



Feb. 26, 2021

The Honorable Anna Eshoo
Chair
Subcommittee on Health
House Energy and Commerce Committee

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
House Energy and Commerce Committee

Dear Chairman Eshoo and Ranking Member Guthrie,

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to provide a statement for the record on the subcommittee's hearing "The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care." APTA is dedicated to building a community that advances the physical therapy profession to improve the health of society. As experts in rehabilitation, prehabilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span — helping individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

Value of Physical Therapy Through Telehealth

The ongoing coronavirus pandemic has highlighted the need for patients, health systems, payers, and providers to rapidly adopt or expand models and modes of care delivery that minimize disruptions in care and the risks associated with those disruptions. The expansion of telehealth payment and practice policies under the section 1135 waivers during this Public Health Emergency, including permitting physical therapy services to be furnished via telehealth by physical therapists and physical therapy assistants across settings has demonstrated that many needs can be safely and effectively met via the use of technology and that patients can have improved access to skilled care by leveraging these resources.

Physical therapy is well-suited for telehealth — primarily as an enhancement of in-person services, although a telehealth visit also may replace an in-person visit when needed or indicated. Physical therapists and physical therapist assistants can use telehealth as a supplement to in-person services to evaluate and treat a variety of conditions prevalent in the Medicare population, including but not limited to Alzheimer's disease, arthritis, cognitive/neurological/vestibular disorders, multiple sclerosis, musculoskeletal conditions, Parkinson disease, pelvic floor dysfunction, frailty, and sarcopenia.

Physical therapists make determinations, in consultation with patients and caregivers, regarding the appropriate mix of in-person and telehealth services to meet the goals in the plan of care. The evaluation and treatment of a patient via the use of telehealth allows the physical therapist to interact with the patient within the real-life context of their home environment, which is not easily replicable in the clinic. Patient and caregiver self-efficacy are inherent goals of care, and telehealth not only allows a physical therapist to maintain the continuity of care anticipated in the plan of care but also allows for immediate and effective engagement when a specific challenge arises. A patient's and/or caregiver's ability to interact in their own environment with a physical therapist when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

Skilled physical therapy interventions delivered through an electronic or digital medium have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, physical therapists already are experienced in modifying exercises for the patient to perform them safely at home, as a home exercise program is a common element of a treatment plan for patients who are treated in person. Education and home exercise programs — including those focused on falls prevention — function particularly well with telehealth because the physical therapist can evaluate and treat the patient within the real-life context of their home environment. This is not easily replicated in the office setting.

Physical therapy progresses patients toward total independence of their program in their own homes. Telehealth [facilitates this objective](#), as the physical therapist can progress the patient in their native environment rather than in a “simulated” one in the clinic. Moreover, a patient’s and/or caregiver’s ability to interact in their own environment with a physical therapist can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement. Telehealth expands the clinical impact of physical therapy by providing patients on-demand access to their physical therapist to promote increased adherence, access to booster sessions to ensure sustainability of therapeutic gains and functional performance, and access to supplemental care in-between in-person visits to reduce the length of the episode of care and to lower costs.

Moreover, physical therapy is not synonymous with exercise. Although much of skilled physical therapy is high-touch, a significant component is transition of skills — promoting self-efficacy, environmental assessment and modification, training and education, and, most important, ongoing assessment, analysis, and clinical decision-making. A critical component of physical therapy is the prescription of carryover techniques, tasks, and activities — not just exercise — by a patient in their own environment. Physical therapy services performed via telehealth enhance this component of care.

Examples of physical therapy providers using telecommunications technology to provide real-time, interactive audio and video care include the following:

- Physical therapy practitioners use telehealth technologies to conduct evaluations or [reevaluations](#) or provide quicker screening, assessment, and referrals that improve care coordination.
- Physical therapy practitioners provide interventions use telehealth by interacting with the patient in real time to provide instruction in exercise and activity performance, observing return demonstration and instruction in modifications or progressions of a program, providing caregiver support, and promoting self-efficacy.
- Physical therapy practitioners provide verbal and visual instructions and cues to modify how patients perform various activities. They also may suggest that the patient or caregiver modify the environment for safety reasons, or to potentially produce even more optimal outcomes.
- Physical therapy practitioners use telehealth technologies to provide prehabilitation and conduct home safety evaluations.
- Physical therapy practitioners use telehealth technologies to observe how patients interact with their environment and/or other caregivers, and to provide caregiver education.
- Physical therapy practitioners can assess the carryover of the activity modification strategies and activities to determine effectiveness immediately rather than waiting for the next in-person visit.
- Physical therapists use telehealth to reduce the number of “in-clinic” visits and still maintain important follow-up care. This might reduce travel time and/or burden for a patient — which, for some conditions, might result in faster healing. This also prevents any delays in modifying a program when it needs to be upgraded or downgraded.
- Physical therapists can use technology to satisfy supervision requirements.
- A physical therapist can co-treat with another clinician who is treating via real-time audio

- and visual technology.
- A treating physical therapist can consult directly with another physical therapist or physical therapist assistant for collaboration and/or to obtain specialty recommendations to incorporate into an existing plan of care.
 - Physical therapists use telehealth for quick check-ins with established patients.

