POSITION STATEMENT

Occupational Therapy and Telehealth

Statement of the position being taken

Telehealth is an appropriate and effective delivery model for occupational therapy services when in-person services are not possible, practical, or optimal for delivering care and/or when service delivery via telehealth is mutually acceptable to the client and provider. Telehealth can also be part of a blended service delivery model wherein some occupational therapy services are delivered in-person, and some services are delivered at a distance.

Telehealth is the use of information and communication technologies to deliver health-related services when the provider and client are in different physical locations. Services delivered through telehealth may be *synchronous* (real-time) interactions with the client (e.g., videoconference, telephone, remote monitoring, applications ('apps') and gaming technologies); and/or *asynchronous* (i.e., "store-and-forward") transmission of data (e.g., video, photos, electronic mail) between the provider and the client. Telehealth may be used in occupational therapy for evaluation, assessment, intervention, monitoring, supervision, and consultation (between remote practitioner, client, and/or local health-care provider) as permitted by jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy.

Statement of the significance of position or issue to occupational therapy

According to the World Health Organization's (WHO's) *Rehabilitation 2030: A Call to Action*, there is "a substantial and ever-increasing unmet need for rehabilitation worldwide"[1]. Occupational therapy facilitates the ability of people to engage in meaningful occupations, improves quality of life and health and well-being and plays a fundamental role in meeting WHO's Sustainable Development Goal (SDG) 3, "Ensure healthy lives and promote well-being for all at all ages"[1]. Telehealth can improve access to effective occupational therapy services for people in their homes, schools, workplaces, and communities. In addition, telehealth may facilitate the transfer of knowledge and skills from remote specialists to local health-care providers through consultation and mentoring relationships. Occupational therapy services provided through telehealth should be appropriate to the individuals, groups, and populations served, and contextualized to the occupations and interests of clients. The use of telehealth by occupational therapists and assistants should adhere to the World Federation of Occupational Therapists (WFOT) Code of Ethics[2].

Statement of the significance of the position to society

Telehealth connects people with occupational therapists, assistants and students through information and communication technologies and improves access to services for underserved populations when in-person encounters are not possible or practical. Telehealth can address education gaps for local providers and contribute to initiatives to address shortages of occupational therapy personnel.

The efficacy of telehealth was documented by the World Health Organization in 2011. For example, the *World Report on Disability*[3] co-produced by the World Health Organization and World Bank affirmed the efficacy of telehealth for the delivery of rehabilitation services (i.e. telerehabilitation) stating its use yields comparable outcomes to rehabilitation services delivered in-person. Telehealth technologies also facilitate remote training and support of health-care providers and "sharing professional expertise between countries, as well as at critical times such as in the aftermath of a disaster" (p. 119).

Conclusion

Telehealth can be an appropriate service delivery model for occupational therapy, and it improves access to occupational therapy services. Services provided through telehealth should meet the same standards of care as services delivered in-person and comply with all jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy.

References

1. World Health Organization. (2017). Rehabilitation 2030: A call to action. Concept note. https://www.who.int/disabilities/care/ConceptNote.pdf?ua=1&ua=1
2. World Federation of Occupational Therapists. (2016). Code of Ethics. https://www.wfot.org/resources/code-of-ethics
3. World Health Organization & World Bank. (2011). World report on disability. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

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Appendix: Background, challenges, and strategies

Background and definitions

While various terms are used to describe the delivery of occupational therapy services when the client and provider are in different physical locations, the term telehealth best aligns with the overarching nomenclature used by health officials and policy makers and aptly describes the full scope of occupational therapy practice (e.g., health promotion, habilitation, rehabilitation, etc.). Additional terms used to describe this service delivery model include: tele-occupational therapy, telerehabilitation, teletherapy, telecare, telemedicine, and telepractice. WFOT defines occupational therapy as a "client-centred health profession concerned with promoting health and well-being through occupation" (p. 3).[1] By virtue of this definition, occupational therapists and assistants promote health regardless of the context in which they practice.

