AOTA Ethics Advisory Opinion: Ethical Considerations in Telehealth

Key Points

- **Telehealth improves access and delivery of health care services, promotes client self-management, enhances efficiency of care, and reduces hospital readmissions for a wide range of conditions.**
- **Ethical issues may arise in telehealth, including consent to treat, privacy and confidentiality, and adhering to professional standards.**
- **Telehealth should not be used solely for the convenience of the practitioner.**

Introduction

The American Occupational Therapy Association (AOTA) defines telehealth as, "the application of evaluative, consultative, preventative, and therapeutic services delivered through information and communication technology (ICT)" (2018, p. 1). The World Health Organization and International Telecommunication Union determined, "Telehealth contributes to achieving universal health coverage in countries by improving access to quality and cost-effective health services for clients regardless of their setting" (World Health Organization, 2022, p. vii). Telehealth in occupational therapy practice increased substantially throughout the COVID-19 pandemic, and as a result, telehealth has become a more common means of delivery of occupational therapy services (AOTA, n.d.a, n.d.b, 2021a).

Telehealth has helped clients to save time and money, especially for those who live in rural areas with limited transportation or in areas of inclement weather, thus facilitating easy access to health

care services and managing barriers to independent living (AOTA, 2018; Cason, 2014; Dirnberger & Waisbren, 2020; Lindeman, 2011; Powell et al., 2017; Sanders et al., 2012; Wallisch et al., 2019). Occupational therapy services provided through telehealth have included client evaluation, intervention, consultation, education, and training; and monitoring health factors, such as blood pressure and follow-through to support clients' use of assistive technology (Seron et al., 2021). Practitioners typically provide occupational therapy services through telehealth using synchronous videoconferencing, though other technologies such as texting and voice-only phone calls can be used (AOTA, 2018).

Telehealth can improve access to care, reduce hospital admissions and readmissions, prevent secondary complications of chronic diseases, and provide an enhanced sense of security in accessing support to address health-related concerns (AOTA, 2018; Hopp et al., 2007; Morony et al., 2017; Wosik et al., 2020). Occupational therapy practitioners are among the rehabilitation health care providers who may use telehealth technologies for service delivery. Telehealth uses include consultation, client evaluation, client monitoring, supervision, and intervention (AOTA, 2018). Some examples of interventions delivered through telehealth have included wheeled mobility and seating assessments (Bell et al., 2020; post-stroke rehabilitation (Ostrowska et al., 2021); ADL assessments (Cason, 2014); pediatric occupational therapy services (Camden & Silva, 2021); care for persons with dementia and education for their caregivers (Boyle et al., 2022); group intervention in mental health (Ferrari et al., 2022); and polytrauma rehabilitation (Bendixen et al., 2008). In addition to services with individuals and groups, occupational therapy services through telehealth contribute directly to population health by facilitating self-management of chronic conditions, providing behavioral health screening, and improving the overall health and wellness of clients (Dahl-Popolizio et al., 2020).

As a result of using telehealth, the Veterans Administration has reported a significant decrease in hospital stays and admissions, travel reduction savings, increased client satisfaction, and improved

independence (Darkins, 2014). Additionally, clients who opted to utilize telehealth were satisfied with the services providing clear communication, prompt decision making for their care, and online access to records (Mueller et al., 2020).

To practice ethically, occupational therapy practitioners must consider the unique features of telehealth service delivery for both its advantages and disadvantages. Advantages include providing education to encourage clients' self management, and improving the transfer of clients' information and electronic records (Wootton, 2012). Possible ethical issues with occupational therapy services through telehealth include inequality of client access, especially for those with cognitive impairment; low socio-economic status making technology not affordable; or living in geographically remote areas where internet services are not available. Furthermore, client autonomy, dignity, and right to refuse treatment might be perceived as compromised with the use of telehealth (Kidholm et al., 2012). The presence of care extenders (e.g., family members, support staff), sometimes referred to as e-helpers, may cause privacy and confidentiality ethical issues, especially if the same third party would not necessarily be present during in-person treatment sessions. For example, an occupational therapist may need to discuss issues of bathing or toileting during a telehealth session, possibly creating a sense of discomfort or feelings of intrusiveness for the client if a care extender is present. In addition, clients or care extenders must be comfortable with and competent in using the technology (Torsney, 2003). For clients, technology competence often can be problematic due to sequela of the condition for which they require rehabilitation services. Sensory loss due to normal aging (e.g., diminished hearing and vision) or cognitive, motor, language, or vocal impairments can impede clients' ability to operate the technology or benefit from services delivered from a distance (Richmond et al., 2017).

