

Testimony before the House Health and Human Services Committee Re: HB 2512 by Susie Harms, President Kansas Physical Therapy Association February 1, 2018

Mister Chairman and Committee Members,

My name is Susie Harms and I serve as the President of the Kansas Physical Therapy Association, the KPTA.

Thank you for this opportunity to speak regarding HB 2512. The KPTA is neutral on this bill. We would certainly be a strong proponent if it recognized all licensed health care providers, including physical therapists and physical therapist assistants. KPTA believes the best health care legislation/policies are adopted based on qualified providers delivering evidence based care that is safe and cost effective. Access to health care is a right for all citizens of Kansas. Legislation should not be about payment. Presently, the Kansas Medicaid system recognizes all health care providers, including physical therapists, in the telehealth space to improve quality access to care. Physical therapists are authorized to deliver physical therapy services through telehealth in every state, and are specifically recognized as telehealth providers in some state Medicaid programs and telehealth parity laws.

Technological advances in telehealth are surely reshaping the health care landscape and innovation in this space is exciting. There is a growing body of evidence for the clinical efficacy of PTs in telehealth and I have submitted a list of references, including articles and research demonstrating this. I have also included the position statement from our national association, the APTA, stating, "telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with association positions, standards, guidelines, policies, procedures, Standards of Practice for Physical Therapy, Code of Ethics and the Guide to Physical Therapist Practice." These are our profession's core documents adopting telehealth practice in physical therapy.

Similar to other telemedicine professions, telehealth activities assist the physical therapist in patient/client management, but it is still up to the physical therapist to determine if the assessment and treatment is most appropriate in a face to face encounter versus telehealth. In fact, model regulation of telehealth in physical therapist practice exist from the Federation of State Boards of Physical Therapy.

In Kansas, physical therapists are presently engaged in telehealth through the VA. PTs in the Robert Dole clinic in Wichita provide telehealth services in their Community Based Outpatient Clinics and their Home Based Primary Care provider programs. In these settings, videoconferencing allows veterans who travel to the clinic to be evaluated, fitted and instructed in the proper assistive walking device. This makes older veterans safer and prevents falls while improving exercise and fitness levels from a distance. With the help of audio and video conferencing, PTs are also able to carry out home safety assessments by making recommendations for adaptive equipment and improving the safety of veteran's home environment recommending placement of grab bars, hand rails, removing trip hazards. For veterans and their caregivers, telehealth lessens transportation barriers, often related to disability, reduces financial and psychosocial issues dealing with healthcare. It's important to note that delays in care can also lead to more suffering and higher costs from falls and unnecessary care. Recently, The VA system has proposed a national rule to remove barriers allowing its providers, including physical therapists, to conduct telehealth activities across all 50 states and in non-federal sites including patients' and providers' homes. Several positive patient testimonials can be viewed on the VA's telehealth website.

According to the US Bone and Joint initiative, more than half of all adults in the US now report a chronic musculoskeletal condition, a rate that outpaces the prevalence of reported respiratory conditions (24%) and circulatory conditions including high blood pressure (42%). Chronic low back pain, joint pain, and disability make up 3 of the top 5 most commonly reported conditions, the report states. Physical therapists are recognized professional experts in the treatment of musculoskeletal conditions without prescribing opioids. We are low cost, low risk, high value health care professionals that, in addition to hands on clinical skills, also provide advice, individualized exercise prescription, activity modification, body mechanics, and therapeutic pain science education, all of which can be provided in some degree through telehealth.

In summary, while testifying as a neutral entity, I hope this committee can appreciate how physical therapists are able to provide value and cost effectiveness in the telehealth space. The KPTA believes other rehab team providers such as occupational and speech therapists could offer similar success stories with telehealth to improve the quality of life for constituents of Kansas. We would be very pleased to move towards a proponent status if the HB 2512 was inclusive of physical therapists and other licensed health care providers.

Thank you for your time.

References:

- APTA Definitions and Guidelines on Telehealth. American Physical Therapy Association website. <a href="http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/Telehealthanglemberghealthanglemb
- 2. Russell TG, Buttrum P, Wootton R, Jull GA. Internet-based outpatient telerehabilitation for patients following total knee arthroplasty: a randomized controlled trial. *J Bone Joint Surg Am.* 2011;93(2):113-120. doi: 10.2106/JBJS.I.01375.
- 3. Bini SA, Mahajan J. Clinical outcomes of remote asynchronous telerehabilitation are equivalent to traditional therapy following total knee arthroplasty: A randomized control study. *J Telemed Telecare*. 2016 Mar3.
- 4. Lee ACW, Harada N. Telehealth as a means of health care delivery for physical therapist practice. *Phys Ther.* 2012;92(3):463-468.
- Trump, Shulkin announce 'anywhere-to-anywhere' telehealth plans for VA. Healthcare IT News website. http://www.healthcareitnews.com/news/trump-shulkin-announce-anywhere-anywhere-telehealth-plans-va?utm source=Main+List&utm campaign=529c9dd74a-EMAIL CAMPAIGN 2017 08 01&utm medium=email&utm term=0 591174d32f-529c9dd74a-218476557 Accessed January 11, 2018.
- 6. Kairy D, Lehoux P, Vincent C, Visintin M. A systematic review of clinical outcomes, clinical process, healthcare utilization and costs associated with telerehabilitation. *Disabil Rehabil*. 2009;31(6):427-447.
- 7. Tousignant M, Moffet H, Nadequ S, et al. Cost analysis of in-home telerehabilitation for post-knee arthroplasty *J Med Internet Res.* 2015;17(3): e83. doi: 10.2196/jmir.3844.
- 8. Lee ACW, Billings B. Telehealth implementation in a skilled nursing facility: Case report for physical therapist practice in Washington. *Phys Ther.* 2016;96(2):252-259.
- FSBPT telehealth in physical therapy policy recommendations for appropriate regulation. Federation of State Boards of Physical Therapy website. https://www.fsbpt.org/FreeResources/RegulatoryResources/TelehealthinPhysicalTherapy.aspx x http://www.fsbpt.org/FreeResources/PhysicalTherapyLicensurecompact.aspxAccessed January 11, 2018.
- 10. Richmond T, Peterson C, Cason J, et al. American telemedicine association's principles for delivering telerehabilitation services. *Int J Telerehabil*. 2017;9(2):63-68.
- 11. https://www.telehealth.va.gov/
 Veterans testimonials regarding their experience and the value of telehealth.