

Regional AAC Centers: A Model for ALS Intervention

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Michigan ALS Statistics

- Approximately 1,000 pALS (30,000)
- 200 pALS diagnosed each year (5,600)
- 75% of pALS will lose the ability to speak



Barriers to SGD acquisition

- ❑ Lack of access to appropriately trained Speech-Language Pathologists (SLPs)
- ❑ Lack of funding for evaluation and training services
- ❑ Lack of equipment for the purpose of evaluation for SGDs
- ❑ Lack of awareness of assistive technology by PCP

Bardach LG, and Newman DS. Augmentative and Alternative Communication in ALS.

Perspectives on Augmentative and Alternative Communication. **12** (5): 14-21 (2003).

Mitsumoto et. al., Promoting excellence in end-of-life care in ALS. *Amyotroph Lateral Scler Other Motor Neuron Disord* 2005; **6**(3): 145-154.

Recommendation

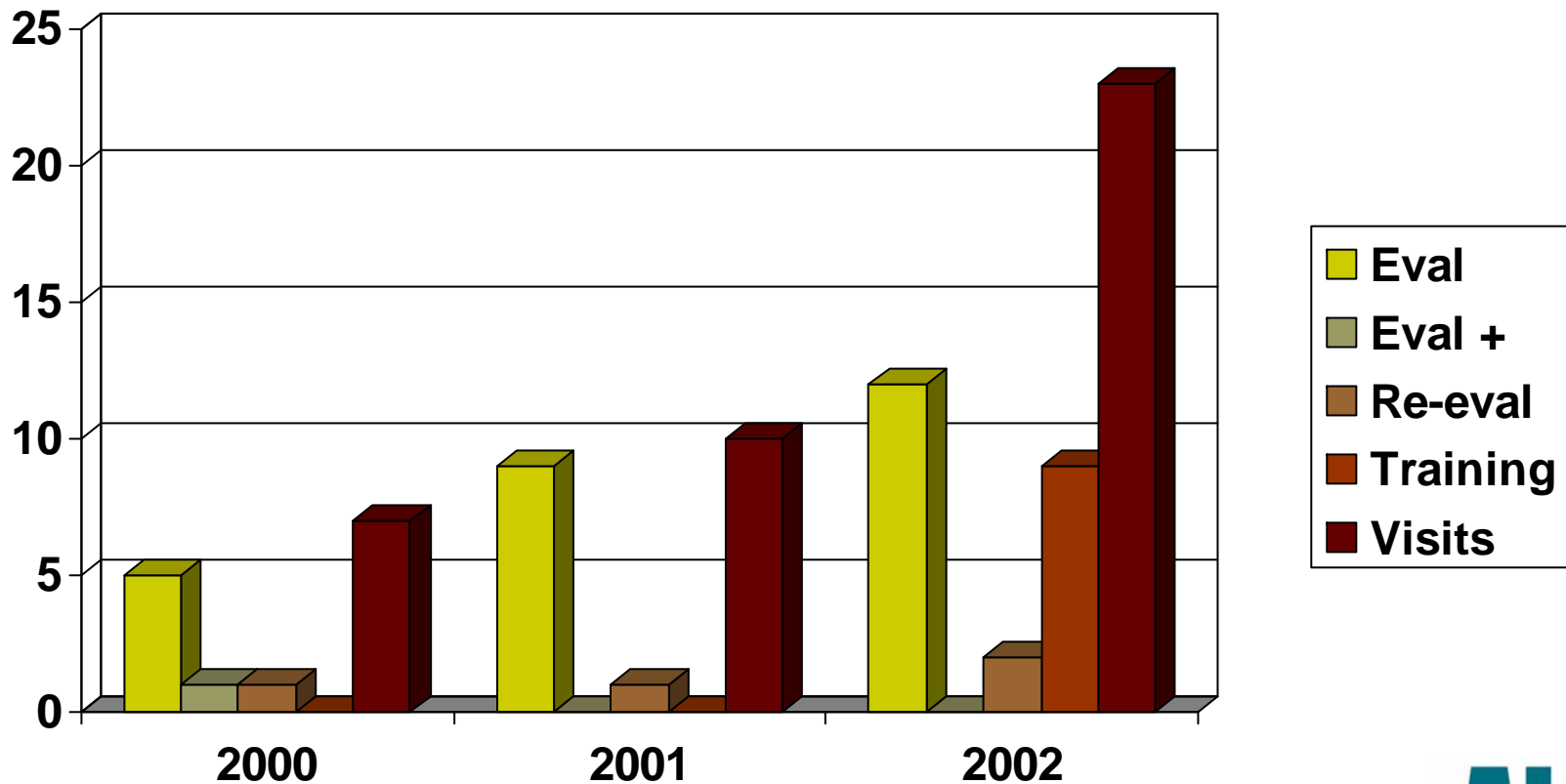
- Create regional AAC centers
 - AAC evaluation
 - Loans of devices
 - Post-placement training of patients and families
 - Equipment maintenance



