AVAA Amplifier

Winter 2020

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Special points of interest:

- President's Message
- Remote Programming
- Vestibular Teleheath
- Telehealth
- JDVAC Update
- AVAA Update
- Pets of AVAA

President's Message by David Jedlicka, Au.D.

One of the traits about VA audiologists is our ability to embrace new technology and incorporate it into our daily practice. Some of our fellow audiologists are considered to be best subject matter experts in telehealth. These experts have shared their knowledge at national conferences and audiology webinars.

Prior to the COVID-19 pandemic, many VA audiology clinics had limited use of telehealth services only to reduce the burden of distance or wait times for the patient. This current pandemic created a need for all of us to change how we practice in order to meet the needs of our patients when face to face appointments are not be available. It has been incredible to hear the stories from our fellow audiologists of how VA audiology clinics are adapting during this pandemic. Throughout this year there are two quotes that have stuck in my mind about how we are adapting with the times.

"Necessity is the mother of invention"

"The measure of intelligence is the ability to change" - Albert Einstein

COVID-19 led to needed inventions and innovations for us to modify the way we deliver hearing healthcare to Veterans. VA audiologists have shown themselves to meet Einstein's definition of intelligence by changing our delivery services and by sharing and seeking knowledge in order to best serve our patients.

Change can be a very challenging item for people to embrace. It doesn't matter if you've been providing telehealth services for years or only started when the pandemic forced the change. We have the ability to further develop, study, and improve telehealth services today and in the future.

Ultimately, we hope this newsletter will allow you to expand your knowledge regarding telehealth services and inspire you to improve your own practice, your clinic's performance, and ultimately the field of audiology. In addition to these resources, we hope you will join us at JDVAC Virtual 2021 for more telehealth learning opportunities.

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Remote Programming Tips for Audiologists

By: Darrin A. Worthington, Au.D.

Darrin A. Worthington, Au.D. has been a member of the Audiology team at the Captain James A. Lovell Federal Health Care Center since its inauguration in 2010, and with the North Chicago VAMC from 2008-2010. He is a clinical audiologist and manages the hospital's TeleAudiology and Aural Rehabilitation Programs. He was also a team member on both the HADFA and ERTHI projects for remote programming of hearing aids for National VA Audiology.

VA has been a leader in TeleAudiology, providing care to patients that might not readily have access to hearing healthcare. As mobile and on-demand technology in our society is becoming more ubiquitous, so are our patients' healthcare needs. With recent advents in technology, audiologists have been able to remote program hearing aids in the patients home using Bluetooth and WiFi connections. VA Audiology has been instrumental in helping to develop and deploy this technology for use with our Veterans. This began with two pilot projects, the Hearing Aid Distance Fitting Application (HADFA) project and more recently with the Enterprise Remote Tuning of Hearing Instruments (ERTHI) project. Both of these pilots' goals were to bring remote programming capabilities into the patient's home or wherever they need services, helping to fulfill VA's goal of providing our Veteran's the right care in the right setting at the right time.

Whether you are fresh out of graduate school or a seasoned audiologist, integrating remote programming into your clinical practice doesn't have to be difficult. Just as with any new adventure, taking that first step is sometimes the hardest part. Here are some tips to get the remote programming ball rolling in your clinic today.

TIP #1 - Practice, practice, practice. Being familiar with the different manufacturers solutions is critical to performing a successful remote programming session. Each has subtle nuances and would be worth the time to go through a few mock sessions. Grab a colleague or a student and practice each of the remote programming options as both the clinician and also the patient. This will allow you to not only better understand your own workflow, but will help in troubleshooting if issues arise for you or your patients. Reach out to your manufacturer representative for assistance as well. Reps are well versed in their specific remote programming option and can provide training and practice as well. Audiology Online is also another great resource and has recorded sessions that are manufacturer specific.

TIP #2 – Set yourself up for success. Adequate preparation prior to ever seeing your first remote patient is key. Consider your surroundings as you prepare for these visits as you will be on video. Have your work area clear of clutter and

visual distractions and if at all possible remove any brightly colored or patterned backgrounds or pictures if in view of your camera. If you are teleworking from home and seeing patients, consider the patients perspective. Make sure that your environment is professional and that privacy is insured, as you would with any face to face visit.

