Increasing Telehealth Visits for Older Veterans Associated with Decreased No-Show Rate in a Geriatrics Consultation Clinic

J Gen Intern Med 37(12):3217–9
DOI: 10.1007/s11606-022-07598-y

INTRODUCTION

Older veterans face many challenges when accessing needed healthcare. Frailty, cognitive impairment, mobility limitations, and financial constraints all increase the likelihood of a "no-show" visit.[1] The rapid shift to telemedicine during the COVID-19 pandemic highlighted the potential for telehealth visits, including both video- and telephone-based assessments, to surmount these barriers to clinic attendance. Although telehealth visits pose their own unique challenges for some older adults, including overcoming limitations posed by sensory and cognitive impairment,[2] older veterans report high satisfaction with telehealth.[3] Here, we report a dramatic decrease in no-show rates for an urban Veterans Affairs (VA) Geriatrics Consultation Clinic (GCC) when the pandemic forced a rapid shift from in-person to virtual care.[4] The GCC provides consultative interprofessional care for veterans 65 and older, typically referred from primary care, through team-based geriatrics assessments focused primarily on the 4Ms of an Age Friendly Health Systems Initiative: Mobility, Mentation, Medication and What Matters.[5] Veterans served by the GCC during this time period were 99% urban and 96% male, and had an average age of 82.5 years. Prior to the pandemic, the GCC offered Telehealth Video visits from VA to VA (known as Clinical Video Telehealth, CVT), and had trialed video to home visits, but starting in March 2020, nearly all geriatrics consultations were offered by telephone or video to home due to the pandemic.

METHODS

The GCC consists of two part-time physicians, one part-time nurse practitioner, one full-time pharmacist, and one full-time social worker along with their respective interprofessional trainees. In March of 2020, high community transmission of SARS-CoV-2 forced the rapid implementation of telephone and video telehealth visits in the GCC in lieu of in-person assessments. Telephone and video geriatrics assessments were conducted by the interprofessional team using the VA's Veteran's Video Connect (VVC) platform for video visits. Veterans or caregivers without access to a video-capable device were offered a VA-issued tablet device through the VA's national Digital Divide program,[6] which offers internet-connected devices as well as phone-based technical assistance (Fig. 1). Encounter information was drawn from VA's electronic health record encounter data and confirmed with manual clinic data review. The principal outcome measure was the annual no-show rate, defined as the percentage of visits in which patients failed to appear on the day appointments were scheduled. We excluded visits that were cancelled by the clinic and then rescheduled to another modality the same day (for example, a VVC visit that was changed to a telephone visit), and also excluded visits from March 2020 when the telehealth transition occured. No-show rates from before and during the pandemic were compared using X^2, and statistical significance was defined as $P < .05$ Fig. 2.

RESULTS

From March 2019 to February 2020, the GCC performed 857 interprofessional geriatric assessments through 801 in-person visits (93.5%), 50 video visits from VA to VA (CVT, 5.8%), and 6 video to home visits (0.7%), with no scheduled telephone assessments. From April 2020 to March 2021, 1038 visits were completed, including 10 in-person visits (1.0%), 291 video visits (28.0%), 737 telephone assessments (71.0%), and no scheduled CVT visits. The no-show rate decreased from 12.6% in the year prior to the pandemic to 7.8% during the first year of the pandemic, a decrease of 38% ($P < .001$). The no-show rate for VVC visits (4.3%) was lower than that for telephone assessments (7.4%, $P = .06$). Digital Divide consults were placed for 48 patients by the GCC (17% of VVC visits), though additional patients in the clinic likely