ALS of Michigan's AAC Center

- ❑ To create a regional AAC Center that would provide direct evaluation & training services to the ALS population
- ❑ To increase the number of Speech-Language Pathologists evaluating and training pALS on AAC equipment
- ❑ To increase access to AAC equipment by SLPs throughout the region
- ❑ To showcase a wide variety of AAC equipment

2000 to 2002



Method

- Year 1 (2003)
 - SLP with AAC expertise hired to perform evaluations per diem
 - only evaluations performed
- Year 2 (2004)
 - SLP hired as staff member 8 hrs/week
 - Evals, extended evals, re-evals, training

Method

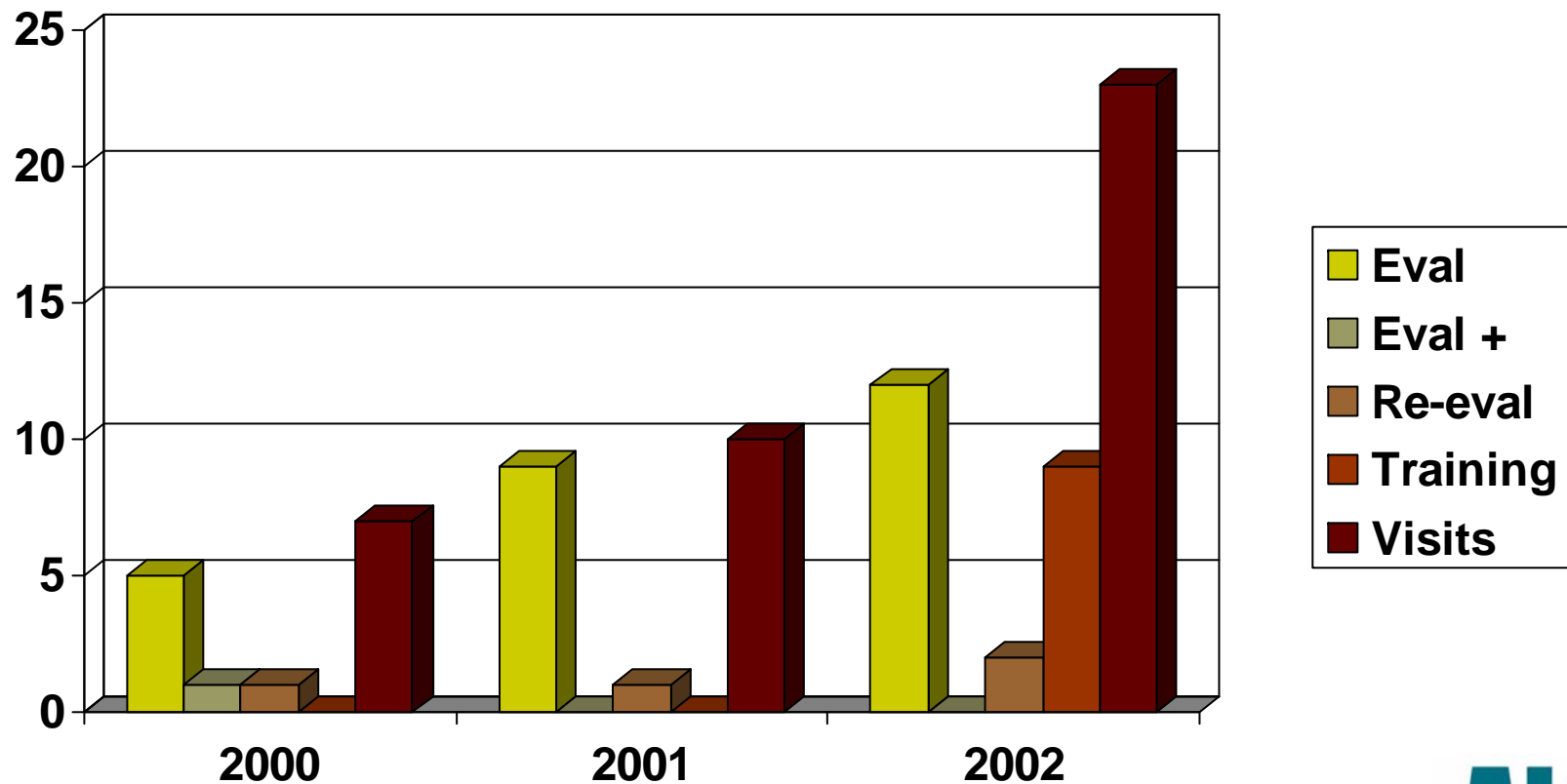
- Year 3 (2005)
 - Time increased to 13 hours/week in September
 - Evals, extended evals, re-evals, training, consults, device maintenance, loan closet maintenance



