GA: Telepractice

Determining Client Candidacy
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Disclosures

Financial
Kristin Edwards is employed by PresenceLearning

Non-Financial
Kristin Edwards is a member of ASHA SIG 18: Telepractice

Objectives

1. Identify the necessary components of a high quality telepractice service delivery model.

2. List four areas a clinician should assess when considering a client's appropriateness for telepractice

3. List at least one accommodation for each of the four areas that could be used to increase the quality of the telehealth services

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Research   *PART 1*

American Speech-Language-Hearing Association (2005). *Telepractice: Key Issues* [Client/Patient Selection]. Available from www.asha.org/policy.

Telepractice has been endorsed by ASHA as a viable service delivery method since 2005. ASHA has worked in partnership with both national and state speech-language-hearing associations to ease current restrictions surrounding telepractice, and has supported efforts to move toward Medicaid reimbursement for online-based speech-language pathology services in all states.

Research   *PART 2*

Tucker, J. (2012) Perspectives of Speech-Language-Pathologists on the Use of Telepractice in Schools. International Journal of Telerehabilitation, Fall 4(2): 47-60.

Interviews were conducted with five SLPs experienced in the delivery of telepractice. Four major themes emerged: barriers, benefits, reasons for acceptance and use of telepractice, and suggestions to resolve professional issues.

- Barriers include technology failure, inadequate training, lack of specified procedures, etc.
- Benefits include access to services, individualized programming, access to specialists, ease the SLP shortage, easily accepted by students, etc.
- Reasons for acceptance and use of telepractice.
- Suggestions to resolve issues included improving technology, training the PSP, developing a list of procedures, scheduling, etc.

Research   *PART 3*

Lincoln,M. et all. (2014) Multiple Stakeholder Perspectives on Teletherapy Delivery of Speech Pathology Services in Rural Schools: A Preliminary, Qualitative Investigation, *International Journal of Telerehabilitation*

Interviews of parents, school principals and therapy facilitators related to pilot teletherapy program in rural community

Parents who attended their child's teletherapy sessions reported they had also gained skills in supporting their child's communication

Despite some issues with technology (Adobe Connect used during this pilot program), overall response was that teletherapy was "highly acceptable."

What Is Telepractice?

ASHA:

Telepractice is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation.

The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice in Audiology and Scope of Practice in Speech-Language Pathology, state and federal laws (e.g., licensure, HIPAA), and ASHA policy.

Why Telepractice?

✓ Addresses nationwide SLP shortage
  • According to a recent survey, 65% of undergraduate and graduate participants indicated a preference to work in a healthcare setting rather than a school-based setting, even though 52.6% of SLPs were employed in school-based settings in 2015. This discrepancy may further perpetuate shortage of SLPs in schools.
  • 2015-2016 Educator Supply and Demand report indicates that all US states, indicate some degree of shortage related to speech-language pathologists.
✓ Reduces caseloads for on-site SLPs, providing opportunity for improved overall quality of therapy

Why Telepractice?

✓ Removes geographic barriers
  • Reduces or eliminates travel time for on-site SLPs
  • Reduces district loss of FTE time to travel

✓ Increased opportunity to bring SLPs with specialized training to students with specific needs (e.g., bilingual therapy, AAC, ASL certified, etc.)

State Regulations

Telehealth is viewed as mode of delivery of health care services, not a separate form of practice. Telehealth is not a telephone conversation, e-mail/instant messaging conversation, or fax; it typically involves the application of videoconferencing or store and forward technology to provide or support health care delivery.

The **standard of care** is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. Practitioners need not reside in Georgia, as long as they have a valid, current Georgia license.

The **laws** govern the practice of speech-language pathology, audiology, and hearing aid dispensing, and no matter how communication is performed, the standard of care is no more or less.

State Regulations

Telepractice State Licensure Board Requirements

This state has licensure regulations for telepractice.

