Practical Tips for Older Rural Telehealth Visits

Sponsored by interprofessional team members of GRECC Connect
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This is a revised and updated version of the Chat Transcript. The recording of the panel-style webinar is also available. Contact Shatice Jones (Shatice.jones@va.gov) or Hillary Lum (Hillary.lum2@va.gov) with any questions related to the GRECC Connect Education and Workforce Enhancement Core.

VIDEO TELEHEALTH LOGISTICS

1. Q: Who usually "prepares" the Veteran for the visit - this seems to be appropriate for health tech to be more efficient
A: This varies by local implementation. Our schedulers do the set-up prior to the VVC
A: We do have a tech that does that for us and stays on for most of the IDT as people join and drop off.

2. Q: How have other VAs dealt with poor video quality / audio lagging with patient appointments?
A: It is important to speak slowly and exaggerate the enunciation of words. That may sound strange to us, but the person w hearing loss will be better able to understand you. Especially important if over telephone, without Veteran being able to see your lips and expression.
A: Sometimes it helps to mute the audio on the VVC and use a telephone for audio (and VVC for video.)

3. Q: Is there a consult to have the TELEHEALTH techs contact the veterans for visit?
A: This probably varies by site/Community-based Outpatient Clinic. At Eastern Colorado, we do NOT have a consult. Instead, a member of our team (scheduler/MSA/PSA, program coordinator, RN, or social worker) often does an initial outreach to assess veteran preferences and abilities for telehealth. If needed, we refer them to the National Telehealth Help desk. Also, if we send out a VA tablet, our telehealth coordinator offers to do a test call.

HEARING ISSUES

4. Q: How can I optimize my video appointment for patients with hearing loss?
A: Ask your patient if s/he can see your face and hear you clearly before starting any video appointment. Tips from Dr. Steve Huart, AuD:

- Ensure a good light source from the front without glare. Do not sit in front of a bright light or with your back to a window.
- Minimize outside noise or distractions and if possible, avoid rooms w/ all hard surfaces that are very reverberant.

- Ask if s/he has hearing aids and is s/he using them. No hearing aids? Ask if they have headphones or earphones they can plug in to their device and/or does the device have a volume control. Give them a moment to adjust before proceeding.
- Look at your camera not your screen to maximize visual cues.
- Use clear speech; speak a little louder, not too much or it will distort, articulate clearly, and most important, talk a little slower to allow time to process.

5. Q: Is there a way to check for cerumen impaction before mailing out a pocket talker? Audiology would usually want that on the consult before releasing the item.
A: In extreme cases a caregiver can see if the ear canal is occluded by shining a flashlight in the ear while gently pulling the pinna up and back. Unfortunately, the best way to check for cerumen is with an otoscope. Fortunately, using an amplifier like a Comfort Duett with headphones does not require inserting anything into the ear so there still might be some benefit.

6. Q: What is a pocket talker?
A: Pocket Talker is a nonprescription personal amplifier consisting of a hand held microphone/amplifier with volume control for the speaker and headphones for the listener. 'PockeTalker' is a brand name. Another common device used in the VA is the 'Comfort Duett.'

7. Q: What do we need to do to get a pocket talker mailed out? As an RN, I order pocket talkers from prosthetics. Can a physician order an amplifier, or does it need to be an audiologist?
A: Your audiology department can order and have shipped directly to patient. Check local prosthetics policy to see if other providers can order.

8. Q: Has anyone tried using the Bluetooth in newer hearing aids with a Video appointment?
A: Many hearing aids stream audio directly from Bluetooth enabled devices (phone, tablet, computer). The devices have to be paired. Ask your patient if s/he uses hearing aids that have Bluetooth streaming and if their hearing aids are paired to the device they are using for the video appointment.

MOBILITY ASSESSMENT

9. Q: We have been OK with assessing ROM in vets at home, but are doing manual muscle testing for strength. Can you recommend an indirect way to assess that is reliable?
A: I have used 30-Second Chair Stand Test and 5 time sit to stand when vet is able and safe to do so.
A: It's possible to test ankle plantar flexion strength. I've used 5x sit<>stand, 30 sec sit<>stand, stairs and timed plank holds for endurance/strength testing at home

A: Functional strength tests are also more meaningful for the older adult typically, you can get into unilateral strength differences with unilateral plantar flexion holding onto a counter, unilateral sit to stand if they are strong enough for that assessment
A: Max # of reps of wall pushups, pushups on knees, push on hands and feet, repeated lifting and other repeated movements can be tested as well.

COGNITIVE ASSESSMENT

Briefly, Dr. Joleen Sussman, PhD, presented the brief tests of cognition recommended by VA in 2018, see CMADE report. These tests include the MoCA, SLUMS, MiniCog and AD8. These tests are free public domain and have the strongest sensitivity and specificity to detect both MCI and dementia.