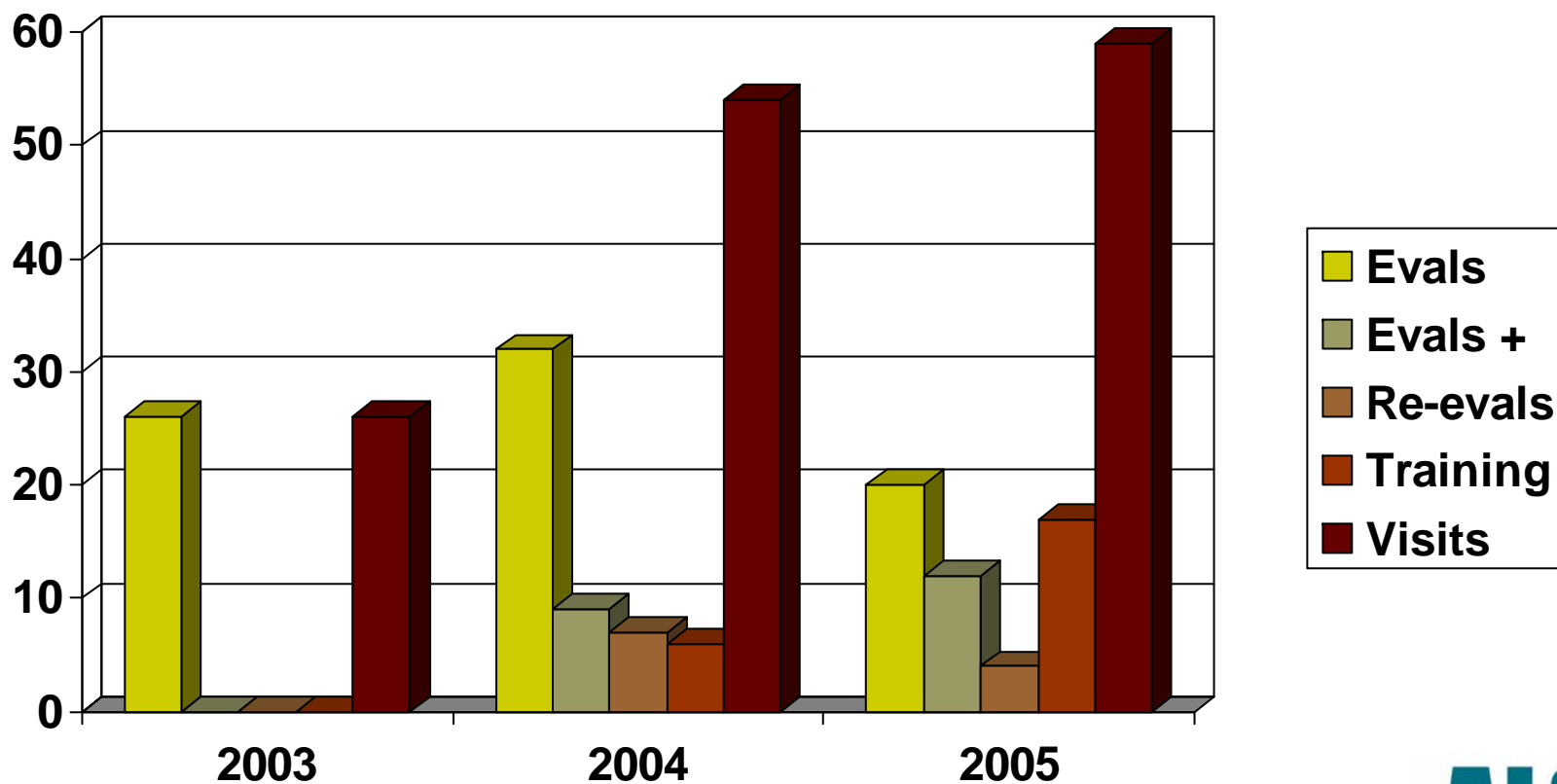
Results

- Significant increases in all measured variables
 - Number of visits
 - Number of evals
 - Number of extended evals
 - Number of re-evals
 - Number of training sessions

