

Providing EHDI Services Through Telehealth: Not-So-Remote Possibilities in a Time of COVID and Budget Constraints

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Christy Scott
Dr. Beth Cole
Dr. Arlene Stredler-Brown



Early Intervention Colorado
for Infants, Toddlers & Families

Background

Year	Initiative
2015	State law passed, supporting insurance coverage of telepractice Colorado Medicaid funds telehealth (for selected disciplines; SLP included)
2016	Initial in-person telehealth training at 1 local Part C agency (20 agencies statewide)
2017	Telehealth Training Modules (4) launched (on-line, DIY); Telehealth Facebook page established by a Colorado provider for supporting other telehealth providers
2018	75 providers completed training, only 5 were billing for a telehealth visit

Background (cont.)

Year	Initiative
2019	<p>271 providers completed training, 37 were billing for a telehealth visit.</p> <p>Results from a survey of families, providers, service coordinators and Administrators was published</p>
2020	<p>From March 2017 - March 2020, 539 providers had completed the telehealth training. Beginning in March 2020 all EI services were delivered through telehealth, necessitating the need for all EI providers to take telehealth training and begin having exclusive telehealth visits.</p>

Data Supporting Uptake

Year	# of Providers Trained	# of Providers Billing for Sessions
February 2017	Training modules launched	
March 2018	75 (4% of providers)	5 (<1%)
March 2019	271 (16% of providers)	37 (2%)
March 1, 2020	539 (32% of providers)	122 (7%)
June 30, 2020	100% of providers	95%

2018 Survey: Telehealth or In person?

Positive Perceptions

- Most respondents support the use of telepractice to address:
 - Provider shortages
 - Inclement weather
 - Illness (provider or child)
 - Travel burden
- Respondents like the *flexibility* telepractice offers to join a family during daily routines
- More family engagement

Negative Perceptions

- Attitudes:
 - Telepractice is not family-friendly
 - It is impersonal
 - It is not as good as in-person visits
- Access to bandwidth

