[DATE]

[NAME/TITLE OF PAYER ADDRESSEE]

[ADDRESS OF PAYER]

**RE: Expanding Access to Telehealth During COVID-19 Pandemic**

Dear [TITLE/LAST NAME]:

**As a** [SELECT: **physical therapist/physical therapist assistant/physical therapy provider**], **I respectfully request that [Payer Name/Payer Program] modify its payment and coverage policies regarding 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 coronavirus pandemic demands that health care providers, as well as payers, reconsider how care is delivered to reduce the risk of further spreading infection. Of critical importance, the increased demand for physical therapy in recent years has been driven by the aging baby boomer population, the very population at risk for greatest harm from COVID-19.[[1]](#footnote-1) With intensifying concerns surrounding the COVID-19 pandemic, access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers.

[IF YOU ARE ADVOCATING TO A MEDICARE ADVANTAGE PLAN, INCLUDE THE FOLLOWING HIGHLIGHTED PARAGRAPH; OTHERWISE OMIT IT.]

As discussed in the March 10, 2020, guidance issued by the Centers for Medicare & Medicaid Services to Medicare Advantage Organizations and Part D Sponsors to inform them of the obligations and permissible flexibilities related to disasters and emergencies resulting from COVID-19, “should an Medicare Advantage Organization wish to expand coverage of telehealth services beyond those approved by CMS in the plan’s benefit package for similarly situated enrollees impacted by the outbreak, CMS will exercise its enforcement discretion regarding the administration of Medicare Advantage Organizations’ benefit packages as approved by CMS until it is determined that the exercise of this discretion is no longer necessary in conjunction with the COVID-19 outbreak. CMS consulted with the HHS OIG and HHS OIG advised that should a Medicare Advantage Organization choose to expand coverage of telehealth benefits, as approved by CMS herein, such additional coverage would satisfy the safe harbor to the Federal anti-kickback statute set forth at 42 CFR 1001.952(l).”

Physical therapist interventions delivered through an electronic or digital medium have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy services make them well-suited to telehealth. Telehealth may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, impaired mobility; and can prevent unnecessary exposure during a pandemic. Education and home exercise programs, including those focused on falls prevention, also function particularly well with telehealth. For patients who cannot leave their homes or need to travel long distances, the ability to supplement or replace some 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.
* Physical therapists provide interventions using telehealth by observing how patients move and perform exercises and activities. Physical therapists then provide verbal and visual instructions and cues to modify how patients perform various activities. They also may change the environment to encourage more optimal outcomes.
* Physical therapists 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.
* Physical therapists use telehealth for quick check-ins with established patients, for which a full in-person visit may not be necessary.

[APTA has compiled research studies on telehealth](https://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Patient_Care/Technology/Telehealth/Research-on-Telehealth.pdf) and testimonials from APTA members on how [they have balanced in-person and telehealth visits](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Patient_Care/Technology/Telehealth/Telehealth-PT-Testimonials.pdf).

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.[[2]](#footnote-2) Improved outcomes can lead to long-term cost savings. Proper application of telerehabilitation can have a dramatic impact on improving care, by reducing negative consequences and costs of care, and 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.

[INSERT: State’s] residents would benefit from lifting many of the current restrictions on telehealth services, including who can provide telehealth and where these services can take place.

Such reforms would provide greater flexibility to providers and patients and increase access to care, especially to those living in rural or medically underserved areas or individuals living with impaired mobility. 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 [PHONE] or [EMAIL].

Thank you for your consideration.

Sincerely,

[YOUR NAME]

[YOUR TITLE]

1. BLS Occupational Outlook Handbook. <https://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-6> [↑](#footnote-ref-1)
2. <https://www.research.va.gov/topics/healthcare_delivery.cfm> [↑](#footnote-ref-2)