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The Pediatric SLP in Telehealth in a Pandemic: What Works?

May 12th, 2020

Department of Speech Pathology
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Jamie Boster, PhD, CCC-SLP

- Research Coordinator
- Augmentative and Alternative Communication

Objectives

- Review SLP model of evidence based practice (EBP) for providing speech pathology services remotely.
 - External scientific evidence
 - Clinical expertise
 - Client perspectives
 - Discuss how these domains were applied/considered to quickly transition outpatient Speech Pathology at one large pediatric hospital institution to a telepractice model.
 - Discuss management of 3 specific process-change challenges.
-

Nationwide Children's Hospital

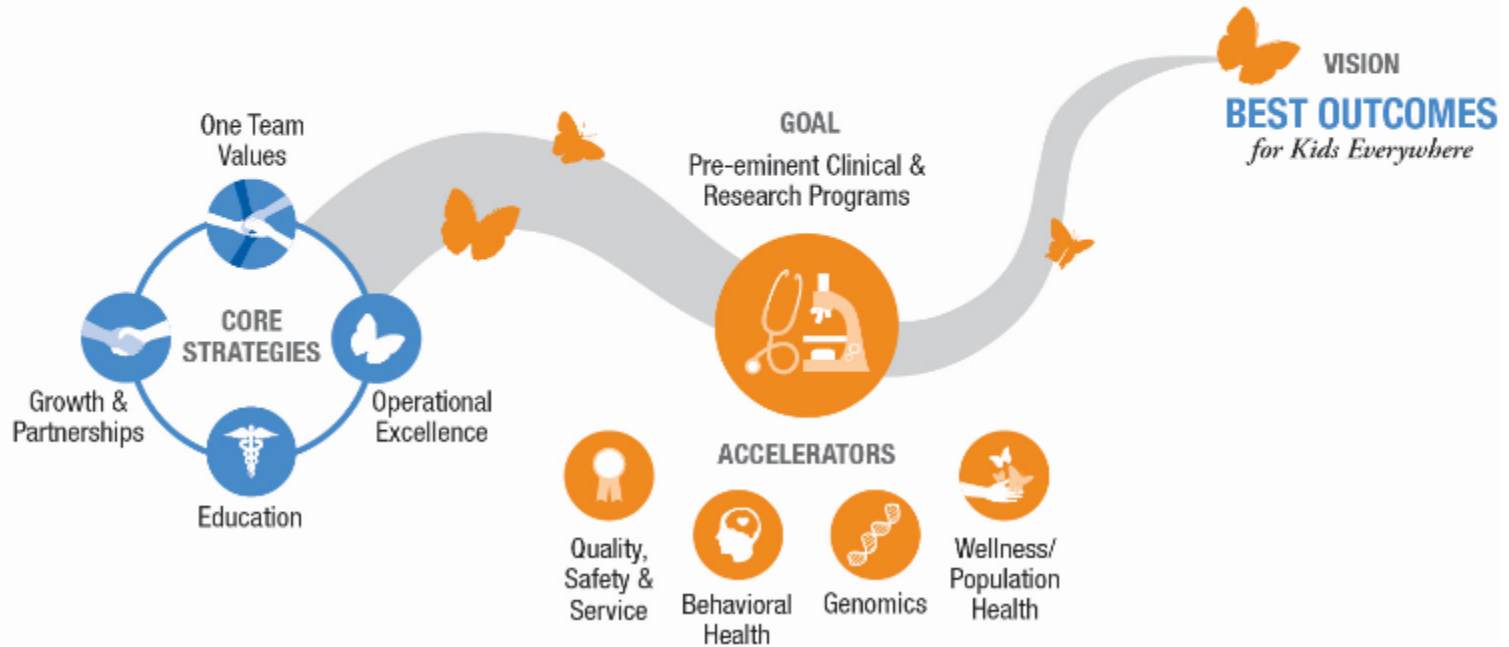


Nationwide Children's Hospital

2017-2022

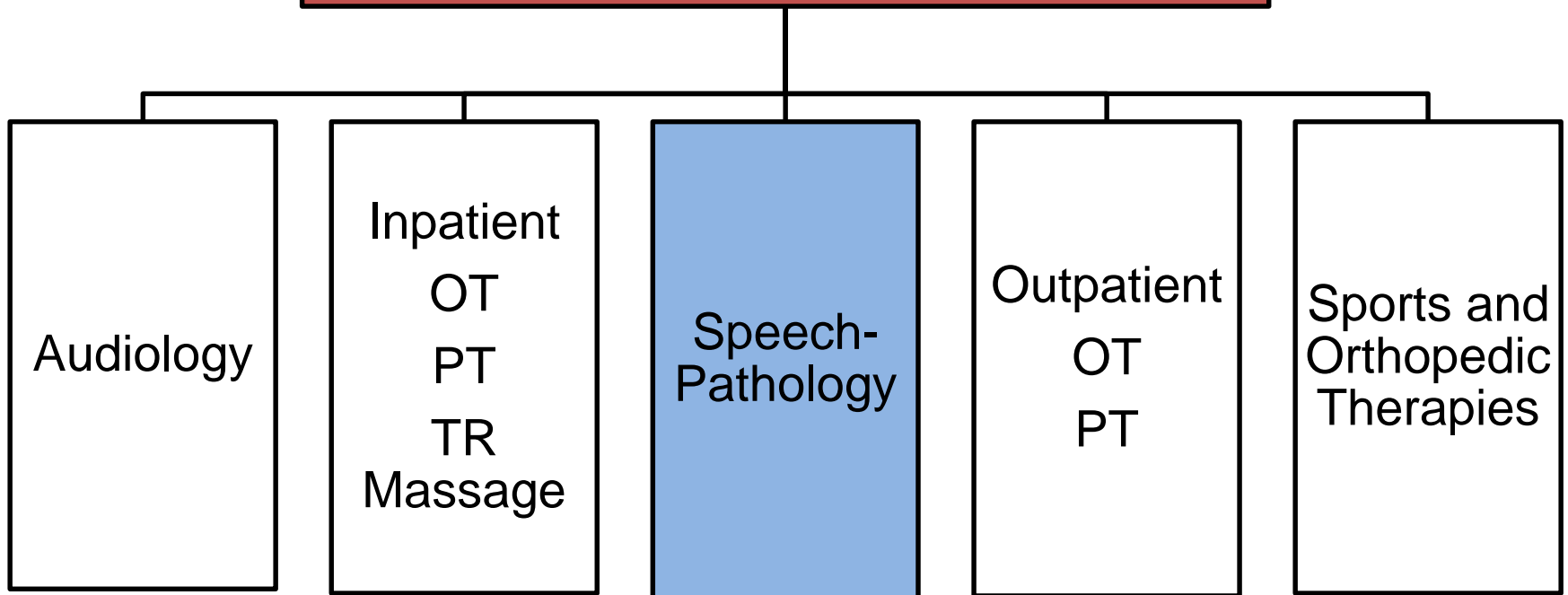
JOURNEY TO **BEST OUTCOMES**

Through best people & programs



Department Structure

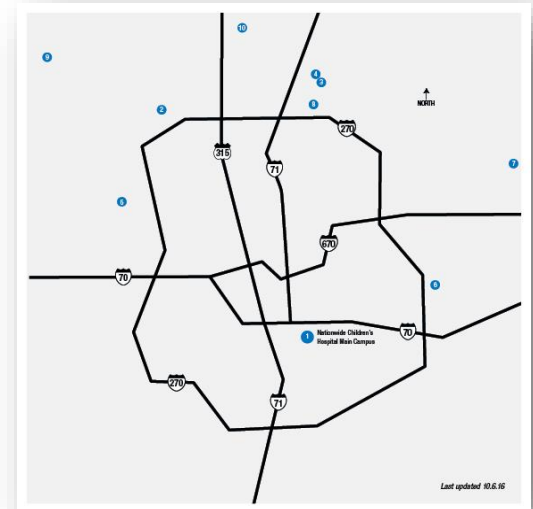
Division of Clinical Therapies



Department of Speech Pathology

“Helping Every Voice Matter”

