Telehealth Pediatric Consultation: Implications for connecting PTs to heal the world

Date: Wednesday, February 25, 2015
Time: 4—5 pm, EST, US time zone

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INTRODUCTIONS - Disclosures

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Disclosures

No financial interests in materials and products discussed in this presentation
Objectives

- This session will describe telehealth using common terminology and agreed upon definitions
- Illustrate the benefits of integrating telehealth into practice
  - Elevate clinical practice
  - Provide safe and cost effective clinical experiences
  - Identify opportunities for collaboration

http://www.apta.org/Podcasts/2012/12/13/Telehealth/
TELEHEALTH in PT
“Let’s Move Forward”

Images Courtesy of APTA & Clay Brown, PT, DPT (Alaska Indian Health Services, US)
Telehealth History

1876  Telephone Invented
1924  Nebraska used two-way interactive television
1959  Institute of Medicine: “not a singular technology”
1970  Foreshadowed telemedicine
1996  “Patients should receive care whenever they need it”
2000  U.S. Indian Health Service, NASA, and the Lockheed Company
2001  “Patients should receive care whenever they need it”
2009  APTA BOD Position
2012  APTA Workgroup and development of resources
2013  Telehealth Webpage launched
2014  Majority of attendees could vision their practice using Telehealth
2013  RC 08-14 adopted by APTA HOD

- Creates an APTA position that telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with other existing APTA documents (RC 08-14 TELEHEALTH)

Source: Matt Elrod, PT, DPT (APTA)
Telehealth Practice in US

Indian Health Service

- Physical Therapy Telemedicine (Tele-PT) in Rural Southwestern Alaska
- Brown C, Henderson N, McAdoo P

GA Telehealth Network

REAL TIME Live Video

STORE-AND-FORWARD

Source: Harriett B. Loehne, PT, DPT, CWS, FACCWS

My Health Manager

- Doing Today’s Work Today: How to Reduce Inefficiencies... “Just in Time” Management Principles
- Davenport T, Felatte N, Matsui I, Tichnor CJ

www.apta.org/Podcasts/2012/9/25/Telehealth/
Telehealth Practice (US & Italy)

Scalvini S et al. PHYS THER 2013;93:1073-1083.

Our patient-focused design, coupled with our ease of clinical use, integrated patient-reported outcomes, and powerful analytics makes it the choice of top hospitals across the United States. Wellpepper is used in orthopedics, rehabilitation, trauma and burns, pain management, and neurology at hospitals and clinics that are delivering on new value and outcome based models of care. Wellpepper is clinically-validated to improve adherence and outcomes and enables the delivery of cost-effective remote care.

http://reflexionhealth.com/

http://wellpepper.com/

http://wellpepper.com/#
Live Video, Store-and-Forward, Remote Patient Monitoring

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Silva G S et al. Stroke 2012;43:2078-2085
The VISYTER Telerehabilitation System for Globalizing Physical Therapy Consultation: Issues and Challenges for Telehealth Implementation

Alan Chong W. Lee, PT, DPT, PhD, CWS, GCS, Bambang Parmanto, PhD, Andi Saptono, PhD, Wayan Pulantara, MS, Barbara Sargent, PT, MS, PCS, and José Luis Figueroa Arroyo, PT
Technology Used
VISYTER Portal
HIPAA Secured/Compliant
Elevate Clinical Practice
What Occurred Next?
Provide Safe and Cost Effective Clinical Experience
Opportunities for Collaboration

APTA’S MULTIDISCIPLINARY SUMMIT ESTABLISHES OPPORTUNITIES FOR
PHYSICAL THERAPISTS TO DRIVE HEALTH CARE CHANGE

"Go fast, deliver something provocative."
"Listen to caregivers and be willing to collaborate with them."
"Revolutionary technological change is coming; you can either master it or it can master you."

Goal 13: Collaborate with others to develop customized software/hardware applications and medical computer simulations to enhance on-site and distance education.

Objectives

• Cultivate partnerships with other disciplines and the technology industry.
• Create customized educational software that provides the opportunity for interactive clinical decision-making across a variety of patient conditions.
• Develop customized software that meets the needs of education, practice, research, and health policy.
Preparing for Telehealth

- Informed consent
- Technical standards
- Professional standards
- Ethical standards
- Clinical standards
- Provider & End user acceptance
Telehealth Provider Checklist

What can I do now?
- Contact telemedicine & telehealth networks
- Consider telehealth Resources & Technology
- Consider liability Licensure, Insurance
- Consider telehealth standards & guidelines
- Establish informed consent
Telehealth Consumer Checklist

- Is the provider licensed? Contact information?
- What should I look for?
- Is actual visit option available?
  Patient/Provider Relationship
- How are emergencies handled?
- How is my health data protected?
- What are the fees?
Key Takeaways

- All telehealth is not the same
- Evidence is emerging for telehealth in PT (Part 1 & Part 2)
- PT Practitioners & stakeholders should establish standards of care
- Outcomes should drive “value” for connected telehealth

Contact: Allee@msmc.la.edu
Conclusions

• “A failure to integrate telehealth into routine clinical practice as the evidence emerges would constitute a grave disservice to clients.”(p6)

• Telehealth success depends on you!

Thank You to...

Ellen Norton, PT: HIC

APTA CSM & NEXT, ATA, WCPT

Versatile & Integrated System for Telerehabilitation (VISYTER)

Bambang Parmanto, Andi Saptono, Wayan Pulantara
School of Health and Rehabilitation Sciences,
University of Pittsburgh

Frontiers in Rehabilitation Science & Technology: FiRST
Additional Resources

http://www.aptahpa.org/?page=21

http://www.americantelemed.org/#

http://www.apta.org/Telehealth/

https://msmary.academia.edu/AlanCLee

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Questions

It's QUESTION TIME!!

Telehealth Clinic Room @ HIC