

Telehealth Services: Pediatric Provider Survey

Overview:

In March 2020, the COVID-19 pandemic caused a massive, worldwide conversion from in-person care to Telehealth. Prior to this transition, there were several barriers to providing care through this approach, including reimbursement, regulations, and technology as well as clinician attitudes toward and acceptance of Telehealth. Currently, government agencies have assisted in making the use of Telehealth viable by allowing for interstate licensing, removing regulatory restrictions and most importantly, providing reimbursement for care. Yet, while many of the barriers that existed prior to COVID-19 have since been eliminated, many still remain. This survey is designed to measure the utilization, effectiveness, and appropriateness of speech-language therapy services delivered via Telehealth in the pediatric population prior to March 2020 to the current use of this method of service delivery.

Informed Consent to Participate in Research

Information to Consider Before Taking Part in this Research Study

Title: Telehealth Services: Pediatric Provider Survey

Study IRB# _____ **001191** _____

CONSENT

You are being asked to take part in a research study. The information in this document should help you to decide if you would like to participate.

Study Staff:

This study is being led by Deborah R. Campbell, M.A., CCC-SLP, a PhD candidate at the University of South Florida. This person is called the Principal Investigator. She is being guided in this research by Dr. Howard Goldstein. Other approved research staff may act on behalf of the Principal Investigator.

Study Details:

The study being conducted is an online survey and is supported by the University of South Florida. The purpose of the study is to investigate the utilization and appropriateness of Telehealth speech, language, and literacy-based therapy as well as clinicians' experiences with the technology needed to perform these vital services.

Why are you being asked to take part?

You are being asked to take part because you are a pediatric provider in the field of speech-language pathology. Pediatric speech-language pathologists and speech-language pathology assistants have the unique knowledge about how their client population was impacted during the transition from in-person therapy services, pre-COVID-19, to the dramatic increase in the use of Telehealth that occurred starting in March 2020. Respondents participating in this survey will be aware that their participation in this study will help further our knowledge of the impact of this conversion for both clinicians and their clients.

Study Procedures:

If you take part in this study, you will be asked to complete an online survey. This survey is comprised of 13 domains, with each domain consisting of 2-14 questions. The questions are multiple-choice, sliders, short answer and open-ended questions. It is anticipated that the survey will take 15-30 minutes to complete. The average is 20 minutes. The survey will be made available for 30 calendar days before it is closed.

Alternatives / Voluntary Participation / Withdrawal:

You do not have to participate in this research study.

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

Benefits and Risks:

We are unsure if you will receive any benefits by taking part in this research study. This research is considered to be minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life.

Compensation:

Respondents will not receive any payments or other compensation for taking part in this survey.

We will do our best to keep your records private and confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Certain people may need to see your study records. Anyone with the authority to look at your records must keep them confidential. The only people who will be allowed to see these records are: Deborah R. Campbell, M.A., CCC-SLP, Principal Investigator, faculty advisor, Dr. Howard Goldstein and The University of South Florida Institutional Review Board (IRB).

It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person's everyday use of the Internet. If you complete and submit an anonymous survey and later request your data be withdrawn, this may or may not be possible as the researcher may be unable to extract anonymous data from the database.

Contact Information:

If you have any questions, concerns or complaints about this study, call Deborah R. Campbell, at 352-795-7006. If you have questions about your rights, complaints, or issues as a person taking part in this study, call the USF IRB at (813) 974-5638 or contact the IRB by email at RSCH-IRB@usf.edu.

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are. You can print a copy of this consent form for your records.

I freely give my consent to take part in this study. I understand that by proceeding with this survey, I am agreeing to take part in research and I am 18 years of age or older.

Instructions:

This survey is designed for pediatric speech-language pathologists (SLPs) and speech-language pathology assistants (SLPAs) who have previous and/or current experience providing services via Telehealth.

Telehealth is defined as the means of providing speech-language therapy services through telecommunication technology (i.e., videoconferencing, synchronous communication: real-time, audiovisual connection between client and clinician). Terms synonymous with Telehealth in the field of speech pathology may include telepractice, telespeech, teletherapy and telerehabilitation.

