Methods:
- Data for this study were collected during feasibility and cost-improvement of community-based telerehabilitation for aphasia.
- The sample consisted of 21 persons with aphasia (PWA).
- Mean age of the sample was 58.2 and mean WAB-R=69.4
- About half of the patients were diagnosed with anomic aphasia (N=10), Broca’s aphasia (N=9), and conduction aphasia (N=2).
- Statistical Analysis:
  - Demographic characteristics and comparisons of aphasia outcomes between Blacks and Whites were completed using independent sample t-tests for continuous variables and Pearson Chi-square statistics.
  - Bayesian estimation was utilized to determine cost of percentage change in QOL:
    
    \[ \text{Cost} = \frac{\text{Treatment Costs} - \text{Baseline Costs}}{\text{ baseline QoL} - \text{post QoL}} \times 100 \]
    
- Average cost per percent improvement was $143.82.
- Lower cost of QOL improvement was associated with greater change in aphasia impairment.

Results:
- On average, QOL improved by ~16% for following 6-weeks of telerehabilitation treatment.
- QOL improved substantially more for those with higher levels of impairment.
- Individuals with anomic aphasia improved 10%, Broca’s aphasia 20%, and conduction aphasia 32%.
- Average cost per percent improvement was $143.82.
- Lower cost of QOL improvement was associated with greater change in aphasia impairment.

Conclusions:
- Measures of QOL can capture the impact of communication disorders on QOL and the cost associated with the change and QOL than existing metrics.
- This study showed that type and severity of aphasia has a differential impact on reporting on QOL among PWA and the cost of change.
- Measures of QOL can help clinicians and researchers assess aphasia treatment outcomes and the cost effectiveness of those treatments.

Works Cited

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