



## **Pediatric Communication Center, LLC**

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July 21, 2020

Re: Continuation of Telehealth Coverage for Speech-Language Pathologists in Connecticut

To Whom It May Concern,

My name is Jennifer Sakowicz and I am a speech-language pathologist as well as owner of Pediatric Communication Center, a private practice speech-language clinic in Newington, Connecticut. I am writing today as a testimonial as well as to request and support the continuation of telehealth services for the provision of speech-language therapy and evaluations in the state of Connecticut. As a private practice owner, when I opened my doors in 2013, I never imagined that a global pandemic would change the way I delivered therapeutic and evaluative services to the patients I serve. To ensure the safety of my patients as well as myself and my employees, since March 2020, my entire practice transitioned to delivering telehealth services. The allowance of speech-language pathologists to deliver telehealth services in the state of Connecticut provided patients and their families with the necessary speech and language therapy needed in order to continue developing effective and functional communication skills while keeping both patients, families, employees, the community and myself safe from the spread of COVID-19. In addition, as a private practice owner, the provision of telehealth services allowed me the ability to continue operation of my practice, maintain a source of income, and continue my livelihood as a speech-language pathologist.

As a health care professional, all of the clinical decisions I make are based on evidence-based practice. Evidence-based practice is rooted in three components: research, clinical experience and client perspective. All three of these components for telehealth are not only supported in the literature but also in my own clinical experience as well as via client/parent perspective. I will highlight how all three components have shown telehealth to be an effective platform for the delivery of speech-language therapy and evaluations.

1. Research: Research supports telehealth as an effective means to provide speech and language services to both adults and children. The American Speech-Language and Hearing Association (ASHA), the governing body for speech-language pathologists and audiologists, provides evidence maps which substantiate the use of telehealth services

from all three angles of the evidence-based practice continuum. A link to the evidence maps highlighting the research in this area can be found here:

<https://www.asha.org/EvidenceMapLanding.aspx?id=8589944872&recentarticles=false&year=undefined&tab=all>

2. Clinical Experience: Since March 2020, in my professional practice, I have seen every single one of my pediatric patients make gains in his/her speech and language development via telehealth. Some clients are performing better and making increased therapeutic gains via telehealth as compared to in person, face to face visits. Parents are often sitting next to their child, observing the speech-language pathologist, and better able to facilitate speech and language skills at home given their involvement in sessions. During telehealth services, some clients have been discharged from services due to improved skills which supports the effectiveness of therapy delivered via this platform.

In addition, many of my patients present with a motor speech disorder called, Childhood Apraxia of Speech (CAS). For treatment, research indicates that children benefit from watching my mouth move to accurately sequence sounds for motor planning/programming. Use of telehealth has allowed these children to watch my speech sound productions and mouth movements. If telehealth was not an option during COVID-19 and in-person therapy needed to be provided with proper PPE, including N95 masks, these children would lose important therapeutic prompting which is hypothesized to be detrimental to progress. In addition, our patients on the Autism Spectrum, many of whom have sensory processing difficulties and would not tolerate wearing a mask, could continue to receive speech and language therapy from home rather than putting a hold on services altogether. Therefore, my professional experience supports the effectiveness and use of telehealth for many pediatric patients. While all children may not be candidates for this type of service, the ones who are candidates have made progress, achieved goals and benefited from this service delivery model.

3. Parents have expressed pleasure with telehealth services and were grateful and relieved to have this as an option during COVID-19. Please see below testimonials from current patients.

*"My 5-year-old had her first telehealth session this week and she had fun and loved the games they got to play. It is definitely a different experience working on a computer screen rather than in person, but she was still able to see her SLP's face for cueing and receive feedback when needed. The telehealth service had several games to choose from to keep her engaged throughout the session. She is already looking forward to her next session. I for one am definitely relieved to have the option of a service like this during this time rather than forgoing speech." -Parent of 5-year-old client*

*"We thought today went great! I wasn't sure exactly how the technology would roll out but our son was really engaged- maybe even more than normal because he does love using technology as well! He said he liked being able to type on the computer and it was very helpful to see Ms. Jen and the games were fun too!! It was a great use of time- and also really nice to bring a little more normalcy back into his world!! Thank you for making it happen." -Parent of a 9-year-old*

*"My 9-year-old has been working with Jen for years. I was a little worried that he would be distracted doing speech via webcam, but Jen kept him engaged through the process. She even worked with him to let him pick a different website as reward for doing his work. He was able to engage with her and did a great job. I'm happy that we are able to continue working on speech during this chaotic time and we don't have to worry about him losing the hard work he's done to overcome his apraxia." -Parent of a 9-year-old*

*"My 6-year-old has been working with Karli for over a year. He can be a bit stubborn, so I wasn't sure how well he would adapt to doing speech via teletherapy. But once we got everything up and running, he liked that he was able to show Miss Karli his toys and do speech in PJs from the comfort of his own home. I'm glad that PCC is using this service so we can continue to benefit from their work during this strange and challenging time." - Parent of a 6-year-old*

Research, clinical practice, and parent/client perspective, the three critical components of evidence-based practice, all support the use of telehealth for the delivery of speech-language evaluations and treatment. It is my sincere hope that telehealth will continue to be covered and allowed in the state of Connecticut, not only throughout the duration of COVID-19, but even after this pandemic is long in the history books. As a health care provider, I believe that we should access and utilize all evidence-based tools to help with children and families we serve. Discontinuing the use of telehealth for speech-language services would be detrimental to many, and, in my opinion, would be a short-sided decision that does not account for research, clinical practice and/or client/patient perspective. I welcome the opportunity to speak with you further about this testimonial and request for telehealth services to be continued in the state of Connecticut.

With sincere thanks,

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