

Tele-Tinnitus

Progressive Tinnitus Management via Clinical Video
Telehealth aka PTM via CVT

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24th Annual Appalachian Spring Conference
June 16, 2017
Johnson City, TN

DISCLOSURE: I currently serve on the AAA workgroup developing material for the ABA Tinnitus Certificate Holder program.

Disclosures

- ▶ Financial: salary from VAMC, travel from AVREAP
- ▶ Non-Financial: served on the VA TeleAudiology Workgroup, 2016–17 Clinical Specialist Supplement Project, and on the AAA ABA Workgroup for Development of the Certificate Holder – Tinnitus Management Training Program (in progress)

Learning Objectives

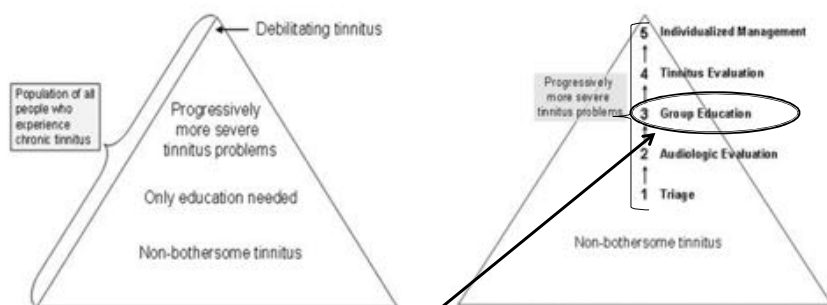
Following this course, learners will be able to:

- Identify audiologic and cognitive behavioral therapy coping skills taught the Level 3 PTM workshops.
- Identify resources in the VA to commence a PTM program via Clinical Video Telehealth (CVT).
- Identify supplies needed to conduct PTM via CVT.
- Identify correct ICD and CPT codes for PTM via CVT encounters.

Helpful Hyperlinks

- TeleAudiology Resource Center – [Telehealth TeleAudiology – Training Resources – VHA Telehealth Services Intranet](#)
- VA Pulse TeleAudiology Group – <https://www.vapulse.net/docs/DOC-31696>
- Telehealth Management Platform (TMP) for scheduling into VistA is currently being rolled out– formerly known as Telehealth Scheduling System (TSS): <http://vaww.telehealth.va.gov/resources/tmp/index.asp>
- NCRAR Progressive Tinnitus Management Webpage
 - <http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Index.asp>
- How to Manage Your Tinnitus: A Step by Step Workbook (HCE/DOD website)
 - <https://pueblo.gpo.gov/DOD/DODPubs.php> or Plural Publishing in the private sector
- Progressive Tinnitus Management Counseling Guide
- http://www.ncrar.research.va.gov/Contact_Us.asp (NCRAR will send it to you.)
- *Tinnitus: Questions and Answers brochure (EES) Stand by – HCE is taking over from EES!*
- TMS Modules – 19 PTM competency modules
- [VA Adult Tinnitus Management Clinical Practice Recommendation-ASPS Sharepoint](#)

Progressive Tinnitus Management Pyramid



- **Level 3 Skills Education** is the entry point for development of coping skills for managing reactions to tinnitus over a series of up to five sessions with an audiologist and a mental health (MH) provider.
- **4 Skills taught in Level 3** = Use of therapeutic sound, Relaxation Exercises (breathing and imagery), Planning Pleasant Activities, Changing Thoughts and Feelings about tinnitus

Tele-PTM Group – Getting Started

- **Start up requirements:**
 - Audiology provider
 - Mental Health provider
 - Telehealth Service Agreement – contact your Facility Telehealth Coordinator (FTC) to complete <http://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/aud.aspx?InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>
 - TCT (Telehealth Clinical Technician)
 - CVT (Clinical video telehealth) equipment for patient and provider sites
 - Reserved conference or classrooms
 - HAS staff for scheduling unless you allow walk-ins
 - PSAS for inventory of Marsona and/or Sound Pillow devices
- Group size: 2–8 depending on location accommodations and the number of sites connecting per session
- Consider if you want to have a group in the room with you in addition to the group(s) on CVT at the same time; did not work out well at Bay Pines
- Your Patient Education Service may also be a good resource for your PTM groups re: promoting awareness to other services and patients as well as checking your patient materials for reading/literacy levels

