



Why Teletherapy in a Post-COVID World

1/22/2021

Presented by

Ellen R. Cohn, PhD, CCC-SLP, ASHA-F
Professor, University of Pittsburgh
Editor, International Journal of Telerehabilitation



Moderated by

George Dayton,
Marketing Director, eLuma Online Therapy

Agenda



Introduction

1:00 pm EST (5 minutes)

Presentation

1:05 pm EST (30 minutes)

Q&A

1:40 pm EST (10 minutes)

Who is eLuma?



eLuma Online Therapy

- FOCUSED on solving problems in special education
- Provide related services online
- Founded in 2011
- Team of 200+ dedicated team members
- Serving over 18,000 students in 36 states



The Webinar

A few facts:

- Part of our eLumanated Special Education series
- Focus on Teletherapy
- Recording to be sent out afterwards
- Slide deck to be sent out afterwards



The Presenter

Ellen R. Cohn, PhD, CCC-SLP, ASHA-F

- Professor, University of Pittsburgh
- Founding Editor (2008 - present),
International Journal of Telerehabilitation



Why Teletherapy in a Post-COVID World?



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Part 1. Terminology



Telehealth is a
service delivery mechanism:

...the use of
telecommunications to deliver
care to a client who is in a
different physical location than
the practitioner.

- A different physical location
can be:
 - in a different room in
the same clinical facility
 - across the street
 - in a different city,
state, or country
 - at sea
 - in a plane
 - or in outer space.



So, What Do We Call “It” Tele-?

- **Telemedicine:** American Telemedicine Association [ATA]
Teledermatology; teleradiology; tele-ICU; tele-neurology;
tele-psychiatry; tele- pediatrics; tele-primary care; tele-nursing;
tele-dentistry; telerehabilitation
- **Telehealth:** American Occupational Association/AOTA], sometimes ATA
- **Telerehabilitation:** Physical Therapy, Occupational Therapy,
Speech and Hearing, sometimes ATA
- **Telepractice:** American Speech-Language Hearing Association
- **Teletherapy:** Special Education

Why did ASHA choose Telepractice?

- The profession works in medical AND non-medical sites
- School-based practice
 - Educational, rehabilitation, medical, and health conditions
- Telepractice includes:
 - Tele-speech
 - Tele-audiology
 - Tele-AAC
 - Emerging –Assistive and Augmentative Communication
 - Sometimes includes Vendors



ASHA Definitions

“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.”

Not Telepractice:

“Supervision, mentoring, pre-service, and continuing education are other activities that may be conducted through the use of technology. However, these activities are not included in ASHA's definition of telepractice and are best referred to as **telesupervision/distance supervision and distance education.**”

Problems with Inconsistent Terminology

- Perpetuates professional silos
- Awkward when advocating for > reimbursement
 - Legislative language must be broadly inclusive
 - A prior misplaced “comma” caused havoc
- When an article or grant proposal is authored by different professionals: Whose terminology prevails?

Basic Tele-Conditions

- Asynchronous

- “Store and forward” [e-mail, test results, recorded sessions, etc.]

- Synchronous

- At the same time

- Hybrid – term has two meanings

- Combination of asynchronous and synchronous
- Any combination of telepractice (asynchronous and/or synchronous) and in-person care.

In-Person Means: “In the Room Where it Happened”

- *Face-to-Face* has dual meanings
 - Via videoconference
 - In the same room
- Term is being edited out

