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The Pediatric OT in Telehealth in a Pandemic: What Works?

May 13, 2020

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Objectives

- Discuss practical strategies for rapidly implementing telehealth services in an outpatient pediatric occupational therapy setting.
- Describe assessment and intervention techniques compatible with delivering pediatric occupational therapy via telehealth.

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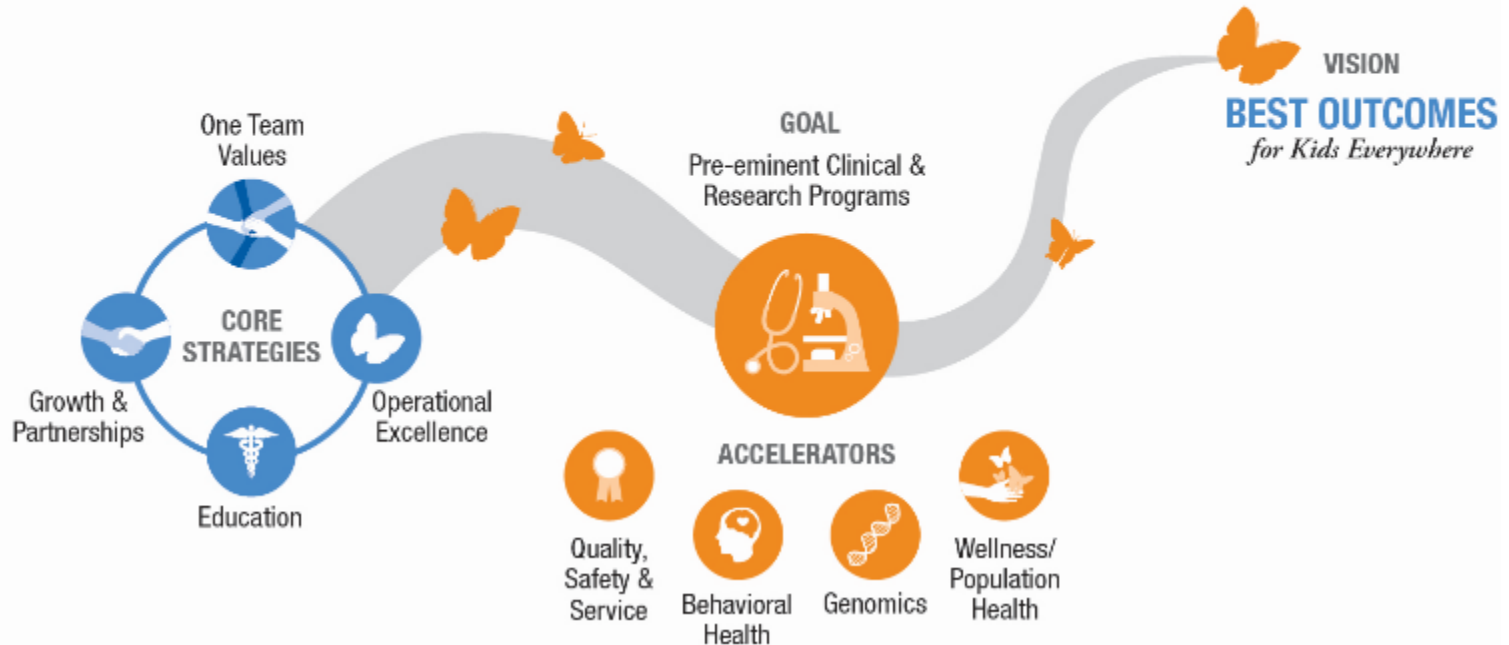


Nationwide Children's Hospital

2017-2022

JOURNEY TO **BEST OUTCOMES**

Through best people & programs



Division of Clinical Therapies

- Audiology
- Inpatient OT/PT/TR/Massage
- Sports and Orthopedic Therapies (including OT Hand Therapy)
- Speech Language Pathology
- Outpatient Developmental PT
- Outpatient Developmental OT

