

SUMMARY of Facebook Zoom session Friday 27 March 3-4pm, AEDST

Hosted by Christian Barton, co-hosts Jo Kemp, Matt Francis, Zuzana Machotka, Karen Dundules

CB:

Intervention in the GLA:D Program consists of 2 interactive education sessions (asking and answering questions, discussing with each other and the physio), and 12 twice-weekly exercise sessions to build strength, function and confidence in moving and self-management.

If/when we use telerehab for GLA:D we want to try to maintain the integrity of the program a/a.

Face-to-face becoming an issue in the context of COVID-19. Delivery of GLA:D via telerehab becoming more urgent.

GLA:D Australia Team has been working on research exploring the use of telehealth.

Delivering GLA:D via telehealth is feasible.

Qualitative outcomes - participants report feeling confident with doing their program at home and with their physical activity after completing GLA:D via telehealth.

What type of platform?

- Potential for privacy issues especially in public health
- Looked at a range of platforms and requirements and ended up with zoom. Too many limitations with platforms that are designed specifically for 1:1.
- Advice in the current environment including for DoH is to use whatever platform you are able to implement – just be open with participants about risks as in phone meetings.

How to implement GLA:D in a clinical setting using zoom – with ZM and MF

- Customised platform initially – hard to keep it stable with more than one participant.
- Changed to zoom for stability and amended ethics accordingly – needed to include consent to see and be seen by others and therefore be recognised.
- Positives of participants being able to see each other
 - Could use other participants as an example rather than always using the physio or the videos.
 - Doing exercises all together as a group.
 - Draws on social participation which could otherwise be missing
 - Useful for showing each participant how to set up for exercises
- How to demonstrate exercise
 - Do a 1:1 session first
 - can they log in
 - set up cameras and environment eg step
 - go through each exercise and work out exactly how to do each exercise
- Videos good for highlighting and showing things – share screen, pause – trek exercise
- Different people like different things for exercise – pictures, watching someone, watching videos
- Challenges
 - Finding a suitable space at home eg spare bedroom
 - Locating cameras in relation to space and equipment

- Tips:
 - better to have everyone doing exercises at the same time
 - use gallery view versus speaker view – means the maximum in a group is probably 4 so that the physio can see everyone at the same time. Also then with gallery view participants can see each other AND THEMSELVES.
 - use as big a screen as you can; two if possible
- Education:
 - Pre-recorded sessions are not part of the intention of the program. Passive education is not as effective as active education
 - GLA:D Team will run some sessions centrally from LTU to allow participants to ask questions
 - Better not to have too many
 - Helps participants to feel less isolated and promotes interaction
 - Find it works well and often goes over time.
 - Works well with the remote platform, already have slides available
 - Could be a great service to local community
- Costs/charging/maintaining engagement
 - Some people can't access telehealth or are unwilling
 - Still deliver program – maybe group education and then monitor exercise through regular 1:1 sessions
 - We are still collecting data from people doing GLA:D via telehealth and will pick up what types of sessions they have done through the questionnaires.
 - Suggest charges should reflect usual face-to-face charges
 - Likely to see changes in PHI over the coming days and weeks, at least for 1:1 sessions. Already planning to start funding for particular conditions including OA and MSK pain.
- Other tips:
 - Have used FaceTime for people unable or unwilling to use zoom or as a backup; they can then participate in the group on a separate screen
 - Note if using FaceTime that they will have your phone number or Apple ID.
 - Screen for ability to get up/down from floor – use bed if unable to use floor.
 - Have contact details handy in case of emergency so you can call ambulance etc
- Monitoring effectiveness
 - Now likely not able to see people face to face to assess and screen
 - Can do 30 sec chair stand test; make sure chair against the wall.
 - 40m walk test – don't worry. Too hard!
- Data collection – with KD
 - Extra fields to see how people are planning to deliver and then what actually happened
 - If participant is planning to complete the program as intended, (and meets eligibility), they should be registered. If the plan changes, we will pick that up at 3 month review.
 - Pragmatic approach!
- Annual Report 2018
 - Outcomes in this report show similar trends to Denmark
 - This is an opportunity to see if telerehab can match face-to-face for this program.
- Physitrack

