

Khan, Maisha M.^{1,2} Manduchi, Beatrice^{1,3}; Rodriguez, Veronica^{1,2}; Fitch, Margaret I.⁴; Hutcheson, Katherine A.⁵; Martino, Rosemary^{1,2,3,6}

1. Department of Speech-Language Pathology, University of Toronto, Toronto, ON, Canada. 2. Krembil Research Institute, University Health Network, Toronto, ON, Canada. 3. Rehabilitation Sciences Institute, University of Toronto, Toronto, ON, Canada. 4. Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON, Canada. 5. Department of Head and Neck Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, United States. 6. Department of Otolaryngology- Head and Neck Surgery, University of Toronto, Toronto, ON, Canada.

BACKGROUND

- Patients enrolled in PRO-ACTIVE RCT receive bi-weekly in-person SLP intervention for dysphagia management during radiotherapy for head and neck cancer¹
- According to randomization, SLP therapy included: oral trials, diet recommendation using EAT-RT ± swallowing exercise training^{1,2}
- In March 2020, participating RCT sites received COVID-19 directive to cease non-essential in-person services, therefore shifting SLP care to a telehealth (TH) platform³
- There is limited research evaluating TH for dysphagia management using an adaptable TH platform from patient's home environment
- Use of TH approaches is complex with many components to consider in achieving success⁴
- There is a need to understand more about patient experiences and their engagement with the process of SLP intervention via TH

OBJECTIVES

- The objective of the study was to understand patient experiences from their perspective regarding TH interaction as part of the PRO-ACTIVE Trial

METHODS

- A qualitative descriptive approach was used⁵
- Participants from only one site of the multi site PRO-ACTIVE RCT were included
- Trails participants who received at least one SLP therapy session via TH (phone and/or Audio/Video (A/V) platform) were invited to participate
- Participants engaged in a one-time semi-structured interview with trained qualitative interviewers
- Interviews were audiotaped, transcribed, and subjected to a standard qualitative content/theme analysis
- A coding framework was developed from initial review of 20% of the data by five team members and all interview transcripts were coded independently using the framework
- Coded category responses were reviewed and key messages identified through consensus discussion

