VA TeleAudiology and Connected Care

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PRESENTER DISCLOSURE STATEMENT

Chad Gladden, AuD, Audiology Telehealth Coordinator, Audiology and Speech Pathology Services, Department of Veterans Affairs

Disclosure:
- Financial: salary from VA, travel from AVREAP
- Non-Financial: N/A
LEARNING OBJECTIVES

Following this course, learners will be able to:

- Identify selected technologies and mobile solutions used in teleaudiology to enhance quality and access to comprehensive hearing care.
- Describe basic processes/considerations for effective clinical implementation of teleaudiology and virtual care modalities.
- Analyze current practice issues and implications of emerging patient needs on future teleaudiology service delivery.

BACKGROUND
Purpose

- Describe current practices and future plans for expanding TeleAudiology initiatives to effectively connect patients and services.

- Outline key steps, implementation issues, and preliminary outcome data related to VA TeleAudiology services.

- Stimulate dialogue about the evolution of service delivery models to improve access to quality hearing health care.

- Discuss audiology telehealth integration and possibilities for private sector and health care organizations.

Why TeleAudiology and Connected Healthcare?
Audiology Workload (FY 2016)

- 2,391,285 encounters (+8% over FY15)
- 990,914 unique Veterans (+3.5% over FY15)
- 65,169 new unique Veterans (+17.2% over FY15)
- 185,013 average encounters/month (+10% over FY15)
- 627,392 same day appointments (28% of all encounters; +22% over FY15)

Source: VSSC Rehab Dashboard, Clinic Stops and Persons Cube, Completed Appts Cube

Workload Trends (FY14-16)

Source: VSSC Rehab Dashboard
Access to Care

- Approximately 60% of enrolled Veterans reside in urban areas, while approximately 37% reside in rural areas. Fewer than 2% reside in highly rural areas.

- 47% of Veterans living in rural areas and 95% of Veterans living in highly rural areas drive over 2 hours to VA facilities to obtain their health care.

- Shortage of trained health care professionals and specialized facilities in rural areas mean that health services are unavailable to the majority of the rural population.

- Travel distance and geographic barriers limit access to specialized clinical services.

- Continuity of care is also a problem that impedes patient satisfaction and access to services.

Changing Nature of Consumer Engagement for Healthcare Connectivity: Virtual Care and Services

- Utilize Information and Technology to foster greater consumer engagement.

- Give the consumer access to technology tools to:
  - Expand access to care (eliminate face to face patient/provider visits as the predominant access point)
  - Inform decision making
  - Promote self-management and patient education
  - Enhance patient dialog to foster provider/patient interaction
  - Manage chronic conditions
  - Improve follow up care
  - Improve patient outcomes and satisfaction
  - Reduce costs of care
Global Innovation and Connected Healthcare

Connected Health

- Healthcare is moving to a virtual care delivery system.

- Movement of care goes beyond the hospital and clinics into the day-to-day lives of patients.

- The goal is to achieve “connected health,” which puts patients at the center of holistic care, beyond a symptom or disease focus.

- Creates and connects relationships between/among providers and between patients and their providers.
Mobile Health (mHealth)

- Smart phones and apps are rapidly changing how patients access health resources and information that are available to them.

- This changing, virtual environment provides another technology to enhance care and services.

Mobile technologies:
There’s an app(lication) for that.
The “Connected” Audiology Patient

Definitions of Telehealth in VA

<table>
<thead>
<tr>
<th>Home Telehealth (HT)</th>
<th>Monitors patients and manages diseases through video into the home and use of mobile devices for acute and chronic management and health promotion/disease prevention.</th>
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</thead>
<tbody>
<tr>
<td>Clinical Video Telehealth (CVT)</td>
<td>Real-time videoconferencing between VA medical centers and CBOCs that replicates face-to-face consultations between patient and provider, or provider to provider. Uses include specialty consultations and delivery of mental health services.</td>
</tr>
<tr>
<td>Store and Forward Telehealth (SFT)</td>
<td>Acquisition, storage, and forwarding of clinical images to experts for review.</td>
</tr>
<tr>
<td>TeleRadiology</td>
<td>Remote analysis of radiology and nuclear medicine images.</td>
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<tr>
<td>Secure Messaging</td>
<td>Enables timely and secure text-based communication with patients via mobile phones.</td>
</tr>
<tr>
<td>Mobile Health</td>
<td>Smart phone applications for self-management of health conditions 24/7. Example is PTSD coaching.</td>
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</table>
VHA’s Five Priorities for Strategic Action

1. **Increase Access to Health Care**
   We will provide timely access to Veterans as determined by their clinical needs.

2. **Employee Engagement**
   We will work to allow staff to have greater input into their work environment.

3. **High Performance Network**
   We will build a high performance network of care to best serve Veterans.

4. **Best Practices**
   We seek to identify and disseminate best practices throughout VA.

5. **Veterans First: Trust in VA Care**
   We will share our results on the quality and timeliness of how we care for Veterans.

