

**Written Submission for the Pre-Budget Consultations
in Advance of the 2021 Federal Budget**

By: Speech-Language & Audiology Canada

August 2020

Recommendation

That the government establish a fund to assist speech-language pathologists and audiologists working in private practice to expand their use of virtual care, access personal protective equipment and adapt to provincial and territorial health protocols. This includes reconfiguring office space in order to continue to provide services to their patients/clients and respond to emerging pressures from COVID-19.

Submission

That the government establish a fund to assist speech-language pathologists and audiologists working in private practice to expand their use of virtual care, access personal protective equipment and adapt to provincial and territorial health protocols. This includes reconfiguring office space in order to continue to provide services to their patients/clients and respond to emerging pressures from COVID-19.

S-LPs and audiologists are highly skilled professionals who make significant contributions to the health and well-being of Canadians, as well as to our country's healthcare and education systems. S-LPs identify, diagnose and treat communication and swallowing disorders across the lifespan. Audiologists identify, diagnose and manage individuals with peripheral or central hearing loss, tinnitus, vestibular and balance disorders and other communication disorders across the lifespan.

Although the public sector employs many S-LPs and audiologists, approximately 20% of S-LPs and 50% of audiologists work in private practice. These S-LPs and audiologists are usually self-employed professionals who operate their private practices as small businesses. Many employ staff, rent office space and have overhead costs related to running a small business. In addition, S-LPs and audiologists manage overhead expenses that are unique to health professionals including practice insurance, registration and professional association fees and professional development.

Like most small businesses in Canada, COVID-19 has negatively affected speech-language pathology and audiology private practices. As well, since most S-LPs and audiologists are women (over 95% and over 75% respectively), their ability to provide services has been disproportionately impacted by a lack of childcare during the COVID-19 pandemic.

As provinces and territories proceed to lift restrictions, private practice S-LPs and audiologists are facing serious economic stress related to the need for an increased financial investment to

continue to provide services during the ongoing pandemic. New practice expenses include, but are not limited to, costs related to the transition to virtual care, as well as enhanced infection prevention and control measures.

Transition to Virtual Care

Over the course of the COVID-19 pandemic private practitioners have increasingly turned to virtual care to provide speech-language pathology and audiology services when in-person care is either not permitted or safe. Virtual care allows for continuity of services to patients and clients, as well as a way for private practices to remain financially viable.

SAC has long supported the use of virtual care as a means of improving access to speech-language pathology and audiology services, especially for patients and clients in rural and remote communities (SAC, 2006). Virtual care for audiology services is both reliable and effective across ages and patient populations (Hayes et al., 2012; Swanepoel & Hall, 2010). Similarly, S-LPs have broadly applied virtual care in the treatment of neurogenic communication disorders, fluency disorders, voice disorders, dysphagia and childhood speech and language disorders (Mashima & Doarn, 2010).

In May 2020, the federal government announced an investment of \$240.5 million to develop, expand and launch virtual care and mental health tools to support Canadians. **S-LPs and audiologists in private practice also need financial help to expand their capacity to deliver health care virtually.**

Access to funding will enable S-LPs and audiologists in private practice to purchase digital platforms and applications that are appropriate for use with people who are hard of hearing or have other communication challenges. When using virtual care, costly additions such as assistive technology and captioning are vital to achieve best possible outcomes, as well as align with the requirements of the *Accessible Canada Act*.

Enhanced Infection Prevention and Control Measures

As in-person services resume, S-LPs and audiologists must also adopt new infection prevention and control measures. Public health agencies and regulatory bodies require practitioners to mitigate the risk of COVID-19 infection in the workplace through use of physical distancing, engineering controls, administrative controls and personal protective equipment (PPE). Necessary adjustments to the practice environment during the COVID-19 pandemic (such as reconfiguring office space, installing plexiglass barriers, enhancing cleaning protocols and purchasing PPE) have obvious financial impacts.

COVID-19 has affected more than the financial sustainability of speech-language pathology and audiology private practices. S-LPs and audiologists face numerous challenges when working in these difficult times, including putting their health and the health of their families at risk. These risks can strain an individual's mental health, especially when coupled with anxiety over the availability of appropriate PPE and a lack of reliable quality childcare.

S-LPs and audiologists deserve recognition for their role in providing necessary communication health services during this pandemic. As part of their commitment to restart the economy, the federal government must ensure that Canada's private practice S-LPs and audiologists are properly resourced so they may continue to meet the communication health needs of the people of Canada.

SAC strongly supports new federal measures to provide financial support to address the impact of COVID-19 on speech-language pathology and audiology private practices.

References

Hayes, D., Eclavea, E., Dreith, S., & Habte, B. (2012). From Colorado to Guam: Infant Diagnostic Audiological Evaluations by Telepractice. *Volta Review*, 112(3).

Mashima, P. A., & Doarn, C. R. (2008). Overview of telehealth activities in speech-language pathology. *Telemedicine and e-Health*, 14(10), 1101-1117.

Speech-Language & Audiology Canada (SAC). (2006). *SAC Position Paper on the Use of Telepractice for SAC S-LPs and Audiologists*. https://sac-oac.ca/sites/default/files/resources/sac_telepractice_position_paper_english.pdf?ga=2.151491321.1136781823.1594921484-1913035609.1582036806

Swanepoel, D. W., & Hall, J. W. (2010). A systematic review of telehealth applications in audiology. *Telemedicine and e-Health*, 26(2), 181-200.