CHALLENGES AND QUASI SOLUTIONS WHILE WORKING THROUGH THE COVID-19 PANDEMIC: OUT-PATIENT PEDIATRIC SPEECH-LANGUAGE PATHOLOGY IN A HOSPITAL SETTING

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— ABSTRACT —

Speech-language pathologists, who work in medical settings, may have questions about service delivery during the COVID-19 pandemic. This article will focus on questions and possible solutions that speech-language pathologists who work in an outpatient pediatric medical setting had while delivering services to children during the COVID-19 Pandemic. Information regarding safety, clinical-changes, licensure, legal issues, and productivity/budgetary impact will be addressed.

Keywords: Pediatrics, Outpatient Speech-Language Pathology, COVID-19, Coronavirus, Service Delivery

Introduction

When the COVID-19 Pandemic moved to the forefront of the workplace, speech-language pathologists in pediatric outpatient settings were forced into new service delivery models with little or no warning. Clinicians found themselves adjusting to providing evaluations and treatment through remote services as well as seeing patients during face-to-face visits. As a result, they developed a number of questions including: How do speech-language pathologists stay safe while providing services in-person? What are the changes that will need to be made to provide services appropriately? Are there licensing laws that apply to times like these? Am I considered essential? Will this impact my productivity? How will the changes impact my budget? While there are a myriad of other questions, these were felt to be important as clinicians approached an unknown area greatly impacting service delivery. Needless to say, some of these questions caused professional anxiety as society experienced its first pandemic in over 100 years. The purpose of this article is to address the questions and provide quasi solutions to challenges that were raised.

Discussion

How do speech-language pathologists stay safe while providing services?

Challenges: There was anxiety on the part of speech-language pathologists as they entered the work environment. Information seemed to change daily, and new questions of safety emerged including concerns about the likelihood of exposure to the clinicians' family members and patients.

Quasi-Solutions: There was a need to minimize in-person sessions and limit the hands on contact with patients as much as possible. Most outpatients were moved to an online format via Zoom telehealth. Personal protective equipment (PPE) was used with in-person visits, and modifications were made to limit the number of visits. In addition, only one parent/legal guardian could accompany the patient to a service visit. While a variety of PPE masks had been promoted, clinicians had to be extremely careful and only use those that were medical grade. Certain specialty clinics, (e.g., cranio-facial, aerodigestive, velopharyngeal) ceased in-person visits until accommodations could be put in place to allow for a safe visit for the patients and providers.

What are the changes that will need to be made to provide services appropriately?

Challenges: Speech-language pathologists often had limited experiences with telehealth and some did not have laptops or computers with cameras. The use of telehealth was foreign and frightening to some clinicians because they feared losing control. The biggest challenge for some speech-language pathologists was thinking that speech-language services could be conducted as if they were in "in-person" treatment rooms. And of course, there was the cultural divide that impacts services delivery including access to technology.

Quasi-Solutions: To combat these issues, clinicians were trained on how to use telehealth and became familiar with various platforms. Because speech-language pathology services must be HIPAA compliant, using a system that met those qualifications was imperative. Webcams were obtained for those without laptops. To alleviate anxiety, clinicians were trained to face the situation head with significant managerial support. Such conversations were held via the platform that was being used, for example, Zoom Telehealth. During these dialogues, clinicians shared experiences and clinical activities that could be used to facilitate services. Further, clinicians had to completely rethink the delivery of services. Without therapy rooms, clinicians had to employ parents as partners in the delivery of services, especially for younger children who could not sit in front of screens for long periods of time. Some families opposed being seen for services in this fashion. Still others did not have access to the internet and did not want to be seen in a medical environment for fear that it was unsafe. These were families who needed to "check-in" every few weeks. Clinicians also needed to limit the number of families in the waiting room for the face-to-face sessions and needed to take children to the treatment room immediately upon arrival. In some cases, it was helpful to have families wait in their cars and use a pager system to alert them when to enter. . Further, the number of providers in the clinic at the same time was limited.

What are the licensing laws and legal issues, and how do they apply in times like these?

Challenges: There was a great deal of confusion about the requirements for licensure when providing outpatient speech-language services via telehealth. Clinicians had a number of questions regarding who and where patients could be seen. In addition, clinicians wanted to know if there were relevant legal issues for providing services by telehealth.

Quasi-Solutions: As for licensure, each state or jurisdiction had regulations that governed the use of telemedicine. It was important that clinicians were aware of the laws of each jurisdiction and realized that there was no one law that governed all states.

In general, the clinician needed to be licensed in the state in which the services were delivered as well as where the services are received. Clinicians needed to be clear on what the laws were for traveling to a different state and seeing patients on their current caseload. Regarding legal issues, the speech-language leadership teams worked closely with the legal and managed care departments to ensure telehealth laws were being addressed. Insurance companies had to be contacted and provisions were made to obtain consent for treatment. For each encounter, clinicians documented in the medical record the following: 1. Patient was seen via telehealth; 2. A consent form that was read to the patient or caregiver for verbal authorization; and 3.State in which patient was located.

What is essential speech-language pathology?

Challenges: During this COVID-19 Pandemic, speech-language pathologists raised the issue of their positions as essential. According to ASHA (2020), the definition of essential or nonessential is usually assigned by an employer, an employee union, the federal government or state governments.

Quasi-Solutions: The best solution was to check licensure laws and declarations issued by the state. Further, speech-language pathologists worked across time (pre COVID-19) with employers to promote the notion of being essential and the impact of services on the quality of life for individuals. That same argument was made to state legislators and government leaders who made decisions. Clinicians conveyed the fact that outpatient feeding and dysphagia assessments were essential and that once a patient was identified with a speech-language or swallowing disorder, it was imperative that they received services.

What are the productivity expectations and budgetary concerns in a pandemic?

Challenges: The biggest challenge for any speech-language pathology program was the financial impact. When the speech-language pathologist does not meet clinical expectations, productivity is impacted by the reduced number of appointments. This was not predicted, and the program budgets of program will likely have shortfalls. .

Quasi-Solutions: Facilities modified budgets to reduce spending by eliminating travel, asking for mandatory use of vacation leave, and reducing overhead where possible. Managers of SLP programs created ways to increase revenue by maximizing schedules through a hybrid use of telehealth and in-person as well as flexible schedules that increased revenue.

Summary

The COVID-19 Pandemic has caused clinicians to rethink how to provide services to individuals with speech-language and related disorders in an outpatient pediatric medical setting. The traditional clinical process is no longer adequate to deliver services given that the knowledge about COVID-19 changes frequently. While the information presented here is germane to a pediatric medical setting, colleagues in adult acute care medical settings and private practice may also find themselves needing to use similar solutions (safety, clinical-changes, licensure, legal issues, and productivity/budgetary) as they engage in telehealth and in-person clinical visits. Further, the strategies presented here need to be examined through research paradigms to determine the efficacy of service delivery models in this manner.

References

American Speech Language Hearing Association. (2020, June 1). *SLP Service Delivery Considerations in Health Care During Coronavirus/COVID-19*. Retrieved June 15, 2020, from ASHA.org: https://www.asha.org/SLP/healthcare/SLP-Service-Delivery-Considerations-in-Health-Care-During-Coronavirus/

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