

Tele-toddlers: Potential Applications of Telepractice in Pediatric Fitting

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Acknowledgement

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Agenda

- 🧸 Telemedicine/Telepractice
- 🧸 Disruptive Innovation
- 🧸 Using Teleaudiology/Telepractice to Increase Access
 - 💜 Current Applications
 - 💜 Future Possibilities
- 🧸 Challenges



Knowledge is Power

“We must start to manage knowledge as if it were money. The application of what we know will have a bigger impact on our futures than any drug or technology.”

- Sir Muir Gray, Director of BVHC, United Kingdom



What is Telemedicine/Telepractice?

- **Telemedicine** is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status.
- Includes applications and services using 2 way video, email, smartphones, wireless tools, and other forms of telecommunication technology.



Telemedicine

ACCESS & CONVENIENCE

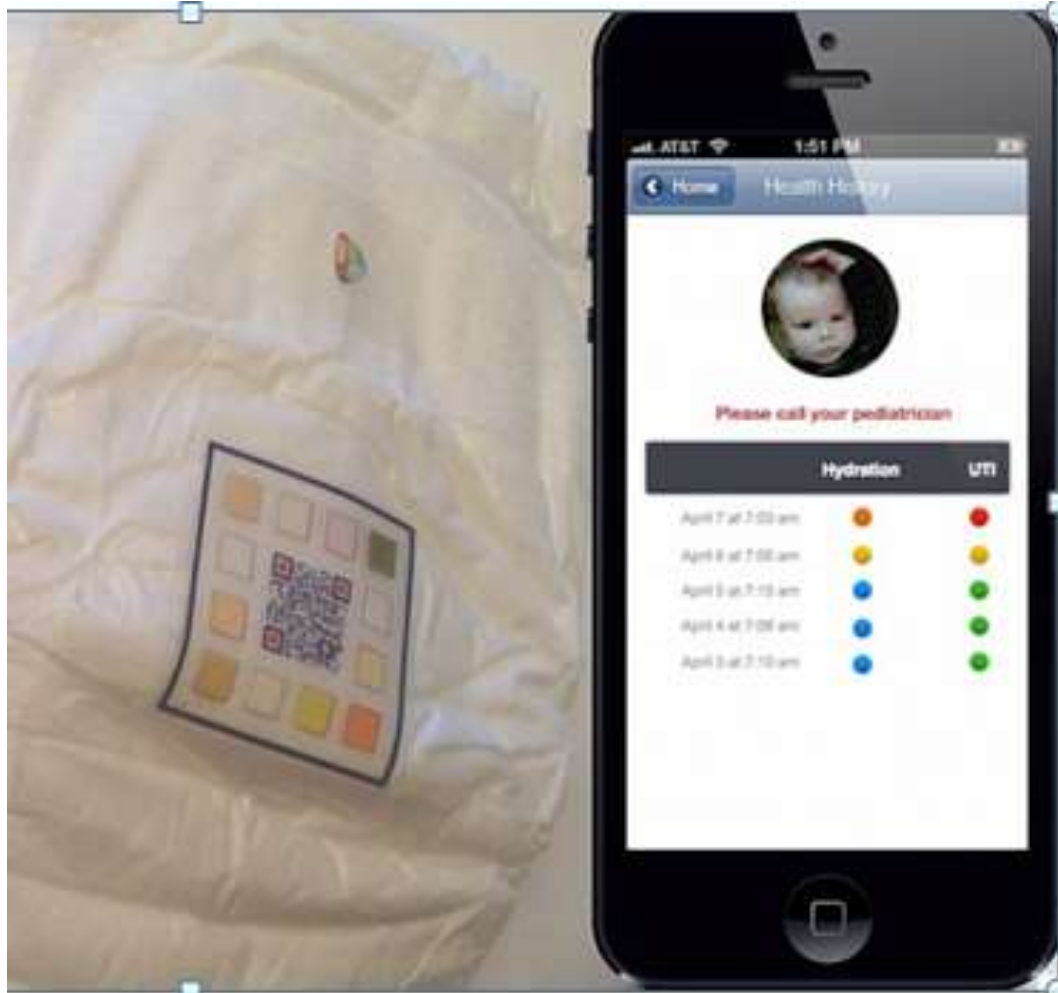
Conventional



With telemedicine



Smart Diapers



2013 Pixie Scientific

- Parent scans QR code on a wet diaper.
- Smart Diapers can reveal signs of :
 1. Urinary tract infection
 2. Prolonged dehydration
 3. Developing kidney problems
- In clinical trial period, awaiting FDA approval.

