AAC from Afar: Improving Telehealth Trials

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Short Abstract

How can we ensure that AAC communicators in rural remote areas aren't left behind? As telehealth services expand due to increased NDIS funding and post-COVID demand, many professionals face challenges in providing effective remote AAC support. This presentation summarises findings from a collaborative telehealth AAC trial conducted by a speech pathologist providing services via telehealth to rural and remote areas with support from Liberator, an AAC device supplier. We address common barriers to AAC telehealth trials and offer practical solutions, drawing from both research and our case study experience.

We discuss the importance of team collaboration, family preparation, and supplier involvement in the trial process. Key insights from speech pathologists and parents about what works well, potential pitfalls, and tips for professionals to enhance their telehealth AAC services.

As part of this presentation, we have developed resources that are adapted for telehealth AAC trials. They have been developed in collaboration with speech pathologists that service rural and remote areas via telehealth and parent feedback.

By sharing our experiences and lessons learned, we aim to equip professionals with the tools and knowledge to conduct more effective telehealth AAC trials, ultimately improving outcomes for clients with communication support needs in underserviced areas beyond city limits.

Whether you're a speech pathologist, educator, or support worker, you'll leave armed with practical tips and resources to boost your telehealth AAC toolkit.

Long Abstract

The landscape of healthcare service delivery has undergone significant transformations in recent years, particularly in the realm of telehealth. This shift has been especially pronounced in the field of Augmentative and Alternative Communication (AAC), where the need for remote service provision has been amplified by increased National Disability Insurance Scheme (NDIS) funding and the global COVID-19 pandemic. Ensuring equitable access to AAC services for individuals in rural and remote areas remains a significant challenge, with many professionals struggling to provide effective remote support (Anderson et al., 2012).

This presentation shares insights from a collaborative telehealth AAC trial conducted by a speech pathologist providing telehealth services to rural and remote areas in Australia, with support from Liberator. We will discuss common barriers to AAC telehealth trials and share practical solutions and resources to enhance service delivery.

The expansion of telehealth services has been particularly notable in the allied health sector, with a surge in telehealth-only services observed since the onset of the COVID-19 pandemic. However, this rapid transition has exposed several challenges, including a lack of confidence among speech pathologists and a lack of support among families participating in AAC trials.

The presentation shares the barriers to supporting an effective telehealth AAC trial, including challenges in remote device demonstration and troubleshooting, challenges with coaching and modelling and technical difficulties. Our presentation emphasises the importance of a collaborative approach involving speech pathologists, families, educators, support workers, and AAC device suppliers. The involvement of the entire team was found to be crucial in overcoming many of the identified barriers and enhancing the overall effectiveness of telehealth AAC trials.

One of the outcomes of this collaboration was the development of resources specifically adapted for telehealth AAC trials through discussion with speech pathologists servicing rural and remote areas via telehealth and incorporated feedback from parents. The resources developed provide a valuable toolkit for enhancing telehealth AAC services, potentially improving outcomes for individuals with communication support needs in underserved areas.

Our presentation highlights several key factors contributing to successful telehealth AAC trials. These include thorough preparation of both the professional and the family, clear communication protocols, flexible scheduling to accommodate the unique challenges of remote service delivery, and the involvement of AAC device suppliers in providing technical support and guidance. The importance of these factors aligns with best practices identified in previous telehealth research (Cason & Cohn, 2014).

In summary, this presentation provides valuable insights into the challenges and opportunities of conducting telehealth AAC trials in rural and remote areas. By sharing our experiences, practical strategies, and developed resources, we aim to contribute to the improvement of telehealth AAC services. The collaborative approach involving speech pathologists, families, educators, and AAC device suppliers, offers a model for enhancing the effectiveness of remote AAC trials and interventions.

Future directions could include more systematic evaluations of telehealth AAC trials, exploration of novel technologies to enhance remote AAC assessments, and investigation of cultural factors influencing telehealth AAC service delivery in diverse rural and remote communities. As the field of telehealth continues to evolve, ongoing research and practical case studies like this one will be essential in ensuring that individuals with complex communication needs have access to high-quality AAC services, regardless of their geographical location.

References:

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