Practitioners providing services through telehealth technology must develop and maintain competency in several areas. Following the client's consent to use telehealth, the occupational therapy practitioner must select the appropriate telehealth technology; provide the appropriate

training to the client and their caregiver, if appropriate; review and monitor all the clinical data; and provide active care as well as case management by communication with the client's physician (Darkins et al., 2008). Beyond competency in administering typical occupational therapy assessments and interventions, practitioners must be knowledgeable about the implications of providing these services using technology as opposed to in person, as modifications in materials, techniques, or instructions may be required (Richmond et al., 2017).

Three ethical issues in regard to telehealth warrant further exploration: informed consent, privacy and confidentiality, and quality care.

Informed Consent

Occupational therapy practitioners must fully disclose information about the specific services (e.g., benefits, risks, potential outcomes, providers of services, reasonable alternatives) and implications of the use of technology during intervention (AOTA, 2020a). Clients should be informed of the risks and benefits, their rights and responsibilities (including the right to refuse treatment), and organizational policies for the retention and storage of audio and video recordings and electronic medical records (American Psychological Association [APA], 2023).

Some risks related to providing services through telehealth include the potential for loss of client privacy or confidentiality, lack of knowledge and skills of the care recipient or care extender when needed to assist with equipment, the possibility for equipment malfunction, potential costs associated with the use of technology (e.g., internet subscription, cellular data), potential for client feelings of less-personalized care, or modifications to assessment administration and scoring procedures (APA, 2023; Bauer, 2001; van Wynsberghe & Gastmans, 2009). Practitioners should consider all these risks as well as benefits when determining whether to provide occupational therapy services through telehealth.

Practitioners should document the informed consent process and content in compliance with applicable state laws and regulations (Health Resources and Services Administration, 2022).

Initially and throughout the duration of intervention, clients should be given opportunities to ask questions to ensure comprehension and ongoing affirmative consent. Lastly, practitioners must respect clients' right to refuse service provision using telehealth (AOTA, 2020a).

Privacy and Confidentiality

Occupational therapy practitioners must maintain confidentiality throughout all electronic communications (AOTA, 2020a). Providers should ensure that clear policies related to service provision; documentation; and transmission, retention, and storage of audio, video, and electronic recordings and records are in place and follow Health Insurance Portability and Accountability Act (HIPAA, 1996) privacy rules to protect the privacy and confidentiality of clients' protected health information. To maximize privacy and confidentiality, organizations and practitioners should use authentication or encryption technology (Richmond et al., 2017). Strategies include ensuring that equipment and connections are secure and taking steps to make certain unauthorized third parties do not accidentally enter the room during a video conferencing session (APA, 2023; Hyler & Gangure, 2004). Practitioners should inform clients of the possibility of any third-party presence (e.g., technology assistant) and obtain client permission for the same (APA, 2023). Clients have the right to know that, despite efforts to protect their privacy and confidentiality, breaches may occur. In these instances, practitioners should understand and adhere to appropriate procedures addressing the compromise of the client's privacy and confidentiality of protected health information (AOTA, 2018).

Quality Care and Adherence to Standards

Occupational therapy practitioners delivering services using a telehealth service delivery model must consider the impact of the technology on the services delivered to ensure they provide the best care possible and adhere to all professional and legal standards. Determining the appropriateness of occupational therapy using telehealth technology should be made on a case-by-case basis according to sound clinical reasoning and should be consistent with published

professional standards (Richmond et al., 2017). The decision to use a telehealth service delivery model should be client-centered and based on advocating for recipients to attain needed services rather than on factors related to convenience or administrative directives. In addition, when using telehealth, practitioners must be aware of the potential impact of technology on the communication process (e.g., distorted or delayed audio or video transmission) and take steps to minimize disruption. Finally, practitioners should be knowledgeable as to how technology could affect the reliability of assessments when performing client evaluations using telehealth. Practitioners should remain abreast of the current evidence related to conducting evaluations using telehealth technology (AOTA, 2018).

Practitioners must be aware of state licensure laws (of each state where involved parties reside or are receiving services) and of each state's regulations related to telehealth (AOTA, n.d.a, n.d.b, 2018, 2021a, 2023).