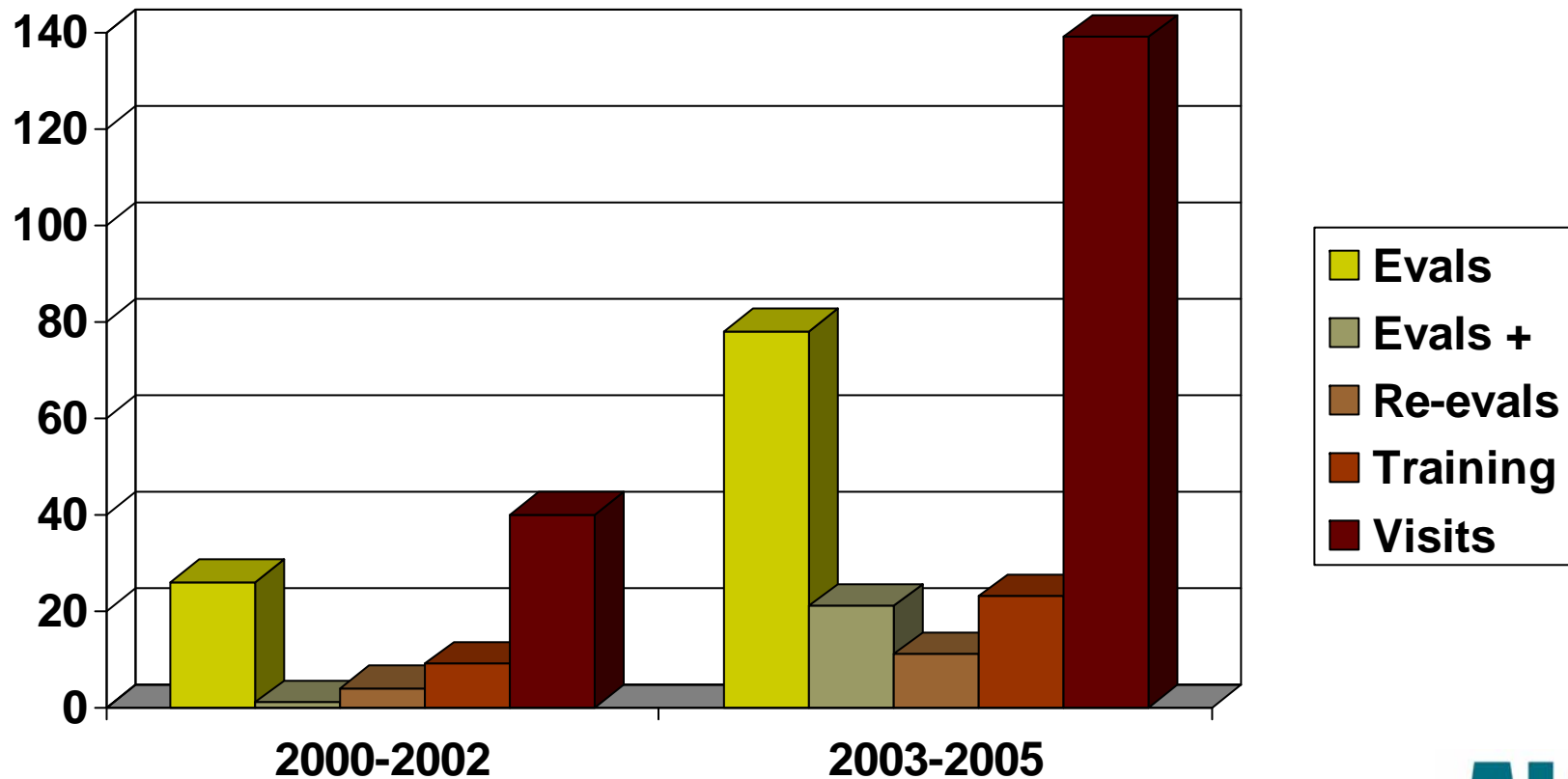
2000 to 2002



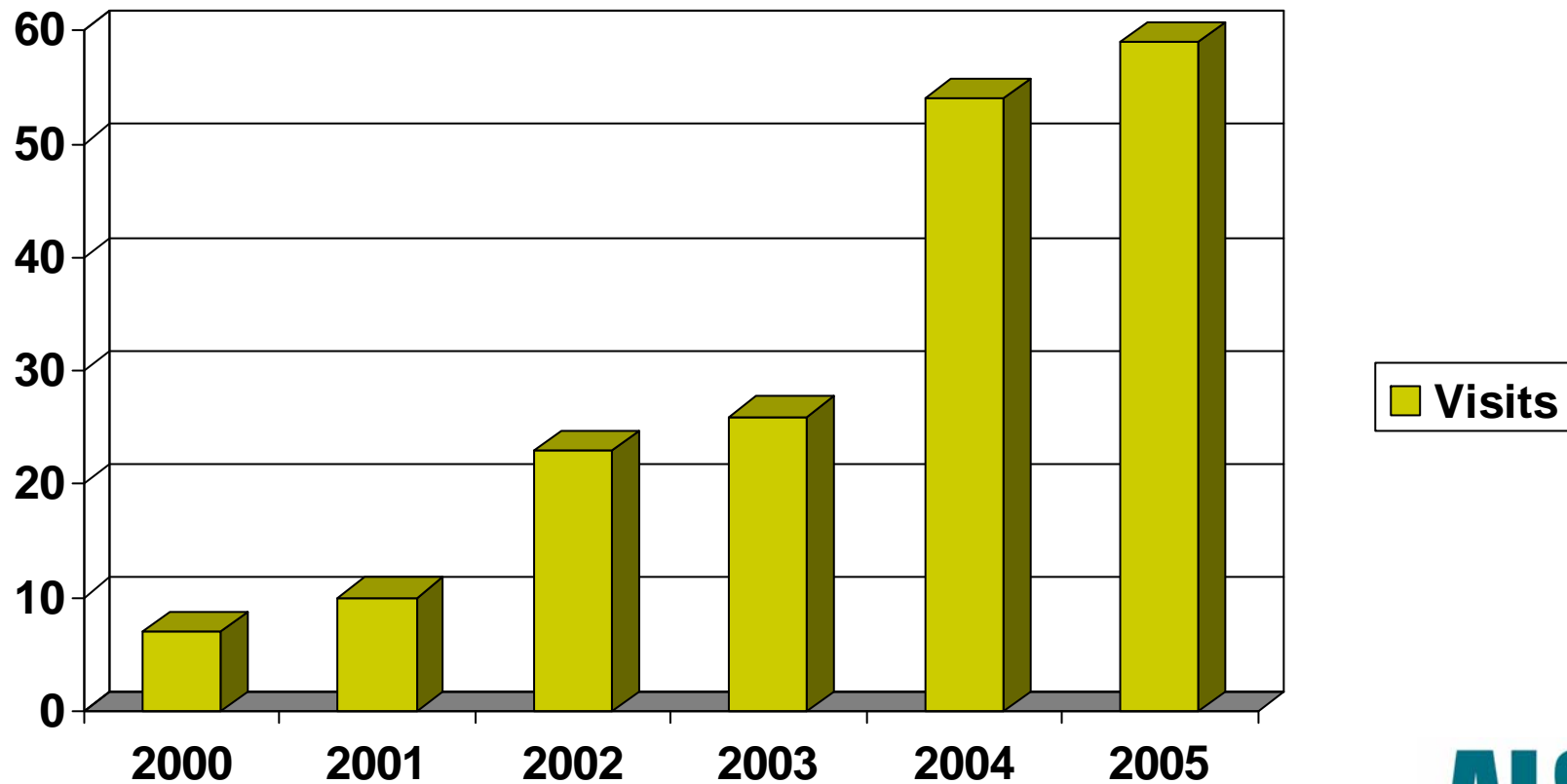
2003-2005



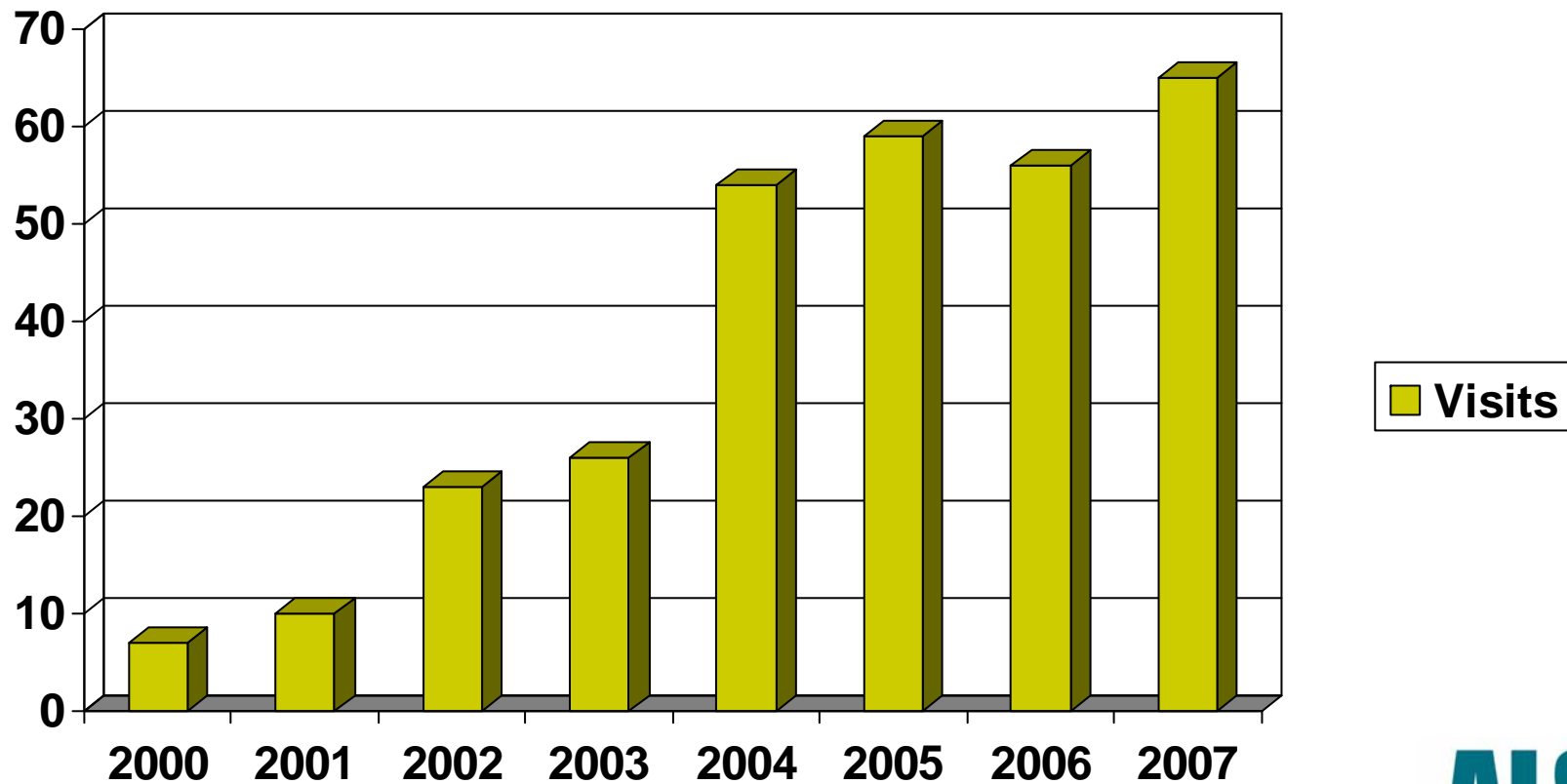
Comparison



Total Visits