This evaluative instrument is organized into 13 domains and contains 2 to 14 questions per domain:

- (I) Employment and Experience
- (II) Telehealth Services: Previous (prior to March 2020)
- (III) Telehealth Services: Recent (March 2020 to June 2020)
- (IV) Telehealth Services: Current (June 2020 to current)
- (V) Telehealth Services: Future (2021 and beyond)
- (VI) Reasons for Telehealth Usage
- (VII) Client/Student Setting
- (VIII) Telehealth: Hardware, Software
- (IX) Use and Perceptions of Technology
- (X) Evaluations Administered via Telehealth
- (XI) Direct Therapy Services via Telehealth: Effectiveness of Treatment
- (XII) Telehealth: Viewpoint
- (XIII) Advantages/Disadvantages of Telehealth Therapy Delivery

Survey questions will collect information/measure the utilization, effectiveness, and appropriateness of speech-language services performed using Telehealth.

**If you chose the 'Save & Return Later' button at any point during the survey, you MUST have the return code provided to you right before you exit in order to return to the survey later to begin where you left off. Please write it down prior to exiting the survey to save your information.

Thank you for your participation!

Part I: Employment and Experience

The following questions will gather information pertaining to your employment and experience.

Part I

1. In what state do you currently reside?

- Outside of the United States
- Alabama - AL
- Alaska - AK
- Arizona - AZ
- Arkansas - AR
- California - CA
- Colorado - CO
- Connecticut - CT
- Delaware - DE
- Florida - FL
- Georgia - GA
- Hawaii - HI
- Idaho - ID
- Illinois - IL
- Indiana - IN
- Iowa - IA
- Kansas - KS
- Kentucky - KY
- Louisiana - LA
- Maine - ME
- Maryland - MD
- Massachusetts - MA
- Michigan - MI
- Minnesota - MN
- Mississippi - MS
- Missouri - MO
- Montana - MT
- Nebraska - NE
- Nevada - NV
- New Hampshire - NH
- New Jersey - NJ
- New Mexico - NM
- New York - NY
- North Carolina - NC
- North Dakota - ND
- Ohio - OH
- Oklahoma - OK
- Oregon - OR
- Pennsylvania - PA
- Rhode Island - RI
- South Carolina - SC
- South Dakota - SD
- Tennessee - TN
- Texas - TX
- Utah - UT
- Vermont - VT
- Virginia - VA
- Washington - WA
- West Virginia - WV
- Wisconsin - WI
- Wyoming - WY
- American Samoa - AS
- District of Columbia - DC
- Federated States of Micronesia - FM
- Guam - GU
- Marshall Islands - MH
- Northern Mariana Islands - MP
- Palau - PW
- Puerto Rico - PR
- Virgin Islands - VI

Part I

2. Which of the following best describes your primary employment setting?

- Outpatient clinic
- School (public/private)
- Hospital/in-patient
- Homecare Agency
- Part C Early Intervention (i.e., homebased birth to three)
- Private practice
- Skilled nursing facility
- University setting
- Prescribed Pediatric Extended Care (PPEC)
- Daycare
- Independent contractor
- Clinician's home
- Other:

Please list employment setting: _____

Part I

3. Which of the follow best describes the location of your primary employment setting?

- Rural
- Suburban
- Urban

Definitions

Urban: More dense, large population, built up, close together

Suburban: Moderate density and population, area on the edge of a large town or city where people who work in the town or city often live

Rural: less dense, sparse population, not built up, at a distance

Part I

4. What is the highest degree or level of schooling you have completed?

- Associate
- Bachelor's
- Master's
- Professional Degree
- Doctorate
- Other:

Please list highest degree or level of schooling you have completed _____

Part I

5. How many years of experiences do you have in the field of speech-language pathology? (if less than one year, enter one (1))

Part I

6. How many years of experiences do you have in the field of speech-language pathology via Telehealth? Enter number only (if less than one year, enter one (1))

Part I

7. Have you completed any courses or trainings on providing direct therapy services via Telehealth?

- Yes
- No

Part I

Please mark the types of courses or training you completed.

- I completed at least one course on the topic of Telehealth.
- I completed several courses on the topic of Telehealth.
- I trained using simulations of Telehealth therapy services.
- I trained by performing mock therapy sessions with a peer or coworker.
- I trained by performing mock therapy sessions with a client.
- I did a form of Telehealth training not listed (please specify)

Please specify the form of Telehealth training you completed.

Part II: Telehealth Services: Previous (prior to March 2020)

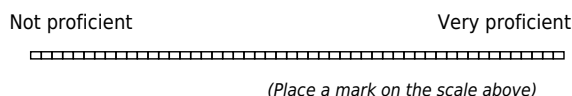
The following questions will gather information pertaining to your utilization and proficiency of Telehealth prior to March 2020.

