



## State of the Science Conference

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### Invited Workshop: The Future of mHealth and mRehab for People with Disabilities

Wednesday June 26  
Room 205-D

#### Workshop Structure and Organization

Part 1 – Brainstorming about opportunities and challenges; consensus on key issues that need to be addressed **(45 minutes)**

Part 2 – Group breakouts assigned to identify research, development, and knowledge translation efforts needed to address key issues **(30 minutes)**

Part 3 – Report out from groups and straw poll of priorities for action **(45 minutes)**

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#### Opportunities

- A. Opportunity of ICT to address problems of healthcare access and affordability
  - Remote data collection offers insight into progress between visits (adherence, progression, concordance between capacity and performance).
  - Available at home and in the community, reducing transportation and logistical challenges to access, and engaging patients in real-world settings.
- B. Opportunity to develop “alternative models” of rehab, intervention delivery, and support
  - Technology as a bridge between outpatient visits
  - Algorithm-based progression of treatment based on adherence and performance (advance exercises between face-to-face visits)
  - Greater efficiency and effectiveness of interventions (e.g., improved motivation, adherence, engagement/activation, and outcomes).
  - Greater consumer autonomy/control in intervention delivery (when, where, what) and effectiveness (adherence and performance)

## Challenges/Barriers

### A. Technology

- ICT Interoperability/integration of technology
  - Sensor integration
  - EMR integration
- Need for new solutions – what clinical problems lend themselves to technology solutions?
- Discoverability of emerging technologies/solutions by clinicians and patients

### B. Acceptance by consumers

- Familiarity/comfort with technology
- Privacy concerns; intrusiveness of technology
- Loss or diminished contact with clinician (less personalized) (but, could increase or enrich contact with clinicians)

### C. Acceptance by clinicians

- Familiarity with technology
- Complexity/ease of use
- Practice/clinical workflow changes needed to adopt mRehab
- Time needed to master approach and become efficient
- Need for practice standards/evidence of effectiveness

### D. Institutional inertia

- Lack of evidenced-based mRehab interventions
- Lack of verified ROI
- Need for investment of resources (technology, staff expertise)
- Requires systems change in models of care
- Will early adopters see/embrace mHealth/mRehab technologies as a competitive edge?

### E. Funding

- Reimbursement for non-hands-on time (New CMS RPM codes)
- CMS adoption of site-neutral payment for post-acute care (PPS-PAC) will force more rehab to outpatient and home-based venues
- Move to bundled payment and population health management reimbursement schemes could hasten development of alternative models of care delivery
- Self-pay options for (affordable) home-based therapy