



DEPARTMENT OF VETERANS AFFAIRS

Veterans Evaluate Telehealth MOVE! VISN 12's Clinical Video Telehealth Initiative

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Introduction

Excess weight is a challenge faced by more than 2/3 of Americans. In 2008, 33.8% of Americans were classified as obese (Body Mass Index (BMI) >30.0) and 34.2% were overweight (BMI=25.0 to 29.9)¹. In 2006, the VHA created the Managing Overweight and/or Obesity in Veterans Everywhere (MOVE!) program to help the more than 70% of VHA veterans who were overweight or obese². MOVE! is an “evidence-based, multidisciplinary weight management program” implemented across the country². MOVE! providers address behavior, physical activity, and nutrition to help veterans with weight reduction.

To determine whether this intervention might be delivered to rural Veterans not able to access VA Medical Centers, VISN 12 investigators developed the TeleMOVE! Initiative. TeleMOVE! uses the Clinical Video Telehealth (CVT) to extend the program's reach to rural CBOCs, thus improving rural veterans' access to care and decreasing travel costs.

Key Findings

- TeleMOVE! Veterans rated their visits significantly higher than face-to-face (F2F) MOVE! participants.
- The primary driver of visit ratings for all MOVE! patients is access/convenience, where TeleMOVE! scored significantly higher than F2F MOVE! participants.
- There were no significant differences between TeleMOVE! and MOVE! veterans on satisfaction with providers.
- Veterans who switched from face-to-face MOVE! to TeleMOVE! saved an estimated 35 minutes of drive time per session.

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Methods

Veterans at 10 CBOCs and 3 VA Medical Centers were surveyed for satisfaction

- Veteran participants were interviewed immediately following their attendance at a MOVE! Session.
- The control group consists of veterans that attended conventional, face-to-face MOVE! sessions.
- Veterans who were in VISN 12's MOVE! program between 1 November 2010 and 15 January 2011 were offered the opportunity to participate.

Findings

Overall MOVE! Visit Ratings

Table 1. TeleMOVE! patients rated the MOVE! visit significantly higher than F2F patients, and expressed significantly higher levels of overall satisfaction.

Table 1. Overall Ratings		
	Thinking about your MOVE! visit with the person you just saw, how would you rate the visit overall? (1=Poor, 5=Excellent)	I am satisfied with today's MOVE! visit (1=Strongly Disagree, 5=Strongly Agree)
TeleMOVE! (n=31)	4.5	4.7
F2F MOVE! (n=25)	4.0	4.2
Difference Significant?	Yes (p<.02)	Yes (p<.02)
Cell Entries are mean ratings		

MOVE! Access and Convenience

Table 2. Respondents were asked to rate convenience in five different areas. In four of five ratings, TeleMOVE! veterans were significantly more satisfied than F2F patients.

Table 2. Access/Convenience Measures					
	Parking	Clinic Location	Wait Time in Clinic	Wait Time for Appointment	Ease and convenience of getting to a MOVE provider (4=Very Satisfied)
	(1=Poor, 5=Excellent)				
TeleMOVE! (n=31)	4.1	4.1	4.3	4.2	3.9
F2F MOVE! (n=25)	2.7	3.5	3.7	3.8	3.5
Difference Significant?	Yes (P<.001)	Yes (p<.003)	Yes (p<.006)	No (p<.09)	Yes (p<.001)
Cell Entries are mean ratings					

Satisfaction with MOVE! Provider

Table 3. Patients showed no preference for either mode of care delivery—TeleMOVE! and F2F providers were equally highly rated.

Table 3. Rating Interaction with MOVE! Provider						
	Provider receptive to questions	Provider easy to understand	Provider gives me time for questions	Provider answers all questions	Provider helps me discuss my feelings	Provider shows concern about my physical condition
	(Strongly Disagree=1, Strongly Agree=5 for all Items)					
TeleMOVE! (n=31)	4.4	4.5	4.6	4.5	4.2	4.2
F2F MOVE! (n=25)	4.4	4.3	4.4	4.4	4.2	4.2
Difference Significant?	No (p<.98)	No (p<.10)	No (p<.29)	No (p<.40)	No (p<.74)	No (p<.77)
Cell Entries are mean ratings						

One Veteran commented: *[The best thing about the MOVE! program is] “The willingness of the people to work with you at your rate and not try forcing it on you.”*

What Drives TeleMOVE! ratings?

Table 4. 3 scales were constructed* from survey items addressing access / convenience, satisfaction with provider communication, and satisfaction with providers' level of concern. Using these scales in an analysis of satisfaction drivers shows that the **overall visit rating** is driven by perceptions of access alone, while the **overall satisfaction rating** is driven by veterans' perceptions in all three areas, with each having almost equal influence on satisfaction.

Table 4. Driver Analysis*	
Thinking about your MOVE! visit with the person you just saw, how would you rate the visit overall? (1=Poor, 5=Excellent)	I am satisfied with today's MOVE! visit (1=Strongly Disagree, 5=Strongly Agree)
Significant Driver	Significant Drivers
Access/Convenience	Satisfaction with Provider Communication
	Access/Convenience
	Satisfaction with Providers Level of Concern

*Scales were created using results of principal components factor analysis, varimax rotation; Cronbach's a (measure of reliability) for these scales range from .88 to .92. Driver analysis is linear regression analysis. Details are available upon request.

Drive time analysis

F2F MOVE! veterans who switched to the new TeleMOVE!, saved an average of about 35 minutes drive time each: a total of 280 minutes total driving time per MOVE! session, or 28 hours (1680 minutes) over the course of the 6 sessions

in a normal MOVE! course of treatment. As one TeleMOVE! veteran noted

[The best thing about the TeleMOVE! program is] “Being able to talk to a live person about my problems and getting advice without going to [parent VAMC]”

Conclusions

VISN 12's CVT TeleMOVE! initiative has been well received by veterans. Participants in the telehealth-based program were more satisfied than those who received the same treatment in the usual, face to face mode. Analysis of veterans' program assessments shows that the higher overall visit ratings of TeleMOVE! are driven by the convenience of accessing care close to home. In addition to the payoffs in patient satisfaction, TeleMOVE! veterans saved significant travel time which translates into better access and may result in significantly lower travel payments to veterans at the current rate of 41.5¢ per mile.

This ORH-funded TeleMOVE! initiative serves to improve access by bringing care closer to our Veterans, while at the same time maintaining (and even improving on) already high levels of satisfaction—delivering the right care at the right place and the right time.

Impact

- Delivery of the MOVE! weight management program over clinical video telehealth increases access for rural veterans.
- Using clinical video telehealth for delivery of this health maintenance and improvement initiative results in decreased travel costs to the Veterans Administration.
- Expansion of the video telehealth MOVE! program to remote clinics that do not currently deliver the program has the potential to reach a significant number of rural veterans who cannot or would not otherwise participate because they are too far from a medical center.

References

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