

A Pilot Telerehabilitation Program: Delivering Early Intervention Services to Rural Families

**ATA Pediatric SIG Conference Call
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Objectives

- 1) Provide a brief overview of a pilot telerehabilitation program
- 2) Identify program strengths and weaknesses and factors that may impact program actualization
- 3) Consider impact of impending legislation on reimbursement of telerehabilitation services at the state level

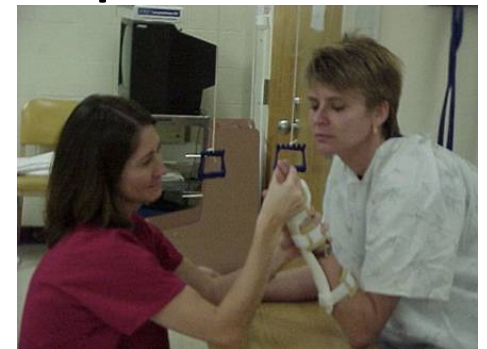
Occupational Therapy

Occupational therapy is a science-driven, evidence-based profession that enables people of all ages to live life to its fullest by helping them promote health and prevent - or live better with - illness, injury or disability.



Occupational Therapy

- Mental health
- Productive aging
- Children and youth
- Health and wellness
- Work and industry
- Rehabilitation, disability, and participation



How the pilot study came about...

- Experience as an early intervention provider
- Personal experience with telehealth and impact of provider shortages
- Community Grant – Foundation for a Healthy Kentucky
- Doctoral work – interest in telerehabilitation

Professional considerations...

The American Occupational Therapy Association's
Telerehabilitation Position Paper (2010)



Telerehabilitation can be used for:

- **Evaluation** **Consultation** **Education**
- **Supervision of students and other personnel**

Professional considerations

- Practitioner Qualifications
- Ethical Issues
- Governmental Influences/state regulations

- Telerehabilitation Position Paper (2010)



State Licensure considerations....

- Kentucky Board of Licensure for Occupational Therapy's policy on the use of telerehabilitation
- 319A.300 Duty of treating occupational therapist utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth".



enTECH Telerehabilitation Program

A pilot telerehabilitation program that delivered early intervention services to two rural Kentucky families over a 12-week period



Program development

Phase I – Literature Review and Interviews

Phase II – Exploration of technology

- Video phone

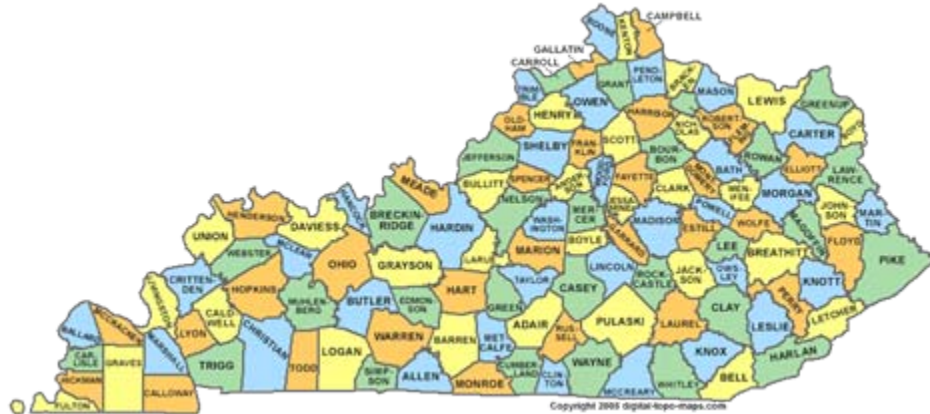


- Internet-based videoconferencing



- Established telehealth infrastructure –
Kentucky Telehealth Network

Kentucky Telehealth Network (KTHN)



- **1000+** video conferencing sites in KY – KTHN, Department of Public Health, state offices, K-12, community colleges, and colleges/universities.

Program Evaluation

Benefits and Strengths

- High level of satisfaction
- More frequent therapist-family interactions
- More timely recommendations as skills were mastered
- Increased flexibility in scheduling; reduced travel time