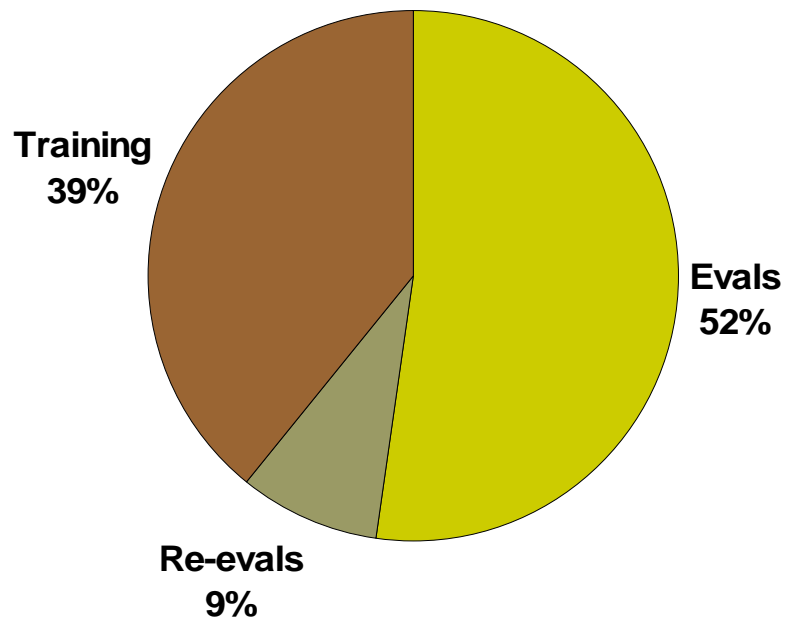
Total Visits



Discussion

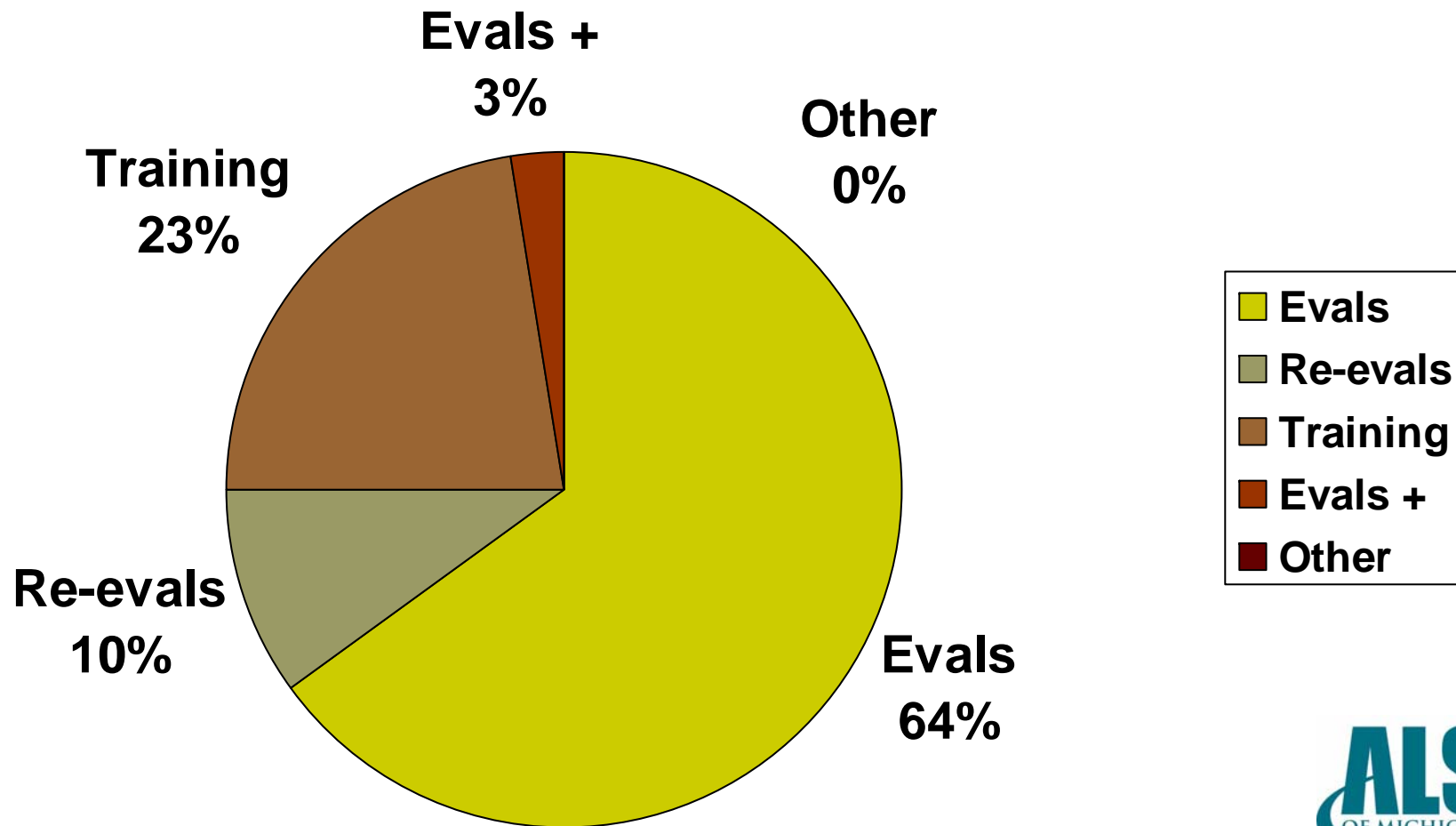
- Regional AAC Center overcomes barriers
 - Lack of access to services
 - Serves region rather than location
 - Itinerant services provided
 - Qualified personnel
 - Referral source
 - Adequate time for service delivery / lengthy evals
 - Eval vs training