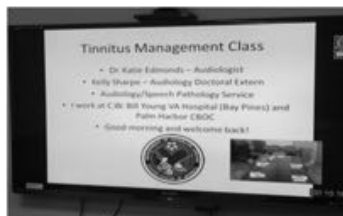
Supplies

- ▶ Supplies for Progressive Tinnitus Management group sessions include, but are not limited to:
 - How to Manage Your Tinnitus a Step by Step Workbook (Available from HCE)
 - Tinnitus questionnaires (ex: THS, TFI, THI-S etc.) (Available from NCRAR)
 - Demo sound generating devices (Available from PSAS, Hear Central, Sound Pillow)
 - Pens
 - Contact information (for patients): Audiology, MH, facility specific contact information, MHV secure messaging
 - Contact information (for you): local CVT support, IRM Helpdesk, VTC Helpdesk, FTC, etc. in the event of an equipment failure

Optional supplies: Brochures for Wellness Programs such as MOVE, Peer Support Groups, Smoking Cessation, VA App website, etc.

It is recommended you supply your TCT with a variety of hearing aid batteries due to the high number of hearing aid wearers who participate in group PTM.

Room/Camera Configuration Options – Provider Site



Room/Camera Configuration Options – Patient Site



Sample Audiology CPRS Template

- › PROGRESSIVE TINNITUS MANAGEMENT GROUP TELE-HEALTH SESSION
- › Number of attendees:
- › Length of session: 60 minutes
- › Diagnosis: Tinnitus, unspecified ear H93.19

- › Patient was seen today for group progressive tinnitus management (PTM) session via CVT. Verbal informed consent was obtained after providing the patient with a full explanation of telehealth, alternatives for obtaining care through an in-person visit at the nearest VA clinical site, and the patient's right of refusal, at any time, for any telehealth.
- › -Patient completed Tinnitus and Hearing Survey (THS) scoring Part A=XXX, Part B=XXX indicating s/he perceives tinnitus/hearing as a greater problem. Part C=XXX indicating no or a small/moderate/big sound tolerance problem.
- › -Patient completed the Tinnitus Functional Index (TFI) scoring XXX indicating no/small/moderate/big/very big perceived tinnitus problem.
- › -Progressive tinnitus management (PTM) sound management strategies were reviewed with the group in addition to various sound types and sound sources. The How to Manage Your Tinnitus workbook with companion DVD and CD was provided. The tinnitus problem checklist was completed in class. The group was instructed to complete the sound plan worksheet and review it 1-2 weeks after implementation to rate their success and modify their plan as needed.
- › -Marsona 1288a sound generator with dual pillow speakers was demonstrated to the class for use as a tinnitus management device during the day or for sleeping. Also discussed option of Sound Pillow Travel device as well. Per Veteran's request, XXXXXXX device ordered via PSAS for shipment to the Veteran.
- › -Cognitive behavior therapy exercises of breathing, imagery, planning pleasant activities and changing thoughts and feelings were instructed by Dr. XXXXX, Primary Care Behavioral Health Psychologist.
- › ASSESSMENT:
- › - All group members were encouraged to return to hearing aid walk in clinic if they suspect a change in hearing or have hearing aid problems.
- › - All group members were encouraged to seek physician consultation if they associate their tinnitus with medication use and counseled to seek physician advice prior to discontinuing a prescribed medication.
- › - All group members were reminded to use hearing protection in all environments with hazardous noise present unless their safety will be compromised.
- › PLAN:
- › -Follow up TFI will be mailed to Veteran in three months.

Sample MH CPRS Template

- ▶ PROGRESSIVE TINNITUS MANAGEMENT GROUP TELE-HEALTH SESSION
- ▶ Number of attendees:
- ▶ Length of session: 60 minutes
- ▶ Diagnosis: Tinnitus, unspecified ear H93.19
- ▶ Patient was seen today for group progressive tinnitus management (PTM) session via CVT. Verbal informed consent was obtained after providing the patient with a full explanation of telehealth, alternatives for obtaining care through an in-person visit at the nearest VA clinical site, and the patient's right of refusal, at any time, for any telehealth.
- ▶ -Cognitive behavior therapy exercises of breathing, imagery, planning pleasant activities and changing thoughts and feelings were instructed. Changing Thoughts and Feelings worksheet was reviewed. The group was instructed to complete the worksheet and review it 1–2 weeks after implementation to rate their success and modify their plan as needed.
- ▶ ASSESSMENT:
- ▶ -Veterans were made aware of access to mental health and behavioral health services.
- ▶ PLAN:
- ▶ -Follow up TFI will be mailed to Veteran in three months.