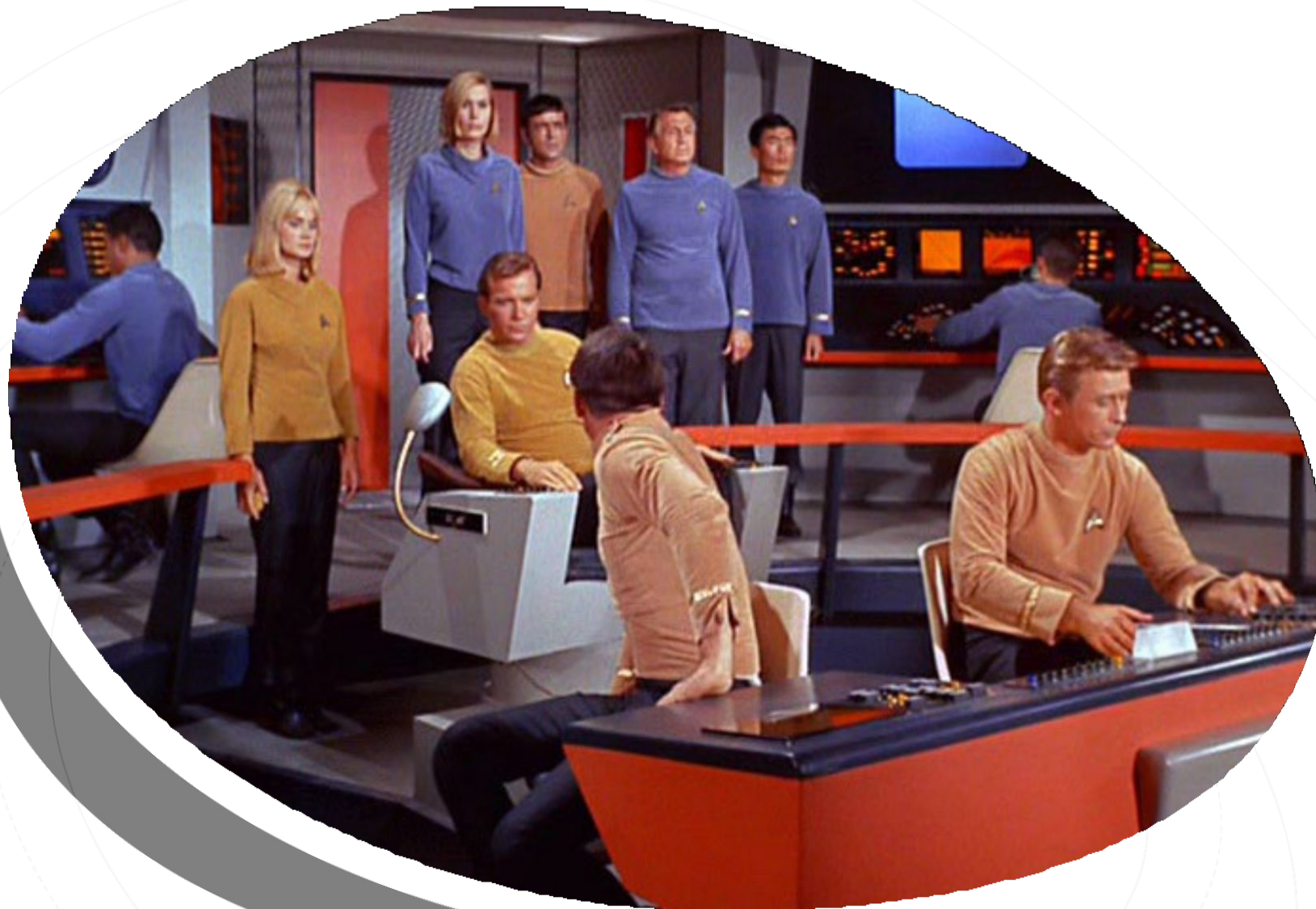




Part 2. Telehealth Adoption



“Radio Doctor:”
Predicted in 1924



Early tele-
missions: To
boldly go
where no
teacher or
therapist
has gone
before...



“Wherever they happen to be in the world or on the battlefield, telemedicine and satellite communications now **enable them to receive expert medical help**. The U.S. military is also using telemedicine globally to aid civilians stricken by natural disasters.”

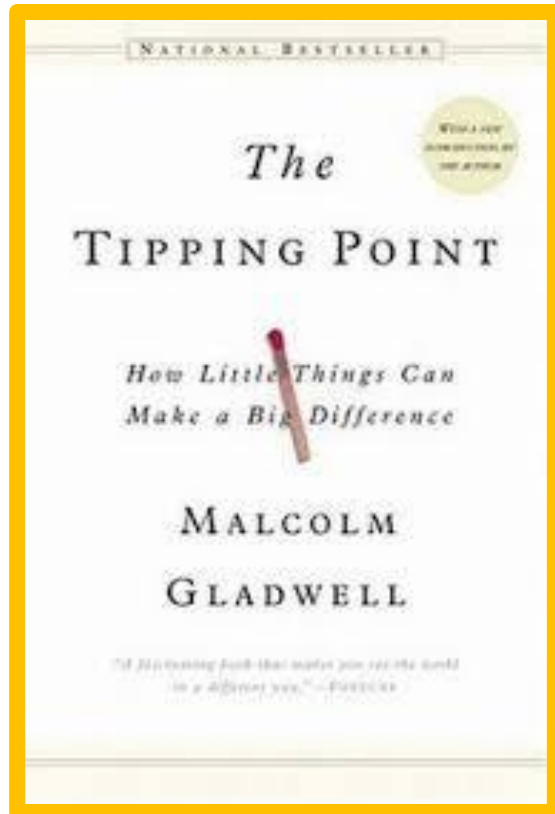
<https://futurehealthcaretoday.com/how-telemedicine-serves-our-military/>

Telehealth Reimbursement Is Not Yet Robust

- “Coverage and payment of telepractice services varies widely across federal, state, and commercial payers [e.g., Medicare, Medicaid, private health insurance].
- Medicare does not include audiologists and SLPs as eligible providers of services delivered via telepractice.
- However, state Medicaid agencies and commercial payers have the discretion to cover telepractice services provided by audiologist and SLPs.
- It is critical for clinicians to verify telepractice coverage and billing guidelines by the payer before initiation of services.
- See [Payment and Coverage of Telepractice Services](#) for detailed coding, Medicare, Medicaid, and commercial insurance information.”

https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/#collapse_1

Tele-Tipping Points?



February 4th
1978





Technology will take away our neighborhood bank teller's jobs, and we don't trust the ATM machine. Plus, I don't know how it works.



The storm
clouds were
gathering....



February 5th: The Blizzard of '78





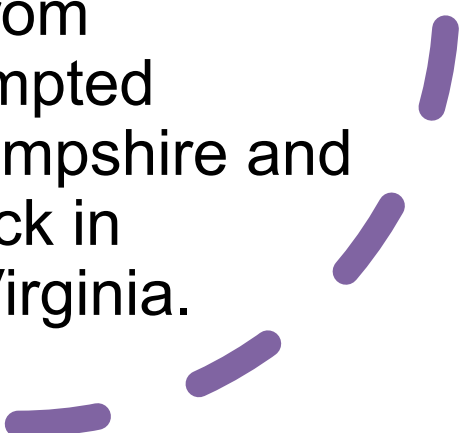
The New York Times

“Millions Marooned”