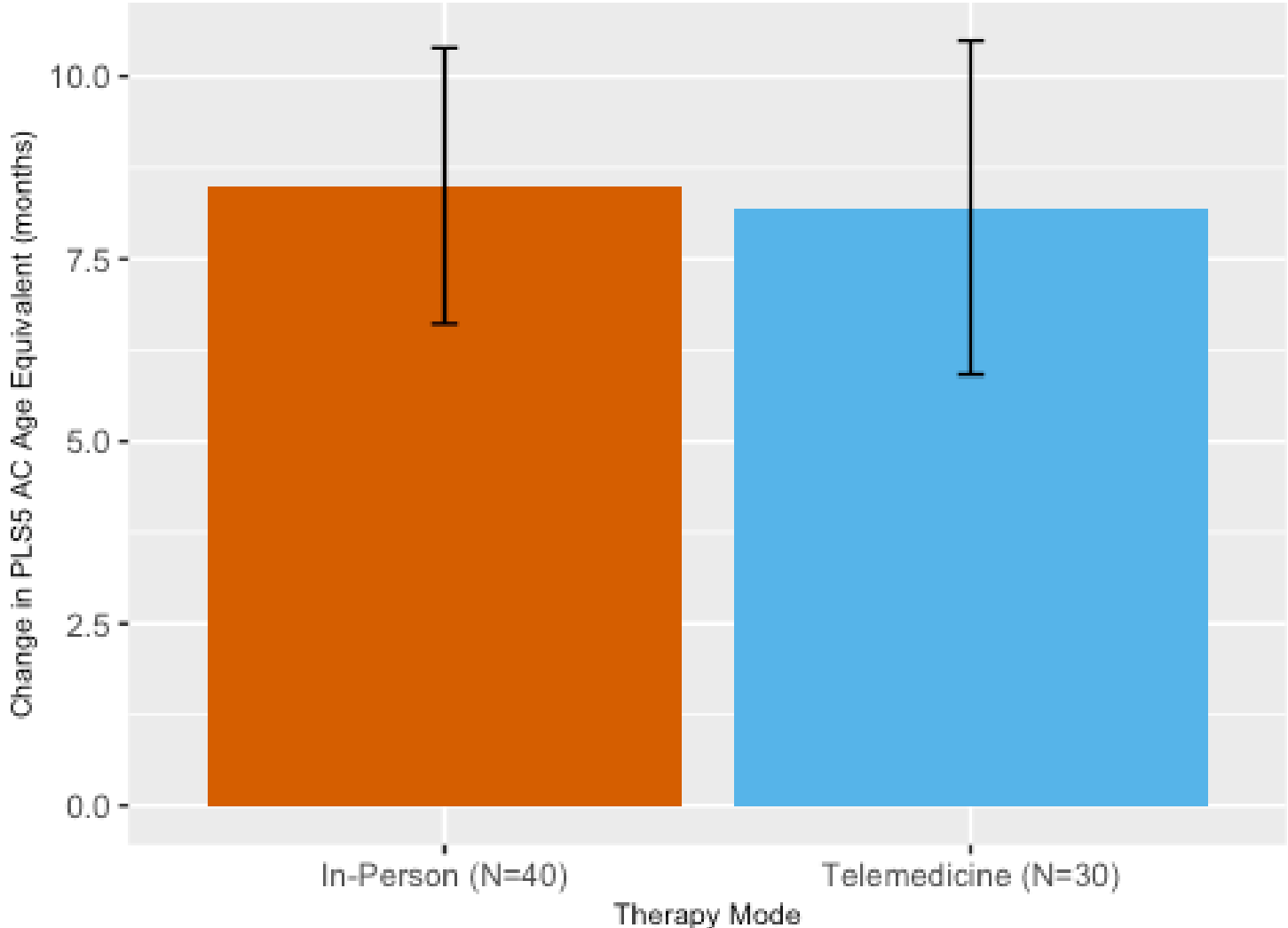
(Cole, Pickard & Stredler-Brown, 2019)

Non-inferiority of Telehealth

- Comparative studies demonstrate that telehealth resulted in outcomes that were no different, or significantly better, than in-person outcomes
 - Behl et al. (2017)
 - Blaiser, Behl, Callow-Heusser, & White (2013)
 - P.M. Brown & Remine (2008)
 - Havenga, Swanepoel, le Roux, & Schmid (2017)
 - Stredler-Brown (2017)
- TACIT Study (in preparation)