RESULTS: PART A - STUDY FLOW AND PARTICIPANTS

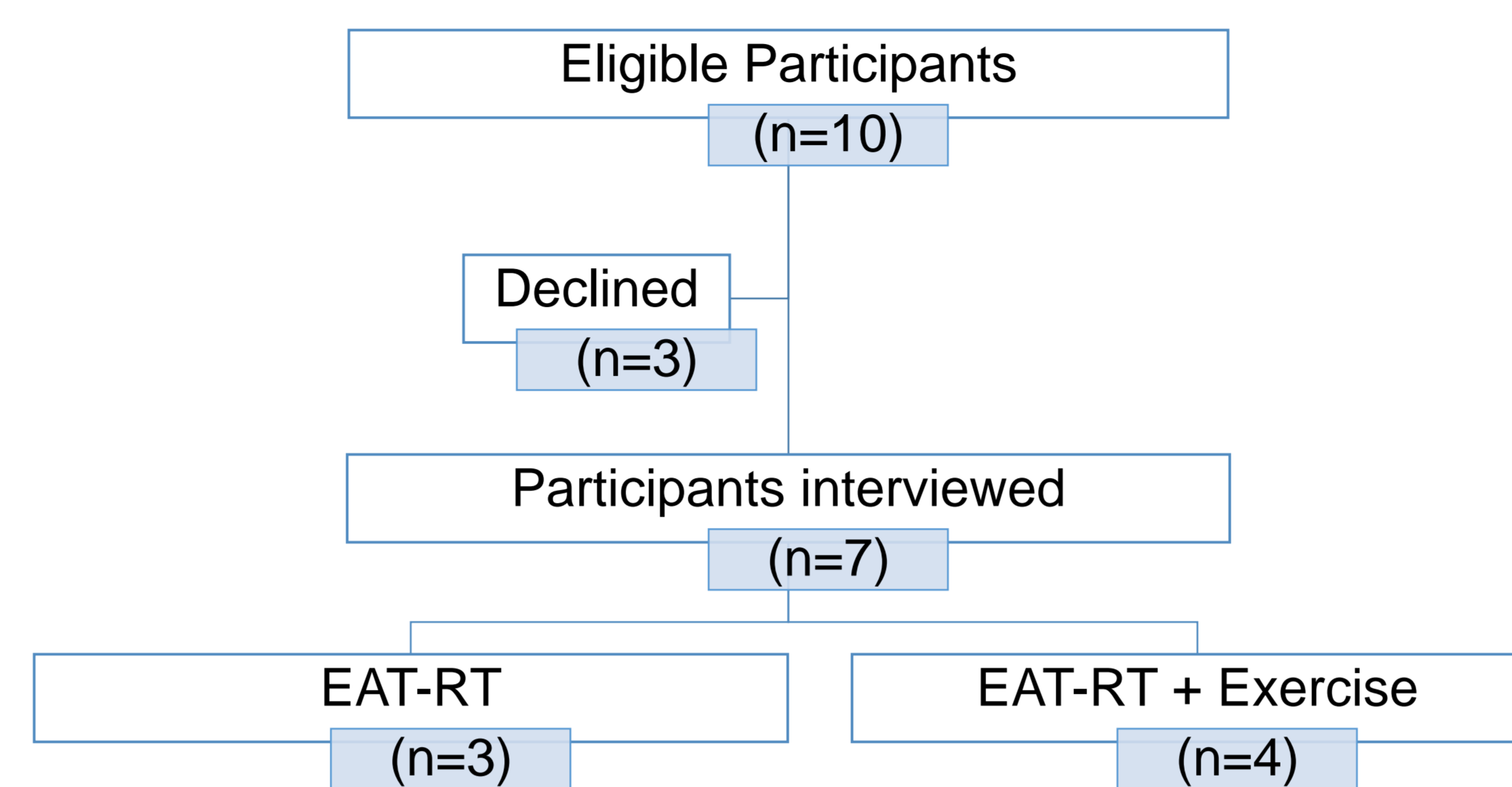


Fig 1: Study flow

PARTICIPANTS	(MEAN+ SD), N (%)
Age	61.6 ± 6.8
Male	4 (57%)
≥ 1 in-person session prior to TH	4 (57%)
TELEHEALTH (TH) SESSIONS	N (%)
TH via phone	1 (14%)
TH via A/V	5 (71%)
TH via phone + A/V	1 (14%)

RESULTS: PART B - PARTICIPANT PERSPECTIVE

EXPECTATIONS PRIOR TO TH SESSIONS

- Most participants had no concerns or expectations
- Some were not sure what to expect
- One had concerns about internet connection
- One had concerns if TH would be as good as in-person session

DESCRIPTION OF TH SESSIONS

- Received education material and instructions in advance
- SLP observed participant's swallowing, provided feedback and answered any questions they had

PARTICIPANT EVALUATION OF TH

- Participants perceived feeling supported, very comfortable and that the sessions worked well
- They received clear instruction and guidance
- Participants thought TH sessions were just as beneficial and effective as in-person sessions
- Most found TH comparable, with no difference to in-person sessions
- Participants indicated A/V is preferred over audio only
- A/V allows SLPs to demonstrate exercises and provide feedback
- Participants suggested use of TH for multidisciplinary team meetings can make patient communication more efficient and improve care

DISCUSSION

- Participants reported telehealth sessions did not compromise with what they would have learnt in in-person sessions
- Participants suggested that A/V is preferred over phone only
- Participants' feedback about TH will inform best practices in utilizing this approach for SLP care delivery

FACILITATORS OF TH

FACILITATORS OF TH	BARRIERS TO TH
Previous experience using TH	Inadequate technical knowledge
Presence of caregiver	Lack of caregiver support
Good internet connection + access to equipment	Lack of access to optimal equipment
Easy connection and minimal preparation	NO barriers prevented participation
Engaging SLP clinician	

BENEFITS OF TH

BENEFITS OF TH	DRAWBACKS OF TH
Saved commuting time	Did not allow a close physical examination.
Allowed caregiver participation	Limited personalization
Relieved stress, anxiety and physical hardship of getting to hospital	Limited opportunity to see patient's reaction and body language

BENEFITS OF TH DURING COVID-19

- Continue research participation
- Reducing risk of COVID-19 exposure

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