

# Special Education & Related Services Teletherapy Pilot Project

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OSPI/WASA Special Education Conference  
Doubletree Hotel  
Seattle, Washington  
August 10, 2010

# Today's Presentation Objectives

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- ❖ Review national and state personnel data illustrating shortage levels
- ❖ Gain understanding of the pilot
- ❖ Learn about features, advantages, benefits and challenges of teletherapy
- ❖ View a short video demonstrating teletherapy
- ❖ Share a cost analysis template to compare teletherapy with traditional contracted services for districts

# Purpose of the 2009-10 Pilot Project

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- ❖ OSPI initiated a pilot project to develop, implement, and evaluate a teletherapy service delivery option.
- ❖ The primary goal of the project was to evaluate the feasibility of providing speech language and occupational therapy services via point-to-point teletherapy technologies in selected pilot sites.

# Specific Questions

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- ❖ How can teletherapy services help address personnel shortages (i.e., SLP, OT, PT) in public schools?
- ❖ Is teletherapy a viable alternate service delivery model for schools?
  - ❖ Student progress
  - ❖ Technology advantages and limitations
- ❖ What are the cost comparisons of the teletherapy pilot versus traditionally contracted service delivered programs?

# Personnel Shortages

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**NATIONAL & STATE-LEVEL**

# National Critical SLP Shortages

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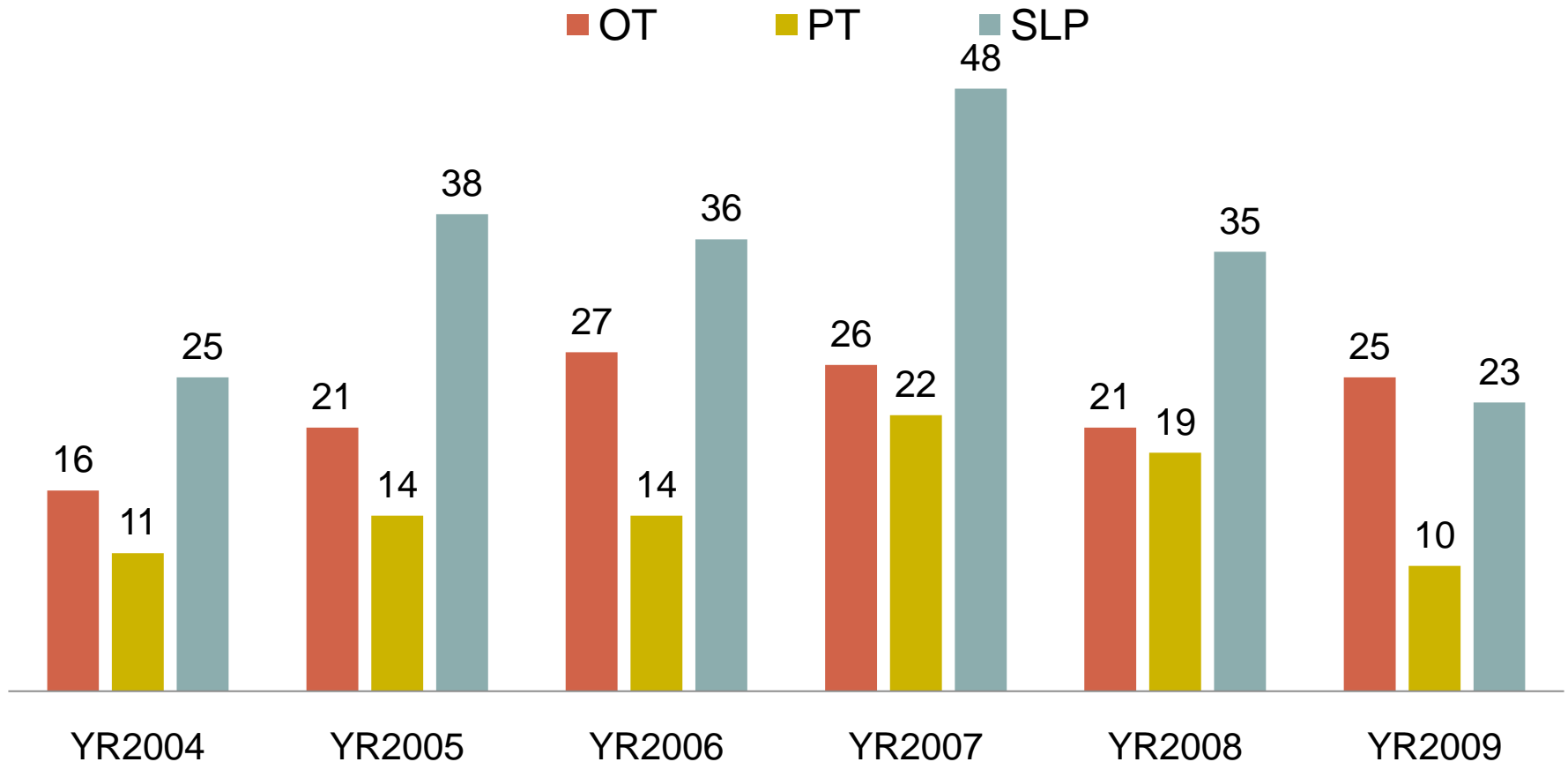
- ❖ The Demographic Profile of ASHA Constituents (2005) reported 54.5% of respondents to be working in educational facilities.
- ❖ Brown, et al. (2005) reported 50% of school-based SLPs to be eligible for retirement within the next 15 years and 5% of SLPs leave the profession annually for reasons other than retirement.
- ❖ Employment of SLPs is expected to grow by 19% from 2008-2018. (US Dept. of Labor, Bureau of Labor Statistics)