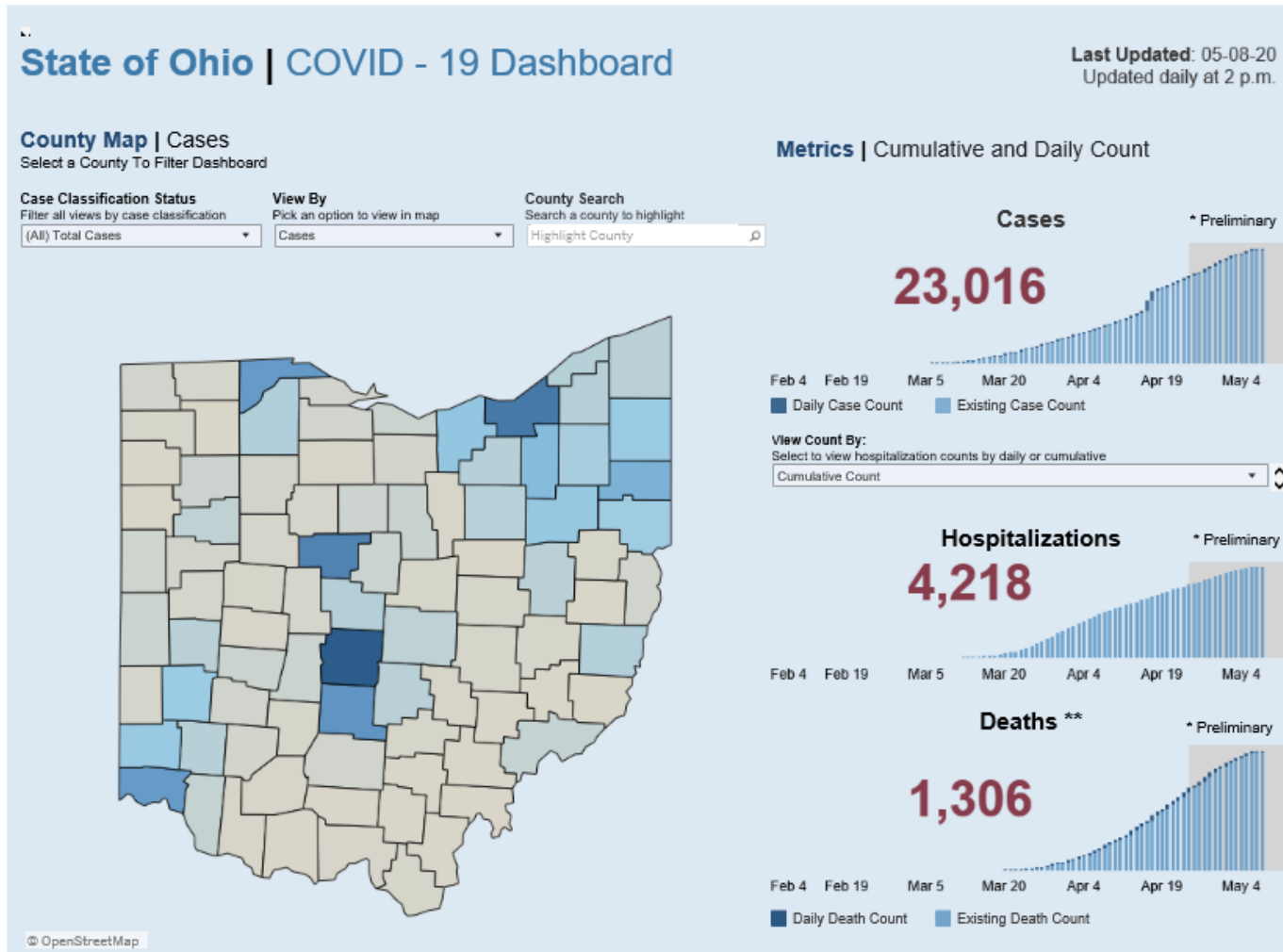


Outpatient Developmental OT

- 8 developmental outpatient OT sites
- 52 outpatient occupational therapy practitioners
- 600 patients per week
- Did not previously offer telehealth services



COVID-19 in Ohio





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Focus of Outpatient OT during COVID-19



Strategy for Rapid Uptake of Telehealth Services

Preparation for Telehealth

Documentation, Billing, and Technology

Messaging to Caregivers

Staff Education

Starting Out with Telehealth

Initial Roll-Out of Phone and Video Visits

Focus on Treatment Using Parent Coaching

Refining Our Services


Integration of Coaching and Direct Services

Leveraging Technology to Enhance Video Sessions

Assessment via Telehealth

Billing

- Rapidly evolving
- Please follow news for your state; can refer to AOTA resources



State Actions Affecting Occupational Therapy in Response to COVID-19—Updated as of May 1, 2020

AOTA is tracking actions being taken by governors, state legislatures, and state agencies in response to the COVID-19 pandemic. Key issues profiled below relate to licensure, telehealth, and payment for occupational therapy services. AOTA is collaborating with state occupational therapy associations to compile and distribute this information. AOTA and state associations are advocating with state governments to ensure that consumers are able to access OT services. Recent updates to this chart are highlighted in gray. For more information, contact AOTA's State Affairs staff at sptd@aota.org.

State	Licensing board updates	Updated Telehealth policies	Medicaid & Private Insurance policy updates
AL	No updates at this time	Alabama Medicaid extended temporary telemedicine coverage for speech and occupational therapy providers. Alabama Department of Insurance press release and bulletin on cost-sharing and telehealth	Private Insurance: BCBS of AL allows in-network providers to provide medically necessary services that can be appropriately delivered, including occupational therapy. Medicaid: On March 23, the federal government granted an 1135 waiver Time-limited Medicaid state plan amendment to respond to COVID-19 including allowing use of telephone communications for E&M services, therapies, and other medically necessary services. Health Issuer's Response to Coronavirus (COVID-19)

Documentation

- We use an electronic medical record (Epic)
- Developed system phrases as an institution that practitioners could easily embed in telephone encounters and telehealth visit documentation
- Evolving as we continue to refine our model

