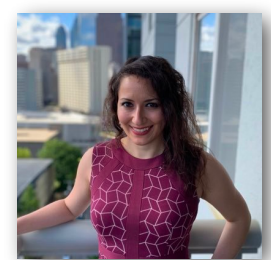


Implementation of telemedicine and improvement of visit attendance for veterans undergoing evaluation for traumatic brain injury.



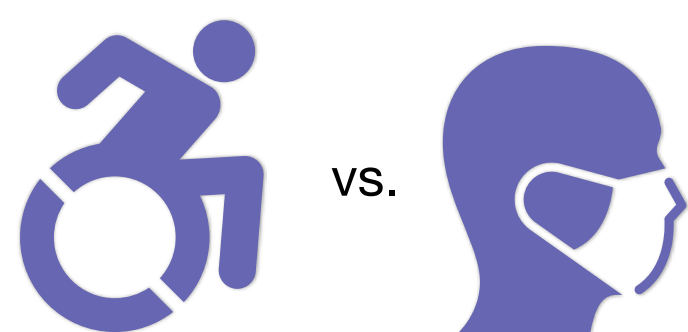
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BACKGROUND: A barrier to high-quality psychiatric care to veterans needing evaluation for brain injury is difficulty attending appointments. There are various reasons for missing appointments, including but not limited to problems securing transportation, distance to the clinic or executive dysfunction leading to forgetting about the appointment. Soon after the start of the Coronavirus Disease 2019 (COVID-19) pandemic, the majority of the Corporal Michael J. Crescenz Veterans' Administration Medical Center (CMC VAMC) Polytrauma Clinic transitioned to telemedicine.

OBJECTIVE: To compare non-attendance rate for CMC VAMC Polytrauma Clinic from May 1 to August 31 of 2019 to that for the analogous dates of 2020.

METHODS:

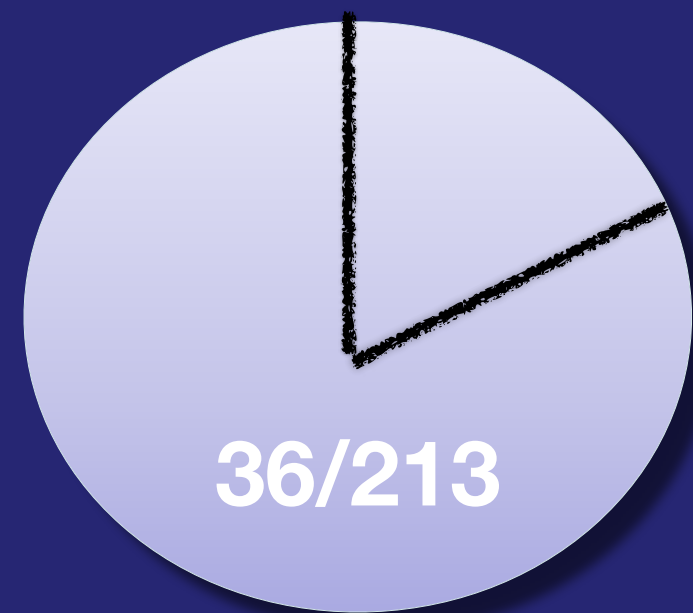


No-show rate 5/1-8/31/2019 (All in person) vs. No-show rate 5/1-8/31/2020 (All video or phone visits)

RESULTS: From May 1 to August 31 of 2019, the rate of clinic non-attendance was 17%, or 36/213 in-person encounters. From May 1 to August 31 of 2020, the percentage of clinic non-attendance was 5%, or 7/145 virtual visits.



Although the total number of visits decreased from 213 to 145 after converting clinic to video/audio only, the no-show rate also decreased from 17% to 5%.



Aside from ensuring safety during a pandemic, telemedicine may be a more accessible option for patients with complex needs.

DISCUSSION: Telemedicine has been considered as a method to evaluate and treat both soldiers and veterans who have sustained brain injuries through the Defense and Veterans Brain Injury Center for at least the past decade.¹ A systematic review also demonstrated the feasibility of using telemedicine to aid family members of those with traumatic brain injury.² The COVID-19 pandemic has called for creativity in conducting non-urgent medical appointments to minimize physical contact among individuals. Patients with brain injuries, and many patients requiring psychiatric care in general, are at increased risk of missing appointments for a multitude of reasons including but not limited to lapses in safe transportation, memory deficits, or executive dysfunction hindering ability to plan for making the visit. Telemedicine may be a more feasible alternative to an in-person visit due to no need to arrange transportation, and the increased likelihood that the provider will call the patient to prompt them to show up to the screen.

CONCLUSIONS: The use of telemedicine in the CMC VAMC Polytrauma Clinic dramatically increased following the onset of COVID-19. This had a positive correlation with improved no-show rates. Telemedicine had a positive effect on quality of care, as veterans were seeing their providers more consistently. Telemedicine will likely persist beyond the COVID-19 pandemic, as it appears to have improved the veteran experience for those who otherwise would be missing out on continuity of care.

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