

DEVELOPING A WRAPAROUND TELEHEALTH MODEL FOR DEMENTIA

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OBJECTIVE

To improve access, caregiver engagement, interdisciplinary coordination, and continuity of care for individuals living with dementia through development of a wraparound telehealth model utilizing occupational therapy and speech therapy services.

INTRODUCTION

- **The Barriers:** Individuals living with dementia face severe outpatient obstacles, including transportation constraints, high caregiver burden, unfamiliar clinics, and poor skill generalization to the home.
- **The Potential:** Telehealth mitigates these gaps — especially for rural or low-mobility patients — by facilitating caregiver training, real-time environmental observations, and interdisciplinary occupational (OT) and speech therapy (SLP) support.
- **The Challenges:** Digital literacy, fluid caregiver schedules, rigid clinical workflows, and evolving reimbursement policies threaten long-term model sustainability.
- **The Solution:** This project details a comprehensive, "wraparound" telehealth model delivering home- and community-based OT and SLP services to optimize care continuity.

OBSERVED BENEFITS

- **Improved access for rural patients**
- **Increased caregiver participation and education opportunities**
- **Enhanced monitoring of functional and cognitive changes**
- **Improved interdisciplinary communication with memory care teams**
- **Increased continuity between in-person visits**
- **Reduced transportation burden**
- **Improved ability to observe environmental barriers and daily routines within the home**

ADAPTIONS

Implementation led to formalized workflows and Standard Operating Procedures for rehab staff.

Ongoing refinements focus on tech troubleshooting, clinician training, interdisciplinary coordination, and adaptive caregiver workflows.

Additionally, provider education was prioritized to highlight telehealth's benefits regarding rural access, clinical monitoring, caregiver engagement, and wraparound care coordination.



Jenni Bodensteiner, MS, CCC-SLP
simulating a telehealth session in her home office.
Photographed by Greg Bodensteiner

IMPLEMENTATION CHALLENGES



Device unfamiliarity, email issues, and strict Medicare audio-visual requirements turned tech-troubleshooting into a core clinical task.



Success relied on workflow flexibility over specific platforms to accommodate changing caregiver schedules, communication preferences, and patient ability.



Some overlap with the Medicare GUIDE model restricting duplicate caregiver training eligibility.



Long-term viability depends on ongoing advocacy for permanent Medicare coverage of synchronous OT/SLP telehealth services.

ACTIONS TAKEN

OT and SLP telehealth services were implemented using HIPAA-compliant Microsoft Teams and Google Meet platforms. Telehealth visits were utilized to supplement in-person services, increase monitoring opportunities, improve rural access, and support continuity of care for individuals living with dementia.

INTERVENTION

1. Communication and cognitive support
2. Caregiver-supported intervention strategies
3. Environmental observation within the home
4. Assessed function within daily routines
5. Interdisciplinary collaboration with memory care specialist and other providers
6. Increased touch points between in person visits

FUTURE DIRECTIONS

Future directions include continued refinement of dementia-informed telehealth workflows, expansion of hybrid service delivery models, and ongoing evaluation of telehealth as a strategy to improve access to dementia care for rural and medically complex older adults.

Additional areas for growth include:

- Development of caregiver onboarding resources
- Increased interdisciplinary collaboration
- Expanded clinician education
- Continued advocacy for sustainable Medicare telehealth coverage
- Further integration of telehealth into wraparound dementia care models