Relation to the Code of Ethics

Occupational therapists and occupational therapy assistants who provide services through telehealth face unique ethical considerations. The AOTA 2020 Occupational Therapy Code of Ethics (the Code; AOTA, 2020a), in conjunction with other AOTA official documents, offers guidance for these considerations. See Table 1 for specific ethical standards related to Telehealth.

Table 1. Ethical standards related to telehealth.	
1A	Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy.
2A	Respect and honor the expressed wishes of recipients of service.
2F	Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making.
2M	Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness.
4D	Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation.
4E	Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.
4G	Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
4L	Provide information and resources to address barriers to access for persons in need of occupational therapy services.
6A	Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).
6B	Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually.

Reference to Other AOTA documents

AOTA (2018) has examined current issues important to telehealth practice in the Telehealth and Occupational Therapy position paper. Some practice and ethical considerations outlined in this document include informed consent/consent to treat, privacy/confidentiality, effectiveness of this

service delivery model, competency, compliance with licensure laws and regulations, and ensuring compliance with current standards of practice. AOTA has also provided resources for telehealth use, including a decision-tree guide for deciding whether telehealth is appropriate for a client (AOTA, n.d.b).

For school and early intervention occupational therapy practitioners, AOTA has additional resources related to evaluation, monitoring progress, documentation, and interprofessional collaboration through telehealth (AOTA, 2020b).

Knowledge of and adherence to billing and reimbursement regulations are also important considerations when providing occupational therapy services (AOTA, 2018). AOTA provides up-to-date guidance on insurance coverage for occupational therapy services provided through telehealth (AOTA, n.d.b).

Occupational therapy practitioners are obligated to take responsibility for maintaining high standards (AOTA, 2021c) and continuing competence (AOTA, 2021b) in practice. Practitioners should take steps to ensure their own competence and weigh benefits of service provision with the potential for client harm (AOTA, 2021b).

Standards for supervision of occupational therapy personnel, including occupational therapy assistants, apply to services provided. State licensure boards should be consulted to determine state-specific supervision requirements for occupational therapy assistants and whether supervision can occur through telehealth (AOTA, 2020c).

Reference to Other Standards

Practitioners should refer to licensure laws in all states in which they provide occupational therapy services through telehealth to ensure they are adhering to the guidelines for telehealth for each state (AOTA, 2022).

Tips

- Use best practices for telehealth with each client.
- Consider both client and practitioner competence for technology use when delivering services through telehealth.
- Protect privacy and confidentiality of health information.
- Review state laws regarding telehealth for occupational therapy to ensure compliance.
- Review third-party payor requirements for telehealth.

Case Examples

Scenario 1

TELEHEALTH AND INFORMED CONSENT

Serena, an occupational therapist working at a Children's Hospital in one state asked Nell, an occupational therapy mobility specialist in another state, to consult with a client. Becky is a 13-year-old girl with cerebral palsy who has multiple impairments and a recent growth spurt, which has rendered her seating system obsolete. Nell agreed to consult with Becky and her caregiver using a HIPAA-compliant, real-time videoconferencing platform. Before setting up the videoconference, both occupational therapists checked their state licensure to be sure they would be compliant with telehealth services provided.

Serena explained to Becky and her mother how the teleconferencing session with Nell would work. During the session Nell would ask them all questions and instruct Serena to do specific physical assessments. Becky and her mom enthusiastically agreed to participate, because traveling to the other state would have been very difficult and costly for them, and they were anxious for a seating system that would improve Becky's ease of functioning.

The session proceeded as planned. However, after the standard, initial questions were answered, Nell wanted more information about Becky's pelvic mobility to determine the best

seating options. If the session were in person, Nell would be able to use light touch to manipulate Becky's pelvis to obtain this information. Since that was not possible, Nell asked Serena to pull down Becky's pants and lift her shirt so she could better observe Becky's mobility. Upon hearing this, Becky started to cry, and Serena decided to end the session.

Questions for Discussion

1. Despite having followed all anticipated issues during telehealth, situations may arise that change the outcome and cause a dilemma related to ethics. What ethical standards were met or not met during this session?
2. How could this telehealth session have been better planned so a successful outcome would have been obtained?

