Board Resolution No. 2020-001

Guidelines on the use of telehealth as an alternative form of occupational therapy service provision

INTRODUCTION

Telehealth refers to the utilization of information and communication technologies (ICT) to deliver health-related services when there would be differences in locations between the service provider and the client.[1] This may be due to various circumstances such as limited personnel, health crises, political unrest, and the like, prompting for the utilization of other innovative media for continuous service delivery. Aside from preventing unnecessary delays in the provision of services[2], telehealth when maximized can facilitate coordinated care and interprofessional collaboration.[3] This term encompasses the broad range of services that occupational therapists (OTs) are providing such as but not limited to health promotion, prevention, education, supervision, consultation, advocacy work, and direct service provision.

While direct and in-person occupational therapy service delivery always supersedes all other forms of service provision, public health emergencies call for alternatives such as telehealth. In an effort to harmonize how this form of service provision will be implemented, the Board of Directors of the Philippine Academy of Occupational Therapists, Inc. (formerly Occupational Therapy Association of the Philippines, Inc..) deems it proper to establish guidelines on the utilization of telehealth for licensed Filipino Occupational Therapists.

NOW, THEREFORE, THE PAOT, Inc. hereby adopts and promulgates the following:

Sec. 1. Professional Standards - Occupational therapy service provided via telehealth should meet the same standards of care as service delivered in-person such that:

> **Sec. 1.1.** The OT Telehealth will comply with all existing jurisdictional, institutional, and professional/qualification regulations and policies governing the practice of occupational therapy in the Philippines. Adherence to the standards of practice governing professional qualifications, referral, screening, assessment, intervention planning and implementation, transition/discharge planning, and documentation still applies and is expected.
>
> **Sec. 1.2.** The OT Telehealth modifications made by OTs to intervention material, techniques, equipment, and setting shall be delivered in accordance with professional standards of care and the principles of evidence-based and reflective practice.
>
> **Sec. 1.3.** OTs providing telehealth should possess the necessary knowledge, skills, and attitude in delivering competent services through this platform, which includes but not limited to equipment operation and troubleshooting.[4]

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Sec. 2. Ethical Considerations - Occupational therapy practitioners offering telehealth as an alternative form of service provision should adhere to various ethical principles to ensure that the welfare and best interest of clients is given utmost priority. Regardless of the context, occupational therapy personnel shall demonstrate a concern for the well-being of the recipients of their services, as well as respecting their rights and decisions on how this service provision will be delivered.[5] Under this section, various considerations have to be addressed:

Sec 2.1. Identification of Clients - Occupational therapists are expected to be conscientious and prudent in identifying clients who may possibly be provided with telehealth as an alternative form of service provision. OTs should consider their clients' perceptions on the delivery model used, current situation, medical diagnosis, and nature of occupational therapy services to be received.

Sec. 2.2. Preparedness of Stakeholders - Occupational therapists should assess the knowledge, skills, and attitude of the clients and their family members on the utilization of telehealth as an alternative form of service provision. This also calls for the assessment of the current context (e.g. location, access, equipment, bandwidth, etc.) of the client to facilitate such services. This will facilitate the selection of appropriate resources, appropriate mode of delivery (synchronous, asynchronous), or possible utilization of other forms of service provision aside from telehealth.

Sec 2.3. Anticipated Risks and Solutions - Occupational therapists should ensure that the overall benefits in any service delivery should outweigh the risks. OTs are expected to identify these risks which may pose harm to the clients during the delivery of services. A comprehensive plan to be used in case of untoward incidents (e.g. behavioral or emotional outburst, falls, etc.) has to be made and explained to all stakeholders prior to the commencement of sessions. As in the case of direct service delivery, the OT is held accountable for the decisions he/she is making for the entirety of the telehealth service provision.

Sec 2.4. Informed Consent and Client's/Parent's Discretion - Occupational therapists shall inform clients about the nature of the occupational therapy services to be provided, duration, risks, benefits, alternate treatment options, rates, and any limits to protection of privacy, security, and confidentiality of personal health information associated with the technology. OTs should inform clients of the tools, materials, and equipment, along with the costs, that need to be purchased by the latter. In addition, clients should also be informed of their responsibilities with respect to accessing occupational therapy services through telehealth.

1. Consent shall be evidenced by written, electronic or recorded means.
2. Consent is personal but it may also be given on behalf of a data subject by a lawful representative or an agent specifically authorized by the data subject to do so.
3. Consent is required prior to the collection and processing of personal data, subject to exemptions provided by the Act and other applicable laws and regulations.
4. When consent is required, it must be time-bound in relation to the declared, specified and legitimate purpose.
5. Consent given may be withdrawn at any time. It is important to emphasize that the use of the Telehealth platform is still based upon the client's (of legal age) or parents' discretion.