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VA Telehealth Services Update

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**STRATEGIC INNOVATION**

**SERVICE IMPROVEMENT**

- 96.32% of veterans seen on time
- 84.89% appointment filled
- 21.44% wait time

**WORKLOAD**

- 12% of new telehealth visits are seen on the day of the call
- 2.17+ new patients per day

**TELEHEALTH**

- By 2024, VA Telehealth will have over 10,000 visits per month
- 21% of all new visits are on telehealth
- 30% of all new visits are on telehealth

**COMMISSION ON CARE**

- Telehealth improves access to care for all Veterans
- VA Telehealth services include: mental health, physical health, specialty care, and more

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**O & M**

- 50+ VISN 8 VA Telehealth offices
- Over 17,000 patients served
- 12% of all new patients are seen on telehealth
- 2.17+ new patients per day
VA TELEHEALTH SERVICES UPDATE:

12% of Veterans who receive VHA care participate in some type of telehealth service yearly

- More than 702,000 Veterans served (45% Rural)
- More than 2.17 million yearly telehealth visits (50+ clinical specialties)
- More than 970 VHA sites (VA Medical Centers, Community-Based Outpatient Clinics, etc.)

Home Telehealth
150,600 Veterans
1,018,500 visit equivalents

Video Telehealth
307,900 Veterans
837,800 visits

Store & Forward Telehealth
304,700 Veterans
314,000 visits

Note: All data shown is Fiscal Year 2016

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TELEREHABILITATION-FY 16

Audiology 49%
Speech 11%
PT 18%
OT 6%

Source: Pyramid Analytics-CVT SFT Telehealth Cube
Access☆ Veteran Experience
Expand Services through Telehealth

Number of clinical visits completed using Telehealth modalities

Best Practices☆ Veteran Experience
International Outcomes Inventory – Hearing Aids

[Graph showing clinical visits by year for Speech Pathology and Audiology]

[Bar graph showing outcomes for TeleAudiology (N = 6,782) and Face-to-Face (N = 304,281)]
TeleAudiology Outcomes
Patient Satisfaction Survey
FY 13-16

CVT Patient Satisfaction Survey-TeleAudiology Breakout
OMB Approved

Strong agree=5 Agree=4 Neutral=3 Disagree=2 Strongly Disagree=1

SUMMARY OF RESPONSES (N=1,124 respondents)  Mean
1 felt comfortable with the equipment used.  4.82
1 was able to see the clinician clearly.  4.86
1 was able to hear the clinician clearly.  4.82
There was enough technical assistance for my meeting with the clinician.  4.87
My relation with the clinician was the same during this session as it was in person.  4.71
The location of the telehealth clinic is convenient for me.  4.82
My needs were met during the session.  4.86
I received good care during the session.  4.90
The telehealth clinic provided the care I expected.  4.84
Overall, I am satisfied with the telehealth session.  4.87
I would recommend this type of session to other Veterans.  4.80
I would rather use telehealth to receive this service than travel long distance to see my provider.  4.81
Wall-mounted Units

Access☆Veteran Experience
VHA Innovations Phase 2 | Automated Audiology - Clinical Extenders (AACE)

Store and Forward Telehealth (SFT)
Face-to-face efficiency

Did you hear the TONE?

YES
NO

[gis chart]

[Images of ear and hearing test results]
Access ✡ Veteran Experience
VA HearAssist-Clinical Video Telehealth to Home

- Increases Veterans’ access to care by enabling remote access to VA hearing aid services from the Veteran’s home via smartphone
- Reduces inconvenience and costs related to medical travel

TeleAudiology Resources

**TELEHEALTH SERVICES**
TeleAudiology Webpage

**VA PULSE**
TeleAudiology Member Group
https://www.vapulse.net/welcome
Access ★ Best Practice
Audiology Integrated Workstation

ASPS ★ OIT ★ HTM - Collaboration

The integrated workstation provides all necessary functions to treat the patient at all points in their care continuum.

Keys for Effective Service Delivery

- Support and buy-in from clinical staff and leadership: Top-down and bottom-up initiatives and communication.

- Commitment to education and training and long-term sustainment of high quality care and staff competence.

- “Owning the service” and remaining actively engaged, especially during times of resistance and challenges.
Keys for Effective Service Delivery

• Strong, ongoing partnership between industry and clinical, technical, and administrative staff.

• Incorporation of enterprise-type solutions that have been tested and shown to enhance access and quality of care.

• Early identification of infrastructure needs/issues and ability to modify solutions appropriately.

Keys to Connected Healthcare Delivery

• Development of protocols and standards for clinical practice, technologies, staff training, and evaluation of care.

• Allowing for modification/flexibility in work processes, particularly at early stages of implementation.

• Standardization, interoperability, and connectivity as critical components of initial success and long-term sustainability.
Keys to Connected Healthcare Delivery

• Ongoing education and training is required to maintain expertise and familiarity with changes in technology and potential clinical applications.

• Careful evaluation of service delivery, consistent with well established practice recommendations and guidelines, is critical to care effectiveness.

Thanks for Listening

With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

Abraham Lincoln, Second Inaugural Address, March 4, 1865