# National Critical OT Shortages

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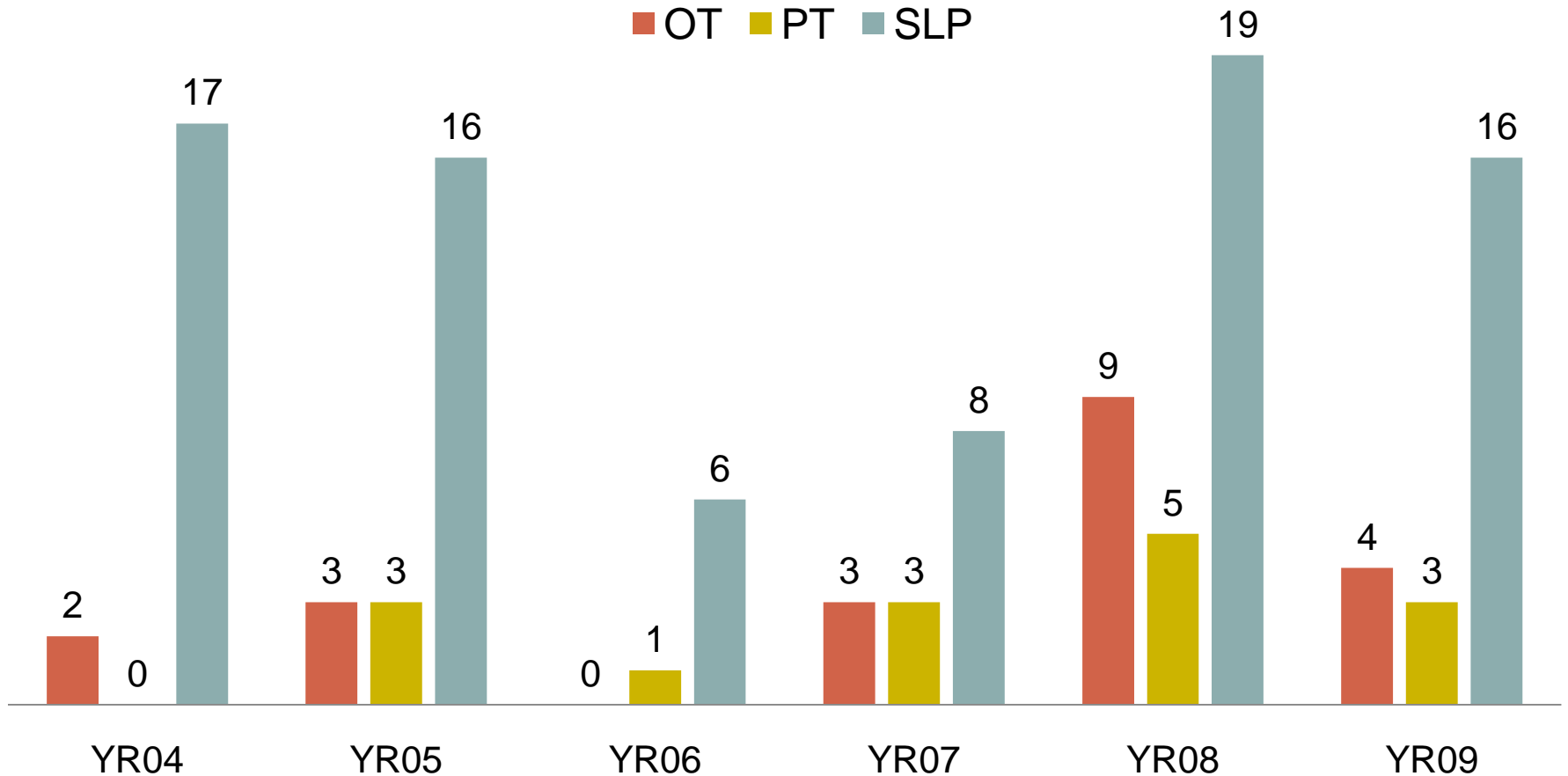
- ❖ The U.S. Department of Labor's Bureau of Labor Statistics (BLS) projected employment of:
  - ❖ Occupational therapists to increase 26% between 2008-2018
  - ❖ Employment of occupational therapy assistants to increase by 30% during the same period.
  - ❖ This projection is based on the Bureau's assumptions that demographic trends and advances in medical technology will fuel demand for therapy services. (AOTA).