The WFOT's mission to develop occupational therapy worldwide presupposes access to services that are contextualized to local culture, resources, and occupations. Occupational therapy services are ideally delivered by locally trained and culturally competent occupational therapists and assistants. The United Nation's *Convention on the Rights of Persons with Disabilities*[2] asserts that State Parties shall "organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes" and that these services and programmes be "available to persons with disabilities as close as possible to their own communities, including in rural areas" (Article 26 – Habilitation and rehabilitation). Telehealth may improve access to services within clients' communities and "strengthen and extend comprehensive habilitation and rehabilitation services" through consultation and mentoring relationships that transfer knowledge and skills from remote specialists to local health-care providers. Telehealth competencies and guidelines should be guided by research and defined via collaborations between occupational therapists, educators, member associations, and other societal stakeholders. Future directions of research include studies to evaluate best practices including comparative effectiveness studies and psychometric studies of occupational therapy assessments administered through telehealth technologies.

Challenges and strategies

The WFOT asserts that telehealth use by occupational therapists and assistants should adhere to the WFOT Code of Ethics[3] and comply with jurisdictional, institutional, and professional regulations and policies governing occupational therapy practice. Important considerations include:

- Licensure/Registration – Occupational therapists and assistants shall comply with professional licensure/registration requirements in the jurisdiction of the provider and client, as applicable. The document, *WFOT Occupational Therapy International Practice Guide*[4] provides an overview of registration, practice, and membership requirements in the majority of WFOT Member Organisations.
- Collaboration with Local Occupational Therapy Communities - Occupational therapists, assistants and students using telehealth are encouraged to seek opportunities to collaborate with and promote the local occupational therapy community, including organizations, educational institutions, and/or associations in the interest of cohesive, relevant, and sustainable services.
- Client Selection – Occupational therapists should use clinical reasoning to determine the appropriateness of telehealth use based on individual client situations (e.g., client's diagnosis and impairments, nature of the occupational therapy interventions to be provided, client's ability to access technologies, etc.). Telehealth should not be used to avoid in-person services when

indicated by client-specific needs or to avoid contact with clients on the basis of discrimination. (See also WFOT's document, *Client-centredness in Occupational Therapy*[5])

- **Consent to Treat/Informed Consent –** Occupational therapists, assistants and students shall inform clients about the nature of the occupational therapy services to be provided, risks, benefits, alternate treatment options, and any limits to protection of privacy, security, and confidentiality of personal health information associated with the technology.
- **Professional Liability Insurance –** Occupational therapists and assistants should comply with jurisdictional, institutional, and professional requirements for maintaining professional liability insurance. Occupational therapists and assistants should confirm coverage of professional liability insurance for the geographic areas served.
- **Confidentiality –** Occupational therapists, assistants and students are obligated to employ mechanisms to ensure confidentiality for synchronous and stored client data in compliance with jurisdictional, institutional, and professional regulations and policies governing occupational therapy practice.
- **Personal and Cultural Attributes –** Occupational therapists, assistants and students should follow principles outlined in the WFOT's document, *Guiding Principles on Diversity and Culture*[6] and the *Diversity and Culture*[7] position statement.
- **Provider Competence/Standard of Care –** Occupational therapists, assistants and students must maintain professional competency, acquire competency using telehealth technologies, ensure client safety, and adhere to ethical principles of practice.
- **Reimbursement/Payer Guidelines –** Occupational therapists, assistants and students must adhere to reimbursement requirements and accurately represent services delivered through telehealth.
- **Authentic Occupational Therapy Practice –** The WFOT endorses practice that is client-centred and occupation-centred, and which portrays the scope of the profession.

Conclusion

Telehealth can be an appropriate and effective service delivery model for improved access to occupational therapy services. Services provided through telehealth should meet the same standards of care as services delivered in-person and comply with all jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy.

1 World Federation of Occupational Therapists [WFOT]. (2013). Definitions of occupational therapy from member organisations (revised 2013 October). http://www.wfot.org/ResourceCentre.aspx

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