



Considerations for Telepractice in Physical Therapy in Canada

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Physiotherapy Regulators**

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Note: In preparing this document, the Canadian *Alliance* of Physiotherapy Regulators has referred extensively to the NIFTE Guidelines. The considerations covered in this document relate particularly to regulatory issues; the NIFTE Guidelines should be consulted for information on other issues.

BACKGROUND

In 2002/03 the Canadian Alliance of Physiotherapy Regulators (The Alliance) participated in a national project seeking to identify and describe the various elements important to supporting the development of telepractice in health care in Canada. This project, known as NIFTE (National Initiative for Telehealth) was funded by The Richard Ivey Foundation and made several recommendations to advance the Canadian telepractice initiative. As a participant in this project members of The Alliance, particularly Registrars, were kept apprised of the developments and outcomes of the research. The final report was widely shared and created a desire for Canadian physiotherapy regulators to be proactive in identifying opportunities to promote consistency in physical therapy telepractice standards across jurisdictions.

Within these discussions Registrars separated their dialogue into two major segments:

- (a) Physical therapy telepractice standards at the point of care; and
- (b) The jurisdictional debate on where practice is actually occurring when telepractice takes place across borders.

Work groups reviewed the relevant literature and provided recommendations that were considered by the Registrars and Executive Directors. A legal opinion was sought with respect to the jurisdictional debate.

Purpose of The Paper

This paper is an internal resource document of The Alliance for use by provincial physiotherapy regulators. It is intended to assist regulators when developing provincial practice standards and registration requirements related to physical therapy telepractice.

Definition

Many definitions of telepractice appear in the literature. These definitions all contain the common elements of communications and/or computer technology, exchange of client information and the provision of service. The technologies used to support telepractice include telephone, algorithm driven software, videoconferencing, hand-held cameras, email, websites, hand-held computers, and other emerging technologies.

The College of Nurses of Ontario states in their 2004 guidelines that “telepractice assumes the client and the provider are interacting in a meaningful and individual relationship. To be interactive a service must provide client assessment, planning and provision of information as well as support, evaluation and documentation”. Television, radio programs and print media are therefore not considered to be telepractice because there is no individual response and no interactive component.

Health services provided via telepractice can include providing health information and advice over the telephone; triaging health concerns or providing information; assessing clients with chronic illnesses; consultations with other providers; electronic monitoring of client status over the telephone; client education; answering questions and counseling.

Telepractice can occur in a number of settings including ambulatory care clinics, call centers for counseling or disease management, physician’s offices, hospital units, emergency

departments, visiting nursing agencies, public health departments and private physiotherapy clinics.

For the purpose of this document, and in keeping with the broader national work completed on telepractice, the definition purported by the NIFTE Guidelines 2003 will be the primary reference.

Telepractice or telehealth has been defined as the use of advanced telecommunications technologies to deliver health and healthcare services and exchange health information over geographic, temporal, social and cultural barriers. (Adapted from NIFTE Guidelines, 2003)

Benefits of Telepractice

The literature identifies multiple potential benefits of telepractice. In the ideal situation these benefits include:

- Improved access to health services for individuals who are isolated by geography, incarceration, illness or who are overseas.
- Improved access to expertise.
- Reduced cost to clients to access services (e.g. travel expenses).
- Instant access to up-to-date information for providers and clients.
- Ability to link establishments (e.g. linking remote stations to hospitals, hospital to hospital).
- Eliminate risks associated with travel to services (e.g. deterioration of condition because of travel).
- Professional services can be provided more quickly (e.g. results of tests, reports).
- Improved quality of services through reallocation of resources to continuing education, upgrading equipment conducting research, etc.
- Decreased waiting time and reduction of unnecessary visits to emergency services.
- Increased ability to attract professionals to under-serviced areas.
- Increased ability to provide services 24/7.

Concerns and Challenges related to Telepractice

Several concerns and challenges are also identified in the literature. These include:

- Reduction in quality of care through elimination of face-to-face contact (e.g. ability to conduct assessment).
- Potential for decreased security of information.
- Potential for increased risk of fraud because of the elimination of face-to-face contact.

- Possible third party payer responses to telepractice include requiring people to accept telepractice provision of care because it is believed to result in cost savings when compared to other service delivery options.
- Risk of communication failures at critical points during interactions.
- Increased potential for providers to practice outside of their scope of practice.
- Increased ease of unauthorized individuals posing as registered practitioners.

Jurisdiction

In Canada, provincial regulatory authorities consider telepractice as one mode of service delivery. Provincial regulatory authorities vary in their position regarding jurisdiction. Some regulators take the position that while care is provided in jurisdiction “A” the provider only requires registration in jurisdiction “B” or their home jurisdiction. Physical therapy regulators have accepted a more legal perspective related to jurisdiction and agree that at this time, physiotherapists engaging in any form of telepractice across provincial borders must be registered in all jurisdictions in which telepractice is occurring or at the location of the client. Registration requirements and categories for this purpose may vary from province to province.

Physiotherapists therefore remain subject to the complaints process of the jurisdiction in which the client received service by telepractice. The therapist may also be subject to an investigation on the same matter in their primary jurisdiction, likely their province of residence. Additionally, physiotherapists are accountable for all related registration obligations in each jurisdiction in which they are registered, including meeting provincial standards for practice.

Principles of Telepractice in Physiotherapy

Telepractice does not change the nature of practice. Physiotherapists involved in telepractice use the processes of physiotherapy (assessment/evaluation, interpretation and planning, intervention, reassessment) to assess the needs of clients, and to plan, implement and evaluate the physiotherapy care provided.