Part II Yes
 No

1. Prior to Covid-19 (March 2020), did you provide Telehealth direct therapy services?

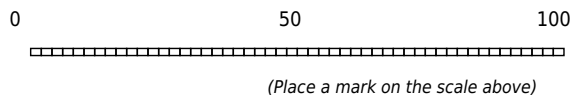
Part II

2. In thinking about your ability to provide direct therapy services, please indicate your level of proficiency in delivering therapy via Telehealth prior to March 2020.



Part II

3. In considering the direct therapy services you provided in a typical week from prior to March 2020 (Covid 19), please indicate the approximate percentage of services that were administered via Telehealth.



Part II

4. In thinking about the direct therapy services you provided via Telehealth prior to March 2020, please indicate the setting(s)/where YOU were located: (mark all that apply)

home office school car other:

Please indicate the other setting/where YOU were located when you provided services via Telehealth _____

Part III: Telehealth Services: Recent (March 2020 to July 2020)

The following questions will gather information pertaining to your utilization and proficiency of telehealth from the period of March 2020 to July 2020

Part III

- Yes
 No

1. From March 2020 to July 2020, did you provide Telehealth direct therapy services?

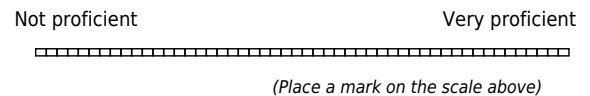
Part III

2. During the period of time March 2020 to July 2020, my primary employer (mark all that apply):

- temporarily closed
 furloughed therapy staff
 allowed therapy staff to work off-site (i.e., travel to homes) to provide services
 allowed therapy staff to work on-site to provide direct therapy services
 allowed therapy staff to provide Telehealth therapy services
 allowed therapy staff to provide therapy services through alternative methods of delivery (i.e., paper packets, parent consultation)
 employer provided paid time-off due to temporary closure

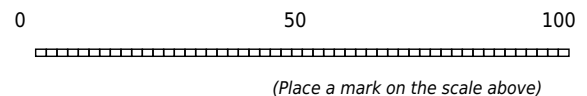
Part III

3. In thinking about your ability to provide direct therapy services, please indicate your level of proficiency in delivering therapy via Telehealth from March 2020 to July 2020.



Part III

4. In considering the direct therapy services you provided in a typical week, please indicate the approximate percentage of direct therapy services provided via the Telehealth delivery method by the end of July 2020:



Part III

5. In thinking about the direct therapy services you provided via Telehealth March 2020 to July 2020, please indicate the setting/where you were located:(mark all that apply)

- home office school car other:

Please indicate the other setting/where YOU were located when you provided services via Telehealth _____

Part III

- Yes
- No

6. During the time period March 2020 to July 2020, were direct therapy services via Telehealth optional for your clients (they had the choice of in-person care or Telehealth):

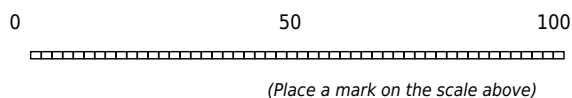
What was the willingness to participate in therapy utilizing the Telehealth delivery method for the clients on your caseload? (mark all that apply)

- Clients only wanted to participate in Telehealth
- Clients only wanted "in-person" therapy services
- Client were open to Telehealth or "in-person" therapy services
- Clients chose to not receive any therapy services during this time period (services were withheld)
- I do not know

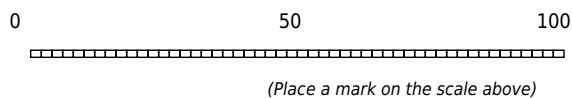
Part III

7. Clients who attended therapy through Telehealth, what was the impact on their attendance, in contrast to when they were receiving in-person care? (i.e., 50% of clients' attendance declined, 25% attendance improved, 25% stayed the same)

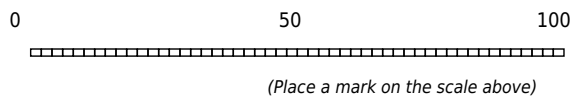
Please enter the percent of your caseload who had a decline in attendance as a result of transitioning to Telehealth



Please enter the percent of your caseload who demonstrated an improvement in attendance as a result of transitioning to Telehealth



Please enter the percent of your caseload who stayed the same in their attendance as a result of transitioning to Telehealth



Part IV: Telehealth Services: Current (August 2020 to current)

The following questions will gather information pertaining to your utilization and proficiency of telehealth from the period of August 2020 to now.

