



作業療法と遠隔診療

本声明の位置づけ

遠隔診療は、実際に対面での診療が現実的ではない場合、または最善の医療を提供できない場合、および/または遠隔診療によるサービス提供がクライアントと医療提供者の双方に受け入れられる場合に、有効で適切な作業療法サービスの提供モデルとして用いられる。遠隔診療は、作業療法サービスの一部を対面診療で提供し一部は遠隔診療で提供する、混合型提供モデルの一部とすることもできる。

遠隔診療とは、医療提供者とクライアントが物理的に離れた場所にいる場合に、ヘルスケアに関するサービスを提供するために情報および通信手段を用いたものである。遠隔診療で提供されるサービスは、医療提供者とクライアントの同期的な（リアルタイムの）やりとり（例：ビデオ会議、電話、リモートモニタリング、アプリケーション（「アプリ」）、ゲーム技術）、および/またはデータ（例：ビデオ、写真、電子メール）の非同期的な（すなわち「保存して転送する」）送受信などがある。遠隔診療は、作業療法の実践を管理する管轄地域、施設、および専門職の規制および方針で認められている通り、評価、アセスメント、介入、モニタリング、指導、および相談（遠隔診療者、クライアント、および/または現地の医療提供者間）のために作業療法で用いられることがある。

作業療法に対するこの見解の重要性

世界保健機関（WHO）の「リハビリテーション 2030：行動への提言」によると、「リハビリテーションに対するニーズは、世界中で大幅に増加し続けている」¹。作業療法は、人々が意味のある作業に従事する機会を促し、生活の質（QOL）と健康・安寧を向上させ、WHO の持続可能な開発目標（SDG）³「あらゆる年齢層のすべての人々の健康的な生活を実現し、安寧を促進する」を達成する上で重要な役割を担っている¹。遠隔診療は、自宅、学校、職場、地域社会にいる人々への効率的な作業療法サービス提供を可能にする。さらに相談や指導関係を通じて、遠方の専門家から現地の医療提供者への知識やスキルの伝承を推進することもできる。この遠隔診療によって提供される作業療法は、提供される個人やグループ、集団、クライアントの職業や興味に応じた適切なものでなければならない。また作業療法士および作業助手による遠隔診療の活用は、世界作業療法士連盟（WFOT）の倫理綱領を遵守すべきである²。

社会に対するこの見解の重要性

遠隔診療は、情報および通信手段を用いて作業療法士、作業助手、学生と人々を結びつけ、対面で会うことが現実的でない場合、十分なサービスを受けていない人々に対するアクセスを改善する。遠隔診療は地域の医療提供者の教育格差にも対処でき、作業療法士の不足を解消する取り組みにも貢献できる。

遠隔診療の有効性は、2011年に世界保健機関（WHO）によって報告された。例えば、世界保健機関（WHO）と世界銀行が共同で作成した「障害に関する世界報告書」³は、リハビリテーションサービスの提供における遠隔診療（すなわち遠隔リハビリテーション）の有効性を認めており、その活用により、対面で提供されるリハビリサービスと同等の成果が得られると述べている。遠隔診療技術はまた、医療提供者のリモートでのトレーニングやサポートを容易にし、「災害直後などの重要な時に、専門家の専門知識を国間で共有すること」を可能にする(p. 119)。

結論

遠隔診療は作業療法のサービス提供モデルとして適切であり、作業療法へのアクセスを高める。遠隔診療を通じて提供されるサービスは、対面で提供されるサービスと同じケア基準を満たし、作業療法の実践を管理するすべての管轄地域、施設、および専門家の規制と方針に遵守すべきである。

References

1. World Health Organization. (2017). Rehabilitation 2030: A call to action. Concept note. <https://www.who.int/disabilities/care/ConceptNote.pdf?ua=1&ua=1>
2. World Federation of Occupational Therapists. (2016). Code of Ethics. <https://www.wfot.org/resources/code-of-ethics>
3. World Health Organization & World Bank. (2011). World report on disability. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

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Appendix: Background, challenges, and strategies

Background and definitions

While various terms are used to describe the delivery of occupational therapy services when the client and provider are in different physical locations, the term telehealth best aligns with the overarching nomenclature used by health officials and policy makers and aptly describes the full scope of occupational therapy practice (e.g., health promotion, habilitation, rehabilitation, etc.). Additional terms used to describe this service delivery model include: tele-occupational therapy, telerehabilitation, teletherapy, telecare, telemedicine, and telepractice. WFOT defines occupational therapy as a “client-centred health profession concerned with promoting health and well-being through occupation” (p.3).¹ By virtue of this definition, occupational therapists and assistants promote health regardless of the context in which they practice.

