



How to Establish a Speech- Language Pathology Teletherapy Program

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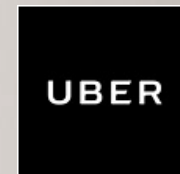
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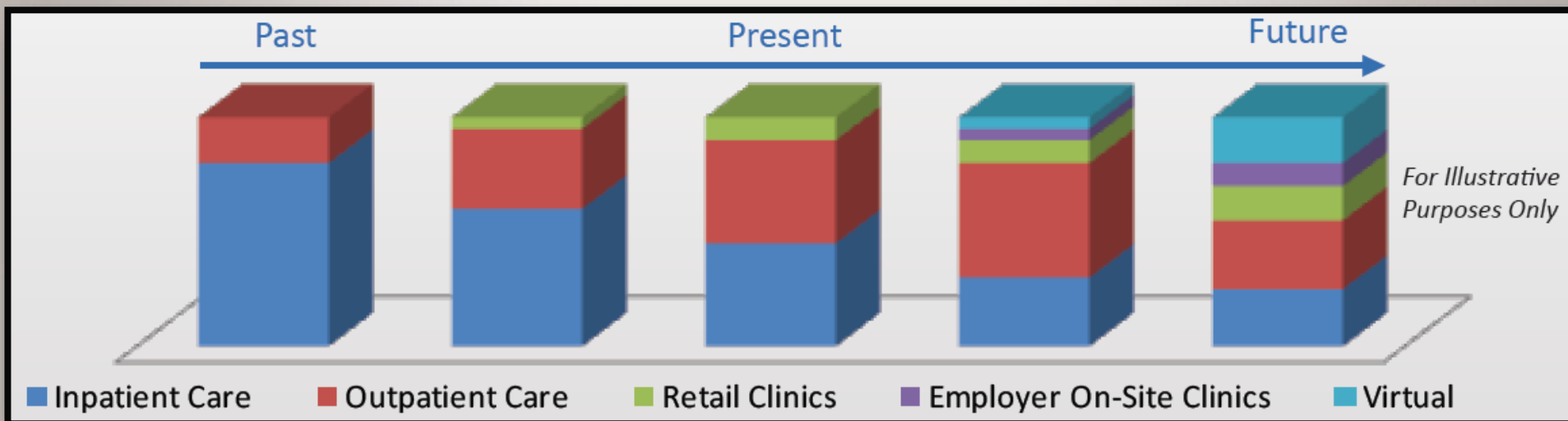
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Disruption is Inevitable

+ Virtual technology has disrupted other industries



+ Virtual care will play an increasingly meaningful role in healthcare



Disruptive Innovation

- **68%** of Americans own a smartphone
 - **90%** of the world's population own smartphone by 2020
- **77%** of consumers start their search for health care services online
 - **64%** of patients are willing to see a doctor via video
- Virtual healthcare market is expected to reach
 - visits of more than **105 million** by **2022**
 - revenues of more than **\$3.5 billion** by **2022**



ASHA Guidelines

- Telepractice: application of telecommunications technology to deliver SLP or audiology services at a distance
- Links client to clinician
- Purpose: assessment, intervention or consultation

ASHA

- Prefers telepractice to telemedicine or telehealth for our profession
- Avoids assumption that all therapy is provided in a health care setting
- Telepractice may include a school setting

Current State

- Speech-language therapy is typically offered over a series of sessions in a provider's clinical office posing many challenges:
 - Transportation issues
 - Time involved traveling to and from a clinic location
 - Practicing speech language skills in a clinical, rather than practical/natural environment
- The Speech Language Pathology program partnered with Virtual Care to:
 - Implement technology to allow for real-time audio/video visits
 - Attain approval for telemedicine coverage from high-volume payers

Rationale for Starting the Program

- Mobility and transportation
- PD, other neurological conditions,
- Time involved in traveling to and from a clinic
- practicing speech language skills in the patient's familiar environment instead of a clinical environment

BENEFITS

- No traffic
- Treated in the comfort of their home
- Ability to practice functional treatment techniques with family members as part of the session
- Therapy in rural areas

BENEFITS

- Summer vacationers to Northern MI
- School age kids-have therapy then go to after school activities. Traffic usually worse during after school hours.
- Supplemental therapy-child may not get all the attention needed in a school program. May lead to earlier d/c from tx.