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Sec. 2.5. Confidentiality - Users of telehealth are obligated to employ mechanisms to ensure confidentiality for synchronous and stored client data in compliance with jurisdictional, institutional, professional regulations and policies governing occupational therapy practice.

1. Institutions and/or professionals shall have traceable documentation of the telehealth session with the client. Such may be in the form of Electronic Medical Records (EMR) or traditional medical records/ note taking.
2. Telehealth must comply fully with the provisions of the Data Privacy Law[1]

Sec. 3. Monitoring Mechanisms - Institutions and OTs utilizing telehealth are expected to employ continuous and consistent monitoring mechanisms to assess if this form of service provision is effective and efficient in meeting the set outcomes for the clients.[6] Institutions and OTs are obligated to continuously gather the perceptions of the clients with this form of service provision, along with identifying problems encountered to generate appropriate solutions.

Sec. 4. Continuous Quality Improvement - Depending on the results of the consistent monitoring process that institutions and OTs will be performing, appropriate modifications as to how telehealth is provided need to be explored and implemented. As part of this process, OTs delivering services through telehealth shall engage in continuing education and on-site training by experts as part of one's duty to continually maintain high standards of competence.[6] In addition, OTs should always use research evidence to identify best practices that attain meaningful outcomes.[7]

Sec. 5. Documentation - The documentation process should not cease with the utilization of telehealth. Therapy notes should still be done per session and forwarded to the clients through the agreed upon medium. Progress notes should be available subject to the protocols of the different facilities and institutions offering occupational therapy services, in addition with the possible request of other stakeholders.

Sec. 6. Resumption/Utilization of Direct Service Delivery - If the contexts for both the OTs and the clients are already more favorable, the former is expected to look onto the therapeutic potential that direct service delivery conventionally provides. OTs should not discount the effects of direct instruction of techniques and strategies to both the clients and the family members and therapeutic use of self in the meeting of the set outcomes. The client-centered nature of the profession specifically calls for the utilization of rapport, warmth, and genuineness that is naturally facilitated in direct service delivery. Upon his/her reflection and clinical judgment, telehealth may be incorporated as part of a hybrid service delivery model which includes direct client contact, caregiver education and mediation. In no way should telehealth be used as a way to avoid contact to some clients on the basis of discrimination (e.g. medical diagnosis, ethnicity, religion, etc.)[1] and mere convenience on the part of the OTs.

[1] *Section 22. Sensitive Personal Information and Privileged Information. The processing of sensitive personal and privileged information is prohibited, except in any of the following cases: (e). The processing is necessary for the purpose of medical treatment: Provided, that it is carried out by a medical practitioner or a medical treatment institution, and an adequate level of protection of personal data is ensured;*

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Sec. 7. Billing and Cost of Service - Institutions and/or occupational therapists delivering services through telehealth shall comply with existing national laws and policies on billing and reimbursement of health services. They shall use billing and coding processes that clearly articulate the occupational therapy service provided through telehealth. Cost of technology (e.g. computer, screen, camera, mobile phone) should not in any way limit and affect the quality of service provided to clients.[8] Rates should be fair and reasonable considering its use in times of crises as contextualized in these guidelines. This should be carefully discussed and agreed among various parties in an institution prior to the offering of services.

REFERENCES

[1] World Federation of Occupational Therapists (WFOT). (2014). Position Statement on Telehealth. Retrieved from http://www.wfot.org./ResourceCentre.aspx

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[4] Brennan, D., Tindall, L., Theodoros, D., Brown, J., Campbell, M., Christiana, D., … Lee, A. (2010). A Blueprint for Telerehabilitation Guidelines. *International Journal of Telerehabilitation*

[5] Philippine Academy of Occupational Therapists (PAOT). (1998). Occupational Therapy Code of Ethics.

[6] Philippine Academy of Occupational Therapists (PAOT). (1998). Occupational Therapy Standards of Practice.

[7] Canadian Association of Occupational Therapists (CAOT). (2011). CAOT Position Statement: Tele-occupational therapy and e-occupational therapy. Retrieved from https://caot.in1touch.org/document/3717/T%20-%20Telehealth%20and%20E-Occupational%20Therapy.pdf

[8] Telerehabilitation Position Paper. (2005). *American Journal of Occupational Therapy*, *59*(6): 656–660. doi: 10.5014/ajot.59.6.656

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