ICD10 and CPT Coding

ICD10

- Audiology/MH Codes:
 - H93.11 Tinnitus, right ear
 - H93.12 Tinnitus, left ear
 - H93.13 Tinnitus, bilateral
 - H93.19 Tinnitus, unspecified ear
 - H93.A1 Tinnitus, pulsatile right
 - H93.A2 Tinnitus, pulsatile left
 - H93.A3 Tinnitus, pulsatile bilateral
 - H93.A9 Tinnitus, pulsatile unspec.

CPT

- Audiology codes:
 - 98960 Individual session (30 min increments)
 - 98961 2–4 patients (30 min increments)
 - 98962 5–8 patients (30 min increments)
 - 92700 Demonstration of sound generating devices
 - V5299 Outcomes measure, if utilized
- ▶ Mental Health codes:
 - 90853 Group psychotherapy other than multi-family
- ▶ TCT codes:
 - Q3014 patient side CVT (no correction for length of class)
- ▶ Tinnitus Assessment
 - 92625

CVT Stop/Credit Codes

- ▶ Stop/Credit codes are 6 digits numbers that refer to service providers/clinics such as Audiology and assign the proper copay, if applicable
- ▶ 203 = stop code for Audiology
- ▶ Last 3 digits are the credit code
- ▶ CVT credit codes:
 - 690 CVT at patient site in your VA system(no copay)
 - 692 CVT at provider site in your VA system (\$15 copay)
 - 693 CVT in another VA system (\$15 copay)
- ▶ By pairing 203 and 692, Audiology gets credit for doing CVT and the patient gets a \$15 copay instead of the standard Audiology copay of \$50.
(If you are doing groups face to face 203720 would create a \$15 copay.)



Contingency Plans



- ▶ Have your TCT, FTC, IRM Helpdesk info handy
- ▶ Locate an alternate room or alternate CVT equipment in the event of last minute CVT equipment or room problems
- ▶ Map the provider site's computer to the printer at the patient's site in the event there is a TCT not familiar with the location who does not have the handouts. You can map to their printer from your location if you are in the same healthcare system and send them the handouts.
- ▶ If using power point have a paper copy of your presentation available at each site in the event of a computer failure
- ▶ Catherine.Edmonds@VA.GOV or 727-398-6661 x14545 or IM me on Lync

Evidence and Outcomes

- Progressive Tinnitus Management (PTM) is an evidence based tinnitus management program endorsed by National Audiology Program Office in 2009.
- See NCRAR website ([NCRAR](#)) and/or [Progressive Tinnitus Management: Clinical Handbook for Audiologists](#) for the research and development.
- Progressive Tinnitus Management Level 3 Skills Education: 5 Year Clinical Retrospective, Edmonds et.al., AJA– accepted for publication 4/17

Purpose of the 5 Year Retrospective Study

- Are coping skills being utilized up to 5 years after completion of Level 3?
 - If so, what skills continue to be utilized to manage reactions to tinnitus?
- What is the effectiveness of using the Level 3 skills?
- Would respondents who were helped recommend Level 3 intervention to someone with bothersome tinnitus? Would respondents who were not helped recommend the workshops?
- Do the differences in program design between Bay Pines and Boston effect outcomes?
- **BIG QUESTIONS = Are the time and resources invested in group PTM**
 - 1: of value to the Veterans?
 - 2: a good use of taxpayer funds?

Methods

- ▶ Tinnitus Workshop Follow up (TWF) form mailed in FY15 to Veterans who attended Level 3 PTM groups at Bay Pines and Boston VA FY10–14
- ▶ Postage paid return envelope provided to Bay Pines participants
- ▶ Data analyzed by location, fiscal year, question
- ▶ Responses averaged per # of respondents who answered the question
- ▶ Return rate = 46% @ Bay Pines (N=289/629), 43% @ Boston (N=139/322)
- ▶ **Important note:** The TWF is an anonymous form; therefore, CVT data could not be separated.

Tinnitus Workshop Follow Up Form

1. Have you been **using sound** to manage your reactions to tinnitus?

YES NO If yes, how often?

- A. Very often
B. Often
C. Sometimes
D. Rarely

If no, why not?

