Telepractice

Determining Client Candidacy

Disclosures

Financial

Kristin Martinez is employed by PresenceLearning.

Non-Financial

Kristin Martinez is a member of ASHA SIG 18: Telepractice; ASHA SIG 16: School-Based Issues; and ASHA SIG 1: Language Learning and Education.

Objectives

1. Describe the rules and regulations surrounding telepractice in Illinois
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

Research


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


Literature review of 103 papers published between 2008 and 2014. Some findings:

- Telehealth considered by respondents to be “similar” to face-to-face therapy in most cases
- Telehealth allows greater ability to train caregivers and support personnel in support of client’s goal carryover
- Primary benefit reported across studies was improved access to care
- Barriers to implementation of telehealth services: issues with technology, acceptance by professionals

Research

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

- 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”

Research


- Preliminary support for the efficacy of telehealth format of parent-implemented language intervention; as parents are present and involved during therapy session, they are better trained and prepared to embed language teaching into naturally occurring routines and activities.
- Remote therapy with child in home setting means that intervention is occurring in child’s naturalistic environment, leading to greater opportunities for immediate practice and carryover of skills.

State Legislation

Illinois Speech-Language Pathology and Audiology Practice Act: Sec. 8.2. Remote practice of audiology and speech-language pathology

A speech-language pathologist licensed under this Act may conduct the practice of speech-language pathology remotely subject to the following conditions:

1. the practice of speech-language pathology may be conducted remotely using video conferencing;
2. the use of telephone, email, instant messaging, store and forward technology, or facsimile must be in conjunction with or supplementary to the use of video conferencing;
3. a speech-language pathologist who practices speech-language pathology remotely must follow all applicable Health Insurance Portability and Accountability Act privacy and security regulations;
4. a speech-language pathologist who practices speech-language pathology remotely is subject to the same standard of care required of a speech-language pathologist who practices speech-language pathology in a clinic or office setting; and
5. services delivered remotely by a speech-language pathologist must be equivalent to the quality of services delivered in person in a clinic setting.

(c) An out-of-state person providing speech-language pathology or audiology services to a person residing in Illinois without a license issued pursuant to this Act submits himself or herself to the jurisdiction of the Department and the courts of this State.
Emergency interim licenses for students enrolled in speech-language pathology master’s programs. Regulations around supervision for this role can be limited or missing altogether.

Heavy reliance on SLPAs, however appropriate supervision continues to be a challenge.

Non-certified staff (e.g., paraprofessionals without training in communication disorders) meeting direct therapy IEP minutes, sometimes with little or no supervision.

Chronically non-compliant IEPs

According to a 2016 study, 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.

2016-2017 Educator Supply and Demand report indicates that all US states indicate some degree of shortage related to speech-language pathologists.

The number of needed SLPs (across settings) is expected to grow 17%, or by 25,900 positions in the next decade.

Over the last decade, the percentage of ASHA certified SLPs working in school-based settings has dropped from 55.4%, to 51.8%. There has been a comparable increase in the percentage of SLPs working in some type of health care setting.

According to the ASHA 2018 Schools Survey, 71.2% of responding school-based SLPs identified “high workload/case size” as their greatest professional challenge.

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.

TAC §111.212 (k) As pertaining to liability and malpractice issues, a provider shall be held to the same standards of practice as if the telehealth services were provided in person.
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
✓ 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.)
✓ Allows all SLPs, both onsite and online to work at the “top” of their license

Components of a High Quality Session

High-quality telepractice requires:
✓ Provision of therapy by a qualified, appropriately licensed and experienced clinician
✓ Knowledge of ASHA guidelines as well as state regulations and requirements related to telepractice in schools
✓ Sufficient internet bandwidth
✓ Adequate equipment and technology support
✓ Site/home support of service delivery model

Components of a High Quality Session

How does teletherapy work?

Reliance on On-site SLPs

● Many times, the telepractitioners don't live near the school sites, so they rely heavily on on-site SLPs to fulfill the initial contact requirement.
  ○ What if there is no on-site SLP available? The shortage or absence of on-site SLPs is often what drives districts to adopt telepractice in the first place.
  ○ If there is an SLP, what is their knowledge and background in telepractice?
● Sending the telepractitioner on-site for the initial contact is neither cost effective nor practical.
  ○ New students are referred throughout the year, not all at once.
  ○ Student is forced to wait for on-site visit to happen before they can begin services.
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:

- Physical/Sensory
- Cognitive/Behavioral
- Communication
- Support Services

Think: what would you consider indicators of a good candidate for therapy in general, and which 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 audio quality is excellent
- What if the client has a hard time following directions?
  - Consider the role of the Primary Support Person
  - Use visual supports available on the platform (e.g. visual instructions/schedule)
- What if the client needs bilingual therapy?
  - Student should be referred as appropriate

**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
Questions?

References

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