# Setting Up a Telehealth Clinic: The Salt Lake City VAMC Model

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## INTRODUCTION

The purpose of this poster is to offer other audiologists an example of how they can begin and implement a Telehealth program for their VAMC. This poster includes the manner in which the VA Salt Lake City Health Care System (VASLCHCS) started their program, how it is currently functioning, and aspirations for future Telehealth opportunities that can be offered to the patient.

This poster is intended to offer different ideas and ways for completing individual Audiology Telehealth goals at independent VAMCs. The thoughts expressed by the poster presenter are not all inclusive in the different available methods for establishing a VA Audiology Telehealth program.

There has been a strong push by the VA to bring our services closer to the patient. Many new Community Based Outpatient Clinics (CBOCs) are being developed to accomplish this aim. Due to the lack of resources at these CBOCs, Audiology Telehealth services are an effective method to ease the burdens placed on both patient and clinics. The hardest part is knowing where to begin. The following includes some of the potential challenges facing implementation of an Audiology Telehealth program.

## METHOD FOR IMPLEMENTATION

### Need for Telehealth

One thing to consider when implementing a Telehealth program are the needs of your patients and their relative location to the audiologists on staff. The first question in implementing the Audiology Telehealth clinic in our VASLCHCS was to determine what are the needs of our facility. What CBOCs should we provide services for? Are there Telehealth Clinical Technicians (TCTs) available at these CBOCs? What services are the patients in need of? And, which services can we offer to the patient considering limitations of equipment, etc.?

The patients benefit from Telehealth services by bringing the audiology services closer to home. Not only does Telehealth decrease travel and time for patients, it also decreases travel pay for VA.

Approximately 37% of enrolled VA patients are considered to live in rural areas throughout the United States. Less than 2% of enrolled VA patients are considered to live in highly rural areas. The other approximately 60% of Veterans that live in urban areas are not necessarily closer to a VAMC than a local CBOC*. Within the VASLCHCS approximately 49% of enrolled patients are potential candidates for Audiology Telehealth Services.

Table 1.

| Total number of enrolled Veterans by State seen at the VASLCHCS | | Eligible Telehealth patients by State | % |
|---|---|---|---|
| ID | 8,525 | 4,672 | 54.8 |
| NV | 2,665 | 1,709 | 64.1 |
| WY | 890 | 890 | 100 |
| UT | 49,811 | 23,072 | 46.3 |
| **TOTAL** | **61,891** | **30,343** | **49%** |

*Based on distance of counties near CBOCs with or without audiologists and distance to the SLC VA. The data in Table 1 were extracted from the VSCC current enrollment cube – PHI (FY 10).

**Data indicates all enrolled VASLCHCS patients including audiology.

### A Multidisciplinary Approach

When my section chief told me she wanted me to start a Telehealth program, I said okay and then thought what does that even mean? I began to ask providers from other disciplines how they were implementing the Telehealth program. I soon found out that the way other providers from other disciplines were using Telehealth would not exactly work for me and our Audiology needs. I began to ask others that knew more than I did about software, ideas, and technology that might fit well for our situation. Some of the professionals that helped in the development process include: The Telehealth Oversight Committee and Telehealth Coordinator (chair), Speech-Language Pathologists already using Telehealth, BioMed, and IT support.


Figure 1. Tandberg 1700 to be used by the provider at the SLC VAMC.

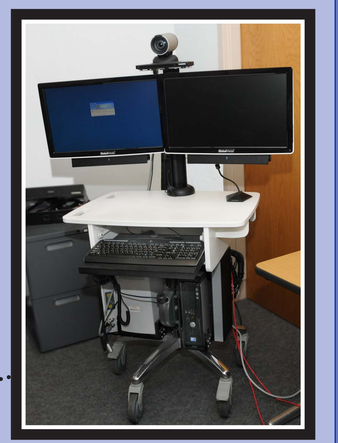

Figure 2. Primary Care Cart used at the CBOC.

