TELEHEALTH & OCCUPATIONAL THERAPY

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NOVEMBER 7, 2022 ARIZONA TELEMEDICINE PROGRAM

OBJECTIVES



UNDERSTAND BREADTH OF POPULATIONS & DIAGNOSES THAT CAN BENEFIT FROM OCCUPATIONAL THERAPY VIA TELEHEALTH



BECOME AWARE OF VARIABLE APPROACHES TO PROVIDING CLIENT CENTERED TREATMENT VIA

OCCUPATIONAL THERAPY



RECOGNIZE RESEARCH SUPPORTING EFFECTIVENESS OF OCCUPATIONAL THERAPY VIA TELEHEALTH

DEFINITION: O.T.

Routines, habits, roles □ Needs, wants Meaningful Adaptive Context specific







WHO CAN BENEFIT?



□Youth/Children

Adults

Individuals

Families



Development

Mental Health

Physical Rehab

Environment



Populations

Education/Training



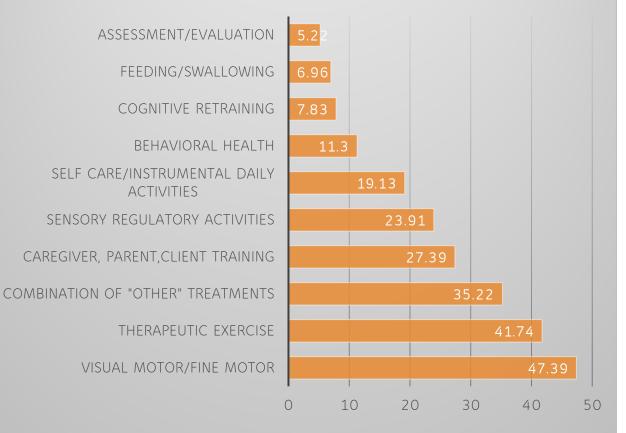
EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Percentages of OTPs & Work Settings *ACUTE, INPT, SNF, RESEARCH, PEDS 41.74 SCHOOL BASED 19.57 HOME HEALTH 10.87 EARLY INTERVENTION 10 20 30 40 50 \bigcirc Percentage of Respondents

<u>View of Telehealth for the Provision of Occupational Therapy:</u> <u>Reflections on Experiences During the COVID-19 Pandemic</u> <u>(pitt.edu)</u>

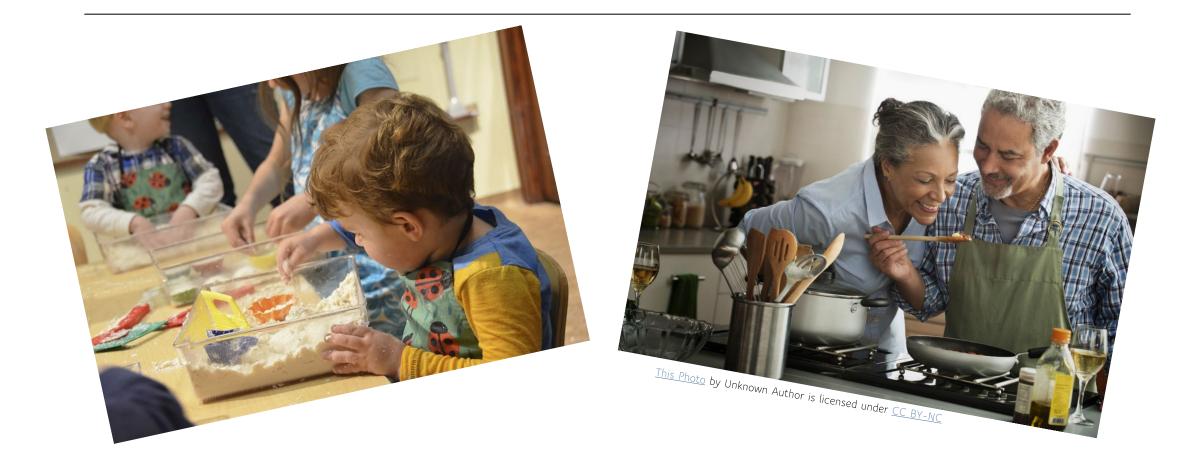
EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Percentages of Intervention Effectiveness



<u>View of Telehealth for the Provision of Occupational Therapy:</u> <u>Reflections on Experiences During the COVID-19 Pandemic</u> <u>(pitt.edu)</u>

APPLICATIONS



EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Effectiveness School-Based
Virtual services to charter schools
Focused upon fine motor/visual motor

Occupation of handwriting

□ Kinesthetic activities

Learning coach



Positive outcomes & satisfaction

View of School-based Telerehabilitation In Occupational Therapy: Using Telerehabilitation Technologies to Promote Improvements in Student Performance (pitt.edu)

EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Hip Fracture & Fear of Falling

□Virtual hybrid model

■ Mobility outcome measure scores

Engagement in meaningful activities



Mood/psychosocial concerns: Fear & Quality of Life

□ Movement sensors

Effectiveness of sensor monitoring in an occupational therapy rehabilitation program for older individuals after hip fracture, the SO-HIP trial: study protocol of a threearm stepped wedge cluster randomized trial | BMC Health Services Research | Full Text (biomedcentral.com)

EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Parent Wellness Program

Virtual social support & health promoting education

Grounded in the 8 Dimensions of Wellness & the PERMA Model of

Wellbeing



EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Family-Centered Intervention

□ Virtual support facilitating a collaborative relationship of caregivers with therapist

Means to build caregiver confidence

■ Met the needs of families as compatible with their daily life

Problem solving immediately applicable in the home

https://telerehab.pitt.edu/ojs/Telerehab/artic le/view/6274

EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

RISE (Re -invent, Integrate, Strengthen, Expand)

□Virtual 1:1 health-self management

Educates & empowers

Behavioral strategies

Healthy habits & routines

□Function in valued activities



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EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Bone Marrow Transplant □Virtual interactions for closed inpt unit **Prevent** deconditioning: Mobility outcome measure scores Engagement in meaningful activities Mood/psychosocial concerns

□OT/PT Joint programming with nursing

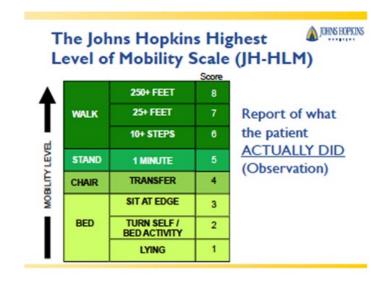


EVIDENCE BASED OUTCOME DRIVEN CLIENT CENTERED

Bone Marrow Transplant

Effective for immunocompromised population during prolonged hospitalization

Motivational Interviewing



AM-PAC Medicare Outpatient Basic Mobility Form Boston University AM-PAC ¹⁹ Medicare Outpatient Basic Mobility Short Form (DOTPA) Please check the box that reflects you (fle patient's) best answer to each question.				
How much DIFFICULTY do you currently have (If you have not done an activity recently, how much difficulty do you think you would have if you tried?)	Unable	A Lot	A Little	None
 Moving from sitting at the side of the bed to lying down on your back? 	D,		2	D)
Moving up in bed (e.g., reposition self)?	D,		2	
Standing for at least one minute?	D.		2	
 Sitting down in an armless straight chair (e.g., dining room chair)? 	_₀		D:	₽
Standing up from an armless straight chair (e.g., dining room chair)?	□•			₽
Getting into an out of a car/taxi (sedan)?	D•		2	D,
Walking around on one floor, taking into consideration thresholds, doors, furniture, and a variety of floor coverings?	D,			Þ
 Going up and down a flight of stairs inside, using a handrail? 			2	
Bending over from a standing position to pick up a piece of clothing from the floor without holding onto anything?	D,			Þ
Walking several blocks?	D.		2	
 Walking up and down steep unpaved inclines (e.g., steep gravel driveway)? 	D,			D)
 Carrying something in both arms while climbing a flight of stairs (e.g., laundry basket)? 	D.		D2	D,
How much HELP from another person do you currently need (If you have not done an activity recently, how much help do you think you Unable A Lot Little None would need if you tried?)				
13. Moving to and from a bed to a chair (including a wheelchair)?	D,			D
14. Do you also use a wheelchair to get around?	□ ¥e	No		
Without help from another person, when you are using your wheelchair, how much DIFFICULTY do you currently have (If you have not done an activity recently, how much difficulty do you think you would have if you tried?)	Unable	A Lot	A Little	None
15. Moving around within one room, including making turns in a wheelchair?	D,		2	₽
16. Opening a door away from a wheelchair?	D.		2	
17. Opening a door toward a wheelchair?	D,			D
 Transferring between a wheelchair and other seating surfaces, such as a chair or bed? 	D.			D)
19. Propelling/driving a wheelchair several blocks?	D.		12	
Raw Score: CMS 0-100% Score: Standardized Score: CMS Modifier:				

AM-PAC Short Form Manual (v. 3) © 2007, Trustees of Boston University, under license to CREcare, LLC. All rights reserve

EVIDENCE BASED
 OUTCOME DRIVEN
 CLIENT CENTERED

Home Health Care

Cost Containment

□ Chronic Conditions

Functional Status

Hybrid model



http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/63 27

DIRECTIONS

- Reimbursement vs Direct Pay
- **O**T Compact
- Standardized vs Modified for Virtual
- Individualized vs Cookie Cutter for everyone
- Ongoing applications expanding practice
- Questions & Comments...



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