COVID-19 and the Advancement of Digital Physical Therapist Practice and Telehealth

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During the COVID-19 pandemic, each day challenges us with sobering realities in the economy, health care, and politics in our society. The global pandemic has thrust the physical therapy profession and our society into digital physical therapist practice and telehealth. In light of the uncertainty with COVID-19, physical therapists are required to socially distance themselves at least 6 feet apart in health care institutions, and patients and clients cannot access necessary physical therapy services in the community due to shelter-in-place and stay-at-home restrictions. Furthermore, this unique situation magnifies the challenges and opportunities in digital practice, as practitioners may lack the necessary telehealth competencies identified in the literature. Therefore, it is especially important for physical therapy practitioners to consider key recommendations for safe and effective digital practice delivery.

The purpose of this Point of View is to identify recommendations for digital physical therapist practice and offer future directions for advancing digital practice and telehealth in the physical therapy profession in the wake of COVID-19.

Definitions and Purpose of Digital Physical Therapist Practice

A joint digital physical therapy practice task force of the World Confederation for Physical Therapy (WCPT) and the International Network of Physiotherapy Regulatory Authorities (INPTRA) was convened in 2017 to develop key recommendations for global practice and regulation, resulting in a white paper approved by the WCPT and INPTRA boards on March 18, 2020. The task force defined digital physical therapist practice as health care services, support, and information provided remotely via digital communication and devices.

In addition, as defined by the task force, the purpose of digital physical therapist practice is to facilitate the effective delivery of physical therapy services by improving access to care and information and managing health care resources. For this reason, we contend that this definition and purpose is broader in global scope than that of telehealth, telerehabilitation, and teledicine. In light of COVID-19, it is clear that digital practice is a transformation in physical therapist practice, in which communication-based services (e-visits, virtual check-ins) beyond telehealth, telerehabilitation, and teledicine are added to increase remote access to care while preserving scarce resources, including personal protective equipment.

Finally, the task force agreed on service user as the term for actual or potential recipient of physical therapy services and defined in-person care as a situation in which both the provider and service user are in the same location at the same time.

Considerations for Digital Physical Therapist Practice

The task force described the advantages, limitations, current evidence, regulatory issues, academic implications, and recommendations for future opportunities in digital physical therapist practice prior to COVID-19. The advantages of digital practice were differentiated for service user, provider, and society. The common benefit for all stakeholders includes improved access to telehealth physical therapy services by building a strong relationship between service user and provider in order to deliver high-quality and safe physical therapist practice via telehealth.

COVID-19 presents digital practice opportunities for improved access, high quality, and safety in physical therapy services for both service user and provider when deemed medically necessary. In fact, both telehealth and e-visits have been approved by the Center for Medicare and Medicaid Services (CMS) in the United States during the COVID-19 crisis on a temporarily basis. CMS noted that telehealth services provided by interactive audio and video telecommunications systems permit real-time communication between end-to-end users, whereas e-visits are non-face-to-face, patient-initiated digital communications requiring a clinical decision that otherwise typically would have been provided in the office. However, specific federal and state payer guidelines, regulatory hurdles, and patient privacy barriers persist, requiring permanent fixes from CMS on telehealth and e-visits. For example, health care providers on the front lines of COVID-19 have identified that some older adults prefer telephone use to digital telecommunication interactions because of a lack of technology understanding and training. In order to address this immediate crisis and patient preferences, Keesara and
It is recommended that physical therapists engaging in digital practice wherever they practice globally should ensure the following:

- The digital physical therapy practice is in the best interest of service users and their care, and wherever possible, that service delivery choices are made with service users
- They are aware of their own scope of practice and the current governing regulatory framework in which they work in relation to digital practice
- They keep up to date with current evidence and they are aware that it is rapidly evolving
- They engage with key stakeholders to agree and support the use of digital service delivery options and that the associated potential benefits and limitations are fully understood
- They are confident that the chosen digital mode will improve access to physiotherapeutic services and information and/or quality of care
- They are fully cognizant and competent in the use of the chosen digital mode
- Their service users are also competent, confident in, and supportive of the use of the chosen digital mode
- Due consideration has been given to ascertaining the appropriateness of using digital solutions with the specific service users in terms of its general suitability
- They continue to monitor and evaluate the effectiveness of digital solutions
- They are prepared to collaborate with various stakeholders to share the outcome/impact of digital physical therapy practice