Received October 5, 2021
Accepted March 31, 2022
Published online April 27, 2022

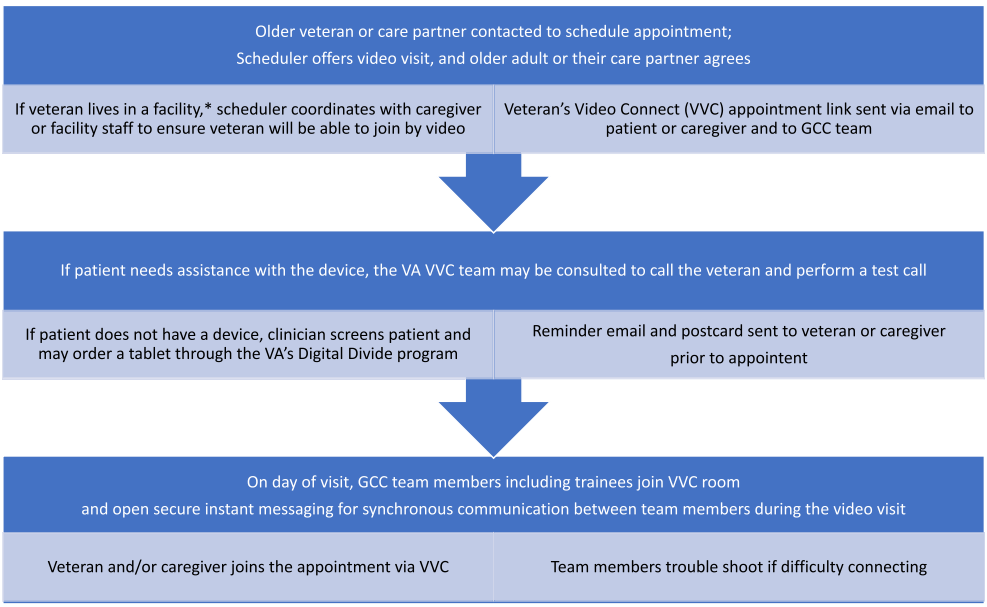
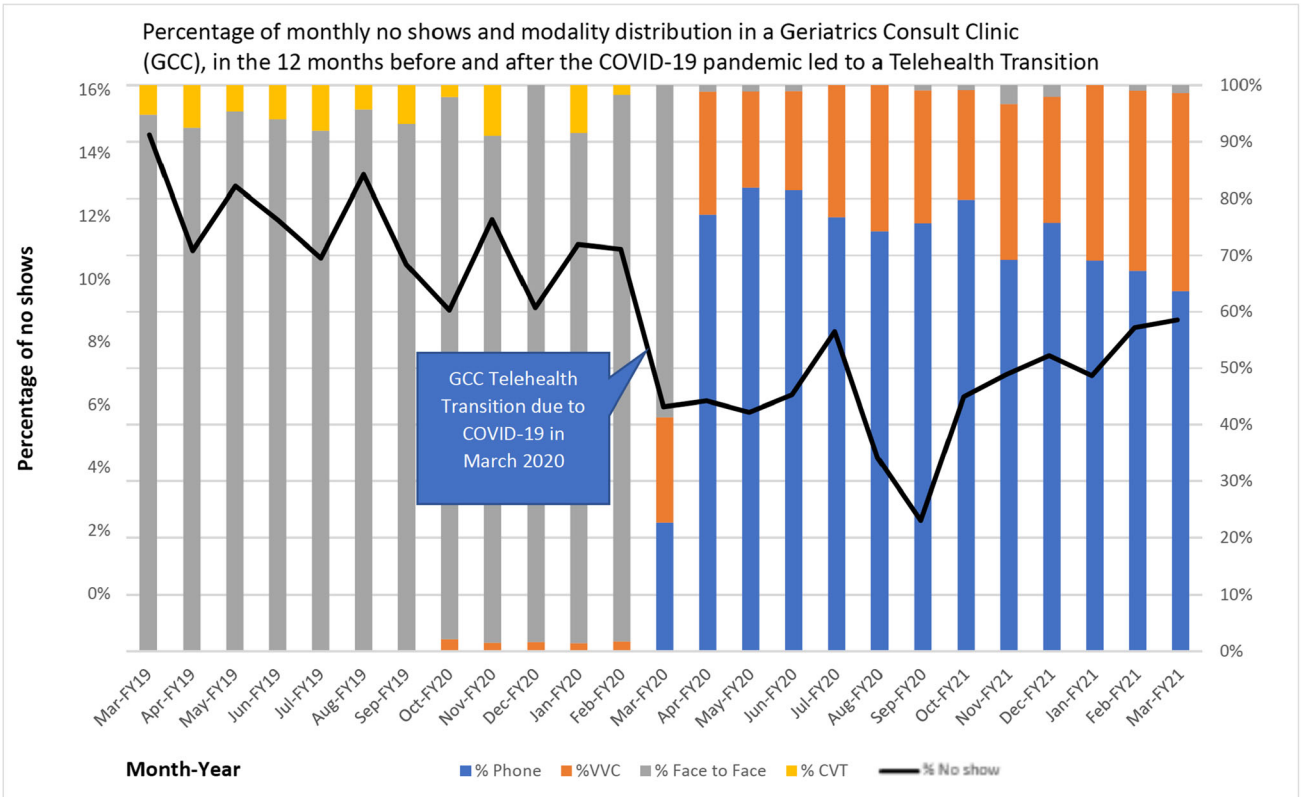


Figure 1. Process of scheduling a video visit with an older veteran in the Geriatrics Consult Clinic (GCC). *Veterans served by the GCC may live in facilities including independent and assisted living, and State Run Veterans and Soldier's Homes, but generally not Skilled Nursing Facilities.



Time Period	All	Phone	CVT	F2F	VVC	No Show Rate Total	No Show Rate Phone	No Show Rate VVC
Pre: Mar19-Feb20	857	0	50	801	6	12.6%	n/a	n/a
Post: Apr20-Mar21	1038	737	0	10	291	7.8%	7.4%	4.3%

CVT = Clinical Video Telehealth, a VA to VA video visit. VVC = Veteran Video Connect, a Provider to patient video visit "anywhere to anywhere". F2F = Face to Face visit. No show rates in the figure represent monthly averages, while no show rates in the table reflect the rate for entire the 12-month time period. Data excludes March 2020 when the telehealth transition occurred.