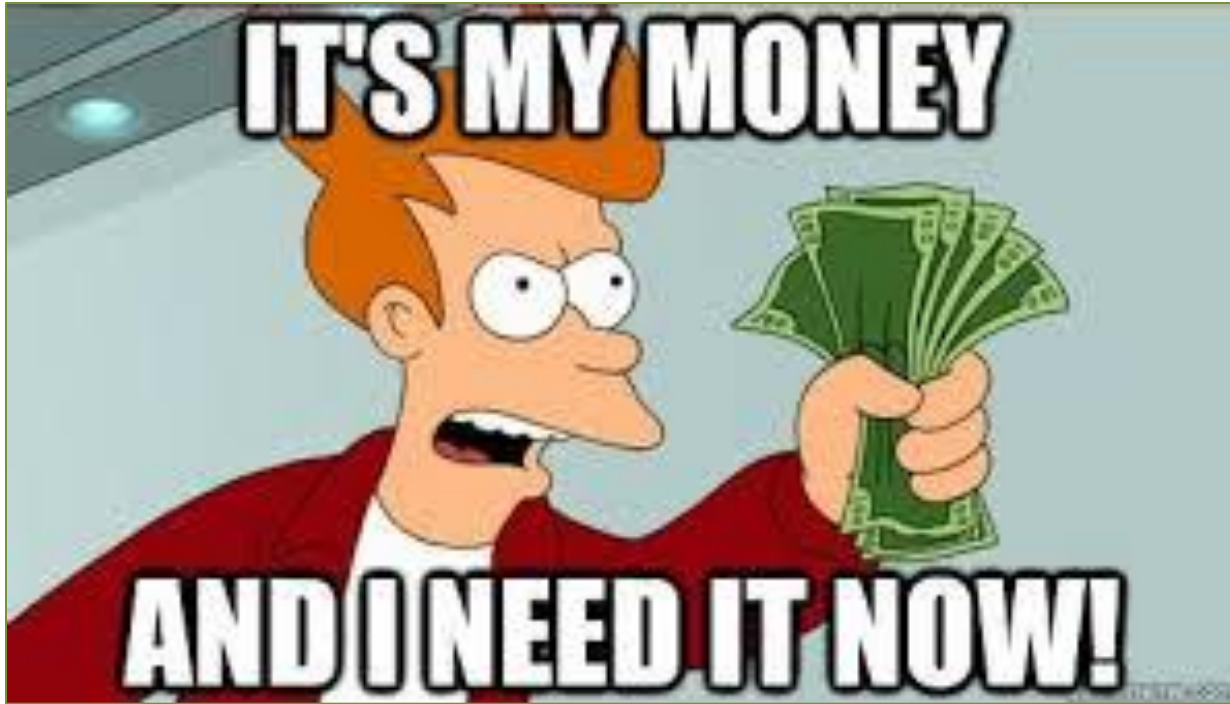
“The biggest blizzard of the decade buried the New York metropolitan region under more than 13 inches of snow and mountainous drifts yesterday, bringing transportation, business and government to a virtual standstill and marooning millions of people in their city and suburban homes.

At least 13 persons died in the storm, apparently of heart attacks, nine of them in the city and four on Long Island...

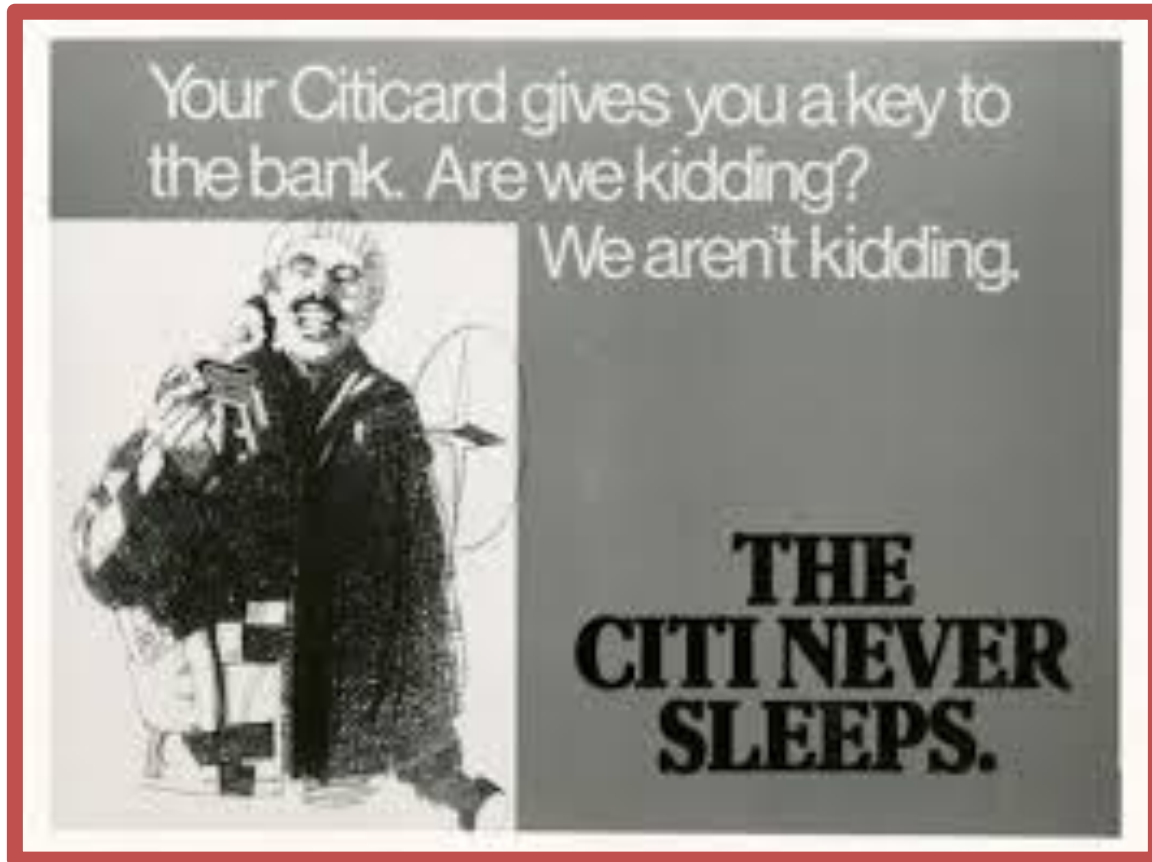
The storm, which paralyzed communities throughout New Jersey, Connecticut, Long Island and upstate New York and dumped up to 20 inches of snow in some suburbs, stretched from Washington to New England and prompted declarations of emergency in New Hampshire and Rhode Island. Heavy snows also struck in Michigan Ohio, Kentucky, and West Virginia.



