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Speech Pathology Australia

Position Statement

Telepractice in Speech Pathology

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Definitions

Telepractice

Telepractice is the application of telecommunications technology to deliver speech pathology services at a distance by linking the speech pathologist to the service user, caregiver, or any person(s) responsible for delivering care to an individual, for the purposes of assessment, intervention, consultation and/or supervision.

Integral to telepractice is the delivery of speech pathology services over any distance that are guided, monitored, or modified by a speech pathologist for each service user or purpose. Telepractice can also be known as: telehealth, telerehabilitation, telespeech, teletherapy, virtual care or teleSLP.

Telepractice forms part of a larger concept known as e-Health or digital health which are terms given to electronic processes and communication technology which supports healthcare practice. E-Health/digital health includes but is not limited to electronic medical records and technology-delivered self-guided consumer education and training (for example, therapy software apps). While integral to the provision of healthcare, they are not within the scope of this document.

Telepractice models of service delivery

Telepractice may encompass a variety of service delivery models, including individual sessions, group sessions, specialist consultation, training, supervision and mentoring. Telepractice service delivery may be provided between individual sites (for example, speech pathologist's location to where an individual is accessing the service) or multiple sites (speech pathology site to individuals at different sites). Telepractice encompasses synchronous (real-time delivery) or asynchronous (delayed delivery) formats.

The technologies that are associated with telepractice include the use of videoconferencing for the delivery of speech pathology services (both hardware and software), teleconferencing, email, and store and forward of clinical and other practice data (for example, data from a therapy app flows to the speech pathologist for review). These formats may be used in combination for individual sessions (for example, high quality photograph is captured during the videoconferencing session and sent to the speech pathologist for review with the service user during the session), and/or across a series of sessions (for example, high quality photograph taken during videoconferencing session is sent to a colleague with content interest and expertise for review after the session, with management plan provided at a later time-point). These format combinations may be used for a variety of reasons, such as: a) to optimise decision making in the presence of unreliable infrastructure/connectivity (Keck & Doarn, 2014); b) to prepare for synchronous telepractice sessions; c) education/monitoring of individuals receiving speech pathology services; and d) to seek other provider opinions.

Integrated and flexible services utilising a combination of in-person and telepractice sessions across an episode of care may enhance the capacity to offer culturally responsive, person-centered care which meets individual/family/community preferences and circumstances, addresses constraints within the practice context, and optimises the delivery of speech pathology services.

Standard care

Telepractice services are commonly offered as an alternative to standard in-person care. In this context, standard care refers to the existing model of care being provided for the delivery of a speech pathology service.

1. Origins of the Document

The idea of using information and communication technology to enhance speech pathology practice is not new. Research focused on telepractice has been conducted since the 1970s. However, the rapid growth of inexpensive yet sophisticated technology, coupled with expanding access to communication networks, has led to widespread professional interest in this service delivery model.

Given Australia's geographically dispersed population, the consequent inequity of access to services, as well as the increasing demand for speech pathology services (Commonwealth of Australia, 2014; Dew et al., 2013; McGill et al., 2020), Speech Pathology Australia (SPA) developed its initial position statement on telepractice in 2014. Since then, changes to the provision of speech pathology services, such as the move towards person- and family-centered care facilitating greater choice for the service user regarding the model of care used, the frequency and intensity of intervention, the need to engage multiple stakeholders at different sites to optimise care, and to enable access to care for people within their own communities, have prompted growth in the use of telepractice in speech pathology. The worldwide COVID-19 pandemic intensified the need to use telepractice across speech pathology areas of practice as a means of providing safe, accessible, and reliable care during periods of restricted in-person service delivery.

This position statement has been produced to assist speech pathologists considering implementing telepractice in the Australian context. It may support lobbying for the establishment of telepractice models to meet increasing demand for speech pathology services.

This position statement has been informed by current best available external evidence on the use of telepractice and existing local and national position statements and guidelines (including American Speech-Language-Hearing Association [ASHA], n.d; Royal College of Speech-Language Therapists, [RCSLT], 2021; Speech-Language & Audiology Canada [SAC], 2006; Speech and Language Therapist Singapore, 2020). It has been informed by the SPA *Code of ethics* (2020a) and *Professional standards for speech pathologists in Australia* (2020b), and professional community consultation and consensus opinion.

Detailed summaries of the current evidence for the delivery of speech pathology services via telepractice across practice areas are available in the SPA *Telepractice in speech pathology services – Principles of practice* (2022a). Information regarding the delivery of speech pathology services via telepractice internationally can also be accessed in the SPA *Position statement: International telepractice* (in prep.).

As with standard services, members of SPA who use telepractice are bound by the SPA:

- *Code of ethics (2020a)*
- *Professional standards for speech pathologists in Australia (the Professional Standards) (2020b)*
- *Evidence-based practice for speech pathology in Australia (2021)*
- *Speech pathology scope of practice in Australia (2022b).*

2. The Position of Speech Pathology Australia

2.1 Speech Pathology Australia supports the use of telepractice as a service delivery model where telepractice is based on current best evidence and where outcomes are at least equivalent to standard speech pathology care.