CellScope



- Developed at University of California- Berkley
- Parents take a picture of the tympanic membrane using the special attachment for the iPhone and an app
- Image is sent to the physician through a HIPPA compliant website
- Ear infections can be diagnosed and treated from home

Agenda

 Telemedicine/Telepractice

 **Disruptive Innovation**

 Using Teleaudiology/Telepractice to Increase Access

 Current Applications

 Future Possibilities

 Challenges



History of Mobile Phones



- » In the beginning cell phones weighed almost 2 pounds and were expensive. Today's technology is small, affordable and has opened up limitless possibilities.

Disruptive Innovation in Audiology

- WDRC
- Analog to digital



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Telehealth in Audiology

Swanepoel and Hall 2010

A Systematic Review of Telehealth Applications in Audiology

VOL. 16 NO. 2 • MARCH 2010 **TELEMEDICINE and e-HEALTH** 181

- Audiological screening
- Audiological diagnosis
- Audiological intervention
- Patient and clinician Perceptions

University of California, Davis Teleaudiology Program

- Tele-audiology program developed to reduce loss to follow up
- Target Population
 - Infants not passing newborn screen
 - Four months of age and younger
 - Must qualify geographically based on residence
 - Far N. California inland counties
 - where loss to follow up rate was 20% (compared to 4.5% across California)

Anne Simon, Au.D., Dec. 2013

University of California, Davis

Teleaudiology Program

- Comprehensive diagnostic infant hearing evaluations
 - History
 - View structures (pinna and symmetry of face)
 - Video Otoscopy
 - Immittance
 - Otoacoustic Emissions
 - Auditory Brainstem Response
 - Auditory Steady State Response (as needed)
 - Counseling/Recommendations
- Audiologist performs all testing from expert site
- Audiology assistant is at the originating site with patient, technical analyst & medical interpreter as needed

Anne Simon, Au.D., Dec. 2013

University of California, Davis

Teleaudiology Program

- Parent Satisfaction
 - Positive response
 - Pleased not to travel as far
 - Not concerned about the remote environment
 - Participate openly with history, discussion of evaluation findings, and recommendations

Anne Simon, Au.D., Dec. 2013

Hearts for Hearing Teletherapy IHEAR



- Auditory verbal therapy, HIPPA compliant
- Established in 2005
 - Motivation: family 3 hours, 1 car, dad working
- Most have face to face therapy before beginning teletherapy
- IT specialist works with parents to prepare for first session
 - Equipment: computer & webcam
 - Parents are technologically savvy
- Challenges:
 - Internet Stability
 - Audio
 - Licensing

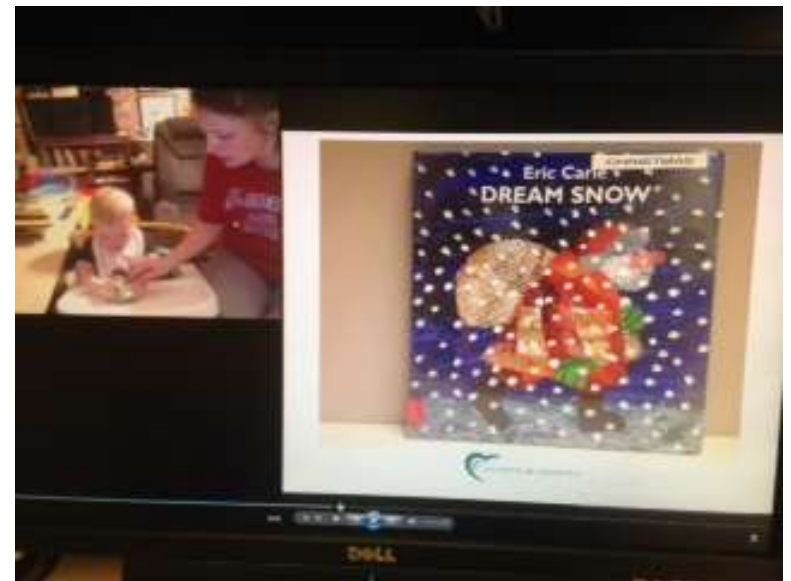


Darcy Stowe, M.S., CCC-SLP, Dec.13

Hearts for Hearing Teletherapy IHEAR



- Benefits of teletherapy
 - Providing regular intervention to patients who would not be able to travel frequently.
 - Child can keep the same provider if they move.
 - Working flexibility for the therapist.



