

Senate Finance Health Subcommittee Hearing
Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency
Comments of the American Occupational Therapy Association
November 14, 2023

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 230,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. The science-driven, evidence-based practice of occupational therapy enables people of all ages to live life to its fullest by promoting participation in daily occupations or activities. In so doing, growth, development, and overall functional abilities are enhanced, and the effects associated with illness, injuries, and disability are minimized.

Occupational Therapy via Telehealth History

The vast majority of occupational therapy professionals (OTPs) did not utilize telehealth to provide occupational therapy (OT) services before the Covid-19 pandemic since Congress had not previously established OTPs as Medicare telehealth providers. Significant innovation, however, was occurring at the Veterans Administration where OTPs were providing innovative OT services to patients, so the template for OT via telehealth was already developed. The number of OT telehealth encounters increased dramatically as Congress and CMS reacted quickly to enable Medicare beneficiaries to receive OT and other therapy services via telehealth once a Public Health Emergency (PHE) was declared.

Congressional action was essential to waive statutory restrictions on CMS that prevented OTPs as well as physical therapists (PTs) and speech language pathologists (SLPs) from providing services via telehealth in Medicare. CMS responded to Congressional waivers included in the CARES Act by issuing an emergency rule that added a series of therapy CPT® codes to the telehealth services list and another rule that included OTPs as eligible Medicare telehealth providers. This effectively enabled OTPs to provide services via telehealth to Part B Medicare beneficiaries during the COVID-19 emergency. Congress acted again in 2022 to extend these waivers through the end of 2024, and this allowed OT via telehealth to continue after the PHE expired on May 11, 2023. Further Congressional action, however, is necessary to allow such services to continue in Medicare on a permanent basis.

While Congressional language and intent was clear in the Omnibus Budget Act of 2023 that OTPs were to continue as telehealth providers at least until the end of 2024, CMS misinterpreted this provision as not applying to OT services provided via telehealth in certain facility-based settings including outpatient rehab facilities. This decision trickled out to these facilities in April 2023 with the PHE ending within a few weeks. After significant confusion imposed on facilities and engagement by multiple stakeholders including AOTA, CMS clarified that OTPs in all settings were covered by the Congressional waiver, and then extended this policy in its 2024 Fee Schedule. For this reason, AOTA urges Congress to proactively list OTPs along with

PTs and SLPs as permanent Medicare telehealth providers as it did for all other Medicare telehealth providers in the past.

Legislation such as the CONNECT for Health Act of 2023 (S2016) would give CMS the authority to determine the telehealth status of OTPs and other therapists which is a step in the right direction; however, after the confusion related to OT in various settings, we urge Congress to make this determination by enacting the Expanded Telehealth Access Act (S2880/HR3875). S2880 was introduced by Senators Steve Daines and Tina Smith to specifically enable OTPs, PTs, SLPs and audiologists to **provide services via telehealth under Section 1834(m) of the Social Security Act on a permanent basis.**

Experience Demonstrates Effectiveness of OT Services via Telehealth

The rapid expansion of telehealth as a delivery mechanism for OT services during and after the PHE enabled occupational therapists and occupational therapy assistants to demonstrate the clear value of these services provided alone or in conjunction with in-person services. Telehealth has been especially beneficial for people in rural and other underserved areas and to those for whom travel to receive services was already a barrier to access, including people with disabilities.

Virtual home safety evaluations have emerged as an additive OT telehealth benefit that cannot be duplicated in a facility/office setting. OTPs report that telehealth has enabled in-home “video tours” to identify home safety issues that would never be identified by the patient in a facility/office setting. This can be crucial in preventing falls, addressing functional decline, and avoiding costly emergency room visits and hospital admissions which can reduce the cost of care. **This service would end altogether if Congress does not allow OTPs to continue as Medicare telehealth providers after waivers end in 2024.**

The ability to provide OT services via telehealth has also enabled more patients to start care on the day ordered and to minimize cancellations, postponements, and schedule changes that are commonly connected to transportation, mobility, caregiver availability, weather, and other issues related to treatment in a clinical setting. This in turn has enabled some patients to complete treatment sooner and with fewer visits, which can reduce the cost of care.

In addition, telehealth has also made it much easier to connect with beneficiary caregivers who are often unable to take the time required to travel with the patient to in-person visits. This is especially important for some patients in the Medicare population who rely more heavily on a caregiver for assistance during appointments and for follow-up in the home.

