Speech Pathology Advances | Digital Care | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/innovations-in-speech-pathology-enhancing-communication-in-the-digital-age/

Details:

Two digital shifts in speech pathology actually change what people can access: telehealth , which is a funded way of delivering therapy rather than a lesser version of it, and augmentative and alternative communication (AAC) , which ranges from a printed communication board to a speech-generating device and is funded through the NDIS as assistive technology. Both come with a process. Telehealth is funded the same way as an in-person session, from Capacity Building – Improved Daily Living, and whether it suits you is a clinical judgement rather than a rule. AAC is funded only when a speech pathologist has assessed, trialled and documented it, so the report is the part that decides the outcome.

The rest of this page is the practical detail: how each is paid for, what evidence is needed, what the technology does well, and where it does not help.

Telehealth speech pathology

Is it funded?

Yes. Telehealth is an accepted way to deliver NDIS speech pathology, and it is claimed the same way as a face-to-face session, usually from Capacity Building – Improved Daily Living . It works across all three plan management types: self-managed, plan-managed and NDIA-managed. There is no separate telehealth budget and no separate application.

Telehealth covers the same scope as in-person speech pathology: spoken, non-spoken and signed communication, AAC use, and swallowing support where it is clinically appropriate to deliver it remotely.

Who it suits

Telehealth tends to be the practical option for:

people in regional and remote areas , where the alternative is often no allied health service at all

people whose mobility, fatigue or pain makes travel costly or exhausting

school-aged children , who can be seen from home or, where the school agrees, from school

families juggling work, school and other appointments, where a travel-free session is the difference between attending and cancelling

people who prefer to avoid waiting rooms for health reasons

Most people end up with a hybrid pattern . Face-to-face for the initial assessment and for anything that needs close observation or hands-on work, then telehealth for review sessions, program progression and coaching. That mix is normal and does not need to be justified as an exception.

When telehealth is not the right call

Your speech pathologist decides this with you, not from a checklist. The situations where in-person delivery is usually needed:

initial comprehensive assessment , particularly for complex communication or swallowing presentations

detailed assessment of speech sound production and oral-motor function , where close observation matters

swallowing assessment , where eating and drinking safety needs to be observed directly

where hands-on facilitation or tactile feedback is central to the therapy

where the goal depends on observing the person in their own environment in a way a camera cannot capture

where there is no reliable internet, no suitable device, or no private quiet space

where the person is not comfortable with the technology and that discomfort gets in the way of the session

If swallowing safety is the reason for the referral, expect the first appointment to be in person.

What you need for a session

a device with a camera and microphone: laptop, tablet or smartphone

a stable internet connection

a private, quiet space

any reports or therapy materials you want to refer to

Join a few minutes early to check sound and camera. For children, a familiar adult in the room usually makes the session work better, and the therapist will say what they need you to do.

What a telehealth session actually looks like

The first appointment is about understanding strengths, challenges, goals and daily routine, and it builds a therapy plan around the person's circumstances rather than the diagnosis alone. Sessions are adapted by age: play-based for children, practical and task-focused for adults, flexible where the whole family is involved. Written home programs are given so there is something to work on between sessions, and progress is tracked and written up for plan reassessment in the same way as in-person therapy.

AAC: communication devices and systems

AAC is anything that supports or replaces speech when speech is not reliable or not functional. It is not a last resort and it is not a sign that speech has been given up on. It is a way of giving somebody a means of communicating now.

The range of AAC

Low-tech

picture boards and communication boards, where the person selects symbols or words

Key Word Sign, which pairs signs with spoken words to support rather than replace speech

printed personal communication books

High-tech

speech-generating devices, which are dedicated systems built for reliable expressive communication

communication apps on a tablet or other everyday device, which can be customised to the person

Low-tech is not a stepping stone to high-tech. Plenty of people use both: a board for the pool and the car, a device for school and home. What matters is that the system is available in every setting where the person needs to communicate.

Access methods

How a person operates the system is assessed separately from which system they use. Access methods include direct touch, switch access, eye gaze, and partner-assisted scanning. Getting access wrong makes a good system unusable, which is why it is trialled rather than assumed.

How AAC gets funded

AAC sits within assistive technology under the NDIS. Assistive technology is grouped by cost: low cost, mid cost and high cost, with more evidence and more scrutiny as the cost rises. A speech-generating device generally sits at the higher end and needs a full evidence trail.

The NDIA funds what is reasonable and necessary, and for AAC it needs enough evidence to make that decision. In practice that means the speech pathology assessment and report is the backbone of the request. Without it there is nothing for the NDIA to assess.

Quoting and approval sit with the NDIA and your plan management, and timeframes vary. Your support coordinator or plan manager is the right person to ask about where a submitted request is up to.

The assessment and trial process

An AAC assessment is not a single appointment. It usually runs across sessions:

Session one clarifies the referral and goals, takes case history, and involves initial observation and screening. It also plans what further assessment is needed, including which devices are worth trialling.

Session two , where needed, goes deeper with standardised tools and functional tasks, and gathers input from carers and teachers.

Session three , where needed, is where the AAC trials and comparisons happen, along with swallowing and mealtime observation in the settings where they matter, and consolidation of the recommendations.

Across those sessions the speech pathologist is answering four questions:

What does this person need to communicate day to day, and with whom?

Which access method works for them?

Which system fits both the person and the settings they are in — home, school, work, community?

What training do the people around them need?

Session length varies. Many appointments run roughly 30 to 60 minutes, some run longer, and a full assessment usually spans more than one appointment. The number of sessions and the cost are quoted before the work starts.

