Maximizing Speech-Language Pathologists’ Capacity in Ontario’s Health Care System June 30, 2015 The Ontario Association of Speech-Language Pathologists and Audiologists 410 Jarvis Street Toronto, Ontario M6Y 2G6 416-920-3676 / 1-800-718-6752

Section 11 – Costs/Benefits (Question34) 34. What are the potential costs and benefits to the public and the profession in allowing this change in scope of practice? Please consider and describe the impact of any of the following economic factors: It is estimated that nearly 20% of the population may experience communication difficulties at some point in their lives. One in 10 children has a speech and language difficulty, and it is the most common disability in childhood. Nearly 30-40% of stroke survivors have communication or swallowing complications requiring speech and language therapy. In the context of increased budgetary pressures, evidence of return on investment is critical to help guide effective spending decisions. Helping people with speech, language, communication and swallowing problems can have a far reaching effect on health, wellbeing, educational attainment, productivity gains, and integration/reintegration into society. Economic analysis studies (Marsh et al., 2010; University of Birmingham, 2013, O’Connor et al., 2012) indicate that the net benefits of speech-language pathology can exceed the costs. Findings published in November 2010 by the Royal College of Speech and Language Therapists (RCSLT) highlight how speech and language therapy offers significant cost savings – a net benefit to the U.K. economy of £765 million ($1.4 billion) – to the national health system and wider government by avoiding other clinical interventions and improving life aspects. Benefits considered in the analysis include health and social care cost savings, quality of life and productivity gains; it did not include the effect on return to work. The RCSLT study looked at four of the most common conditions which are treated by speech-language therapists practicing in the U.K.: patients suffering swallowing problems following a stroke; stroke survivors having difficulty with communication; children with speech and language impairment (SLI); and children with autism. Further analysis would be required to estimate the value speech and language therapists generate across all of the populations this profession serves. The RCSLT Economic Evaluation of Speech and Language Therapy study found:

o In the case of patients suffering swallowing problems following a stroke (dysphagia) the provision of speech and language therapy delivers £13.3 million ($23.8 million) in net savings to the NHS, or a return of £2.30 ($4.12) for every £1 ($1.80) invested.

o For stroke survivors having difficulty with communication (aphasia), such as speech, comprehension, reading and writing, the net benefits are equivalent to £15.4 million ($27.6 million), with a return of £1.30 ($2.35) for every £1 ($1.80) invested.

o For children with SLI which is encountered by 203,000 UK school children in a given year, the annual net benefit to the UK is £741.8 million ($1.3 billion), with every £1 ($1.80) invested generating a return of £6.43 ($11.51) in enhanced lifetime earnings. o For children suffering from autism, the cost savings are £9.8 million ($17.5 million) and every £1 ($1.80) invested generates £1.46 ($2.61) in cost savings. Costs/Benefits 47 a. Direct patient benefits/costs; Participation and inclusion in society are viewed as critical aspects of health. Communication difficulties reduce opportunities to participate at home, at school, at work, and in the community. Specifically, reduced ability to communicate disrupts links with family, loved ones, peers and caregivers, and affects ability to participate in leisure, academic and vocational pursuits. Helping parents to understand their child’s language and academic problems provides relief and validation because parents often know there is something wrong but can’t identify what it is. In addition, communication difficulties impact patient’s/client’s ability to direct their own personal care and make an informed decision (e.g. to communicate with physicians, therapists, case managers, other supporting health professionals and the education team). Similarly, swallowing difficulties can have a negative effect on overall health and quality of life. Speech-language pathology services in the community promote client independence and caregiver coping, and in doing so, lead to improved quality of life and optimal social, academic and vocational integration. With the improvement in scope of practice and access to additional authorized acts, speech-language pathologists will be better positioned to provide timely access to appropriate assessment and treatment for the public who choose them. With the existing barriers removed, the public should ultimately experience increased access to and benefit from speech-language services. The public will benefit from speech-language pathologists’ participating in their care planning and goals, and from receiving a diagnosis which should increase the patient/client/professional relationship and trust. Speech-language pathologists in this context would be able to provide more timely completion of forms and communications with payers to ensure that patients can access their benefits. Patients/clients will appreciate reduced costs associated with lost time to attend additional appointments required to receive orders, directives, referrals for communication of diagnosis and accessing treatment. The economic burden that can impact on patients/clients and their informal caregivers was illustrated in Question 17(d). The effectiveness of care means fewer complications and greater potential for patients to have improved quality of life and ability to be productive. For example, the core features of autism spectrum disorders include impairments in reciprocal social interaction. Due to the nature of autism, family members, peers and other communication partners often encounter barriers in the efforts to communicate and interact with individuals with autism spectrum disorders. The speech-language pathologist’s role is critical in supporting the individual, the environment and the communication partner to maximize opportunities for interaction in order to overcome barriers that would lead to everdecreasing opportunities and social isolation if left unmitigated. In addition, management in the community can enable earlier discharge from hospital, and help prevent admissions to hospitals and long-term care facilities. Other cost savings are realized through promotion of client independence, caregiver coping and utilization of appropriate resources to support the patient’s/client’s needs.

