



## Introduction

All therapy providers relate to the challenge of implementing a virtual care model during the COVID-19 pandemic. In a medical center clinic, we learned of mixed responses from providers, patients, and families. We partnered with a local school district for an iPad loaner program for families in need of technology. While this addressed one barrier to care, other barriers to teletherapy access existed. In May 2020 and November 2020, our team sent out quality improvement surveys seeking input from Deaf and Hard of Hearing (D/HH) providers and families with a D/HH child regarding their experiences in the transition. Eighty-eight participants completed the Provider Survey and seventy-three participants completed the Family Survey. The Family Survey was provided in English, Spanish, and Chinese. Select responses revealed insights related to access to technology, provider and family concerns, therapy effectiveness, frequency of visits, comfort with technology, and skill application.

## Methods

Quality improvement surveys were created by members of the University of California San Francisco (UCSF) D/HH team using Google Forms. An email requesting participation was sent to our database of 180 Northern California D/HH providers and to 196 of our D/HH patients who participate in our multidisciplinary care clinic. The email requests were sent May 2020 and again November 2020. Responses were collected and are presented in aggregate in this presentation.

### Participants:

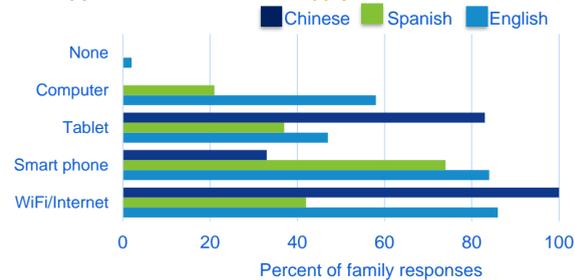
**Provider survey:** 88 participants (earliest response May 2020, latest response 12/2/2020)

- Teacher of the Deaf (TOD): 66%
- Speech-Language Pathologist (SLP): 23%
- Other provider: 11%

### Family survey:

- English survey: 48 participants
- Spanish survey: 19 participants
- Chinese survey: 6 participants

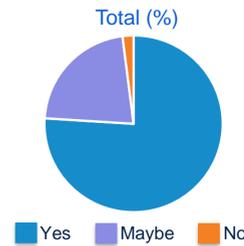
Which of the following do you have access to for video teletherapy services? Check all that apply.



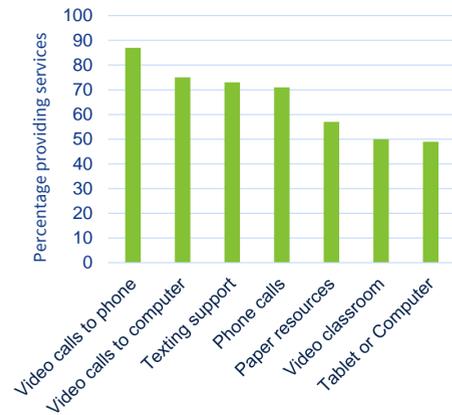
## Select Provider Survey Results

### Access to technology:

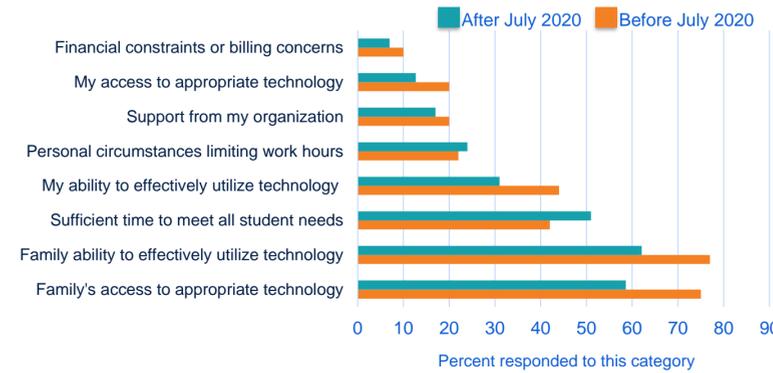
Does your organization have the resources necessary to engage in teletherapy?



What resources are you providing to your students/clients/patients?

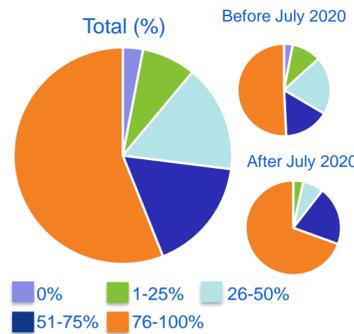


What are your primary concerns in supporting students/clients/patients since the shelter-in-place order?

