Supplementary file 2: Additional results

Implementation considerations

Purpose telehealth can be used for

One study reported that assessments should be done in person where possible and regulations allow,(1) while two studies reported that AHPs should conduce assessment remotely only if deemed appropriate.(2,3) Bierman et al. (4) stated that in some US states telehealth can be only used in case of an already existing relationship between the patient and the provider and, therefore, in case of follow-up appointments. Some discussed the use of telehealth for group sessions,(5,6) while it was stated that it should not be used for urgent (7,8) or acute care needs (9) and in emergency situations.(7,8,10)

Patient eligibility

Three articles/guidelines,(7,8,11) two of them from the UK AHP professional bodies,(7,12) reported further factors that should be considered while assessing for telehealth eligibility during the COVID-19 pandemic: 1) presence of suspected or confirmed COVID-19 diagnosis;(7,12) 2) increased risk of COVID-19 complications;(7,11,12) 3) patient's willingness to avoid face-to-face consultations to limit exposure to COVID-19;(7,12) 4) significant concerns and increased anxiety related to in-person consultations.(7,12) Three UK AHP professional body guidelines (7,8,12) provided exclusion guidelines to determine who is not eligible and appropriate for telehealth such as 1) patient's inability to give informed consent;(7) 2) presence of complex care needs;(7,12) 3) patient's high risk of experiencing difficulties during

virtual consultations;(7,12) 4) patient's inability to fit brace or fit stocking himself with video support;(8) 5) lack of sufficient information about the patient to allow clinicians to make clinical judgment about the treatment plan.(7,12) The British Association of Prosthetists and Orthotists (BAPO) also specified the clinical conditions where equipment items cannot be issued remotely.(8) In case of the presence of potential exclusion criteria, it was stated that specific compensation arrangements (e.g., technology training and family support during consultations) or alternatives to remote consultations (e.g., face-to-face visits) need to be discussed.(3,13)

Clinicians' and patient's checklist

Most of the articles/guidelines (n=8) provided a list of information to gain before the visit.(3–5,9,14) Six specified what should be done during a consultation (3–5,9,11,14) and four articles/guidelines,(3,8,9,15) three of them from the UK AHP professional bodies,(3,8,15) clarified what should follow a remote consultation. One UK AHP professional body guideline (16) encouraged AHPs to screen the patient for COVID-19 prior to commencing the consultation.

Patient information

Wong et al. (9) and Haldeman et al. (5) reported that consent can be given verbally, while Bierman et al. (4) stated that consent can be either verbal or written. RCSLT (3) accepted consent made in writing or given verbally, but also stated that patients give implicit consent by accepting to join the telehealth consultation.(3) This is in line with two other UK AHP professional body guidelines.(10,12) Only Bierman et al. (4) explained that the consent can be given by a person other than the patient himself who has, however, the authority to make health decision on patient's behalf.(4)

Confidentiality

Six articles/guidelines (5,10,12,17–19) reported that AHPs should follow the existing organisational, professional, regional or national policies and regulations pertaining to patient confidentiality. Three UK AHP professional body guidelines (7,10,12) explained that sensitive data or confidential information needs to be safeguarded at all times as it would be done in case of face-to-face appointments. In order to achieve this, AHPs are recommended to ensure confidentiality for the synchronous and stored data.(5,17,18,20) RCSLT (3) stated that the single telehealth provider is also responsible for the continuous monitoring and mitigation of risks of breach of confidentiality.(3)

Eligibility of AHPs

Three articles/guidelines,(2,14,21) stated that AHPs providing telehealth should be registered in the state where they are located as well as in the jurisdiction where the patient resides. In contrast, four studies (13,20,22,23) reported that the AHPs should only be registered either in the state where the patient resides (20,22) or in the jurisdiction where the service is provided.(23,24) Some articles also indicated that AHPs should also be competent around the use of telehealth for remote consultations.(1,13,17,18)

Logistical management

Burns et al. (25) and Wong et al. (9) reported that administrative staff play an essential role in scheduling appointments and reminding patients of the equipment necessary for the consultations. Six studies (3,14,21–23,25) reported that telehealth services should have the support of technical assistance, at home as well as at all sites (22)

and during both the set-up and the consultation stage.(3) Ben-Aharon et al. (14) also stated that a patient service support should be available.