What the report has to contain

An AAC report that stands up to an assistive technology request sets out:

the person's goals and the day-to-day functional impact of their communication difficulty, across home, school, work and community

what was assessed and what the findings mean functionally, not just what the scores were

what has already been tried, and what worked or did not

the devices and access methods trialled, and the outcome of each trial

the recommended system, with device specifications and evidence of expected benefit tied to participation goals

measurable outcomes and baselines to track against

the recommended frequency and focus of ongoing therapy, linked to goals

the training and support needed for the person and their communication partners

The purpose of the report is to convert "we think this would help" into documented functional need linked to goals. That is the difference between an approved request and a declined one.

Communication partner training is part of the service

A device that only the therapist knows how to use will not be used. Communication partners are the family members, support workers, teachers and peers who interact with the person, and they are trained as part of AAC support.

That training covers how the system works, how to give the person time and opportunity to use it, and repair strategies for when communication breaks down. Consistency across settings is what makes an AAC system stick, and it reduces the frustration and distress of being misunderstood.

What the technology does not change

Apps, biofeedback tools and video sessions supplement therapy. They do not replace assessment, they do not replace clinical judgement about what is safe, and they do not remove the need for the people around someone to change how they communicate. A speech therapy app is useful for practice between sessions when a clinician has chosen it for a specific goal. On its own it is not therapy, and it is not a funded support.

The same applies to AAC. The device is the smallest part of the outcome. The assessment, the trial, the partner training and the ongoing adjustment are what make it work.

Common questions about telehealth and AAC in speech pathology

Does the NDIS pay less for a telehealth session than an in-person one?

Telehealth is claimed as a therapy support in the same way as an in-person session. What you are charged for a given service is set out in your service agreement before therapy starts. Call 1300 771 465 for a quote for your situation.

Can my whole speech pathology program be telehealth?

Sometimes, but most people do better with a mix. Assessments and anything involving swallowing safety or hands-on work usually need to be in person. Your speech pathologist will tell you which parts of your program can be done remotely.

Is telehealth speech pathology suitable for a young child?

It can be. Play-based therapy is delivered by video successfully for a lot of children, particularly for review sessions and for coaching parents on what to do between appointments. It works best when a

familiar adult is in the room. Whether it suits your child depends on their attention, their goals and their comfort with a screen.

Do I need a specific line item in my plan for AAC?

AAC devices are funded through assistive technology, and higher-cost items need supporting evidence from a speech pathologist. Whether the funding is already in your plan or needs to be requested depends on your plan. Your plan manager or support coordinator can tell you which it is.

Will the NDIS fund an iPad for communication?

A tablet running a communication app can be part of a recommended AAC system, but the NDIA looks at the whole request: what was trialled, why this system, and what benefit is expected. That decision rests on the speech pathology evidence, not on the device itself.

How long does an AAC assessment take?

More than one appointment in most cases. Individual appointments commonly run around 30 to 60 minutes and some run longer. The plan and the cost are given to you before the work starts.

Who can be trained to use the AAC system?

Anyone who communicates with the person: family, support workers, teachers, day program staff, peers. Training communication partners is part of AAC support, not an optional add-on.

My relative is older and not on the NDIS. Can they still get speech pathology?

Yes. Aged care funding is a separate pathway from the NDIS. Start with My Aged Care on 1800 200 422 for an assessment, and see aged care speech pathology for how that service works.

What do the reports get used for?

Progress reporting supports plan reassessment by showing measurable movement against your NDIS goals. AAC reports also support assistive technology requests. Bloom can coordinate reporting with occupational therapy, physiotherapy or psychology so the documentation is consistent.

How do I start?

Call 1300 771 465 or use the contact form . Have your NDIS number, how your plan is managed, your plan goals and a short description of the communication or swallowing difficulty. If somebody has had an AAC trial before, say what was tried and what happened, because that saves repeating work.

What is the main topic of Bloom Healthcare's blog post on speech pathology?

The blog post discusses how Bloom Healthcare's speech language specialists use digital tools and innovative pathology services to help clients communicate more confidently, focusing on innovations in speech pathology that enhance communication in the digital age.

What is telepractice and how has it impacted speech pathology?

Telepractice is a transformative tool in speech pathology that allows speech pathologists to provide services remotely using video conferencing platforms. It became especially prominent following the COVID-19 pandemic and has made therapy significantly more accessible to individuals living in remote or underserved areas, allowing them to receive essential support without needing to travel.

What are Augmentative and Alternative Communication (AAC) devices?

AAC devices are designed to assist individuals who have challenges communicating verbally. They range from simple picture boards to sophisticated speech-generating devices. Digital advancements have made these devices more intuitive and user-friendly, enabling users to communicate more effectively and independently, with modern AAC technologies tailored to meet each client's unique needs.

How are speech therapy apps used in treatment?

Speech therapy apps supplement traditional therapy sessions by offering interactive exercises and games designed to improve and maintain communication and swallowing skills. They provide an engaging way for clients to practice outside of therapy sessions, reinforcing skills learned in formal treatment, and are integrated into treatment plans to enhance engagement and progress.

Is virtual reality (VR) used in speech therapy according to Bloom Healthcare?

Yes, virtual reality is described as an emerging tool being used in speech therapy to enhance therapy outcomes.

Who publishes this article and what is their role in healthcare?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Bloom Healthcare's model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

What are the keywords associated with this speech pathology article?

The article's keywords are innovation, speech, and technology, and it falls under the article section 'Speech Pathology'.

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