Scenario 2

SUPERVISION AND TELEHEALTH

Chris is a certified and licensed occupational therapy assistant who has 10 years of experience working at a rural skilled nursing facility (SNF) but has no experience in telehealth. The supervisor is Jamie, a licensed and registered occupational therapist who works at two SNFs about 60 miles from the SNF where Chris works. During Jamie's Level II fieldwork approximately 50% of the caseload was through telehealth. To meet professional and state supervisory standards and regulations, Jamie and Chris meet weekly through a business communication platform with chat and video conferencing where they typically discuss the clients on caseload, as well as complete professional development for both of them.

Chris has one client who is discharging from the SNF in 2 days. Jamie and Chris have discussed plans to see this client biweekly through telehealth after the client is home. Jamie completed the initial evaluation over a month ago when the client was admitted to the SNF and has been monitoring the progress through Chris' progress notes. Chris and Jamie have discussed plans for

the telehealth visits to include the client's follow-through with adaptive equipment and development of a routine for a home exercise program.

Jamie and Chris both participated in the first telehealth visit so the evaluation could be completed, and the treatment plan written. Although consent for the visit was obtained, Jamie did not fully explain the purpose of the evaluation nor the reason for the OT services. During the ensuing telehealth visits Chris was able to determine and recommend adaptive equipment for the client and with client's approval help to obtain the needed equipment. Chris also helped the client with routine cues for the active assistive range of motion exercises assigned while at the SNF. Because this was Chris' first experience using telehealth with a client, Jamie would enter the virtual room discreetly for several minutes once a week to check on Chris' approaches.

Approximately 1 week prior to the anticipated discharge from telehealth, Jamie had an unexpected medical leave and was not able to continue providing supervision for Chris' caseload. Chris continued the treatment for two more sessions, then discharged the client, identifying that the goals were met.

Questions for Discussion

1. According to the Code, what ethical issues were created in the above scenario?
2. Apply an ethical decision-making framework. How could the ethical issues in this scenario have been avoided?

Scenario 3

SAFETY IN TELEHEALTH

Terry is a licensed occupational therapist who is working for the Veterans Health Administration (VHA) and has completed all education related to telehealth as assigned by the organization. Terry's first telehealth visit was an evaluation of a veteran living 60 miles away from the nearest VA facility. The veteran's primary care physician had recommended occupational therapy to improve his function and independence in his home because he lived alone. Terry initiated the telehealth

visit by introducing the veteran to occupational therapy and obtaining the veteran's personal identification. Terry had the veteran complete several standardized assessments prior to assessing the home itself for adaptive equipment. After an initial interview to determine areas of difficulty, Terry had the veteran complete several standardized assessments that included range of motion, functional reach, and static and dynamic balance. Because the veteran had not identified balance issues during the interview, Terry had the veteran complete the 4-stage balance test. During the tandem stance, the veteran lost his balance and was unable to catch himself. When the veteran reported he was unable to get up from the floor, Terry began looking for an emergency contact number in the veteran's chart and home county. He was finally able to call emergency medical services for the veteran and remained in the telehealth visit with the veteran until they arrived.

Questions for Discussion

1. What are some of the ethical concerns identified in this scenario?
2. What could Terry have done differently prior to this telehealth evaluation?
3. What could Terry have done differently during this telehealth evaluation?

Summary

Occupational therapists and occupational therapy assistants are using technology to provide interventions and services to people who may not otherwise have access to them. Practitioners should be aware of ethical considerations that accompany telehealth and the use of emerging technology in practice. First, occupational therapy practitioners must exercise clinical reasoning when deciding whether providing services through telehealth technology is an appropriate option. Practitioners should fully disclose to clients the risks, benefits, and nature of service delivery using technology. In addition, the client, their family, or service extenders may need to develop knowledge and skills in operating technology. The technology used must be of sufficient quality to provide dependable services and include protective measures to meet HIPAA privacy standards. Informed

consent must be obtained. Practitioners must protect clients' privacy and confidentiality. Practitioners must ensure their own competency and optimize interventions for delivery through telehealth. Further, they must adhere to local, state, and federal laws, standards, and regulations. Practicing according to standards and guidelines published in several AOTA official documents can promote the safe and effective delivery of occupational therapy services through telehealth. By adhering to the highest level of ethical standards, occupational therapists and occupational therapy assistants can join other health care providers in using telehealth to better serve their clients.

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Authors

Aseel Dalton, PhD, LLM, RPh
Public Member, AOTA Ethics Commission, 2022–2025

Marita Hensley, COTA/L
OTA Member, AOTA Ethics Commission, 2020–2026

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