



What is NARA

The National Association of Rehabilitation Providers and Agencies (NARA) represents over 80,000 physical therapists (PT), occupational therapists (OT), and speech-language (SL) pathologists through our member organizations who provide therapy across the United States to Medicare beneficiaries. They provide therapy in all settings across the continuum such as outpatient clinics, skilled nursing facilities, assisted living facilities, retirement communities, hospital inpatient and outpatient, and in the beneficiary's home. As a member-driven organization, NARA promotes best practices and business success of physical therapy, occupational therapy, and speech-language pathology providers through education, support, and advocacy.

Telehealth During the Pandemic

Prior to the COVID-19 pandemic, telehealth in rehabilitation was used by few providers, mostly to treat remote patients in rural areas. However, during the pandemic providers have been able to use telehealth to minimize the spread of the virus and ensuring continued patient progress by limiting the number of therapists treating a patient during an inpatient or skilled nursing stay; treating patients under quarantine to prevent loss of progress; preventing the delay in care particularly for those who continued suffering from COVID symptoms after hospital stays; and providing treatment to patients in rural areas via a therapy assistant. According to NARA members, 54% indicated that up to 25% of their services were provided via telehealth at the peak of the pandemic. Many providers learned how to effectively use telehealth to ensure patients continue to progress toward their goals during the public health emergency (PHE). We have gained an invaluable mode of therapy delivery with telehealth that allows providers to continue delivering vital therapy services with similar outcomes; it is critical that therapy providers advocate to keep this tool available after the PHE.

Telehealth Works for both Patients and Rehab Providers

Telehealth is well-suited for rehabilitation therapies, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on activities of daily living and fall prevention, are particularly well suited for telehealth because the therapist can evaluate and treat the patient within the real-life context of their home environment. A patient and/or caregiver's ability to interact in their own environment with a therapist 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. Chiquita Brooks-LaSure, Centers for Medicare and Medicaid Services (CMS) Administrator, has noted that CMS seeks to focus on person-centered service delivery. Many beneficiaries receive rehabilitation services because mobility, transfers, and navigating the health system are a challenge. In the case of telerehabilitation, this is a particularly person-centered solution for these individuals because

they can stay within the comfort of their home to benefit from physical, occupational and speech-language therapies.

Telerehabilitation has been shown to improve access to care for patients who live in rural areas.¹ It has allowed patients to gain desired outcomes for a variety of health problems, including post-traumatic stress syndrome, chronic pain, stroke, and other neurological and musculoskeletal conditions.² A 2019 study examined the efficacy of home-based telerehabilitation versus in-clinic therapy for adults after stroke and found that post stroke activity-based training resulted in substantial gains in patients' arm motor function, whether provided via telerehabilitation or in person.³

Keep Rehabilitation Telehealth Permanent

Currently, rehabilitation therapy providers are only able to receive reimbursement for telehealth services because of the waivers in place related to the PHE. To keep telerehabilitation beyond the PHE, we need Congress to make therapists eligible providers of telehealth services. We also need CMS to make the CPT codes most frequently used by therapists permanently covered for telehealth under Medicare. On the Congressional side, NARA supports [H.R. 2168, the Expanded Telehealth Access Act](#), which would make therapists eligible providers. NARA is currently working on comments to submit to CMS in response to the proposed Medicare Physician Fee Schedule for CY 2022. In this rule CMS, reiterates that the codes added on an interim basis for use through the PHE will be discontinued. It was these interim codes that allowed continuation of essential PT, OT and SLP services through telehealth. We request that these codes be added to the Category 3 telehealth code list, which will be in place until December 31, 2023, to allow time to collect and submit evidence and data to add these codes to the permanent telehealth services list (Categories 1 and 2).

How You Can Help

To amplify its efforts, NARA created two advocacy campaigns that can be accessed by the public in our Advocacy Center (<https://votervoicenet.com/NARA/home>). One campaign is addressed to CMS and requests that the therapy CPT codes shift from the interim code list to the Category 3 telehealth code list. The other campaign is addressed to the Members of the House of Representatives asking them to co-sponsor H.R. 2168.

Conclusion

Increasing access to rehabilitation therapy services, including through audio and video telecommunications technology, can decrease healthcare costs by reducing hospital admissions, and readmissions, emergency department visits, and urgent care visits. Additionally, patients have improved adherence to treatment recommendations, leading to better outcomes. It is vital this important mode of therapy delivery continues to be broadly available after the pandemic ends.

¹ Telehealth Use in Rural Areas, Rural Health Information Hub, <https://www.ruralhealthinfo.org/topics/telehealth>

² Same as 1

³ Cramer SC, Dodakian L, Le V, et al. Efficacy of Home-Based Telerehabilitation vs In-Clinic Therapy for Adults After Stroke: A Randomized Clinical Trial. *JAMA Neurol.* 2019;76(9):1079–1087. doi:10.1001/jamaneurol.2019.1604

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