Darcy Stowe, M.S., CCC-SLP, Dec.13

Agenda

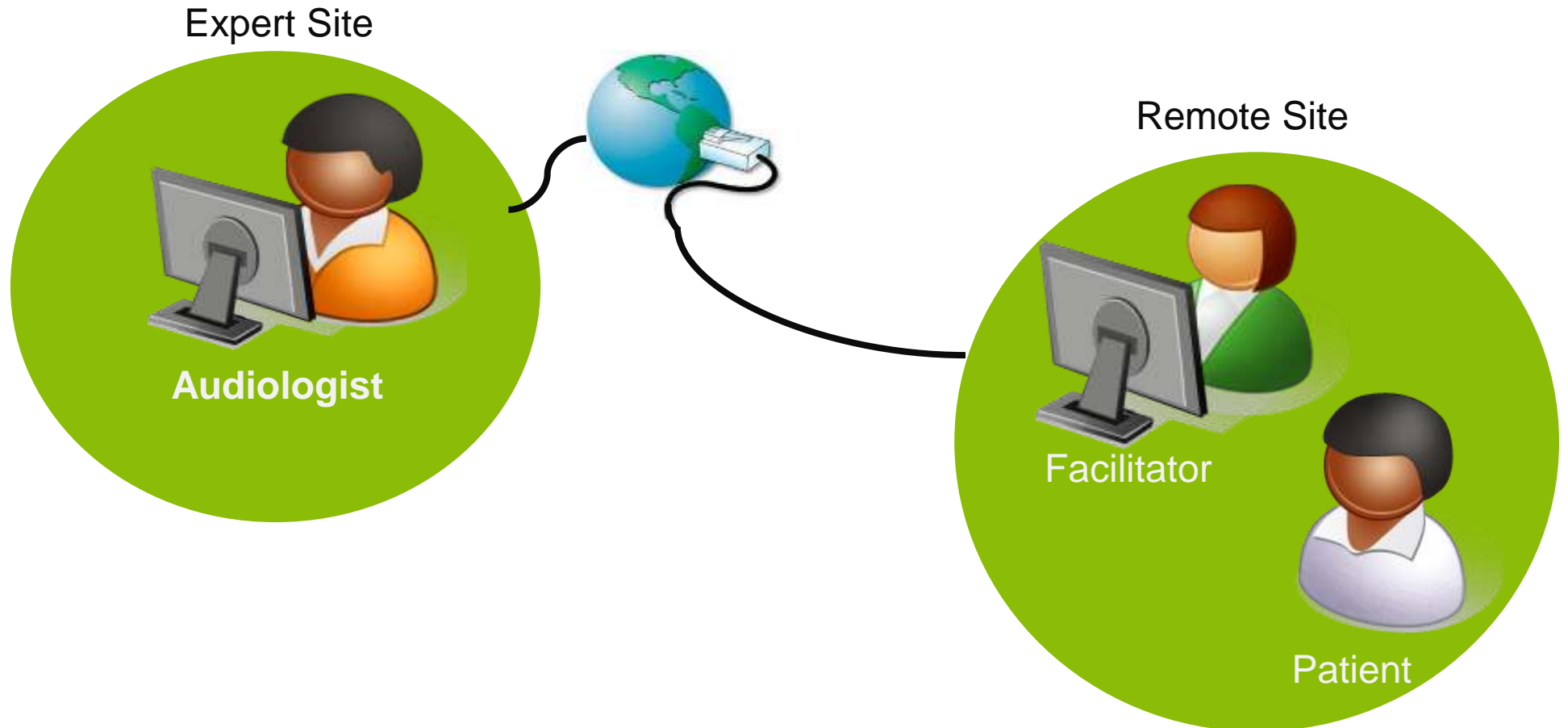
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Is this a Pipe?



