**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?