Having the appropriate hardware and software installed on your workstation computer is crucial. Our VA audiology imaged computers come with all the software that you will need to perform remote programming; however you will still need an audio input/output as well as a camera. This can easily be accomplished by using a USB webcam (most include a microphone built in) and the external computer speakers. Another option that would provide better sound quality for your patient would be a USB, hardwired, or Bluetooth headset where the microphone is closer to your mouth.

If you have a VA Audiology imaged laptop as your main workstation, you have everything you need to perform remote programming from your office or while teleworking. If you are working from home, ensure that you have adequate internet/WiFi speeds to be able to support remote programming prior to seeing your first patient. There are many resources available for audiologists and patients when it comes to remote programming. Keeping this information in an easily accessible area might prove beneficial. This includes manufacturer specific literature and VA created resources. Also, your clinic might want to adapt current resources to specifically fit your patients' needs. There are many resources available for audiologists and patients when it comes to remote programming. Keeping this information in an easily accessible area might prove beneficial. This includes manufacturer specific literature and VA created resources. Also, your clinic might want to adapt current resources to specifically fit your patients' needs. Great resources include our VA audiology website: https://www.rehab.va.gov/PROSTHETICS/audiology/index.asp as well as our VA TeleAudiology Sharepoint: https://dvagov.sharepoint.com/sites/vhateleaudiology (hold ctrl to open link).

TIP #3 – Set your patients up for success. After you have set yourself up for success, make sure to set your patients up for success. If the fitting is face to face, this is the perfect opportunity to show the patient how to use the various smart device apps with their hearing aids. If you are pre-programming and mailing the hearing aids to patients, having clear and concise instruction on how to pair the aids to their smart device included in the box is critical.

VVC on demand is also a great tool to use for making the initial connection with the patient to aid in pairing their hearing aids to their smart device. YouTube is also a great resource for patients to see how to pair their hearing aids as well as cleaning and care and other manufacturer specific how to videos. Patient's comfort level with technology varies greatly, but if they have a smart device or a family member that has a smart device, remote programming can be an option!

TIP #4 – Things might go wrong, have a backup plan. No matter how prepared you are things might not work perfectly every time. There may be technological issues, poor WiFi or cell reception, or some other unforeseen problems. It is important to try and do what you can for the patient. It is also imperative to have a backup plan in place so that contact can be made. This could be as simple as (cont on page 4)

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(cont. from pg 3) having the patient's phone number on hand, or having a VVC on demand as an alternative if you are unable to make the connection with the patient. One bad remote programming session could sour you for attempting it again, but don't give up! Being able to provide quality hearing healthcare from the comfort and safety of the patient's own home is a great service for our Veterans!

TIP #5 – Understand the limitations. Remote programming is not going to fully replace face-to-face office visits in its current form. However, these manufacturer solutions are quite robust and offer many of the same in office programming options and some even include in situ audiometry. Understanding what can and what cannot be accomplished during your remote programming session is critical for overall success. Keeping that in mind, remote programming allows us to reach more patients that we might not have been able to reach in the past and is worth exploring in your clinics.

TIP #6 – Give yourself credit! Use CPT Code L8499. If you are performing remote programming of hearing aids, make sure to include CPT code L8499 – *Unlisted procedure for miscellaneous prosthetics services*. This code reflects the specialized service of remote programming that we offer in the VA. L8499 provides valuable information and helps with our workload and carries an RVU of 10.

This code is in addition to your standard programming codes that you may use when remote programming [e.g., V5011, 98960 (if using a standardized protocol for at least 30 minutes of education)]. We are offering and performing this unique service for our Veterans and we definitely want to document and code accordingly!

Conclusion/Wrapping it all up With a little preparation and practice, remote programming of hearing aids can be another great service that you can offer your patients during the current pandemic and also in the future. If you are not already performing these services, I implore you to start.

Resources and assistance are available, and others that have been performing remote programming in VA are simply a phone call or email away.

Telehealth and the Dizzy Patient

By: Cara Michaux, Au.D.

The VA has always been on the forefront of the telehealth movement, and teleaudiology services have been widely used for several years. However, use of telehealth for vestibular assessment and management of dizzy patients has remained limited. The COVID-19 pandemic has presented significant challenges and changes to the way audiologists deliver services. Use and demand for telehealth in audiology has grown immensely in a short amount of time. In March 2020, as our clinic was cancelling scheduled vestibular assessments due to COVID 19 restrictions, I began brainstorming ways in which we could begin to meet the needs of these Veterans through telehealth. Using the process described below, I soon realized that telephone calls and telehealth visits are a great way to make a first point of contact with the dizzy patient.