- A. I don't need to do this
B. It's not worth the trouble
C. I don't know what to do
D. I don't think it helps
E. I don't like to do this
F. Other: _____

2. Have you been **practicing relaxation techniques** (deep breathing and/or imagery) to manage your reactions to tinnitus?

YES NO If yes, how often?

- A. Very often
B. Often
C. Sometimes
D. Rarely

If no, why not?

- A. I don't need to do this
B. It's not worth the trouble
C. I don't know what to do
D. I don't think it helps
E. I don't like to do this
F. Other: _____

3. Have you been **planning more pleasant activities** to help manage your reactions to tinnitus?

YES NO If yes, how often?

- A. Very often
B. Often
C. Sometimes
D. Rarely

If no, why not?

- A. I don't need to do this
B. It's not worth the trouble
C. I don't know what to do
D. I don't think it helps
E. I don't like to do this
F. Other: _____

4. Have you been working on **changing your thoughts about tinnitus** to help you feel better?

YES NO If yes, how often?

- A. Very often
B. Often
C. Sometimes
D. Rarely

If no, why not?

- A. I don't need to do this
B. It's not worth the trouble
C. I don't know what to do
D. I don't think it helps
E. I don't like to do this
F. Other: _____

5. Compared to how I felt before the tinnitus workshops, **I now feel:**

- A. **A lot more in control** of my reactions to tinnitus
B. **Somewhat more in control** of my reactions to tinnitus
C. **A little more in control** of my reactions to tinnitus
D. **The same (no change in control)** of my reactions to tinnitus

6. Compared to before the tinnitus workshops, my ability to **cope** with tinnitus is now:

A lot worse Somewhat worse A little worse The same A little better Somewhat better A lot better

1 2 3 4 5 6 7

7. Compared to before the tinnitus workshops, my **quality of life** is now:

A lot worse Somewhat worse A little worse The same A little better Somewhat better A lot better

1 2 3 4 5 6 7

8. Compared to before the tinnitus workshops, my tinnitus **now bothers me:**

A lot worse Somewhat worse A little worse The same A little better Somewhat better A lot better

1 2 3 4 5 6 7

9. Would you **recommend the tinnitus workshops** to someone else who has bothersome tinnitus? YES NO If "no," please explain:

10. Please **describe your overall experience** learning how to manage your reactions to tinnitus.

Comparison of Level 3 Workshops at Bay Pines and Boston

	VA Bay Pines Health Care System	VA Boston Health Care System
Pre-Level 3 education	90 minute Tinnitus Education session	N/A
# of Level 3 classes	2 classes: • 1 with audiologist or with audiologist and audiology externs • 1 with mental health provider	2 classes: • Both with audiologist and/or audiology externs
Length of classes	60-120 minutes	60-90 minutes
Format	In person, tele-health	In person
Staffing	Audiologists, audiology externs, mental health provider, tele-health technicians	Audiologist, audiology externs, mental health provider when needed
# of locations in system receiving tinnitus services	6	1
Frequency of classes	1-2 times per month (each class at each location); total of approximately 12 classes per month	1-2 times per month; total of approximately 3 classes per month
Class size	2-6 per location	2-8
Room type	Conference room or classroom	Conference room
Supplies	• Tinnitus information handouts • Tinnitus workbooks	• Tinnitus information handouts • Tinnitus workbooks
Equipment	• Computer • Wall-mounted monitor for power point display • Telehealth equipment on patient and provider side • Demo sound devices	• Computer • Wall-mounted large flat screen TV for power point display • Wireless Bose speaker system for sound demonstrations • Demo sound devices
Administrative functions	• Maintaining inventory of educational handouts, pens, workbooks, demo sound generating devices • Administering outcome measures • Interaction with Mental Health and other disciplines • Follow up services, phone calls, data collection • ~5 hours per week	• Maintaining inventory of educational handouts, pens, workbooks, demo sound generating devices • Administering outcome measures • Interaction with Mental Health and other disciplines • Follow up services, phone calls, data collection • ~5 hours per week

FY17 (Oct-May): 42% (89/212) of Vets from Tinnitus Education attended Group PTM

CVT: 43% (51/118)

F2F: 40% (38/94)

Are They Bothering To Use The Strategies and Resources From Level 3 PTM Workshops? Answer=Yes!

