

Telepractice

Determining Client Candidacy

Disclosures

Financial

Adrian Mamikonian and Kristin Martinez are both employed by PresenceLearning

Non-Financial

Adrian Mamikonian and Kristin Martinez are both members of ASHA SIG 18: Telepractice

Objectives

- 1 Describe the rules and regulations surrounding telepractice in Texas
- 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

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

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

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

PART 3

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

PART 4

McDuffie et al (2016) *Early Language Intervention Using Distance Video-Teleconferencing: A Pilot Study of Young Boys With Fragile X Syndrome and Their Mothers*, *American Journal of Speech-Language Pathology* (2016)

- 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.

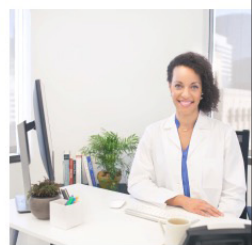
What Is Telepractice?

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.

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, including TX, 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.)

State Legislation

Texas Administrative Code, § 111.212

- §111.212 (h): the initial contact between a licensed speech-language pathologist and client shall be at the same physical location to assess the client's candidacy for telehealth, including behavioral, physical, and cognitive abilities to participate in services provided via telecommunications prior to the client receiving telehealth services.
- §111.212 (o): Notification of telehealth services should be provided to the client, the guardian, the caregiver, and the multidisciplinary team, if appropriate. The notification shall include, but not be limited to: the right to refuse telehealth services, options for service delivery, and instructions on filing and resolving complaints.

Reg H: What Is the Impact?

- ▶ Reliance on SLPs
- ▶ Lack of specific instructions around fulfilling Reg H
- ▶ Developing a strict set of client candidacy guidelines complicated by student-specific factors that can impact this determination
- ▶ Time and logistics causes, at best, a delay in services and, at worst, a complete barrier

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 on-site SLP, what is his/her 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.

Students are forced to wait for on-site visit to happen before they can begin services.

Ensuring Compliance is Difficult

There are no specific guidelines as to how Reg H should be fulfilled

Vague guidelines lead to concern among on-site clinicians:

How can we be sure we are meeting the requirement?

What if we recommend students and then they don't make progress?

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)

Time and Logistics



Therapy for students is on hold until Reg H requirement has been met, potentially leading to compensatory time.

Some, particularly remote, school districts may not have any on-site SLPs at all, so meeting the Reg H requirement means the additional cost of having an SLP travel to them every time new students are added to the caseload.



If they must always wait for an SLP to travel on-site to meet with newly referred students, districts face potential compliance issues if evaluation and eligibility determination timelines cannot be met.

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

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.
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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 5** Leonard et al (2016) Emerging Practice Preferences of Speech-Language Pathology Students, *Contemporary Issues in Communication Science and Disorders*, Fall (43): 285-298
- 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 With Fragile X Syndrome and Their Mothers*, *American Journal of Speech-Language Pathology* Fall, 6(2): 65-74