# Districts with Vacant Positions for Related Services Personnel 2004-2009



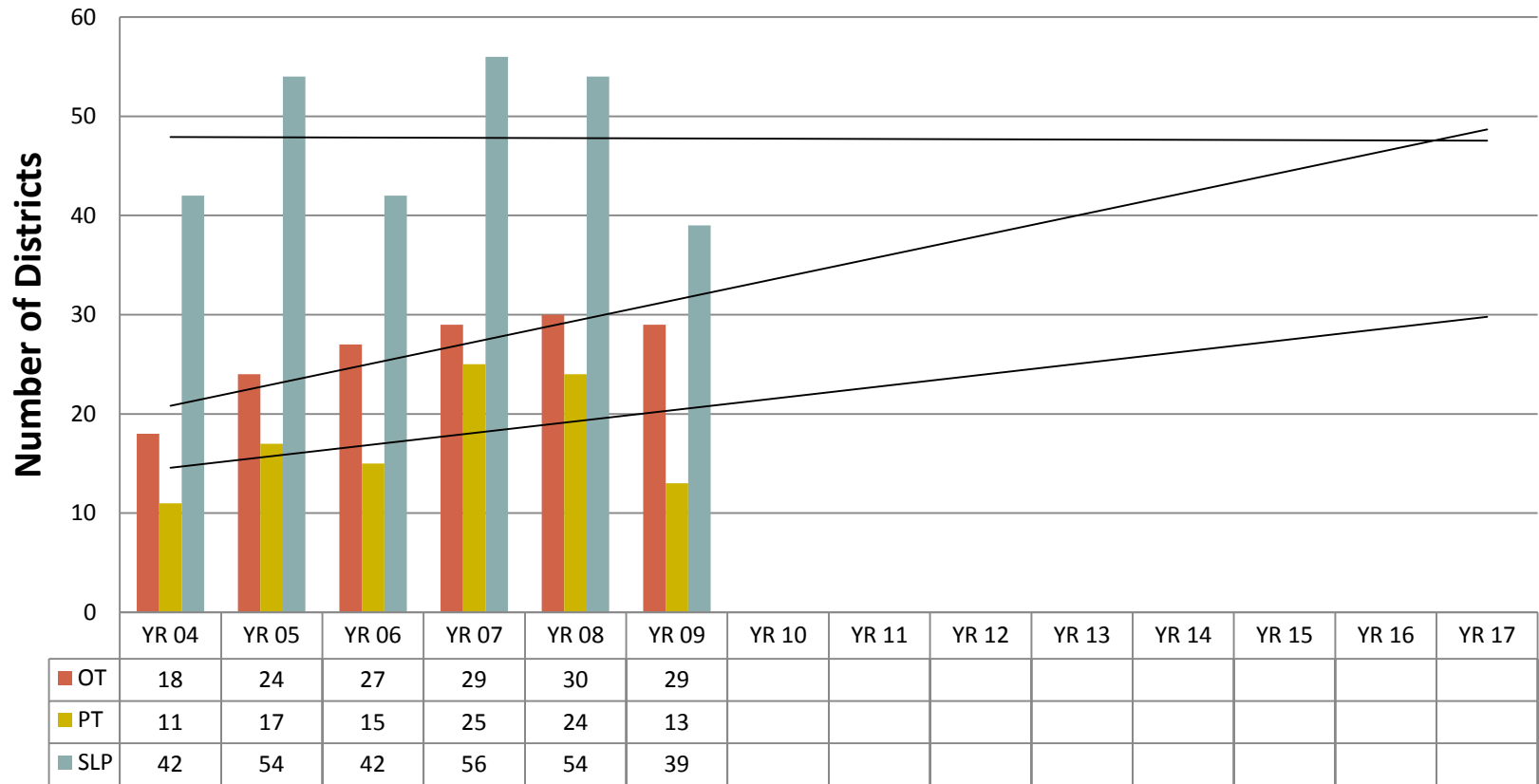
Number of Washington school districts with vacant positions for related services personnel from 2004-2009. (Source: Special Education Personnel Employed and Needed Form.)

# Districts with Related Services Personnel Not Fully Certified



Number of Washington school district with related services personnel considered to not be fully certified from 2004- 2009. (Source: Special Education Personnel Employed and Needed Form.)

## Trend Data for Districts Experiencing Related Services Personnel Shortages 2004-2009 (includes vacant and not fully certified positions)



If the shortage trend were to continue, by the year 2017, out of the 295 school districts, 48 districts would be affected by the SLP shortage, 49 districts by the OT shortage and 30 districts by the PT shortage.

# Possible Personnel Shortage Impacts

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## Districts

- ❖ Unable to fill vacant positions
- ❖ Increase caseloads of existing therapy staff
- ❖ Classified staff provide services
- ❖ High cost private personnel contracts
- ❖ Due process hearings, citizen complaints, OCR complaints, and compensatory education

## Children with Disabilities

- ❖ Not receive appropriate level of services
- ❖ Loss of instructional time from school due to travel distance to obtain services
- ❖ Less frequent services due to infrequent visits by personnel
- ❖ Receive services from classified staff without therapy staff supervision

# Professional Associations

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- ❖ American Speech-Language-Hearing Association
- ❖ American Occupational Therapy Association
- ❖ American Physical Therapy Association

# Telemedicine vs. Telehealth vs. Telepractice

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- ❖ In the past, “*telemedicine*” -medical applications by physicians
- ❖ In the 1997 Comprehensive Telehealth Act, “*telehealth*” services delivered by non-physician and physician providers.
- ❖ “*Telepractice*” was adopted by American Speech-Language-Hearing Association (ASHA) in 2001. ASHA’s position that telepractice (telehealth) is an appropriate model of service delivery for the profession of speech-language pathology.
- ❖ School-based “teletherapy” is derived from the successful application of these technologies in telemedicine and/or telehealth practices in the medical field and distance learning in the field of education.

