Implementing Telepractice in Schools: The Lessons We Have Learned

MARIE C. IRELAND, M.ED, CCC-SLP
VIRGINIA DEPARTMENT OF EDUCATION

CAROL C. DUDDING, PH.D.
JAMES MADISON UNIVERSITY

JANICE A. BRANNON, M.A.,
AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

What’s in a name?

Telehealth
Telespeech
Telemedicine
E-care
Telepractice
Telerehab
mHealth

Definition of Telepractice

- "The application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." (ASHA, 2004)

- "Range of services provided through telecommunications... including clinical services for communication enhancement, and education and supervision." (ASHA, 2005)
Why Use Telepractice?

- Solves Transportation Dilemmas
  - Students
  - Professional Service Providers

- Provides Access to Care
  - Un-served and Under-served students
  - Access to Specialists
  - Tool for Professional Personnel in Shortage Areas

- Saves Money Over Time

Applications for SLPs

- ASHA’s position is that “telepractice is an appropriate model of service delivery for the professions of speech-language pathology [and audiology].”

- Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility.”

- Telepractice offers “the potential to extend clinical services to remote, rural, and underserved populations, and to culturally and linguistically diverse populations.”

Levels of Videoconferencing

- Desktop/Personal Videoconferencing
- Small meeting room/ mid-level
- Telepresence
Desktop/Personal Videoconferencing

- Webcam
- Minimal equipment costs
- Low bandwidth requirements
- Readily available, free web applications (Microsoft Netmeeting, SKYPE, iGoogle)
- Limited control of video and audio quality
- Avoid “talking head”
- No ability to control far camera view

Small Meeting Room/ Mid-level

- Dedicated digital videoconferencing equipment
- Moderate equipment costs
- Technical knowledge of firewall and internet technologies
- Higher bandwidth requirements
- Control of video and audio quality
- Control of far camera view

Telepresence

- Immersive
- High end technologies
- Advanced collaboration tools
- Network management services
- High cost $300,00 +
Virginia’s Pilot Program

- Funded by Virginia Department of Education
- Collaborative effort with JMU designed to:
  - Demonstrate telepractice in schools
  - Serve as a model for collaboration
  - Provide experience for graduate students
  - Yield recommendations for future use

Preparation

- Designed using best practices
  - public school service delivery
  - telepractice
- Sought licensing board approval/suppor
- Collaborated to
  - identify pilot site
  - establish timelines
  - determine service delivery model

Virginia’s Pilot Model

- Served children diagnosed with articulation and language and fluency disorders; group and individual sessions
- Provided services using a graduate clinician under direction of clinical supervisor
- Telepractice services supplemented onsite therapy
- Loaned equipment to site for duration of pilot
- Required a classroom aide to accompany students and assist with management of session
Equipment

- Two way interactive, high definition videoconferencing equipment
- Flat screen tv/monitor
- Fax/copier/printer
- Therapy materials
- Document camera

Video Demonstration

Lessons Learned

- Caseload selection
- Coordination of resources
- Start up investment
- Ways to enhance interactivity
- Importance of local personnel
- Value of meeting with family and administrators
Virginia’s Next Steps...

- Establish a second site
- Expand the number of students served
- Document outcomes for
  - School age students
  - Graduate students in training
- Exploring financial sustainability of model

Virginia’s Regulatory Considerations

- State Licensure Requirements
  - Virginia has a dual license system
    - Department of Education (VDOE)
    - Department of Health Professions (DHP)
  - VDOE permits telepractice
  - Presentation to DHP to make them aware of the pilot

Regulatory Considerations

- Medicaid Reimbursement Regulations
  - Telepractice is permitted at federal level
  - Working with Department of Medical Assistance Services to determine if schools can ‘bill’ Medicaid for telepractice
A National View

CMS: Medicaid Definition of Telehealth
- "The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance"
- CMS has not defined type, amount, duration, scope of services or payment rate
- Must meet federal requirements of efficiency, economy and quality of care

Doing More with Less

"Re-allocating Professional Resources Without Re-locating Those Resources"
-Jeanne Juenger, CCC-SLP

Hand in Hand: Licensing & Reimbursement
Federal Requirements

- SLPs as Qualified Providers
  - provided by or under the direction of a speech pathologist...that has a Certificate of Clinical Competence from ASHA or equivalent education and work experience...
  - Majority of states recognize those completing a clinical fellowship to be qualified providers
  - All providers must serve within their scope of practice

State Licensing Requirements

- School SLPs as Qualified Providers
  - 12 States require a state professional license regardless of practice setting
  - Approximately ½ the states have state dept. of education requirements to meet

State Licensure Laws

- Eleven (11) states have telepractice provisions in their statutes or regulations
  - Variations in language, coverage and permissibility
    - Within State
    - Across State Lines

- Omission
  - Majority of States
Interstate Practice Licensure Models
- Special Permits/Limited License
- Nurse Licensure Compact
- Expedited/Streamlined Endorsements

Payment Qualifications
- Qualified Provider
- Eligible Student
- Licensing Authority Approval
- Billing

Applicable Billing Language
- Medicaid Coverable Service
  - Section 1906 (a)
  - Distant/Hub Site – location of the provider
  - Originating/Spoke Site – location of the client/student
  - Facility Fee
- State Options
  - Technical Support, transmission charges, equipment
- Submit State Plan Amendment
Billing Codes

- States Decide
  - CPT (GT)
  - HCPCS (T1014/Q3014)
  - Reimbursement same as Face-to-Face

Third Party Payers

- Private Insurance
- State Education Grants/Pilot Projects
- Foundations
- Local Service Agencies

States with Schools Using Telepractice

- Arizona
- Oklahoma
- Ohio
- Minnesota
- North Carolina
- North Dakota
- Texas
- Virginia
- Washington
- West Virginia
Questions and Answers

Resources Page
- Add links and text from everyone to handouts
- American Telemedicine Association
  www.americantelemed.org
- Virginia Telehealth Network
  www.ehealthvirginia.org
- ASHA  www.asha.org/practice/telepractice/