Telepractice is a methodology, a mode of delivery, which augments service: it is not a substitute for the elements of care. Telepractice does, however, require a physiotherapist’s attention to the technology and its unique interplay in the therapeutic relationship.

Physiotherapists engaged in telepractice should:

- Determine whether telepractice is an effective and appropriate method to provide the physiotherapy services to meet clients’ needs, both for initial evaluation and for ongoing care in that situation.
- Be satisfied that the standard of care delivered via telepractice is reasonable and can lead to outcomes that are equivalent to any other type of care that can be delivered to the client, considering the specific context, location, timing, and relative availability of traditional care.

- Deliver competent physiotherapy services by assessing their own competence, identifying areas for learning, and addressing knowledge gaps in relation to relevant software and technology.

Physiotherapists who provide consultations to other physiotherapists using telepractice are not considered to establish direct care accountability for the client. The client in these situations remains under the care of the professional requesting the consultation.

Physiotherapy Practice Considerations

The standards and guidelines for physiotherapy practice are set by each jurisdiction. As the standard of care does not alter in relation to the method of delivery, a physiotherapist must be familiar with all standards in the jurisdiction in which they are providing services. Some components of practice require special attention by the physiotherapist. The competence areas noted below are specific considerations for a telepractice environment. The considerations listed are not intended to be exhaustive.

COMMUNICATION AND COLLABORATION (ESSENTIAL COMPETENCIES – DIMENSION TWO)

Physiotherapists involved in telepractice should strive to:

- be aware of the factors that facilitate communication and of the increased challenges to effective communication with telepractice technologies.
- ensure that clients are apprised of how to identify the physiotherapist, and what appropriate identifying information is appropriate to know or ask for.

PROFESSIONAL ACCOUNTABILITY (ESSENTIAL COMPETENCIES – DIMENSION ONE)

CONFIDENTIALITY AND PRIVACY

Physiotherapists involved in telepractice should strive to:

- ensure that appropriate methods are used to ensure the confidentiality of information transmitted electronically. This may include encryption technologies, passwords, firewalls, activity logs, data back-up, secure transmission lines and other methods to protect information from unauthorized access and abuse.
- ensure that telepractice communications cannot be overheard by unauthorized individuals.
- ensure that only those who need to be present are in the room during a telepractice session. Policies should be developed regarding the presence of technical support staff and students.

CLIENT AND ASSESSMENT (ESSENTIAL COMPETENCIES – DIMENSION FOUR)

INFORMED CONSENT

Physiotherapists involved in telepractice should strive to:

- take special care to ensure that clients understand the legal and other implications of telepractice. This includes providing clients with information about the jurisdiction from which care is being provided i.e. the actual location of the physical therapist.

- Ensure that clients are informed about their service delivery options (telepractice vs in-person if available and required).
- facilitate access to in-person services if clients make this request.
- take extra care to ensure that clients understand the information being provided, including the risks and benefits of providing services by telepractice.
- ensure the client understands the provisions made for confidentiality of information and that no technological communication is fully secure.
- inform clients of any other individuals who are in the room during the telepractice session, e.g. health care team members or students.
- know and follow facility policies for consent with respect to audio or video taping.
- consider requesting written consent for audio or video taping.

IMPLEMENTATION AND EVALUATION OF PHYSIOTHERAPY INTERVENTION (ESSENTIAL COMPETENCIES – DIMENSION SIX)

FOLLOW-UP CARE

Physiotherapists involved in telepractice should strive to:

- make adequate provision for follow-up care in the client's location if indicated.

PRACTICE MANAGEMENT (ESSENTIAL COMPETENCIES – DIMENSION SEVEN)

DOCUMENTATION

Physiotherapists involved in telepractice should strive to:

- include in their documentation information on the type of technology and the communication method used.
- include received and sent emails in their documentation if they contain treatment information.
- ensure that reliable processes are in place to back-up electronic documentation.
- inform the client about methods to access records.

SUPERVISION OF OTHER PERSONNEL

Physiotherapists involved in telepractice should:

- use direct supervision when assigning telepractice activities to students, residents, or interns.
- not assign telepractice activities to support workers.

EQUIPMENT

Physiotherapists involved in telepractice should strive to:

- ensure that the equipment used in the service meets appropriate standards and is properly maintained.
- ensure that the technology is of sufficient quality so the physiotherapist can make accurate health care assessments/decisions.
- ensure that the technology is of sufficient quality to adequately protect the privacy of the client's health information

Other

Liability

Physiotherapists involved in telepractice can minimize their risk by ensuring effective communication and documentation. Use of consistent tools to collect data, use of evidence-based protocols or clinical guidelines and consultation when indicated may be useful.

Physiotherapists involved in telepractice should consider whether additional malpractice insurance is required or prudent particularly if telepractice crosses provincial or national boundaries.

Public Education

Physiotherapists involved in telepractice need to consider ways to educate the public about the availability of telepractice services, the differences between these services and traditional services, the jurisdictional issues surrounding telepractice and the things that consumers need to watch for when selecting a telepractice provider.

Summary

Telepractice offers another opportunity for physiotherapists to deliver services to clients who may otherwise be restricted in delivery options. It is important therefore that regulators consider the practice and registration issues that arise through the use of telepractice and provide guidance to members. This paper provides a foundation for the development of provincial standards related to the delivery of care and registration.

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