

## Virginia Early Intervention Telepractice in the Time of COVID-19 – Provider Survey

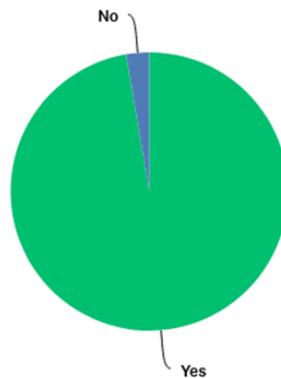
### Summary Report

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*Overview:* In March 2020, guidance was provided to local Early Intervention (EI) systems in Virginia about the shift to delivering EI primarily using telehealth practices due to the COVID-19 pandemic. This shift mirrored what was happening across the field as EI programs moved from providing services primarily via in-person home and community visits to supporting families virtually using web-based platforms (i.e., telepractice). This study sought to gain a better understanding of how this transition from primarily in-home services to a telepractice model impacted providers and their perception of the quality of EI service provision. The mixed-methods survey was shared online and via email to all certified EI practitioners and local system managers in Virginia. One hundred and fifty-five Virginia practitioners responded. Not all respondents answered all questions.

*Themes:* Several themes presented themselves across the data. Many EI practitioners reported challenges as well as some unexpected benefits to the move to telehealth. Despite reported challenges, which will be discussed next, Virginia practitioners believe that telepractice is a valuable service delivery option and want to continue offering telepractice as a service delivery option post-pandemic.

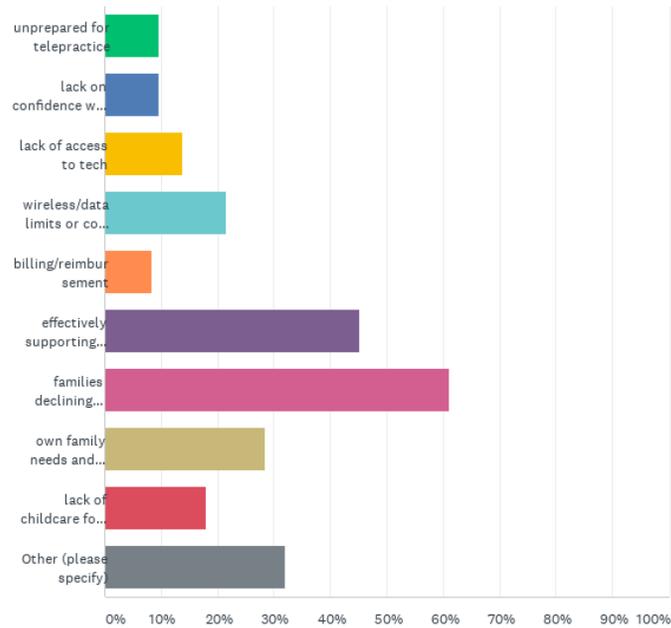
Would you be open to using telepractice once you are able to return to home visits?



ANSWER CHOICES	RESPONSES	
Yes	97.32%	145
No	2.68%	4
TOTAL		149

**Challenges:** The most significant challenges reported include a high number of families declining to telepractice services, difficulty supporting family interactions with children, and practitioners managing their EI telepractice sessions while simultaneously managing home schooling and other family obligations.

**Q5 What challenges are you facing related to providing EI through telepractice? Check all that apply.**



ANSWER CHOICES	RESPONSES
unprepared for telepractice	9.72% 14
lack on confidence with tech	9.72% 14
lack of access to tech	13.89% 20
wireless/data limits or cost of data for devices	21.53% 31
billing/reimbursement	8.33% 12
effectively supporting interactions	45.14% 65
families declining telepractice	61.11% 88
own family needs and online schooling	28.47% 41
lack of childcare for your own children	18.06% 26
Other (please specify)	31.94% 46
Total Respondents: 144	

A significant number of qualitative responses surfaced that indicated that EI practitioners struggled to provide telepractice services to families with limited internet access or connection issues. Respondents attributed families' limited internet access to living rural settings and poverty. Another significant challenge that surfaced in qualitative data was the difficulty practitioners found when assessing children's muscle tone and range of motion, and inability to fit children for orthotics. Many practitioners

reported that building connections and rapport with families is more difficult through telepractice than in person.

Lastly, many practitioners reported an initial struggle with the lack of ability to directly model new strategies with the child for their caregivers. Some practitioners stated they now use a doll for modeling and other practitioners stated that their inability to model resulted in more effective verbal communication.

*Benefits:* Several unexpected benefits to practitioners emerged across respondents' qualitative responses. The first was that some practitioners enjoyed not having to dedicate so much time to traveling between family homes and as a result were able to offer more flexibility in scheduling to meet family needs or plan around a specific family. Practitioners reported that their coaching skills improved due to the limitations on practitioners' abilities to directly engage children using virtual platforms, which led to more emphasis on parent-child engagement. Other improvements in coaching related to practitioners' use of verbal communication to explain how and why to use recommended strategies and an increase in written, video, and online resource sharing with families to reinforce strategies discussed in telepractice sessions.

When responding to the question "How has the move to telepractice impacted the quality of your EI services?" practitioners reported that families were more engaged, empowered, and more willing to try new strategies themselves during telepractice visits as compared with in-person visits pre-pandemic. Particularly salient responses included "[telepractice] takes the emphasis off me as a professional and puts it back on the parent/child interaction where it belongs" "[telepractice] has strengthened the coaching model and empowered families to ask more questions," and "Each [telepractice] session had them more engaged, asking more questions and willing to attempt more strategies. I've found my sessions are more successful through telehealth."

*Policy Implications:* Based on the data provided, Virginia's EI system may benefit from the continued use of a telepractice service delivery option as a fully billable/reimbursed service modality for early intervention. Despite the reported challenges, Virginia respondents in this study strongly support this option and felt that intervention was mostly effective when provided via telepractice. If this option is viable for Virginia's system, families and EI practitioners should determine together whether services provided via telepractice are a match for families' needs. The results of this study strongly suggest that an examination is needed to determine how EI programs can support families in rural and/or limited income communities to access internet and technology necessary for telepractice services. Additionally, based on concerns expressed by respondents, it is likely that families who were not able to access EI services during the pandemic will need supplemental support once EI providers are able to return to home visits. To support the provision of an effective, high quality telepractice service delivery option for all families, a continued focus on professional development for coaching as best practice is recommended. Similarly, collaboration with Virginia's EI Preservice Consortium to increase coaching content in EI/birth-3 coursework could also benefit future practitioners so they enter the field ready to support families regardless of whether they are engaging families in person or via telepractice.