Two Technology Options



Telehealth phone
calls



Telehealth video
visits using Epic
Zoom

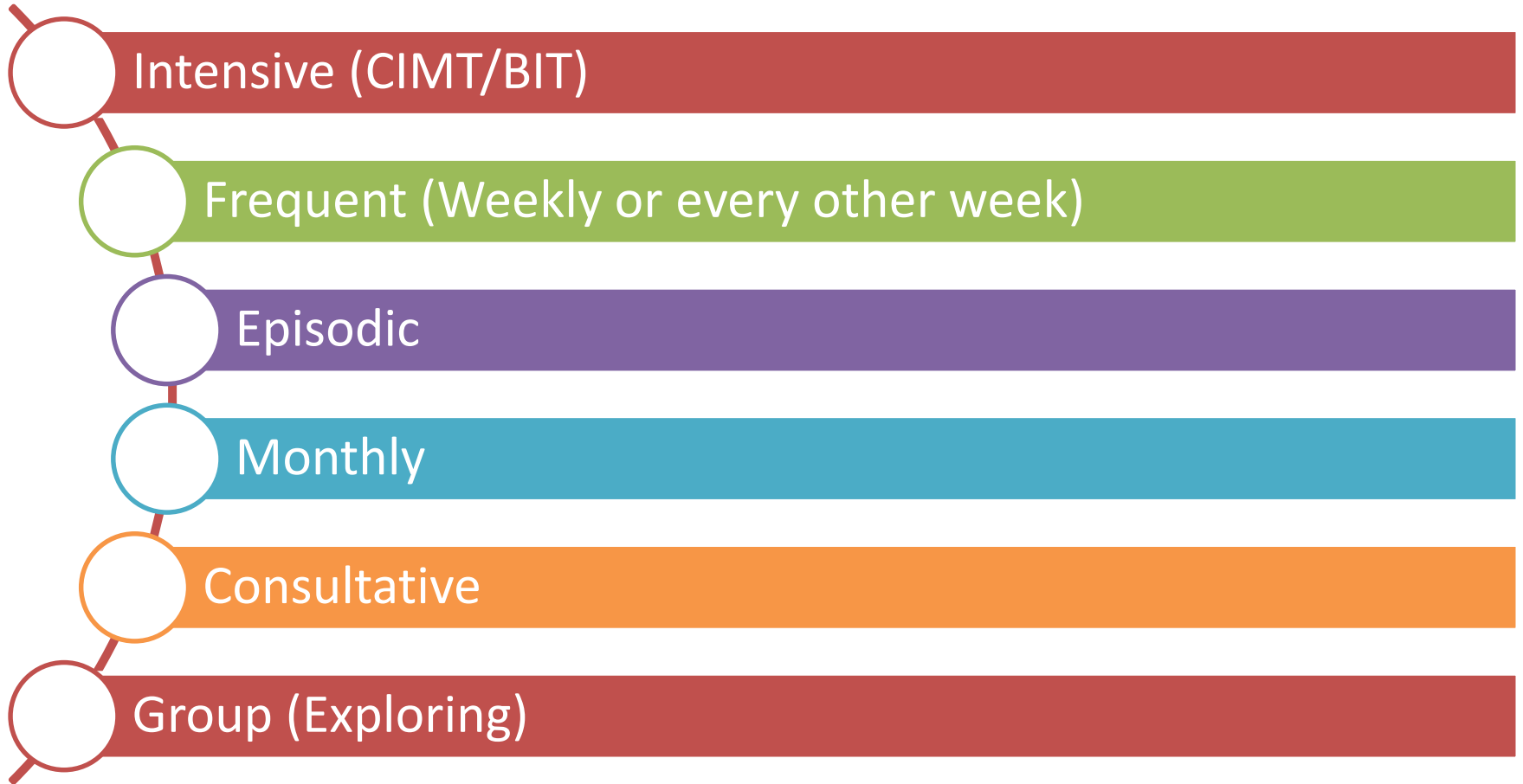


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Multiple Models of Care



Initial Messaging to Patient Caregivers

- Developed language for practitioners to use as script to describe telehealth to caregivers
- Developed Caregiver FAQ handout
 - **Does cover:** what telehealth is, supporting evidence, what it might look like for their child
 - **Does not cover:** billing/insurance questions

Next Contact with Patient Caregivers

- Specific scripting to consent families to this model provided by our institution
- Sharing the technology requirements they will need
- **Goal:** triage video vs. billable phone call

Staff Education

- Multi-pronged approach using existing structures
- **Core education:** Live Skype webinar
 - Three 50-minute identical lunchtime in-services over 1 week
 - Slides also posted on our internal website
- Additional resources posted (and regularly updated) on our internal website
- Flash Journal Club to discuss further

Internal Website Set-Up

Telehealth ▸ Occupational Therapy

 New  Upload  Sync  Share More ▾

All Documents



Find a file 

✓	 Name	Modified	Modified By
	 OT Supporting Evidence	... April 22	<input type="checkbox"/> Tanner, Kelly
	 OT Telehealth at NCH	... April 22	<input type="checkbox"/> Tanner, Kelly
	 OT Treatment Resources	... Wednesday at 12:59 PM	<input type="checkbox"/> Sagester, Grace

Core Education Components

Normalize telehealth using official statements and examples from other areas of practice

Highlight examples from research

Provide step-by-step guide for how to conduct a session

Identify where to find additional resources

Include time for Q & A and discussion of case examples



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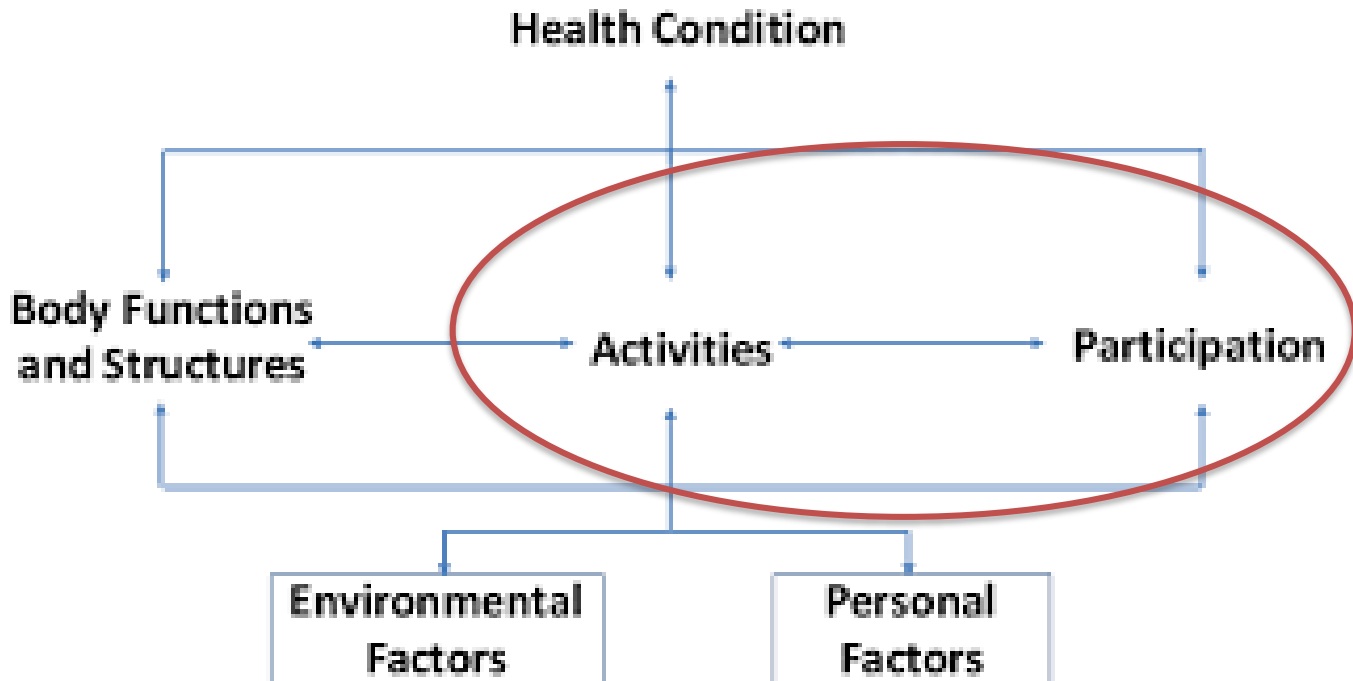
Leveraging Technology to Enhance Video Sessions

