

Urgent Need For Telehealth For Medicare's Physical Therapy Patients



Medicare beneficiaries' access to outpatient therapy via telehealth is currently restricted, putting them at heightened risk during the COVID-19 pandemic. Unless their access to telehealth-enabled therapy is improved, patients suffering post-operative complications, functional impairment, pain, immobility, and fall risk could suffer harm that requires emergency and inpatient care, adding to the extraordinary burden already faced by America's hospitals. Major private carriers have already changed their policies to allow therapy to be provided via telehealth during this emergency - we urge Medicare policy to be updated, as well, to protect beneficiaries like the following real-life patients:

INDIANA

88 year old female

This patient fell in February and injured her shoulder. She completed 3 in-clinic physical therapy sessions and was seeing an excellent improvement in her range of motion, shoulder function and reduction in pain. She recently stopped coming to appointments due to COVID-19 and has regressed during this time. By allowing this patient to be reached via telehealth, her current range of motion and pain could be properly assessed.

80 year old male

This patient was referred to physical therapy due to trouble walking after back surgery. The patient is a safety concern in regards to his weakness and requires gait training. While his health was improving with physical therapy, he has cancelled appointments due to COVID-19. Telehealth would allow for a review of his environment to reduce fall risk. In addition, this would allow him to be educated on gait mechanics and safety while using the most appropriate assistive device.

MICHIGAN

72 year old male

Following an eight-week hospitalization for sepsis, this patient was experiencing generalized weakness and increased fall risk. Upon treating him in the clinic setting, he was diagnosed with gross lower extremity weakness (level 2+/5 in his hips and lower extremities and inability to tolerate standing for > 5 minutes due to weakness). The patient's past medical history is not conducive to visiting public places due to COVID-19, so continuing to visit the clinic could unintentionally put his general health at risk. He would be an ideal candidate for home visits to maintain his therapy, but unfortunately this is not an option due to PPE shortages in my region. This patient would benefit greatly from guided telehealth to assist in his ability to walk safely in the home and reduce his fall risk.

68 year old female

This patient was referred to physical therapy after having a L4-L5 lumbar fusion surgery. She attended two PT sessions and canceled her remaining visits because she has asthma and was frightened of contracting COVID-19. At her initial evaluation, she was four weeks post-op and was having level 7/10 pain in her lower back while sleeping and standing for > 5 minutes. She also required assistance to put on her shoes and socks and perform basic activities of daily living in her home. While she could potentially be served in the home, the PPE shortage makes it impossible to visit patients in the home out of caution for the health of patients and therapists alike. Allowing this patient to be reached via telehealth or e-visits would significantly address her limitations and support functional ability progression.

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VIRGINIA

72 year old female

This patient just underwent a total knee replacement at the end of February. Prior to surgery she was functionally limited with walking, stairs and transfers, and experienced multiple falls. She continues to have a stiff knee post-surgery, which could result in arthrofibrosis. She has a medical history of COPD and type II diabetes. Due to these underlying conditions, she reasonably fears visiting the clinic because of Coronavirus. Her therapist wished to administer therapy in the home, but that cannot be undertaken safely due to PPE shortages. She would benefit greatly from guided telehealth stretching, partner assisted manual therapy (partnering with her husband), and extensive guidance on dosage of exercise, swelling management, and other care concepts. Unfortunately, she cannot access these services via telehealth due to lack of Medicare coverage for the service. With an indefinite amount of time before Coronavirus is under control, the long term risks to her health are significant.

80 year old male

This patient came to therapy earlier this year because of weakness and deconditioning after a prolonged two-month hospital stay. His physical therapy in the clinic focused on building strength, endurance, mobility, and balance to keep him safely participating in home and community activities. Due to Coronavirus fears, coupled with a compromised immune system resulting from a history of lung cancer, he hasn't been to the clinic for therapy in two weeks. Telephone check-ins reveal he is feeling weaker and not remaining active. Of additional concern is the fact he lives alone. He would greatly benefit from access to telehealth so we could safely guide him through strengthening and endurance exercises without exposing him to the risk of COVID-19 infection in a facility setting.

66 year old male

This patient suffers from lower back pain that radiates into his buttocks and posterior thighs. His pain fluctuates between levels 4-8/10 when he is standing, and his ability to participate in desired functional activities is significantly impaired as a result. While he is an active man, still working part time with high level community participation goals, he has a medical history including coronary artery bypass grafting (CABG), hypertension and high cholesterol. His children do not feel he should risk coming to physical therapy at the clinic, so he isn't currently receiving the care he needs. He has a home exercise program but is not able to appropriately progress, regress, or modify the program based on his presentation on any given day. With physical therapist intervention via telehealth, he would be able to manage his pain with mobility exercise, nerve gliding, postural training, strength and endurance training. Additionally, telehealth-enabled therapy would reduce the need for opiates, imaging, and surgery, thereby reducing his risk of exposure to the Coronavirus.

76 year old female

This patient has a medical history of osteoarthritis, degenerative joint disease, and lupus reports level 8/10 shoulder pain with an insidious onset due to impaired rotator cuff function. She is unable to comfortably cook, clean her home, dress, bathe, and perform other activities of daily living due to her pain. With her age and underlying conditions, she is unable to come to therapy in the clinic and reports ongoing pain and continued functional deficits. It is difficult for her to care for herself, but she is unable to get help in this time of necessary social isolation. Telehealth-enabled physical therapy would fill the gap in multiple ways, including modification of her cooking space, different tactics to help her dress more comfortably, mobility for her neck, shoulder girdle and thoracic spine, improved strength and endurance of stabilizing musculature, and pain control. None of this is possible without a telehealth option, however.