Interprofessional Collaborative Practice Can Benefit State Speech-Language-Hearing Associations

May 19, 2017
“Collaborating Across Disciplines”

Presenting Authors:
Gerard Caracciolo, EdD, CCC-SLP Montclair State University
Mary Faella, MA, CCC-SLP Phonemic Foundations, LLC

Contributing Authors:
Sue Goldman, MA, CCC-SLP Kean University
Monique Kaye, ABD, CCC-A Long Hill Board of Education
Marykate Vaughn, AuD CCC-A Summit Med Group
Janet Koehnke, PhD, CCC-A Montclair State University

Disclosure Statement

Financial Disclosure(s):
- No, the authors do not have financial relationships relevant to the content of the session.

Non-financial Disclosure(s):
- Yes, the authors have nonfinancial relationships relevant to the content of the session.
- The authors are members of an association or group that is talked about or referenced in the course.
- The authors are unpaid volunteers (board, panel, volunteer/committee membership, membership on advisory committee, review panels, etc.)

Introduction

- NJSHA’s interprofessional collaboration experiences will demonstrate how an association that steps outside of its immediate organizational sphere to collaborate can achieve benefits for its association, its partners and ultimately the individuals we serve.
- This presentation will describe aspects of NJSHA’s collaborations with examples from four of its key relationships.

“Collaboration” Defined

“A collaboration is a professional relationship in which all partners strategically choose to cooperate in order to accomplish a shared outcome.”
(Hank Rubin, Institute of Collaborative Leadership)

ASHA’s Envisioned Future: 2025

“Interprofessional education and practice occur when two or more professions learn about, from and with each other, to enable effective collaboration and improve outcomes for individuals and families who we serve.”
Who are Potential Partners?

Any group or association that shares a common or related interest. Examples:

- **National**: ASHA, CSAP
- **State**:
  - N.J. Department of Education
  - N.J. Chapter of the International Dyslexia Association
  - N.J. Academy of Audiology
  - N.J. Higher Education SLP/Aud
  - N.J. American Academy of Pediatrics
  - Warren County Speech-Language-Hearing Association
  - N.J. Association for Infant Mental Health

Potential Shared Outcomes/Benefits

- Increased professional understanding
- Shared perspectives and learning
- Better informed practices
- Enriched treatment for those we serve
- Mutual advocacy support
- More public awareness and public relations
- Extended networking opportunities
- Added value to association membership
- More resourceful continuing education offerings
- Membership growth opportunities
- Increased non-dues revenue

School Affairs Committee-SAC

- Lobbyist monitors legislative activity for any impact on NJSHA’s professional groups
- SAC meets annually with Director of Office of Special Education Programs (OSEP), New Jersey Department of Education (N.J. DOE)

School Affairs Committee

Outcomes of DOE involvement continued

- earned a position for an SLP on a dyslexia task force
- earned a position for an SLP on NJ Teacher Tiered NJSHA more involvement with the state’s plan to implement ESSA

Clarification memo on criteria

FROM: Peggy McDonald, Executive Director
Office of Special Education Programs

I am writing to provide clarification with respect to the criteria for determining whether a student is eligible to receive speech-language services from a speech-language specialist in accordance with N.J.A.C. 6A:14-3.5(c)4 and N.J.A.C. 6A:14-3.6(a). N.J.A.C. 6A:14-3.5(c)4 provides with respect to eligibility under communication impaired:

In accordance with this regulation, when assessing for a language disorder for purposes of determining whether a student meets the criteria for communication impaired, the problem must be demonstrated through functional assessment of language in other than a testing situation and performance below 1.5 standard deviations, or the 10th percentile on at least two standardized language tests, where such tests are appropriate, one of which shall be a comprehensive test of both receptive and expressive language.
Clarification memo on criteria

When implementing the requirement with respect to “standardized language tests,” test selection for evaluation or reevaluation of an individual student is based on various factors, including the student’s ability to participate in the test, the areas of suspected language difficulties (e.g., morphology, syntax, semantics, pragmatic, social language) and weaknesses identified during the assessment process, which require further testing, etc. With respect to test interpretation and decision-making regarding eligibility for special education and related services and eligibility for speech-language services, the criteria in the above provision do not limit the types of scores that can be considered (e.g., index, subtest, standard score, etc.). Evaluators should review the pertinent examiners’ manual to determine which scores to utilize to determine eligibility. Test analyses, presented with the functional assessment of language and information about the educational impact of the communication difficulties on the student’s ability to be involved in academic, nonacademic, and extracurricular activities, assist in determining eligibility. In addition, if it is determined that the use of percent delay is counterproductive and how it has the potential to deprive children of FAPE, use research/information on FAPE to support your contention.