Telemedicine Delivery Models



Telemedicine Delivery Models

Expert Site



Audiologist



Remote Site



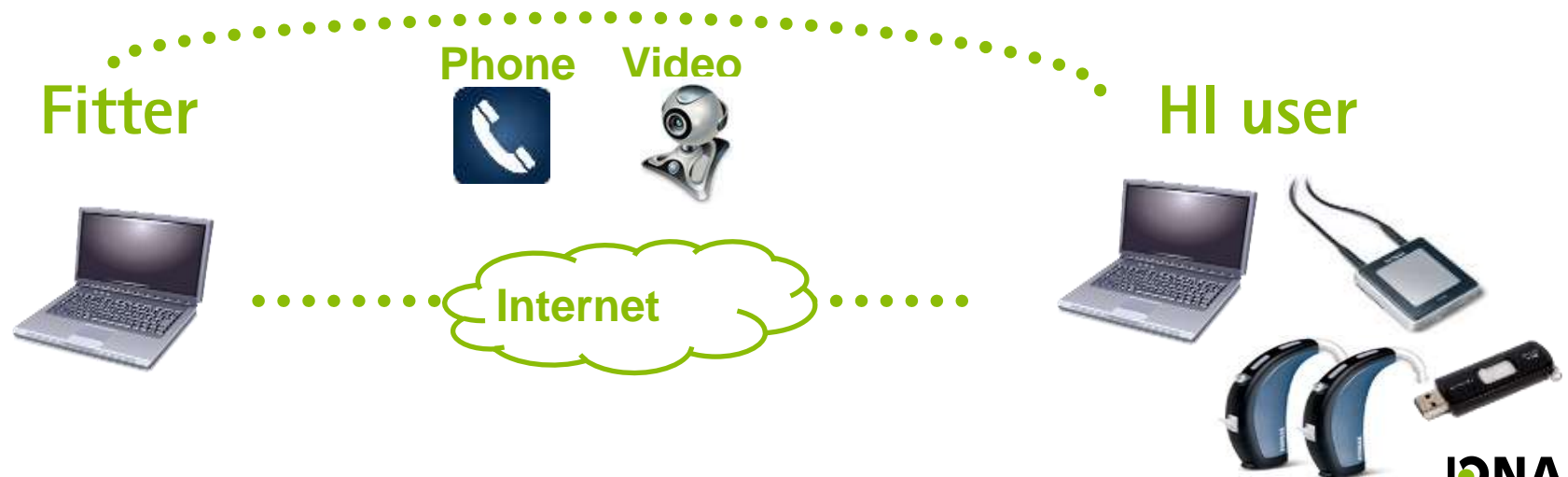
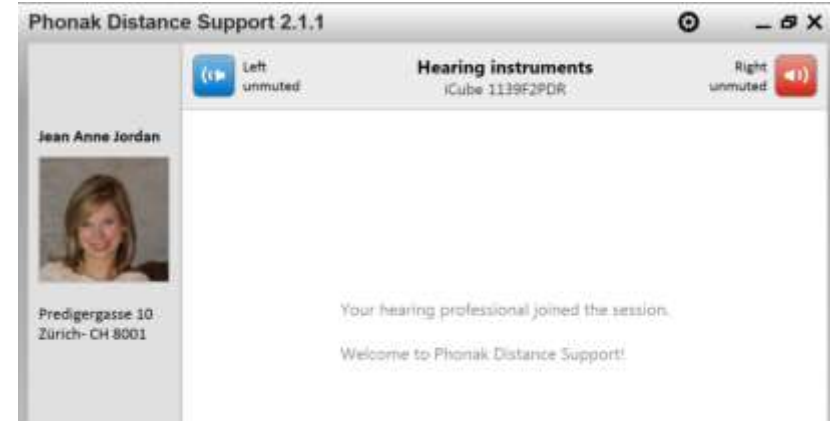
Patient