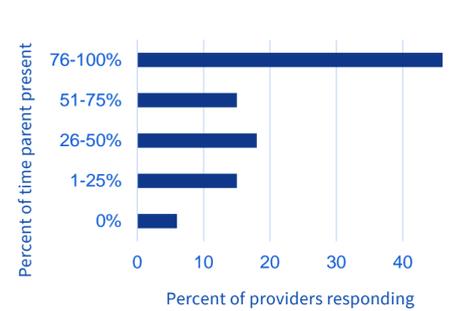


### Therapy effectiveness:

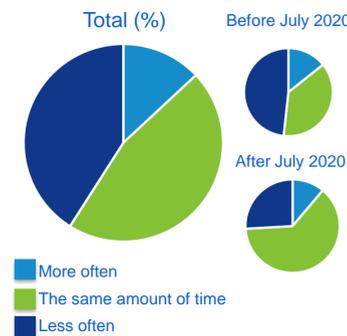
What percentage of your families are you able to connect with via teletherapy?



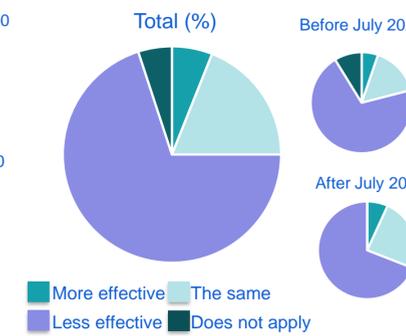
What percentage of the time is your student's/client's parent present for the whole session?



If you do have access to teletherapy, are you able to see your D/HH children more often, less often, or the same amount of time per week or month?



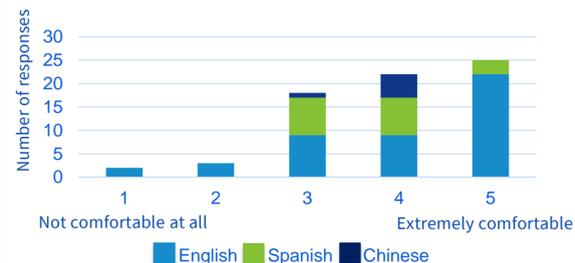
Since transitioning to teletherapy, do you feel your services are more effective, less effective, or the same as in-person therapy?



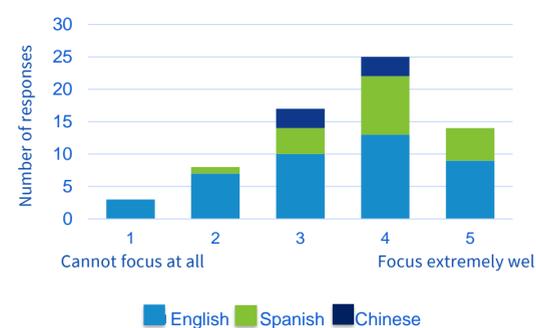
## Select Family Survey Results

### Concerns and comfort with technology:

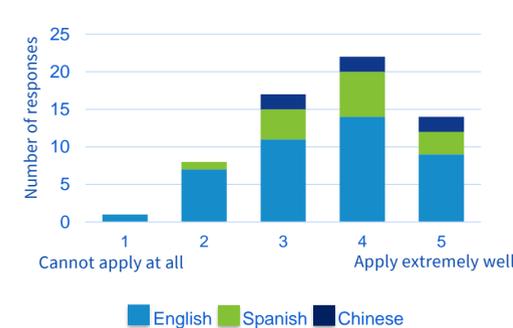
How comfortable are you with using technology for video telehealth visits?



How much do you feel you can focus on your child's teletherapy sessions?



Your therapists are teaching you new skills to try during your daily routines. How much do you feel you can apply skills learned through teletherapy?



Provider- and Family-identified barriers that impact family's ability to effectively engage in teletherapy:

- **Parents are not present** for session due to work or other obligations
- **Distraction** (general home distractions, other children, working from home, child's needs during teletherapy)
- Tech literacy and **internet connection**
- **Loss of interest** in session, family **burn out**
- **Language barriers**, access to interpreters
- Child's **limited engagement with screens**
- **Auditory and visual challenges** (connection, background noise, small screen size)
- **Scheduling** challenges (time, contacting families)
- **Provider lack of time and support** to prepare and engage in teletherapy
- Other patient and family stressors (medical, social/emotional, housing, financial)

## Discussion

- Provider concerns about their ability as well as family's ability to access and use technology effectively was high; however, 77% of families (4+ rating) across languages reported feeling comfortable with technology. This provider concern decreased after July 2020.
- Early on in the pandemic, 73% of providers were able to connect with more than 50% of their students/clients. After July 2020, 89% of providers who responded were able to connect with more than 50% of their students/clients.
- Before July 2020, almost 50% of students/clients received services less often, and by July 2020 this improved to 25% who received services less often.
- The majority of providers felt teletherapy was less effective compared to in-person services, both before and after July 2020. Few found teletherapy more effective. We should continue to evaluate teletherapy service delivery.
- Ability to focus amongst other stressors and distractions were common themes from provider and family perspectives during the pandemic. Such themes could have contributed to ratings of focus during teletherapy and application of skills thereafter.
- Limitations: We did not track whether respondents were the same or different in first and second dissemination of survey. Some responses could not be further categorized by age group served (< 3 years vs 12+ years). Unequal sample sizes make it difficult to compare access across primary languages.