Assessment via Telehealth

Initial Roll-Out

- Goals:
 - Protect the health of patients and staff
 - Provide meaningful patient care
 - Protect jobs of staff
- Doing the right thing—safety, family-centered care

Shift in Focus



[Image source](#)

Why focus on activities and participation?

- We have a unique opportunity to provide services in natural contexts
- We can offer valuable services at this time focused on **occupational participation**, such as:
 - Roles, routines, and habits
 - Schedules
 - Sleep
 - Sensory considerations
 - Meaningful activities (i.e. non-screen time)

Shift in Focus



Direct
intervention



Consultation
and
coaching

Why consultation and coaching?

- Caregivers are dealing with **new and challenging occupational performance** problems that they need help with
- Using a coaching model provides flexibility
 - Children may have difficulty attending to practitioner on a screen
 - Not all caregivers have access to the technology needed for video visits

Why consultation and coaching?

- Framework for practitioners to use for their first sessions
- We can make a **BIG** impact by coaching caregivers through problems/issues
 - Literature supports the use of parent coaching via telehealth

OT Telehealth Research: Example

- **Methods** included:

- Before each intervention session, the provider sent families a link to join a Zoom meeting, and families simply had to click on a link to teleconference.
- Families could use computers, tablets, or smartphones to teleconference
- No families expressed difficulty or needed directions to use Zoom.
- Used Occupation-Based Coaching (adapted from Rush & Sheldon, 2011)

- **Results:**

- Clinically and statistically significant increase on COPM for performance (mean increase 2.71 points) and parent satisfaction (mean increase 2.67)

Occupation-Based Coaching by Means of Telehealth for Families of Young Children With Autism Spectrum Disorder

Lauren M. Little, Ellen Pope, Anna Wallisch, Winnie Dunn

OBJECTIVE. We investigated the efficacy of Occupation-Based Coaching delivered via telehealth for families of young children with autism spectrum disorder (ASD).

METHOD. Participants were 18 families of children with ASD ages 2–6 yr. We used descriptive statistics to understand intervention characteristics and paired-sample *t* tests to examine changes in parent efficacy and child participation.

RESULTS. Parents identified many areas of child adaptive behavior as intervention goals. Results showed that parent efficacy and various domains of child participation significantly increased postintervention (both $p < .05$). Additionally, children showed significant gains in parent-identified goals.

CONCLUSION. Occupation-Based Coaching delivered via telehealth appears to be an effective method of intervention to increase parent efficacy and child participation among families of children with ASD. Occupational therapists may consider how telehealth may be used to provide intervention to an increased number of families, in particular those in underserved areas.

Little, L. M., Pope, E., Wallisch, A., & Dunn, W. (2018). Occupation-based coaching by means of telehealth for families of young children with autism spectrum disorder. *American Journal of Occupational Therapy, 72*, 7202205020. <https://doi.org/10.5014/ajot.2018.024786>

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Ellen Pope, OTD, OTR, is Co-founder, Dunn & Pope Strengths Based Coaching LLC, Albuquerque, NM.

The rising prevalence of autism spectrum disorder (ASD) is translating into more young children being referred for occupational therapy services (Boyd Odom, Humphreys, & Sam, 2010). Additionally, there is a discrepancy between the demand for and the availability of occupational therapy services for children with ASD, particularly for underserved and rural families (Wise, Little Holliman, Wise, & Wang, 2010). Families in rural and underserved areas are

Little, Pope, Wallisch, & Dunn, 2018



Occupational Performance Parent Coaching

- **Modeling, direct feedback, and parent questioning** to improve a child's participation and parent's competence
- Different than parent education or training because:
 - Occurs in the family context
 - Focus is on helping parents **design their own solutions**

Included in
AOTA's
Practice
Guidelines
for ASD!

Occupational Performance Parent Coaching

- Enablement-focused, parent-directed intervention designed for use by OTs working with parents of children with occupational performance deficits
- Strengths-based approach that focuses on goals of improved performance identified by the client
- Three enabling domains:
 1. Emotional support
 2. Information exchange
 3. Structured process

Graham, Rodger, & Ziviani, 2013



Principles

Authentic contexts: Natural environments; daily life settings

Family's interests and routines: Focus on strategies that can be incorporated into routines

Caregiver interaction and responsiveness: Foster relationship between the caregiver and child; focus on strengths

Reflection and feedback: Talk through strategies and evaluate effectiveness; focus on building caregiver knowledge and drawing out insights

Joint plans: Caregiver and practitioner identify what they will work on between sessions, and then check in at next session

Little et al.,
2018; Rush &
Shelden, 2011



General Tips

Do:

- Use **reflective statements**
- Ask **open-ended questions**
- Help parents identify possible solutions

Do not:

- Give explicit directives
- Ask Yes/No questions

How do I actually do it?