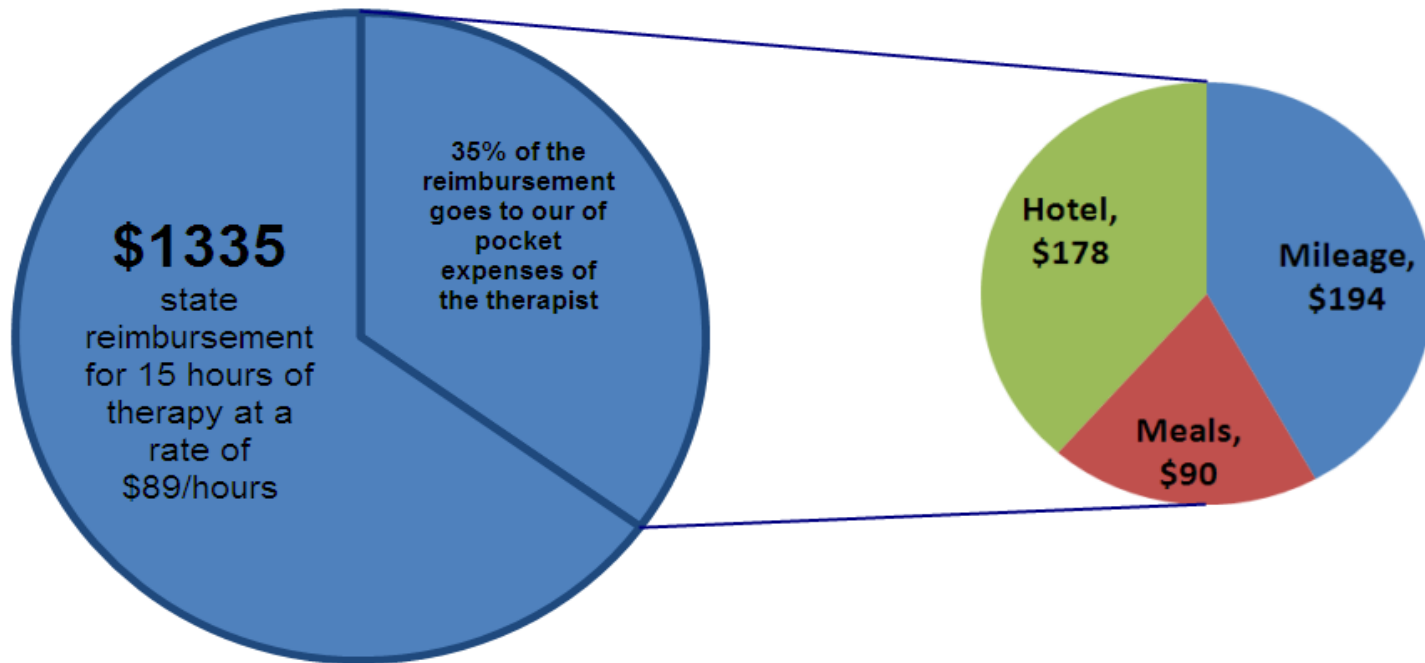
Challenges and Solutions

- Conducive environment
 - Ample space for play in multiple positions
 - Same equipment/toys at each site to demonstrate set-up/play activities
- Preference for service in natural environment
 - Increased comfort level
 - Transportation challenges
 - Compromised immune

Cost-Savings Analysis

Example of non-reimbursed expenses that may attribute to provider shortages in rural areas

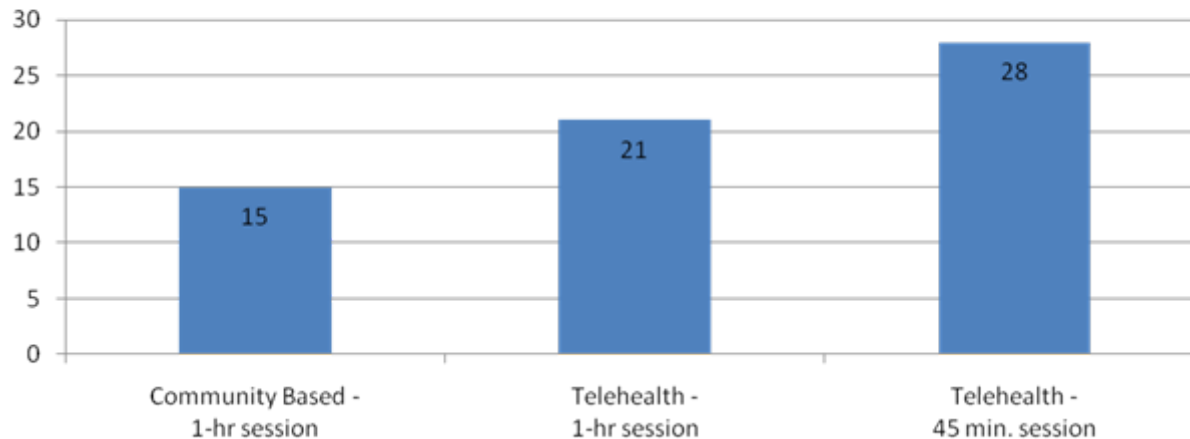
Costs incurred for travel from Louisville to Hazard, KY for therapy encounters



Billable time = \$1335.00; Travel expenses = \$462.00 + 9-hour commute time

Cost comparison

Number of children served for
approximately the same cost (\$1335.00)



87% more children could be served without increasing costs!

Community based = \$89.00 -community-based rate/1-hr session

Telehealth based = \$63.00 - office-based rate/1-hr session

\$47.25 - office-based rate/45-min. session*

*Due to the focused/consultative nature of telehealth, we discovered that a 45- min. telehealth session was comparable to a 1-hr face-to-face session

Funding/Reimbursement

- Community Grant from the Foundation for a Healthy Kentucky
- With administrative support/buy-in of telerehabilitation service delivery model, there is potential for reimbursement through KY's Medicaid program (907 KAR 3:170) for continued programming.

Potential Reimbursement model

- Legislation awaiting CMS approval expands Medicaid coverage of telehealth services for therapy disciplines (OT, SLP, PT) in Kentucky
- Potentially impacts 52% of children in Kentucky's early intervention program, First Steps, who are covered by Medicaid



Early Intervention Considerations

- Per Office of Special Education Programs (OSEP) Indicator #2 majority of services must be provided in **child's natural environment.**



Using Primary Service Provider (PSP) model majority of services could still be provided in child's natural environment with **consultation with specialists through telehealth** to support PSP interventions.

Contact information/Resources

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Cason, J. (2009). A pilot telerehabilitation program: Delivering early intervention services to rural families. *International Journal of Telerehabilitation*, 1, 29-38.

Article available at:

<http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/6007>