Room, session and technical requirements

The use of a laptop or desktop computer was recommended for patients by three articles.(3,7,9) RCSLT (3) also recognised smartphones as possible devices to use for consultations, while Collie et al. (13) was open to any means of communication. Four articles/guidelines (9,14,22,25) promoted the use of a camera, which should be placed at the shoulder/eye level.(9,22) Four articles/guidelines (11,14,21,22) also included microphone as one of the requirements and two articles/guidelines suggested the use of headphones/headset.(14,15)

Two studies indicated that the room should be uncluttered and spacious to allow the patient to move safely.(1,9)

Simila et al. (22) and RCSLT (3) recommended AHPs to ensure that patients have all the equipment necessary for the session. Three articles/guidelines (1,22,25) encouraged AHPs to provide patients with the equipment if this is required. Simila et al. (22) and Collie et al. (13) recommended AHPs to allow adequate time for the consultation to take place; however, no specific indication was given about the duration of the appointment.

Privacy and security issues

The College of Podiatry,(12) Meredith et al.,(19) the Chartered Society of Physiotherapists (10) and Wong et al. (9) encouraged AHPs to set strong passwords.

The adoption of authentication protocol was recommended by Meredith et al.,(19) the British and Irish Orthoptic Society (BIOS) (7) and Wong et al. .(9) Additionally, six articles/guidelines (3,7,10,12,13,19), most of which were UK AHP professional body guidelines (n=4), provided recommendations on data storage. There is consensus among the articles/guidelines that personal and confidential information should be stored securely.(3,7,10,12,13,19) RCSLT (3) stated that the responsibility of confidential data storage falls on the single telemedicine provider.(3) Three UK AHP professional body guidelines (7,10,12) recommended that AHPs do not store personal and confidential information on their own devices unless it is absolutely necessary. Access to patient's data was explored by three articles/guidelines,(4,10,12) two from the UK AHP professional bodies,(10,12) which stated that data must be accessible and disclosed only to those people having the right to access patients' information.

Risk management and patient's safety

Bamaga et al. ,(6) Meredith et al. (19) and the World Federation of Occupational Therapists (18) stated that protecting patient's safety is a priority for AHPs delivering telehealth consultations. In order to ensure patient safety, Lee et al. ,(26) while RCSLT (3) and Ben-Aharon et al. (14) respectively suggested the implementation of an ongoing and periodic risk assessment as well as management programme. Risk management strategies for telehealth consultations varied across articles/guidelines. Only Middleton et al. (1) and RCSLT (3) encouraged AHPs to conduct a risk assessment prior commencing a consultation. According to Middleton et al. ,(1) this should comprise an environmental risk assessment to ensure that the place is safe.(1)

Family's and/or caregiver's role

Three articles/guidelines (1,9,16) reported that clinicians may explore, following patient consent, the possibility of involving patient's family and caregiver in setting up a consultation and facilitating its delivery. Burns et al. ,(25) Quigley et al. (2) and Ben-Aharon et al. (14) specifically stated that family and/or caregiver support may be required during both assessment and treatment in case the patient needs physical, cognitive and emotional support.(2,14,25) Furthermore, two articles/guidelines (3,6) clarified that family and caregivers should provide support following clinicians' recommendations. Two articles/guidelines (3,14) recognised the importance of establishing good communication with the family and/or caregiver that should be kept engaged and informed about patient's progress.(14) One guideline from a UK AHP professional body (3) recommended clinicians to coach families so that they can help patients carry out therapeutic activities during their free time.

Legislation, legal and ethical aspects

Of the four UK AHP professional body guidelines providing information about the legislation and the legal aspects governing telehealth, three (7,10,12) recommended clinicians to refer to the Health and Care Professions Council (HCPC) standards. Eight articles (2,3,5,11,14,18,21,27) provided information pertaining the professional liability coverage for telehealth consultation. Denton et al. (21) and Quigley et al. (2) clearly stated that it is imperative for AHPs to have professional liability insurance in each state where they provide telehealth.(2,21) Haldeman et al. ,(5) Doll et al. (11) and the World Federation of Occupational Therapists (18) encouraged AHPs to check whether their professional liability insurance policy adequately covers telehealth services. RCSLT (3) confirmed that their annual membership includes, as part of the insurance

provision, professional indemnity and malpractice cover for telehealth.(3) Hailey et al. (27) stated that AHP's should adhere to a code of ethics which are the same as that for face-to-face consultations and Lee et al. (26) stated that they include the principles of autonomy and social justice.

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