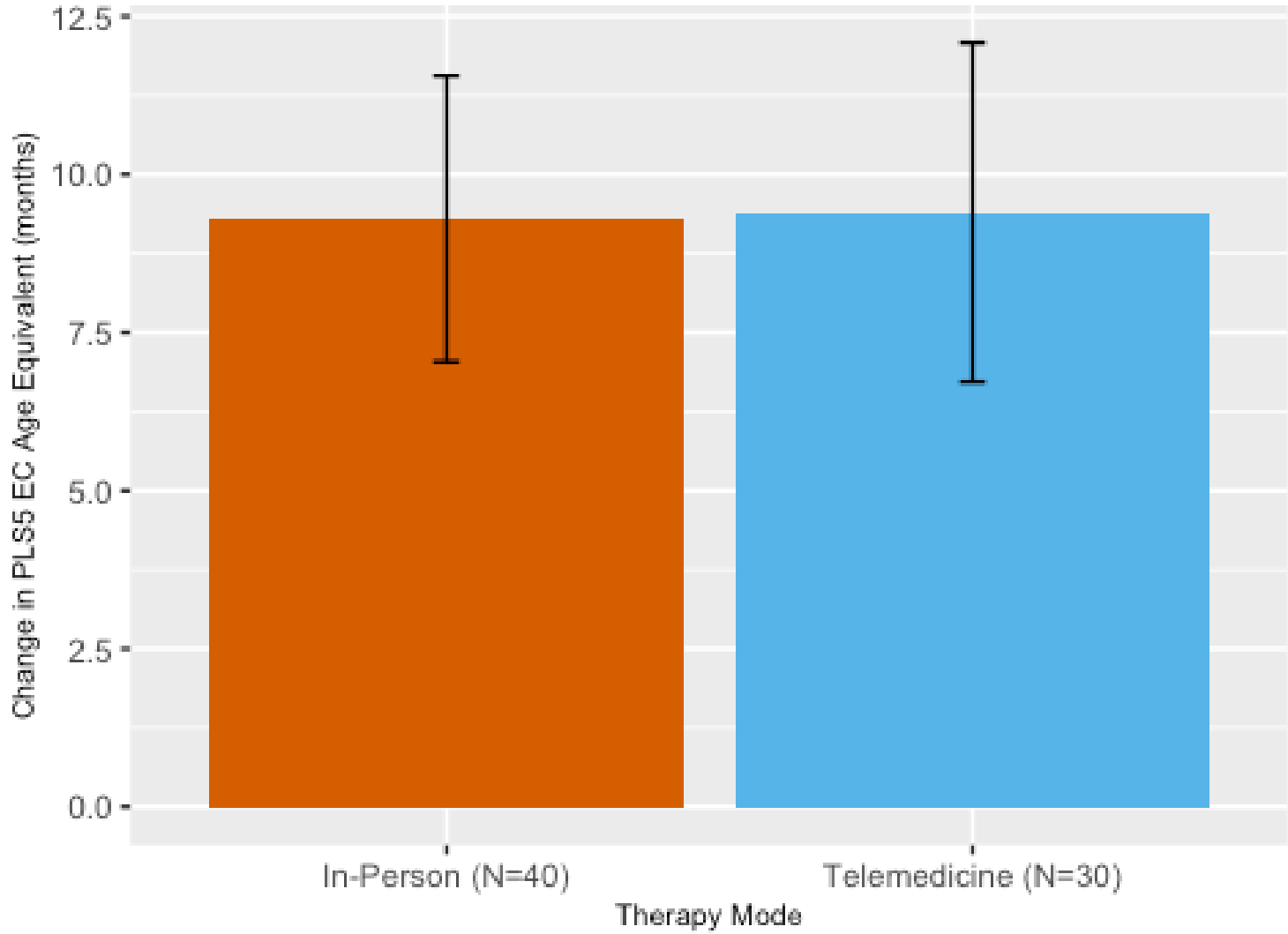
LANGUAGE DEVELOPMENT AFTER 6 MONTHS OF THERAPY (TACIT, 2020)

Change in PLS5 Auditory Comprehension (AC) Score During Therapy
(with 95% CIs)