10. Q: Same cognitive assessments for post COVID geriatrics patients?
A: There are no cognitive assessments that are specific for post-COVID patients. But any cognitive assessment via VVC needs to take into account limitations due to possible audio or video lag. Scores on modified versions of standard cognitive assessments are not equivalent to in-person scores.

11. Q: Short Blessed test- is that ever used?
A: The short-Blessed test is not among the VA recommended (in-person) brief cognitive assessments (See the CMADE report). Those are the Mini-Cog, SLUMS, MoCA, and (caregiver based) AD8. But not all of these can be easily modified for video.
The SBT is not as suited to detect MCI or mild dementia and the scoring is not intuitive.

12. Q: Any comments regarding the use of the "Modified Telephone Interview for Cognitive Status (mTICS)"
A: This is not in the public domain. Please review with local psychologists.
A: Per Dr. Prasad, geriatric psychiatrist: Can be purchased through Psychological Assessment Resources (PAR). Purchasing tests from PAR can be tricky. They don't sell it to anyone. Even as a geriatric psychiatrist, there are some tests that I am not "qualified" to purchase. I have wonderful psychology colleagues who have come to my rescue. Here are some resources regarding the Telephone Interview of Cognitive Status (Brandt, Spencer, & Folstein, 1988). I also attached the original article, which includes the measure embedded in the article (See pages 115-116). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2783323/;
https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.930091006
http://europepmc.org/article/PMC/2913129
Use your best judgment, because in reality, nothing we do remotely for cognitive screening is valid. Relying on a clinical interview is very helpful in this case.

13. Q: Should we use the MMSE?
A: MMSE not recommended. Poor specificity/sensitivity. In VA we need to pay for each test as it is not public domain.

14. Q: How would you do Trails on the MoCA over video?
A: See MOCAtest.org for specific instructions from developers. They recommend asking the patient to orally state sequence.
A: It is difficult to perform visual related tasks on paper through video which is why blind MOCA would offer a feasible alternative. Blind MoCA for telehealth does not have Trails.
A: The blind MOCA is probably the easiest version to use.
When you click the link below, just scroll down to the very bottom of the page to get the Blind MOCa calculation. https://www.mocatest.org/faq/
A: We use Blind MoCA for telehealth and it does not have Trails.

15. Q: How does one get certified in MOCA use?
A: One-hour online program that includes "Administration and scoring tips | Test analysis of real cases | Self-test analysis"-$125. "Certification is valid for two years. Retraining after 2 years is recommended but not mandatory and will be at 50% of the initial training cost."
A: MoCA permission issue is complex. Clinical Use Universities/Foundations/Health Professionals/Hospitals/Clinics/Public Health Institutes: MoCA© may be used, reproduced, and distributed WITHOUT permission. The test should be made available free of charge to patients. Written permission and Licensing Agreement is required if funded by commercial entity or pharma.

CAREGIVER ASSESSMENT

16. Q: The Zarit Burden is a 22-item scale?
A: The four item Zarit is the one that the VA HBPC and REACH VA use. Zarit has other shorter validated versions.
A: Yes, there's a 22-item version of the Zarit; it may be available on Mental Health Assistant in CPRS

17. Q: What is the mental health assistant in CPRS?
A: It is a program that you can use to administer assessments, like PHQ-9 or longer measures
A: You can access mental health assist under TOOLS in CPRS, it's towards the bottom ...it will open up a program to perform different tests and then give you option to throw that into a note.

18 Q: Separate sessions with caregiver. Are there any privacy/ HIPPA violations to consider?
A: Separate sessions with caregiver would be similar to in clinic setting where teams would ask for permission with Veteran to speak with caregiver; or in setting of dementia or lack of capacity, would rely on proxy, surrogate and emergency contact. You might consider creating a collateral chart for the caregiver if you pursue separate sessions.

A: If they are part of the VA stipend program, and soon part of any of the eligible caregivers with the expansion to pre 911 caregivers with the MISSION Act, there can be a caregiver account created in the VA record.

19. Q: The 36 Hour book for caregivers, is there funding for that in all facilities?
(Full title: " The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Other Dementias, and Memory Loss.)
A: I don't think there is VA funding for the 24-Hour daybook.

20. Q: Ideas about decreasing loneliness when an individual is very hard of hearing?
A: Letters, cards, pets, animatronic pets, reliance on other stimuli-- through visual and other senses to maintain and increase interaction would be helpful

OTHER QUESTIONS

21. Q: How are others completing VVC new patient visit with fellows?
A: So far, post-covid, I have seen two NEW patients via video with a trainee (fellow or resident). We set it up such that the trainee saw the patient via video first, discussed the case with the attending, and then all three parties were on the video call together. During the COVID crisis, the rules regarding supervisors having to be co-located have been relaxed.

"Trainees may host telehealth activities without supervisors in the room or on the line with prior approval from the supervisor, the Associate Chief of Staff for Education (Designated Education Officer) and the affiliate program director (as appropriate.)"