Cost and Cost Effectiveness		

Client costs and cost savings	The costs and cost savings associated with accessing and attending telehealth sessions; clients may save expenses due to convenience of telehealth and/or incur costs if any additional technology or data is necessary to access telehealth sessions.
	
	Examples include:
	• Travel considerations related to time and distance may be dependent on community setting (e.g., rural vs. urban) and client reported method of transportation.
		Costs
		• Costs incurred by clients, including sufficient internet connectivity and technology devices to access appointments
		
		Savings
		• Cost savings related to client burden reduction including:
		  ○ travel expenses (gas, food)
		  ○ time off work for travel to appointments
		  ○ missed work or school days
		  ○ childcare expenses associated with appointment
		  ○ public transportation costs
		  ○ fuel costs and costs associated with parking personal vehicle, if applicable
		  ○ attendance at community support activities
		• Calculated mileage/travel distance (Note: Distance may be appropriate to measure for suburban and/or rural samples, while for urban samples, measurement strategies may be based in time, where public transportation or traffic are considered.)
		• Clients' report of travel distance and time with their specific method of transportation (e.g., car travel may be faster than public transit travel)

Practitioner costs and cost savings	The costs and cost savings among practitioners that result from telehealth. Examples include: • Saved expenses due travel time and costs, and/or incurred costs if software, technology, or additional data is necessary to conduct telehealth sessions.	• Costs associated with telehealth software, multiple state licenses, internet and technology (e.g., hardware, software, peripherals) • Miles from home to clinic or hospital setting • Travel distance /time for therapy practitioner(s) to travel (between home, hospital, clinic(s), school(s), clients' homes, etc.)

Relation of service utilization to long term outcomes	The degree to which costs of occupational therapy delivered via telehealth are associated with long term health and/or developmental outcomes across clients and settings. Examples include: • Expenses that would likely have occurred if service was not provided (e.g., rehospitalization, development of pressure ulcer, etc.)	• Analyses using an incremental cost-effectiveness ratio (ICER) to determine if clients' functional gains over time differ by service delivery model (e.g., in-person, hybrid, telehealth) • Analyses that compare groups' outcomes among those that receive occupational therapy by different service delivery models (e.g., in-person, hybrid, telehealth) • Emergency department (ED) visit avoidance in real time and/or future • Healthcare utilization, compare to a normative database • Comparison of adopters to non-adopters to long term health outcomes (e.g., cohort design)
Service provision and utilization	The extent to which occupational therapy services are offered, available, and attended by clients across settings and communities.	• Rate of attendance, which includes number of cancelled appointments and/or no shows • The number, frequency, and length of sessions that were utilized to achieve a specific goal or gain in function • The ratio of number, frequency, and length of sessions that are attended by clients. • Total number, frequency, and length of time services that are recommended

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