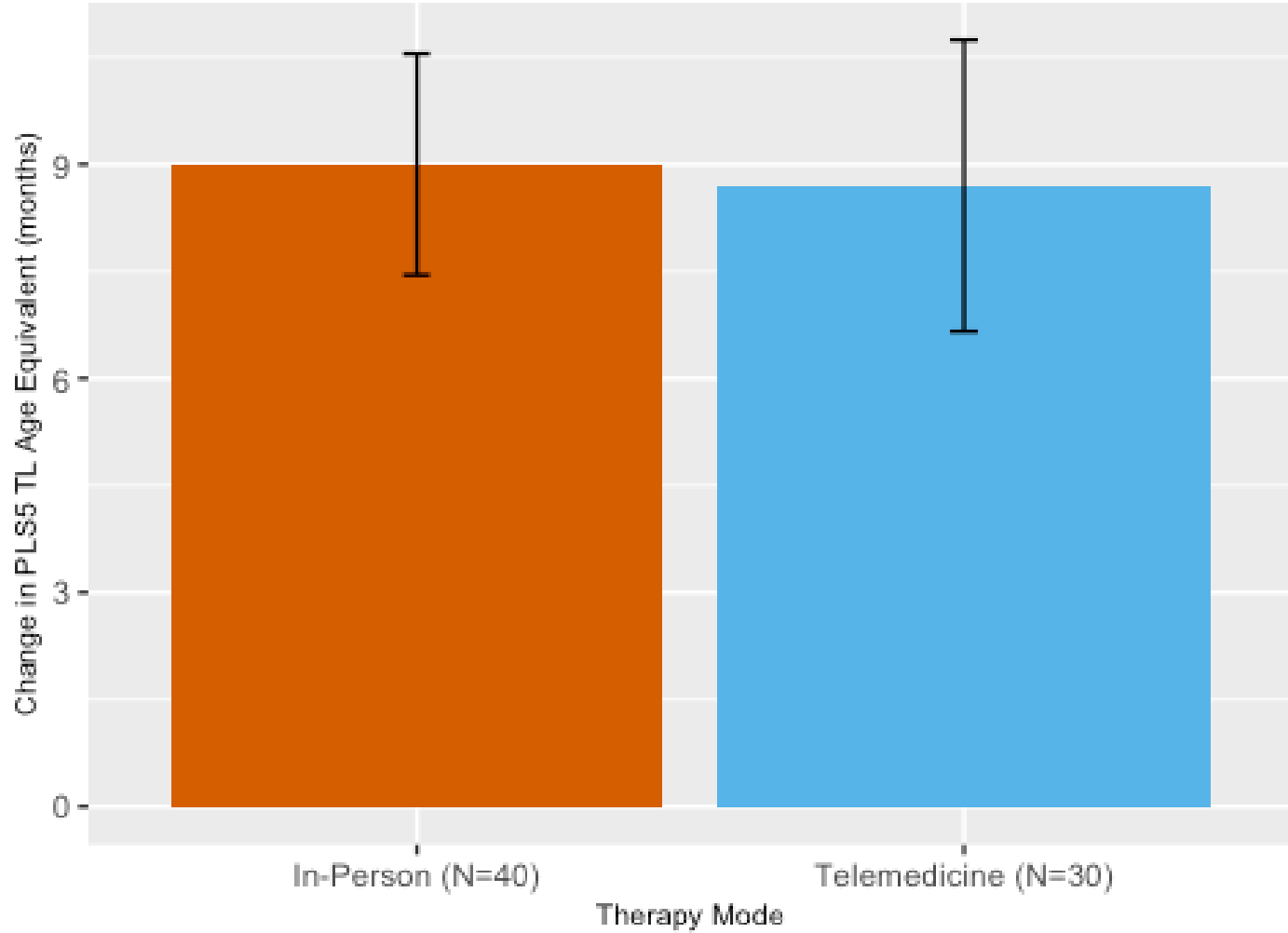
LANGUAGE DEVELOPMENT AFTER 6 MONTHS OF THERAPY (TACIT, 2020)

Change in PLS5 Expressive Communication (EC) Score During Therapy (with 95% CIs)



LANGUAGE DEVELOPMENT AFTER 6 MONTHS OF THERAPY (TACIT, 2020)

Change in PLS5 Total Language (TL) Score During Therapy
(with 95% CIs)



Responding to COVID

Colorado Was Ready.....

- Colorado providers were aware of telehealth as an option
- Training and support was in place (4 modules, FB Page)
- Access to technology was studied and addressed
 - Provide tablets to families
 - Provide internet access to families
- Utilization of telehealth, and lack thereof, was well documented

Supporting Providers

- Providers on Facebook offer resources: posting videos about setting up the telehealth workspace, use of technology
- Providers have opportunities to participate in 4 discipline-specific meetings supporting telehealth sessions
 - Had meetings for the most heavily utilized disciplines (OT, PT, SLP, ECSE/DI/Specialty providers)

Mid-COVID Pandemic: A Survey

- June, 2020: Survey providers and families to ask about resuming in-person visits (on a limited basis) vs. continuing telehealth
- Excellent response
 - 803 providers
 - 1,280 families
- The survey said.....
 - ~50% would continue telehealth or a hybrid model
 - Technology usually worked with some exceptions
 - Families with school-age children at home were overwhelmed
 - Providers need more training to know how to coach families



“Family-centered early intervention (FCEI) is a process predicated on the belief that interventionists must recognize families’ strengths and skills, and capitalize on these strengths in order to support their ability to implement intervention strategies with their child.”