BENEFITS

- Dysphagia work at home post hospital d/c with caregivers to prevent pneumonia and hospital re-admissions.
- Graduate SLP programs offering classes on telepractice
- Comparable outcomes to in-clinic sessions

Telepractice - Implementation

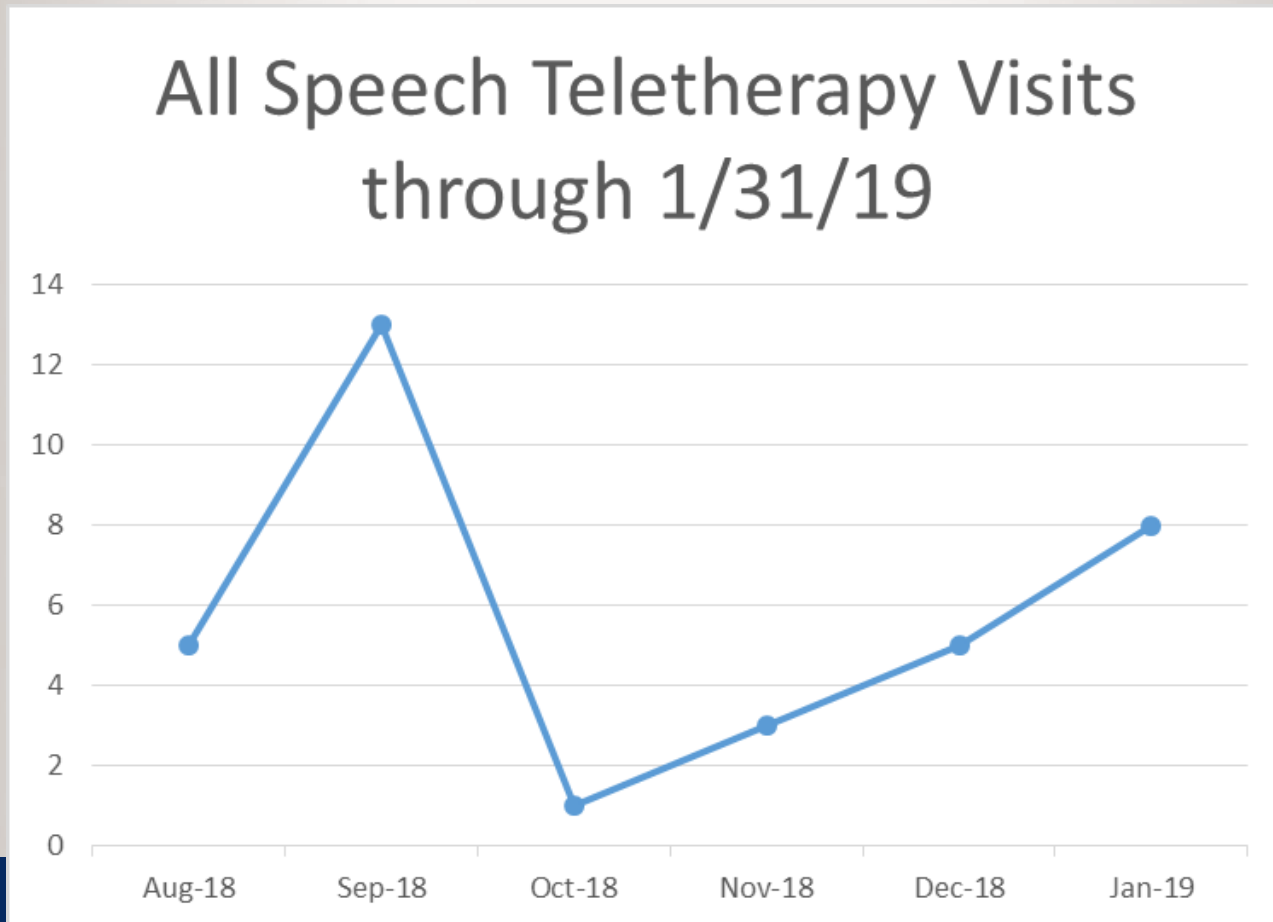
- Delivered telepractice virtual care via MyChart (patient end) video visit through Epic (provider end) in addition to, or instead of, in-person therapy sessions
- Equipped providers with laptops and/or computers with standard telemedicine equipment and required software to facilitate quality, secure, real-time audio/video connections with patients/caregivers
- Educated patients on MyChart Mobile App for access to video visits
- Educated staff on scheduling video visits for patients
- Trained Speech-Language Pathologists (SLPs) at 9 locations to deliver care via telemedicine as well as use/troubleshoot technology
- Educated referring physicians in department of Neurology regarding MyChart Video Visit options for patients