# Official Policy of the American Speech-Language-Hearing Association

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- ❖ Telepractice is the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation. It is the position of the American Speech-Language-Hearing Association (ASHA) that telepractice (telehealth) is an appropriate model of service delivery for the profession of speech-language pathology.

# Official Policy of the American Speech-Language-Hearing Association

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- ❖ 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.

# Official Policy of the American Speech-Language-Hearing Association

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- ❖ The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice, state and federal laws (e.g., licensure, HIPAA, etc.), and ASHA policy documents on professional practices. *Therefore, the quality of services delivered via telepractice must be consistent with the quality of services delivered face-to-face.*

# Official Policy of the American Occupational Therapy Association

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- ❖ Occupational therapy practitioners using telerehabilitation methods must adhere to:
  - ❖ The AOTA Occupational Therapy Code of Ethics
  - ❖ Maintain the AOTA Standards of Practice, and
  - ❖ Comply with state regulations, ensuring both their proficiencies as practitioners and the well being of their clients.

# Official Policy of the American Physical Therapy Association

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- ❖ APTA's policy on telehealth [BOD 11-01-28-71] states: Physical therapy services may be provided via telehealth when consistent with:
  - ❖ Association policies, positions, guidelines
  - ❖ Standards of Practice for Physical Therapy
  - ❖ Ethical principles and standards, and
  - ❖ The Guide to Physical Therapist Practice.



[www.k12.wa.us/SpecialEd/publications.aspx](http://www.k12.wa.us/SpecialEd/publications.aspx)

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## **TELE THERAPY VIDEO**

# Teletherapy: A Pilot Project Definition

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- ❖ Use of telecommunication technology
  - ❖ High quality, real-time, interactive videoconferencing with additional computer abilities on the K20 Education Network
- ❖ When distance separates the professional staff from the student
- ❖ Includes
  - ❖ individual and small group therapy
  - ❖ evaluation
  - ❖ consultation
  - ❖ meeting participation
  - ❖ education



# District Selection

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- ❖ Districts completed iGrants application
  
- ❖ Four pilot public school districts selected by OSPI
  - ❖ Creston School District, ESD 101
  - ❖ Pomeroy School District, ESD 123
  - ❖ Queets-Clearwater School District, ESD 114
  - ❖ Tacoma Public Schools, ESD 121
  
- ❖ Districts had unfilled personnel vacancies

# Advantages of Teletherapy

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- ❖ Personnel Solution – Provides additional options
- ❖ Instructional Materials Access – Larger repertoire of materials for therapy sessions
- ❖ Access – Distance is no longer a barrier
- ❖ Productivity – Maximizes resource by eliminating travel time costs
- ❖ Bilingual – Spanish speaking therapists reach ELL students

# Benefits of Teletherapy

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- ❖ Convenient – therapy can be arranged around student/school schedules
- ❖ Affordable – Teletherapist fees are competitive and reasonable.
- ❖ Certification – WA ESA certificate
- ❖ Eliminate/Reduce Travel Costs
- ❖ Effective – Research has shown teletherapy is as effective as face-to-face therapy.
- ❖ Increase Student Motivation

# Challenges of Teletherapy

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## Initial Challenges

- ❖ Network connection – to allow “pushing of content”
- ❖ Firewalls – allowing incoming and outgoing video/audio
- ❖ Bandwidth capacity
- ❖ Districts prioritizing videoconferencing on the network
- ❖ Requires significant technology dept. support (initially)
- ❖ Late start of pilot (January)

