About Therapy Alliance Group (TAG)

- Large multidisciplinary allied health private practice
- Locations in Toowoomba (Harth St & Margaret St); Chinchilla, Beenleigh and Caboolture
- Diverse clinical skill set paediatric and adult disability, generalist speech pathology and occupational therapy, voice/dysphagia, paediatric feeding, paediatric nutrition/dietetics.
Barriers to Telehealth

- Outdated/inadequate funding models
- Technical skills/experience of (providers and consumers)
- Equipment/infrastructure
- Resistance to change (providers and consumers)
- “Outsiders” to rural/remote communities
Additional barriers to Telepractice/Teletherapy for disability

- Require hands on interventions (e.g. physical cueing strategies)
- Require physical manipulables (e.g. toys, switches, wedges, AAC equipment)
- Attention difficulties
- Challenging behaviours
- Capacity of families already experiencing carer burnout
Not suitable?

- Too young
- Unable to pay attention
- Have challenging behaviour
- Requires special equipment
- Requires hands on interventions
Additional support/alternative options

- Use of allied health therapy assistants (AHA)
- Telesupervision of students
- Dual manipulables
- Combine face to face with telepractice
Allied Health Assistants

- Recruit from local community
- Facilitate engagement in teletherapy sessions
- Help to address: technical, attention, behavioural and physical barriers to participation
- Help overcome rural/remote travel, recruitment, capacity and specialized skill set issues
- Can provide additional local face to face interventions if appropriate
- Deliver from a rural/remote “base” or mobile depending on community need and feasibility
Telesupervision of students

- Trial - Chinchilla 2018
- Developmental screening
- Increased therapy intensity
- Preferred appointment times
- Benefits: community, students, clients
Dual manipulables

- Therapist demonstrates with one set and AHA, student, parent/carer then uses another set with client
- Requires preparation in advance tailored to specific needs
- Additional costs
- Can mitigate cost and preparation required by working from a rural/remote “base”
<table>
<thead>
<tr>
<th>Why can’t we have both!?</th>
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<td>Initial consultation and assessment face to face then therapy via telepractice</td>
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<td>Alternating routinely (e.g. 1:2, 1:3 or 1:7)</td>
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<td>Can be with or without AHA/Student facilitation</td>
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Challenges still to solve

- Funding models
  - NDIS currently not financially viable for AHA services especially for travel
  - Medicare no rebates for telepractice for allied health (only psychiatry currently)

- Change management – perceptions and process
Questions?

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