Potential Testimony for Re-Authorization of New Jersey’s Special Education Code

Preschool Criteria should not use percent delay

Preschool criteria currently is based on percent delay. The NJDOE has codified that a 33% delay must exist in one development area or a 25% delay must exist in two areas. Informally, the NJDOE has stated that a 33% delay corresponds to 2 SDs below the mean and a 25% delay corresponds to 1.5 SDs below the mean. Your testimony should concern why usage of percent delay is counterproductive and how it has the potential to deprive children of FAPE. Use research/information on FAPE to support your contention.

Potential Testimony (continued)

- Support for this change
  - Use of percent delay based on language age is counterproductive and not research based
  - It can misidentify children who do not have a delay and miss children who do - FAPE issue
  - Research on use of language age and percent delay.
  - Suggested alternative for criteria for preschoolers with disabilities
  - Explain why -2 SDs below the mean in one area is too strict a criteria and in contradiction to NJ CI criteria

Systematic Multi-Sensory Approach

- 600 school districts in NJ, each use their own programs to treat reading disorders
- Educators were requesting more information as to how to effectively diagnose and treat dyslexia
- Before it was popular, NJ SHA/NJ IDA Joint Conference presented national speakers who provided evidenced based research to our audience

Joint Literacy Conference - NJ SHA/NJ IDA

- New Jersey Speech-Language-Hearing Association/New Jersey Chapter of the International Dyslexia Association
- Inception: The first joint conference was presented in 1992 initiated by Mae Balaban, EdD, CCC-SLP/A, LDTC
- Market Data Retrieval (MDR) - SLPs, LDTCs, Administrators, SPED & Gen Ed Teachers, Psychologists
- NJ SHA and NJ IDA management companies alternates financial commitments yearly and communication between companies involved with brochure and mailing
Dyslexia Law in NJ (circa 2015)

- Parent Advocates demanded better programming
- NJ DOE Committee formed
- NJ SHA member invited to committee – NJ DOE collaboration and lobbyist input
- Result
  - Professional development requirements - Identification, Screening, Technology, Treatment, Accommodation
  - Dyslexia defined in Special Education Code, NJAC 6A:14

The Day of the Program

- 2016 Program: 300 attendees broke previous record
- Full Day
- Two Breaks and Lunch (provided)
- Online handouts
- Mae Balaban Scholarship to attend program (in memory of the professional who conceived this groundbreaking program) presented to one NJ SHA and one NJ DA member
- ASHA CEUs and Professional Development for Schools
- Feedback from attendees

Recent Speakers – Melding of SLPs, Educators, Researchers

- Virginia Berninger (2009)
- Kenn Apel (2012)
- Julie Masterson (2014)
- Louisa Cook Moats (2016)
- Upcoming - Barbara Ehren (2017)

NJ SHA and New Jersey Academy of Audiology

- 557 Licensed audiologists in NJ
- 361 CCC-A holders in NJ

NJ SHA
- Est. in 1956 Total Members: ~1500

NJ AA
- Est. in 1992 Total Members: ~50

NJ SHA and NJ AA

CE opportunities in NJ
- NJ SHA Annual Convention, Spring
- NJ AA Annual Conference, Fall

NJ SHA approached NJ AA to co-sponsor NJ SHA Audiology Convention program in 2013

Structure of collaboration
- Identify speakers and topics
- Advertise program
- Share mailing lists
- Financial contribution
- Speaker budget, overhead fees
- Member registration rate
NJSHA and NJAA

Outcomes
- Increased CE access
- Higher quality programing
- Increased vendor presence
- Increased attendance
- Increased non-dues revenue
- Increased membership
- Improved collaboration on other efforts
  - Advocacy/Legislation
  - Student network
  - Professional resources
  - Student scholarship

Thank You
NJSHA thanks KSBA for hosting CSAP Spring 2017
Collaborating Across Disciplines

CSAP 2017 Spring Conference

Jeff Adams, Ed.D.,CCC-SLP

Disclosure:
Financial — No financial relationship
Nonfinancial — Board of directors: Arkansas Speech, Language and Hearing Association
Receives no compensation as member of board of directors.

Collaborating Across Disciplines:
Melodee Owens, M.S.,CCC-SLP

Disclosure:
Financial — No financial relationship
Nonfinancial — Secretary, CSAP
Receives no compensation as member of board of directors.

Learner Outcome
As a result of this activity, learners will be able to analyze the pros and cons of collaborative leadership implemented at the state level across disciplines during a time of threat and adversity to a state Medicaid payment system for reimbursement of therapy services.