Part IV Yes
 No

1. From August 2020 to current, did you provide Telehealth direct therapy services?

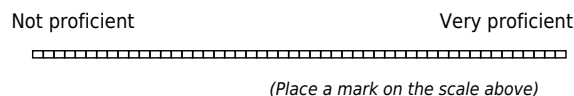
Part IV

2. During the period of time August 2020 to current, my primary employer (mark all that apply):

- temporarily closed
- furloughed therapy staff
- allowed therapy staff to work off-site (i.e., travel to homes) to provide services
- allowed therapy staff to work on-site to provide direct therapy services
- allowed therapy staff to provide Telehealth therapy services
- allowed therapy staff to provide therapy services through alternative methods of delivery (i.e., paper packets, parent consultation)
- employer provided paid time-off due to temporary closure

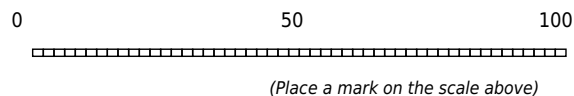
Part IV

3. In thinking about your ability to provide direct therapy services, please indicate your level of proficiency in delivering therapy via Telehealth from August 2020 to current.



Part IV

4. In considering the direct therapy services you provided in a typical week from August 2020 to current, please indicate the approximate percentage of services provided via the Telehealth delivery method:



Part IV

5. In thinking about the direct therapy services you provided via Telehealth August 2020 to current, please indicate the setting/where you were located:

- home office school car other:

Please indicate the other setting/where YOU were located when you provided services via Telehealth _____

Part V: Telehealth Services: Future (2021 and beyond)

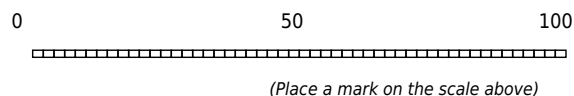
The following questions will gather information pertaining to your utilization and proficiency of telehealth from the period of August 2020 to now.

Part V Yes
 No

1. In the future (2021 and beyond), do you predict you will be providing direct therapy services via Telehealth?

Part V

2. In considering the direct therapy services you will be providing in the future (2021 and beyond), please indicate the approximate percentage of services you will provide via Telehealth:



Part VI: Reasons for Telehealth Usage

The following questions will investigate reasons you may have chosen to provide services via Telehealth, both before and after March 2020

Part VI

1. Please indicate, by selecting all appropriate boxes, reasons you may have chosen to provide telehealth direct therapy services prior to Covid-19 (March 2020):(mark all that apply)

- I was not providing Telehealth services
- Ability to provide therapy services for clients who travel long distances for in-person care
- Ability to provide therapy services to rural areas
- Convenience of client
- Convenience of clinician
- Lower the exposure risk for medically fragile children
- Lower the exposure risk for illness: clinician
- Lower the exposure risk for illness: client
- Ability for client to have access to experts
- Ability of clinician to work from home
- Cost effective means of providing services
- Reduce clinician exposure to sick clients
- Ability to provide therapy services to clients who may have otherwise canceled appointments
- Other(s): (please list)

Please indicate the other reasons you were providing Telehealth: _____

Part VI

2. Please indicate, by selecting all appropriate boxes, reasons you are currently providing Telehealth services:(mark all that apply)

- I am not providing Telehealth services
- It is required/mandated by my employer
- Ability to provide therapy services for clients who travel long distances for in-person care
- Ability to provide therapy services to rural areas
- Convenience of client
- Convenience of clinician
- Lower the exposure risk to medically fragile clients
- Lower the exposure risk for illness: clinician
- Lower the exposure risk for illness: client
- Ability for client to have access to experts
- Ability of clinician to work from home
- Cost effective means of providing services
- Reduce clinician exposure to sick clients
- Ability to provide therapy services to clients who may have otherwise canceled appointments
- Ability to provide services while lowering potential exposure risk to SLP and client to Covid-19
- Other(s):

Please indicate the other reasons you are providing Telehealth: _____

Part VI

3. Please indicate, by selecting all appropriate boxes, reasons you predict you will be providing direct therapy services via Telehealth in the future (2021 and beyond): (mark all that apply)

- I am will not provide Telehealth services
- It is required/mandated by my employer
- Ability to provide therapy services for clients who travel long distances for in-person care
- Ability to provide therapy services to rural areas
- Convenience of client
- Convenience of clinician
- Lower the exposure risk to medically fragile clients
- Lower the exposure risk for illness: clinician
- Lower the exposure risk for illness: client
- Ability for client to have access to experts
- Ability of clinician to work from home
- Cost effective means of providing services
- Reduce clinician exposure to sick clients
- Ability to provide therapy services to clients who may have otherwise canceled appointments
- Other(s):

Please indicate the other reasons you are providing Telehealth: _____