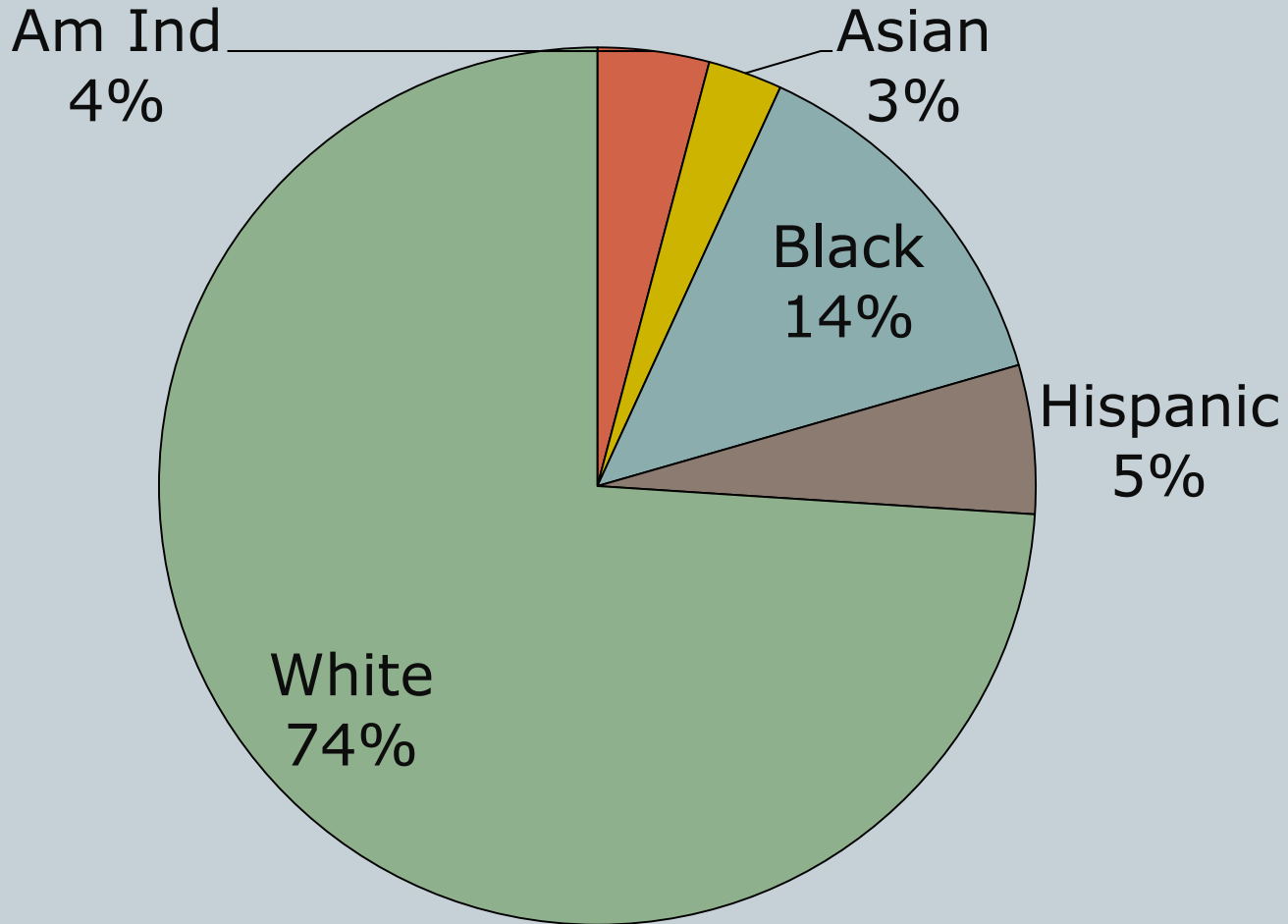
# Students

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## **DEMOGRAPHICS & PROGRESS**

