

## Using the Teletherapy Platform to Enhance Service Delivery for People Living with Parkinson's Disease in CHO8

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### Background

Prior to the implementation of the pilot, approx. **45% of the open caseload and waiting list** in the Laois/Offaly Adult Community services CHO8, consisted of clients with Parkinsonism. 90% of people with Parkinson's disease (PD) will experience changes to their voice<sup>1</sup>. We needed to adapt the service delivery model to optimise efficiency, prevent avoidable disability and address the high level of medical and psychosocial risk associated with lengthy waiting lists.



Aoife Carolan, and client using Teletherapy App in clinic

### Teletherapy

Teletherapy revolutionises SLT service delivery models for people with PD. The platform empowers clients to proactively drive intervention - increasing the quality, quantity, and consistency of treatment. High dose, timely, prescribed intervention is facilitated at home. Clinically, it frees up appointments and enhances efficiency. Remote, dynamic performance analysis and biofeedback optimise client outcomes.

### Aims of the Pilot

- Address the needs of the caseload efficiently
- Implement a waiting list initiative / manage risk
- Put a greater focus on proactive intervention versus reactive
- Deliver service in keeping with Sláintecare
- Empower stakeholders in driving changes to enhance their service delivery models
- Promote technological innovation
- Implement research in practice

#### References:

<sup>1</sup>Miller N. Communication changes in Parkinson's disease, Pract Neurol 2017;17(4):266-274. doi:10.1136/practneurol-2017-001635  
<sup>2</sup>Sláintecare Implementation Strategy & Action Plan. Available at: <https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf> (Accessed: August 2023).

### Outcomes

- ERADICATION OF PD WAITING LIST**  
Since the beginning of the pilot the PD waitlist in pilot site has been eradicated
- 90% REDUCTION IN WAIT TIME FOR INTERVENTION**  
Pre pilot up to 5 months  
Post pilot 2.5 weeks
- 87% REDUCTION IN WAIT TIME FOR ASSESSMENT**  
Pre pilot up to 8 months  
Post pilot 1 month
- 85% REDUCTION TIME SPENT PLANNING RESOURCES**  
Pre pilot - average 7.5 hours for 10 clients  
Post pilot - average 1 hour for 25 clients
- 60% REDUCTION IN TIME SPENT IN CONSULTATIONS**  
Pre pilot 90-100 mins  
Post pilot 40 minutes
- 400% INCREASE IN PD CLIENTS SEEN PER MONTH FOR INTERVENTION**  
Pre pilot - 5/6 clients  
Post pilot - up to 25 clients
- 12 ADDITIONAL HOURS AVAILABLE FOR DYSPHAGIA MANAGEMENT PER THERAPIST PER MONTH**



Aoife Carolan, Eamonn Keenan (ECC Network Manager), Emma Gonoud (General Manager - Older Persons)

This pilot exemplifies **“right care, right place, right time”<sup>2</sup>**. The service model was amended in context of population need. Hospital avoidance was promoted by enhanced management of dysphagia due to clinical time freed up. Preventative, self-directed, proactive therapy at home was promoted with emphasis on preventing avoidable disability.