# EXPANDING TELEAUDIOLOGY IN RURAL ALASKA: AN EHDI PILOT PROGRAM

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Annette Callies No conflicts of interest

Samantha Kleindienst Robler No conflicts of interest

# CONFLICT OF INTEREST

## OVERVIEW

- □ State of Alaska
- Development of solutions to address needs in Alaska (telemedicine/CHAP)
- Alaska EDHI program
- Alaska EHDI Pilot Project
- □ Norton Sound Health Corporation (NSHC)
- □ NSHC Audiology Services/models of care
- Pilot Project Equipment Selection and implementation
- Case Study



## Size and population

- Only 5 of communities have 30,000 or more residents
- 55% of communities are 500 Residents or less
- 825 of communities are not accessible by highway

Image from: Alaska Department of Transportation and Public Facilities Division of Statewide Aviation

- DOT&PF Airports
- Other Public Use Airports
- Alaska Highways & Roads



Map provided by Alaska Native Tribal Health Consortium Division of Information Technology www.anthc.org

### ALASKA'S FEDERAL HEALTH CARE ACCESS NETWORK (AFHCAN)



AFHCAN, is a program of the Alaska Native Tribal Health Consortium (ANTHC)



Provides information technology consultation, training and support



AFHCAN http://afhcan.org/about.aspx

## COMMUNITY HEALTH AIDE PROGRAM

- The Community Health Aide Program (CHAP) consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in over 170 rural Alaska villages. CHA/Ps work within the guidelines of the Alaska Community Health Aide/Practitioner Manual in assessing and referring members of their communities who seek medical care and consultation. Alaska CHA/Ps are the frontline of healthcare in their communities.
- Three training centers:
  - Anchorage, Norton Sound, Yukon-Kuskokwim



#### **Locations of Newborn Hearing Screening Hospitals**



### TRANSPORTATION TO PEDIATRIC AUDIOLOGY DIAGNOSTIC CENTER











## GOALS FOR PILOT PROGRAM



### NORTON SOUND HEALTH CORPORATION (NSHC)

- Chosen based on history of successful telehealth practice and infrastructure in place:
  - Motivated leaders
  - Provider buy-in, support, and motivation
  - Training support
  - IT buy-in and support
  - Agency history of commitment to trying novel approaches to address access to care and staff shortage and turnover







### AUDIOLOGICAL SERVICES

- Diagnostics
  - Sound booth (Nome, Unalakleet)
  - Electrophysiological testing
  - Immittance testing
  - Vestibular testing
- Rehabilitation
  - Full digital selection
  - CI/Baha
  - ALDs
  - Verification/Validation

### OTITIS MEDIA IN AI/AN POPULATION

Higher rates of OM compared to non-native population	NSHC (88.7% AN)
3x higher in children < 1yr 1.5x higher 1-4yr (Curns et al., 2002)	OM is one of the top 5 diagnoses for nearly all communities

# OTITIS MEDIA IN THE AK NATIVE POPULATION



### TELEHEALTH SERVICES



Telehealth Methods: Store and forward, real time (video/remote desktop), hybrid, mobile



Video otoscopy, tympanometry, acoustic reflexes, OAEs, surgical/medical management, hearing aid fitting and programming, troubleshooting, counseling, aural rehabilitation, newborn hearing screening



Not yet tackled: Balance assessment, CI mapping, electrophysiologic testing



NSHC Audiology Workflow for use of telemedicine in audiology and otolaryngology specialty care to increase access and timeliness of care, while reducing travel

## OUTCOMES

# 0

### Reduced wait-time

- Ferguson et al. (2008)
- Hofstetter, Kokesh, Ferguson, Hood (2010)

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Improved Cost effectiveness, reduced travel

• Kokesh, Ferguson, Patricoski, LeMaster (2009)

# 03

Reduced burden on family and healthcare system

## CASES EXAMPLES

- Cholesteatoma
- Sudden sensorineural hearing loss
- Brain Tumor/Throat Cancer
- Tube/tympanoplasty/mastoidect omy follow-up
- NBHS



### PILOT PROJECT EQUIPMENT DECISIONS

The AFHCAN CART contains lot of technology with a small footprint that is portable in the regional health clinic location

The chosen manufacturer had to be willing to share programming code with AFHCAN IT so the system can be fully integrated in to Cart

Fully Diagnostic; included robust tympanometry and objective hearing assessment

For the program to be sustainable and reproducible in other regions the equipment costs must be supported by clinics that serve between 300-600 residents.



### EQUIPMENT IMPLEMENTATION

- Build into the AFHCAN cart
- Set-up and configured for use
- Installation of hardware
- Preparation of supplies
- Training of staff and instructions on use



### Norton Sound Health Corporation

## COMMUNITY POPULATIONS

### Location determined by:

- ✓ Need
- $\checkmark$  Population size
- ✓ Geographic location
- ✓ Staff resources
- ✓ Successful telemedicine use

COMMUNITY	POPULATION
Nome (regional hub) 🛛 🔶	3598
Brevig Mission 🔶	388
Elim ★	330
Gambell ★	681
Golovin	156
Koyuk	330
Little Diomede	115
Savoonga 🔶	671
Shaktoolik ★	260
Shishmaref ★	582
Saint Michael	401
Stebbins ★	556
Teller	229
Unalakleet (Sub Regional)	688
Wales	145
White Mountain	190
	US Cer



## CASE STUDY

- Newborn male
- Born at 36 weeks, no complications with pregnancy/birth
- No family history of hearing loss but 3 older siblings with h/o recurrent ear infections and tubes
- Referred NBHS (AABR) left ear, passed right ear
- 5 weeks- completed VTC appt (otoscopy, tympanometry, OAEs, counseling)
- Referred DPOAE screening (4 freq) left, passed right
- 7 weeks- completed AABR (In Nome)
  - Referred left, concern for possible effusion (type C tympanogram)
  - Consult with ENT via telemedicine resulted in recommendation for course of amoxicillin
- 8 weeks- completed diagnostic ABR (in Nome)
  - No sign of acute infection but tymps shallow with slight negative pressure
  - ABR normal Wave V right on click @ 20 dB nHL ,ABR NR left @ 90 dB nHL
  - ENT scheduled for exam with binocular microscope, genetics, ophthalmology
  - In discussion for amplification





# **Benefits**

Earlier identification

Patient-Centered

Access to ENT/Audiology consult through telemedicine process without travel

# Challenges

Infrastructure

- Start-up costs
- Training- initial, continuing, and new staff
- Maintenance services and costs

Personnel

### **Best Practice**

## PLANS TO EXPAND

- NSHC has plans to expand the PATH equipment upgrades to additional health clinic locations and NSHC HAT program
- Move toward AABR via telemedicine
- The Tribal health care system will evaluate the need and resources to expand to other regions
- Private pediatric audiology practices in the state have indicated they currently do not have plans to expand their practice to include teleaudiology



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