Speech Pathology Australia affirms that the use of telepractice is within the scope of speech pathology practice (SPA, 2022b). The use of telepractice by speech pathologists should be informed by the integration of information across the four key sources of evidence: a) the best available research evidence; b) person/family values and circumstances; c) professional expertise/experience; d) information from the practice context (SPA, 2021).

If seeking to provide telepractice services in areas of practice where there is little existing external evidence, telepractice models should be developed and implemented utilising an approach that follows evidence-based practice processes incorporating authentic community consultation and engagement, concept development, pilot testing, implementation, knowledge translation and evaluation of the new service against standard services. Established telepractice services, as with standard services, should undergo regular review to determine if outcomes are being met and maintained.

Telepractice services should be offered with at least the same level of access to and frequency of intervention as standard services, such that the telepractice service is at least equivalent to current speech pathology services which meet the needs of individuals and families.

The use of telepractice should be guided by organisational policies and procedures, and approval should be obtained prior to implementing a telepractice service.

2.2 The appropriateness of delivering speech pathology services using telepractice must be made on a case-by-case basis considering the individual, their context and technical factors. Speech pathologists must obtain informed consent to provide services via telepractice.

Telepractice services established in Aboriginal and Torres Strait Islander contexts must be developed in consultation with Aboriginal and Torres Start Islander Peoples and communities. Community protocols must be followed to ensure culturally responsive and safe consultation, collaboration and service development.

To optimise participation and physical safety, and to support culturally responsiveness services, speech pathologists must consider the needs and preferences of service users (individuals and communities) when planning telepractice services. This includes consideration of an individual's values, culture, preferences, circumstances, capacity and resources to determine if specific tasks or activities can be modified and delivered safely and effectively via telepractice. Eligibility and selection for telepractice services should be as for standard speech pathology services - consideration of an individual's physical, cultural, linguistic and sensory (vision/hearing) status, their preferences and values, their mood and cognition (including their attention and concentration), and the presence and severity of their communication needs.

Technical availability, functional capacity and safety to perform the speech pathology task should also be evaluated, together with the physical environment in which the sessions are being conducted. This includes the availability of suitably trained staff/carers/others (if required) to support an individual during telepractice sessions, community cultural protocols, and any safety protocols that may be relevant for the individual and community. Speech pathology services provided across an individual's episode of care may involve a combination of telepractice and in-person sessions in order to meet service requirements and an individual's and/or family and community's needs and preferences.

Prior to engaging in a telepractice service, informed consent should be obtained from individuals receiving services and their family/carers/others (if present and as required), and speech pathology/other staff delivering the service. This should include disclosure regarding the benefits and

limitations of the telepractice service, costs of accessing the service, technical equipment required, and any alternatives to telepractice models of care, in line with evidence-based, culturally responsive practice.

2.3 Speech pathologists must ensure they have the necessary knowledge and skills to deliver competent, culturally responsive, evidence-based speech pathology services via telepractice. This includes knowledge of the telepractice model of care being utilised, the cultural context into which the services are being delivered, and the operation of the telepractice equipment.

Speech pathologists should be appropriately skilled to deliver telepractice services. This includes use of telepractice equipment and troubleshooting technical issues, and conducting the speech pathology service using the chosen telepractice model of care.

Speech pathologists must be able to engage the service user, their family and community and others involved in the telepractice session (as relevant), direct speech pathology tasks effectively and efficiently, and maintain the physical and cultural safety of staff and service users.

Telepractice knowledge and skills should be regularly reviewed, maintained, and updated to meet advancements in technology and telepractice models of care. Training of telepractice staff is the responsibility of the service provider and must be maintained in accordance with speech pathology service and operational standards.

2.4 Organisations providing telepractice services must have access to technical assistance and support such that equipment is selected, configured, maintained, and upgraded to meet the necessary speech pathology service requirements.

A detailed understanding is required of the telepractice service environment (incorporating facility and service user sessions) and the telepractice systems (that is, hardware devices vs software vs cloud-based programs). This includes audio-visual capability, peripheral devices, interoperability between the prospective systems and network quality. The physical environment in which the service is delivered should be safe, confidential, and modified (for example, lighting, background noise) to optimise the telepractice session. Adherence to relevant policies and regulations regarding technology and technical safety are essential. Compliance with Australian privacy legislation must be met to ensure the confidentiality of service users when utilising the chosen technological platform/network (for example, videoconferencing via secure networks). Appropriate workplace documentation (that is, practice records) and procedures (for example, infection control) should also be followed.

2.5 Organisations engaging in telepractice have a responsibility to ensure that individuals accessing telepractice and their carer/support staff are enabled and engaged in the delivery of the speech pathology service via telepractice.