The Banks Were Closed



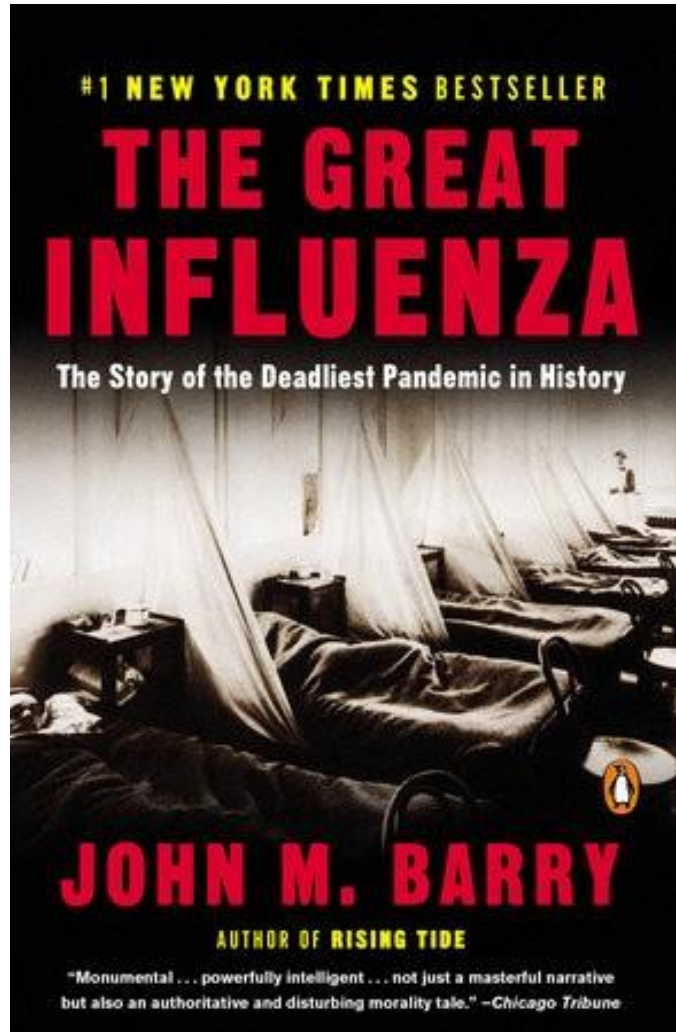
The Blizzard of '78 Launched and Saved the ATM & Debit Card: "Need" Overwhelmed the Distrust of Technology



Could a Pandemic Be a Tipping Point for Wider Teletherapy Use? [Yes: Predicted]

- **TELEREHABILITATION PREPAREDNESS PLANNING FOR A GLOBAL PANDEMIC**, (roundtable), Cohn, E. American Telemedicine Association, Annual Meeting, May 14, **2007**.
- **PANDEMIC PREPAREDNESS: IS THERE A ROLE FOR TELEREHABILITATION?** (Poster) Cohn, E. International Conference on Aging, Disability and Independence (ICADI), Home Health and the Delivery of Remote Rehabilitation Services Pre-Conference Short course, St. Petersburg, FL. February 21, **2008**.

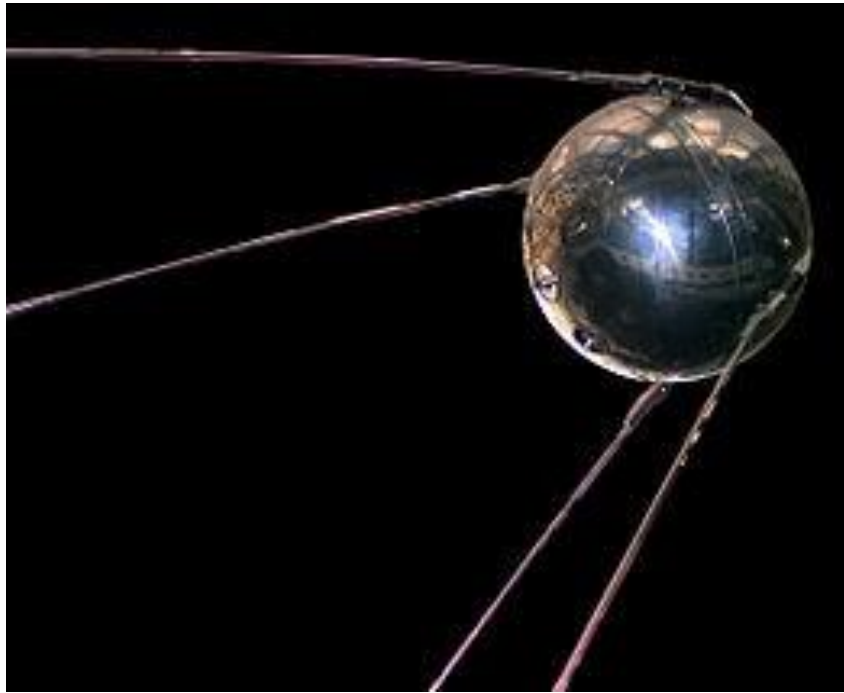
Sobering Accounts of the 1918 Influenza



Oct 04, 2005 | ISBN 9780143036494

According to Pittsburgh Health Department statistics from 1919, nearly 65 percent of the cases and 57 percent of the deaths came from people 15 to 40 years old. It is reported that more than 700 children in the area were left as orphans because of the flu taking their parents.