- Great with exercises and videos
 - Really only for 1:1; not suitable for a group
- Pre/post pain scores and log
 - Not part of our data collection; for clinical use and reference
 - Good idea to send them home with the participant
 - Trial has had participants keeping a diary / log
 - Suggest sending out diaries / logs for them to fill out – useful for records
- ?Charging through PHI using group codes
 - Unclear at the moment, this may change but no way to know who.
 - Encourage participants to ask their PHI and if 'no' to ask why not.
 - DVA usually flexible and responsive.
 - GLA:D Team will continue to advocate.
- Equipment
 - Suggest making packs – balls may be hard to source at the moment so use a chair or pillows
 - Clinics could provide packs as part of their training package
 - GLA:D Team will explore putting together some packs.
 - Link from Participant 3
 - Trial equipment: theraband multi-pack, exercise ball, adjustable portable step, pedals if no exercise bike
 - Sometime pedals can flare up knee pain because they move around too much. BUT – can use them for upper body instead!
 - Warm-up can be a walk around the block instead of pedals/bike
- Ongoing communication
 - Keep in touch on the Facebook group
 - We will do more of these sessions!
 - Email GLAD.Australia@latrobe.edu.au with further questions.
 - Check out website for physios running GLA:D on Telerehab
<https://gladaustralia.com.au/telerehab-resources/>
 - Zoom education sessions run by GLA:D® Australia for participants here
<https://gladaustralia.com.au/telerehab-resources/telerehab-for-glad-participants/>

SELECTED PORTION OF CHAT (excludes greetings and goodbyes)

15:18:03 From Participant 1 : what about issues around the fact that the first Telehealth session is going to cost more than a group class? Have you had much push back or objection to this? I fear I am going to lose clients who can't meet the parameters of the study because they can't access Telehealth or are unwilling to participate on this platform..

15:19:34 From Participant 2 : Have you recorded Education sessions or should I deliver them via Zoom live ?

15:20:13 From Participant 3 : How much people are charging for tele health group sessions? or an individual sessions around different setting?

15:26:13 From Participant 1 : if clients can't meet the 2 supervised sessions/week expectation, does this disqualify them from the study?

15:26:27 From Participant 4 : How do you get around people that has issues getting on and off the floor- safety etc...

15:26:53 From Participant 5 : How do you standardise taking outcome measures such as the 40m walk test?

15:27:26 From Participant 2 : Do any of you use physitrack ? I am not having much luck with it compared to Zoom and it only does one on one .

15:31:38 From Participant 3 : @Participant 2 I think physitrack is 1:1 only. Doesn't work for group, I use physitrack for individual consults but works good in case when husband and wife clients working from home for group exercises

15:32:05 From Participant 6 : have you changed how you collect the pre and post exercise pain scores and feedback? Patient keeps the scores and sends them in at the end, or therapist record each participant's scores and keeps them

15:33:45 From Participant 7 : How did you work around the challenge of ensuring participants had the right equipment. i.e. differing Theraband resistance etc. not all participants will have therabands and may struggle to purchase in this current setting.

15:33:52 From Participant 8 : Does anyone know if patients can claim for telehealth group classes through private health funds?

15:33:52 From Participant 9 : we are using Microsoft teams for team meetings, have been told by DHHS is secure and encrypted, so planning to trial for telehealth too

15:35:50 From Participant 3 : @ Participant 7 have you thought about selling this to clients, we do this to all our clients to encourage them to exercise at home;https://www.ebay.com.au/itm/Fitness-Exercise-Resistance-Bands-for-exercise-pack/293525883356?hash=item44578189dc:m:mElKyhI4_ONYddMgmGUWIKg