



How COVID-19 Has Opened The Door to Additional Telehealth Services: TeleRehab

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Deyalin Madrigal

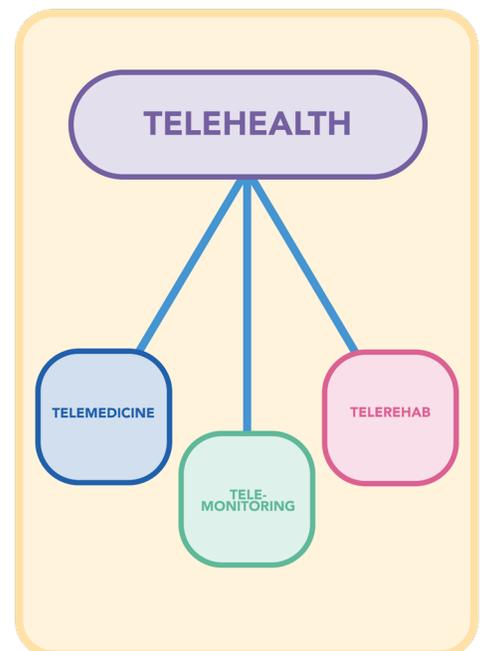
The COVID-19 pandemic has transformed the way services are delivered, particularly when it comes to healthcare services, such as rehabilitation. The urging of health officials to maintain a physical distance from others and other extra precautions, has affected the way patients receive care.

Patients receiving rehabilitation services had a difficult time accessing necessary resources due to transportation barriers and the closure of healthcare facilities (Treger, Friedman, & Treger, 2020). Fear of leaving the house and coming in contact with others has also led to decreased participation in both inpatient and outpatient rehabilitation programs (Treger, Friedman, & Treger, 2020).

The Rise of Telehealth

The disruption in the flow of health services, caused by COVID-19, has led to the rise of a newly preferred healthcare delivery system known as telehealth. Although telehealth has been around prior to the COVID-19 pandemic, the current crisis has created a need for telehealth services because it is an effective form of healthcare delivery that also mitigates the risk of infection.

Telehealth allows patients to receive care remotely from healthcare providers—either through a telephone or video visit. With the passing of the CARES Act and the implementation of Waiver 1135 by the Centers for Medicare and Medicaid Services, a new branch of telehealth known as telerehab is emerging.



Understanding Telerehab and the CARES Act

Telerehab is a form of telehealth, in which rehabilitation services are offered remotely. Care is delivered remotely by therapists (physical, occupational, speech, cardiac, etc.) through clinical assessment and clinical therapy (Global Med, 2018).

According to the CARES Act, providers such as physical therapists, speech therapists, and occupational therapists can offer rehabilitation services via modes of telehealth for the duration of the COVID-19 pandemic (American Medical Association, 2020). Starting March 1, 2020, and for the duration of the COVID-19 pandemic, Medicare will reimburse all physicians at the same rate as in-office visits for all diagnosis codes, making it more appealing for providers to offer this kind of service (American Medical Association, 2020).

Although most policies are set to end with the pandemic, some insurance companies have started integrating telehealth and telerehab services as a part of their standard coverage. Blue Cross Blue Shield of Tennessee plans to add telehealth services performed by therapists to its benefits packages permanently (American Physical Therapy Association, 2020).

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Cardiac Rehabilitation and Telerehab

As with other forms of rehabilitation, cardiac rehabilitation programs take place in both inpatient and outpatient settings (Piotrowicz, E., & Piotrowicz, R.). Inpatient rehabilitation refers to treatment that a patient receives in a hospital setting such as through a long-term acute care facility (20-30 day stay) or in a setting such as an inpatient rehab facility (Marsh, 2018). For example, skilled nursing facilities allow patients to continue to receive rehab services after they've been discharged from the hospital, typically for about 26 days (Marsh, 2018).

Outpatient rehabilitation refers to treatment that is provided to patients when they are not admitted as an inpatient, such as through an outpatient rehab clinic or home health agency. For example, upon being discharged from an inpatient facility, patients who require additional care have the option to work with a home health agency, where healthcare providers continue therapy services in the comfort of the patient's home (Marsh, 2018).