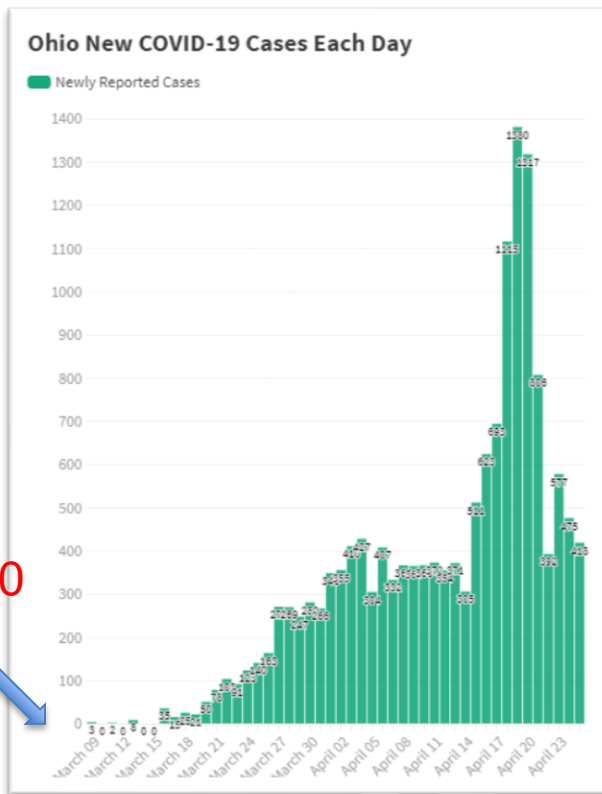
- Main Campus and 8 Close to Home Centers - ~2,500 SLP visits a week
- ~100 SLP employees
- NICU, Inpatient and Outpatient care – EMR system is **EPIC**
- Interdisciplinary clinics and specializations including:
 - Early Developmental Followup
 - Cleft Lip and Palate/Craniofacial Anomalies
 - Autism Spectrum Disorder
 - Augmentative and Alternative Communication
 - Bilingual Speech and Language Disorders
 - Hearing Impairment
 - Neurodevelopmental Disorders
 - Voice and Aerodigestive Disorders
 - Dysphagia/Feeding Disorders
 - Childhood Apraxia of Speech
 - Traumatic Brain Injury
- *Telepractice offered previously in some isolated pilot/research projects



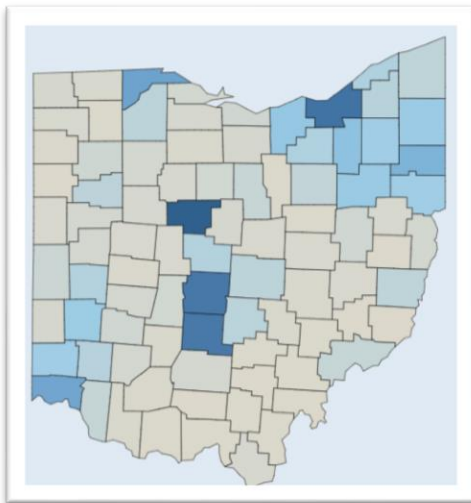
COVID-19 in Ohio

As of 4/26/20:

- 15,587 total cases
- 3,115 hospitalizations
- 711 total deaths
- Age range <1-106 years old
- Median age 51 years



News5cleveland.com



3/23/20 – Governor issues “stay at home” order

Transition Challenges to Consider

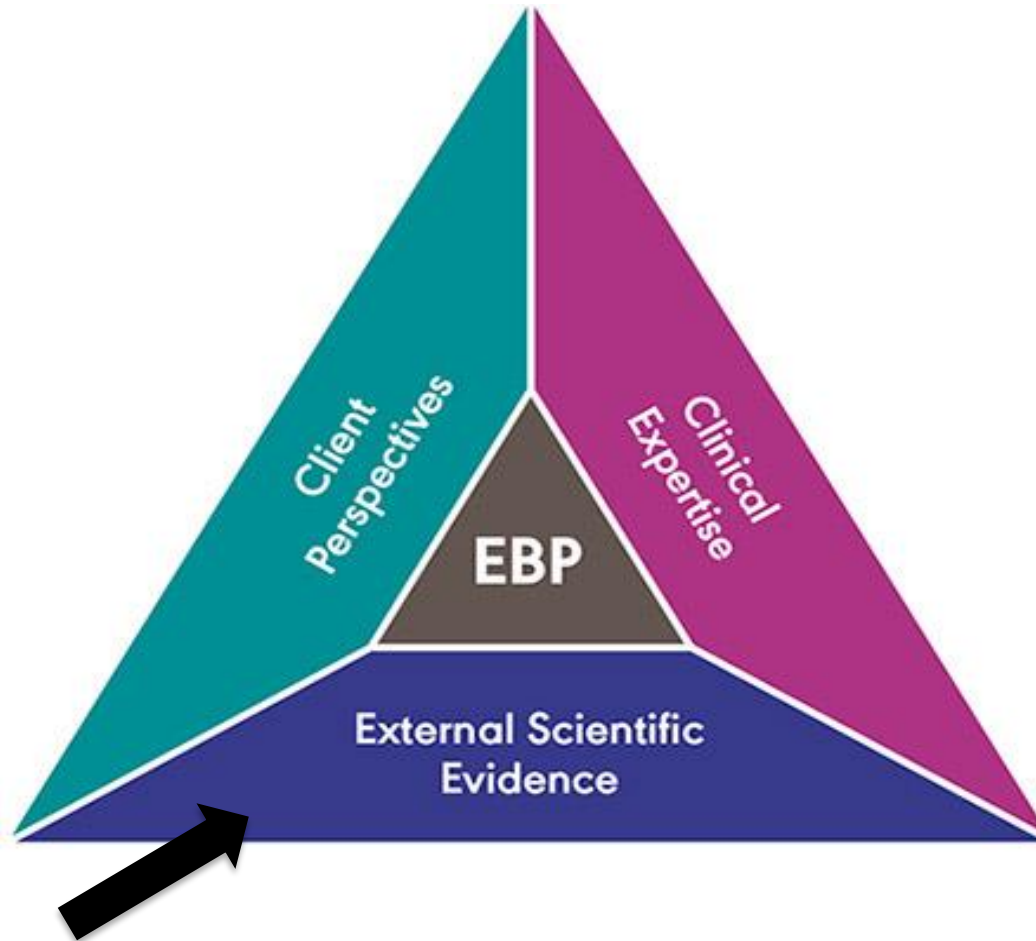
What is unique to SLP in-person practice?

- Communication is a multidimensional phenomenon
- Technology (e.g., AAC speech generating devices)
- Tactile cues (e.g., articulation disorders)
- Complex cue hierarchies to enact behavioral change (e.g. PECS, Autism)
- Detailed observation/manipulation of state (e.g., feeding disorders)
- Structured subjective judgments (e.g., resonance, complex articulation errors)
- Parent training (e.g. early intervention)

Other general issues:

- Technology logistics?
- Impact on goals?
- Evaluation protocols?

Evidence-Based Practice



<https://www.asha.org/research/ebp/evidence-based-practice/>



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SLP Telepractice

Recognized and Appropriate

Supported by ASHA and local state board

- **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 or clinician to clinician for assessment, intervention, and/or consultation (ASHA).
- **Telepractice is an appropriate model of service delivery** for audiologists and SLPs (ASHA).
- Use of telepractice must be **equivalent** to the quality of services provided in person and consistent with adherence to the *Code of Ethics* (ASHA, 2016a)...*Scope of Practice in Speech-Language Pathology* (ASHA, 2016b), state and federal laws...and ASHA policy” (ASHA).
- "**Synchronous clinician interactive model** is a real time interaction between the provider and patient that may occur via encrypted audio and video transmission over telecommunication links including, but not limited to, videoconferencing (Ohio Board of Speech-Language Pathology).

SLP Telepractice

Recognized and Appropriate

Supported by ASHA and local state board

- "The provider **shall be responsible for assessing the client's candidacy** for telehealth, including behavioral, physical, and cognitive abilities to participate in services provided via telecommunications.
- "A provider shall be **accountable for any ethical and scope of practice** requirements when providing telehealth services" (Ohio Board of Speech Language Pathology).