- First and foremost, acknowledge that this is a challenging time for everyone
- Consider starting the session with questions about the family's **immediate needs**.
 - Is this a good time to talk?
 - How is your family doing? What is going well?
 - Are there any vital resources that you need that you don't have right now? (diapers, food, etc).
 - Consider link to social work

How do I actually do it?

- Help caregivers define meaningful **goals**
 - Consider use of Canadian Occupational Performance Measure (COPM; Law et al., 2014)
 - Think about what you can address using a coaching model (may need to change goals)
 - Do an occupational profile (AOTA, 2017) to determine the patient's/family's current priorities
 - **Potential questions:** What routines have been disrupted? What is hardest right now? What is going well? How has this transition been?
-

Parent Coaching: 4 steps

Build awareness

Analyze current performance

Identify alternatives

Select action

Dunn et al., 2012;
Rush & Shelden,
2011



Parent Coaching: Example

Build awareness

- What does it look like when you ask Bayley to get dressed in the morning?

Analyze current performance

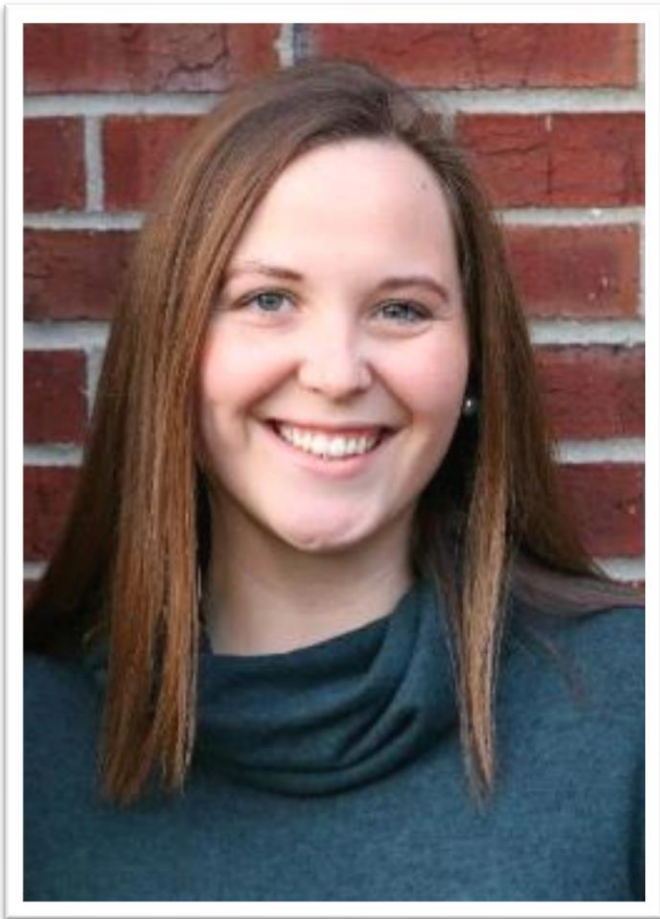
- How does she do with a chore chart?

Identify alternatives

- I wonder if she would be able to follow a visual schedule in the morning?

Select action

- How can I help support you to try that?



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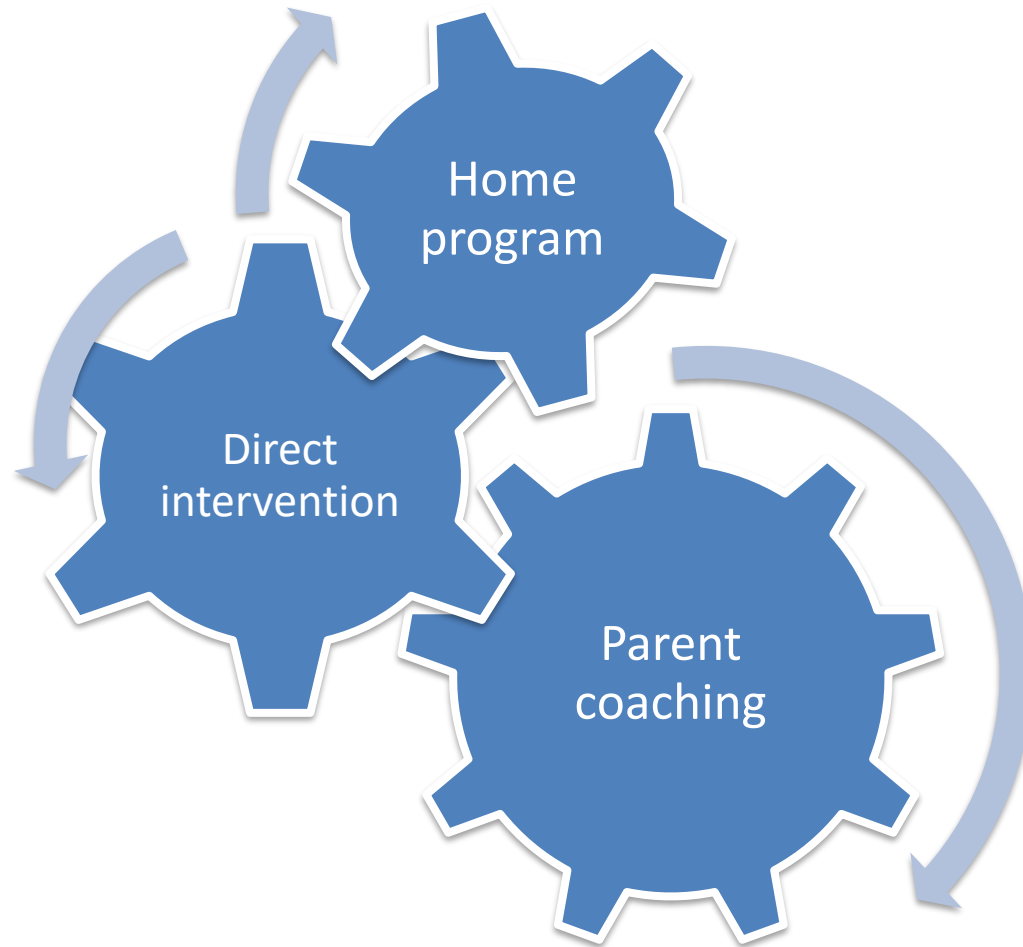


