

Improving Access and Choice in ILO Care:

Translating Multidisciplinary Collaboration into Clinical Practice within a Middle Airway Clinic

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Background

Inducible Laryngeal Obstruction (ILO) is a complex upper airway disorder, with significant impacts on quality of life and participation in everyday activities.

Diagnosing ILO is challenging, firstly because symptoms overlap with asthma and allergic reactions (such as anaphylaxis) and secondly because it can co-occur in both conditions. Therefore, a coordinated multidisciplinary (MDT) assessment is essential for people with suspected ILO.

Laryngeal retraining therapy (LRT), delivered by speech pathologists (SPs), is the first-line treatment, with evidence supporting improved outcomes through a MDT approach to care.

To address a gap in accessible and timely speech pathology treatment at Monash Health, a pilot SP service was integrated into the existing MDT Middle Airway Clinic (MAC), representing an initiative to align evidence-based care with collaborative clinical practice.

Aims

To evaluate patient flow, service utilisation, and preliminary clinical outcomes following the integration of speech pathology into a multidisciplinary airway clinic.

Method

Design: Retrospective descriptive quality assurance audit

Setting: Middle Airway Clinic (MAC), Monash Medical Centre, Monash Health, Melbourne

Period: February - December 2025

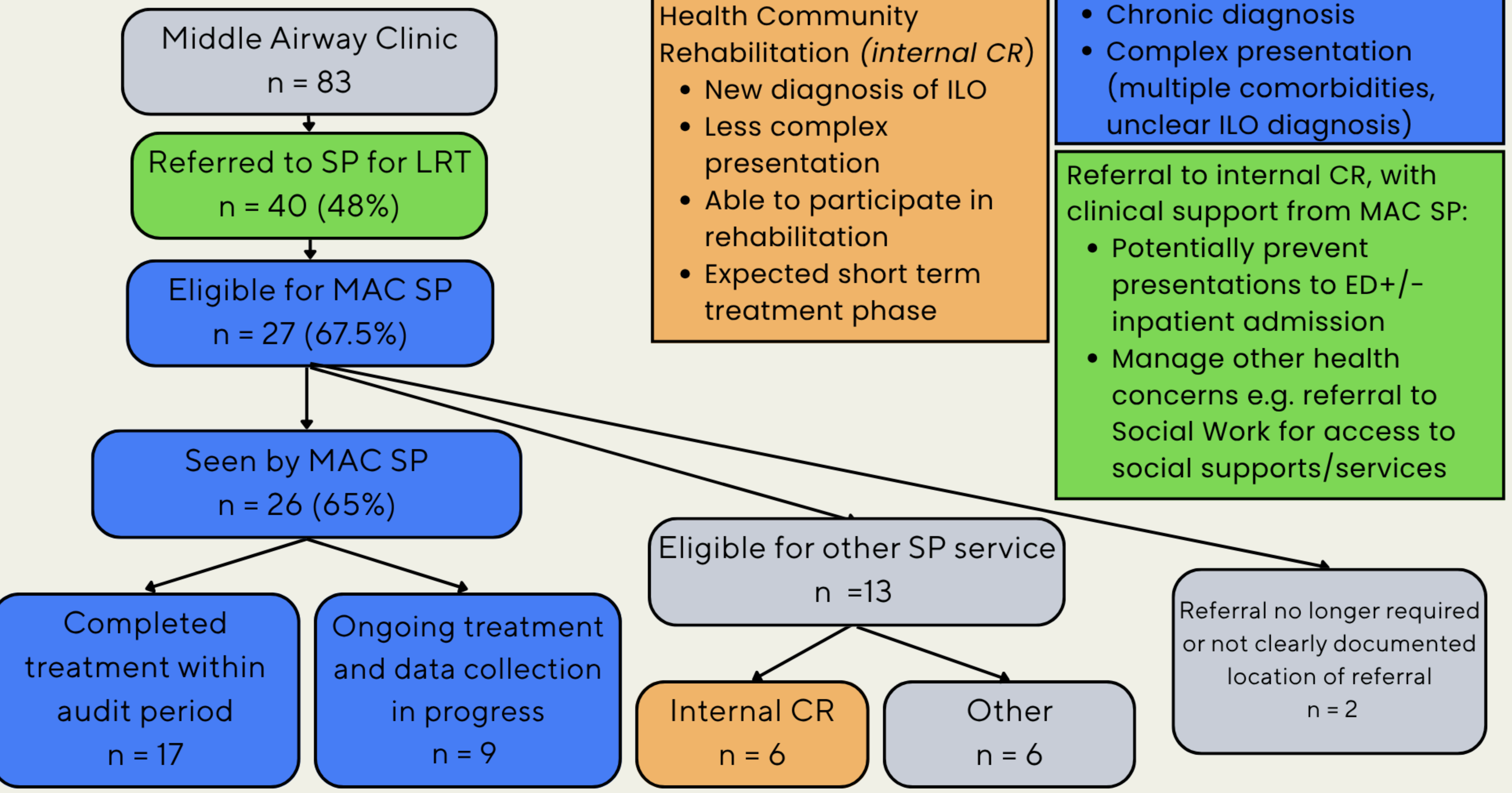
Inclusion criteria: Patients referred to SP from the MAC clinic for confirmed or suspected ILO