Chapter 4753-2 Telehealth Communication

External Evidence

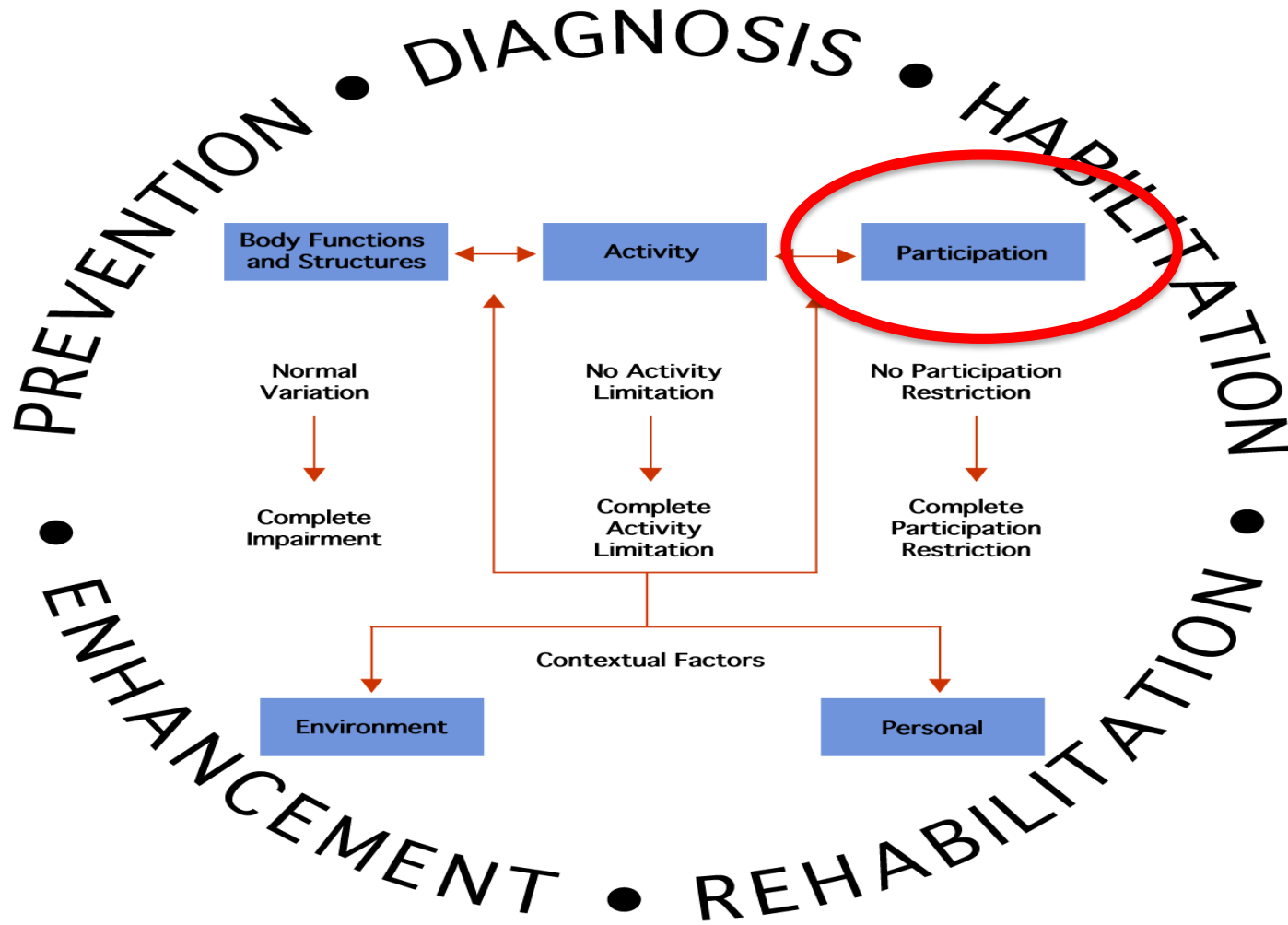
Research Evidence has demonstrated support for assessment and treatment of the following:

- Articulation disorders (Crutchley, Dudley, & Campbell, 2010)
- Language and Cognitive disorders (Brennan, Georgeadis, Baron, Barker, 2004)
- Aphasia (Hall, Boisvert, Steele, 2013)
- Autism (Boisvert, Lang, Andrianopoulos, & Boscardin, 2010)

External Evidence

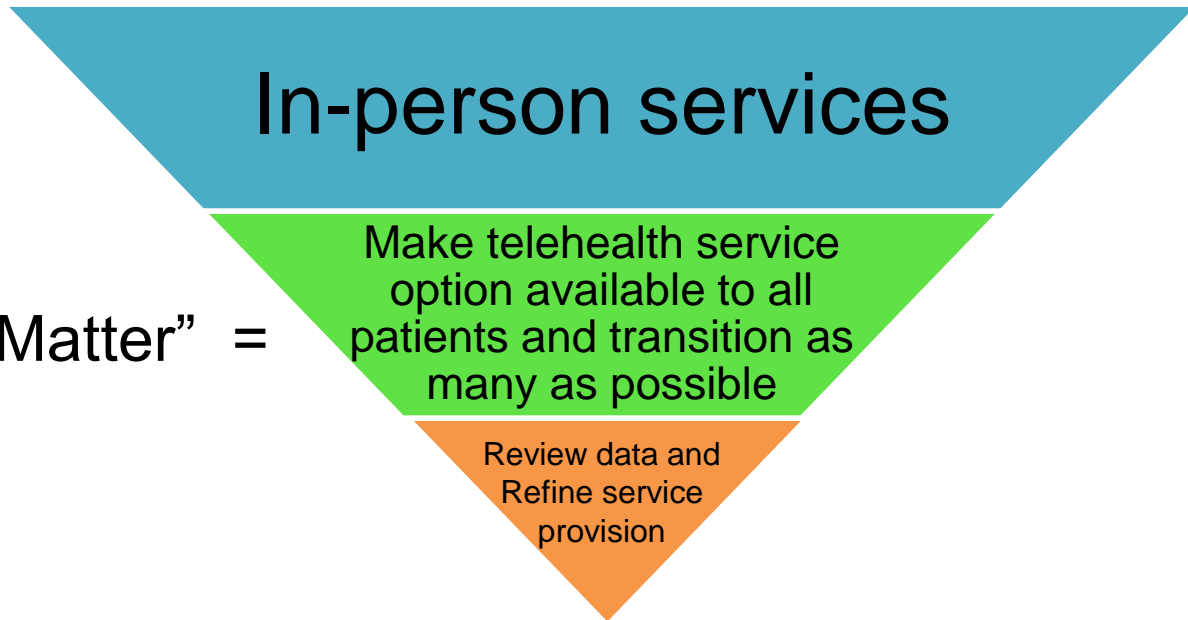
Additional research evidence suggests telepractice can be effective for treating:

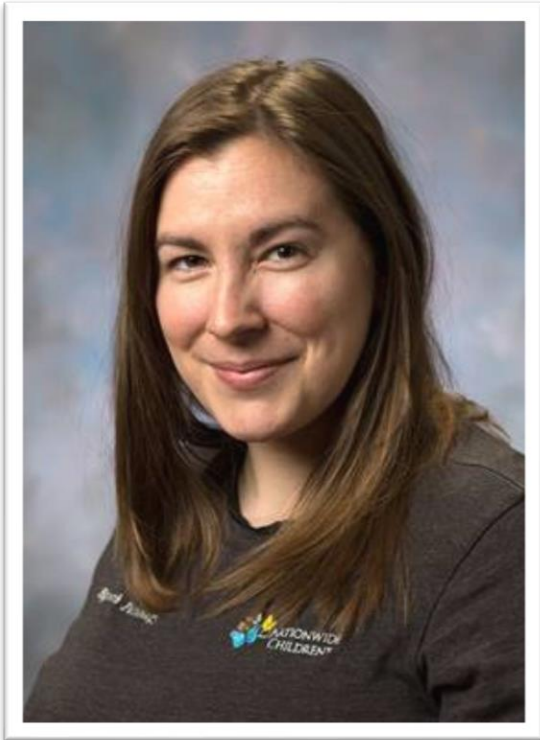
- Dysarthria (Hill et al., 2006)
- Fluency disorders (Cary, O'Brian, Onslow, Packman, & Menzies, 2012)
- Dysphagia (Coyle, 2012; Perlman, & Witthawaskul, 2002)
- Voice Disorders (Burgess et al., 1999, Theodoros et al., 2006)