Telehealth services furnished by physical therapists and physical therapist assistants offer cost savings, allow for coordination of care, and may improve adherence and patient satisfaction. Many [studies](#) have illustrated the clinical benefit of telerehabilitation for a variety of conditions, including [pelvic floor dysfunction](#) and [multiple sclerosis](#).

A 2019 [study](#) examined the efficacy of home-based telerehabilitation versus in-clinic therapy for adults after stroke, finding that poststroke activity-based training resulted in substantial gains in patients' arm motor function whether provided via telerehabilitation or in person. Other [studies](#) show that home-based telerehabilitation significantly improved veterans' functional independence, cognition, and patient satisfaction. See Appendix A for additional studies. Physical therapists also have been collecting a variety of data related to health outcomes and ease of use of technology. To promote data collection, APTA developed a [patient satisfaction survey](#) for providers to share with their patients, which is available in both English and Spanish.

When considering the value of telehealth furnished by physical therapists and physical therapist assistants, Congress should consider the effects of telehealth on downstream spending. Hospital admissions and readmissions, emergency department visits, and urgent care visits, among other expenses, potentially will decrease if patients have access to both in-person and telehealth services.

Patient Access

Telehealth helps to overcome access barriers caused by distance, lack of availability of specialists and/or subspecialists, impaired mobility, and the burden associated with commuting/arranging transportation to a physical therapy appointment. Using virtual engagement tools can prevent unnecessary exposure during a pandemic, epidemic, or even the annual flu season — a feature especially important for frail and immunocompromised persons. Furthermore, access to telehealth services is critical for beneficiaries who live in areas with inclement weather, which is a deterrent to traveling outside of the home.

For patients who have difficulty leaving their homes without assistance, lack transportation, or need to travel long distances, the ability to supplement or replace in-person sessions with those furnished via telehealth greatly increases access to care and ensures uninterrupted courses of therapy. Telehealth is a tool to overcome access barriers caused by distance, unavailability of specialists and/or subspecialists, inclement weather, and impaired mobility. For example, a Colorado physical therapist practice that offers treatments for neurological conditions provides a significant portion of the care via telehealth, for several reasons: 1) the area's sometimes severe inclement weather; 2) the patient's vestibular condition that renders them unable to drive, forcing them to rely on friends or family to drive them; and 3) a lack of physical therapy providers within a reasonable driving distance — particularly providers that address dizziness and balance issues.

Access to health care services is critical to good health and functional performance, yet Medicare beneficiaries, particularly those who reside in rural areas, face a variety of access barriers. Individuals across the lifespan want the ability to appropriately access telehealth, and telehealth is key to helping individuals age in place. If we as a nation truly wish to help individuals age in their homes, telehealth is a key to making this a reality. As demand for care to help individuals with chronic conditions continues to grow, Congress should recommend telehealth payment and coverage policies that will improve

beneficiary access and increase collaboration and efficiency of care across the care continuum.

Further, access to physical therapy in rural, medically underserved, and health professional shortage areas often depends on the availability of physical therapist assistants to provide care under the supervision of physical therapists. Unfortunately, the 15% Medicare Physician Fee Schedule payment reduction for services furnished in whole or in part by physical therapist assistants beginning in 2022 will have a detrimental impact on the ability of physical therapy providers, particularly in rural areas, to continue to deliver care. The payment reduction will unfairly penalize providers in rural, medically underserved, and health professional shortage areas. Access to medical care already is dwindling in rural localities. Physical therapists and physical therapist assistants play a crucial role in bridging these gaps in access to care.

Quality

APTA developed a [patient satisfaction survey](#) about the use of telehealth for providers to share with their patients in English and Spanish based on [AHRQ's guidance](#). Copied below are the results from a physical therapist vestibular practice in Colorado that asked some of the questions from this survey:

- The experience was an effective way to get my physical therapy: 70% of respondents strongly agreed; 30% agreed.
- Feelings of comfortability being evaluated and treated via telehealth: 67% of respondents strongly agreed; 20% agreed; 10% were neutral.
- Feelings of physical safety receiving physical therapy treatment via telehealth: 83% of respondents strongly agreed; 17% of respondents agreed.
- Overall satisfied with the experience: 93% strongly agreed; 7% agreed.
- In response to the question: If a telehealth visit was not available to you from this PT clinic, how would you plan to receive PT in future? 10% of respondents said they would seek telehealth from another clinic, 10% said they would not seek care, 60% said they would seek in-person care with the clinic, and 17% provided other answers, including:
 - "I don't know what I would do."
 - "I might not seek care. This is the safest way for me to receive care."

