

Research Summary: Remote Treatment (Telehealth) for Allied Health **Professions in Israel during the Coronavirus Outbreak (Covid-19)**

Conducted by:

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Background

The Coronavirus (Covid-19) erupted in Israel in February 2020 with far-reaching consequences for the economy, education system, culture, transportation, and of course the health system. Healthcare professionals were forced to face a new reality of relying on technology and digital communications to deliver remote healthcare services (Telehealth). As a result of social distancing and lockdown strategies implemented to combat the virus, addressing the needs of clients became difficult and fraught with dilemmas. Using "remote" technologies quickly became part of daily life, including for healthcare provision.

Research Goal

The research goal was to learn about the strengths and challenges of Telehealth treatment from the perspective of health professionals (physical therapy, occupational therapy and speech and language therapy) in order to improve this medium by building tools and training programs to promote optimal professional service.

Research Participants and Methodology

307 professionals - 90 physical therapists (29.3%), 116 occupational therapists (37.8%) and 101 speech and language therapists (32.9%) from all over Israel participated in the study. An anonymous digital questionnaire was developed in collaboration with Beit Issie Shapiro's team of healthcare professionals'.. The questionnaire was widely distributed to healthcare professionals via forums, organizations and social networks. Data collection lasted for about a month at the height of the Coronavirus outbreak (April-May, 2020).

Main Findings

- Treatment via Telehealth prior to the Coronavirus outbreak: a minority of the sample (7.5%) used this treatment medium: 13.3% of physical therapists, 5.2% of occupational therapists and 5% of speech and language therapists. The majority used Telehealth infrequently (30.4%) or occasionally (34.8%), and only 13% used it frequently. Telehealth was mostly used in the "offline"/asynchronous format, 39.1% provided information and written instructions for treatments and 39.1% used visual information (such as photos, video recorded), 34.8% reported talking on the phone and 26.1% used real-time visual video ("online"/synchronous).
- Treatment via Telehealth after the Coronavirus outbreak: There was a significant increase in the proportion of professionals using Telehealth after the outbreak of the Coronavirus (57.7%).



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- Telehealth treatment channels: The big leap in treatment rates occurred through online/synchronous visual information (from 26% to 72.3% of all professionals). In second place is treatment provided by written information and instructions (56.5%), followed by phone calls (53.1%) and treatment via visual information/offline video (50.8%). Fewer physical therapists use online channels compared to occupational therapists and speech and language therapists.
- **Telehealth usage goals:** 60% reported using Telehealth to replace "traditional" treatment, while 34.7% used it for training and guidance purposes. Physical therapists use Telehealth mainly for training and guidance purposes and less as a substitute for the "traditional" treatment space in contrast to occupational therapists and speech therapists who use it as a substitute.
- General perception of Telehealth: As a treatment medium, Telehealth was rated in the average range based on three parameters examined. Its relative strength lies in the perception that it enables therapists to maintain their professionalism (average 2.63 on a scale between 1 and 4), and a little less as a channel that provides a high-quality service to the clients (average 2.37) and as a treatment channel with which the professional is satisfied (average 2.23). No significant differences were found between areas of practice, workplace or geographical location.
- Training: 77.4% of participants stated they did not receive formal training in Telehealth as a means of treatment. 22.6% received training - 18.6% after the Coronavirus outbreak and 4% before the Coronavirus outbreak.
- Awareness of the Telehealth guidelines issued by the Director General of Israel's Ministry of Health: 56% of respondents are aware of the existence of the Telehealth guidelines; only 19% of whom read it carefully. No significant differences were found between areas of practice.
- Intention to use Telehealth in the future (post Coronavirus): 56% responded negatively, 44% responded positively.

Conclusions

- Development and training programs for therapists using Telehealth the increase in the rates of Telehealth usage for treatment purposes, and in the "online"/synchronous format, indicates the need to develop and build training programs tailored to each health profession – physical therapy, occupational therapy and speech and language therapy. Each profession will know how to define treatment goals, identify the client's natural environment to structure appropriate intervention, develop the skills of caregivers/parents of young clients, and develop creative and innovative treatment methods.
- Future potential of Telehealth in the healthcare professional world The intention of professionals to use Telehealth in the future is lower than the rates of use measured during the Coronavirus period. However, the intention for future use is five times higher than the rates of Telehealth usage before the Coronavirus outbreak. For most of them, Telehealth may not be a

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substitute for in-person therapeutic sessions, but it has extensive treatment potential in situations in which "typical" treatments cannot be performed - for example during prolonged hospitalization, clients with mobility difficulties, populations living in the periphery, national emergencies and even extreme weather conditions.

Positioning Telehealth as a means of providing treatment - Telehealth receives average scores in terms of professionalism, quality of service and preference of the therapists. This medium is not currently perceived as a means that can provide a suitable response to a variety of situations and treatment goals in the allied health professions. It can be assumed that this is because the professionals have received almost no training on the subject of Telehealth, and had to learn in real time how to provide treatments using Telehealth. It is likely that developing and building training programs simultaneous with improving infrastructure, providing appropriate equipment and appropriate treatment tools will facilitate the smart, efficient and professional use of Telehealth. Good experiences and therapeutic successes will have an influence on how positively Telehealth is perceived, which is necessary in order for Telehealth to be added to the therapist's toolbox.

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