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## ***Getting Started: Building a Successful Telepractice Program***

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### **Introduction**

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Creating and establishing a telepractice program in speech-language pathology is a way to provide speech-language pathology services to those who otherwise might not have access. Building a telepractice program that is successful requires a thoughtful approach, careful planning, and a commitment to ensuring its sustainability. Without such dedicated efforts, a program is likely to struggle and may ultimately fail. Although there is some overlap across the stages of developing and implementing a successful telepractice program, it is recommended that professionals seeking to establish telepractice services follow these basic steps: define, research, plan, promote, implement, and evaluate and adjust. This chapter provides an overview of this process.

## Define

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### **To Telepractice or Not to Telepractice: That Is the Question!**

The first question a practitioner must ask is, “Why telepractice?” Telepractice is a service delivery model—not an approach to therapy. The primary rationale for providing services via telepractice is to overcome geographic or mobility limitations *on the part of the client*, and the quality of telepractice services must be commensurate with those available when the client and clinician are in the same location. This service delivery model is most appropriate for those clients who may have difficulty accessing qualified personnel, difficulty accessing center-based services, and/or who prefer not to travel. Some patients who have access to center-based services may appreciate the convenience of receiving services in their home rather than travel even short distances. Rural school districts and health care facilities may have difficulty recruiting and retaining qualified personnel even if there is a sufficient client base to sustain center-based services. The telepractice service-delivery model also may be attractive to clients who want specialty consultation. For example, a school district may establish a telepractice program to allow specialized providers (e.g., bilingual speech-language pathologists) to deliver services throughout the district from one location. The practitioner needs to keep in mind that telepractice should not be used simply because it is more convenient for the practitioner. Although there may be less travel involved, telepractice requires not only the knowledge and skills practitioners already possess but additional knowledge and skills, many of which are described in this chapter.

There are a number of venues in which telepractice may be incorporated. Each will have its advantages and disadvantages for clients and clinicians, and each model will have different challenges to service delivery. The primary ways that telepractice have been used are center-to-center, practitioner home to remote center, center-based to client home, or practitioner home to client home.

There are numerous applications of this service delivery model that maintain the goal of increasing the clients’ access to quality

services. Telepractice may be used as the exclusive service delivery model, as an extension of a center-based model (e.g., to do a “virtual” home visit or to meet with a group of family members), as an adjunct to on-site speech-language services, for follow-up after an intensive or residential program (e.g., speech camp, rehabilitation services), or for a single session of specialty consultation.

A speech-language pathologist (SLP) should also consider the extent to which one may engage in telepractice. If a clinician wishes to add additional clients to an existing caseload through telepractice, it might be advantageous to consider the option of engaging with an established telepractice provider. These established providers who use the telepractice delivery model exclusively have already navigated many of the issues that will be discussed in this chapter, such as billing, licensing, technology, and insurance. They may have their own software platforms and resources, such as assessment materials, that will decrease the need for start-up funds. An established telepractice may also allow the clinician to be part of a practice community that provides support and problem solving. The clinician may be able to make a more informed decision as to whether this model provides the desired job satisfaction. Based on one of the authors’ experiences, clinicians accustomed to collaboration who also choose to engage exclusively in telepractice as sole practitioners or independent contractors may experience professional isolation, which may decrease the attractiveness of the model.

When planning to start telepractice either as an independent contractor or as part of an existing practice, it is of primary importance to determine who is to be served and what kind of services are to be offered. Will the program serve adults or children? Are there specific disorders that the organization is interested in addressing through telepractice? Some telepractice programs provide services to a broad spectrum of clients, such as children in the public schools. Others are more specialized, such as serving individuals with hearing loss or fluency disorders or those needing augmentative-alternative communication. Will services be provided to individuals, families, or groups? Although it is important to decide what population or populations will be served, such decisions are sometimes dictated by the population already served by one’s facility.

A clinician also needs to determine the potential benefits of telepractice to the practitioner or facility. Without a clear benefit, there would be no value in investing time and resources to develop a telepractice program. Telepractice may provide an additional revenue stream or reduce travel time for clinicians. Staff with physical disabilities or other health conditions might benefit from working from home or from one office. Will the implementation of telepractice allow graduate students access to a greater variety of clinical experiences? Services could be provided to incarcerated individuals in jails, prisons, and juvenile detention facilities without risk to the speech-language pathologist's physical safety. A clinician may also want to branch outside the state, or choose to deliver SLP services internationally. Ultimately, one must decide which benefits are relevant to one's practice and whether the benefits justify implementing a telepractice program.

One final area to define is that of potential barriers to a successful telepractice program. The barriers will vary somewhat according to the features of the service delivery model that have been described so far. However, it is imperative that one carefully ascertain any potential barriers. The likelihood of any unanticipated challenges can be minimized with careful planning. These challenges may be fiscal, technological, perceptual, or regulatory. Each of these will be addressed in more detail in subsequent chapters.

- Is there enough capital available, or can enough be generated to furnish and maintain the needed equipment and personnel?
- Is there an income source (e.g., third-party payer, school contract) to pay for one's services? Telepractice is not covered by Medicare and is only covered by Medicaid in 12 states at the time of this writing. Some third-party insurers reimburse for services delivered via telepractice. In those states where telepractice is not covered by third-party payers, the provider may be able to deliver services through a fee-for-service model as it would when providing in-person services (ASHA, 2010).
- Will there be adequate connectivity at the provider's and client's sites to allow for a strong and reliable signal?

- Is there stakeholder buy-in? A thriving telepractice program will have support from the SLPs, administration, information technology (IT) staff (sometimes referred to as information systems [IS]), support staff, family, and community.
- Is there adequate training and support for primary and support personnel?
- Can telepractice be done within the regulatory constraints of the provider's state of residency and to the remote site of the client? Lack of support from one's licensure board or the inability to deliver services across state lines without an additional license can negatively impact one's telepractice program (American Speech-Language-Hearing Association, 2010). One would need to identify any other barriers that are relevant to the unique circumstances of your proposed project.

Once these key aspects of service delivery have been clearly defined, the specifics of a telepractice program may be researched more in depth. Considering the previous factors may determine whether a clinician or practice proceeds with implementing a telepractice service delivery model.

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## Research

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Telepractice in speech-language pathology is an evolving service delivery model that has a small but growing body of literature. It is vital that those beginning a telepractice program be familiar with the existing evidence base. There may not be data supporting the use of telepractice with certain populations or using some technologies. To engage in telepractice where there is limited data or even contraindications could conceivably put clients at risk as well as create liability issues for the practitioner.

Awareness of the existing literature is also important to assist in stakeholder buy-in. While some stakeholders readily embrace this service delivery model, others may be skeptical as to its efficacy. Knowledge of current efficacy research and professional guidelines will assist practitioners with obtaining third-party reimbursement.