An Introduction to Telepractice in 2021

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Conflict of Interest Disclosure

Relevant financial relationships:

Dr. Ellen Cohn received a speaking fee from this and other conferences. She receives book royalties from Telerehabilitation (Springer UK) and Tele-AAC (Plural Press).

Relevant non-financial relationships:

Dr. Cohn is a member and past director of the American Telemedicine Association. She was the founder of the ASHA Special Interest Group # 18 on Telepractice. She is a committee member of MidAtlantic Teleheath Resource Center (MATRC) annual conference, and editor of the International Journal of Telerehabilitation.

Span of Content Disclaimer

This presentation represents the status of telepractice as perceived by the presenter as of April 20, 2021. The information provided is for informational and educational purposes only. Nothing in this presentation should be construed as legal advice. The telepractice environment is complicated and changeable. The ASHA website and state resources should be consulted for updates.







What is Telepractice?

The use of telecommunications to deliver speech therapy and audiology services 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.

Tele-Contexts (Client and/or Clinician)

Anywhere a mobile device can be used

- In-home
- Private practices
- Early intervention
- Schools
- Hospitals (acute and rehabilitation)
- Hospices
- Community clinics

- Universities
- Rehabilitation centers
- Military sites
- Correctional facilities
- Kiosks
- Pharmacies
- "Big box" stores
- Transportation (planes, ships, submarines, in orbit, celebrity tour buses, etc.)

And more...

Why did ASHA choose the term Telepractice?

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



The ASHA Definition Is Very Specific

Yes, It is 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."

No, It is 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.**"

What Do Other Professions Call Tele-?

- Telemedicine:
 - American Telemedicine Association [ATA]
 - Teledermatology; teleradiology; tele-ICU; tele-neurology; tele-psychiatry; telepediatrics; tele-primary care; tele-nursing; tele-dentistry; telerehabilitation
- Telehealth:
 - American Occupational Association/AOTA], sometimes ATA
- Telerehabilitation:
 - Physical Therapy, Occupational Therapy,
 & other rehab professions, sometimes
 ATA
- Teletherapy:
 - Special Education

Inconsistent Terminology is Problematic



- Perpetuates professional silos
- Awkward when advocating for reimbursement
 - Legislative language must be broadly inclusive
 - A prior misplaced "comma" caused havoc
- Whose terminology prevails in a multi-authored article or grant proposal?

Basic Tele-Conditions

- Asynchronous
 - "Store and forward" [e-mail, test results, recorded sessions, etc.]
- Synchronous
 - At the same time
- Hybrid: The term has two meanings
 - Combination of asynchronous and synchronous
 - 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, or
 - In the same room
- Term is being edited out



What If Telepractice Involves Another State?

If you know one state, you know one state.



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. (And, where either go on vacation)
- 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.

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?

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

A Concern Heightened by the Pandemic

- Live in one state, and generate money in another?
- Legal residence in one state, but work from another?

Stephanie Ruhle:

"With all the financial challenges of 2020, filing taxes may be even more daunting than usual — especially if you worked from home in a different state than your job or if you dealt with unemployment." 1/19/2021

Her advice: consult a CPA



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?

Potential VoIP Privacy Vulnerabilities

- Personal Information (PI): Who is listening? Will the company share it?
- Retention: How long is PI retained?
- Voicemail/Video: Archived? Transferred to 3rd party? Other countries?
- Encryption: Sufficient? Wiretap vulnerability? (Can an intruder act like a legitimate user?

Potential VoIP Privacy Vulnerabilities (continued)

- Anti-spyware and anti-virus protection?
- Audit system activity? What is the breach notification protocol?
- Personnel trained in confidentiality?
- **Equipment:** Stand alone workstations? Servers protected at rest?

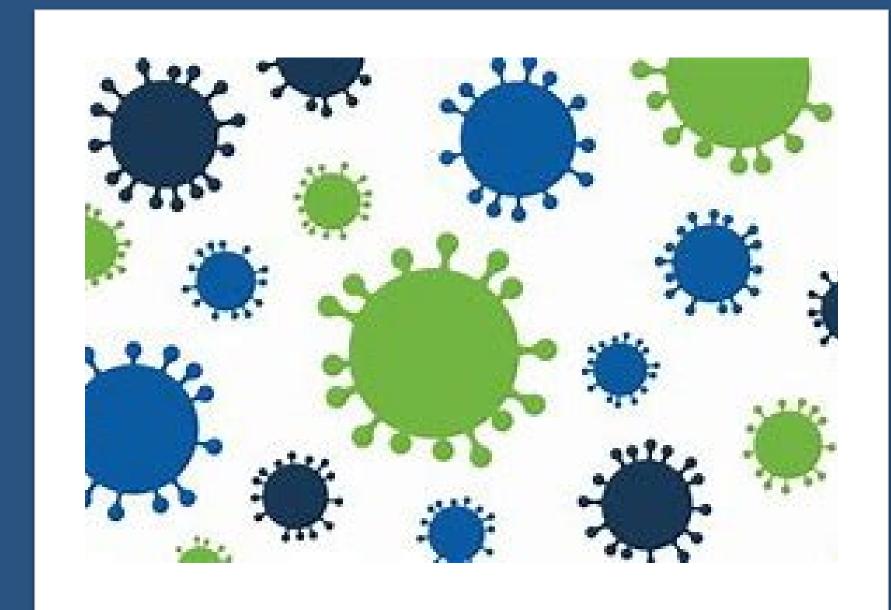
Privacy and Security Reference

- Valerie J.M. Watzlaf, Dilhari R. DeAlmeida, Leming Zhou, Linda M. Hartman
- Protocol for Systematic Review in Privacy and Security in Telehealth: Best Practices for Healthcare Professionals
- International Journal of Telerehabilitation, Vol 7, No 2, Fall 2015
- telerehab.pitt.edu
- Full Text Views: 2262



Business Associates Agreement: BAA

- HIPAA calls it: Business Associate Contract
- A written arrangement that specifies each party's responsibilities when it comes to Protected Health Information (PHI)
- The BAA must be in writing, whether in the form of a contract or other agreement between the covered entity and the business associate.
- Resource: https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html



The Novel
Coronavirus:
A Tipping
Point for
Telepractice



COVID19 Turned On the Telemedicine Spigot

Technology Evolves Faster Than...

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



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 now allows audiologists and SLPs to provide telehealth services to Medicare Part B (outpatient) beneficiaries, retroactive to March 1, 2020, and for the duration of the PHE (public health emergency)
 - Medicare has released additional guidance for telepractice services in institutional settings.
- 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 <u>Payment and Coverage of Telepractice</u>
 <u>Services</u> for detailed coding, Medicare, Medicaid, and commercial insurance information."

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

A Complicated Tele-Environment: With 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.

Telepractice Had an Altruistic Beginning







Saves time



Saves money (travel, childcare, lost wages)



Provides clinical expertise



Reaches rural settings (IF connectivity is available)



NEW: Avoids exposure to virus

Tele-ethics Concerns

- 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.



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
 - Report negative results

Many SLP Disorder Types Are 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

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:

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

^{*} In press, Hannah Douglass, International Journal of Telerehabilitation

0 Comprehensive Reference for Telepractice:

https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/#collapse 3

American Speech-Language Association Professional Issues Practice Portal -Telepractice