Phonak Distance Support Prototype

Phonak Target



Distance Support Client



Vanderbilt University

Distance Support: Phase I

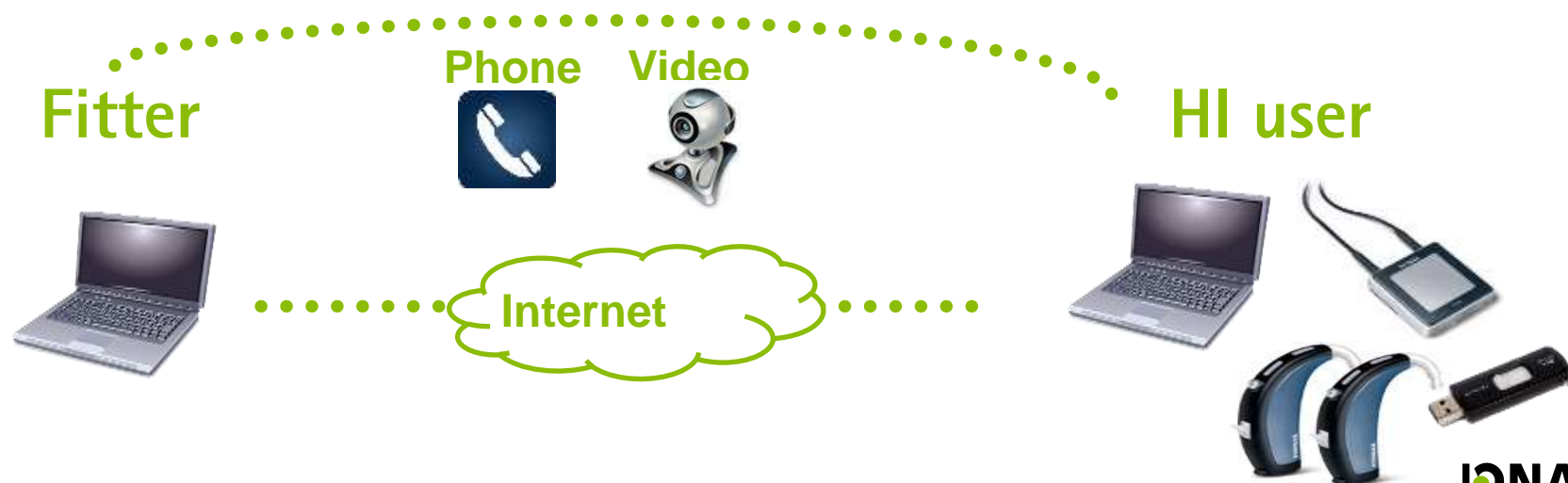
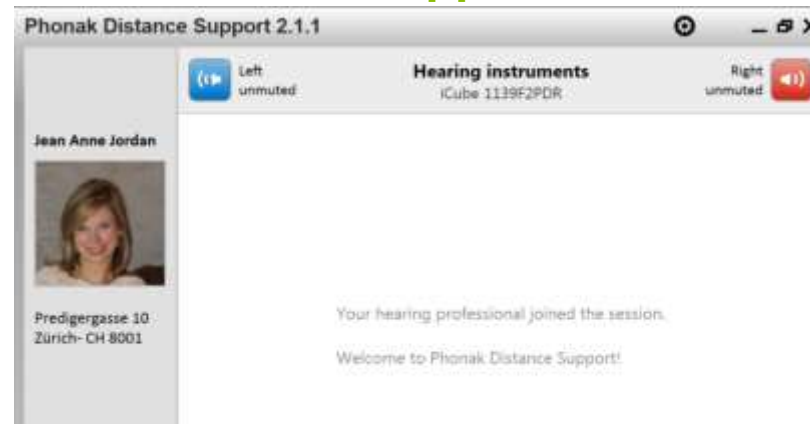
- Goals:
 - Were clients able to install the software on a laptop?
 - Was the audiologist able to connect to the hearing aids?
 - Audiologist and client experiences?