Focus of SLP Transition During COVID-19

“Helping Every Voice Matter” =

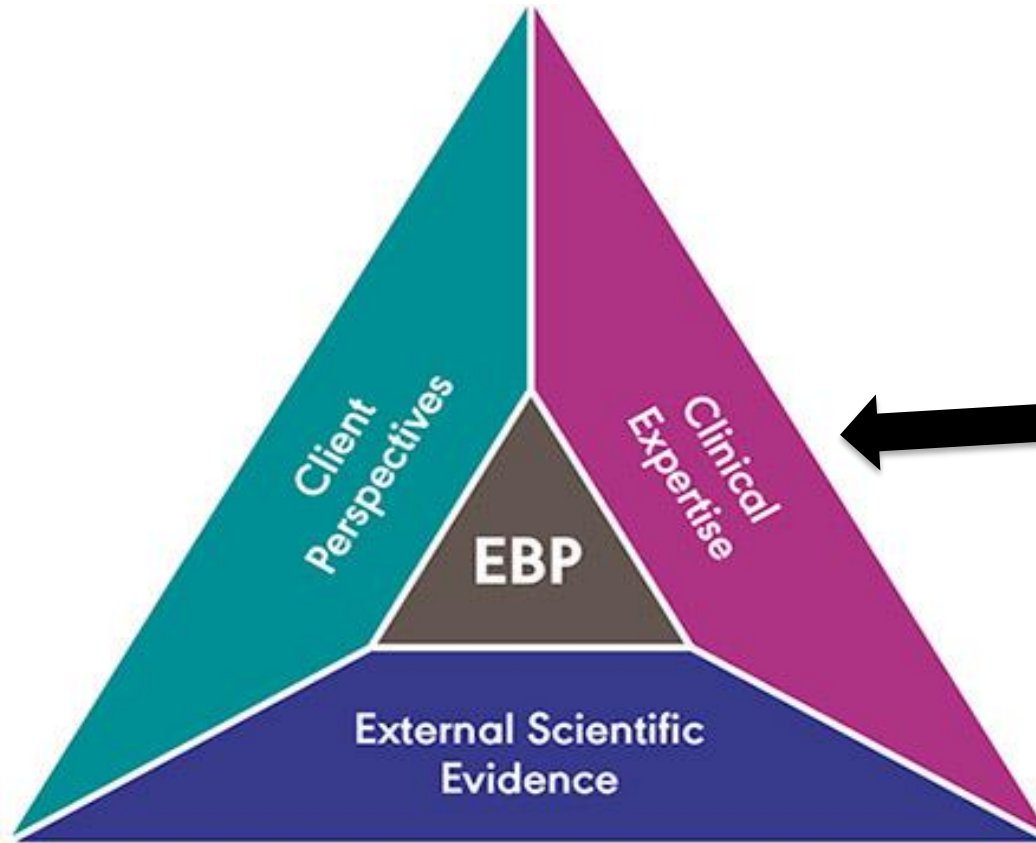




Kate Brown, MA, CCC-SLP

- EBP Coordinator
- Augmentative and Alternative Communication

Evidence-Based Practice



<https://www.asha.org/research/ebp/evidence-based-practice/>

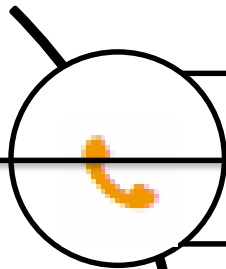
Top Questions From Staff

- How will sessions be delivered?
- Will models of care change?
- What about new patients/patients on hold?
- How do I modify my therapy session?
- How do I change/find new materials?

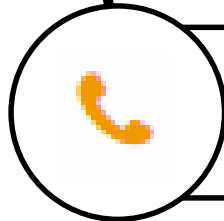
Staff Education

Clinical
Expertise

In what modalities can telepractice treatment occur?



Phone call check in



Phone call Tx session

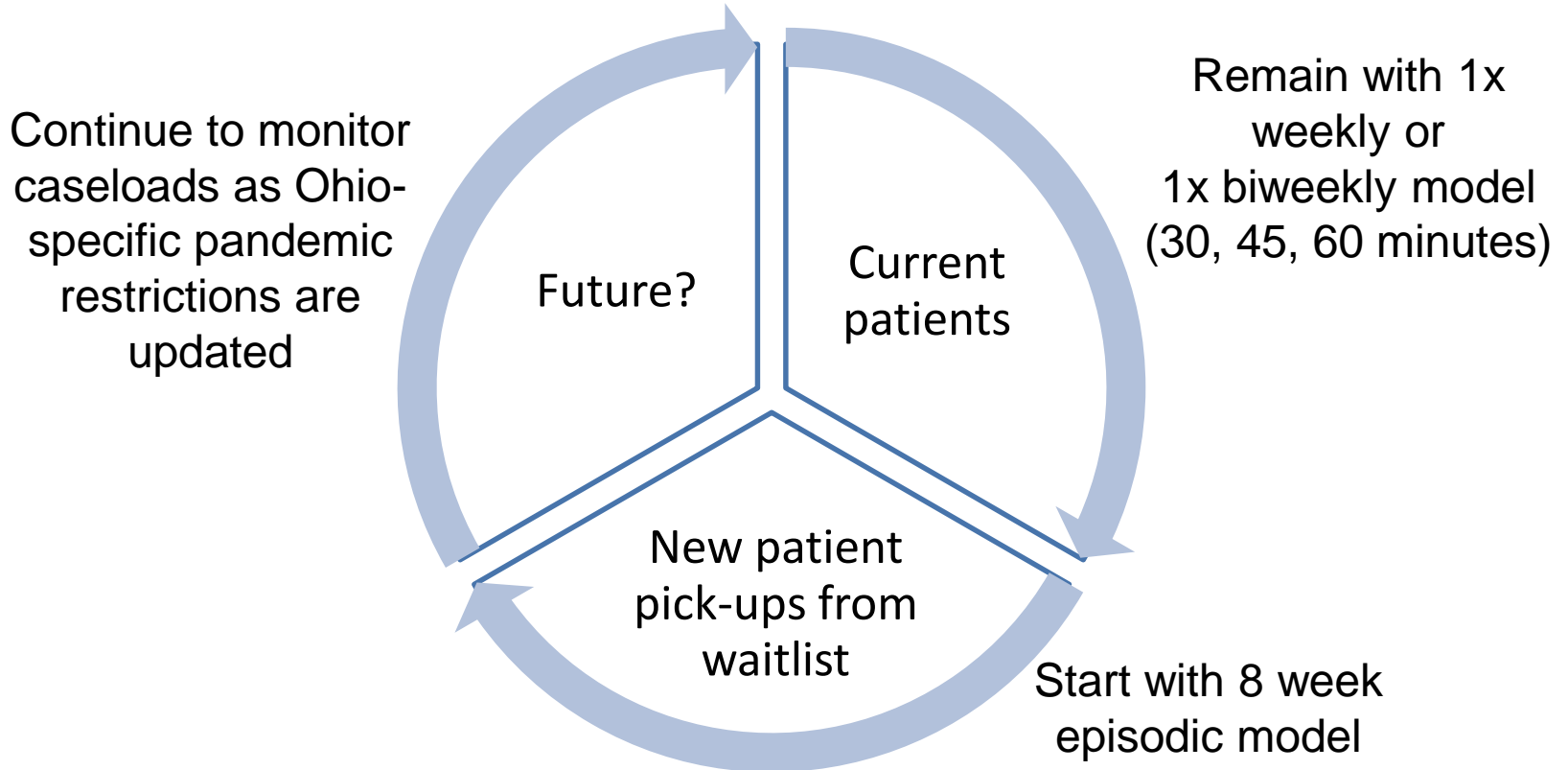


Video Tx session with EPIC Zoom

Staff Education

Clinical
Expertise

Will model of care change?



