Background
In March 2020, outpatient (OP) therapy at Shirley Ryan AbilityLab (SRAlab) responded to the suddenly decreased demand for in-person visits due to the rapidly evolving and unclear public health emergency of the COVID-19 pandemic. Therapists from the orthopedic OP clinic identified an impending gap in care, so a team of Telehealth Champions formed to pursue options for providing safe and effective therapy virtually.

Objectives:
- Collaborate with departments across SRAlab to rapidly implement Telehealth (TH) to provide continued, high-quality therapy.
- Provide the blueprint for TH implementation across all levels of care at SRAlab.
- Respond to patient feedback to operationally improve TH.

The evidence supports the use of TH for providing therapy and has been shown effective for improving pain, function, disability, and even exercise adherence in a variety of conditions.

Methods
Participants

Figure 1: Departments at SRAlab involved with development of TH

Table 1: OP settings and therapy disciplines practicing TH

<table>
<thead>
<tr>
<th>Setting/Discipline</th>
<th>Orthopedic Outpatient</th>
<th>Neurological Outpatient</th>
<th>Day Rehab</th>
<th>Pain Management Center</th>
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</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
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<td>X</td>
<td>X</td>
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<td>Occupational Therapy</td>
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<td>X</td>
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<tr>
<td>Speech Therapy</td>
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<td>X</td>
<td>X</td>
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</tbody>
</table>

Procedure
TH for therapy was developed and implemented in five stages over a two week time period:

Stage I: Identify patient needs, organizational capabilities, and legislative changes.
Stage II: Collaborate with departments at SRAlab to establish processes needed to create TH service-line (see Figure 1).
Stage III: TH Champions pilot TH for therapy service-line.
Stage IV: Establish TH training materials and competencies for therapists.
Stage V: Organizational rollout of TH for therapy (see Table 1).

Results
Within two weeks, TH for therapy was developed and implemented at SRAlab. The service-line adhered to national and local rules and regulations, as well as payer guidelines. As the COVID-19 pandemic evolved, TH for therapy adapted as needed. The TH champions and Internal Staff Development at SRAlab responded to feedback received from patients, therapists, and changing local and national regulations to modify and improve the TH processes. TH training materials for therapists and educational materials for patients were consistently updated to reflect current practices. Internal Staff Development tracked and created evidence-based guidelines for TH best practices. A TH Patient Satisfaction Survey was developed to capture patient feedback to optimize quality of care received through TH.

Figure 2: Change in OP therapy volume from Feb. through Aug. 2020

The onset of the COVID-19 pandemic in March 2020 caused an almost immediate drop in patient demand for in-person visits. Figure 2 illustrates how TH allowed OP to continue treating patients when demand for in-person visits dropped to nearly zero in April and May. As in-person visits began to increase in June, TH visits continued to make up about 50% of all patient visits. By August 2020, total patient volumes had returned to 80% of pre-COVID-19 levels, with TH making up about 15% of all visits. As of February 2021, TH volume has remained at 15% of all visits in OP.

Results (cont.)

TH Patient Satisfaction Survey
Preliminary findings from the TH Patient Satisfaction Survey, as shown below, reveal the patient experience. SRAlab utilized this information to improve TH operational processes and quality of care. It also gives insight about the role TH may play in the future of therapy beyond the COVID-19 pandemic.

Figure 3: Patient satisfaction survey results of therapy delivered via TH

Patient reported benefits of TH:
- No travel
- Patient chosen location
- Improved attendance and exercise compliance
- Decreased time away from home

Patient reported opportunities to improve TH:
- More space available in patient location to participate
- Better video connection
- Better audio connection
- Caregiver to help patient during the session

Conclusion
TH can serve as a safe, effective method to offer OP therapy. It successfully allowed therapists to continue care for patients during the uncertainty of the COVID-19 pandemic. TH will also have a place in therapy beyond the COVID-19 pandemic. SRAlab continues to offer TH services alongside usual, in-person care. A good number of patients have opted to use TH as an adjunct to their in-person care. The sustainability of TH will have some dependence on insurance provider reimbursement and state guidelines. SRAlab will use the TH Patient Satisfaction Survey to continuously improve the TH experience and is committed to contributing to the research for establishing best practice guidelines for providing therapy with TH.

References