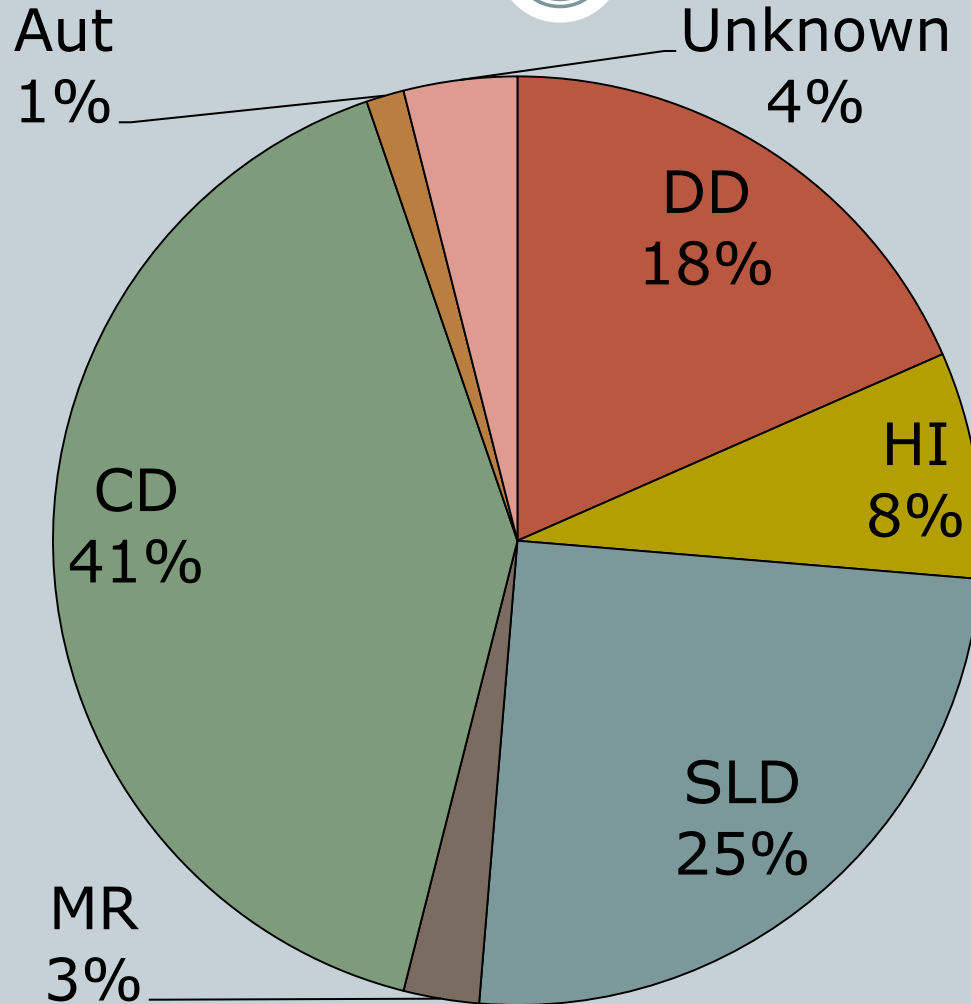
# Teletherapy Students by Race

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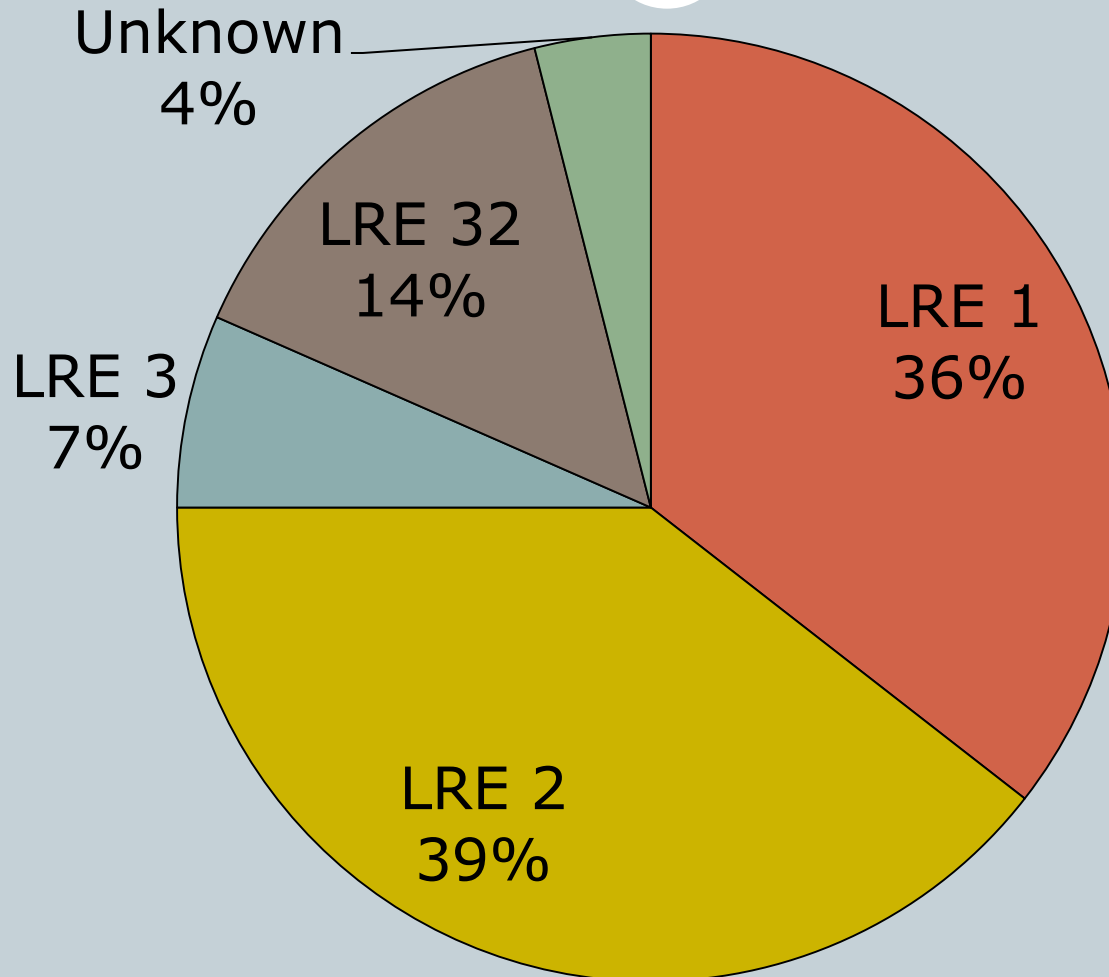
# Teletherapy Students by Disability

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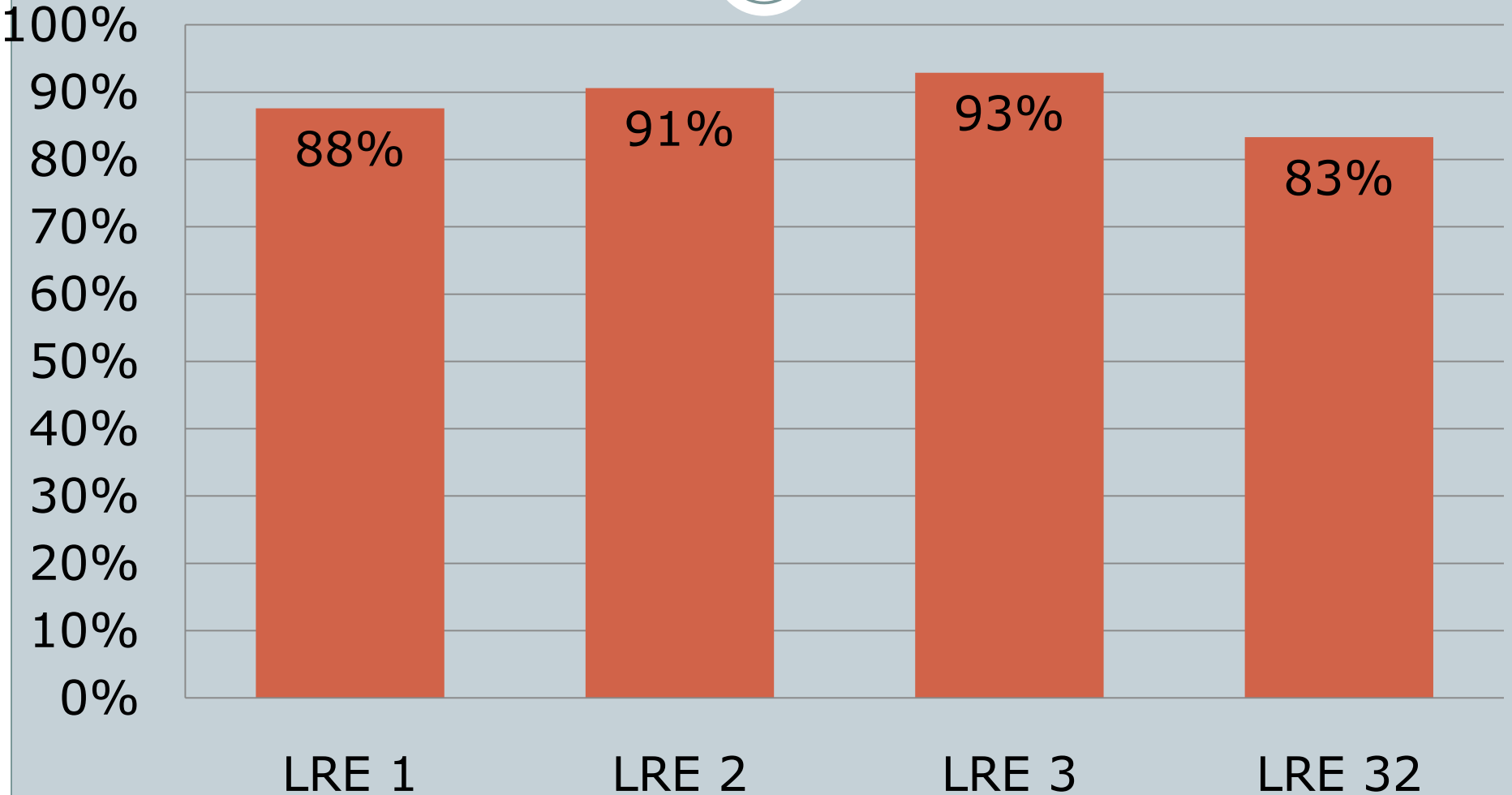
# Teletherapy Students by LRE Code

