

STATEMENT ON HOUSE BILL 1561 –

USE OF INSTRUMENTAL TECHNOLOGY BY SPEECH PATHOLOGISTS

PRESENTED TO HOUSE PROFESSIONAL LICENSURE COMMITTEE

AUGUST 28, 2013

BY SUSAN LANGMORE Ph.D. CCC

Honorable Chairwoman Harhart , Chairman Readshaw and esteemed Representatives:

My name is Susan Langmore, and I am a speech language pathologist in Boston Massachusetts. I am also Director of Speech Pathology Services at Boston Medical Center, Professor of Otolaryngology at Boston University School of Medicine, and Clinical Professor at Boston University Dept of Speech Language Hearing Sciences. I am here today because I developed the flexible endoscopic evaluation of swallowing procedure, known as FEES, which is the primary instrumental procedure being discussed today. Because this seems to be the procedure of most interest, I will devote most of my time to it. However, let me stress that endoscopy is used by the SLP to functionally assess voice and resonance as well as swallowing

A FEES exam entails passing a very small tube (about 3.2 mm or 1/7 of an inch) in diameter) through one nostril to the back of the nose and then moving the tip of the scope down the throat to rest just behind the tongue. In this position, the examiner is able to view the throat and airway. The patient then takes some food or liquid and swallows it. The examiner is able to see directly whether the food or liquid went through the throat safely or went into the airway. If the food or liquid enters the airway, the examiner's job is to figure out why this happened and intervene to remedy the problem. Obviously, the more the examiner knows about swallowing and swallowing disorders (dysphagia), the better the exam is for the patient.

Otolaryngologists have used flexible laryngoscopy as a tool to diagnose medical pathology since the late 1970s. FEES is *not* a procedure to diagnose medical pathology, but rather it employs the same tool to assess how the structures work for swallowing; it is a "functional exam." I published the first paper on FEES in 1988 (the second author, Nels Olson, was an otolaryngologist who collaborated with me). Three years later, in 1991, our national organization, ASHA, put FEES in our scope of practice. ASHA has also published guidelines for training and competencies that any SLP should meet before performing this procedure.

The FEES procedure has spread in use, and today, it is performed by all states neighboring PA and in every state in the union plus most other countries around the

world where swallowing is assessed. The value of this and other instrumental procedures cannot be overemphasized. Swallowing problems significantly impair people's lives, both socially and medically. People with swallowing problems are often not able to eat foods they enjoy, and can become nutritionally deficient as a result. They cannot share food with others during social occasions, which contribute to feelings of isolation and depression. Moreover, people with swallowing problems are at risk for serious medical complications, including pneumonia. Using a common example that may resonate with many of us and our loved ones, patients with stroke, a disease whose victims are at great risk for swallowing disorders, are three times more likely to die if they develop pneumonia than they would if we could prevent their pneumonia. FEES and other instrumental tests identify hidden problems that can cause pneumonia.

Who can perform a FEES procedure? In other words: "Who can pass the scope—the physician or the SLP?" The answer depends on the setting, the personnel, and of course the politics.

Who *should* pass the scope? What difference does it make? For one thing, whoever passes the scope can bill for the FEES procedure—hence there is some competition in these days of lower reimbursement for medical services. There are two other considerations, however, that are significantly more important for patients with swallowing problems. These are safety and expertise of the examiner. Is this a dangerous procedure? The answer is unequivocally NO. There is *no* published or publically known incident of harm done to a patient from a FEES procedure when conducted by a SLP.

I have performed approximately 6000 FEES exams over the past 25 years and have only needed medical assistance once. In this instance, a patient suddenly lost consciousness before the scope had even entered his nose. We called for medical help and the patient was fine; he had just fainted. I have occasionally seen a small amount of blood as I passed the scope through the nose, but never to the point where I needed to remove the scope and stop the exam. This just doesn't happen because I can see where the scope is going—I am directing it through an open passageway.

In summary, FEES is a safe procedure.

To insure the highest safety for patients, the Pennsylvania Regulations will include a requirement for medical backup to be available should any problems arise. Safety will be further guaranteed by requiring rigorous training of every SLP before he/she can perform the procedure alone, thus further protecting the patient.

Finally, it is important to distinguish the areas of expertise and role of the two specialists who may perform FEES. Certainly, ENT physicians who want to perform FEES may do so - and there is no question that they are proficient in passing a scope. But passing the scope is only the first skill needed to conduct a useful FEES examination. More importantly, it is also about analyzing the swallowing problem

and determining the most appropriate treatment for that problem. In the US, SLPs have much more extensive training in dysphagia at the university level and through continuing education courses. Physicians—ENT or other specialties—typically refer patients with swallowing problems to SLPs because we are recognized as the experts for identifying, analyzing, and treating this disorder. It follows that we need the tools to perform a thorough exam, and this includes *flexible laryngoscopy*.

Another possible concern is that SLPs, as non-physicians, will miss a medical diagnoses such as cancer when evaluating patients with swallowing problems. This doesn't make sense, however, because SLPs can only see Medicare patients (and most insured patients) at the request of a physician. If the referring physician is concerned about something like cancer, he/she should refer the patient to an ENT physician. In fact, many of our referrals come from ENTs after they have examined patients for a suspected medical pathology. Likewise, if an SLP who is performing a FEES exam sees an anatomical feature that is suspicious for abnormality, he or she will refer the patient to ENT for a diagnostic laryngoscopy examination.

In addition to FEES, SLPs may use instrumental technology such as videostroboscopy for evaluating voice disorders. They also conduct radiology exams (modified barium swallow studies) for the assessment of swallowing disorders. PSHA has received letters from a variety of ENTs and physicians to support the use of instrumental technology which will also be presented to the committee for their reference.

Thank you for the opportunity to address this committee. Dr. Helfrich-Miller and I would be happy to address any questions you may have.