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Integration of Coaching and Direct Intervention



Integration of Coaching and Direct Intervention

- Able to incorporate direct treatment techniques using video telehealth technology
- Parent coaching remained a key feature
- Fluid shifts between coaching and direct intervention throughout session

Integration of Coaching and Direct Intervention

How to get buy-in from caregivers?

- Early messaging to prepare caregivers for upcoming transition to telehealth
- Clear and responsive communication
- Flexibility with current plan of care

Integration of Coaching and Direct Intervention



Leveraging Technology to Enhance Video Sessions

- Zoom features
- Interactive online games/activities
- PowerPoint interactive slides

Leveraging Technology to Enhance Video Sessions



Features applicable to telehealth

- Screen sharing
- Remote control access
- Whiteboard
- Virtual backgrounds

Leveraging Technology to Enhance Video Sessions

Zoom screen sharing

- Parent education
- Video models
- Interactive games/positive reinforcement
- Visual supports (first/then, token economy, visual schedule, etc.)

Leveraging Technology to Enhance Video Sessions

I want:

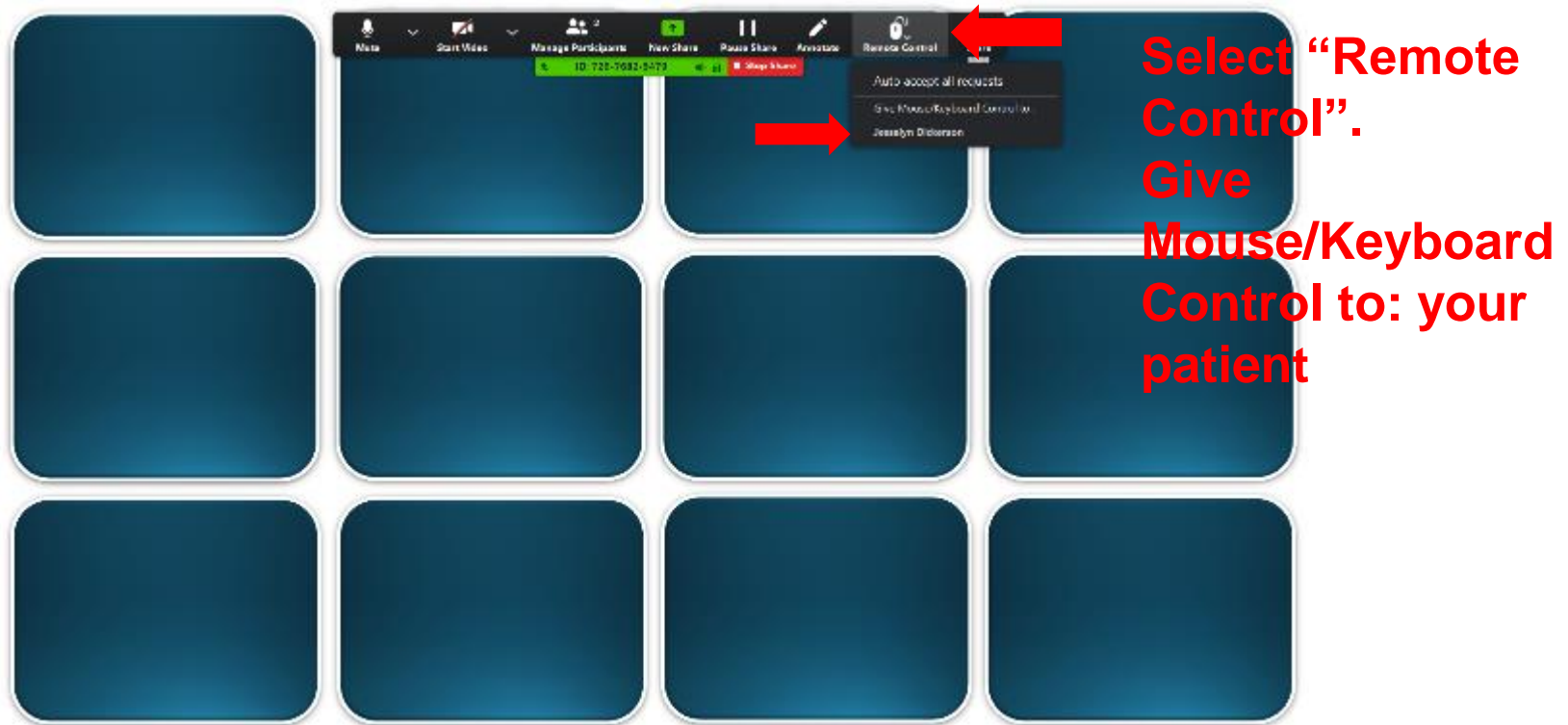


Leveraging Technology to Enhance Video Sessions

Zoom remote control access

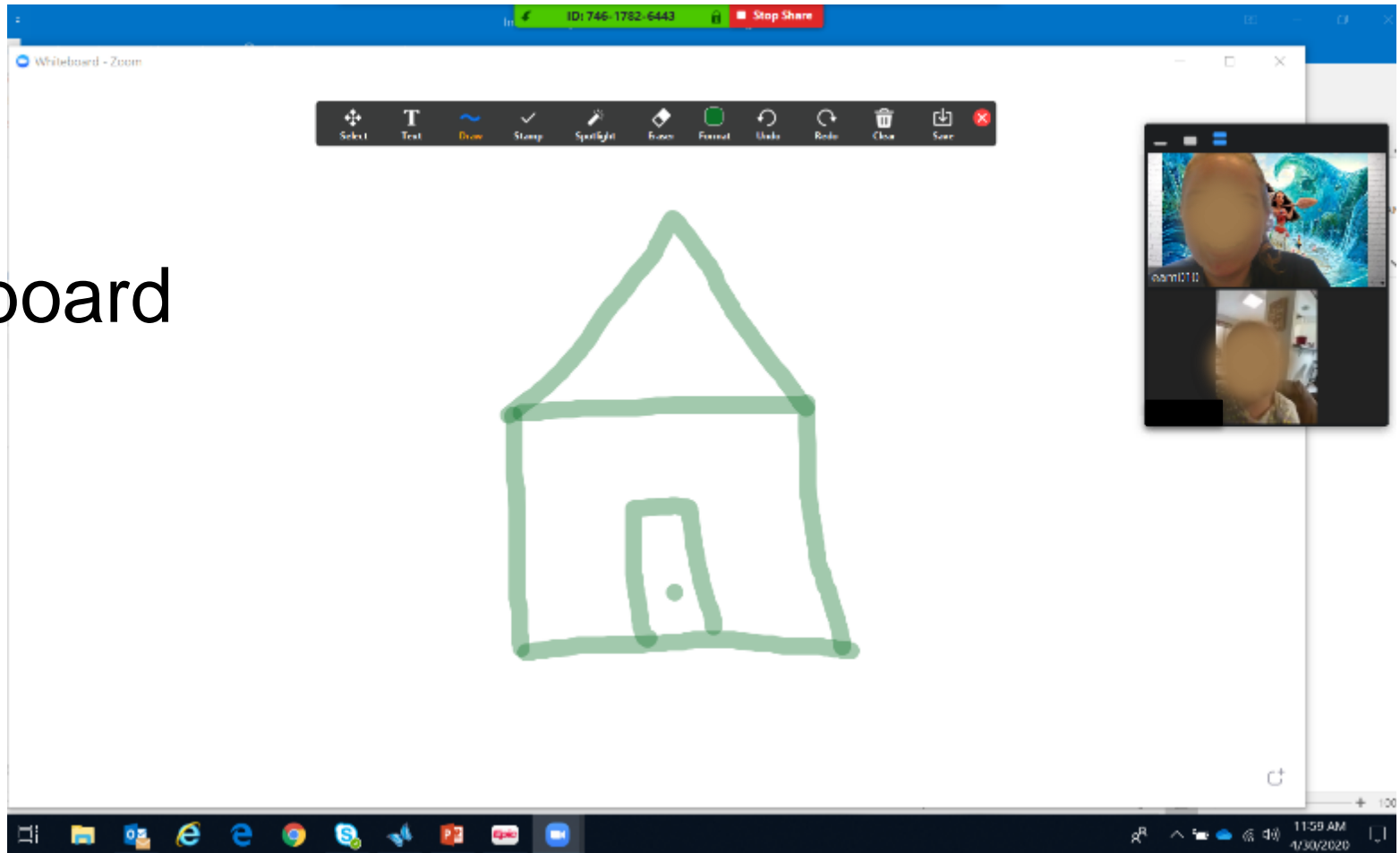
- You can grant the family access to the mouse/keyboard to control the screen
- Can be used for writing on Whiteboard, clicking for an interactive game, annotating or highlighting text, typing practice, etc.

Leveraging Technology to Enhance Video Sessions



Leveraging Technology to Enhance Video Sessions

Zoom
whiteboard

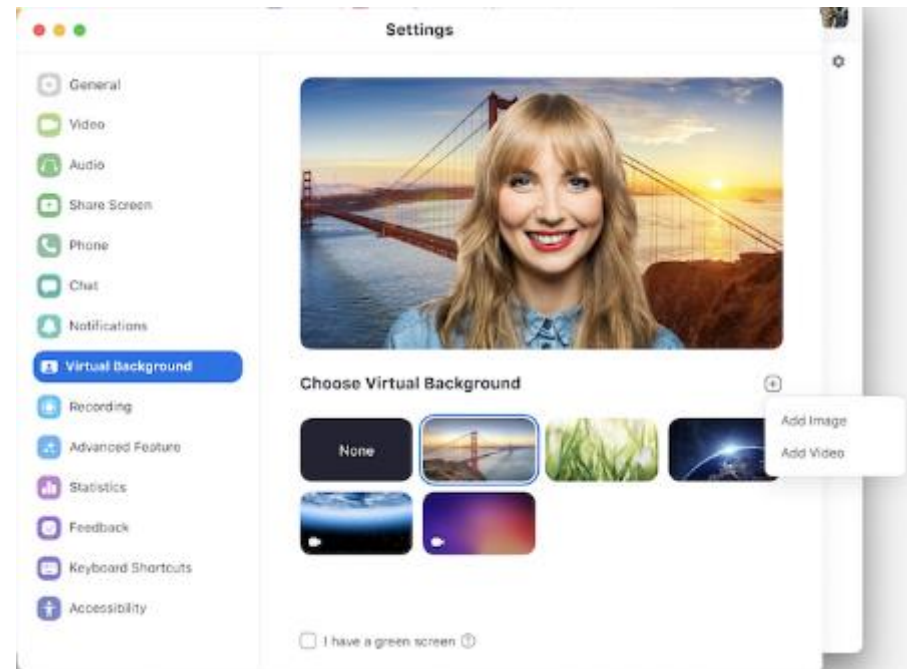


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Leveraging Technology to Enhance Video Sessions