Vanderbilt Pilot Study

Phonak Target



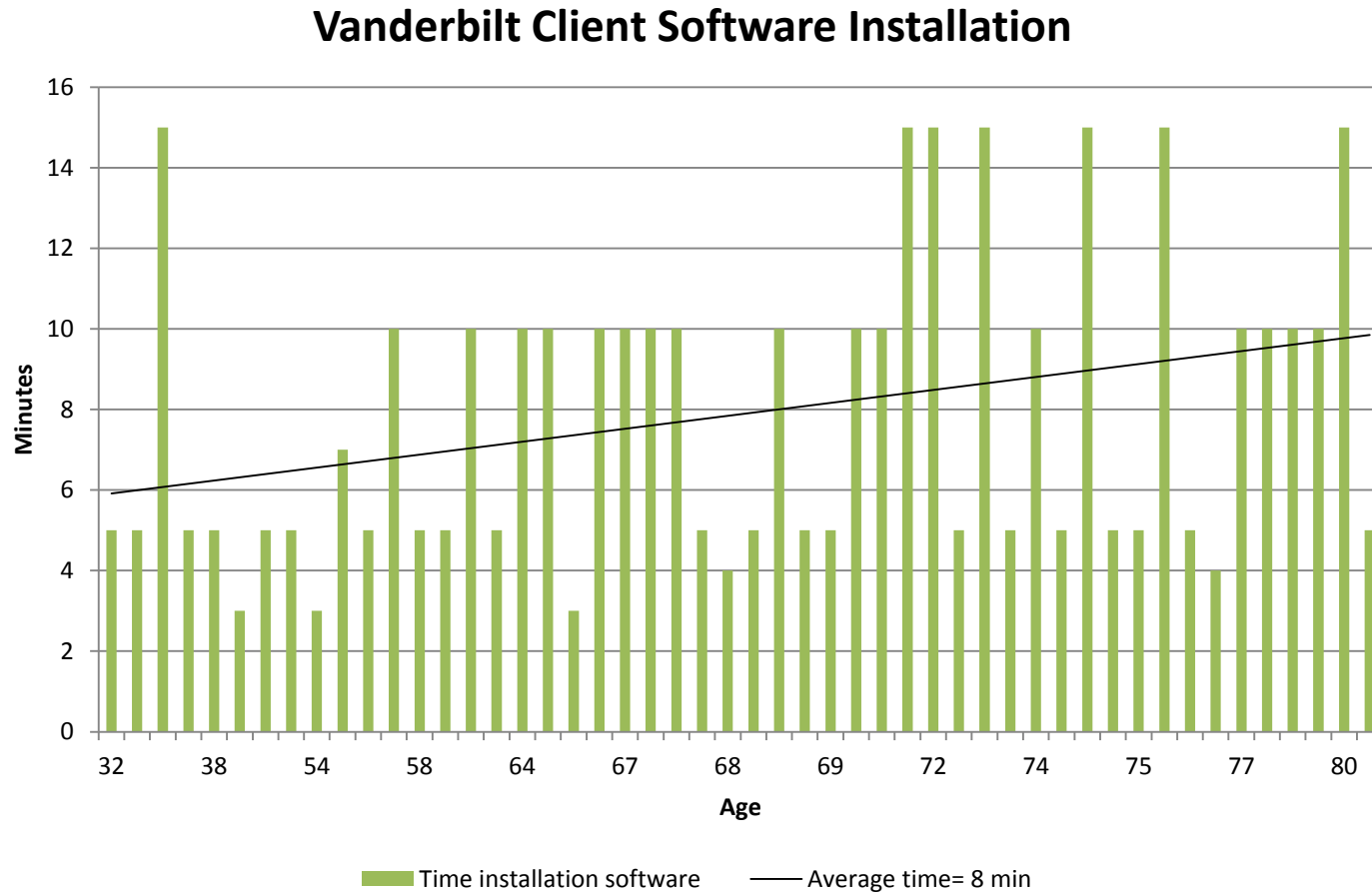
Distance Support Client



Vanderbilt University Phase I Results

Client Software Installation

