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RAPID RESEARCH

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Inside This Week: Telehealth Implementation

-
- ✓ Telehealth Physical Therapy Implementation During COVID

 - ✓ Outpatient Telehealth Barriers to Implementation

 - ✓ Telehealth Visits & No-Show Appointments



TELEHEALTH PHYSICAL THERAPY IMPLEMENTATION DURING COVID

[Click for Full Text
\(Miller et al. 2022\)](#)

This research evaluated implementation of telehealth physical therapy in response to COVID-19 and identified strategies to maintain and scale up within a large urban academic medical center.



KEY FINDINGS

4548 PT sessions provided by 40 therapists were evaluated.

3883 (85%) were tele-health.

- 94% of patients were satisfied.
- 92% of patients said they would attend another tele-health session.
- All PTs used telehealth technology at least once.

5 themes of Implementation:

1. Organizational factors (policies, preexisting partnerships).
2. Engaging external stakeholders (satisfaction survey).
3. Champions (clinician leaders).
4. Clinician education (dynamic, ongoing training).
5. Process (promote adaptability, small tests of change).

MAIN TAKEAWAYS

Implementation of tele-health physical therapy during the COVID-19 pandemic was successful in a large urban medical center.

Further, patients' satisfaction and willingness to have additional tele-health physical therapy sessions were high.

The positive findings from this study demonstrate that patients find telehealth acceptable and physical therapy services can be delivered using telehealth technology.

OUTPATIENT TELEHEALTH; BARRIERS TO IMPLEMENTATION

[Click for Full Text
\(Lieneck et al. 2021\)](#)

This systematic review determined the underlying themes regarding facilitators and barriers experienced implementing telehealth during the pandemic



KEY FINDINGS

24 Studies included in Synthesis

Majority were Level 4 studies

Main Facilitators Identified:

1. Patient engagement (29%)
2. Operational workflow, Organizational readiness & Regulatory changes (83%)
3. Reimbursement parity (50%).

Main Barriers Identified:

1. Patient telehealth limitations
2. Lack of clinical care telehealth guidelines, and training
3. Technology & financial considerations

MAIN TAKEAWAYS

This review evidenced an ongoing initiative to implement telehealth in the outpatient setting with patient satisfaction and optimal outcomes.

Patient telehealth limitations, lack of clinical care telehealth guidelines, and training, technology, and financial considerations are barriers to implementation.

These challenges suggest inherent inequities in the delivery of care using telehealth resources, as implementation efforts continue.

TELEHEALTH VISITS & NO-SHOW APPOINTMENTS

[Click for Full Text](#)
([Sio et al. 2020](#))

This review evaluated telehealth usage increase during the stay at home order and the proportion of no-show telehealth visits



- Clinic volume decreased from 340 to 233 (31%) pre- to post-COVID.
- 84% (72 of 86) of telehealth visits were post-operative and established nonoperative patient visits.
- 16% (14 of 86) were new-patient visits.

There was a 37% increase in the percentage of office visits conducted via telehealth between the pre-COVID-19 and COVID-19 periods.

By the 3rd week of implementation, telehealth comprised 57% of all visits.

No difference in the no-show proportion between regular and telehealth visits (13% and 14%, respectively)

MAIN TAKEAWAYS

In an orthopaedic trauma population, we found that ~50% of clinic visits can be conducted virtually.

We also found no difference in no-show proportions before and after the introduction of telehealth.

Implementation Strategies include:

- Postponing longterm follow-up visits.
- Having sutures or staples removed by a home health or skilled nursing facility RN
- Having patients obtain pertinent imaging before the visit
- Ensuring that patients have access to mobile devices and internet connectivity.

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