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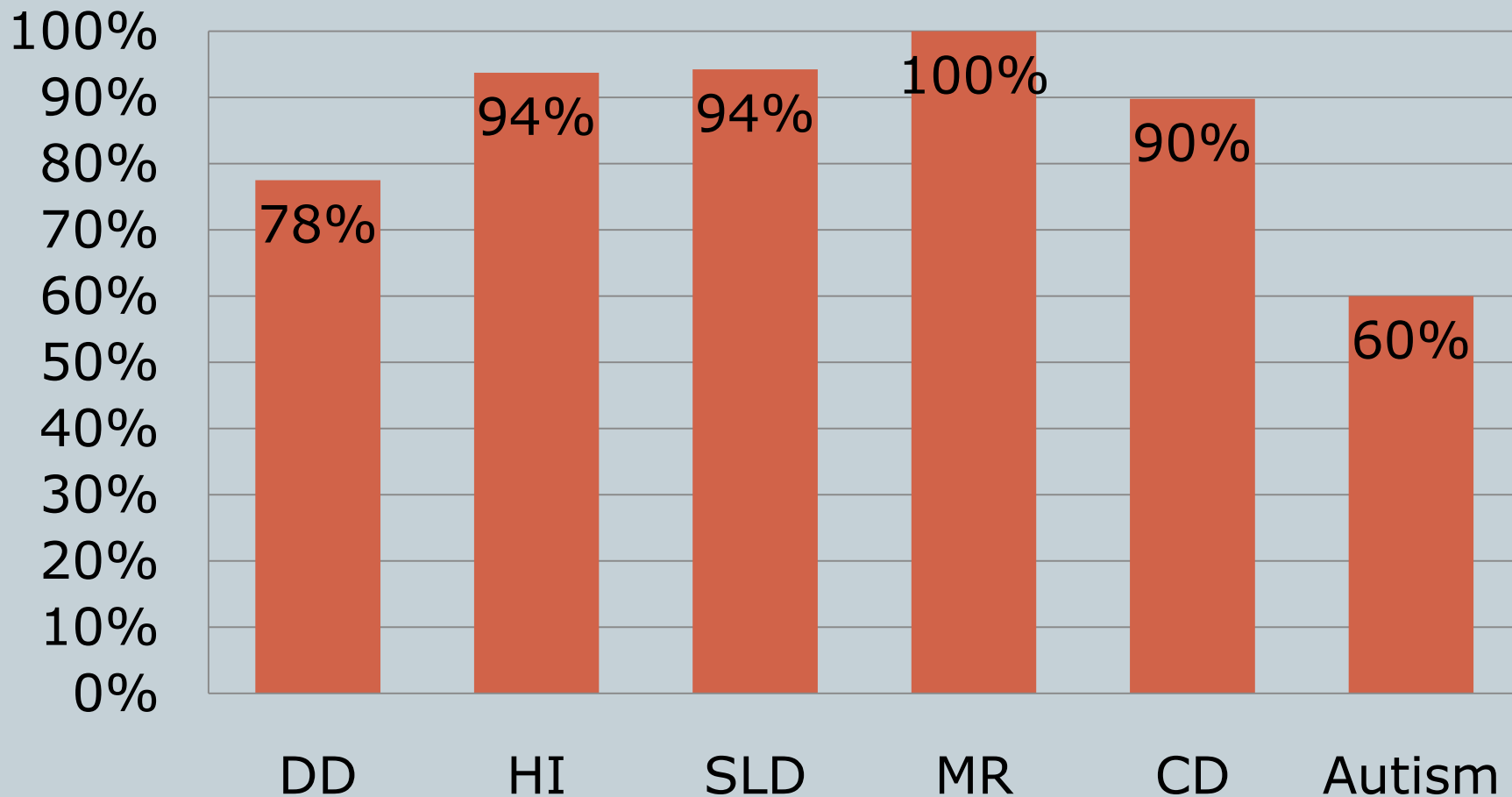
# % of Objectives Students Made Progress by LRE Placement