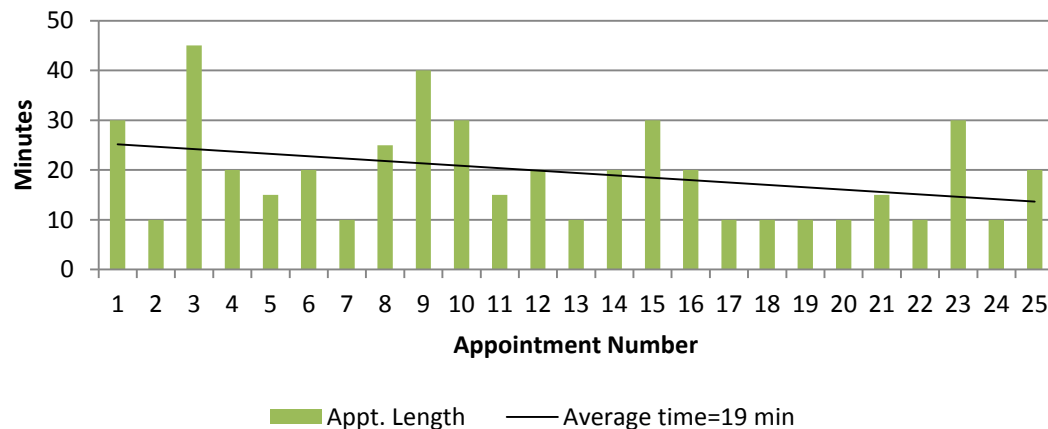
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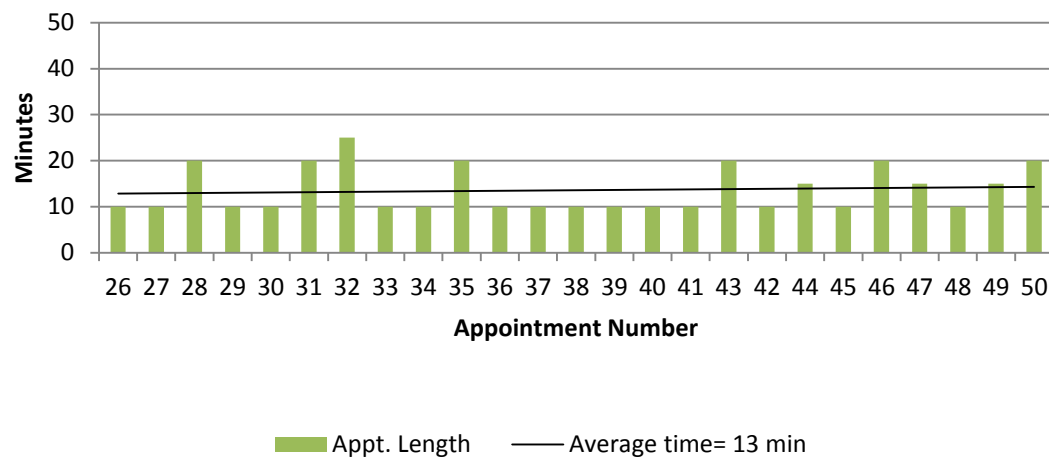
Vanderbilt University Phase I Results

