

## POSITION STATEMENT

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# American Association of Cardiovascular and Pulmonary Rehabilitation Telemedicine Position Statement

Ad Hoc Committee Members: Donald K. Shaw, PhD, PT, FAACVPR (Chair);  
Jody R. Heggestad-Hereford, BSN, MS, FAACVPR;  
Douglas R. Southard, PhD, MPH, PA-C, FAACVPR;  
Kenneth E. Sparks, PhD

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The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) recognizes the value of advancing technology and the benefits it may provide in the delivery of cardiac and pulmonary rehabilitation services. Telemedicine/telehealth technology has the potential to enhance patient access to these services. While in-person interaction with patients generally is preferable, telemedicine/telehealth can be used as: (1) an adjunctive therapeutic modality, (2) a method to extend the time frame of therapeutic contact, and (3) an alternative when in-person contact is not possible.

It is the position of the AACVPR that the same ethical and professional standards recommended for the traditional delivery of cardiac and pulmonary rehabilitation must be applied to the delivery of telemedicine/telehealth applications. Cardiopulmonary rehabilitation services, whether traditional or telecommunicated, should be offered in accordance with stated AACVPR guidelines and standards of practice.

This position paper describes the standards, ethics, credentials, liability, and reimbursement considerations that should be observed in the event cardiac and pulmonary services are provided using telemedicine/telehealth.

## DEFINITION OF TERMS

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**Telemedicine** refers to the use of electronic communication and information technologies to provide and support clinical care at a distance.

**Telehealth** includes activities such as education for healthcare professionals, community health education, public health, research, and administration of health services.

## AACVPR guidelines and standards of practice

include all documents, position papers, and publications officially recognized by the AACVPR Board of Directors as guidelines or standards of practice. This includes, but is not limited to, *AACVPR Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs* and *AACVPR Guidelines for Pulmonary Rehabilitation Programs*.

**HIPAA**—Health Insurance Portability and Accountability Act of 1996.

## STANDARDS

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It is essential that cardiopulmonary professionals adhere to the established standards of practice for cardiopulmonary rehabilitation in the application of telemedicine/telehealth to assure the highest quality of patient/participant care. Therefore, the American Association of Cardiovascular and Pulmonary Rehabilitation:

Supports the appropriate use of telemedicine/telehealth to provide access to the expertise of cardiovascular and pulmonary health specialists in the continuing effort to improve the quality of patient/participant care for those with cardiovascular and pulmonary disease in the United States;

Affirms that it is the responsibility of both product developers and practitioners to maintain the highest standard of patient/participant safety in the design and use of telemedicine/telehealth technology;

Advocates the use of the same guidelines for professional credentials as those suggested for health professionals providing traditional, face-to-face cardiopulmonary disease prevention and rehabilitation services;

- Believes that each telemedicine/telehealth interaction should be documented in accordance with the usual standard of care;
- Recognizes that provision must be made for the telemedicine/telehealth provider to practice in accordance with state and local regulations/laws of the locality in which the patient/participant resides. This includes registration, certification, and/or licensure of the healthcare provider;
- Believes the practitioner using telemedicine/telehealth maintains the same duty as traditional services to communicate with the patient/participant and referring physician or other healthcare provider regarding patient assessment, treatment plan, and progress;
- Believes that all cardiopulmonary rehabilitation via telemedicine/telehealth should perform an ongoing assessment of behavioral, clinical, and health outcomes;
- Advocates that continuing education conducted using telehealth adhere to current standards, practices, and regulations.

## **ETHICS**

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Clinical and research services provided via telemedicine/telehealth should not compromise ethical standards normally expected in traditional, face-to-face clinical environments. These standards include, but are not confined to:

1. Explaining potential benefits, costs, and risks of telemedicine/telehealth services;
2. Explaining patient/participant rights and responsibilities;

3. Ensuring confidentiality of medical records through:
  - a. Maintaining the security and integrity of patient communication and health records;
  - b. Adherence to hardware, software, and personnel issues mandated by HIPAA;
  - c. Obtaining written (or otherwise legally accepted) authorization for release of health information, and;
  - d. Explaining the limits of confidentiality.

## **REIMBURSEMENT**

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Telemedicine/telehealth has the potential to increase quality of care by enhancing communication between the patient and health professionals or providing access to specialized services for patients who otherwise would not have access to the rehabilitation and prevention service.

The AACVPR believes that telemedicine/telehealth services should be appropriately reimbursed commensurate with the work and practice costs involved in performing the services. Services must be considered to be reasonable and necessary, safe and effective, medically appropriate and provided in accordance with already accepted standards of medical practice.

The technology used to deliver the services should not be the primary consideration when determining reimbursement; the critical consideration should be whether the service is medically reasonable, necessary, and likely to be beneficial for the patient.