Tele–Tinnitus
Progressive Tinnitus Management via Clinical Video Telehealth aka PTM via CVT

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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
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/TinnitusDocume
nts/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

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**Tele–PTM Group – Getting Started**

- **Start up requirements:**
  - Audiology provider
  - Mental Health provider
  - 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.

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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 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 TF1 will be mailed to Veteran in three months.

## ICD10 and CPT Coding

<table>
<thead>
<tr>
<th>ICD10</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Audiology/MH Codes:</td>
<td>➢ Audiology codes:</td>
</tr>
<tr>
<td>◦ H93.11 Tinnitus, right ear</td>
<td>◦ 98960 Individual session (30 min increments)</td>
</tr>
<tr>
<td>◦ H93.12 Tinnitus, left ear</td>
<td>◦ 98961 2–4 patients (30 min increments)</td>
</tr>
<tr>
<td>◦ H93.13 Tinnitus, bilateral</td>
<td>◦ 98962 5–8 patients (30 min increments)</td>
</tr>
<tr>
<td>◦ H93.19 Tinnitus, unspecified ear</td>
<td>◦ 92700 Demonstration of sound generating devices</td>
</tr>
<tr>
<td>◦ H93.A1 Tinnitus, pulsatile right</td>
<td>◦ V5299 Outcomes measure, if utilized</td>
</tr>
<tr>
<td>◦ H93.A2 Tinnitus, pulsatile left</td>
<td>➢ Mental Health codes:</td>
</tr>
<tr>
<td>◦ H93.A3 Tinnitus, pulsatile bilateral</td>
<td>◦ 90853 Group psychotherapy other than multi-family</td>
</tr>
<tr>
<td>◦ H93.A9 Tinnitus, pulsatile unspec.</td>
<td>➢ TCT codes:</td>
</tr>
</tbody>
</table>

- 92625 | ◦ Q3014 patient side CVT (no correction for length of class) |

- Tinnitus Assessment |
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

2. Have you been practicing relaxing 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

3. Have you been engaging in 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

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

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. Not much at all in control of my reactions to tinnitus
   - D. The same (the change is small)

6. Compared to before the tinnitus workshops, my ability to *cope* with tinnitus is now:
   - A. A lot worse
   - B. Somewhat worse
   - C. About the same
   - D. A lot better
   - E. Somewhat better
   - F. Much better

7. Compared to before the tinnitus workshops, my *quality of life* is now:
   - A. A lot worse
   - B. Somewhat worse
   - C. About the same
   - D. A lot better
   - E. Somewhat better
   - F. Much better

8. Compared to before the tinnitus workshops, my tinnitus now *bothers me*:
   - A. A lot worse
   - B. Somewhat worse
   - C. About the same
   - D. A lot better
   - E. Somewhat better
   - F. Much better

9. Would you recommend the tinnitus workshops to someone else who has tinnitus?
   - Yes (circle) No, please explain

10. Please describe your overall experience learning how to manage your reactions to tinnitus
    - Please try to be as specific as possible

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8/11/17
Comparison of Level 3 Workshops at Bay Pines and Boston

<table>
<thead>
<tr>
<th>Level 3 Education</th>
<th>VA Bay Pines Health Care System</th>
<th>VA Boston Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Level 3 courses</td>
<td>2 classes; with audiologist and/or audiologist nurse</td>
<td>2 classes; with audiologist and/or audiologist nurse</td>
</tr>
<tr>
<td>Length of classes</td>
<td>90-120 minutes</td>
<td>60-90 minutes</td>
</tr>
<tr>
<td>Setting</td>
<td>Audiology, vestibular, otolaryngology, medical health provider, live therapy; online</td>
<td>Audiology, vestibular, otolaryngology, medical health provider, live therapy; online</td>
</tr>
<tr>
<td># of locations: including travel services</td>
<td>10 sites</td>
<td>7 sites</td>
</tr>
<tr>
<td>Frequency of classes</td>
<td>1-2 times per month; total of approximately 12 classes per month</td>
<td>1-2 times per month; total of approximately 12 classes per month</td>
</tr>
<tr>
<td>Skill mix</td>
<td>2-4 per location</td>
<td>2-4 per location</td>
</tr>
<tr>
<td>Supplies</td>
<td>Audiology equipment; computer; computer software; audiology equipment; computer software</td>
<td>Audiology equipment; computer; computer software; audiology equipment; computer software</td>
</tr>
<tr>
<td>Administrative functions</td>
<td>Maintenance of educational materials; printing, xerox, copying; equipment; computer software; computer</td>
<td>Maintenance of educational materials; printing, xerox, copying; equipment; computer software; computer</td>
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</table>

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!

<table>
<thead>
<tr>
<th>Bay Pines</th>
<th>Attended PTM Level 3</th>
<th>Total Across</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Skills Used</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>7</td>
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<td>2</td>
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<td>12</td>
<td>5</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>Boston</th>
<th>Attended PTM Level 3</th>
<th>Total Across</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Skills Used</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>4</td>
<td>65</td>
<td>56</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

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.

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

% = 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.