Acclimatization to Prototype

Vanderbilt- First Half Appts



Vanderbilt- Second Half Appts



Vanderbilt University Phase I Results

Subject Experience

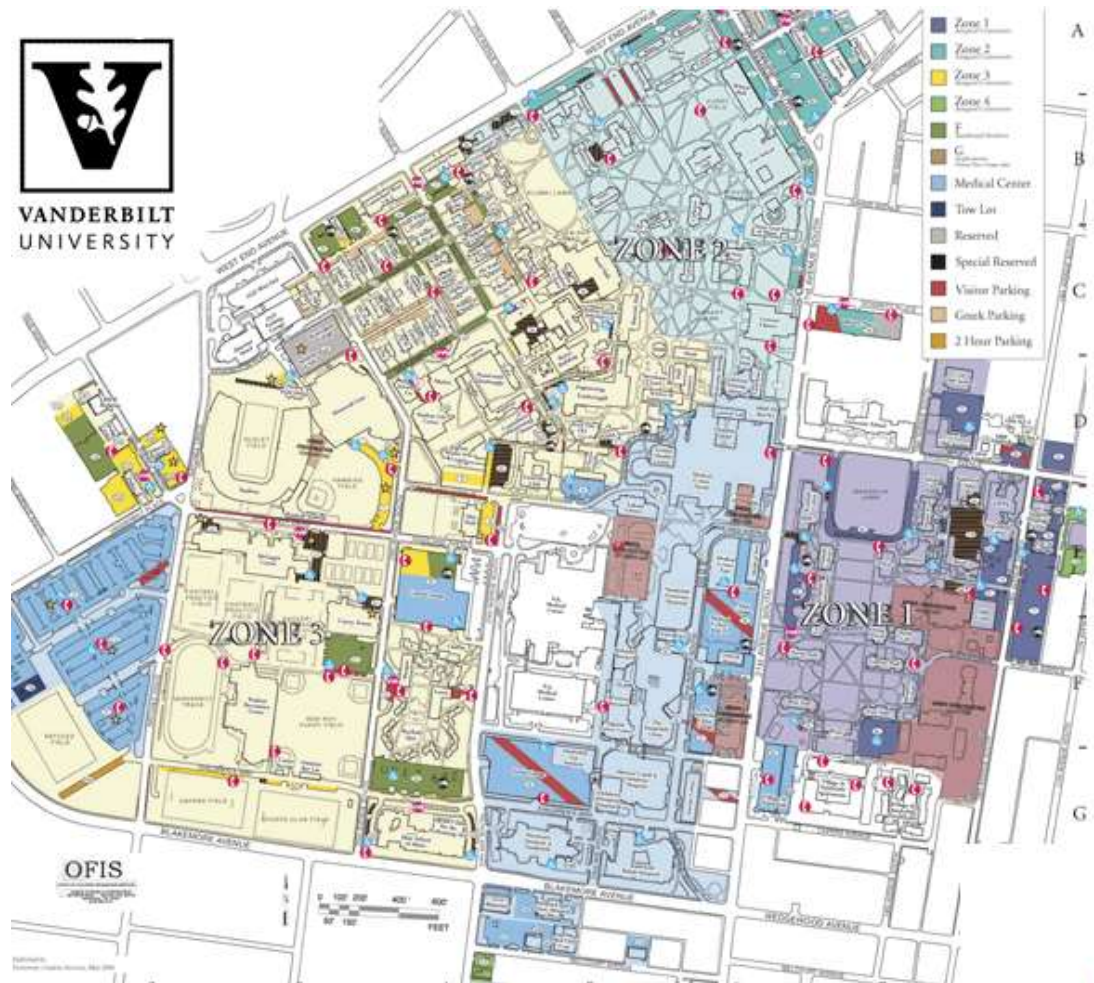
- 90% listed a strength related directly to accessibility and convenience
- 20% had concerns about loss of face to face contact
- 4% had concerns about using technology
- 92% would recommend to friends and family.
- Preference for Distance Support :
 - 64% prefer Distance Support appointments in the future if possible
 - 32% were neutral
 - 4% preferred face to face

Vanderbilt University Phase I Results

Audiologist Experience

- Generally satisfied with 76% of appointments, the remaining 24% were rated as neutral.
 - Needed real ear
 - Connection problems
 - Hearing aid batteries dead
 - Visual inspection of the hearing aid needed

Vanderbilt University Patient Benefit



Vanderbilt University

Clinician/Clinic Benefit

- Efficiency scheduling
 - High cost on efficiency for no shows
 - Possibly more likely to replace no shows with Distance Support patients
- Remote fitting appointments were shorter, saving clinic time so more patients can be seen
 - Face to face visits can be used for patients with issues that can not be solved remotely or prefer face to face.

Vanderbilt University

Clinical Outcomes

- Convenience may equate to patients seeking services more often when they need them.
 - 40% of clients in Phase I reported they would seek services more often.
 - Possibly increase satisfaction



Vanderbilt University Phase II

Preliminary Results

- 62% of clients preferred using a webcam instead of telephone only
- Audiologist was able to connect to 87% of patient's hearing aids.
- More to come.....

Possible Pediatric Applications

- Datalogging
- Feedback manager
- Adding a phone program



All Ears Cambodia

- NGO- only ear and hearing clinic in Cambodia
- Greatest need: Education and training of local staff/ volunteers
 - Satallite clinics have to close for trainings
- Greatest challenge: infrastructure
 - Urban/rural divide



Nova Southeastern University & Los Pipitos

- Fifteen children, ranging from 2-9 years old, will be fit with hearing aids by an audiology team from Nova Southeastern University in winter 2014.
- Follow up visits are planned on an annual basis.
- Nova will test Phonak Distance Support as part of remote follow-up care provided to families and clinics in between face to face visits.
 - Start with small conservative steps such as reading datalogging
 - Will provide feedback to Phonak on what tasks are not solvable or appropriate through the current functionalities of Phonak Distance Support.



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Key Challenges

- Licensing
- Reimbursement
- Real ear measurements
- Infrastructure
- Inability to physically inspect ear and equipment





Thank you!

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PHONAK
life is on