

Interdisciplinary Clinical Video-Telehealth for Geriatrics and Dementia

This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.

Medical Issue

In 2010, 500,000 Veterans were diagnosed with dementia, and this number is steadily increasing.¹ Dementia, a class of disorders that impair an individual's cognitive abilities (e.g., memory, language, insight, judgment, planning capabilities, etc.) affects mainly older adults and has been linked to traumatic brain injury (TBI), making older Veterans especially susceptible.²

Access Challenge

Dementia is often not seen as a health care priority and there is a lack of recognition for dementia symptoms aside from normal aging.³ To complicate matters, Veterans with dementia living in rural areas face additional barriers to care due to long driving distances to access specialty care, poor health status that may make independent transportation impossible and the possibility of caregiver strain (especially when caregivers take on the role of primary transporter and provider).⁴

Solution

To help rural Veterans with dementia more easily receive specialty care, in 2011, Veterans Integrated Service Network (VISN) 19 rolled out the Interdisciplinary Tele-Geriatrics Program, a telehealth program that provides remote video consultation in rural areas where there may be limited geriatric expertise available. The main goals of the program are to optimize medication prescribing, provide education and provide caregiver support.

At the root of the Tele-Geriatrics Program is a geriatrics specialty team made up of a social worker, pharmacist, and geriatrician who collaborate with primary care providers

(PCPs) at rural clinics. Using telehealth technology, the team completes thorough patient background checks, conducts cognitive and physical assessments and discusses care goals. Although the program's initial focus was on dementia, its reach has expanded to include other geriatric ailments, such as frailty, polypharmacy (simultaneous use of multiple drugs to treat a single ailment or condition) and tele-palliative care. The national GRECC Connect program has demonstrated the following positive results for rural Veterans for FY 2021:

- ▶ 2,360 Veterans with consultations
- ▶ 455,845 miles saved
- ▶ Average of 194 miles per Veteran saved, corresponding travel cost saving \$108 per Veteran
- ▶ 74% served by video visits; 25% electronic consultation for focused questions
- ▶ 1,168 Veterans with linkage to VA or non-VA home based services; 291 with neuropsychological testing for cognitive issues
- ▶ Medication review avoiding potentially inappropriate medications, dose adjustments for older adults etc., 0.84 per Veteran served³

¹ Kunik, M.E., Bass, D., Snow, A.L., Judge, K., Wilson, N., & Morgan, R.O. (2008). "Partners in dementia care: Implementing and evaluating coordinated VA and Alzheimer's Association services." Paper presented at: Alzheimer's Association International Conference; 2008 Jul 28; Chicago, IL.

² Hurd, M., Martorell, P., Delvande, A., Mullen, K., & Langa, K.M. (2013). "Monetary costs of dementia in the United States." *The New England Journal of Medicine*, 368(14), 1326-1334.

³ Jones, R. (2005). "Barriers to optimal intervention and care for people with dementia." *International Journal of Clinical Practice*, 59, 266-267. doi:10.1111/j.1742-1241.2005.0511c.x

⁴ Buzza, C., Ono, S.S., Turvey, C., Wittrock, S., Noble, M., Reddy, G., Kaboli, P.J., & Reisinger, H.S. (2011). Distance is relative: "Unpacking a principal barrier rural healthcare." *Journal of General Internal Medicine*, 26, Suppl 2, 648-654. <http://doi.org/10.1007/s11606-011-1762-1>