2002

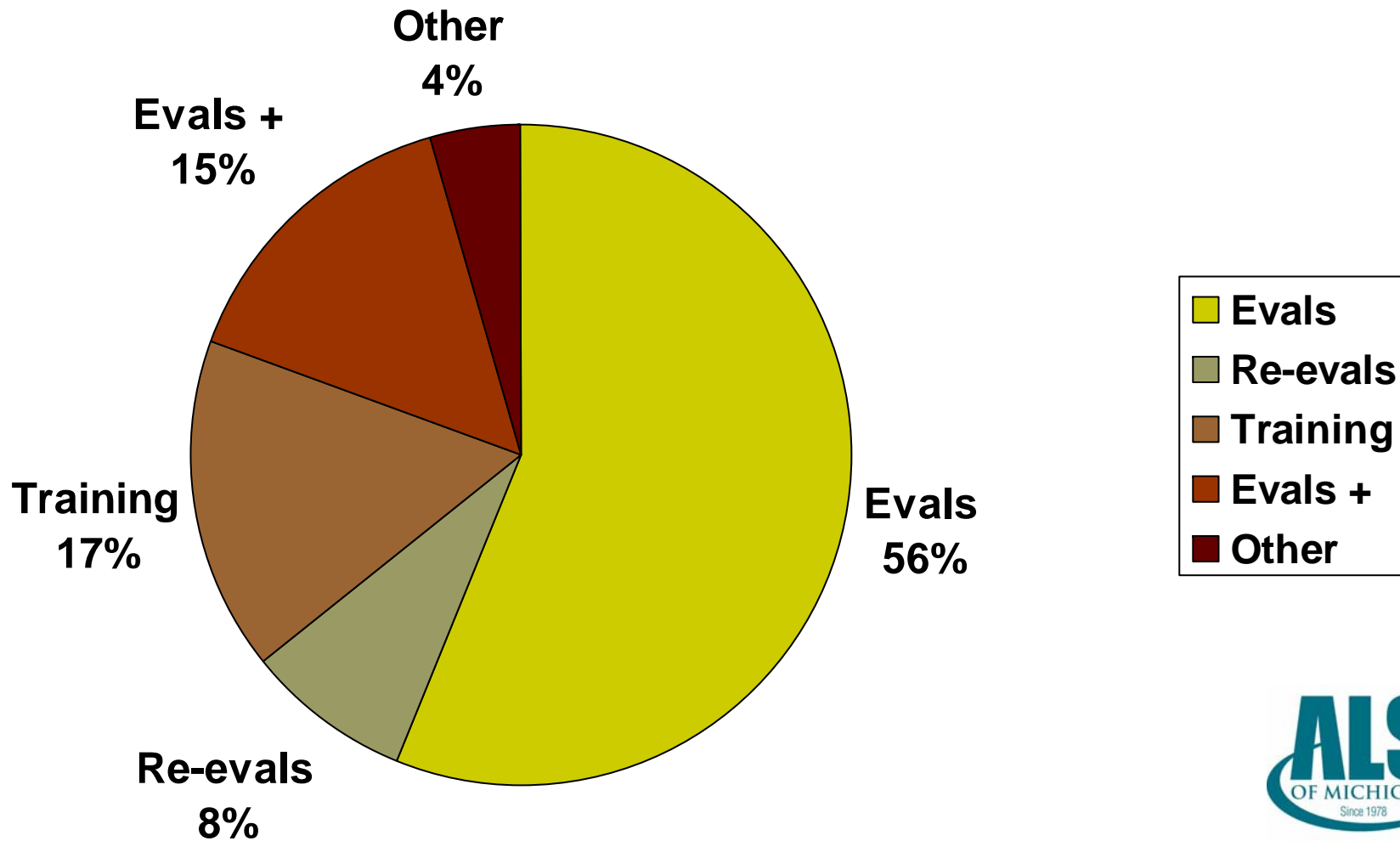


- 23 visits
- No extended evals
- No maintenance or consults
- 17 pALS

2000-2002



2003-2005



Discussion

- Lack of funding
 - No charge to pALS
 - Still able to get funding for SGD
 - Loan closet
- Lack of equipment
 - One center rather than multiple sites
 - Loan closet