Organisations providing telepractice services have a responsibility to ensure that individuals using telepractice and any others involved in the sessions have access to the necessary equipment, resources, and a safe and confidential space in which to fully engage in the telepractice session. Before delivering services, the organisation should provide training to service users and significant others/support staff on the telepractice system and session tasks (as needed). This training should be reviewed, maintained, and updated to meet advancements in technology and telepractice models of care. Any training required for the individual and their support staff/carer is the responsibility of the service provider and must be maintained in accordance with clinical and operational standards.

2.6 Opportunities to provide feedback must be available to all consumers and service providers engaged in a telepractice service, with avenues for reporting to the governing service provider.

Consumer and provider engagement is imperative to support service acceptance and to overcome barriers for telepractice service implementation and sustainability. Processes should be developed to

enable both consumers and service providers to give feedback regarding the telepractice service during its development, implementation, and review. Consumer feedback should also be utilised for sustaining, improving, and expanding telepractice services.

2.7 Speech Pathology Australia supports educational opportunities, including professional development programs, to stimulate and facilitate the development of telepractice knowledge and skills to progress the application of telepractice in speech pathology.

The uptake and sustainability of telepractice as a model of service delivery requires that educational programs and professional development courses include evidence-based theoretical and practical training of telepractice in their curriculum. Ideally these educational programs and professional development courses should enable students and practitioners to develop knowledge and skills in telepractice services. Education and training may include use of telepractice technology, translation of in-person speech pathology services to a telepractice model, and processes for establishing, implementing, and evaluating telepractice services.

2.8 Organisations should use implementation frameworks and guides to develop telepractice services that consider service, culture, context, economic and consumer factors and outcomes. These can be subsequently used to evaluate the service and inform its expansion and sustainability.

A range of frameworks and guides exist which can inform the development, implementation, and evaluation of culturally responsive telepractice services. Infrastructure and operational costs (for example, human, capital, and technological resources) alongside reimbursement models should be considered when establishing and informing the sustainability of a telepractice service. Identifying the costs and benefits of a service is essential to uptake, adoption, and sustainability; however, the building of relationships with individuals, families and communities is also vital to sustainability. It is important to evaluate telepractice services considering a range of perspectives and outcomes including service benefits, level of benefit experienced by service users, consumer engagement and financial costs for both the service provider and consumer. Collection of equivalent data across both telepractice and standard models of care should be considered to enable comparison of outcomes between service models.

2.9 Speech Pathology Australia advocates for permanent reimbursement and funding models to support the uptake and sustainability of telepractice services.

In response to COVID-19, reimbursement models for telepractice delivered by speech pathologists within Australia have expanded. Whilst this assists in alleviating some of the barriers to the uptake of telepractice in public and private speech pathology services, further work is needed in this area. Published research has confirmed that in certain circumstances, speech pathology telepractice models can provide cost benefits over standard in-person services (Burns et al., 2019; Raatz et al., 2021a; Wall et al., 2019). These research findings coupled with the growing demand for telepractice services supported by positive consumer feedback (Burns et al., 2019, Raatz et al., 2021b; Wall et al., 2020), prompt the need for ongoing advocacy for permanent reimbursement models for the full range of speech pathology telepractice services (such as individual and group sessions etc.) within Australia.

2.10 Speech Pathology Australia acknowledges the need for continued high quality research into the application of telepractice within speech pathology practice to expand the evidence-base for this service delivery model.

The evidence base for telepractice delivery of speech pathology services continues to grow and develop; however, there is currently a paucity of research reporting the delivery of speech pathology telepractice services to Aboriginal and Torres Strait Islander Peoples and communities. Research led by Aboriginal and Torres Strait Islander communities is required to support understanding of how

culturally safe and responsive telepractice speech pathology services may be designed, implemented, and sustained to meet individual, family, and community needs.

High quality research supported by ongoing funding is also required so that effective telepractice models can be developed and safely implemented into speech pathology services across Australia. SPA's *Telepractice in speech pathology services – Principles of practice* (2022a) provides best practice guidelines and a summary of the current best evidence for the delivery of speech pathology services via telepractice.

3. Summary

Speech Pathology Australia affirms that the use of telepractice is within the scope of speech pathology practice. Speech Pathology Australia recognises that telepractice may address some of the issues of inequity of access to speech pathology services in Australia and that demand for this service delivery model is growing. However, it is critical that the outcomes from speech pathology services using telepractice are at least comparable to standard services and the cultural needs and preferences of individuals and communities are met.

Speech Pathology Australia acknowledges that the evidence-base for telepractice is rapidly evolving and as technology and communication infrastructure becomes more sophisticated and accessible, and speech pathologists gather practice-based evidence, the evidence-base is anticipated to grow. Critical to service adoption and sustainability is the establishment of funding and reimbursement models, for which ongoing advocacy will be required.

Speech pathologists intending to use telepractice must ensure they have the necessary skills and training to provide tailored services within evidence-based practice, ethical and culturally responsive frameworks. Education and professional development programs are paramount to ensuring the speech pathology workforce is equipped with the knowledge and skills to deliver high quality telepractice services.

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