Cardiac rehabilitation can also be delivered in a hybrid setting where cardiac patients receive some of their rehab sessions in person while other sessions are supplemented by or fully replaced with non-face-to-face sessions via telerehabilitation (Shenoy, M. & Shenoy, P., 2018). Some studies have shown promising results for telerehab, such as improving patient compliance to rehab practices, improving cost effectiveness, and increasing access to rehabilitation services for more patients (Frederix et al. 2017). Since telerehab is an emerging form of healthcare delivery, its impact on inpatient and outpatient care settings is still somewhat uncertain (Burdea, 2018).

Current Challenges

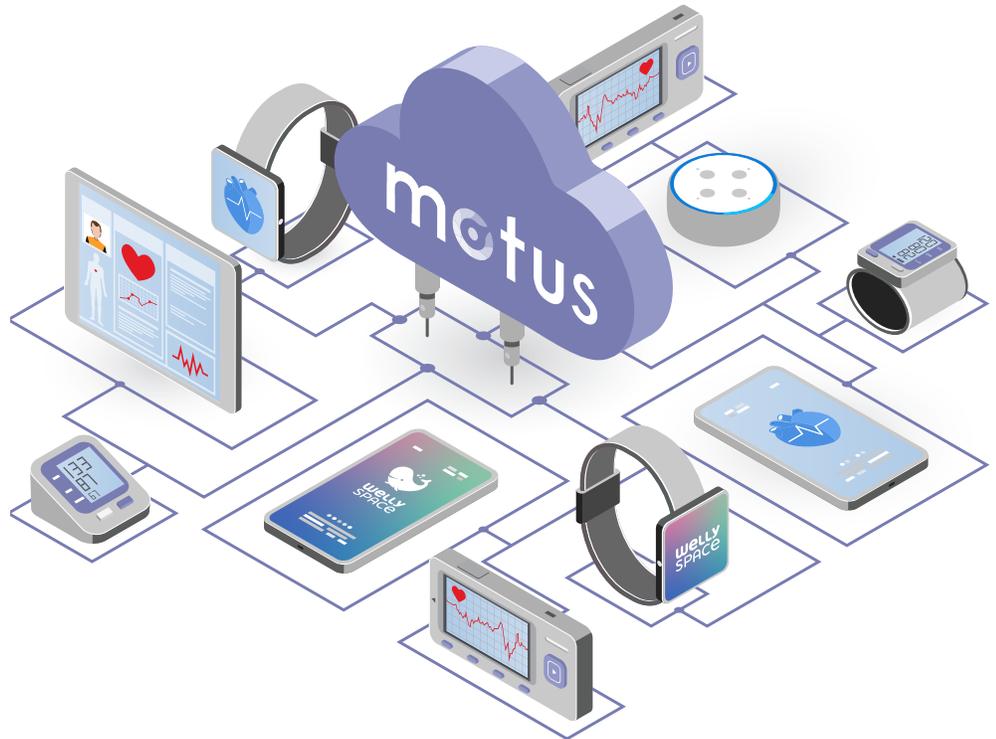
While telehealth and home monitoring services have proved to be valuable tools during the pandemic, they also pose some challenges. Home monitoring services produce large amounts of data which need to be monitored and reviewed by clinical staff. The extra time and resources needed to do this monitoring can become burdensome for clinical staff.

Other challenges include proper bandwidth and connectivity, device inventory management, and keeping patients engaged and compliant with their telehealth care plan. Despite these challenges, providers remain optimistic about exploring new methods of monitoring their patients remotely and how rehabilitation programs can be improved by telehealth.

The Future

Digital health companies, like KURA Care, are working hard to develop medical technology that keep patients and healthcare providers safe. KURA Care's proprietary artificial intelligence (AI) engine, MOTUS, is designed to process vast amounts of medical data and then provide valuable information to patients and their clinical care team.

For example, AI can assist cardiac rehabilitation staff by analyzing lengthy ECG waveforms for abnormal cardiac rhythmic patterns and then pinpoint key areas to focus on. This kind of technology not only saves clinical staff time but it opens the door for additional healthcare services to be offered.



As reimbursement codes and healthcare policies catch up with the rising demand for telehealth and telerehab services, KURA is building digital health solutions that empower patients and assist healthcare providers in healing and saving lives.

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