Figure 2. Percentage of monthly no shows and modality distribution in a Geriatrics Consult Clinic(GCC), in the 12 months before and after the COVID-19 pandemic led to a Telehealth Transition.

received Digital Divide consults placed by other services. Information was not available as to how many patients had their own devices or required tests calls or technical assistance to conduct a video appointment.

DISCUSSION

A rapid transition from in-person to virtual care led to a dramatic 38% reduction in no-show rates, suggesting that virtual care increased access for older veterans who had difficulty attending in-person appointments. The no-show rate for video visits of 4.3%, though not statistically significant, was consistently lower than that for phone assessments, suggesting that veterans who are able to conduct a video visit may have higher levels of support or motivation. The transition to virtual care was facilitated by the availability of VA-provided tablets and technical assistance. Further study is needed to understand the feasibility and acceptability of video visits among older adults and those living with dementia.[2] The telehealth format also facilitated simultaneous engagement of multiple professions with patients and enabled caregivers to easily participate even if not co-located, which had been more challenging to achieve during in-person visits.[7] More research is required to determine the impact of telehealth on patient and caregiver satisfaction and clinical outcomes, as well as the importance of caregiver and technical team involvement for successful telehealth visits. At the very least, the clinic was able to serve a higher number of veterans because telehealth visits eliminated some of the barriers to in-person care which contributed to no shows. The principal limitation of this study is that observations were derived from a small urban GCC at a single institution with mostly male veteran patients and may not generalize to other clinical settings. The national availability of the VA's VVC platform and Digital Divide program suggests that a video-based approach is a way of increasing access to interprofessional geriatric care that is both sustainable and scalable nationwide.

Acknowledgements: *The authors would like to acknowledge Dr. Alexandra Nothern, Dale Hamann, Chris Surette, Denise Cardoza, the VA Boston VVC Team including Benjamin Colonna, Harrison Wolnick, Laurel Ghose, Lisa C. Eisele, Kelly Doherty, and the trainees, veterans, and caregivers in the VA Geriatrics clinic. This material is the result of work supported with resources and the use of facilities at the Veterans Affairs Boston Healthcare System and the New England Geriatric Research Education and Clinical Center. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.*

Andrea Wershof Schwartz, MD MPH[1,2,3,4]
Jane A. Driver, MD MPH[1,2,3,4]
Lisa M. Pollara, LICSW[1]
John Roefaro, PharmD[1]
Mary Beth Harrington, RN, PhD, ANP-BC[1,2]
Michael E. Charness, MD[1,3,5]
Lara Michal Skarf, MD[1,3]

[1]Veterans Affairs Boston Health Care System, 150 South Huntington Avenue #182, Boston, MA 02130, USA
[2]New England Geriatrics Research Education and Clinical Center, Boston, USA
[3]Harvard Medical School, Boston, USA
[4]Brigham and Women's Hospital Division of Aging, Boston, USA
[5]Boston University School of Medicine, Boston, USA

Corresponding Author: *Andrea Wershof Schwartz, MD MPH; Veterans Affairs Boston Health Care System, 150 South Huntington Avenue #182, Boston, MA 02130, USA (e-mail: andrea.schwartz@va.gov).*

Declarations:

Conflict of Interest: *The authors declare that they do not have a conflict of interest.*

REFERENCES

1. Osborn R, Doty MM, Moulds D, Sarnak DO, Shah A. Older Americans were sicker and faced more financial barriers to health care than counterparts in other countries. *Health Aff (Millwood).* 2017;36(12):2123-2132.
2. Hawley CE, Genovese N, Owsiany MT, et al. Rapid Integration of Home Telehealth Visits Amidst COVID-19: What Do Older Adults Need to Succeed? *J Am Geriatr Soc.* 2020;68(11):2431-2439.
3. Slightam C, Gregory AJ, Hu J, et al. Patient perceptions of video visits using Veterans Affairs telehealth tablets: Survey study. *J Med Internet Res.* 2020;22(4):e15682.
4. Doraiswamy S, Jithesh A, Mamtani R, Abraham A, Cheema S. Telehealth use in geriatrics care during the COVID-19 pandemic—A scoping review and evidence synthesis. *Int J Environ Res Public Health.* 2021;18(4):1755.
5. Emery-Tiburcio EE, Berg-Weger M, Husser EK, et al. The Geriatrics Education and Care Revolution: Diverse Implementation of Age-Friendly Health Systems. *J Am Geriatr Soc*, 2021. doi:https://doi.org/10.1111/jgs.17497
6. Ferguson JM, Jacobs J, Yefimova M, Greene L, Heyworth L, Zulman DM. Virtual care expansion in the Veterans health administration during the COVID-19 pandemic: Clinical services and patient characteristics associated with utilization. *J Am Med Inform Assoc.* Published online October 30, 2020. doi:https://doi.org/10.1093/jamia/ocaa284
7. Onorato S, Joshi A, Schwartz AW. Lights, Camera, Action: Optimizing Virtual Video Visits to Provide High-Quality Care. *J Gen Intern Med*, 2020. doi:https://doi.org/10.1007/s11606-020-06278-z