Research Demonstrates Efficacy of OT Delivered via Telehealth

The AOTA Telehealth Position Paper¹ summarizes how occupational therapy practitioners use telehealth technologies as a method for service delivery for evaluation, intervention, consultation, monitoring, and supervision of students and other personnel. Further, it references the results of research on the use of telehealth in rehabilitation or habilitation, which includes occupational therapy.

¹ American Occupational Therapy Association (2013). Telehealth. *American Journal of Occupational Therapy*, 67(6 Suppl.), S69-S90. <http://dx.doi.org/10.5014/ajot.2013.67S69>.

There is a growing base of evidence demonstrating the efficacy of technologically mediated occupational therapy.² Ongoing research at University of Southern California Mrs. T. H. Chan Division of Occupational Science and Occupational Therapy Faculty Practice has shown that increased use of telehealth for pain-management patients decreased cancellations, increased access, and improved treatment effectiveness. Patient satisfaction with telehealth is also high. A more detailed list of their findings follows:

- Improved treatment effectiveness due to improved ability to assess and evaluate a person's home environment and contextual factors, rather than through verbal discussion or photos. This allows for more effective problem solving and identification of environmental barriers. This is especially clear in OT interventions for pain regarding body mechanics, ergonomics, physical activity routines, sleep positioning, falls prevention and recovery, and placement of durable medical equipment for optimal safety.
- Ability to access more people with chronic pain by eliminating the geographic barrier of having to drive to an in-person session. A recent evaluation of a telehealth group intervention for pain management, specifically for patients living in rural or remote areas, revealed that participants benefited from telehealth specialty pain management services.³
- Decreased cancellation rates due to pain flare ups or symptom exacerbations because patients do not have to commute to in-person sessions, but can participate from the comfort of their own home where they can access many of their pain management tools (i.e., medication, heat/ice, self-massage units, lying down as needed, more control over ambient temperature).
- Improved continuity of care because patients who would travel long distances to come to the clinic may only be seen for treatment 1x/month, but with telehealth services, they can be seen weekly for improved accountability and to support long-term, sustainable behavior change.
- Improved patient satisfaction—patients are reporting improved participation and effectiveness of treatment because commuting to the clinic and driving can often be a trigger of pain or stress. By eliminating this factor, patients avoid starting treatment sessions in pain or fatigue and are able to participate more effectively during session.
- Reduced social isolation and occupational deprivation—due to compounding factors of managing a chronic condition and the long-term effects of pandemic-related restrictions, patients are reporting feelings of isolation and reduced functional participation in daily routines and meaningful activities. Experiencing occupational deprivation can have detrimental effects on health and wellness, self-efficacy, and identity.⁴ With OT telehealth, patients can collaborate with their OT to identify strategies and opportunities to engage in occupations and social activities to combat isolation, occupational deprivation, and associated adverse health consequences.

Additional research has shown strong strength of evidence that motivational interviewing, fatigue management, and medication adherence performed via telehealth lead to positive outcomes.

² Cason J (2009). A Pilot Telerehabilitation Program: Delivering Early Intervention Services to Rural Families. *International Journal of Telerehabilitation*, 2009;1(1):29-37. Hoffmann T, Russell T, Thompson L, Vincent A, Nelson M. (2008). Using the Internet to assess activities of daily living and hand function in people with Parkinson's disease. *NeuroRehabilitation*, 23, 253–261. Ng EM, Polatajko HJ, Marziali E, Hunt A, Dawson DR (2013). Telerehabilitation for addressing executive dysfunction after traumatic brain injury. *Brain Inj.* 2013;27(5):548-64.

³ Scriven, H., Doherty, D. P., & Ward, E. C. (2019). Evaluation of a multisite telehealth group model for persistent pain management for rural/remote participants. *Rural & Remote Health*, 19(1).

⁴ Whiteford, Gail. (2000). Occupational deprivation: global challenge in the new millennium. *British Journal of Occupational Therapy*, 63(5).

Based on this research, both Medicare beneficiaries and the Medicare program would see great benefits in quality care, reduced costs, and reduced hospitalizations if occupational therapy is utilized fully. AOTA asserts that the same ethical and professional standards that apply to the traditional delivery of occupational therapy services also apply to the delivery of services received via telehealth. Occupational therapy interventions delivered via telehealth can assist patients to regain, develop, and build functional independence in everyday life activities to significantly enhance a Medicare beneficiary's quality of life. Telehealth may also address provider shortages and access problems, making necessary occupational therapy services available to underserved beneficiaries in remote, inaccessible, or rural settings and to beneficiaries with limited mobility outside their home. Further, occupational therapy is the chief profession with expertise in activities of daily living and community environments, which may be better observed and evaluated through telehealth services when the beneficiary is in their home environment.