Staff Education

Clinical
Expertise

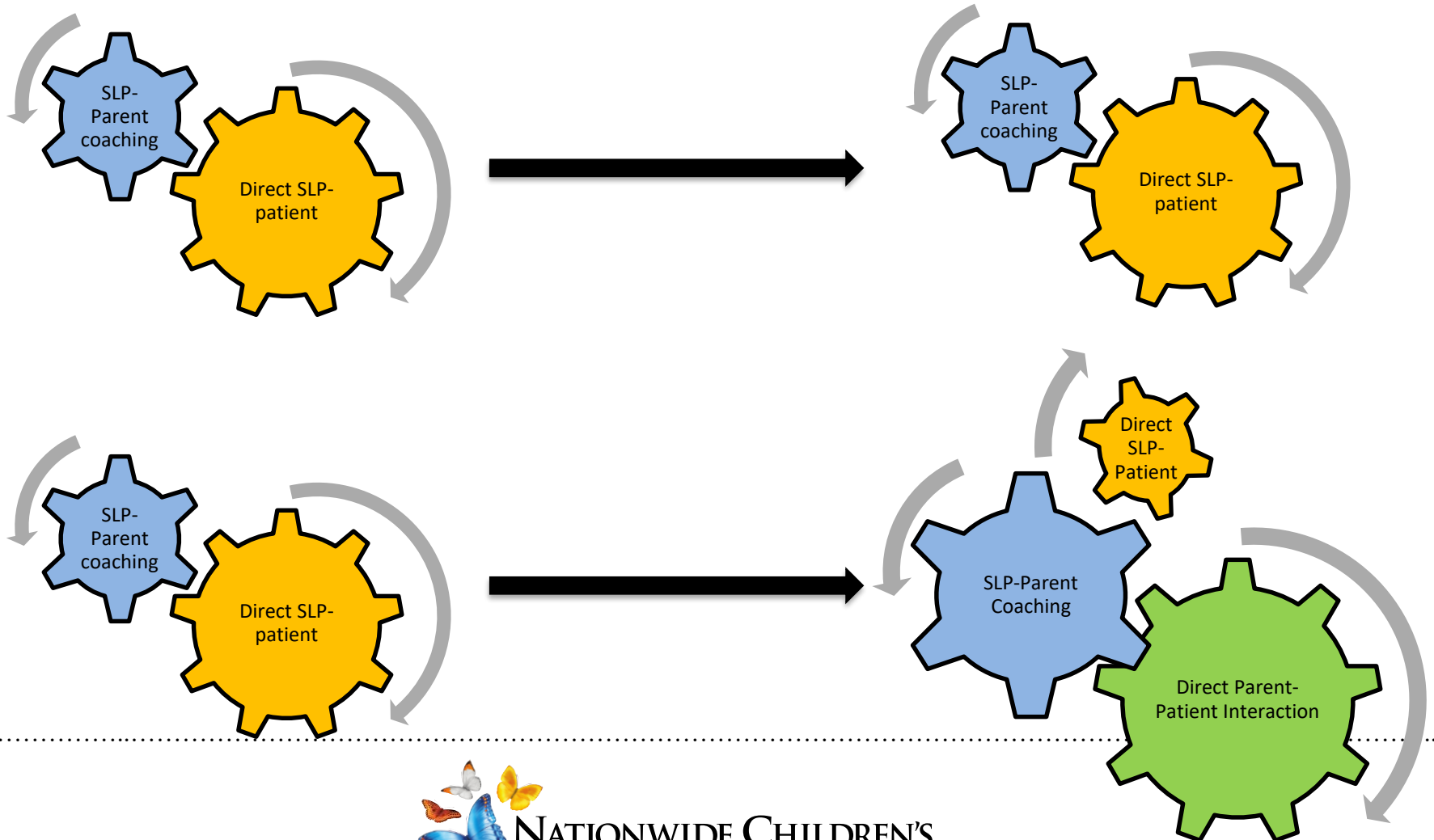
How do I conduct a treatment session?

- Review treatment session ingredients of the plan of care
- SLPs are responsible for helping change whole communicative environments
 - Direct SLP + patient interaction
 - SLP coaches parent
 - Direct Parent + patient interaction
 - Direct SLP + Parent + patient interaction
- The specific “ingredient ratio” for each patient may shift with telepractice, but the core service provision within the plan of care remains identical to an in-person session.

Staff Education

Clinical
Expertise

How do I conduct a treatment session?



Staff Education

Clinical
Expertise

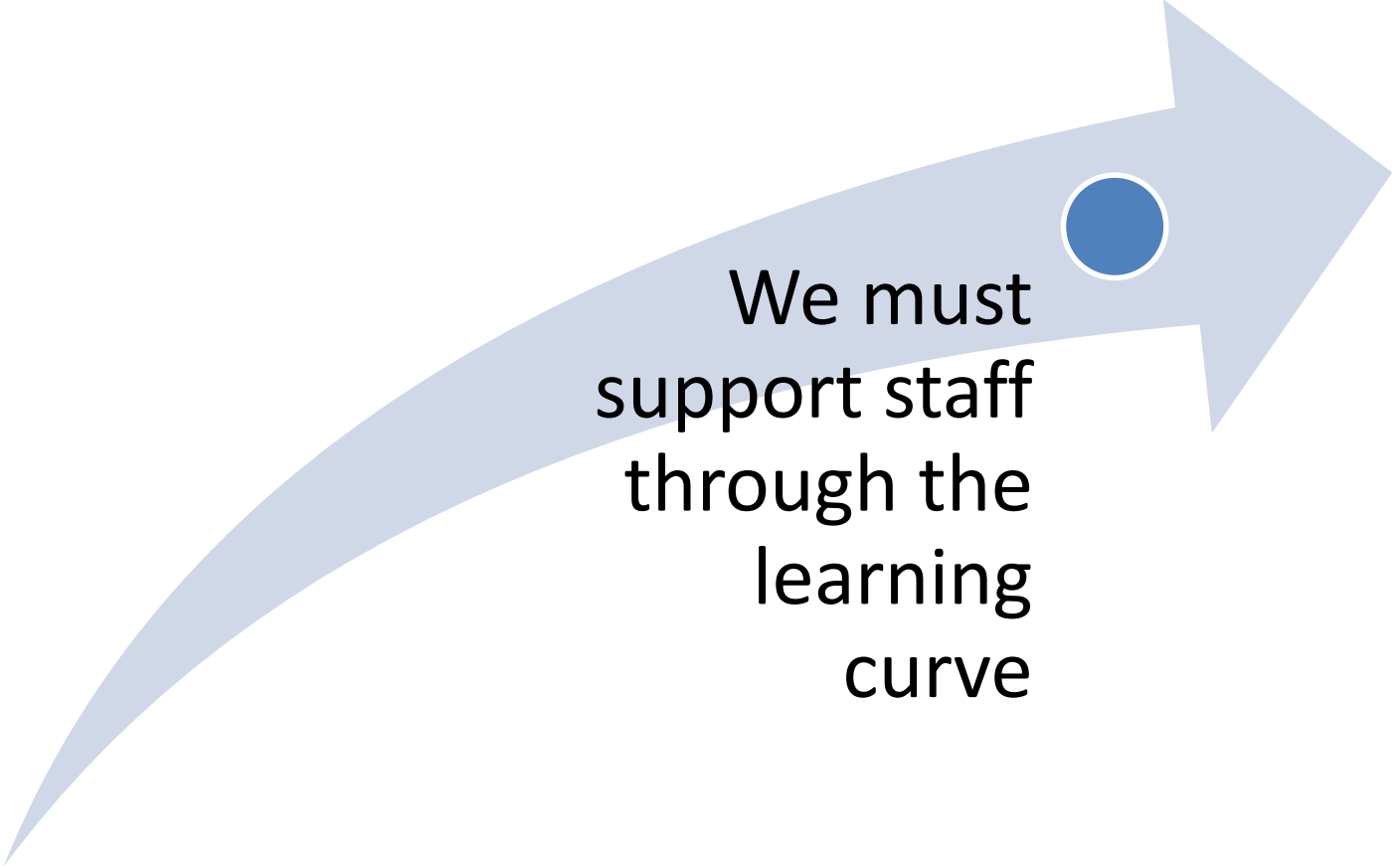
Do I have to change my goal components?

- Some may not need to change
- Some may require updates to reflect measurable change
 - “Child will **PERFORM TASK** at least 5 times over 1 week with family per parent report and at least 2 times in direct observation by SLP.”
 - “...will be observed...”
 - “...completed with parent...”

-Think about how progress can be measured outside and within actual telehealth sessions

Staff Education

Clinical
Expertise



We must
support staff
through the
learning
curve

Core Education Components

Consistent updates from management

Resources in central location

Consistent updates from EBP/Research team

Identify where to find additional, external resources

Identifying appropriate CE courses

Consistent Updates From Management



Speech Pathology One Team Email - Thursday March 26 2020

COVID-19 Update



Required Training: If you have not already, please complete the training at this link as soon as possible. Definitely complete before you see your first patient via Zoom! [Clinical Therapies Telehealth Training](#)

What Continues to Happen this Week: We will continue with the same plan for a few more days. Most of your visits will continue to be telephone, and you will pick patients to move to video telehealth visits.

We've made a few changes and updates to this document to reflect troubleshooting that occurred with your work yesterday, so please review it again.

