

Telehealth

Telehealth is the use of information and communication technologies to deliver health-related services when the provider and client are in different physical locations. The National Health Library and Knowledge Service Evidence Team produced a summary on how telehealth can best support HSCP's response to COVID-19 (available [here](#)). They outline the advantages of telehealth as the ability to:

1. rapidly deploy large numbers of providers;
2. facilitate triage so that front-line providers are not overwhelmed with new presentations;
3. supply clinical services when local clinics or hospitals are damaged or unable to meet demand;
4. decrease the risk of communicable diseases which are transmitted by person-to-person contact

The National Health Library summary notes the limitations of telehealth, namely, that some consultations require physical examinations and diagnostics that cannot be done remotely. Furthermore, there are issues with privacy, safety and technical difficulties that may impact the delivery of care. The National Library summary concludes however the studies have shown that both patients and staff are satisfied with the outcomes of using telehealth, although they state that more research is needed.

Guidance for Occupational Therapists

The following is a summary of information and guidance taken from the Irish COVID-19 Occupational Therapy in Acute Hospitals Interest Group, the Association of Occupational Therapists of Ireland (AOTI), the World Federation of Occupational Therapists (WFOT), the American Occupational Therapy Association (AOTA) and Occupational Therapy Australia (OTA).

In June 2014 the WFOT released their position statement (available [here](#)) on occupational therapy and telehealth. This document has been referenced in all subsequent professional association guidelines regarding telehealth, including those related to the current pandemic. A key tenant of the WTOF position statement is that occupational therapy services provided via telehealth should meet the same standards of care as services delivered in person and comply with all the usual professional ethical standards. The Irish COVID-19 Occupational Therapy in Acute Hospitals Interest Group, seconds the sentiments of the WTOF and recommends that occupational therapists are familiar with the AOTI code

of ethics (available [here](#)) and are familiar with GDPR guidelines in their own service area. They suggest that OTs providing services via telehealth consider the following:

1. Are you familiar with your organisations current policies, procedures and risk management policies around GDPR? If not, do you need to familiarise yourself and/or discuss same with your line manager?
2. What processes are in place to deal with a data breach? Is there ICT support in this event and do you need to inform them prior to setting up the service?
3. Does your telehealth software comply with regulations for electronic storage and transmission of client data? Do you need to check with your line manager or ICT department re: same?

The AOTA position statement (available [here](#)) that “telehealth has potential as a service delivery model in every major practice area within occupational therapy” including monitoring, consultation, intervention, and evaluation of clients. The AOTA reports that the following tests have been found to be reliable when administered remotely:

- The Montreal Cognitive Assessment (Abdolahi et al., 2014; Stillerova et al., 2016)
- The Mini-Mental State Exam (Ciemins, Holloway, Coon, McClosky-Armstrong, & Min, 2009; McEachern, Kirk, Morgan, Crossley & Henry, 2014)
- The Functional Reach Test and European Stroke Scale (Palsbo, Dawson, Savard, Goldstein, & Heuser, 2007)
- The Kohlman Evaluation of Living Skills and the Canadian Occupational Performance Measure (Dreyer, Dreyer, Shaw, & Wiltman, 2001)
- The Timed Up and Go Test (Hwang et al., 2016)
- The FIM, Jamar Dynamometer, Preston Pinch Gauge, Nine-Hole Peg Test, and Unified Parkinson’s Disease
- Rating Scale (Hoffmann, Russell, Thompson, Vincent, & Nelson, 2008)
- The Ergonomic Assessment Tool for Arthritis (Backman, Village, & Lacaille, 2008).

[Informed consent](#)

It is essential that clients fully understand what a telehealth consultation will entail and how you are going to safeguard their privacy confidentiality and data. Once it is clear that your client fully understands all that is involved they can give their informed consent to a telehealth.

Telehealth checklist

The OTA has developed a checklist to assist occupational therapists adhere to professional standards while delivering telehealth. The checklist (available [here](#)) helps an OT to determine whether a telehealth approach is appropriate with each particular client by asking these questions:

Getting Started

1. Have you considered which services are appropriate to offer through telehealth? Does this type of consultation suit your clients' needs?
2. Have you contacted your professional indemnity insurer about the provision of telehealth services?
3. How will you obtain informed consent specific to telehealth services? How will you ensure your client fully understands what telehealth entails and how it will be used in their circumstance? How will you maintain client privacy and confidentiality and store recordings or documents?
4. Do you have an appropriate workspace to provide telehealth services from? Consider noise, lighting and privacy.
5. Does your client have a quiet, private location and appropriate equipment to participate in a telehealth consultation? Consider the space needed and whether any tools or objects are required for the consultation.
6. Does anyone need to be on site with the client to help them participate?
7. If onward referral is required, are you aware of any services or other health professionals in the region where your patient is located?

Privacy and Confidentiality

8. Do your current policies, procedures and risk management protocols include storage of video recordings, images and teleconferencing? What processes are in place to deal with a data breach?
9. Does your telehealth software comply with regulations for electronic storage and transmission of client data? This includes MBS requirements if providing telehealth services through Medicare.
10. Can both you and your client access a secure internet connection?

Technology

11. Can you and your client access all required equipment to facilitate telehealth? A device, microphone, speakers/headset, reliable internet connection and software will be needed.
12. How will you help your client with technical difficulties that may arise? Is there a troubleshooting guide available for the software?

Billing

13. Have you obtained informed financial consent from your client about any out of pocket costs for telehealth? Please check our FAQ and Resources on COVID-19 page for updates on funding and rebates available for telehealth.
14. How will you collect payment from your client following a telehealth consultation?

Telehealth and COVID-19: The Irish context

The HSE established a National Telehealth Steering Committee in March, 2020. The group aims to provide governance, oversight and direction to emerging telehealth for the duration of the COVID-19 pandemic. To facilitate this work, a temporary HSCP Telehealth Project Officer position has also been created. In April 2020, an online HSCP Survey: *Telehealth: what matters to you?* was sent to HSCP frontline services. Over 700 health and social care professionals completed the survey. The findings from this survey are available in the HSCP Hub, What's Happening section on [HSELand](#). The results are being used to inform the work of the National HSCP Office in supporting telehealth solutions. The Irish COVID-19 Occupational Therapy in Acute Hospitals Interest Group, states:

There seems to be evidence to support the use of telehealth in the literature and it is also supported by national and international Occupational Therapy professional bodies. In providing services post Covid, there may be scope for telehealth to be considered as a useful modality in providing comprehensive OT services in what may be a challenging environment. However, it is an area that requires more research in an Irish context and prior to setting up a telehealth service, there are a number of practical, ethical and policy matters to be considered and adhered to.

Disclaimer

This document has not been peer-reviewed; it should not replace individual clinical judgement. The views expressed in this document are not a substitute for professional medical advice. The content of this document is correct as of 30/10/2020

Rapid Evidence Search & Summary (RESS)

Our team of multidisciplinary researchers and clinicians in conjunction with the University of Limerick Library and Information Services have developed a detailed protocol for conducting a Rapid Evidence Search & Summary (RESS) to answer questions submitted to RapidInfo4U. Our RESS protocol uses PICO or PEO methods to refine your question and follows a detailed search procedure capturing guidance documents from governments, institutions and professional bodies; searching clinical and COVID specific repositories; and identifying the most recent reviews and RCTs in the scientific literature using established databases.