Rather than cancelling all face-to-face vestibular appointments, many of these visits are able to be converted to either telephone or telehealth appointments. First, a detailed review of the medical chart is completed to assess any relevant health issues in addition to audiological history. The Veteran is then contacted and offered an alternative to a face-to-face visit. During a remote visit, the audiologist can obtain a thorough case history and administer dizziness questionnaires, which will help to determine whether formal vestibular testing is appropriate and with what urgency it should be completed. Based on this initial visit, the clinician makes immediate recommendations and provides referrals to other disciplines, if appropriate. By providing virtual care when immediate in-person care is not available, the patient's needs are being addressed, which may ease anxiety regarding their symptoms. When patients are able to be scheduled for in-person visits again, the information obtained through the initial screening helps to determine which visits should be prioritized based on symptom severity and onset.

In addition to the services noted above, several basic bed-side evaluations for dizzy patients can be completed via telehealth if the conditions are right. Telehealth evaluations for vestibular assessment does not replace in-person encounters and are not for everyone, but should be considered as an option when the alternative is no evaluation at all. For example, an audiologist can determine whether spontaneous nystagmus is present using patient's cell phone or web camera. With the help of a family member, a Veteran can be coached through at-home canalith repositioning maneuvers, especially in cases with a prior history of BPPV. Presence or absence of normal vestibulo-ocular reflex (VOR) response can be gauged by having the patient hold their phone camera in from of their eyes while spinning in a desk chair. Education regarding how the vestibular system works, common causes of and treatments for dizziness, and fall prevention information can also be provided virtually.

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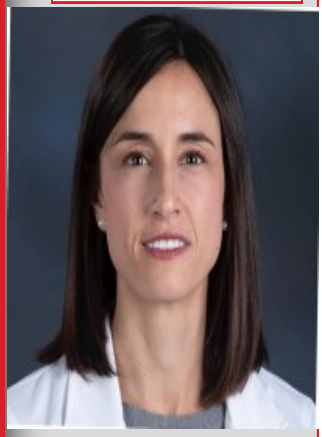

Cara Michaux, Au.D. currently serves as the vestibular clinic coordinator at the Pittsburgh VA. In addition to this she serves as a clinical preceptor for AuD students at the University of Pittsburgh and for 4th year externs at the Pittsburgh VA. Dr. Michaux was the 2020 AVAA System Redesign Award winner for her work in development, implementation, and promotion of universal balance screenings.

Though the COVID-19 health crisis has been challenging, it has provided opportunities to make long-term improvements in the way we provide care to Veterans. Incorporating telehealth for the purpose of initial triage of dizzy patients will continue to be a viable option moving forward once the pandemic has ended, as it can provide the ability to determine urgent visits and eliminate inappropriate referrals. Telehealth also offers an alternative option for Veterans who are unable to travel to the VA for formal vestibular testing due to transportation difficulties. As Veterans continue to utilize telehealth options with other VA providers, they will become increasingly comfortable with the practice and will be more likely to schedule this type of service in the future.

If you are interested in learning more about this topic, join me for the presentation "**Managing the Dizzy Patient During A Pandemic**" at JDVAC 2021. I'd also love to hear what you are doing in your clinic. Please share what has worked well in your clinic by sending me a message at

Telehealth: Continuing Education

By: The AVAA Board

In 1989, Nintendo released the Power Glove. This accessory was designed for video game players to have the ability to use motion control during game play. Ultimately it became one of the company's greatest failures. That did not deter Nintendo from completely abandoning the idea of motion control for video games. As electronic and motion detection technology advanced, it allowed Nintendo to develop new methods for motion control during game play. In 2006, Nintendo released the Wii gaming console which featured motion control technology and it was an immediate success. It became the 4th bestselling home video game console of all time selling over 100 million units.

So, what does Nintendo have to do with the field of audiology? It's been nearly 10 years since Starkey first introduced the groundbreaking phone based T2 remote programming option for hearing aids. While there certainly were patients and audiologists that were able to take advantage of the new technology, it didn't necessarily have a big change in our clinical practice. There was a slight lag in remote programming technology options after 2010, however due improved wireless technologies and the need for remote programming capability, this form of patient care is now here to stay.

