

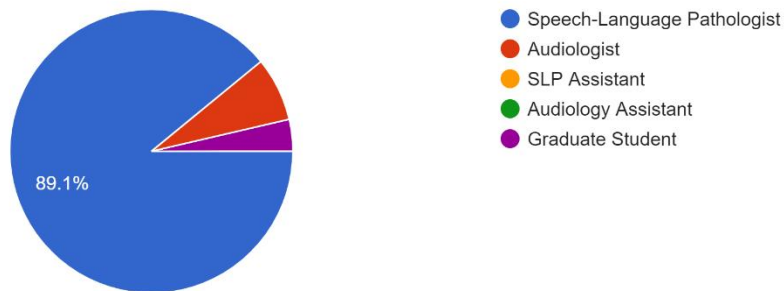
MSHA Telehealth Survey Report Adele S. Raade

The Massachusetts Speech-Language-Hearing Association (MSHA) conducted a Google survey of audiologists and speech-language pathologists within the state of Massachusetts (MA) to seek comments about proposed telehealth regulations. The response period was from May 16th through the 25th, 2022.

Descriptions of Respondents

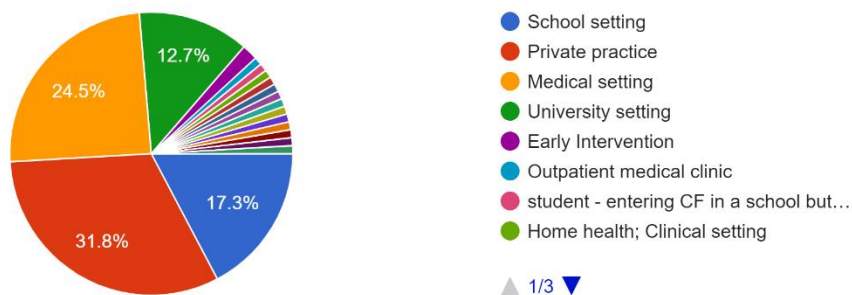
There was a total of 110 respondents. Most of the respondents were speech-language pathologists (98, 89.1%) (see chart below). There were also eight audiologists (7.3%) and four graduate students (3.6%).

Professional Designation
110 responses



The respondents also indicated their primary professional setting. The largest piece of the pie included professionals in private practice (35, 31.8%) (see chart below). Next, in terms of frequency, was a medical setting with 27 professionals (24.5%). A school setting included 19 professionals (17.3%) and a university setting included 14 (12.7%). Other settings that were represented included early intervention, outpatient medical clinics, home health agencies, and others.

What is your primary professional setting?
110 responses



Summary of Narrative Responses

MSHA is sharing these responses from 110 respondents because this is a matter of crucial importance to them and their clients. These respondents would like their viewpoints to be heard and it is not practical for 100+ individuals to provide testimony at the virtual Board meeting.

Most audiologists worked in medical settings, with two working in private practice. The following is a distillation of their responses.

- Audiology technology has improved, and so remote diagnostic testing can now be conducted accurately.
- One audiologist reported on the remote testing using auditory brainstem response (ABR) testing of newborn infants that live on the Cape and the islands. This has reduced the family's stress of traveling several hours only to have the infant awake during the testing, which means that results cannot be obtained.
- Several audiologists mentioned that families who must travel long distances for the services may not have the funds or resources for this extensive travel time.
- There were increased tinnitus complaints due to the high stress levels during the height of the COVID pandemic. In one well-publicized case, the owner of a national restaurant chain committed suicide after his physician erroneously told him nothing could be done. Had this gentleman been afforded the opportunity of a telehealth appointment with an audiologist, he might still be alive.
- Cochlear candidacy visits do not need an in-person visit prior to a virtual visit as they are counseling based. Most major institutions around the country are supporting audiology telehealth. Cochlear implant manufacturers are also making it easier than ever to support the patients with cochlear implants.
- Telehealth is the one shining light that has come out of the pandemic. Audiologists talked about telehealth for years, "We knew we could probably do it, but would there be a need? Would there be enough of a demand? Could we provide services equal to what we provide in the clinic? Could the technology support it? Could the patients handle the technology required? It turns out that the answers are a resounding **YES** to all these questions."
- Imagine a family in the northwest corner of the state. This financially challenged family has a multiply medically complex child who is also deaf. The child's cochlear implant needs to be reprogrammed by the audiologists at the hospital. In pre-COVID times, the family needed to take a day from work (lost pay) to take their child into Boston. Now, audiologists have the telehealth option available to them.
- Returning to previous telehealth regulations will slow down the audiologist's ability to provide patients with amplification in a timely manner. For example, hearing aid consultations and hearing aid programming can be easily administered through telehealth appointments.

