COVID-19 interim telehealth services and osteopathy

Submission by OSTEOPATHY AUSTRALIA to:

The Victorian Transport Accident Commission (TAC)

April 2020

Contact

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Opening comment

Osteopathy Australia thanks the Victorian TAC for this opportunity to lodge a submission on COVID-19 interim osteopathy telehealth arrangements. We commend the TAC for organising interim services for a healthy Victoria and ongoing client recovery.

We define telehealth as a clinical service delivery format involving audio-visual connectivity between a practitioner and client in lieu of consultations in a shared physical space.

In keeping with the submission Terms of Reference established by the TAC, we cover the following issues and give recommendations on:

1. *Circumstances and conditions for which telehealth would be a suitable consultation for TAC clients accessing osteopathy services*
2. *Applicable interim telehealth consultation items and item components*
3. *Frequency of which telehealth should and could be provided in keeping with the Clinical Framework for the Delivery of Health Services*
4. *Interim telehealth fees and payment rates applicable*
5. *Practitioner qualifications and training required for telehealth*
6. *Technology required for optimum telehealth services.*

Osteopathy & Osteopathy Australia

Osteopaths in Australia are government regulated allied health professionals having inbound and outbound referral relationships with other health professionals.

Osteopaths complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches. There are significant commonalities between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions, including physiotherapy.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to a client's function and uses biopsychosocial approaches in managing functional limitations from transport accidents. The *Capabilities for Osteopathic Practice*[i] outline the required capabilities for professional skill, knowledge and attributes; osteopaths are required to possess many professional skills common across allied health and health professions.

Clients, including users of transport accident schemes, present to osteopaths with a range of musculoskeletal functional impairments.

Osteopaths conduct comprehensive functional examinations. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe clinical exercise, including general and specific exercise programming aimed at enhancing functional capabilities. [ii] Many clients consult an osteopath for advice on physical activity, positioning, posture and movement. Osteopaths aim to encourage client self-management through the clinical services they provide, consistent with the nationally endorsed *Clinical Framework for the Delivery of Health Services* to which Osteopathy Australia is a key signatory under our previous entity name, the Australian Osteopathic Association.

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of AHPRA registration. Over 80% of all registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, all other statutory and professional bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), compensable injury schemes in each jurisdiction, and other health professional associations through our collaborative work with Allied Health

Professions Australia. In our capacity of peak body, we welcome the opportunity to provide feedback to assist the TAC in rolling out interim telehealth service arrangements in Victoria.

Circumstances and conditions for which telehealth would be a suitable consultation for TAC clients accessing osteopathy services

We believe telehealth, including verbal history, visual assessment and management has a role in ensuring continuity of clinical management for TAC clients in core circumstances as follows:

1) ***In initial and subsequent consultations*** *for acute conditions in adults such as concussion, BPV, whip lash injuries, headache/migraine, moderate to severe low back pain, suspected neurological impairments or impingements, fractures, soft tissue injuries: sprains, strains, tears, contusions, tendonitis, bursitis.*

   A range of initial orthopaedic tests, neurological examinations, motor control assessments, reflex, sensitisation and other special tests may be applied in the initial and subsequent acute consultation with guidance from the practitioner via telehealth.

   Telehealth can be used for differential diagnostic, grading, and risk assessment purposes. Telehealth visual assessment enables the practitioner to cite discoloration, swelling, deformity or the level thereof, and to assess range of motion.

   Advice, support provision and maintenance advice for self-management and recovery in the home or community can be facilitated through telehealth.

   The only exceptions requiring face-to-face in person consultations would be where clinical management involves therapeutic needling or fitting a support for activities of daily living, for instance, taping, bracing, or splinting.

2) ***In initial and subsequent consultations*** *for acute and/or chronic conditions involving exercise prescription, programming, or exercise phasing.*

   In general, exercise-based consultations are telehealth suitable. However, for some clients with a heightened risk status, an initial face-to-face exercise suitability assessment may be indicated.

   Exercise suitability assessments can involve a combination of respiratory tests, cardiovascular tests, falls prevention and gait stability tests using equipment and various obstacle-like courses organised in a specific fashion.