[Speech Telehealth Implementation Week 1](#)













Resources in Central Location

ST EBP-Telehealth

EBP / Research

[+ new document](#) or drag files here

✓	 Name	Modified
	 EI	... March 16
	 AAC	... March 16
	 Speech-artic-phonology	... March 16
	 feeding-swallowing	... March 16
	 multilingual-bilingual	... March 16
	 ASD	... March 16
	 Language	... March 16
	 parent education	... March 16
	 Literacy	... March 23

Consistent Updates From EBP/Research Team

EBP Corner- staff email

** updates**

- 1) ASHA is offering free access to their ASHA Learning Pass program through June 30, 2020. This is a great opportunity to access CE courses! [ASHA learning pass](#)
- 2) Ethics: End of this year is OSLHA renewal time! That means we need to make sure we're getting our ethics training in! Our hope is that we can do this together later in the year, but with the end of social distancing recommendations unknown, we want to make sure we're giving everyone resources to meet the ethics requirement. Here are some ASHA course offerings that can be used! [Ethics CE](#)
- 3) Thank you to everyone for sending so many great resources and ideas for teletherapy! As we're exploring some websites/services/etc, we know that some have limited options without a subscription. If you end up subscribing to a website or service, let us know! We want to share the wealth as much as we can!!
- 4) Now that everyone is starting to feel comfortable with the technology and process of telehealth sessions, please let us know if you have any best practice questions related to evaluating or treating via telehealth!

Don't forget to check out the telehealth resources!

[Telehealth resources](#)

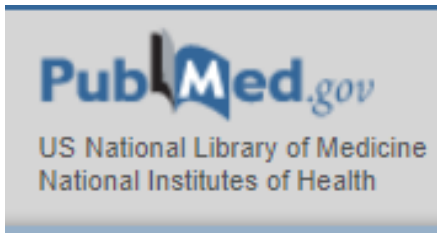
<https://www.theinformedslpmembers.com/free-telepractice-research-reviews>

[telehealth therapy ideas](#)

[telehealth EBP/research resources](#)



External Resources

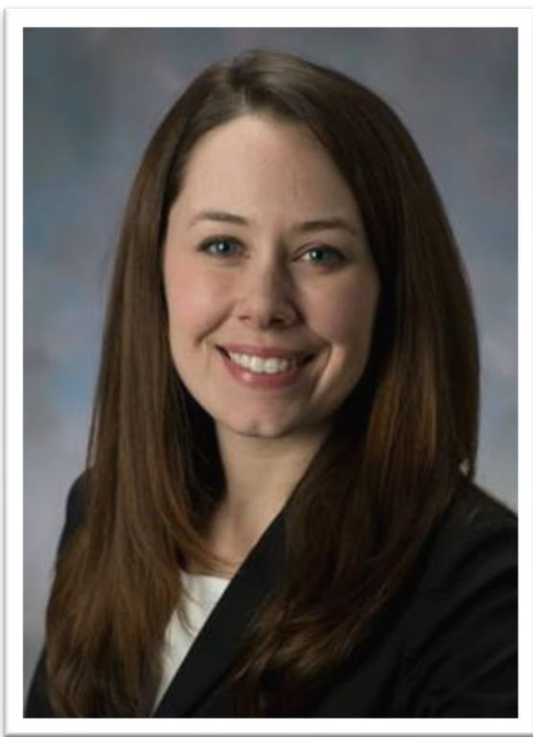


Identify CE courses



SPEECHPATHOLOGY.COM

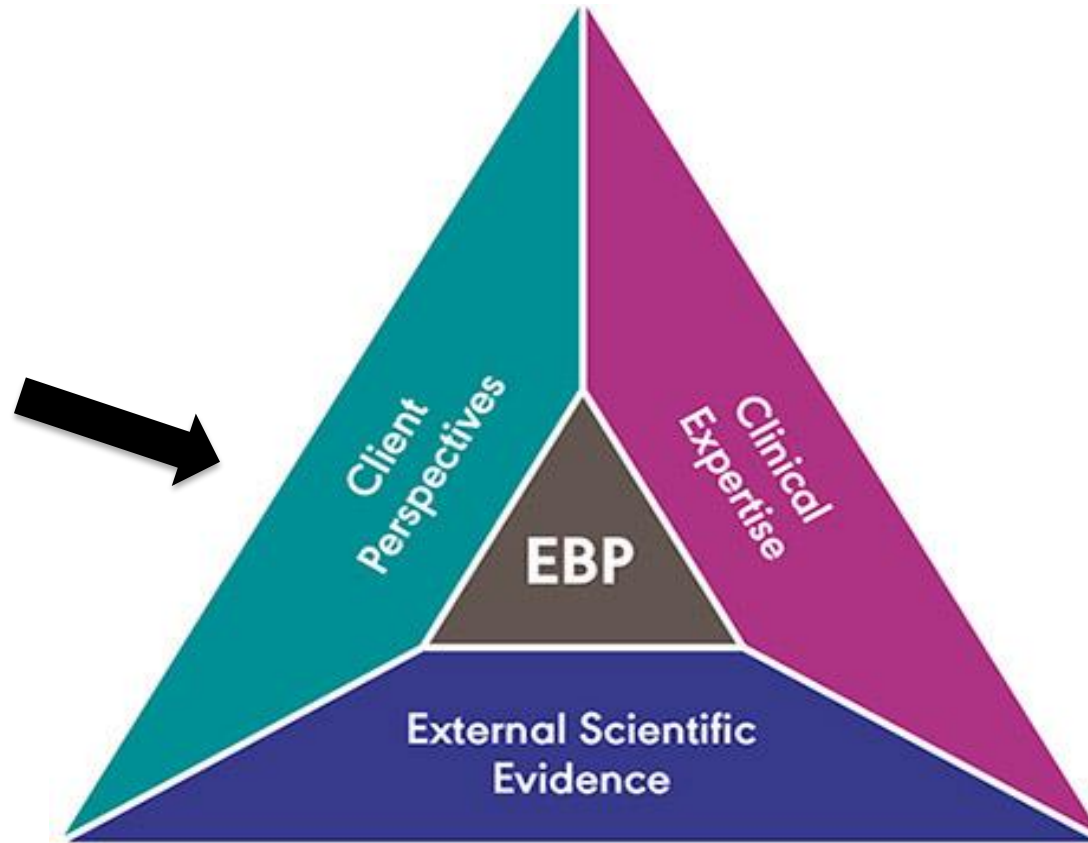




Caitlin Cummings, MA, CCC-SLP

- EBP Coordinator
- Bilingual (English/Spanish) clinician
- Cleft Palate/Craniofacial Anomalies; Bilingualism

Evidence-Based Practice



<https://www.asha.org/research/ebp/evidence-based-practice/>



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Family/Caregiver Issues

Client
Perspectives

- Pilot study – Staff documented details after each session
 - 90+% of sessions were equal/better care; technology worked well
- Barriers
 - Establishing new routines/flow for the session
 - Maintaining child's attention to screen/activities
 - Adapting materials/activities to digital modality
 - Communicating information verbally to parents
 - Adapting homeprogramming activities
 - Families are experiencing COVID-19 stressors too