This has been vital to patients who have moved away for college or have moved and have not set up local care yet.

There were 30 respondents who were SLPs working in private practice. The following is a distillation of their responses.

- Many SLPs reported increased access to care for their clients via telehealth. Clinicians can serve clients from a wide geographic area where transportation times may involve many hours. This facilitates service to clients who live in rural areas.
- Some clients have physical challenges which make in-person evaluations incredibly difficult.
- Clients who are immunocompromised are not able to participate in in-person evaluations.
- Clinicians reported the ability to complete virtual evaluations accurately. There is no evidence to support the belief that in-person evaluations are better than virtual ones.
- One SLP reported about a client who is homebound and uses augmentative/alternative communication (AAC). This client is also severely immunocompromised. Receiving assessments and therapy at home is the only safe option.
- One SLP serves the transgender community—many of whom are triggered by entering medical settings. Requiring them to enter a medical facility causes unnecessary psychological distress and discourages this population from seeking necessary gender-affirming care.
- One SLP has expertise in treating stuttering. There are few SLPs in MA with this expertise. Telehealth allows this clinician to serve a wider geographic area.
- There are clients who specifically request the telehealth option because it reduces the risk of COVID exposure and increases the ease of attending appointments.

There was a total of 21 respondents who were SLPs working in a medical setting. The following is a distillation of their responses.

- Numerous SLPs reported that traveling to Boston for services is a burden for many patients or families for a variety of reasons. The following is a list of these reasons: the travel time to Boston might be quite long; the patient/parent might be missing time from work or school; the expensive cost of parking; the patient/parent may experience resource instability; mobility status is keeping the patient homebound; and limited access to transportation. Patients who previously would not have been seen, are now accessing care because it is being delivered virtually.
- COVID has continued to impact service. In a joint clinic, one provider tested positive and so the entire clinic shifted to all virtual visits for a period. In addition, if the patient or family member is immunocompromised, a virtual evaluation may be the only safe option.

- Clinical judgement can be used effectively to decide whether a virtual evaluation is appropriate. For example, a post-operative patient had a benign subepithelial lesion removed six weeks prior. A virtual evaluation was appropriate for this specific patient.
- There were many benefits for pediatric feeding patients reported by several SLPs. The SLPs can see the child eat in their familiar environment, at their typical mealtime, because telehealth allows the SLPs that flexibility. The SLP is also able to model feeding strategies without a mask on when evaluating through telehealth. The SLP cannot model tasting a food or demonstrate chewing when in full PPE. Toddlers and children are frequently in a heightened state of alert when they come into the hospital. As the child's stress rises, (s)he is less likely to want to eat, which limits the usefulness of the feeding evaluation. Conducting a virtual evaluation allows increased flexibility in scheduling. This is helpful for parents who often have many appointments to schedule for their child. For these children, it is critical that the SLP establish a strong rapport with the child from the outset, which is not easily accomplished with PPE measures in place. This is particularly important when evaluating children with developmental delays.
- For many toddlers and preschool-age children with significant language delays, virtual evaluations have offered SLPs a great deal of information about play and language that the SLPs might **NOT** be able to gather in the office. Many young children are quite shy and often do not engage in much play or speak much within an office setting; however, when SLPs observe the children via telehealth in their home, it is like they are "flies on the wall." The SLPs have an opportunity to observe the child playing with his/her own toys, on his/her own turf, and listen to their social and communicative interactions with their caregivers and sometimes with their siblings as well. "This opportunity has been rewarding and quite informative."
- Conducting telehealth evaluations allows us to see patients in their natural environment and provides a functional assessment. It also allows the SLPs to support families in a familiar environment. This is especially useful for young or medically complex children.
- Patients with Amyotrophic Lateral Sclerosis (ALS) face both rapid disease progression and severely impacted mobility. Requiring an in-clinic evaluation may prevent this population from receiving the necessary services. These types of service limitations may also be experienced by children and adults with a wide variety of neurological diagnoses.
- Another SLP who works with patients with ALS reported that requiring an in-person evaluation can be a significant barrier to establishing a plan for communication. This can be quite traumatic for the patient and their family during end-of-life care.
- One SLP reported about the patients that she serves with voice-related problems who live throughout the entire state of MA. These are specialized services that are not readily available everywhere. She

reported that 100% of her clients who have opted for telehealth services have been pleased and prefer it over in-person evaluations and treatment. Another SLP reported that she has served hundreds of patients that tell her that the only reason they participated in their voice evaluation was because it was delivered via telehealth. If in-person evaluations were required, many of these clients would be unserved or underserved.

