



March 30, 2020

The Honorable Gretchen Whitmer
P.O. Box 30013
Lansing, Michigan 48909

RE: Follow-Up on Telehealth Payment Request

Dear Governor Whitmer,

On behalf of the Michigan Physical Therapy Association, I am writing to **respectfully request that the State of Michigan join numerous other states by mandating that private payers and Medicaid reimburse telehealth furnished by physical therapists and physical therapist assistants to ensure that patients continue to have access to the rehabilitative care they need amid the COVID-19 pandemic.**

The COVID-19 pandemic demands that health care providers and payers reconsider how care is delivered to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. Patients, as well as their physical therapy providers, are being put at risk while seeking or providing health care services during the COVID-19 pandemic. Unfortunately, most federal and state actions that are increasing access to telehealth has been limited to physicians and does not consider the numerous other types of health care providers who can safely and effectively provide necessary medical care via telehealth.

Physical therapist interventions delivered through an electronic or digital medium has the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy treatment, in that it generally requires multiple sessions per week, makes it well-suited to telehealth, because it can overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, impaired mobility, and — especially important now — risk of exposure that threatens patients and providers. Education and home exercise programs, including those focused on falls prevention, also function particularly well with telehealth. For homebound patients or those who would need to travel long distances, the ability to supplement or replace some of the in-clinic sessions with those furnished via telehealth greatly reduces the burden on the patient when accessing care. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact with a physical therapist in their own environment when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.



Physical therapists can use telehealth as a supplement to in-person therapy to treat a variety of conditions prevalent in the Medicare population, including Alzheimer’s disease, arthritis, cognitive/neurological/ vestibular disorders, multiple sclerosis, musculoskeletal conditions, Parkinson disease, pelvic floor dysfunction, and sarcopenia.

Examples of physical therapists using telehealth technologies include the following:

- Physical therapists use telehealth to provide quicker screening, assessment, and referrals that improve care coordination.
- They provide interventions using telehealth by observing how the patient moves and performs exercises and activities. They then provide verbal and visual instructions and cues to modify how the patient performs various activities. They also may change the environment to encourage more optimal outcomes.
- They provide consultative services by working with other physical therapists, physical therapist assistants, and other health care providers to share expertise in specific movement-related activities to optimize the patient’s participation.
- They use telehealth for quick check-ins with established patients, where a full in-person visit may not be necessary.

[APTA has compiled research studies on telehealth](#) and testimonials from APTA members on how [they have balanced in-person and telehealth visits](#).

From a state regulatory scope of practice perspective, telehealth is permitted by physical therapists in the State of Michigan:

333.16283 Definitions.

Sec. 16283.

As used in this section and sections 16284 to 16288:

- (a) "Health professional" means an individual who is engaging in the practice of a health profession.
- (b) "Prescriber" means that term as defined in section 17708.
- (c) "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.
- (d) "Telehealth service" means a health care service that is provided through telehealth.

Physical therapists often describe telehealth as a “game changer” that provides access to their services in remote, particularly rural areas. Telehealth improves access to physical therapy for patients who have mobility issues. Telehealth is also a great way to get specialists and sub-specialists into communities that would otherwise lack access. Telehealth has been shown to improve access to care for rural populations, as well as outcomes for a variety of health problems, including PTSD, chronic pain, stroke recovery, and joint replacement.



The Department of Veterans Affairs has shown numerous successful outcomes for telehealth, improving access to medical specialists for veterans who visit community outpatient clinics far removed from the nearest VA Medical Center. The VA found telehealth yielded significant per-patient cost savings over traditional methods of care delivery. Improved outcomes can lead to long-term cost savings. Proper application of telerehabilitation potentially can have a dramatic impact on improving care, and reducing negative consequences and costs of care, by ensuring access to specialized care in geographic areas that face difficulties in maintaining and staffing full-service hospitals.

Recommendation

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth would be a valuable resource for physical therapists and physical therapist assistants in expanding their reach to meet the needs of patients when and where those needs arise, particularly in light of the COVID-19 pandemic.

Modifying current payment policy and expanding coverage to include the delivery of telehealth by physical therapists will lead to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and quality of life, particularly in rural and

underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate medical care.

If you have any questions or would like to contact me, I can be reached at 616-304-9553 or shoemami@gvsu.edu.

Thank you for your consideration and for your outstanding leadership in this time of crisis.

Sincerely,

A handwritten signature in black ink that reads 'Michael Shoemaker'. The signature is written in a cursive style with a long, sweeping underline.

Michael J. Shoemaker, PT, DPT, PhD
President
Michigan Physical Therapy Association