Response to Question for the Record

Prepared by Lee Schwamm, M.D.
American Heart Association, Senior Volunteer Leader

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Subcommittee on Heath

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For: The Honorable Robert Latta

Question: As a result of the PHE and subsequent temporary rules, multiple ancillary health professionals have been able to conduct evaluations via telehealth ("telehealth eligible providers") over the last 4 years. This includes occupational therapists, physical therapists, speech therapists and audiologists. If the current flexibilities are not continued, what kind of impact will that have on patients who may have issues with access, such as those who may not have these providers in their community or not have the means to travel?

Answer: Allied health providers have found telehealth services to be most effective when offered as part of a *hybrid care delivery paradigm—that is, programs where providers of the service also have the ability to provide care in-person, when needed.*[1] The American Heart Association strongly supports such integrated approaches to care, as they allow providers the flexibility to serve patients using the appropriate manner for their given clinical circumstances and social drivers of health.

Patients living in rural and medically underserved areas benefit by leveraging the availability of telehealth for physical therapy (PT), occupational therapy (OT), and speech therapies made possible by telehealth that would otherwise be difficult or impossible to access. Telehealth makes it easier for these patients to receive a formal care plan within a timely manner and enhances their ability to adhere to the plan and achieve their goals. It also allows them to continue to phase three (or long term) access to exercise plans, modified to meet their changing physical needs.[1] Telerehabilitation has been proven equivalent to or superior to in-person rehabilitation for stroke survivors.[2] In the case of OT, where the goal is often to assist patients with regaining their ability to operate effectively within their usual environment (home), telehealth provides an ideal opportunity to learn to develop adaptive habits within their preferred home environment. [3] These are examples of how telehealth is making possible care delivery paradigms that would otherwise not be feasible.

If the current flexibilities are not extended or made permanent, the risk of low-quality care or misutilization will increase, as well as the likelihood of fragmented care. Telehealth will only be accessible to those who can afford to pay out of pocket, and those who cannot—many who live in rural areas—will lose access to these allied care services and live with lower health quality and be at risk for greater complications and long term disability.

The American Heart Association appreciates the Committee’s recent efforts to extend the telehealth flexibilities two more years, and we strongly urge Congress to continue to work in a bipartisan manner to enact comprehensive legislation that expands access to integrated virtual care permanently for all in America and improves the robustness of our systems of care.

For more information, please see the American Heart Association’s policy statement on telehealth here.

References:

1) Jana Cason. *The American Journal of Occupational Therapy*, 2012, Vol. 66(2), 131–136. https://doi.org/10.5014/ajot.2012.662001

2) Hestetun-Mandrup AM, Toh ZA, Oh HX, He HG, Martinsen ACT, Pikkarainen M. Effectiveness of digital home rehabilitation and supervision for stroke survivors: A systematic review and meta-analysis. *Digit Health*. 2024;10:20552076241256861. Published 2024 Jun 3. doi:10.1177/20552076241256861

3) Dahl-Popolizio S, Carpenter H, Coronado M, Popolizio NJ, Swanson C. Telehealth for the Provision of Occupational Therapy: Reflections on Experiences During the COVID-19 Pandemic. *Int J Telerehabil*. 2020 Dec 8;12(2):77-92. doi: 10.5195/ijt.2020.6328. Erratum in: Int J Telerehabil. 2021 Jun 22;13(1): e6382. PMID: 33520097; PMCID: PMC7757642.