§609-13-.01 Telecommunications

Any person in this state or physically located in another state or foreign country who, using telecommunications and information technologies through which speech-language pathology information and auditory-vestibular system information or data is transmitted, performs an act that is part of a patient care service located in this state, including but not limited to any measures of speech-language pathology or auditory-vestibular system function or hearing instrument selection, fitting, or dispensing that would effect the diagnosis or treatment of the patient is engaged in the practice of speech-language pathology or audio logy in this state.

§609-13-.02 License Requirement

Any person who performs such acts through such means as described in Rule 609-13-.01 shall be required to have a license to practice speech-language pathology or audiology in this state and shall be subject to regulation by the Board.

§609-13-.03 Restrictions

No out-of-state or foreign practitioner shall have ultimate authority over the speech language or auditory-vestibular system health care of a patient who is located in this state. Any such practitioner in this state, another state, or a foreign country shall abide by the rules of the Board.

http://www.asha.org/Advocacy/state/info/GA/Georgia-Telepractice-Requirements/

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Medicaid Billing

As of 2017, Medicaid has been approved if billing for telehealth services for individual or group sessions with up to 5 students. Check the GA Medicaid manual for up to date information.

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Components of a Successful Model

- Use of modern technology standards.
- Trained Primary Support Person or E-helper.
- List of specific procedures before starting.
- Establishing relationships with online partners.

Use of Modern Technology Standards

- ▶ Ensure adequate internet speeds
- ▶ Choose properly functioning equipment
- ▶ Set up dedicated computer for online teletherapy use.
- ▶ Provide technical support and train for basic troubleshooting

Train Primary Support Person or E-helper

- ▶ Teach cuing strategies to redirect students
- ▶ Meet ahead of time to discuss other responsibilities (i.e. scheduling, IEP meetings, etc.)
- ▶ Train for troubleshooting of technological issues

Develop Specific Procedures

- ▶ Use a comprehensive checklist prior to therapy
- ▶ Train the PSP and have a back-up plan if absent
- ▶ Prepare ample digital materials ahead of time

Establishing Rapport

- ▶ Communicate with online partners consistently
- ▶ Choose method that works best for both parties
- ▶ Use phone calls, emails, and videoconferencing

Dependence on Environment and Support

A student's prognosis is not solely dependent on the service delivery model; there are many other factors:

Diagnosis
Severity
Environment (distractions, tech quality, frequency and intensity of services)
Support (involvement level of the Primary Support Person)

Key Components to Client Selection

ASHA identifies four main areas for consideration:

1. Physical/Sensory
2. Cognitive/Behavioral
3. Communication
4. Support Services

Think: What would you consider indicators of a good candidate for therapy in general, and what indicators would you consider specific to telepractice?

Physical/Sensory

What if the client requires hand-over-hand assistance to utilize tools?	• Consider the role of the Primary Support Person
What if the client has a visual impairment that prevents the ability to see computer graphics and text?	• Similar to barriers with face-to-face therapy • May require on-site manipulatives, similar to online OT services
What if the client has a hearing impairment (HI) and either has a limited ability to hear the clinician, or uses sign to communicate?	• Audio boot can be fitted to a hearing aid if headset is not appropriate • Consider on-site supports already in place for client
What if the client has sensory issues that don't allow use of headsets, or that are aggravated by the light/color/sound of the computer?	• Work to modify computer-related stimuli as well as general room environment

Cognitive/Behavioral

What if client has difficulty maintaining sustained attention?	• Student should be referred as an appropriate candidate
What if client exhibits frequent and/or disruptive behavior issues?	• Consider role of Primary Support Person • May benefit from individual therapy sessions
What if client with a cognitive impairment is not able to follow basic oral directions?	• Consider role of on-site supports already in place

Communication

What if the client can't read or recognize letters?	• Consider activities available to you during your sessions • What would your requirement be for on-site services?
What if the client has a severe phonological disorder or apraxia?	• Need not be a barrier! • Ensure superior audio/video
What if the client has a hard time following directions?	• Consider the role of the Primary Support Person • Provide visual supports on the platform
What if the client needs bilingual therapy?	• Same as in-person • Client should be referred as appropriate • Can be a benefit to telepractice

Support Services

What if the client doesn't have internet access or the speeds are very slow?	• Must have internet access for synchronous therapy • Slow speeds can be an issue; need to consider audio/video quality • Consider access to tech support. What if there is a problem?
What if the client needs assistance due to physical or cognitive limitations?	• Consider the role of the Primary Support Person • Student may already have access to a 1:1 aide
What if the environment for therapy is not ideal for the client?	• Our responsibility as clinicians is to support a therapeutic environment • Consider lighting, extraneous noise, seating, etc.