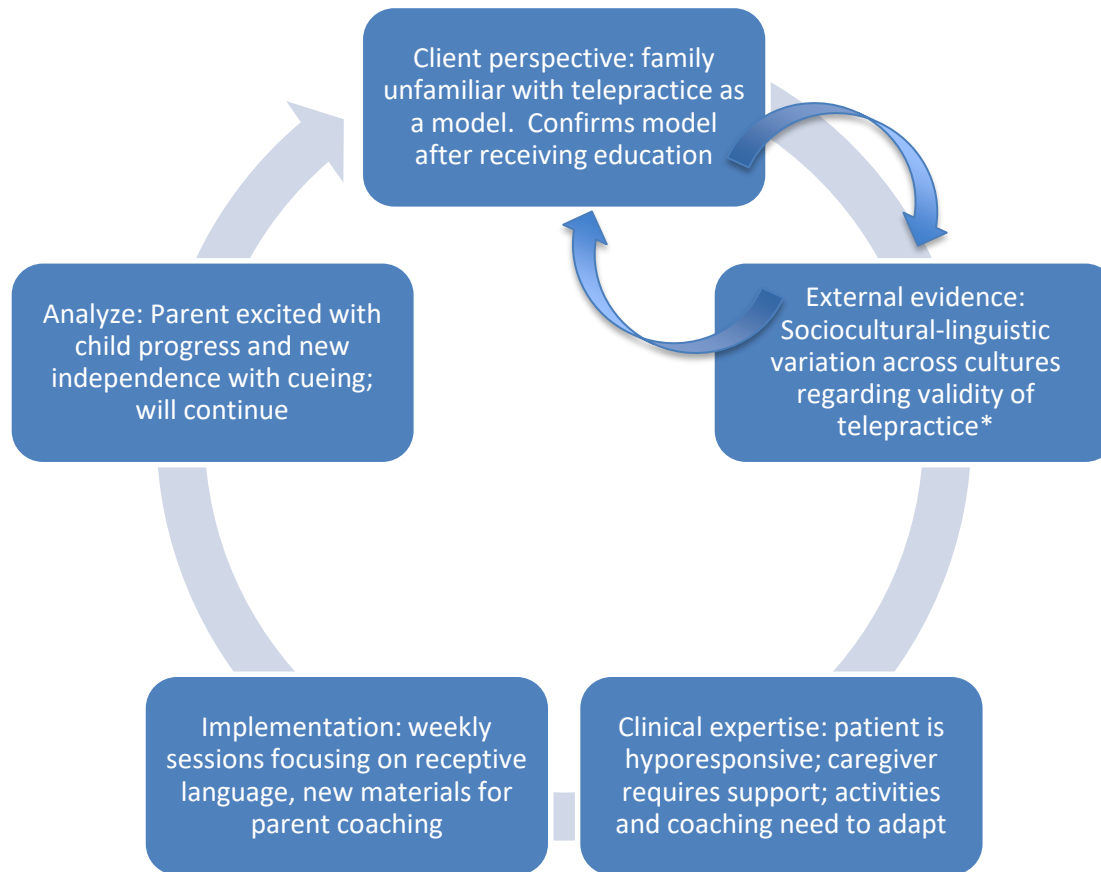
Case Study 1

- Dx: Receptive-expressive language delay. Age: 2;5; Spanish- speaking family. Goal: increase direction-following, expressive vocabulary, and spontaneous vocalizations
- Barriers
 - 1. Family unaware of telepractice as a model; does not have consistent camera/internet connectivity
 - 2. Child attentive but hyporesponsive; requires multiple highly-motivating activities/manipulatives to engage in structured language tasks
 - 3. Parent participated in coaching, but still heavily reliant on SLP's feedback/discussion during play

Case Example:

Client Perspectives

2 year old Spanish speaker expressive delay



*Fitton, L., Bustamante, K. N., & Wood, C. (2017). The Social Validity of Telepractice among Spanish-Speaking Caregivers of English Learners: An Examination of Moderators. *International journal of telerehabilitation*, 9(2), 13.



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Case Example: What Worked

Client
Perspectives

Barrier 1- familiarity with telepractice; limited technology

Extended education regarding telepractice validity

Choose phone modality

Barrier 2- activity selection; concern for participation with home toys only

Narrow goals; focus on receptive first

Focus on language stimulation during daily routines

Barrier 3- parent coaching model needs to adapt

Mail home specific script for parent language input

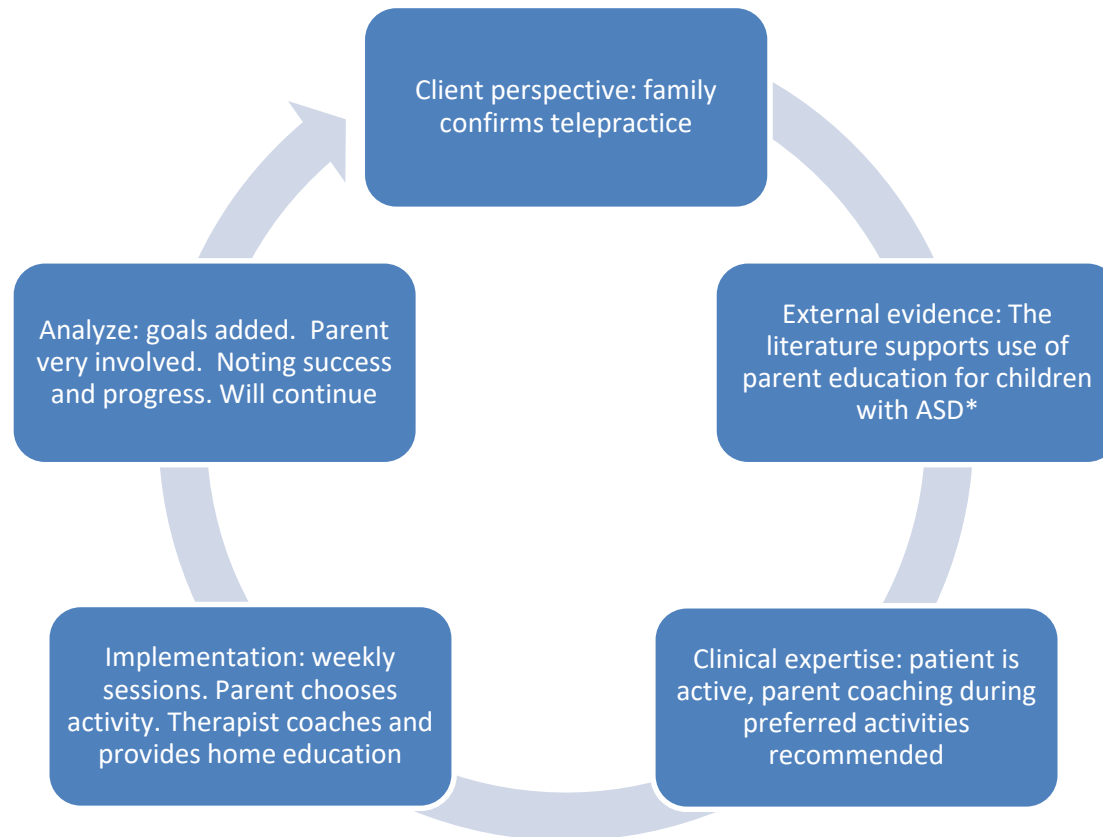
Mail home parent-friendly data tracking sheet

Case Example 2

- Dx: ASD. Age: 3 Goals: Patient is minimally verbal-working on increasing functional verbal communication.
- Barriers
 - 1. Highly active- concerned with patient's ability to attend and participate via telepractice.
 - 2. In person sessions clinician driven- may need to shift to parent coaching
 - 3. Patient prefers manipulatives over screen activities or books.

Case Example: 3 year old ASD

Client
Perspectives



*Lai et al, 2020

Case Example: What Worked

Client
Perspectives

Barrier 1- concern
with attention

Brainstorm and
plan session ahead
of time with family

Incorporate highly
motivating
activities

Barrier 2-
previously
therapist driven

Parent coaching

Targeting very
specific goals each
session

Barrier 3- activity
selection

Have family
complete home
inventory

Utilize
toys/activities in
home as opposed
to on screen



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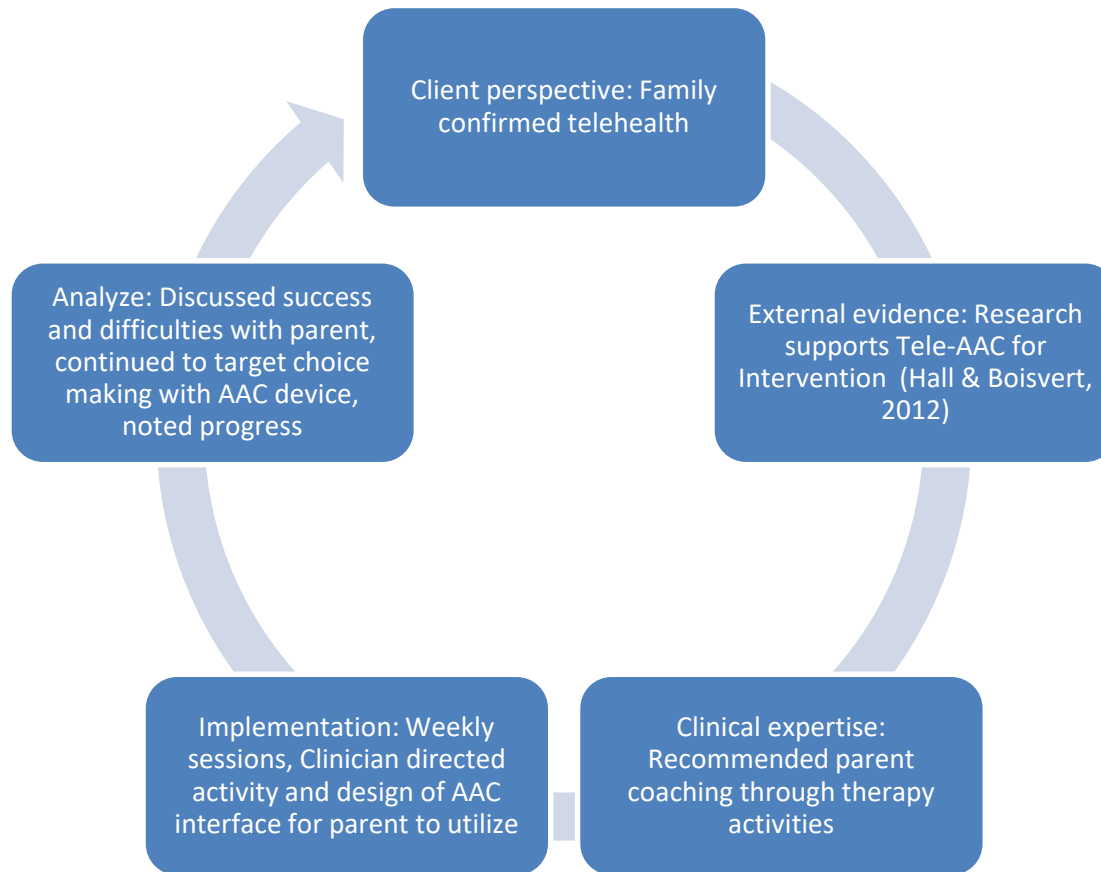
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Case Study 3

