

Telepractice and RehaCom

The telepractice information in this document is intended to support professionals in making informed, well-reasoned decisions around remote intervention. This information is not intended to be comprehensive regarding all considerations for intervention via telepractice. It should not be interpreted as a requirement or recommendation to conduct intervention via telepractice.

Professionals should remain mindful to:

- Follow professional best practice recommendations and respective ethical codes
- Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors
- Develop competence with intervention via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.

For RehaCom® (HASOMED GmbH, 2021), Pearson has added the option for home training to be provided alongside a RehaCom license subscription. With this method of delivery, home based therapy is prescribed to the patient by the clinician responsible for the patient's cognitive rehabilitation. The therapy prescription is assigned from the clinician's computer and is transferred over the internet to the patient's computer at home. The patient can then launch and complete the training using special patient-specific software loaded on their home computer. Completed training results are then downloaded by the clinician to their computer for monitoring and therapeutic evaluation.

Conducting Telepractice Intervention

In addition to the general information on Pearson's telepractice page, professionals should address five factors (Eichstadt et al., 2013) when planning to administer interventions via telepractice:

1. [Telepractice Environment & Equipment](#)
2. [Intervention Materials & Procedures](#)
3. [Patient Considerations](#)
4. [Clinician Considerations](#)
5. [Other Considerations](#)

1. Telepractice Environment & Equipment

Computers and Connectivity

A computer with audio and video capability and stable internet connectivity are required for the patient.

Image/Screen Size

It is recommended that the patient's computer screens be at least 15" measured diagonally.

2. Intervention Materials & Procedures

Security

Please note that with the home training option, patient health PII and training results pass over the internet through the servers of Hasomed GmbH in Germany. Completed training results are then downloaded by the clinician to their computer for monitoring and therapeutic evaluation.

3. Patient Considerations

Appropriateness

The clinician should first ensure that remote telepractice rehabilitation is appropriate for the patient and for the purpose of the intervention. Clinical judgment, best practice guidance for telepractice (e.g., American Psychological Association Services, 2020; Association of State and Provincial Psychology Boards, 2013; Inter Organizational Practice Committee, 2020), information from professional organizations and other professional entities (e.g., licensing boards, legal resources, professional liability insurance providers, payors), consultation with other knowledgeable professionals, existing research, and any available federal or state regulations should be considered in the decision-making process. Consideration should be given to whether the necessary administrative and technological tasks involved in a telepractice session can be accomplished without influencing results.

Preparedness

Before prescribing home therapy, the clinician should ensure that the patient is well-rested, able, prepared, and ready to appropriately and fully participate in the therapy.

4. Clinician Considerations

Practice

The clinician should rehearse the mechanics and workflow of prescribing home training using RehaCom. For example, a colleague could be used as a practice patient.

Procedures

Home training can be purchased in bundles of home training hours in three package levels: Discover (400 hours), Classic (800 hours), or Power (1,600 hours). These training hours are used in combination with a standard “In Clinic” RehaCom site license. For more information and to discuss your needs, please contact us at: rehaocominfo@pearson.com.

5. Other Considerations

There are special considerations for written reports describing intervention that takes place via telepractice. The professional completing the written report should state in the report that the intervention was administered via in home training, and briefly describe the method used. The professional should also make a clinical judgment, similar to an in-person session, about whether or not the clinician was able to obtain the patient's best performance. Decisions should be explained in the report, including comments on the factors that led to the decision to conduct the intervention via telepractice.

Conclusion

If you would like to use RehaCom using a telepractice approach, purchase of home training hours is necessary, but it may be used without additional permission from Pearson.

References

- American Psychological Association Services. (2020). *Guidance on psychological tele-assessment during the COVID-19 crisis*. (2020). https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19?fbclid=IwAR1d_YNXYS2Yc5mdlz_ZIYSkrj_6A9BQeKulHxEjRh1XDR6fOYncM3b4
- Association of State and Provincial Psychology Boards. (2013). *ASPPB telepsychology task force principles and standards*. http://houstonneuropsych.com/wp-content/uploads/2020/04/ASPPB_TELEPSYCH_PRINCIPLES.pdf
- Eichstadt, T. J., Castilleja, N., Jakubowitz, M., & Wallace, A. (2013, November). Standardized assessment via telepractice: Qualitative review and survey data [Paper presentation]. Annual meeting of the American Speech-Language-Hearing Association, Chicago, IL, United States.
- Inter Organizational Practice Committee. (2020). *Recommendations/guidance for teleneuropsychology (TeleNP) in response to the COVID-19 pandemic*. <https://static1.squarespace.com/static/50a3e393e4b07025e1a4f0d0/t/5e8260be9a64587cfd3a9832/1585602750557/Recommendations-Guidance+for+Teleneuropsychology-COVID-19-4.pdf>
- HASOMED GmbH. (2024). *RehaCom for Cognitive Therapy After Stroke or TBI*.