These initial tests, for reliability and validity, may be beyond the capacity of a TAC client to organise and perform without clinician oversight and instruction.

Performing an initial exercise suitability assessment can lead to an understanding of further specific health assessments, interventions or exercise equipment and design arrangements needed before use to enable the practitioner to provide appropriate duty of care.

Once a complete initial picture of safety and exercise suitability is established for clients with heightened risk, program measurement, review, and readjustment can occur via telehealth.

3) ***In initial and subsequent*** *ergonomic consultations where pictures, videos or other visual supporting material can be provided by a client to show the environment and/or continuum of environmental risks*

Core ergonomic type interventions that would need to occur in a face-to-face physical setting are those involving complex environmental adjustments such as installing, fitting or refitting equipment, adjusting heights, forces or weights beyond what an the client, a workplace or its personnel may be trained to perform.

However, risk assessments and the recommendation of adjustment strategies not involving complex adjustments are amenable to telehealth.

Our view of consultation items applicable and item specifications

We outline the following consultation items for consideration by TAC in arranging interim telehealth services through COVID-19. Each suggested item contains a breakdown of indicated inclusions for osteopathy consultations. The items below expand on Osteopathy Australia's expectations for consultation items amenable to telehealth, per the section above. We expand on inclusions in assessment, history and clinical management for each item in assuring public value and meeting the needs of injured Victorians.

Recommended item 1: initial telehealth consultation for acute musculoskeletal injury or condition

Collecting client verbal feedback on injury state, activities of daily living, functional capacity, biopsychosocial risks AND baseline client reported outcome measures (PROMs)
Special testing for physiological capabilities involved in returning to activities of daily living, applying active assisted range of motion strategies directed by the practitioner (AAROM)
Prescribing injury and rehabilitation stage appropriate client self-mobilisation, self-massage or articulation techniques AND/OR providing recommendations and advice for avoiding pain triggers, managing activity with injury or pain AND/OR prescription of relevant clinical exercises for rehabilitation
Developing and providing a management plan outlining assessment and diagnostic status, clinical management strategies and frequencies recommended

Recommended item 2: subsequent consultation for acute musculoskeletal condition or injury

Collecting client verbal feedback on injury state, activities of daily living, functional capacity, biopsychosocial risks AND review of change in PROMs
Special testing for reviewing change in physiological capabilities required for activities of daily living; applying range of motion strategies directed by the practitioner (AAROM)
Reviewing and prescribing rehabilitation stage appropriate client self-mobilisation, self-massage or articulation techniques AND/OR providing recommendations and advice for avoiding pain triggers, managing activity with injury or pain AND/OR prescription of relevant clinical exercises for rehabilitation
Reviewing and providing an updated management plan outlining assessment and diagnostic status, clinical management strategies and frequencies recommended

Recommended item 2: initial exercise prescription consultation (where not involving detailed suitability assessment)

Collecting client verbal feedback on injury state, activities of daily living, functional capacity, biopsychosocial risks AND establishing baseline using PROMs
Applying relevant Functional Capacity Assessment (FCA) and movement-based assessment tests as directed by the practitioner AND identifying movement impairments, imbalances and rehabilitation goals
Prescribing a personalised clinical exercise program including stretches, strength, conditioning, balance, gait or other indicated exercises
Developing a management plan outlining assessment and diagnostic status, relevant initial clinical exercises, frequencies indicated AND provision of advice on movement contraindicators and imbalance triggers

Recommended item 3: subsequent exercise prescription consultation (where not involving detailed suitability assessment)

Collecting client verbal feedback on injury state, activities of daily living, functional capacity, biopsychosocial risks AND establishing change from baseline using PROMs
Reapplying relevant Functional Capacity Assessment (FCA) and movement-based assessments as directed by the practitioner AND identifying change to movement impairments, imbalances and progress against rehabilitation goals
Reviewing and where indicated, revising personalised clinical exercise program for progressing rehabilitation goals
Reviewing and providing an updated management plan outlining assessment and diagnostic status, relevant subsequent or phase two clinical exercises, frequencies indicated AND provision of advice on any changes to movement contraindicators and imbalance triggers

Recommended item 4: initial ergonomic consultation not involving complex physical or environmental modifications