- Dx: Cerebral Palsy, mixed receptive-expressive language disorder. Age: 7 Goals: Patient is minimally verbal-working on utilizing AAC technologies to support communication
- Barriers
 - 1. Limited attention: concerned with patient's ability participate via telepractice.
 - 2. In-person sessions clinician driven
 - 3. Limited access to AAC technologies

Case Example: 7 Year Old Child using AAC

Client
Perspectives



Case Example: What Worked

Barrier 1- Attention Concerns

Discussed
motivating
activities with
parent

Trialed range of
activities and toys
at home

Barrier 2- Clinician driven approaches

Parent coaching

Providing strategies
to parent prior to
session

Barrier 3- Access to AAC tech

Provided low-tech
communication
boards

Utilize technologies
the family owns
(iPad and
GoTalkNow)

Ongoing Challenges / Opportunities

- Evaluations
 - Focused on 0-3 year old age first
 - Parent report measures (REEL-3, MacArthur Bates-CDI)
 - Pilot quality testing (compare articulation testing to video of child)
 - Scaling up to 3+ year old evaluations (speech/language options)
- Barriers to transition
 - Extended onboarding needed for non-English speaking families
 - Limited technology (e.g. only one cell phone for family)
 - Plateauing of telepractice involvement (no show rate)

ASHA Website: COVID-19 Updates

Quick links to resources and ability to chat/email a representative with questions.

American Speech-Language-Hearing Association (ASHA)

Making effective communication, a human right, accessible and achievable for all.

COVID-19 UPDATES

We know that you are working hard to stay safe and healthy, take care of your families, meet the needs of the individuals you serve, and find creative ways to connect from a distance. ASHA members' and volunteers' safety is our top priority, and we're here to help you during this uncertain time. Check for the [latest updates](#) and resources, including on [telepractice](#).

Please contact the [Action Center](#) with any questions.

[Latest Updates](#)

[Telepractice Resources](#)

[Email Us](#)

[Chat with Action Center](#)

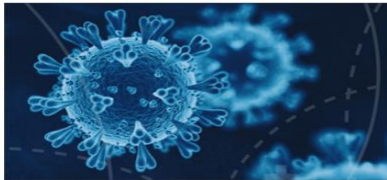
ASHA, 2020



ASHA Website: COVID 19 News and Resources

Quick links to learning and therapy resources.

COVID-19 NEWS



Latest Info on COVID-19 for ASHA Members

Find setting-specific resources, telepractice guidance, event info, a new message from ASHA leadership, and more.



ASHA's Telepractice Resources

Get payment and coverage info, state-by-state tracking of regulations, clinical and research-based guidance, and more.



Free Access to ASHA Learning Pass

ASHA members get free continuing education through June 30, 2020.

ASHA, 2020



ASHA Evidence Maps

Database of appraisals of literature and guidelines

Evidence Maps

Welcome to the Evidence Maps, the latest evidence at your fingertips.

Evidence Maps

Future Evidence Maps

T

Telepractice

Tinnitus

Tracheostomy and Ventilator Dependence

Traumatic Brain Injury (Adults)

ASHA, 2020



ASHA- EBP Resources

ASHA provides a variety of EBP resources to help with clinical decision making.

MORE EVIDENCE-BASED RESOURCES

[Introduction to Evidence-Based Practice](#)

[ASHA/N-CEP Evidence-Based Systematic Reviews](#)

[Web Tutorials](#)

[Glossary](#)

[National Outcomes Measurement System \(NOMS\)](#)

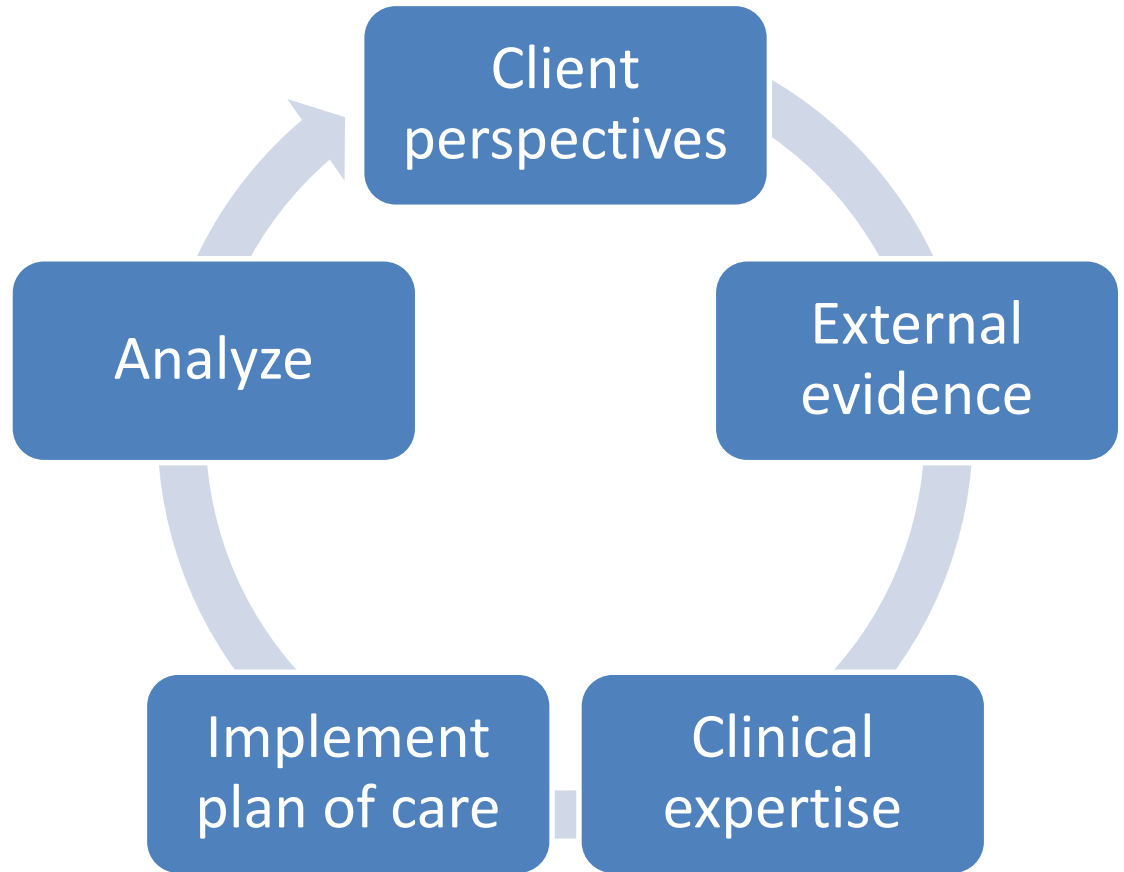
[Join a Special Interest Group \(SIG\)](#)

ASHA, 2020



Conclusions

Best Telepractice
Care is a
Dynamic Decision



Certificates of Attendance

For a certificate of attendance, please complete survey monkey:



www.surveymonkey.com/r/IPRCwebinarsurvey

Questions / Comments

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Thank you!