- The adult population with dysphagia is at considerable risk for deferring or postponing care. Virtual evaluations have dramatically increased access to care to many more patients. Many of these individuals are physically or medically homebound.
- SLPs have created and bought a variety of excellent telehealth evaluation tools. They have reported excellent clinical success.
- Many children in the hospital setting have Mass Health insurance which is not accepted at most private practices and other settings. Requiring in-person evaluations would deny access to services for many of these at-risk children.
- Specialized SLP services (for example, velopharyngeal dysfunction and transgender voice) may not be available to clients locally. Again, requiring in-person evaluations would deny access to these services for these clients.

There were 19 respondents who were SLPs primarily working in a school setting. Of this group, there were six SLPs with no telehealth experience. The following is a distillation of these responses.

- Many SLPs believe that it is imperative that open accessibility is maintained for students to receive SLP services. It is important for students who are medically fragile to have equal access to speech-language evaluations via telehealth. This would include students or family members who are immunocompromised. Students living in temporary housing/shelters are characterized as part of a high-need population. An in-person evaluation for these children may not be feasible.
- The school system may lack an adequate number of bus drivers to transport the students to school.
- One of the respondents is an independent teletherapy contractor. She provides services to schools on the opposite side of the state of MA, frequently covering SLP maternity leaves. If an in-person evaluation is required, there is no SLP available to conduct that evaluation.
- Telepractice evaluations are highly effective. One SLP reported completing many accurate school-based re-evaluations of her students.
- A school based SLP should be allowed to determine the appropriateness of a virtual evaluation for a specific student.

There was a total of 14 respondents associated with a university setting; 12 were faculty members and two were graduate students. The following is a distillation of their responses.

- Many clients have pre-existing health conditions and transportation challenges which make traveling to the center difficult-to-impossible. Imposing restrictions and denying free telehealth services to clients is discriminatory towards people with aphasia and related disorders.
- University faculty have found ways to offer quality services to a subset of their clients using various resources to complete appropriate online evaluations and services via telehealth. This option is not appropriate for all clients but should be at the discretion of the treating professional.
- Another center sees many adult clients with severe mobility challenges and frail medical status. Conducting assessments and treatment via telehealth has allowed these clients to access significantly more services to optimize their communication. Similarly with pediatric clients, SLPs have found telehealth appropriate in some, but not all, circumstances.
- Telehealth supports Diversity-Equity-Inclusion (DEI) initiatives to allow for increased access to services. Disparities in access to health care disproportionately affect the most vulnerable and marginalized members of the community. Telehealth helps to mitigate these disparities to health care access.
- There is a Gender Affirming Voice and Communication Program in Boston. The clients seen in this program have EXTREMELY limited therapy options. SLPs have successfully completed initial intakes and assessments remotely and have been able to provide effective voice treatment to support these clients.
- The focus has primarily been on ensuring that SLP graduate students will have the experience of working with clients via telepractice. Many references were cited describing the rich benefits of telepractice and telesupervision. Because there are shortages of professional SLP supervisors and decreased availability of off-campus clinical placements, the telepractice opportunities are critical to ensure that the graduate students accrue the appropriate number of clinical hours.

Summary

In summary, audiologists and SLPs from across the state of MA have emphasized the critical importance of providing virtual assessments of their adult and child clients with a wide variety of diagnoses. Many individuals would not receive the care that they need and deserve if telehealth assessments are eliminated. Of 110 respondents, no clinicians stated that telehealth evaluations were not effective.

Both audiologists **and** speech-language pathologists request regulations that allow them to use their clinical judgment to determine if a virtual assessment is appropriate for a specific client. Based on a large sample, we urge the Board to revise the regulations so that audiologists and SLPs are allowed to conduct virtual assessments.