Collecting client verbal feedback on injury state, functional activities, tasks involved, task frequency AND establishing baseline using PROMs
Special testing guided by the practitioner for assessing performance of functional activities and movement, postural, environmental or other barriers to task performance
Setting reasonable goals for ergonomic support
Prescribing initial ergonomic interventions to aid function in daily activities
Developing a management plan outlining ergonomic interventions, recommended design, format and arrangement with advice to aid client application

Recommended item 5: subsequent ergonomic consultation not involving complex physical or environmental modifications

Collecting client verbal feedback on injury state, management goal achievement and any perceived changes in capacity for functional activities, tasks involved, frequency AND establishing change from the baseline using PROMs
Special testing guided by the practitioner for assessing change in performance of tasks required in functional activities
Reviewing goals for ergonomic support
Prescribing adjustments or changes to ergonomic supports
Reviewing and providing an updated management plan of ergonomic supports, recommended design, format, and arrangement with advice to aid client application

Note: we include Allied Health Treatment and Recovery plan development in each consultation type proposed to specify how planning would relate as a natural extension of the telehealth consultation. However, plan creation would be a separate billable item per the current consultation fees schedule.

Frequency of which telehealth should and could be provided in keeping with the Clinical Framework for the Delivery of Health Services

The TAC does not currently outline a clear client entitlement to any number of rebated consultations for a specific condition, condition stage, condition risks or health flags.

The difficulty in clarifying such an entitlement is that clients, their context and status differ, making a bundled approach difficult to specify whether for non-telehealth or telehealth services.

We believe discretion to allocate a number or bundle of consultations must continue to sit with the TAC case manager referring to:

- Individualised flags and risks inhibiting client recovery, and whether these flags and risks are amenable to neuromusculoskeletal management, or require another health professional or interdisciplinary management

- Individualised client levels of recovery, progress and whether incentive and support for recovery can be lent by musculoskeletal management in case management discretion

- The client's injury phase, for instance, whether acute or persistent. During the acute phase, in arresting the transition to persistence and aiding capacity for self- management if and as required, more telehealth consultations may be indicated than less. This recommendation specifically has grounding in the *Clinical Framework for the Delivery of Health Services* within its discussion of when and how to measure clinical outcomes. The framework itself suggests client outcome measurement needs to occur more often in the acute phase to measure rate of change than in the persistent phase. We question how in

alignment with the framework, this could occur in the acute phase using telehealth without a greater number of consultations available than in the persistent phase.[iii]

Given standard consultation items attract a significant proportion of TAC funding, we suggest that if service bundles following an entitlement-based approach are to be considered, they are considered in the broad context of all consultation items and available evidence for all transport accident injuries.

The telehealth service fees schedule

As an interim arrangement, telehealth services should be in replacement of, rather than addition to, standard consultation items. This replacement approach means the costs of operating the transport injury management scheme are capped, mitigating cost multipliers in the interim plan for COVID-19.

Excepting physical touch and practitioner and client co-location within a shared physical space, telehealth consultations should not differ to standard consultations in their overall aims, intentions and logic of delivery.

Telehealth would require high duty of care and treatment 'reasonableness' considerations per standard consultations, however, the practitioner would be required to exercise a heightened awareness of client and clinical compliance risks in moving toward a pure self-management approach and providing appropriate advice.

In general, we would not propose a lower fees schedule for telehealth consultation items, nor a reduced practitioner time input for consultation items; such a proposal could lead to two unintended and perverse outcomes for transport accident scheme clients, namely:

- Practitioners may prioritise clients from other third-party schemes and income streams, leaving TAC approved clients to 'fall through the gaps' with overall higher long-term scheme costs for delayed or failed early intervention

- Practitioners may feel pressure to provide a reduced scope of services to TAC clients in order to adhere to the reduced item code specifications.

Interim telehealth services would have a specific and unique role in continuing the good outcomes achieved by TAC for clients. Telehealth should not create a situation where clients experience lapses in clinical management support, only to require over servicing with standard consultation items once COVID-19 interim service arrangements end.

