

USE OF TELEPRACTICE APPROACHES IN PROVIDING SERVICES TO PATIENTS/CLIENTS

CASLPO members are expected to provide high quality care and services to their patients/clients. Members may provide telepractice services if they feel that it is in the best interests of the patients/clients. Members who provide telepractice services are expected to continue to adhere to the Code of Ethics and other CASLPO documents and to the requirements set out in this position statement.

BACKGROUND

The professions of speech-language pathology and audiology continue to evolve by integrating use of new technologies to enhance services offered to patients/clients. The use of telepractices, the application of telecommunication technologies at a distance, is increasing in the professions of Audiology and Speech-Language Pathology. When these practices are implemented in an appropriate manner, they can increase access to audiology and speech-language pathology services for populations that otherwise may not be able to access those services to the same extent.

ASSUMPTIONS

Some CASLPO members may seek to extend the availability of their services to patients/clients through the use of telepractices. CASLPO is aware that patients/clients may benefit from the availability of telepractice services through, for example provision of services to underserved or isolated areas.

In providing services to the public, CASLPO members are required to act in the best interests of their patients/clients. Members are guided by the Code of Ethics.

Principle 1

The primary ethical obligation of audiologists and speech-language pathologists is to practise their skills for the benefit of their patients/clients.

Professional Constraints on Practice

Audiologists and Speech-Language Pathologists:

- 2.2 will practice within the limits of their competence as determined by their education, training and professional experience;
- 2.9 will ensure that all equipment used is calibrated and in proper working order.

CASLPO's Code of Ethics also states that members:

- 2.5 will ensure that the *primary* assessment/treatment/consultation with patients/clients will be a *face-to-face* encounter. General education materials and follow-up care may be judiciously delivered by electronic means;

A "face-to-face encounter" may be conducted using electronic means. An electronic intervention may be considered to be "face-to-face" if it meets the following four criteria: audio, visual, in real-time and interactive.

This definition of "face-to-face encounter" would thus include the use of live, interactive videoconferencing and exclude the use of the telephone (no visual component), and other media such as e-mail and facsimile (no audio component, no visual component, and neither live or interactive). Also excluded is store and forward communication in which images and other information are recorded, stored and then transmitted for examination later. For example, this definition of face-to-face would not allow for assessment to be conducted *primarily* through the use of recorded videotape as it is neither live nor interactive.

GUIDING PRINCIPLES

1. In certain instances members may determine that providing telepractice services is in the patient/client's best interest where the conditions of a "face-to-face encounter" cannot be met. This should be considered only after attempts to arrange alternative services have been unsuccessful. The nature of the rationale for proceeding with telepractice services without appropriate "face-to-face" interaction must be documented in the patient/client record.
2. The appropriate standard of services delivered via telepractices shall be equivalent to the standard expected in traditional delivery methods. Existing guidelines should be used to guide the provision of member services in telepractice, recognizing that some modifications may need to be made for example to compensate for the lack of ability to touch the patient/client.
3. Members must utilize their judgment to ensure that procedures requiring hands-on contact (i.e. ear mold impressions) will still be conducted in person, with the patient/client physically present.
4. When obtaining informed consent for intervention, CASLPO members are required to discuss the required elements of information with patients/clients, as stipulated in the Health Care Consent Act. In obtaining consent for telepractice services, members are expected to provide information concerning benefits, risks, side effects and alternatives that are specific to telepractices, in order to ensure that the patient/client is providing informed consent to intervention provided through telepractices.

5. Members providing services through telepractice means should ensure that they possess the necessary competencies, knowledge and skills to provide appropriate telepractice intervention. For example, members should ensure that they possess the necessary required technological competencies to use the equipment or that the appropriate technological assistance is available to them. Members remain responsible for the proper functioning of the equipment utilized, in accordance with item 2.9 of the Code of Ethics. This includes compliance with all relevant safety laws, regulations and codes and pertinent infection control procedures.
6. Members must ensure that the quality of audio and video signals is appropriate for the intervention being provided. Application-specific quality standards are necessary as the quality of audio and video signals required may vary according to the patient/client's communication disorder.
7. Members remain responsible for maintenance of the confidentiality of patient/client information. This includes confidentiality of both electronically transmitted information and records in audio and video format.
8. Audio and video records of telepractices should be retained in accordance with the Proposed Regulation for Records.
9. When a patient/client chooses not to accept telepractice services offered by the member, the patient/client should be offered access to any appropriate direct services offered by the member. If the member does not provide direct services, reasonable attempts should be made to locate alternative services for the patient/client, as indicated in the Professional Misconduct regulation, which requires that patients/clients not be abandoned.
10. CASLPO members remain responsible for informing themselves of any jurisdictional issues relevant to the provision of telepractice services to persons outside Ontario. In Ontario, the service is considered to be provided in the jurisdiction in which the patient/client is located. All speech-language pathologists and audiologists providing services to patient/clients in Ontario must be CASLPO members.

CONCLUSION

CASLPO members are required to offer intervention that is in the best interests of the patients/clients. In providing services through telepractices, members must ensure compliance with all relevant CASLPO requirements.

COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF ONTARIO

REFERENCES

College of Audiologists and Speech-Language Pathologists of Ontario. Code of Ethics. May 1996

College of Audiologists and Speech-Language Pathologists of Ontario. Health Care Consent Act: A Guide for Audiologists and Speech-Language Pathologists, September 1996

College of Audiologists and Speech-Language Pathologists of Ontario. Proposed Regulation for Records. April 1996

Ontario Regulation 749/93: Professional Misconduct, made under the *Audiology and Speech-Language Pathology Act, 1991*

American Speech-Language-Hearing Association. Telepractices and ASHA: Report of the Telepractices Team, December 2001

DEFINITIONS

TELEPRACTICES

Telepractices is the application of telecommunications technology to deliver professional services at a distance. Telehealth is a synonym of Telepractices.¹

¹ Adapted from *Speech-Language Pathologists Providing Clinical Services Via Telepractice: Position Statement* and *Audiologists Providing Clinical Services Via Telepractice: Position Statement*, ASHA, 2004