

# Accessing Allied Therapies

## Challenges for Oregon’s Children and Youth with Special Health Needs 2021

Allied therapy is an essential element of the system of care for Oregon’s children and youth with special health care needs (CYSHCN).<sup>1</sup> The American Medical Association defines allied health professionals as, “a large cluster of health-related professions and personnel whose functions include assisting, facilitating, or complementing the work of physicians and other specialists.”<sup>2</sup> Three types of allied therapists commonly required by CYSHCN are physical therapists (PTs), occupational therapists (OTs), and speech language pathologists (SLPs).

Allied therapy can be rehabilitative (*restoring* lost skills and function) or habilitative (*maintaining or improving* existing function).<sup>3,4</sup> Children with new-onset disabilities and those with chronic health conditions often need ongoing allied therapies.<sup>4</sup> The duration and frequency of these habilitative therapies vary, and they can be extensive and expensive.<sup>5</sup> This brief focuses on habilitative therapy, because it is difficult to determine health insurance coverage for an unfixed amount of therapy for CYSHCN due to their ongoing needs.<sup>3,4</sup> Thus, CYSHCN experience more difficulty accessing habilitative, rather than rehabilitative, care.<sup>3</sup>

The National Standards for Systems of Care for CYSHCN call for “reasonable access requirements and wait times for...habilitative services.”<sup>1</sup> Oregon CYSHCN do not consistently have reasonable access to these therapies. In OCCYSHN’s 2015 needs assessment, about half of family survey participants

reported that their CYSHCN had an unmet need for one or more allied therapies.<sup>6</sup> In OCCYSHN’s 2020 needs assessment focus groups, some families reported that the first available appointment for their CYSHCN to see an OT, PT, or SLP was often months away.<sup>10,11</sup> Workforce shortages, insurance challenges, and education system shortfalls make it difficult for families to access allied therapy for their child.

Thirty-nine percent of Oregon counties have a shortage of allied therapists.<sup>7</sup> CYSHCN in rural areas face particular difficulty accessing these services, as some counties lack specific kinds of allied therapists altogether (see table).

Rural and Frontier Oregon Counties Lacking Allied Therapists			
● = No providers practicing in the county			
County	Physical Therapists	Occupational Therapists	Speech-Language Pathologists
Crook		●	
Gilliam	●	●	●
Harney		●	
Sherman	●	●	●
Wheeler	●	●	●

Source: Oregon Health Authority 2016-17

**Speech-Language Therapy (SLT):** Prevents, assesses, diagnoses, and treats speech, language, social communication, cognitive-communication, and swallowing disorders.<sup>16</sup>

**Occupational Therapy (OT):** Maintains or rebuilds skills in order to support or maximize independence through personalized interventions.<sup>17</sup>

**Physical Therapy (PT):** Strengthens, reduces pain, restores function, and prevents disability through therapeutic exercise and functional training.<sup>18</sup>

In facilitated discussions with OCCYSHN, public health nurses also reported that CYSHCN lack access to therapists in rural areas generally.<sup>6</sup> Additionally, there are few Black and Hispanic/Latino allied therapists in Oregon, compared to the state's Black and Hispanic/Latino population,<sup>8</sup> making it more difficult for CYSHCN of color to get “racially concordant”<sup>9</sup> services.

Insurance system challenges make it difficult for families to maintain continuity in allied therapy care for their child. Insurance typically covers a specific number of allied therapy appointments per year. Family members of CYSHCN often report that the number of visits covered is insufficient to meet their child's needs. In OCCYSHN's 2015 and 2020 needs assessments, family members reported that CYSHCN experienced detrimental gaps in therapy when they had to wait for insurance to approve additional visits or after they exhausted their annual insurance benefit. Families reported that interruptions to their therapy care make it difficult for their children to retain the skills that they were building in treatment.<sup>10,11</sup>

*“ ... If your [occupational and sensory therapy] appointments are three months apart, I feel like to be an advocate for our children, we need something to do in the meantime until they can get to that next appointment. Because it's so far out ... Everything that they've learned, if you have to wait three months to get to the next appointment it's like they're starting all over again.”*

– Parent of CYSHCN  
OCCYSHN 2020  
Needs Assessment Focus Group

Findings from OCCYSHN's 2020 needs assessment showed that CYSHCN often face inadequate insurance coverage; allied therapies were one of the types of care about which families described insurance inadequacy.<sup>10,11</sup> One research report shows that insurance companies decline to pay for clinic-based allied therapies when a child is getting

school-based allied therapies, even though school-based therapies are limited to addressing learning objectives.<sup>3</sup> Some children may require clinic-based therapies to perform functional tasks that cannot be accomplished solely with school-based therapies.<sup>4</sup> For example, a school-employed OT can help a child with handwriting, but cannot help them with tooth brushing because this functional task does not achieve school learning outcomes.<sup>4</sup>

An additional barrier for CYSHCN, who require allied therapy to pursue learning outcomes, is that some education systems do not have sufficient resources to provide all of the child's required therapy.<sup>12</sup> For example, the majority of Oregon CYSHCN receiving special education have a speech or language impairment.<sup>13</sup> In facilitated discussions with OCCYSHN, public health nurses reported that some school districts in their area stopped providing speech-language therapy because they lacked qualified staff.<sup>6</sup> Further, a 2020 audit by the Oregon Secretary of State reported that physical and occupational therapy were generally not available through Oregon's public school systems.<sup>12</sup> Occupational therapy interventions in educational settings are often implemented by people who are not licensed practitioners.<sup>7,14</sup> Oregon Administrative Rules allow occupational therapists to delegate therapeutic activities to educational or daycare staff. Those staff members have varying skill levels for implementing such interventions.<sup>14</sup>

Telehealth may address some allied therapy access barriers. The COVID-19 pandemic resulted in a sudden and substantial increase in telehealth services. Leveraging telehealth may improve access to allied therapies for rural Oregon CYSHCN with insufficient access to local providers.<sup>15</sup> However, for telehealth services to be equitable, families need access to broadband internet, digital literacy education, and skilled translation services. For telehealth services to be sustainable for providers, insurers must pay the same rate for virtual services as they would for in-person services.

Allied therapies are important to supporting the health and development of CYSHCN. Workforce shortages and insurance inadequacies exacerbate the unmet allied therapy needs of Oregon CYSHCN. In addition, Oregon's education system lacks resources to adequately address allied therapy care for CYSHCN. Addressing the barriers CYSHCN face to accessing allied therapies requires a focused cross-sector collaboration between health, education, insurance, and policy systems. Such efforts would maintain or improve the health and functioning of Oregon CYSHCN, and would advance a more integrated statewide system of care.

## Citations

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