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As audiologists we are responsible with modifying our practice to meet evidence based standards and to provide the best possible care to our patients. This will extend beyond simply adjusting hearing aids. Thanks to advancements in telehealth, we can counsel patients, provide tinnitus treatment, complete basic vestibular / fall risk assessments, and program cochlear implants just to name a few. Throughout 2020 numerous online education opportunities have been available for audiologists to improve and expand their telehealth services.

In 2021 at the JDVAC conference, there will be sessions on specialty telehealth care that you can provide to your patients. If you are interested in learning more about how you can expand your telehealth practice, we strongly recommend that you attend the virtual JDVAC in 2021.

One of the best immediate resources that we have available comes from Audiology Online. Audiology Online has presentations from fellow VA and non-VA audiologists as well as all of our industry partners. Even if you are not a member, Audiology Online allows you to view their courses for free. If you were able to obtain a membership to Audiology Online through the VA, you may also obtain CEU credits for attending webinars.

Today we must continue finding new ways to connect, communicate with, and serve our Veterans. Even prior to the pandemic, TeleHealth was quickly becoming common practice in healthcare across the globe. Now, access to quality and safe healthcare is more important than ever. The links provided below are here to help you learn more about audiology telehealth.

Telehealth Online Education Opportunities

American Academy of Audiology: https://www.audiology.org/tags/telehealth

ASHA: https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/

Telehealth: Tips and Tricks Learned from Providing Virtual Care to Veterans: https://www.audiologyonline.com/audiology-ceus/course/telehealth-tips-and-tricks-learned-34800

Tele-Audiology Today: https://www.audiologyonline.com/audiology-ceus/course/tele-audiology-today-presented-in-35022

Tele-Audiology Today: Background, Current Practices, and Case Examples: https://www.audiologyonline.com/audiology-ceus/course/tele-audiology-today-salus-part1-34494

Tele-Audiology Today: Research, Practical Demonstrations, and Fundamentals: https://www.audiologyonline.com/audiology-ceus/course/tele-audiology-today-salus-part2-34552

Telehealth & Technology Applications: https://www.audiologyonline.com/audiology-ceus/course/telehealth-technology-applications-in-audiology-29809

Telepractice in Audiology: https://www.audiologyonline.com/audiology-ceus/course/telepractice-in-audiology-32392

JDVAC UPDATE

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JDVAC 2021 is guaranteed to be a conference unlike any other! Our innovative virtual platform will feature a wide array of topics and world class speakers. Featured speakers include Larry Humes, Ph.D., James Henry, Ph.D., Harvey Dillon, Ph.D., Lori Zitelli, Au.D., and other world renown experts in the field of audiology.

Topics include warning signs for suicide, APD in the brain injured patient, pandemic -associated topics for the audiologist, and auditory-wellness as well as our traditional topics of amplification, vestibular, cochlear implants, tinnitus, and hearing conservation all for the low price of $99 ($35 for students)!

This year there is the possibility of up to **30 CEU training hours** included in the conference and all content will be available for viewing on-demand for 30 days.

In addition to presentations from leaders within our profession, attendees will have the opportunity to see recent research projects in our poster hall and to interact and train with many hearing aid manufactures and audiology supply vendors in an interactive exhibit hall.

There will be social networking opportunities and other virtual events planned throughout the conference.

Register today at https://www.kdregistration.net/jdvacpa.php

The link may be blocked on VA and Military computers due to firewalls. If this occurs, please use your personal device conference registration. If you are not able to register please email JDVACED@gmail.com.

AVAA BOARD UPDATES

- JDVAC conference registration is now open! https://www.kdregistration.net/jdvacpa.php
  "See" you virtually March 1-3, 2021!
- Follow JDVAC on social media!
  Facebook: Joint Defense Veterans Audiology Conference
  Instagram: jdvaconference
  Twitter: JDVAC1
- Want to see your pet in the newsletter? Email us to have your pet featured!
- Question, concerns, comments, or ideas for articles? Submit them to **AssnVAAuds@gmail.com**

PETS OF AVAA

Tricia Maurice, Au.D. is an audiologist at the Atlanta VAMC as well as an accomplished equestrienne. Here she is on her Appaloosa/Quarter Horse, Jazzy, who is also a registered therapy horse. Jazzy spends his time not only competing and training with Dr. Maurice but also helping children with special needs. Jazzy's other best friend is Dr. Maurice's dog, Diesel.