Telepractice - Implementation

- Through the teletherapy program, patients showed marked improvement and demonstrated progress in communication skills from session to session, as documented by provider, which they would have otherwise been unable to achieve
- Adjustments to the program and communication to patients have been made based on both patient/caregiver feedback as well as the lessons learned from the providers
- Monthly review of revenue reports have shown issues which are currently in process of being investigated – payer contract clarity and billing alignment/accuracy from Epic need to be ensured to limit negative patient impact

Telepractice - Outcomes

- As of January 31, 2019 there have been 36 completed teletherapy sessions with 6 unique patients conducted by 4 SLPs



Telepractice - Outcomes

- One patient with Parkinson disease who was unable to travel to a clinical location, was able to complete teletherapy:
 - Completed a research-proven voice therapy program designed specifically for Parkinson's disease
 - Improved voice with positive feedback from family and friends during social and travel situations



Video



Video



Video



Video



Role of Virtual Care Team

Strategy & Architecture

- System Strategic Plan
- Use Case Priorities
- Develop Operational Models

Support & Operations

- Project Management
- Regulatory & Payment Standards
- Vendor Management

Knowledge & Sharing

- Market Sensing
- Education & Training
- Analytics & Ongoing Process Improvement

Virtual Care Standardization

Documentation & Organization

- Structure/Support
- Project Implementation Work Plan
- Request Forms
- Procedure Guidelines

Technology & Build

- Turn-Key Virtual Care Equipment Kit
- EMR Scheduling & Billing Components/Criteria
- System Vendor Review Process

Implementation

- Training/Support Documents & Services
- Virtual Care Metrics

Virtual Care Equipment Kit

Distant Provider Site:

- Computer (desktop preferred) with monitor
- Second 23" high definition monitor
- Speaker bar
- Logitech web camera
- Epic Warp Drive

COST: \$300 (kit) - \$900 (kit with computer)

Patient (MyChart Video):

- Active MyChart account
- Mobile device or computer/laptop with web camera
- HFHS MyChart Mobile App on mobile device or MyChart Website
- Network Connectivity: Wi-Fi or Cellular



Reimbursement & Payer Partnership

- Targeted and approached “pro-telehealth” payers with telepractice proposal
- Proposal included expansion of:
 - Rational/benefits of telepractice
 - Distant Provider - SLP
 - Originating Site - home
 - CPT Codes -
 - Evaluation (non-timed codes): 92521, 92522, 92523, 92524, 92610
 - Treatment (non-timed codes): 92507, 92526
 - Timed codes: 96105, 96125, 97127
 - Modifier and Place of Service (POS) requirements
- Continued payer advocacy (i.e. CMS)

Reimbursement & Payer Partnership

- Articulates the benefit (to patient and payer) for service, including care plan adherence, utilization, and lower cost of care impact
- Follow up to ensure Payer claims routing would accept proposed codes
- Monitor claims and reimbursement post go live to address any issues (i.e. denials or transitioned to patient pay)
 - Virtual Care EMR work queue to ensure claims go our correctly
 - Monthly meetings with customer billing office to address and review and denials
 - Approach payer with claim issues for deep dive and assessment

Lessons Learned

- Telepractice provided a way for patients to access care they would have otherwise been unable to receive
- Provider's view of the patient environment was helpful in creating a therapy plan for patient
- Initial telepractice session with patient should focus on using the technology to ensure the patient is comfortable with the audio/video while participating in therapy
- Support and training of SLPs is important to the success of the project
 - People skills are essential for maintaining the provider-patient experience, even through use of technology
- Engage with hospital billing team to ensure correct billing and payment for telepractice services



Contact Information

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RESEARCH

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Dot Phrase in EPIC

This is a telemedicine note. Patient was treated using telemedicine, real time audio and video, according to HFHS protocols. I reviewed the expected telemedicine benefits such as convenient access to care and the risks, including the possibility that the transmission of medical information could be disrupted or distorted by technical issues and that the tele-examinations and care may not be as comprehensive as an in person examination or care. Henry Ford Health System has taken measures to establish a secure network and connection for telemedicine visits.

Patient was not on site at an HFHS clinic for this encounter. The visit was conducted from a location chosen by the patient. I have disclosed to the patient that he or she is responsible for the privacy and security of the data transmission and information exchange at their location during this encounter. The patient has agreed to assume the risk of an unauthorized disclosure or transmission related to the data transmission hardware and software.