Exclusion criteria: Referrals from Allergy and Immunology as these are reported in a separate study

Data collection:

- service delivery, clinical pathways, and ILO outcomes
- healthcare utilisation (wait times, attendance rates and emergency department/inpatient presentations 12 mo pre- and post- LRT)

Results



Service Delivery

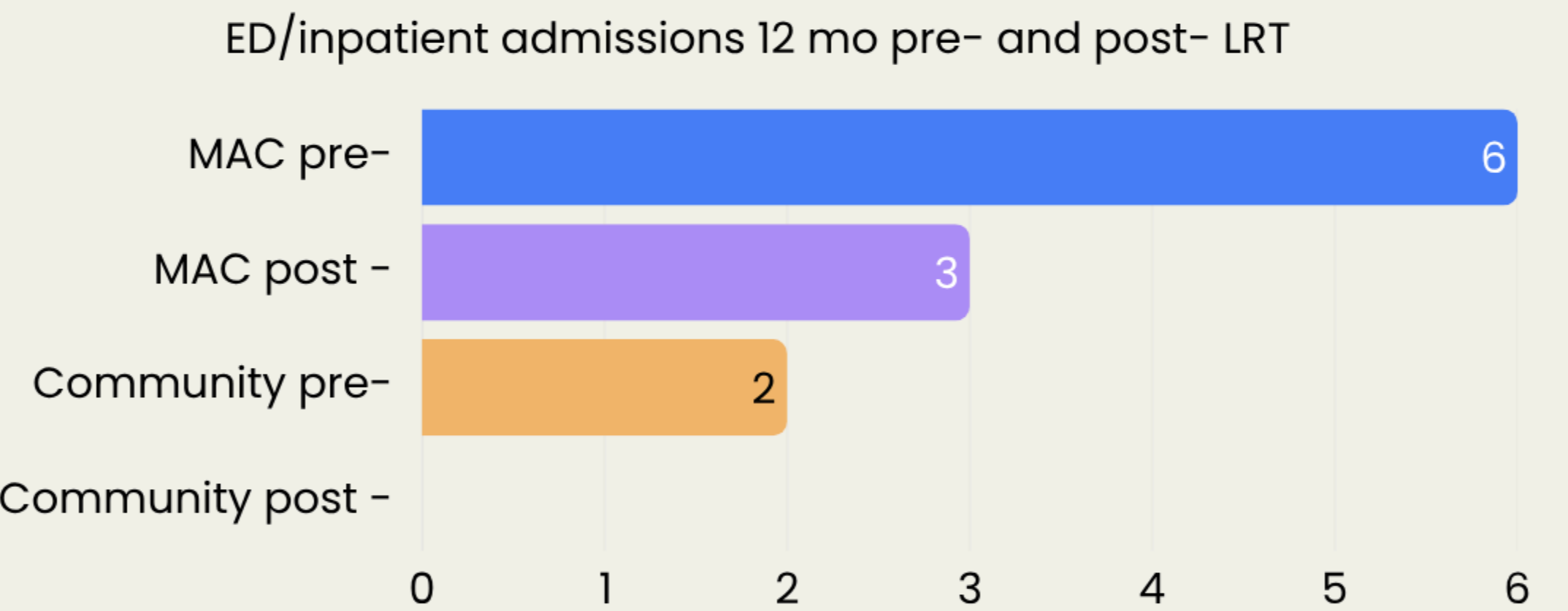
MAC SP service: 3 sessions of LRT offered fortnightly over 6 weeks
LRT sessions provided: 37
Attendance rate: 82%



Waitlist MAC SP: 43% waited 3-6 months (range 1-2 weeks to 9-12mo)
Mean distance to access MAC SP: 44km (range 4.6 - 308km)
Five patients drove >100 km; the furthest travelled 7 hours round trip to attend LRT

Healthcare Utilisation

Half of the patients who had previously presented to hospital avoided readmission after LRT with an SP. Those who had no previous presentations to hospital did not have subsequent presentations post LRT. There was a similar trend for those seen by community SP for LRT.