In addition, the following are stories shared by Medicare beneficiaries during the COVID-19 pandemic:

Medicare Beneficiary #1:

- The beneficiary was experiencing severe back pain, had significant physical limitations, and used pain medications daily. She was "high risk" for COVID-19, so she engaged in physical therapy via telehealth. After an initial evaluation in the clinic and several telehealth sessions at her home, she is now walking pain-free, can engage in more physical activity, and has reduced her pain medications. These telehealth visits have allowed her to care for her husband, who is in hospice.

Medicare Beneficiary #2:

- I am writing to express my gratitude for the telehealth services that were provided during the COVID-19 pandemic. I was happy to start in the clinic and then transition to a home-based program so that I could carry the work into my daily routine, while staying safe at home. After every meeting, I felt better and felt that I had gotten a good workout. I would recommend telehealth services to a friend or family member. Even out of quarantine, I feel as though the telehealth services may be beneficial to those who cannot go to an appointment in person. I advocate that Medicare continues to allow telehealth services to be furnished by physical therapists in the future.

Medicare Beneficiary #3:

- I was being treated for thoracic outlet syndrome and referred to physical therapy. I found my experience most successful. Due to COVID-19, I was able to do telehealth therapy from home.

Once the clinic was able to reopen, I was able to resume office visits and have continued to make good progress. I have had a very positive experience.

Medicare Beneficiary #4:

- I am writing to express my appreciation for the telehealth services that were provided during this COVID-19 pandemic. About 7 or 8 weeks ago I had to have physical therapy for a pinched nerve. I contacted you since my husband was already participating in your telehealth program. I have been working with the DPT and have had wonderful results. I have used my 1- and 2-pound weights as well as my wall to do push-ups. I also use my banister to do rowing exercises. I would recommend telehealth services to a friend or family member or anyone who should ask and I'm hoping that these telehealth services continue in the future. This is a great way to remain safe at home, which is critical during this pandemic

Recommendations

Current statutes limit Medicare beneficiaries from receiving telehealth services, including a geography limitation, site limitation, and provider limitation. Congress must pass legislation that permanently affords providers and patients the ability to furnish and receive telehealth, just as they have done during the COVID-19 PHE. This includes waiving the restriction on geography and location, allowing the patient to receive telehealth in their home, whether in a rural or urban location, and expanding the ability of physical therapists, physical therapist assistants, and facility-based therapy providers to provide telehealth under Medicare. Physical therapists are often part of interprofessional teams and work with patients on care management; to say that certain team members can management patients via technology and other team members cannot is contrary to interprofessional, integrated care management.

Congress should:

- 1) Enact changes to Section 1834(m)(4)(E) of the Social Security Act to include outpatient therapy services furnished "by a provider of services, a clinic, rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient" and physical therapy, occupational therapy, speech-language pathology, and audiology services "furnished an individual by a ... therapist (in his office or in such individual's home)." (As defined in Sections 1861(p), 1861(g), and 1861(II) of the Social Security Act.) Such a comprehensive definition of an outpatient therapy provider for the purposes of furnishing Medicare telehealth services would be consistent with existing sub-regulatory policy defining a "Qualified Professional" permitted to furnish Medicare outpatient therapy services in Chapter 15, Section 220 of the Medicare Benefit Policy Manual.
- 2) Enact changes to Section 1834(m)(4)(C)(i) of the Social Security Act so that telehealth services, including therapy services, will no longer be restricted by geographic location of the beneficiary or the originating site. All Medicare beneficiaries should be eligible to receive telehealth services from their home, whether that home is in the community or part of an institutional setting.

Federal policies also should advance a definition of parity that includes equal coverage, reimbursement, and cost-sharing (copayments, coinsurance, and deductibles) for audio-only telehealth, audio and visual telehealth, and in-person visits, particularly given the fact that telehealth is merely a modality to enable physical therapists and physical therapist assistants, for example, to provide care within their scope of practice. In addition, such policies should promote outreach to patients with limited technology and connectivity and offer flexibility in platforms that can be used for audio and visual (live video) interactions, audio-only options, online patient portals, etc.

Conclusion

We appreciate the opportunity to provide the subcommittee with our perspective on the role of telehealth



in physical therapy and the need to continue to provide Medicare beneficiaries this option beyond the PHE. Should you have any questions, please do not hesitate to contact David Scala, APTA congressional affairs senior specialist, at davidscala@apta.org. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President