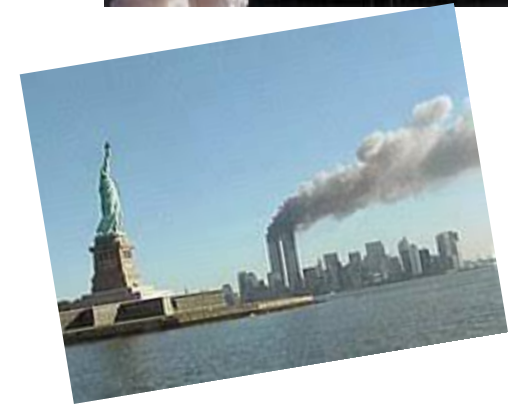
In Each Generation “Things Happen”



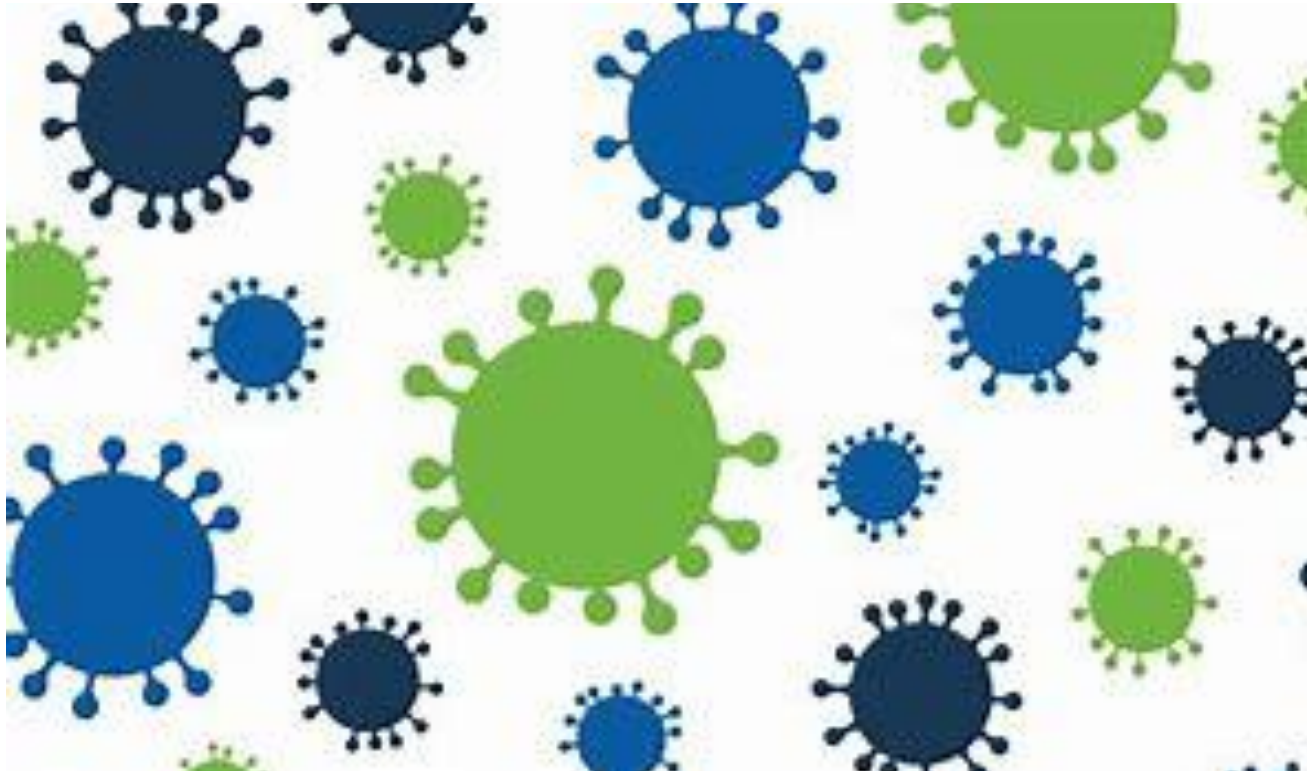
Sputnik, 1957



October 1962, Cuban Missile Crisis



2020: What just happened?



- On January 3, CDC Director Robert Redfield was notified by a counterpart
- in China that a "mysterious respiratory illness was spreading in Wuhan [China]"
- On January 8, the CDC issued its first public alert about the coronavirus.
- By January 10, the WHO warned of the risk of human-to-human transmission.
- Beginning January 17, the CDC dispatched public health experts to screen
- incoming airport passengers at John F. Kennedy International Airport in
- New York City, San Francisco, and Los Angeles, adding monitors at Chicago and Atlanta in late January.^[16]

Anticipatory Preparations





COVID19 Turned On the Telemedicine Spigot

- Mobile apps were used to assess signs and symptoms
- Artificial intelligence enabled contact tracing
- Biosurveillance and big data analysis
- Reduced the need for public transit and physical presence
- Therapists at home, wanted to work.



Part 3. Foundational Content

A Paradox Emerged



2021 Editorial: COVID-19 and eHealth: A Promise or Peril Paradox?

Robert E. Scott and Maurice Mars, *International Journal of the International Society for Telemedicine and Telehealth*

<https://journals.ukzn.ac.za/index.php/IJSfTeH/issue/current>

The PROMISE:

- Vendors are excited about the global digital health market
 - Projected to grow to grow six-fold to \$600+ billion dollars (USD) by 2026.
- World Health Organization (WHO) is urging member states to adopt eHealth
- E-health is valuable for addressing mental health issues
- Saves time

The PERIL:

- Opening-up the flood gates may not be wise
- Who decides policy? (business, consumers?)
- Evidence base “is equivocal”
- Cost benefit analyses are lacking in low- and middle-income countries

Teletherapy Issues of Concern

- May be profit driven vs. client focused.
- State requirements can be self-serving
- Potential for fraud and abuse.
- May not address the original mission to reach “the underserved.”
- Can be used to avoid traveling to neighborhoods or treating persons deemed “undesirable.”
- Has caused lay-offs of in-person clinicians.
- Training is nascent and often unregulated.
- Professional codes of ethics tend to enforce the behavior of individuals –but not of organizations.