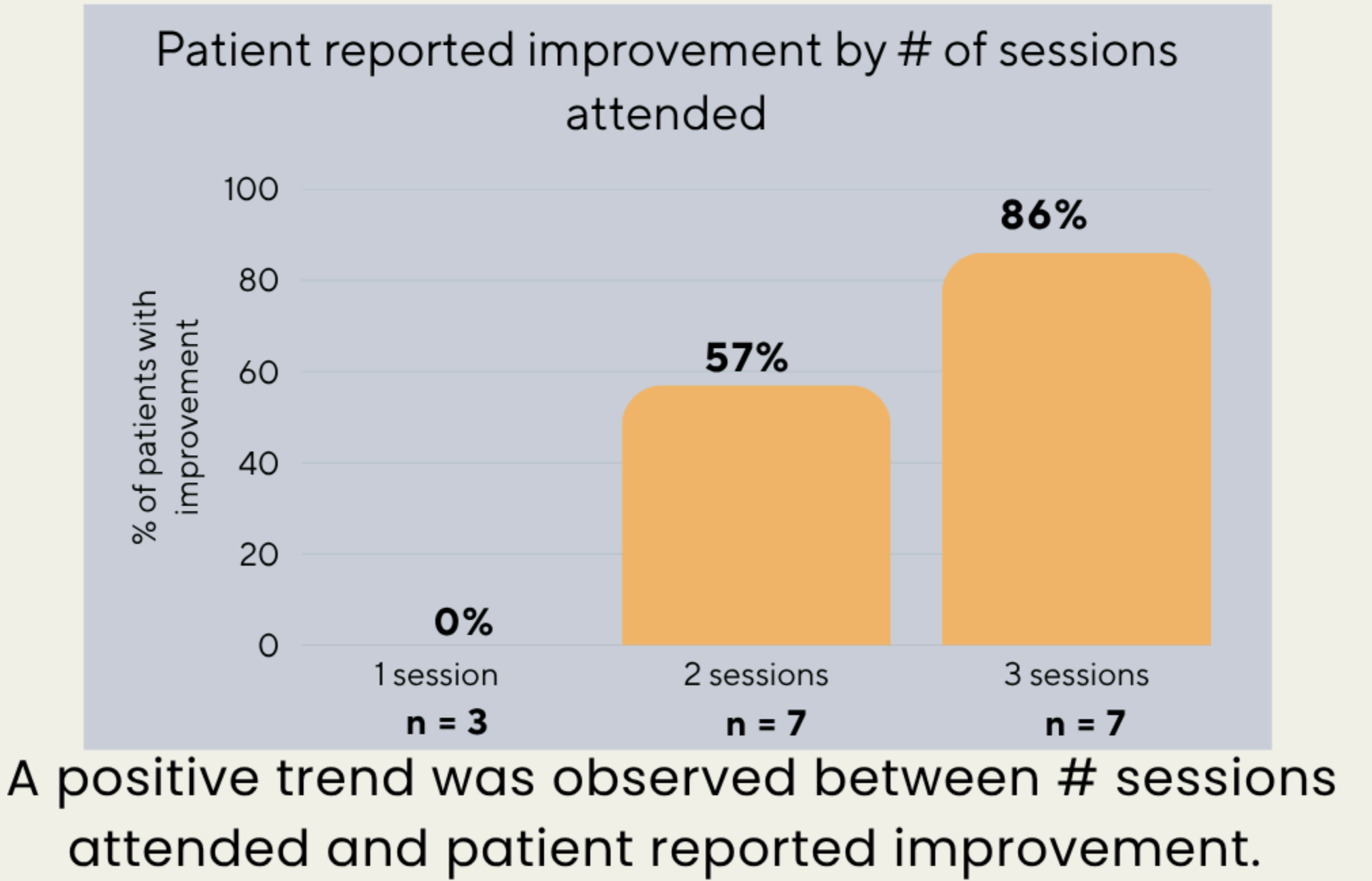


Meeting Unmet Needs

The integration of SP within MAC improved patient experience by increasing access to SP, addressing an unmet need.

- 65% of patients referred from the MAC were seen within the integrated SP pathway
- 31% of these were identified as appropriate for community SP closer to home
- 30% had previously been referred to private SP but were unable to access it due to financial or travel barriers

Clinical outcomes



Discussion

These outcomes demonstrate a clear need for SP services at Monash Health and highlight the valuable role of the integrated SP service in assessing patients, facilitating access to the most appropriate referral pathway and providing clinical care. This model represents an important step towards addressing an unmet need for patients who may previously have been unable to access timely care. Patients demonstrated high levels of engagement, as evidenced by strong attendance rates, and attendance at more sessions was associated with greater improvements in short-term clinical outcomes. Preliminary findings also suggest potential benefits in reducing healthcare utilisation.

Although promising, the results warrant further investigation given the small cohort and limited time frame for evaluation of the pilot service. Future directions should focus on strengthening partnerships between MAC and community speech pathology services, evaluating the maintenance of clinical outcomes over the longer term, and engaging in consumer co-design to refine referral criteria and address barriers such as growing wait times and patient access. These initiatives will be critical to ensuring that patients receive the right intervention, in the right setting, at the right time.

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