Primary Support Person

• Key to success!
• Partners with telepractitioner to ensure a successful therapy session for the student
• Scope of responsibilities depends on district policies and client population

Are There Contraindications?

- Absence of Primary Support Person to support client during therapy sessions
- Lack of internet access or dedicated computer
- Client with physical, sensory, cognitive, behavioral or communication characteristics that impede or prevent effective therapy if appropriate level of on-site support not in place

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Scenario #1

Diana's Story:

Diana is a 9th grader who is nonverbal and has an iPad that she uses in the classroom to communicate. When the primary support person goes to bring her for her speech therapy session, she becomes angry and refuses to talk even to say "hello" to her. Lately, she will throw a temper tantrum in class right before her speech time.

Diana

Possible Solutions

Change the time of day the student is served as it may be the time of day that is upsetting the student

Explore motivating activities for that student and have those available for the student during therapy time

Have the PSP be the "hands" and the SLP be the facilitator

Use a traditional reward system for completion of tasks

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Scenario #2

Jared's Story:

Jared is a 5th grader who is diagnosed with Autism Spectrum Disorder. He receives services in the areas of speech and language, social skills, occupational therapy and specialized academic instruction. When the primary support person escorts Jared to the speech session and places the headphones on his head, he immediately pulls them off and refuses to wear them. When he sees his image on the screen, he stands up and walks away.

Jared

Possible Solutions

Place the camera away from his face and slowly lower each sessions

Have him explore viewing his face on camera outside his speech time

Use ear buds

Do not use headsets but rather the computer's microphone and external speakers

Slowly introduce headsets outside of the therapy session to desensitize to wearing them

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Scenario #3

Tyler's Story:

Tyler is a 3rd grade student who has a moderate-to-severe hearing loss. He wears hearing aids in both ears. His speech and language goals focus on auditory discrimination and developing functional listening skills. Currently, he is being seen in the computer lab for online speech services and during his session, the computer teacher is instructing class.

Tyler

Possible Solutions

Change the location where the student is being served

Add a barrier if unable to change locations

Change the service time to when there is not a class in the computer lab

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Video Examples

Video Links

http://videos.presencelearning.com/watch/5_ID2pJsYGvrmRJzm-sVBg

http://videos.presencelearning.com/watch/kSoh34_qYrZLb0q6Lx29-w

http://videos.presencelearning.com/watch/RPQ0vjoRCJ3xIJVWLielmqQ

Questions?

References

Reference 1 2015 Educator and Supply Demand Report, American Association for Employment in Education

Reference 2 American Speech-Language-Hearing Association (2005). Telepractice: Key Issues [Client/Patient

Selection]. Available from www.asha.org/policy.

Reference 3 American Speech-Language-Hearing Association (2015). Highlights and Trends: Member and affiliate

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Reference 4 Tucker, J. (2012) Perspectives of Speech-Language Pathologists on the Use of Telepractice in Schools. International Journal of Telerehabilitation, Fall 4(2): 47-60

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Reference 6 Lincoln, M. et al. (2014) Multiple Stakeholder Perspectives on Teletherapy Delivery of Speech Pathology Services in Rural Schools: A Preliminary, Qualitative Investigation, International Journal of Telerehabilitation

Reference 7 Molini-Avejonas, et al, A Systematic Review of the Use of Telepractice in Speech, Language and Hearing Sciences Journal of Telemed Telecare (2015)

Reference 8 McDuffie et al (2016) Early Language Intervention Using Distance Video-Teleconferencing: A Pilot Study of Young Boys

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