Occupational Therapists Describe Benefits of OT via Telehealth

AOTA is confident that ongoing research and analysis by CMS and others into the use of telehealth to provide OT services will demonstrate what we are already hearing from OTPs throughout the country. Some examples of the use of telehealth to provide OT services follow:

- One particular patient was a woman with Parkinson's. She and her husband were sleeping on an air mattress in their den because she had a hip fracture and was not steady enough to climb the stairs to her bedroom. After her OT eval, she refused further in-person visits. I trialed telehealth visits with great success. I was able to have the husband aim the camera so that I was able to provide placement of recommended grab bars in the bathrooms, both upper and lower levels, as well as get a tour of the second level, something I had not been able to assess at the eval. I was able to help with technique and positioning for upper extremity exercises, and eventually, I was able to teach the husband how to assist the patient up/down the stairs, safely, as well as teach bed mobility so that the patient was able to sleep in her own bed upstairs versus an air mattress on the floor on the main level. She and her husband looked forward to my weekly visits and always updated me on the progress she had made. They were so grateful for the therapy I was able to provide remotely.
- Telehealth has been crucial for service to our CMS patients in our Post-ICU multidisciplinary clinic. Many of these patients would not be able to access the services for a variety of reasons if we cannot continue with telehealth.
- Telemedicine has been a very helpful but unexpected resource for service delivery. One of the primary barriers to clients participating in the 55+ Program in the past has been transportation. Many clients are fearful of driving, unable to drive due to other health conditions, or do not have access to a vehicle and alternative transportation is too expensive. Telemedicine has allowed these clients access to treatment now.
- Initially many of my older adult clients struggled and were fearful of technology and did not think they would be able to participate in online treatment. With coaching and assistance, many clients have overcome these barriers and now are using technology more to connect with family, friends, and other community resources. It has helped to decrease isolation for many both for treatment and in the community.
- I am an occupational therapist in an outpatient neurological clinic. The majority of my patient caseload includes adults and older adults with comorbidities and/or [who] are immuno-compromised. During the global pandemic, taking months off of therapy could have resulted in significant decrease in function for some of the patients I serve. Our clinic was on the edge of our

seats while waiting to hear the CMS changes to allow occupational therapy providers to provide telehealth services. Once the change had been made, it opened up a new world of opportunity for us to serve these patients who so needed skilled therapy, but were unable to physically come into the clinic. As occupational therapists, we adapt. I am able to provide individualized, client-centered care through a new medium that was aligned with the patient's plan of care to reach their functional goals. Without the ability to provide the skilled services via telehealth, our clients would not have received the care they needed. Patients have been surprised with the effectiveness of telehealth therapy services. If CMS allows these changes to be permanent, we would be able to better serve those patients in effective ways through the use of this technology.

Global Telehealth Issues of Specific Concern to AOTA

While Congressional action is urgently needed now to allow occupational therapy professionals to provide services via telehealth on a permanent basis, AOTA also notes that for telehealth to move forward in any way, several other issues must also be addressed. **In order to maximize the benefit of telehealth services, the originating site for a telehealth visit must be the patient's home, especially for OT services as described above.** In addition, there is no justification for a payment differential for telehealth services, as practice expenses are unlikely to go down since practitioners need to maintain an office to perform both telehealth and in-person visits. Additionally, practice expense may increase as practitioners invest in HIPAA-compliant software and other technology to assist in telehealth visits. Also, Congress must allow some limited services to be provided via audio only, especially in the area of mental health and substance abuse, with self-care as an example of a code used by OT professionals.

Summary—Congressional Action Essential to Avoid Therapy Telehealth Cliff

In summary, OT interventions delivered via telehealth have enabled patients to develop, regain, and build functional independence in everyday life. Telehealth has also demonstrated advantages over in-person visits in some situations, especially for people in rural and underserved areas, and for the large number of seniors in all communities who face transportation and mobility issues, especially those with disabilities. Telehealth is also an ideal platform for conducting home safety evaluations as it provides a window into the person's home and often greater access to their caregiver.

As noted, Congressional action is essential to enable Medicare beneficiaries to continue to receive OT services via telehealth when appropriate. Passage of the Expanded Telehealth Access Act (S.2880) would enable OT professionals as well as PTs, SLPs, and audiologists to **provide services via telehealth under Section 1834(m) of the Social Security Act**. Unless Congress acts, Medicare beneficiaries will face a telehealth "cliff" on December 31, 2024, whereby beneficiaries who are now accustomed to receiving some OT services via telehealth suddenly lose access to such services. We urge Congress to prevent this outcome.