(Costa & Garmston, 2016)

Why is it so hard to learn to coach?

- FCEI includes coaching
 - Relational strategies (Dunst et al., 2002)
 - Participatory strategies (Dunst et al., 2002)
- Some providers think they are conducting FCEI when, in fact, they are not (Fleming et al., 2011)
 - Self-report - strengths and limitations (McCarthy, Leigh, & Arthur-Kelly, 2020a)
 - Observational studies
 - Increase in observation, provider report to parents (McCarthy, Leigh, & Arthur-Kelly, 2020b; Stredler-Brown, 2017)

About Observational Research

Is the use of telehealth unintentionally supporting FCEI practices?

- Who is the person actively engaged with the child?*
- If the provider is observing more, do parents engage more with their child (e.g., using participatory strategies)?*
- Will more parent practice lead to more frequent implementation of participatory strategies after a telehealth session?*

Observational Study about Telehealth and FCEI

- Telehealth: providers demonstrate more use of these FCEI practices (Stredler-Brown, 2017):
 - Observation
 - Feedback to parents about what parent does with their child
 - Feedback to parents about the child's behaviors
- Telehealth demonstrates more evidence of these FCEI strategies (McCarthy, in preparation):
 - More provider comment on parents' use of specific strategies
 - More caregiver decisions (e.g., which activity, which strategy)
- Roles of Provider and Parent/Caregiver (McCarthy, in preparation)
 - Telehealth: Majority of the interaction is the caregiver-child dyad.
 - In-Person: More frequent provider-child interaction

After COVID

Telehealth Supports Coaching

Motivated providers: *"I went from being more hands on to coaching now. I think even when things go back to in-person therapy, I will carry this experience with me into my approach to sessions. One thing that has been good is to take families through what I normally do in a session with examples they can use at home."*

Telehealth Supports Parents

Motivated parents: *“Our son was born with bilateral hearing loss and turned one in November 2019. When we started speech therapy, we had a few in-person sessions. But then the pandemic hit and we knew that it was important our son still receive his weekly speech therapy. So we moved forward with telehealth. While we do miss seeing our son’s therapist in person, we are beyond thankful for technology! We meet via Zoom and our Speech Language Pathologist facilitates our sessions with a parent coaching model. She guides us with many strategies we use during our sessions and throughout our normal days. This approach has overall been successful for our family We are extremely thankful to have such a wonderful Speech Language Pathologist. She continues to encourage, support and guide us through this journey of having a baby with hearing loss - even if it’s through a computer!”*



Lessons Learned & Next Steps - El Colorado

- **Provider training:**
 - Ongoing support
 - Mentoring/ Reflective supervision
 - Team work
 - Coaching!
- **Messaging:** to support understanding of method
- **Platforms:** Provide guidelines, not specific recommendations
- **Query all stakeholders:** Continue to obtain feedback to understand what support is needed for success
- **Prepare:** Telehealth will continue to be a method of service delivery

And for Other States We Suggest...

- **Fill in system gaps:**
 - Stakeholder buy-in
 - Research supporting telehealth
 - Platforms
 - Technical assistance
- **Provider training: initial training and ongoing professional development**
 - Conducting a virtual visit
 - Coaching
 - And remember ongoing support: Mentoring, reflective supervision, team work
- **Messaging:** to support interest in telehealth
- **Prepare for the future:** Telehealth is likely here to stay

Questions?

Christy Scott, Director
EI Colorado
christy.scott@state.co.us

Beth Cole, Provider Relations Manager
EI Colorado
beth.cole@state.co.us

Arlene Stredler-Brown, PhD, CCC-SLP
EHDI Director
astredlerbrown@coehdi.org

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Thank You!



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