Zoom virtual background

- Build rapport
- Improve visual regard



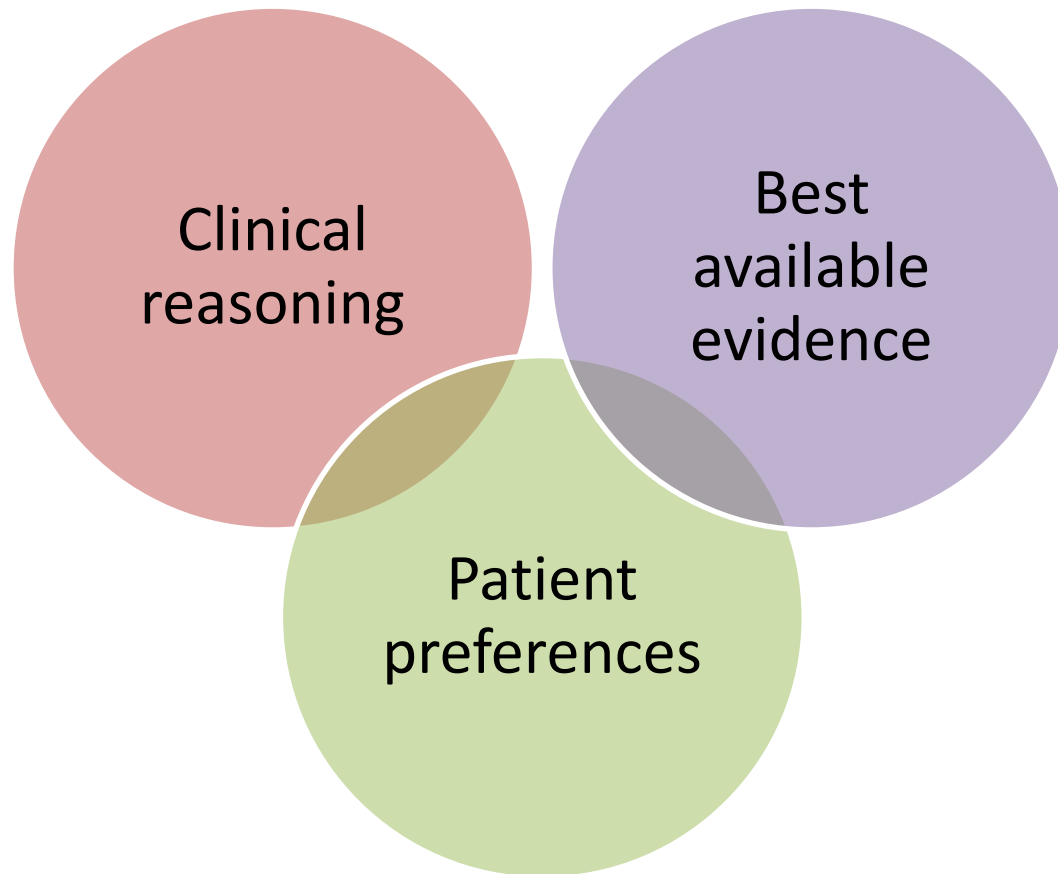
[Image source](#)

Leveraging Technology to Enhance Video Sessions

Interactive online games / activities

- Utilize Zoom screen share & remote access to allow the child to be an active participant
- Interactive, immediate positive reinforcement

Evidence-Based Practice



Sackett et
al., 1996

Assessment via Telehealth

1. Patient/Caregiver Interview Tools
 - AOTA Occupational Profile Template (AOTA, 2017)
 - Canadian Occupational Performance Measure, 5th Ed. (COPM; Law et al., 2014)
2. Structured Clinical Observations
 - “Show me what it looks like when...”
 - Items from standardized assessments (e.g. AIMS; have to be careful with interpretation)
3. Questionnaires administered via video (when appropriate)
 - E.g. Short Sensory Profile, 2nd ed. (Dunn., 2014)

Assessment Tips

- Remember that we don't need standardized scores to determine whether there is an occupational performance deficit
- Take advantage of the fact that the child is in their natural environment
- Make a list of common questions you typically ask during an evaluation

Assessment Tips

- Consider making guides for therapists to use during the assessment that match your current EMR templates
 - Therapists can print out the evaluation template tip sheet to refer to throughout the evaluation
- Reach out to parents ahead of time to let them know what materials would be helpful (consider having schedulers do this)

Top Questions from Staff

How long should these appointments last?

How do I change my goals?

Can I do coaching directly with an older patient?

When should I use coaching v. direct intervention?

Lessons Learned (So Far)

- Have lots of **opportunity for discussion** among staff, including open times for questions and answers
- Set **expectations** of the information being shared (e.g. “the purpose of this in-service is to talk about...”)

Lessons Learned (So Far)

- **Flexibility** is key as this situation continues to evolve
- Prepare team members for **discomfort with change**, and normalize those feelings

Next Steps

- Continue to work with Division and Hospital leadership to provide safe, high-quality services to our patients and families
- Continue to refine our staff telehealth skills to provide high-quality care
- Continue to adapt as the COVID-19 situation evolves
- Discuss how we might use some of our new skills once we are past this phase

Certificates of Attendance

For a certificate of attendance, please complete this survey via survey monkey:



www.surveymonkey.com/r/IPRCwebinarsurvey

Questions & Discussion

Thank you!



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