A black and white photograph of a hand holding a piece of paper. The paper has handwritten text in a casual, slightly slanted font. The text is arranged in three lines. The first line is 'MOST OF THE THINGS', the second line is 'YOU WORRY ABOUT', and the third line is 'NEVER HAPPEN!'. There is a small horizontal line under the word 'NEVER' and a small dot at the end of the third line.

MOST OF THE THINGS
YOU WORRY ABOUT
NEVER HAPPEN!

It is Axiomatic That Technology Evolves Faster Than...

- Policy and Regulation
- Training
- Professional Trust
- Consumer Trust and Action
- Resources and Payors

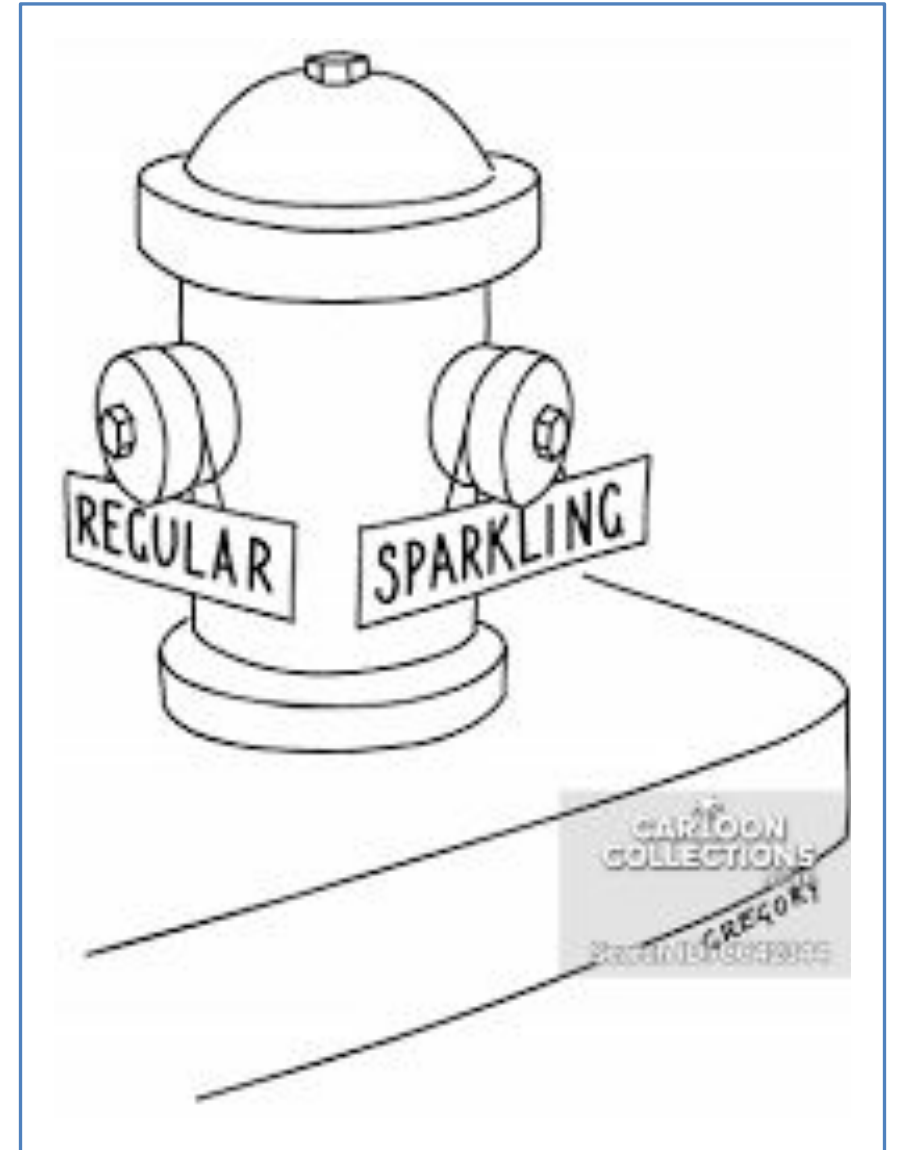


A Complicated Tele-Environment: Many Influencers

- State Professional Licensure Boards & National State Boards
- Professional Associations: AMA, ASHA, AOTA, APTA...
- Professional-Trade Associations: ATA, Healthcare Information and Management Systems Society | HIMSS
- Federal Government: US Congress, CMS, FCC, FDA and other regulatory agencies
- State Governors and State legislative bodies
- K Street (Alliance for Connected Care)
Anthem, CVS Health, Walgreens, TelaDoc, Specialists on Call, Verizon, WellPoint, HealthSpot, Doctor on Demand, Welch Allyn, and MDLIVE, Care Innovations and Cardinal Health.