Costs/Benefits 48 b. Benefits and costs to the broader health care service delivery system; The proposed changes will enhance the capacity of speech-language pathologists to contribute to multidisciplinary collaboration given the removal of some of the barriers they now face to maximizing their professional competencies in servicing the public and associated teams. Other professionals on health teams will better appreciate and understand the speech-language pathology role, scope, competencies and accountability to improve collaborative, integrated and inter-supportive work. The proposed scope of practice changes would serve to enhance public confidence that they are receiving the right care at the right time, rather than questioning the need to go to another more general professional to receive a specific diagnosis. The RCSLT Economic Evaluation of Speech and Language Therapy study found that, in comparison to usual care by a non-specialized nurse, assessment and treatment of swallowing disorders by speech language pathologists is estimated to prevent 4,300 cases of chest infections requiring hospital care and 9,200 cases of chest infections requiring community care. This reduction in chest infections results in health cost savings that exceed the cost of the speech and language therapy by £13.3 million ($23.8 million). The benefits of speech and language therapy, and in this example, a timely swallowing intervention by the SLP, go beyond the reduction in chest infections (e.g. improved quality of life, reduce re-admission to hospitals, avoidance of malnutrition and death.)

c. Benefits and costs associated with wait times; The Canadian Institute of Child Health reported that emotional and behavioural problems and early learning difficulties have the greatest impact in lowering life quality and reducing life opportunities and achievements of Canadian children and youth. Yet, the average wait time for a child to enter therapy or service for mental health and associated language impairments is between 6 to 8 months. In July 2010, Deloitte released The Review of School Health Support Services, which identified a number of trends and challenges facing the current system. Most notably: o Overall, wait times for speech-language services are increasing: “The total number of individuals waiting for these services in 2009/10 (4,066) is…9% higher than 2007/08 levels (3,715).” o There is a significant disparity in access to speech language services depending upon whether the child is in a private school system or the public school system. o There is significant disparity in access to services across Ontario in terms of services available and wait times. The wait for services in Central East and Hamilton Niagara Haldimand Brant are well above the provincial average. With the proposed changes in scope of practice (and future access to additional authorized acts), speech-language pathologists will be better positioned to provide timely access to appropriate assessment and treatment for the public who choose them. For example, speech-language pathologists practicing in a school environment are in a position to intervene early. It is not uncommon for a speechlanguage pathologist to be the first health professional to identify a communication problem, to conduct an assessment, and to initiate a treatment plan in the school and broader medical setting (where Costs/Benefits 49 appropriate). The end result of an early diagnosis of a speech and/or language disorder would be shorter wait times for services and the improvement of the child’s learning opportunities. Removing the requirement for referral to another health profession (such as a physician or specialist) in order to assist the patient/client in accessing a diagnosis, or to request an order or referral from the physician for the diagnostic tests requested by the speech-language pathologist, or to request an order or referral back to the speech-language pathologist in order to initiate a treatment would significantly reduce wait times between assessment and treatment. With the existing barriers removed, the public should ultimately experience increased access to, and benefit from decreased wait times, and improved health care outcomes. d. Workload, training and development costs; There should be no changes to workload, training or development costs for the proposed changes to the scope of practice since speech-language pathologists already possess the knowledge, skills, judgement and training. This proposed change will simply remove some of the barriers to the SLP optimizing their existing competence. Ongoing University curriculum updates are now part of the current environment, so some of the costs are already in place. This is no different than what is currently happening if you move to a different clinical context of any health professional. Refer to letter of support from Ontario’s University programme chairs. (Appendix D) The Association’s role and legislative mandate (Act respecting the Ontario Association of SpeechLanguage Pathologists and Audiologists, 1965) is to provide both professionals with the most current learnings and knowledge in the field of clinical practice. e. Costs associated with educational and regulatory sector involvement. The University education sector already provides courses and practicum focusing on speech, language, voice and swallowing diagnostics and how to communicate assessment findings and work with the patient and families to develop a patient centered plan of care. There are minimal regulatory changes needed to address the proposed changes to the scope of practice for speech-language pathologists. Costs associated with this would not be different from what applies now to the current scope of practice. Other Information 50 Section 12 – Other Information (Question