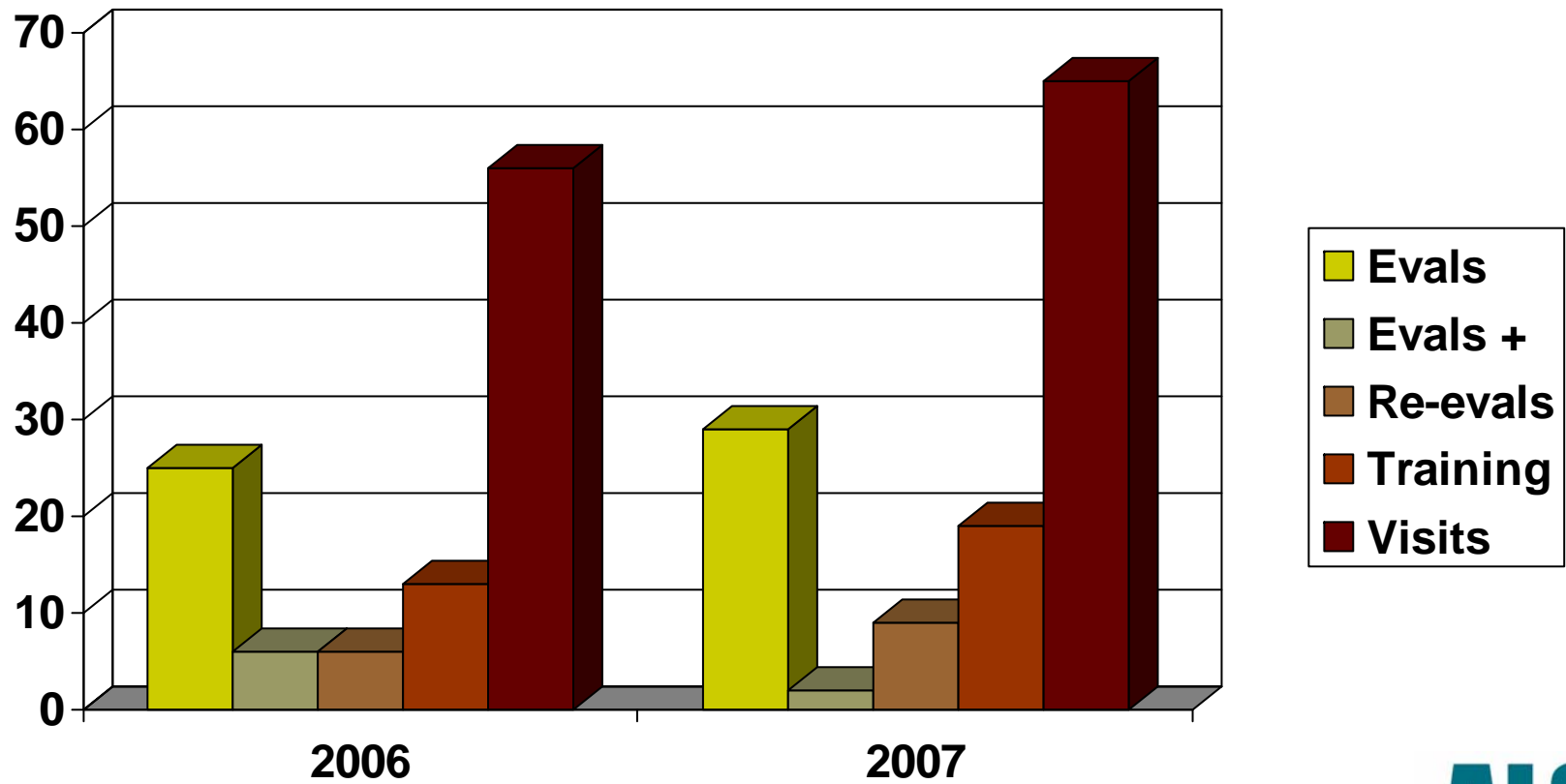
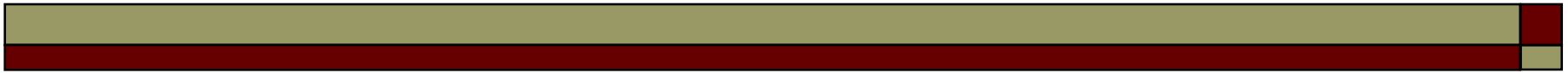
Discussion

- Cost-effective
 - Clinicians can learn a few select devices
 - No insurance reimbursement for travel
 - Equipment is amortized
 - Loan closet items can be moved to clinic and vice-versa
 - State-of-the-art equipment for one location



Discussion

- Other benefits
 - Multiple dx
 - Educational opportunities





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For more information, please contact
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