The Caution: To Curb Enthusiasm

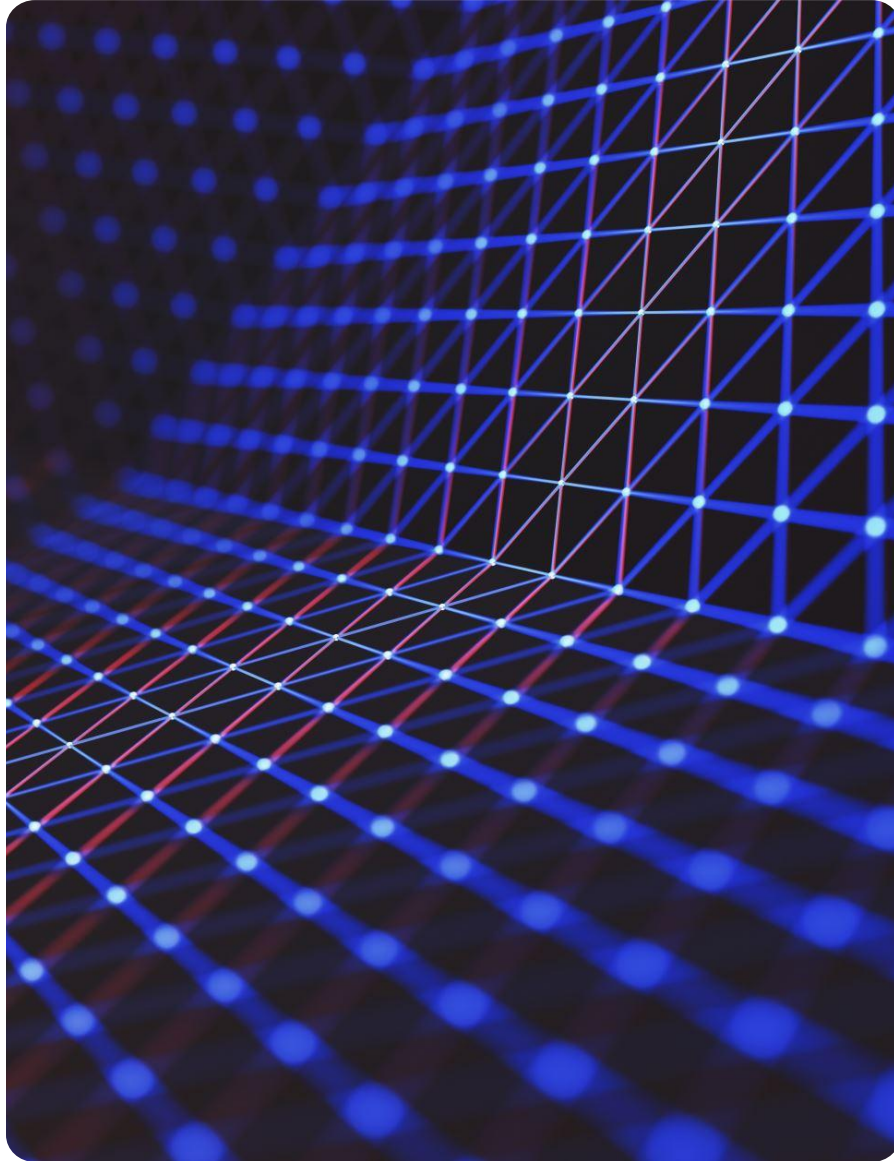
“Enthusiasm must be tempered with thoughtful guidance regarding technologically appropriate, culturally attentive, environmentally sensitive, economically fitting, politically palatable, setting specific, health needs-based, and evidence-informed eHealth adoption, thereby reining in possible future misadventures. Given the anticipated post-pandemic opportunities, this approach may seem counter-intuitive - even counter-productive - but it is the responsible thing to do” *Scott and Mars*



Lessons Learned: Forecast and Prepare For “Abrupt” Changes

- **HISTORY:** What changes have resulted in consequential changes in my or a similar profession?
- **DISRUPTORS:** What could change my profession or practice?
 - External influencers
 - Legislation, school board politics, community economic factors, natural disasters, climate change, domestic or global terrorism, a pandemic, etc.
 - Internal influencers
 - Professional standards, workforce training capacity, assistants, etc.
 - Elimination of disabling conditions (a good thing... but)
 - Recognition of a disabling condition (dysphagia)





A Potential Influential Disruptor: Artificial Intelligence [AI]

Artificial Intelligence (AI) is not
universally defined

Uses intelligent algorithms to make
decisions, often using real time data
from sensors, client responses on
surveys, AI learns and adapts as more
data becomes available.

Can be used diagnostically and
therapeutically. Who might “drive”
development and adoption?

Robotics

**“The horse has left the barn.”
Teletherapy is here to stay post-COVID. But how will it develop?**



Motivations for Tele-therapy

Altruistic:

- **An initial motivation was to provide service to clients who would not otherwise have services.**

Consumer:

- **Convenient, saves travel and time.**

Clinician:

- **Lessens exposure to disease. Provides convenience, extra income, and flexibility. Learns marketable new skills.**

Organization: (Company, school system, healthcare organization, etc.)

- **Saves costs and generate profits. Provides tangible benefits. Avoids cancellations**

Society:

- **Lessens mortality and morbidity. Saves money. Provides service to remote locations. Can reduce health disparities.**



FOX
13
NSTU

CORONAVIRUS

STUDENTS RETURN TO SCHOOL AT HOME

Customizable School-based Options

[Traditional Model: District hires and employs all personnel]

- **Augmented Traditional Models**

- Company supplies some or all personnel to hire
- Company fills-in staffing needs
- Company supplies consultants

- **Sub-Contracted Model**

- Traditional and/or Hybrid
- Total-tele

If you know one state...you know one
st



State Licenses for SLP Professionals Are Required in Almost Every State.

[Exception: VA/Dept of Defense]

- *Requirements can change rapidly and without notice.*
- A state license is needed where the practitioner resides, AND where the patient/client resides.
- If a state has not established regulations on telepractice, contact the licensure board for further guidance and ask for written verification.
- Notify the malpractice insurance carrier.
- State licensure compacts are developing. The Federation of State Medical Boards reported that as of April 15, 44 states had waived in-state licensure requirements for telehealth. Rehab compacts lag behind.

Potential Inter-State Centric Differences

- Department of Education requirements
- Business license requirements
- Scope of practice can differ by state
- Some states have their own code of ethics
- State jurisdictional requirements



Federal Law: Don't violate FCC Anti-trust laws

Licensure FAQs

- ? My client is going to Florida on vacation. I don't have a state license in Florida. Can I do teletherapy from my home in PA?
- ? I am going on vacation to Maine but am only licensed in PA where the client lives. Can I do teletherapy?
- ? I'm a singer and a former vocal coach. Now I'm a certified SLP. Can I work with a singer with vocal nodules in another state (no license)?
- ? What are the requirements to practice in XYZ country?