<u>Bay Pines</u>		Attended PTM Level 3 in					Total Across
Number of Skills Used	2010	2011	2012	2013	2014		Years
4	57%	70%	69%	68%	60%		64%
3	12%	7%	19%	18%	21%		16%
2	12%	14%	6%	7%	10%		10%
1	12%	5%	6%	2%	6%		6%
0	7%	5%	0%	5%	2%		4%
<u>Boston</u>		Attended PTM Level 3 in					Total Across
Number of Skills Used	2010	2011	2012	2013	2014		Years
4	65%	56%	64%	48%	56%		58%
3	10%	20%	29%	17%	31%		22%
2	19%	16%	0%	13%	6%		11%
1	3%	0%	7%	9%	6%		5%
0	3%	8%	0%	13%	0%		4%

Includes CVT

Patients' report on the TWF of the number of self-management skills utilized; using sound, practicing relaxation techniques, planning pleasant activities, changing thoughts about tinnitus. For the four self-management skills, patients are asked whether or not they are using those skills. For each respondent, the number of yes's was totaled.

Summary of responses re: managing reactions to tinnitus, ability to cope with tinnitus, quality of life, and how much patients are bothered by tinnitus since participating in PTM Level 3 workshops.

Compared to before the PTM workshops...

I now feel about managing reactions to tinnitus:

<u>Bay Pines</u>	2010	2011	2012	2013	2014	Total Across Years
More in Control	59%	79%	81%	80%	82%	76%
The Same (no change)	41%	21%	19%	20%	18%	24%

<u>Boston</u>	2010	2011	2012	2013	2014	Total Across Years
More in Control	69%	76%	81%	66%	93%	78%
The Same (no change)	31%	22%	19%	34%	7%	22%

my ability to cope with tinnitus is now:

<u>Bay Pines</u>	2010	2011	2012	2013	2014	Total Across Years
Better	52%	73%	74%	79%	77%	71%
The Same	33%	18%	17%	13%	16%	19%
Worse	16%	9%	9%	9%	6%	10%

<u>Boston</u>	2010	2011	2012	2013	2014	Total Across Years
Better	63%	61%	75%	70%	75%	69%
The Same	23%	29%	18%	17%	19%	21%
Worse	14%	8%	7%	12%	6%	9%

my quality of life is now:

<u>Bay Pines</u>	2010	2011	2012	2013	2014	Total Across Years
Better	55%	64%	71%	64%	73%	66%
The Same	31%	26%	24%	32%	19%	28%
Worse	14%	9%	6%	4%	7%	6%

<u>Boston</u>	2010	2011	2012	2013	2014	Total Across Years
Better	50%	48%	68%	57%	75%	60%
The Same	43%	35%	29%	26%	22%	31%
Worse	6%	17%	4%	17%	3%	8%

my tinnitus now bothers me:

<u>Bay Pines</u>	2010	2011	2012	2013	2014	Total Across Years
Less	41%	61%	67%	54%	66%	58%
The Same	24%	21%	15%	29%	24%	23%
More	35%	17%	18%	18%	10%	18%

<u>Boston</u>	2010	2011	2012	2013	2014	Total Across Years
Less	53%	50%	67%	61%	58%	58%
The Same	27%	25%	22%	13%	42%	27%
More	20%	25%	11%	26%	0%	15%

Includes
CVT

Would They Recommend Level 3 PTM Group To Someone with Tinnitus? Answer=Yes!

<u>Bay Pines</u>	2010	2011	2012	2013	2014	Total Across Years
All Participants:	86%	91%	94%	95%	93%	92%

<u>Boston</u>	2010	2011	2012	2013	2014	Total Across Years
All Participants:	94%	92%	100%	91%	94%	94%

% = percent of those who responded who would recommend the workshops

Future Plans for PTM via CVT

- ▶ PTM via CVT is stable at Bay Pines
 - FY13 30% of group PTM participants (Total N=119)
 - FY14 56% of group PTM participants (Total N= 163)
 - FY15 59% of group PTM participants (Total N=123)
 - FY16 51% of group PTM participants (Total N=103)
 - FY17* 57% of group PTM participants (Total N=89)
 - *Oct 1, 2016–May 25, 2017
- ▶ Currently collecting Tinnitus Functional Index (TFI) outcomes to compare CVT to face-to-face PTM group outcomes at the end of FY17.
- ▶ Considering sending Tinnitus Workshop Follow Up (TWF) to compare to the TFI.

There's No Place Like Home So Get Going!



Thank you for your time and attention.
Be Safe In Your Travels.