Strategy #1
Know and educate others on the difference between Skilled and Unskilled Services in CSD Professions

Skilled Services require a level of complexity and sophistication.
Unskilled services do not require specialized knowledge and skills

http://www.asha.org/uploadedFiles/Documentation-Skilled-Versus-Unskilled-Care-for-Medicare-Beneficiaries.pdf#search=%22what%22

Reframing the Professions of Speech-Language Pathology and Audiology
Strategy #2
Examine and Implement Systematic Data Collection Methods

SLPs and Audiologists with systematic data can leverage that information to:
• Advocate for the services we provide
• Obtain information for accrediting bodies
• Guide professionals and consumers about expected treatment outcomes

Strategy #3
Participate in the arena of public policy development, education political advocacy and/or lobbying

Timeline of Medicaid Expansion in Arkansas

- March 23, 2010 - ACA
- June 28, 2012 - Supreme Court decision
- Sept. 27, 2013 - CMS approves Arkansas’s private option plan
- March 4, 2014 - By one vote in the House, Ark. Legislature approves the private option plan for one year
- December 31, 2014 - 213,000 Arkansans enroll in the private option
- February 5, 2015 - Arkansas Legislature approves funding through Dec. 31, 2016
- December 29, 2015 - Funding for private option is approved through December 31, 2016
- December 31, 2014 - 213,000 Arkansans enroll in the private option
- Governor Hutchinson notifies federal DHS that the private option will be replaced with a new plan called Arkansas Works
- Details to be worked out for new Arkansas Works program in 2017.
Traditional Medicaid Program Reform

- Traditional Medicaid in Arkansas’s annual growth of 5% represents a pathway that requires reform
- Instituting cost controls that limit program growth are essential to the state’s long-term solvency
- The Task Force supported Governor Hutchinson’s plan to save $835 million dollars over five years

Recommended Savings to Developmental Disability Programs

- Comprehensive revision of Developmental Disability Services
- Instituting cost controls that limit program growth are essential to the state’s long-term solvency
- The Task Force supported Governor Hutchinson’s plan to save $835 million dollars over five years

Arkansas Health Reform Legislative Task Force Recommendations

<table>
<thead>
<tr>
<th>Savings Strategy</th>
<th>Savings Timing</th>
<th>Administrative Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Disability Populations (OT, OT, PT)</td>
<td>$18M/yr in therapy caps; $14M/yr from screenings for children’s services; $17M/yr from independent assessment and tiers for waiver services</td>
<td>Therapy caps and screenings for children begin July 1, 2017 (savings over 5 years) Independent assessment and tiers from July 1, 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2M/yr for independent assessments starting July 1, 2019</td>
</tr>
</tbody>
</table>

The VALUE of our Profession
ROI (return on investment)
Sharing the Importance of CSD Professions with Decision Makers

Volume or Value?
What results are we as a society getting for our money?

Advocacy
ASHA Suggestion for Implementation

“Develop an ongoing health care advisory committee to evaluate the effect of bundled payments and other changes in reimbursement and care delivery that will affect the practices of speech-language pathology and audiology.”

Characteristics of Ineffective Systems Change

- Poor Leadership
- Overall Organizational Culture
- Money
- Staffing
- Inadequate/Narrow Preparation of Leaders
- Uncoordinated Professional Development
- Organizational Structures

Silos and Systems Change

- Factions are taken for granted
- Poor Communication
- Dysfunctional Systems
- Competing Philosophies
- Loss of Vision and Mission

Breaking the Silos

- Shared Collective Vision
- Empowerment of members
- Shared Decision-Making
- Synergistic Energy
- Regard for Diversity
- Full Inclusion of People Impacted by Change
- Self-Determination and Personal Growth
- A Dynamic and Fluid Quality

Collaboration with other organizations

Arkansas Physical Therapy Association,
Arkansas Occupational Therapy Association,
Arkansas Therapy Advisory Council,
Child Health Management Services,
Developmental Disabilities Provider Association,
Medicaid,
Univ. of Arkansas for Medical Sciences/Arkansas Children’s Hospital,
Division of Child Care
Pros Associated with the Arkansas Alliance of Pediatric Health Professions

- Power in numbers
- Varied perspectives
- Value in diverse scope
- Network
- Dissemination of information to the masses
- Diffusion of negative feedback

Cons Associated with the Arkansas Alliance of Pediatric Health Professions

- Delayed response time for some time-sensitive statements
- Decision of group not always congruent with the decision of ArkSHA
- Lots of Chiefs
- Who’s in charge of What
- Casual structure of organization
- Not a specific list of members

Areas of Educational Need for SLPs and Audiologists

- Application of the ICF Framework to the CSD professions
- Changes to Payment Methodologies
- How Payment Change will alter service provision
- Members’ preparedness to meet these changes
- Efficacy of service delivery

Selected References