**This notice, with the template below, was posted on the ArizOTA website:**

**Arizona Occupational Therapy Association**

**Telehealth Outcomes Tracking Project**

When the COVID-19 crisis ends, we anticipate our ability to practice telehealth will be eliminated with cancellation of the executive orders, until our telehealth bill (Arizona HB2536) is passed by the state legislature. To support our ongoing efforts to pass this bill, we will be sending a survey to OT practitioners who provided telehealth services during the declared public health emergency to gather key data points about therapists’ and clients’ experiences with telehealth and reimbursement. We also plan to publish our findings to add to the literature supporting the use of telehealth by OTs and OTAs.

The data tracker and recipient feedback survey templates below are intended to help you record pertinent data on clients/patients/students served through telehealth so you will have the information readily available when you complete the survey. Please feel free to add to or adjust the templates to suit your needs. Contact office@arizota.org with questions. Thank you for your participation in this data gathering effort!

**Data Tracker**

**Complete one row of the chart below per therapy recipient (patient, client, student, etc.) you treat through telehealth during the COVID-19 public health emergency. See example in yellow.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates Seen** | **Dx** | **Platform(s) Used****(e.g. Zoom, Doxy.me, FaceTime, etc.)** | **Evaluation(s) Used** | **Interventions Provided** | **# Visits** | **# No Shows** | **CPT Codes Used** | **Payer** | **Reimbursement received?****Yes/No/Unknown** | **Notes****(e.g. was telehealth effective with this diagnosis? Did the patient/family like telehealth? Add any thoughts you think will be helpful)** |
| 4/14/3 4/84/104/15 | CVA | Zoom | Modified Barthel Index, Stroke Impact Scale | - Training in cognitive compensations- Stretching program- Hemi dressing strategies | 5 | 1 | 9753597530 | United Healthcare | **Y** /    N   /   U | Using Zoom, I was able to use teach back for my education very effectively. I was able to educate pt’s spouse in HEP successfully. They both liked the platform, and that they didn’t have to travel. |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |
|  |  |  |  |  |  |  |  |  | Y   /    N   /   U |  |

**Note:** *Track which codes are reimbursed and which, if any, are not.*

**Please list ALL population(s) you have served via telehealth (e.g., pediatrics, geriatrics, physical disability, developmental disability, mental/behavioral health, etc.):**

**Recipient Feedback Survey**

**At the final telehealth visit, please survey each therapy recipient (patient, client, student, etc.) by asking the following questions. The survey can also be given by follow-up phone call after the final visit.**

Indicate Respondent: Patient \_\_\_ Caregiver\_\_\_

1. As a patient or caregiver, how satisfied were you with the OT services provided through telehealth?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dissatisfied** | **Somewhat dissatisfied** | **Neither satisfied nor dissatisfied** | **Somewhat satisfied** | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 |

1. If dissatisfied, why?
2. If satisfied, why?

2. Was telehealth better, worse, or no different than an in-person visit?

1. If better, why?
2. If worse, why?

3. Are there any other thoughts or comments you would like to add regarding your experience with receiving OT services through telehealth?