The WFOT’s mission to develop occupational therapy worldwide presupposes access to services that are contextualized to local culture, resources, and occupations. Occupational therapy services are ideally delivered by locally trained and culturally competent occupational therapists and assistants. The United Nation’s *Convention on the Rights of Persons with Disabilities*² asserts that State Parties shall “organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes” and that these services and programmes be “available to persons with disabilities as close as possible to their own communities, including in rural areas” (Article 26- Habilitation and rehabilitation). Telehealth may improve access to services within clients’ communities and “strengthen and extend comprehensive habilitation and rehabilitation services” through consultation and mentoring relationships that transfer knowledge and skills from remote specialists to local healthcare providers. Telehealth competencies and guidelines should be guided by research and defined via collaborations between occupational therapists, educators, member associations, and other societal stakeholders.

Future directions of research include studies to evaluate best practices including comparative effectiveness studies and psychometric studies of occupational therapy assessments administered through telehealth technologies.

Challenges and strategies

The WFOT asserts that telehealth use by occupational therapists and assistants should adhere to the WFOT Code of Ethics³ and comply with jurisdictional, institutional, and professional regulations and policies governing occupational therapy practice. Important considerations include:

- **Licensure/Registration**– Occupational therapists and assistants shall comply with professional licensure/registration requirements in the jurisdiction of the provider and client, as applicable. The document, *WFOT Occupational Therapy International Practice Guide*⁴ provides an overview of registration, practice, and membership requirements in the majority of WFOT Member Organisations.
- **Collaboration with Local Occupational Therapy Communities** - Occupational therapists, assistants and students using telehealth are encouraged to seek opportunities to collaborate with and promote the local occupational therapy community, including organizations, educational institutions, and/or associations in the interest of cohesive, relevant, and sustainable services.
- **Client Selection** - Occupational therapists should use clinical reasoning to determine the appropriateness of telehealth use based on individual client situation (e.g., client’s diagnosis and impairments, nature of the occupational therapy interventions to be provided, client’s ability to access technologies, etc.). Telehealth should not be used to avoid in-person services when indicated by client-specific needs or to avoid contact with clients on the basis of discrimination.

(See also WFOT’s document, *Client-centredness in Occupational Therapy*⁵)

- **Consent to Treat/Informed Consent** – Occupational therapists, assistants and students shall inform clients about the nature of the occupational therapy services to be provided, risks, benefits, alternate treatment options, and any limits to protection of privacy, security, and confidentiality of personal health information associated with the technology.
- **Professional Liability Insurance** – Occupational therapists and assistants should comply

with jurisdictional, institutional, and professional requirements for maintaining professional liability insurance. Occupational therapists and assistants should confirm coverage of professional liability insurance for the geographic areas served.

- **Confidentiality**— Occupational therapists, assistants and students are obligated to employ mechanisms to ensure confidentiality for synchronous and stored client data in compliance with jurisdictional, institutional, and professional regulations and policies governing occupational therapy practice.
- **Personal and Cultural Attributes** – Occupational therapists, assistants and students should follow principles outlined in the WFOT’s document, *Guiding Principles on Diversity and Culture*⁶ and the *Diversity and Culture*⁷ position statement.
- **Provider Competence/Standard of Care** – Occupational therapists, assistants and students must maintain professional competency, acquire competency using telehealth technologies, ensure client safety, and adhere to ethical principles of practice.
- **Reimbursement/Payer Guidelines**— Occupational therapists, assistants and students must adhere to reimbursement requirements and accurately represent services delivered through telehealth.
- **Authentic Occupational Therapy Practice** – The WFOT endorses practice that is client-centred and occupation-centred, and which portrays the scope of the profession.

Conclusion

Telehealth can be an appropriate and effective service delivery model for improved access to occupational therapy services. Services provided through telehealth should meet the same standards of care as services delivered in-person and comply with all jurisdictional, institutional, and professional regulations and policies governing the practice of occupational therapy.

1 World Federation of Occupational Therapists [WFOT]. (2013). Definitions of occupational therapy from member organisations (revised 2013 October) <http://www.wfot.org/ResourceCentre.aspx>

2 United Nations. (2006). Convention on the rights of persons with disabilities. <http://www.un.org/disabilities/convention/conventionfull.shtml>

3 World Federation of Occupational Therapists [WFOT]. (2016). Code of Ethics (revised 2016). <https://www.wfot.org/resources/code-of-ethics>

4 World Federation of Occupational Therapists [WFOT]. (2020). WFOT occupational therapy international practice guide. <https://www.wfot.org/resources/wfot-occupational-therapy-international-practice-guide>

5 World Federation of Occupational Therapists [WFOT]. (2010). Client-centredness in occupational therapy. <https://www.wfot.org/resources/client-centredness-in-occupational-therapy>

6 World Federation of Occupational Therapists [WFOT]. (2009). Guiding principles on diversity and culture. <https://www.wfot.org/resources/guiding-principles-on-diversity-and-culture>

7 World Federation of Occupational Therapists [WFOT]. (2010). Diversity and Culture. <https://www.wfot.org/resources/diversity-and-culture>