

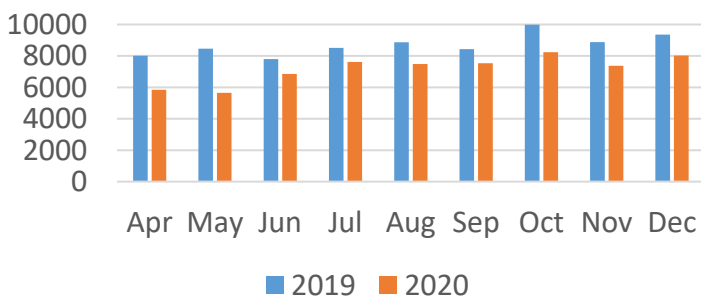
Senate Committee on Health Care testimony: 02.10.2021

My name is Jeremy Hilliard and I am the President of the Oregon Chapter of the American Physical Therapy Association and the Director of Clinical Education at Pacific University. Chair Patterson, Vice-Chair Knopp, Members of the Committee... it is a pleasure to be a part of this discussion regarding the impacts of COVID-19 public health measures on health-related businesses. Our chapter represents more than 1400 physical therapists, physical therapist assistants, and students across the State of Oregon and in multiple practice settings, including outpatient, acute and post-acute care, pediatric, and more. Our national organization represents more than 100,000 members and this year we are celebrating our centennial. A little known fact... the founding of our profession in the US actually occurred in our state with Reed College hosting the first program for reconstruction aides in 1917. Fast forward a century and we now find ourselves and our patients impacted by the same pandemic that afflicts all of our communities. I will do my best to summarize and share data regarding the impact COVID-19 has had on both physical therapy providers and patients, but I want to highlight that the true impact reaches far beyond simple numbers and statistics... the lives and livelihoods of Oregonians, patients and practitioners alike, underlie this data.

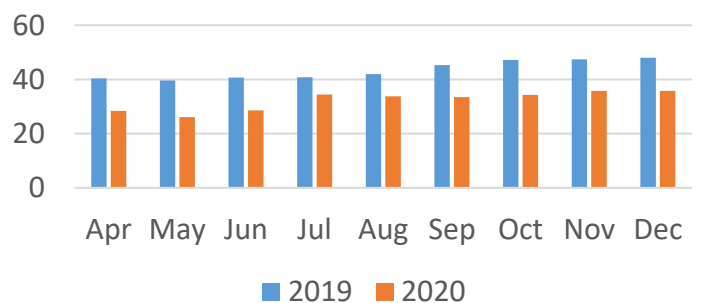
As the Director of Clinical Education, my primary responsibility is to oversee the clinical performance of our students to ensure that they not only have the requisite knowledge required to pass the national licensure exam, but also the technical, physical, and decision-making skills required for safe and effective patient care. Regardless of the pandemic’s impact, we continue to maintain a responsibility to graduate safe and competent practitioners, which our students demonstrate through supervised clinical practice. As a result of the pandemic and related clinic closures (some temporary, some permanent), a number of our students experienced significant delays in completing their education and joining the healthcare workforce. In fact, the Class of 2020 had just 8 of 50 students complete their experiences as anticipated (no delays, discontinuations, or modifications). Eight students graduated at least two months late, with three of them graduating more than three months late. This not only impacts their lives, but contributes to the shortage of physical therapists in our state. Our class of 2021 is experiencing similar impacts related to recent surges in positive cases. While the administration of the Pfizer and Moderna vaccines has improved conditions, we still have at least five students who will be graduating late.

Outpatient physical therapist services, whether private practice or hospital practice, have been impacted by both the pandemic and public health measures taken to curb its spread. These include drastic drops in patient caseloads, reduced revenues, employee layoffs and furloughs (sometimes lengthy), and the elimination of support positions, requiring PTs to provide both skilled patient care while balancing important but non-skilled services such as temperature checks, cleaning and sanitizing surfaces, and other “not top of license” duties. These numbers from one regional multi-clinic private practice who treat a mix of patients with commercial, Medicare and Oregon Health Plan beneficiaries, and injured workers in Oregon and SW Washington illustrate a story we’ve heard repeatedly from our members: patient visits are substantially decreased and there have been a number of staff furloughs and layoffs.

Year-to-Year Comparison:
Patient visits



Year-to-Year Comparison:
PT/PTA FTEs



Amidst these challenges, however, physical therapists across our great state adapted and innovated, like so many others, including securing and utilizing PPE, disinfecting wipes and sprays, implementing physical distancing processes, and developing innovative care delivery methods. In particular, the pandemic forced many into a grand experiment with the delivery of PT services via telehealth, either entirely or as part of a hybrid delivery system. This happened because the needs of Oregonians dictated it... patients needed PT services and telehealth allows this to happen while promoting safe practices and reducing viral spread. Temporary adjustments have since been implemented to help compensate physical therapists for their time and expertise, but this temporary fix is in need of a more permanent solution. The payment differential for telehealth versus in-person visits is substantial and contributes to the financial difficulties our private practices and hospitals are experiencing. Fair payment that accounts for the clinical expertise and infrastructure costs of delivering these valuable physical therapist services delivered via telehealth would help promote the health and patient outcomes of Oregonians.

The impact of COVID-19 has also been felt deeply in the post-acute care and skilled nursing settings in Oregon. Infinity Rehab, a contract rehabilitation company based in Wilsonville, provides physical therapy, as well as occupational and speech therapy, to older adults at more than 50 locations across the state. Two major impacts of COVID-19 that they asked to be shared with you today include (1) an emerging concern about the long-term health impacts on COVID-19 survivors, primarily in the areas of long-term respiratory and functional complications for older adults, and (2) the absolutely essential role that telehealth has played in helping to supplement direct patient care during this pandemic, including its role in helping to deliver physical therapy services to Oregonians who, in some cases, would otherwise not be able to access care at all.

Another success of telehealth is reported by one large facility specializing in pediatric orthopedic disorders where providers are now able to follow up much more easily and consistently with their patients because of telehealth. This is of particular benefit to those living in rural parts of our state and also in surrounding states (thanks to the passage of the interstate physical therapy licensure compact a few years ago). It will take some time to validate data, but their early anecdotal evidence is compelling... there is increased patient and family caregiver involvement and improved outcomes. Patients are able to access necessary care, regardless of location... and not just physical therapy services. This organization estimates that 25% of their PT, OT, and SLP visits are now being completed via telehealth; in fact, approximately 85% of their SLP visits are virtual and they anticipate this will be a long-term trend. Children receiving assistive technology for speech are essentially living in a virtual world... delivering their care virtually and involving their parents in this delivery has improved their care. Furthermore, they have been able to deliver needed services to more patients - the overall number of visits for SLP services has actually increased, not dropped as in other disciplines.

The rapid shift to delivering telehealth rehabilitation services was a transition I'm sure many did not feel prepared to make... but this forced experiment has been overwhelmingly successful in demonstrating not just the ability, but also the incredible benefit of providing virtual care to recipients of physical therapy and other rehabilitation services. We are grateful that payment for these services is available under the temporary exceptions created for telehealth, but these are temporary fixes. Giving consideration to extending the benefits of telehealth rehab services through fair payment will help continue these benefits beyond the exceptions timelines currently in place. Additionally, taking steps to ensure that patients have technological abilities (including knowledge) to participate in telehealth services would further improve access to those in need.