### Equipment and Set-up

One very valuable tool in implementing the Telehealth program was the assistance of the Telehealth Oversight Committee at the SLC VAMC. The committee was able to provide the different equipment available to use in my office (the Tandberg 1700; see figure 1) and updated the pre-existing equipment that was already at the CBOCs (a Primary Care Cart; see figure 2). The Primary Care Cart is a universal cart for various providers. The cart includes a video otoscope.

A Telehealth Clinical Technician (TCT) has been stationed at many of the CBOCs and at Hybrid CBOCs within the VASLCHCS. These TCTs provide assistance as needed for all the different medical disciplines utilizing Telehealth. To utilize the TCTs more effectively, they were invited into the Audiology clinic for a crash course in hearing aid troubleshooting.

In addition to the Tandberg and Telehealth Primary Care Cart, the computer attached to the cart had NOAH networked to our SLC VAMC computers. Proprietary fitting software was downloaded to the CBOC cart computer and wireless programming accessories were attached. Hearing aid accessory kits were also provided to the CBOCs for the TCTs to better assist with the appointment.

### Software Installation

Another perhaps difficult decision the clinician will need to make is which hearing aid software is necessary. Hearing aid fitting software was chosen for the CBOCs based on the hearing aids fit in the clinic and wireless fitting options. Wireless fitting options were considered the only feasible option in an effort to ease the hearing aid programming process (limiting certain styles of hearing aids eligible). Additional software is needed to take control of the CBOC computer and make the hearing aid adjustments remotely. Two options used in the VASLCHCS are Net Meeting and Remote Desktop Connection. Remote Desktop Connection keeps the opposite site (the CBOC) from viewing the adjustments you are making, but may require BioMed or IT approval for logging onto other's computers. Net Meeting provides good speed and decent visual display.

### Scheduling

Chances are your schedule will change many times within the first 6 months as the need for Telehealth and the number of patients seen relative to the individual CBOC become more refined. Sweet talking a supervisor in the Centralized Scheduling Unit may ease this burden tremendously. For the VASLCHCS, scheduling worked best by having a separate clinic profile for each CBOC. The CBOC clinic profiles are actually the 'patient clinics' and another clinic profile was set up to be a Telehealth 'provider clinic' at the SLC VAMC. The SLC 'provider clinic' overlaps the other combined CBOC 'patient clinics'. When an appointment is set, two appointments must be made (which is standard for all disciplines regarding Telehealth). The first appointment is made for the CBOC 'patient clinic' on the hour or 1/2 hour. The second appointment is made for the 'provider clinic' one minute following the scheduled 'patient clinic' appointment time. The patient appointment must be scheduled first if a reminder card is to be sent for the patient to go to the correct location (the CBOC).

### Note Writing and Encounters

Although there are two appointments made, only a note written in the 'provider clinic' is needed. Although only one note is written, two total encounters must be made, one for each appointment. Both encounters must have the same diagnostic code and the 'patient clinic' procedure code should include the Telehealth facility fee code (Q3014).

## RESULTS

The VASLCHCS currently offers hearing aid follow-up appointments which includes counseling and remote hearing aid adjustments at 4 various CBOC clinics at a distance of 45 minutes to 3.5 hours away from the SLC VAMC. The VASLCHCS began offering Audiology Telehealth services in the summer of 2010. Telehealth appointments have also been used to couple hearing aids to Bluetooth accessories for hearing aids and other assistive listening technologies.

## CONCLUSION AND FUTURE OUTLOOK

Future clinical options for Telehealth include hearing aid fittings. There is also the option of providing services for tinnitus clinic management and counseling. Patients may also participate in the hearing aid orientation classes through Telehealth. Technology is currently available for hearing evaluations over Telehealth. Those interested in providing hearing evaluations through Telehealth may find one method by using PC based audiometers and equipment (proposed and presented by Mark Krumm, Ph.D. from Kent State University at AAA 2010 on Tele-Audiology: How to Make the World Your Clinic. AAA Learning Lab).

*Data were taken from the National Audiology and Speech Pathology Conference Call on the topic of Audiology Telehealth presented by Chad Gladden, AuD, CCC-A on Jan 26, 2011.