In summary, the guiding principles require strong provider-patient relationship, valid and reliable evidence, and the conduct of research to show whether telerehabilitation has greater benefit than potential risks for digital physical therapist practice.4

Recently, WCPT identified resources including a tool kit for digital practice implementation,10 and WCPT recommendations have been translated in Spanish11 for proper guidance in various member countries. In addition, the Federation of State Boards of Physical Therapy (FSBPT) provided jurisdiction telehealth laws and guidance for physical therapy providers in the United States.12 Due to COVID-19, some of the regulatory issues have been waived at federal and state levels—including licensure, copays, and deductibles—and digital services with remote patient monitoring have expanded in the United States.8

Because regulatory requirements are dependent upon factors in the legislative framework that exist globally, the best guidance is for providers to be informed of the legal framework that exists in each of their own jurisdictions and to be aware that, in some countries, providers have to
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take into account the jurisdiction of the service user’s country. The task force identified global regulations in the digital landscape for Australia, Canada, the United Kingdom, and the United States prior to COVID-19. Moving forward, potential regulatory changes must be identified for individual countries in real time. Therefore, practitioners should develop guidelines for selecting the ideal technology for the potential service user, risk management strategies, and competency training for digital physical therapist practice in emergent and non-emergent situations.

Prior to COVID-19, the implications of digital physical therapist practice for physical therapist education were investigated. Although digital practice competency might prepare future providers for demands in primary care and might improve access to care in high-demand areas, the task force identified a lack of national digital practice education standards in various countries and professions. Topol proposed equipping all health care staff and students across society, including physical therapist students, with the right skills to realize the benefits that technology can provide to the workforce. In the literature, other ethical and curricular implications for physical therapist education regarding technology in rehabilitation have been identified. For example, ethical principles of autonomy, social justice, and the phenomenological meaning of digital practice for service users and their families must be taken into account by rehabilitation providers even during COVID-19 crisis. Because entry into physical therapist practice and clinical rotations may be delayed, it is ideal for academic programs to review the education curricular content and learning objectives identified by the task force based on the American Physical Therapy Association’s (APTA) strategic plan, the American Telemedicine Association (ATA) blueprint, the Australian Physiotherapy Association’s (APA) position paper, and the FSBPT Model Practice Act to ready the future workforce in physical therapy.

Future Directions in Digital Physical Therapist Practice

The Spanish Influenza of 1918–1919 killed more than 50 million people worldwide over the course of 2 years. Ott et al concluded that some key lessons stand out. The cities that implemented multiple interventions early in the pandemic fared better than those cities that did not have plans for surge capacity that lacked public engagement on general health isolation approaches based on scientific data whenever possible and that did not design orderly and ethical distribution of scarce resources. These lessons may be applied to the current COVID-19 pandemic as we advance digital physical therapist practice and telehealth at local and international levels; however, lingering issues persist for adoption of digital physical therapist practice. For example, should the physical therapy profession be able to determine the steps necessary to implement both in-person care and digital physical therapy practice? What could occur during a surge capacity that might limit broadband connectivity locally and internationally? What is the role of the health care provider in digital practice during shelter-in-place and stay-at-home restrictions? What is the service user’s role and physical therapist engagement during social isolation, and what are the care approaches for proper exercise, movement, and wellness? How could physical therapy practitioners and physical therapist students in collaboration deliver this care safely? How would they limit risk of fraud and abuse resulting from rapid adoption of digital physical therapist services? And, how does the physical therapy profession move forward ethically with equitable distributions of scarce resources in environments with limited digital technology? Answers to these questions must be addressed now in order to advance in digital physical therapist practice and telehealth.

Overall, the task force recognizes that the role of physical therapists must be advanced by informed practitioners in collaboration with physical therapy professional and international associations, accredited academic and research institutions, and patient advocacy groups. The time is now for the physical therapy profession to learn from the past and define its societal identity at large, because those who cannot remember the past are condemned to repeat it—even in the digital age.

Post-Acceptance Addendum

On April 30, 2020, the Centers for Medicare & Medicaid Service added physical therapist providers as eligible health care professionals who can furnish and bill for telehealth services in certain settings, retroactive to March 1, 2020, through the duration of the COVID-19 emergency declaration.

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