Privacy and Safety are Paramount

- Where is your client TODAY? (address?)
- What are the emergency numbers?
Emergency contacts?
- When does a session end? (When the client leaves the room or logs off.)
- Is confidentiality possible?
 - Who is in the room?
 - Is anyone in the room who should not be on video?
- Does the technology enable HIPAA compliance?



Open Journal Article About Privacy and Security –Checklists Provided

Watzlaf, V.R., & Ondich, B., VoIP for Telerehabilitation: A Pilot Usability Study for HIPAA Compliance, International Journal of Telerehabilitation • Vol. 4, No. 1 Spring 2012

(10.5195/ijt.2012.6096)<http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/6096/6390>



INTERNATIONAL JOURNAL OF
TELEREHABILITATION



Well Trained E-Helpers/Facilitators are Crucial to Success

- They are sometimes family members, companions, school personnel, trained technicians, or a profession's assistants
- An excellent resource:

Schlaak, Hannah M., "PROFESSIONAL COMPETENCIES FOR E-HELPERS: A TELEPRACTICE RESOURCE" (2018). Theses and Dissertations--Communication Sciences and Disorders. 12.
https://uknowledge.uky.edu/commdisorders_etds/12

https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1012&context=commdisorders_etds

Technology Can Fail



Plan for Technology Challenges

- Assess the infrastructure
 - Will the teacher, therapist and student have a webcam, computer, adequate internet connectivity and a phone? Printer/scanner?
- Are the lesson materials accessible?
 - Are they transmitted ahead of the session? Who is to print them out? Do they take a long time to load?
- How does communication occur when the video doesn't work?
 - An external channel?
 - An agreed upon protocol?
- Scan the environment for potential threats

Part 4: SLP Teletherapy



Research Shows: Equivalent or Better Results

- Access research from:
<https://www.asha.org/About/Telepractice-Resources-During-COVID-19/>
 - ASHA Evidence Maps: research on the use of telepractice
 - ASHA Practice Portal: information about telepractice as a service delivery model
 - Browse free telepractice articles from ASHA Journals
- Needed research:
 - Patient selection
 - Hybrid care
 - Training requirements
 - Economic impact on the workforce

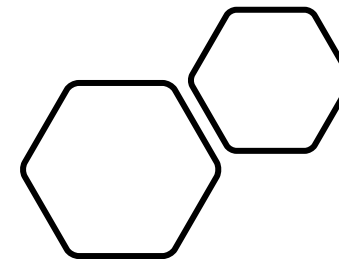
A Comprehensive Reference for Teletherapy:

https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/#collapse_3

American Speech-Language Association
Professional Issues Practice Portal -Telepractice

Telepractice in Speech-Language Pathology

K. Todd Houston



Disorder Types Treated via Telepractice

- Aphasia
- Autism
- Cleft Palate/Craniofacial
- Dysarthria
- Fluency Disorders
- Language and Cognitive Disorders
- Literacy
- Motor Speech Disorders
- Neurodevelopmental Disabilities
- Speech Sound Disorders
- Swallowing (Dysphagia)
- Voice Disorders

Early Intervention



Narissa Hui | Jierfei Juergling-Sudkamp
Michelle L. Gutmann | Ellen R. Cohn



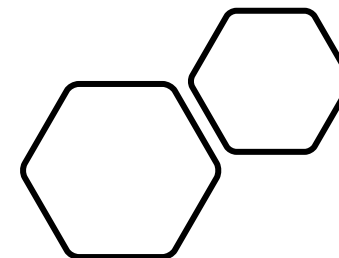
Tele-AAC

Teleaudiology

- ***Aural rehabilitation*** [Polovoy, 2009; Saunders & Chisolm, 2015; Yates & Campbell, 2005]
- ***Cochlear implant fitting*** [Hughes et al., 2012; Wasowski et al., 2012]
- ***Hearing aid fitting*** [Campos & Ferrari, 2012; Penteado, de Lima Ramos, Battistella, Marone, & Bento, 2012]
- ***Infant and pediatric hearing screenings*** [Botasso, Sanches, Bento, & Samelli, 2015; Krumm, Huffman, Dick, & Klich, 2007; Krumm, Ribera, & Schmiedge, 2005; Lancaster, Krumm, Ribera, & Klich, 2008; Skarzyński et al., 2016; Stuart, 2016]
- ***Pure-tone audiometry*** [Krumm, Ribera, & Klich, 2007; Masalski, & Kręćicki, 2013; Swanepoel, Mngemane, Molemong, Mkwanazi, & Tutshini, 2010; Visagie, Swanepoel, & ***Eikelboom, 2015***]
- ***Speech-in-noise testing*** [Ribera, 2005]
- ***Video otoscopy*** [Biagio, Swanepoel, Adeyemo, Hall & Vinck, 2013; Eikelboom, Atlas, Mbaog, & Gallop, 2002]

TELEPRACTICE IN AUDIOLOGY

Emma Rushbrooke
K. Todd Houston



Tele-therapy Post COVID: Expected to Thrive





Q&A

Next Webinar



A Look At The Coming Year in Federal Policy for Educators Friday, February 12, 2021

Dr. Kevin Rubenstein, the Chair of the CASE Policy and Legislative Committee will discuss several hot topics for educators including:

- New members of Congress
- The Biden Administration and education
- The stimulus package from December and what's next

Importantly, we will also discuss the role of educators in working with Members of Congress and the Administration on issues related to supporting our students and their families.

Register [here](#)



Thank You

For more information contact:

www.elumatherapy.com