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# % of Objectives Students Made Progress by Disability

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# Teletherapy Cost Template

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## **COST ANALYSIS**

# Cost Analysis of Two Pilot Districts

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## ❖ School District A

- ❖ < 60 miles from a major city
- ❖ < 50 SpEd students in district

## ❖ School District B

- ❖ < 60 miles from a major city
- ❖ < 75 SpEd students in district

1	CCDDD		<b>SCHOOL DISTRICT A</b>
	Number of Special Education Students	17	
2	Number of Students Participating	6	
	<b>Type of Program</b>	<b>Contracted On-Site Services</b>	<b>Teletherapy</b>
3	Hourly Rate for Therapist	\$68.75	\$55.00
4	Hourly Rate for E-Helper		\$13.75
5	Total Annual Contracted Hours	216.00	153.00
6	Therapist	\$14,850	\$8,415
7	E-helper		\$1,578
8	E-Helper Benefits @ 52%		\$820
9	Subtotal	\$14,850	\$10,813
10	Staff Training if applicable)		
11	Travel for Contracted Provider	\$4,950	
12	Travel - Initial On-Site Visit (1 day)		\$0
13	Addl On-Site Visit, if required by district		
14	Total	\$19,800	\$10,813
15	<i>Savings to Program</i>		\$8,987
		<b>Contracted on-site Services</b>	<b>Teletherapy</b>
16	<b>Per Student Cost</b>	33 \$3,300.00	\$1,802.21

1	CCDDD		<b>SCHOOL DISTRICT B</b>
	Number of Special Education Students	64	
2	Number of Students Participating	34	
	<b>Type of Program</b>	<b>Contracted On-Site Services</b>	<b>Teletherapy</b>
3	Hourly Rate for Therapist	\$60.00	\$54.24
4	Hourly Rate for E-Helper		\$11.42
5	Total Annual Contracted Hours	810.00	810.00
6	Therapist	\$48,600	\$43,934
7	E-helper		\$6,938
8	E-Helper Benefits @ 52%		\$3,608
9	Subtotal	\$48,600	\$54,480
10	Staff Training if applicable)		
11	Travel for Contracted Provider*	\$3,348	
12	Travel - Initial On-Site Visit (1 day)		\$0
13	Addl On-Site Visit, if required by district		
14	Total	\$51,948	\$54,480
15	<i>Savings to Program</i>		-\$2,532
		<b>Contracted on-site Services</b>	<b>Teletherapy</b>
16	<b>Per Student Cost</b>	\$1,527.88	\$1,602.34

\* Travel based on IRS mileage reimbursement only (62 miles x \$.50/mile x 3 days/wk x 36 weeks).

# Teletherapy Cost Template Instructions

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## Cost Comparison

### Contracted On-Site Services vs. Teletherapy Contracted Services

Use this instruction sheet when completing the Cost Comparison between Contracted On-Site Services vs. Teletherapy Contracted Services. Applicants should verify the data and insert all required information. Costs for only one related service area should be compared per worksheet.

Line	<b><i>Enter data in cells coded yellow. The intent of this worksheet is for planning purposes only. To complete the worksheet:</i></b>
1	Enter county/district number in cell C4 to auto-populate the applicable cells.
2	Enter the number of students that will participate in the teletherapy pilot project.
3	Enter the hourly rate for the traditional contracted therapist.
4	Enter the hourly rate for the e-Helper (paraeducator) that will be assisting and/or supervising students during teletherapy sessions.
5	Enter the total annual contracted hours for on-site and for teletherapy services.

# Main Factors Influencing Cost

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## ❖ Contracted On-Site Therapy

- ❖ Hourly Rate of Therapist
- ❖ Travel Costs
  - ❖ IRS Mileage Reimbursement vs. Hourly Rate

## ❖ Contracted Teletherapy

- ❖ Hourly Rate of Therapist
- ❖ eHelper Hourly Rate

# Pilot Technology Equipment

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- Videoconferencing Unit

- Polycom HDX 7000 with two 32" monitors
- Approximate cost = \$11,500 including installation/setup



- Desktop with webcam and headset unit = \$818

OR

- Laptop with webcam and headset unit = \$1,518



# Conclusions/Outcomes of Pilot

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- ❖ Viable service delivery option to address personnel vacancies
- ❖ Students made progress on goals/objectives from IEPs
- ❖ Cost effective as compared to traditional contracted services
- ❖ Technology requires support from district's technology personnel

# Teletherapy Website

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<http://www.k12.wa.us/SpecialEd/publications.aspx>

- ❖ Teletherapy Pilot Project
  - ❖ About Teletherapy
  - ❖ Family/Educator Guide
  - ❖ eHelper Information
  - ❖ Research
  - ❖ Teletherapy Videos



For more information...

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Primary Website Link:

<http://www.k12.wa.us/SpecialEd/publications.aspx>

