

Expeditious Deployment of Telepractice for Vocal Disorders: Obstacles and Prospects for Speech Therapy Practitioners

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Abstract

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Introduction

e rapid advancement of technology has revolutionized many aspects of healthcare, and speech therapy is no exception. Telepractice, the provision of speech therapy services via telecommunications technology, has emerged as a pivotal tool in delivering care to individuals is method, particularly highlighted by the with vocal disorders [1]. COVID-19 pandemic, has showcased the potential for remote therapy to bridge the gap between practitioners and patients. However, the transition to telepractice is not without its challenges [2]. is article explores the obstacles and prospects associated with the expeditious deployment of telepractice for vocal disorders, o ering insights into how speech therapy practitioners can navigate this evolving e advent of telepractice has revolutionized the eld landscape [3]. of speech therapy, o ering a transformative approach to treating vocal disorders. Telepractice involves the use of telecommunications technology to deliver speech therapy services, making it possible to provide assessment, intervention, and consultation remotely [4-6].

is method has gained considerable traction, particularly during the COVID-19 pandemic, which underscored the necessity of remote shherr6(iposc)0voutelepractice fpes nts.a piromisng Despite its advantages, the deployment of telepractice faces several signic cant obstacles that need to be addressed to ensure its e cacy and widespread adoption.

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Technical pro ciency: Not all speech therapy practitioners are pro cient in using telepractice tools. ere is a learning curve associated with the adoption of new technologies, which can impede the immediate implementation of telepractice services. Training and ongoing support are essential to help practitioners become adept at using these tools e ectively.

Patient engagement: Engaging patients, especially children or individuals with severe vocal disorders, can be more challenging in a virtual environment. Maintaining attention and participation through a screen requires innovative strategies and adaptations to traditional therapy methods.

Privacy and con dentiality: Ensuring the privacy and con dentiality of patient information is critical in telepractice. Compliance with regulations such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States is mandatory, and practitioners must use secure platforms to protect patient data.

Licensing and reimbursement: Telepractice introduces complexities in terms of licensing and reimbursement. Practitioners must be licensed in the state where the patient is located, which can be a barrier when providing services across state lines. Additionally, reimbursement policies for telepractice services can vary signi cantly between insurance providers, a ecting the nancial viability of these services.

Prospects and opportunities

While the obstacles are signi cant, the prospects for telepractice in speech therapy are promising. Addressing these challenges can pave the way for more e ective and widespread adoption of this service delivery model.

Technological advancements: Continuous improvements in technology are making telepractice more accessible and reliable. High-speed internet is becoming more widely available, and telepractice platforms are being designed with user-friendliness and security in mind. Innovations such as virtual reality (VR) and arti cial intelligence (AI) hold potential for enhancing telepractice experiences and outcomes.

Professional development: Investing in the professional development of speech therapy practitioners is crucial. Training programs focused on telepractice skills, including the use of speci c technologies and techniques for virtual engagement, can empower practitioners to deliver high-quality care remotely.

Creative engagement strategies: Developing and sharing best practices for patient engagement in telepractice can improve therapy outcomes. Interactive digital tools, gami cation, and family involvement are strategies that can enhance patient participation and

motivation.

Policy and advocacy: Advocacy for consistent telepractice regulations and reimbursement policies is essential. Professional organizations and stakeholders can work together to in uence policy changes that support telepractice, ensuring it is recognized and reimbursed equivalently to in-person services.

Research and evidence-based practice: Ongoing research into the e cacy of telepractice for vocal disorders is necessary to build a robust evidence base. Studies that compare telepractice with traditional therapy, explore patient and practitioner experiences, and identify best practices can inform and improve telepractice models.

Conclusion

e expeditious deployment of telepractice for vocal disorders presents both challenges and opportunities for speech therapy practitioners. While technological barriers, patient engagement, privacy concerns, and regulatory issues pose signi cant obstacles, the potential bene ts of telepractice are substantial. By leveraging technological advancements, investing in professional development, advocating for supportive policies, and conducting rigorous research, the speech therapy eld can e ectively integrate telepractice as a standard mode of service delivery. is integration promises to enhance accessibility, exibility, and overall quality of care for individuals with vocal disorders, ensuring that they receive the support they need regardless of geographical limitations.

References

- H^{*}|| M (2016) A åi•&^{*}••i[} [-i]·c⁺·i]¹[-⁴••i[]æ| |æ]^{*}^{*}æ^{*}^ &[{]^c^{*}}&ⁱ^{*} æ}^{*} aⁱ a potential for patient risk I}∘ J N^{*}i• Sc^{*}å 54: 158-172.
- K@^å^\ S, Kææ} E (2021) C[*}äiç^ &[]c![|i] àiji}* "æ|•: P¦[,&i^}& ajå &[å^-•,ic&@i}* à[c@ {æcc^\ C[*}izi[} 209: 104575.
- S&@ ,æà SM, D^{*}*æ} S, Rå|^ MA (2021) R^&i]¦[&æ| I)^{**}}&^ [- M[àåja^{*} æ}å S]^^&@-Læ}^{**}æ*^: Aâçæ}&i}* P@^{*}•i&æ] T@^!æ] a S]^^&@ T@^!æ] C[c!^æc{^}c æ}å C[||æà[!ædi[} -[¦ Aå^{*}]c•Wic@ N^{*}¦[|[*i&æ] C[}åidi]}•. Phys T@^! 101: 196.
- Bæ¦łæœ J, Liœ¦∧[@] P, T@[{] [} J (1992) Trial of intensive compared with weekly speech therapy in preschool children. A¦&@ Di• C@ijå 67: 106-108.
- 5. H[à^} K, Væ¦|^ R, C[¢ R (2010) Clinical reasoning skills of speech and |æ}*˜æ*^ c@^iæ]^ •c^{*}å^}c•. I}c J Læ}* C[{ { `} Di•[iå 1: 123-235.
- S&[cc S, Cæilå FI (1983) S]^^&@ c@^læ] ~[¦ Pæl\i}•[}@ åi•^æ•^. J N^*¦[| N^*¦[•`¦* P•^&@iæcl^ 46: 140-144.
- Ÿ* "æ|-F^\} ι }å^: A, C^\ç^\æ-M...\iåæ JF, R[••[P (2008) T@^ çæ|`^ [phonological analysis in speech therapy. R^ç N^`\[|1: S97-100.
- 8. F¦^`å D, E:lædi-Vi}æ&[`¦ R, A {i¦ O (2018) S]^^&@ \æc^ æåù`•c{^}c [~æå`|c• å`ià}* &[}ç^!•ædi[}.J F|`^}&^ Di•[!å 57: 1-10.
- 9. Hill AE, Dæçiå•[} BJ, T@^[å[¦[• DG (2012) R^'^&di]• [} &li}i&|i*i}*
 i} {ciå^ •]^^&@-læ}* œ*^ c@^!æ]^ •c`å^}c•. I}c J Læ}* C[{ { `} Di•[!å 47: 413-426.
- 10. F`¦|[}* L, Eiåk\•[} S, M[¦¦å• ME (2010) C[{]`c^¦-àæ•^å•]^^&@ c@^¦æ]^-[¦ &@äjå@[[å •]^^&@ •[`}å åå•[¦å^\•. J C[{ {`} Då•[¦å 68: 50-69.

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