While the above expresses our 'general' position, there may be scope for paying a pro-rata of current standard consultation fees to individual practitioners able to facilitate appropriate duty of care for low level injuries (i.e. non-complex and/or

multiple body site injuries) with a reduced time input. Any pro-rata should be negotiated in advance with individual practitioners referring to the nature of the injury, stage of injury, impact on activities of daily living, barriers to rehabilitation and return to function.

Practitioner qualifications and training for telehealth

Consistent with our view that telehealth enables TAC service provision to continue for approved clients under existing practitioners, a specific course of training would be unnecessary for completion prior to telehealth delivery.

Unless a short course provided by the TAC were to be introduced for all health professionals in the interim period, it is possible that further course requirements could hamper the timeliness of the interim service arrangement, its feasibility and central place in managing COVID-19 infection risk. However, we question whether such a short course is needed given the extensive person and client centred care capabilities registrants are introduced to through tertiary study.

Health science courses feature units on client or patient centred care, modes of assessment as well as clinical communication and intervention. The 2019 capabilities for osteopathic practice endorsed by both the Australian Health Practitioner Regulation Agency (AHPRA) and educational regulator the Australian Osteopathic Accreditation Council (AOAC) mandate these capabilities for all osteopathy registrants as a minimum standard. We believe success in telehealth requires the building blocks of a health science education, which osteopaths possess.

More broadly, considering the high technological interface of contemporary daily life, use of smart phones, computers and applications involving a camera --- what may have been niche knowledge a decade or two prior--- is now well and truly common practice. This general social trend and associated experiential learning prepares osteopaths to identify communicative platforms, provide some degree of trouble shooting assistance where required, execute and close the consultation with greater confidence.

Telehealth is accepted within the standard scope of practice and consultation format for osteopaths per the profession’s endorsed professional indemnity insurer, Guild Insurance. Guild Insurance covers roughly 90% of registered osteopaths. The TAC would need osteopaths insured through other professional indemnity insurers to check whether coverage applies to telehealth.

Notwithstanding the above, we accept that it is the responsibility of each practitioner to consider client appropriateness for telehealth.

Technology required to deliver telehealth osteopathy services

Audio and visual capable devices like lap top computers and smart phones, as well as sound phone and internet connections, are needed by osteopaths and clients engaging in telehealth. For successful telehealth provision, dual audio and visual capabilities are required to facilitate informed consent, establish a meeting of minds, optimise client safety, target clinical management instruction and advice.

Reflections on alignment between telehealth and the *Clinical Framework for the Delivery of Health Services*

Telehealth heralds a benefit to the TAC in challenging client passivity and encouraging independence from practitioner applied manual therapy treatments. We understand this specific goal to be a core priority for the TAC, particularly in managing long-term incapacitated clients and those with persistent pain presentations.

By virtue of their design, telehealth services naturally require clients to:

- Apply management strategies in their naturalistic settings
- Identify times in which to apply management strategies during activities of daily living
- Actively perform movements and repertoires that might be passively directed by a practitioner on a clinical massage table
- Build self-coping, resilience and clinical compliance capacities
- Be a partner in their own recovery and rehabilitation from injury.

These telehealth benefits are being documented and demonstrated within multidisciplinary clinical research.[iv] [v]

For all the above key reasons, we consider the benefits of telehealth to far outweigh any limitations for client self-management, consistent with spirit and intention of the *Clinical Framework for the Delivery of Health Services*.

Endnotes

[i] Osteopathy Board of Australia (2019), Capabilities for osteopathic practice [online] https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx

[ii] Adams et al (2018), A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project, BMC Health Services Research December 2018, 18:352

[iii] Victorian Transport Accident Commission & WorkSafe Victoria, *Clinical Framework for the Delivery of Health Services*, June 2012, p.p. 4

[iv] Ileana Howard & Marla Kaufman, 'Telehealth applications for outclients with neuromuscular or musculoskeletal disorders', *Muscle & Nerve*; 58 (4) October 2018, p.p. 475-485

[v] Stamatia Ilioudi, Athina Lazakidou & Maria Tsironi, 'Information and communication technologies for better clientself-management and self-efficacy', *International Journal of Electronic Healthcare*; 5 (4) 2010, p.p. 327- 339