
- 26 competent designee, during which the therapist and client discuss the examination and recommended
- 27 plan of care. Upon gaining a clear understanding of the risks, benefits, alternatives to the proposed
- treatment plan and anticipated timeframes and costs, the client is enabled to make an informed and
- voluntary decision on whether or not to proceed with physical therapy care. Informed consent
- 30 procedures should follow state law. Typically informed consent may be verbal, written, or recorded and
- 31 the documentation of consent should be maintained in the medical record. The standard of care that is
- 32 expected during face-to-face encounters is also expected for telehealth encounters.
- 33 PTs may wish to include the following during the informed consent process:
- 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.

- Clients should be made aware of any limitations that telehealth services present as compared to
 a face-to-face encounter for that client's situation such as the inability to perform hands-on
 examination, assessment and treatment.
- 39 3. Consent to release information from the client's medical record to any other healthcare facility,
- provider to which the client's care may be transferred, or to any third party payer for the
 purpose of obtaining payment of the account. Laws protecting the confidentiality of medical
 information also apply to telehealth, though there may be a potential for increased security risks
 with telehealth services.
- 44
 4. Clients should be informed of the potential for failure of the technologies used to provide
 45 telehealth services. Consent procedures should include a hold harmless clause for medical or
 46 other information lost because of technology failures.

47 Physical therapist/client relationship

- 48 The provider/client relationship forms the basis of a client-centered approach to healthcare. There is
- 49 little guidance in physical therapy literature regarding the establishment of the PT/client relationship,
- 50 potential implications for client care management and liability risk. The relationship is established
- 51 regardless of whether the care delivered was pro bono or for a fee.
- 52 All parties must be mindful that the PT/client relationship may be established in the absence of actual
- 53 physical contact between the PT and client. Though it may sometimes be difficult to determine the
- 54 precise moment the relationship is established, the earliest beginnings are when the client agrees to be
- 55 seen by the PT and consents to participate in the physical therapy appointment. It is solidly established
- 56 when the PT affirmatively commences to evaluate, diagnose, and render treatment, including any advice
- or instructions to the client. The formation of the PT/client relationship is the point at which the therapist
- 58 owes a duty of care to the client.

59 Clinical Guidelines for Use of Telehealth in Physical Therapy Practice

- 60 The guidelines below support a consistent scope of practice and standard of care regardless of the
- 61 delivery mechanism. Guidelines, position statements, or standards for telehealth developed by a
- 62 professional organization or society (e.g. American Physical Therapy Association (APTA)), should be
- 63 reviewed and appropriately incorporated into practice.

64 Scope of practice

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

68 Licensure

- 69 Physical therapy providers delivering care remotely must be authorized to practice physical therapy in
- 70 the state or jurisdiction in which the client is physically located during the PT/client interaction.
- 71 Historically, this has meant that the individual must possess a license (or certification for PTAs only in
- some jurisdictions) or compact privilege. Due to the national health crisis stemming from the

- 73 Coronavirus and the subsequent illness COVID-19, Governors in several jurisdictions have amended or
- eliminated licensure requirements for health care providers with an equivalent license in another
- ⁷⁵ jurisdiction.¹ However, physical therapy providers must be aware that changes to licensure
- requirements do not guarantee payment by insurers; the legal authority to provide a service is not an
- assurance that the service will be reimbursed. Providers should always ensure compliance with
- 78 regulatory, credentialing, and accrediting agency requirements as applicable.

79 Standards of care

- 80 Under the current situation, physical therapy clinics closing due to executive order or social distancing,
- 81 patients who would otherwise be seen in-person are attempting telehealth visits. Physical therapists
- 82 must attempt to provide a service that meets the standard of care required both professionally and
- 83 legally. Regardless of delivery method, a physical therapist must complete an evaluation prior to
- 84 providing physical therapy interventions. Physical therapy providers shall be guided by professional
- discipline and existing clinical practice guidelines when practicing via telehealth. Document a telehealth
- 86 encounter in a manner equivalent to the standards of a face-to-face encounter.

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

88 Privacy and security of client records and exchange of information

- 89 Due to the large need for telehealth services and the short time to ramp up to offering the services, the
- 90 Department of Health and Human Services' Office for Civil Rights recently lifted certain HIPAA penalties
- 91 around telehealth use during the COVID-19 pandemic.
- 92 Covered health care providers will not be subject to penalties for violations of the
- 93 HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith
- 94 provision of telehealth during the COVID-19 nationwide public health emergency.
- 95 This Notification does not affect the application of the HIPAA Rules to other areas of
- 96 health care outside of telehealth during the emergency.²
- 97 Physical therapy providers should attempt to provide privacy and security measures to ensure
- 98 confidentiality and integrity of identifiable client health information.

99 Administrative guidelines

¹ As the situation is changing rapidly, individuals must refer directly to the executive orders and regulatory boards in the jurisdiction(s) in which they wish to practice/work.

² United State Department of Health and Human Services Office of Civil Rights. FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency

https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf Accessed 3/26/2020

- 100 Any current written policies and procedures for in-person visits applicable to remote physical therapy
- 101 visits should be maintained at the same standard as traditional encounters for documentation,
- 102 maintenance, and transmission of the records of the encounter using telehealth technologies.

103 Technical guidelines

- 104 Physical therapy providers need to have the minimal level of understanding of the technology to ensure
- safe, effective delivery of care. Additionally, arrangements should be made to ensure access to
- 106 appropriate technology support as needed. Providers should take appropriate measures to familiarize
- 107 themselves with equipment and safety issues with client use.

108 Emergencies and Client Safety Procedures

- 109 When providing telehealth services, it is essential to have procedures in place to address technical,
- 110 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 emergency first
- responders. Redundant methods of communication between both parties need to 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
- 117 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.

120 Conclusion

- 121 The COVID-19 crisis has brought to light the necessity to provide services through multiple platforms. In
- 122 light of COVID-19, many jurisdictions are offering guidance on physical therapy practitioners using
- telehealth during the current crisis. To provide and bill for physical therapy services provided via
- telehealth, you must verify that you are practicing legally and ethically in the jurisdiction in which the
- 125 patient is located. The physical therapy regulatory board is the ultimate authority on the
- 126 licensure/compact privilege requirements to provide physical therapy services in the jurisdiction.
- 127 At this time FSBPT recommends individual practitioners refer to the state board(s) in which they plan to
- provide physical therapy services for the most accurate and current information. A contact list of
- 129 licensing authorities is posted at <u>https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-</u>
- 130 <u>Information</u>.
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