1 □ Efficacy of treatment

2 □ Does what we do make a difference
   - Holland et al, 1996: Efficacy refers to improvements in an individual’s communication behavior that has resulted from clinical interventions by a Speech-Language Pathologist.
   - Efficacious treatment: improvements in communication that exceed what can be expected from spontaneous recovery following brain insult.

3 □ Why is the question asked?
   - Dominant medical model in medical practice
   - Change in reimbursement mechanisms for treatment

4 □ What answers have been offered?
   - Intuitive
   - ASHA Task Force on Treatment Outcomes and Cost Effectiveness
     - 6 mo data collection from 1638 patients
     - Reported as National Report Card: Kdarling@asha.org

5 □ ASHA Task Force Results: Communication Improvement
   - 93% outpatients
   - 86% nursing home patients
   - 84% acute inpatient
   - 89% acute rehab

6 □ ASHA Task Force Results: Patient Satisfaction
   - 100% in acute setting
   - 89% in skilled nursing facility
   - Others ranged in-between

7 □ Significance of results
   - We may be able to take such data and demonstrate how care provided by SLP’s impact the overall health of the patient and the overall cost of healthcare.

8 □ Efficacy Studies
   - Studies dedicated to comparing results of treated and untreated patients
   - When treated groups scores exceed untreated group, can conclude Rx is effective and money well spent

9 □ Research Design Issues
   - Homogeneous patient groups
   - Spontaneous recovery
   - Homogeneity of treatment

10 □ Results of Efficacy Studies (Holland et al, 1996)
    - 200 studies in literature review of efficacy
    - 20 large group-60 patients each
    - Studies categorized according to design features as Class I, II and III.
Good news and bad news

11 Bad News
- Lincoln et al, 1984, Class I study
- Rx 2 hrs/week for 24 weeks
- Results: No difference between treated and not treated patients
- Problems: did not report patient selection criteria
- only 26% of patients received 37 to 48 hours of Rx

12 Kinda Good News
- Wertz et al, 1986, Class II study: 5 locations, 121 patients
- 4 groups: treated and deferred: volunteer and SLP
- Results
  - treated group improved more than untreated
  - deferred group improved more when Rx’d
  - kicker: no significant difference between clinician treated and volunteer

13 Great News
- Class II, III and small group/single subject studies
- Poeck et al, 1989
  - Rx 2 hrs daily/6 to 8 weeks
  - 3 groups: acute, post acute and chronic
- All groups improved with earliest group improving the most

14 Additional Good news
- Robey, JSHR, 1998
- Metanalysis of aphasia treatment outcome
  - in acute period, average improvement is 1.83 times greater than for untreated
  - in subacute period, average effect size is small but 1.68 times greater than untreated
  - in chronic, small effect but 12 times greater than untreated

15 Conclusion of efficacy studies
- treatment pays off in all periods of recovery
- aphasic individuals should receive treatment as early in recovery as possible
- payer policies that deny claims for reimbursement during later stages of recovery should be challenged.

16 Additional Conclusions (Holland, 1996)
- Rx best on 2 hour plus per week schedule in acute and post acute period: Holland: 3 hours for 5 months
- Primary predictor: medical compromise
- No other demographic variable has been unequivocally associated with Rx effectiveness.