



The Impact of Telemedicine on Sleep Center Access

Raman S, Mathew EV, Hudgins LE

Integrated Sleep Disorders Center

Central Virginia VA Health Care System, Richmond

Abstract:

Objective: To address the impact of virtual sleep clinics on new patient consultations and no-shows.

Materials and Methods: A retrospective chart review of patients 10/01/21 through 10/31/21 was completed. The percentage of new consultations and no-shows seen either in-person or virtually were compared.

Results: For the virtual visits, the percentage of new consults was 43.2% and no-shows was 5.5%. For in-person visits, the percentage of new consults was 26.2% and no-shows was 5%.

Conclusions: Telemedicine sleep clinics improve access for new patient consultations without a significant difference in no-shows compared to in-person clinics.

Introduction:

Since inception in 2012, the Integrated Sleep Disorders Center (ISDC) has strived to deliver optimal care to veterans. The COVID-19 pandemic brought new challenges to the ISDC. In light of social distancing measures, space constraints increased and the ISDC pivoted its outpatient sleep medicine care to primarily phone call appointments. This soon evolved into the audio-visual appointment platform VA Video Connect (VVC). With the progressive relaxation of social distancing measures, this also allowed for in-person care. However, this occurred in tandem with further decreases in clinic space for both providers and veterans. Thus, to address this problem a program that incorporated both in-person and VVC appointments was developed. As this was a novel change for the ISDC, it was critical to ensure optimal access for new patient consultation visits and minimize no-shows with the incorporation of VVC.

Study Objectives:

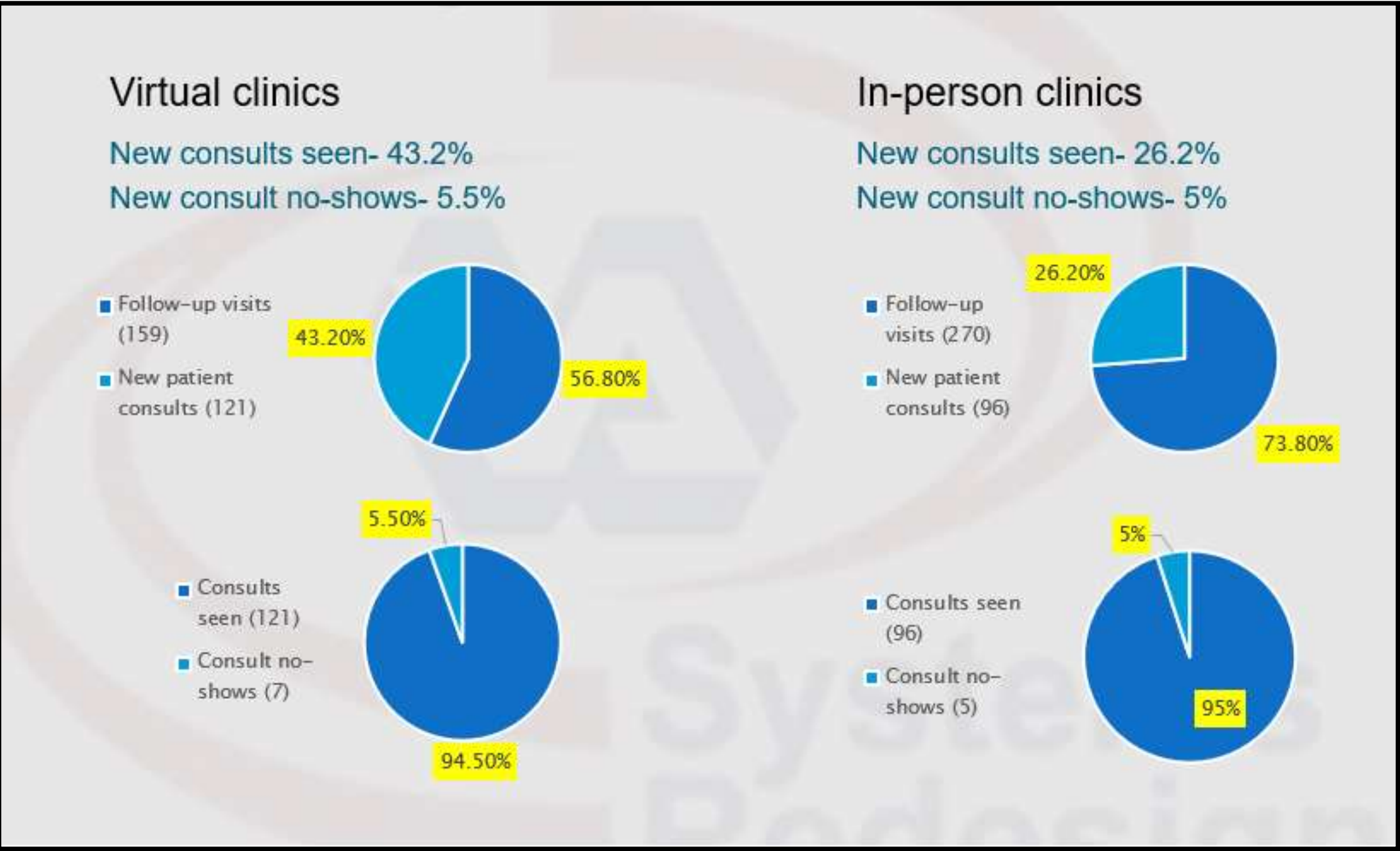
To address the impact of virtual Sleep Clinics on new patient consultations and no-shows.

Methods:

This is a retrospective chart review of veterans seen by 3 sleep providers between 10/01/21 through 12/31/21. We compared the percentage of new patient consults seen and no shows for both VVC visits and in-person appointments. A new consultation was defined as a chart that was completely new to the ISDC or had not been seen by a provider at the ISDC within the last 3 years.

Results:

For the virtual visits, the percentage of new consults was 43.2% and no-shows was 5.5%. For in-person visits, the percentage of new consults was 26.2% and no-shows was 5%.



Discussion:

Telemedicine is now an integral part of the VA sleep health care delivery. The TeleSleep Program (Sarmiento et al, 2019) has been developed to address staff shortages, increasing patient referrals and prolonged wait times. Our program also addresses the burden of limited facility space for in-person care. Our data showed an increase in new patient consultations via virtual visits compared with in-person visits which fulfills the TeleSleep Program goal of improved access. Virtual video visits are versatile and allow for appointment time flexibility that is convenient for patients. This program also mitigates the travel burden for veterans who live a long distance from the facility. Thus, the successful increase in new sleep consult visits was a fait accompli.

Our no-show rate did not significantly differ between the in-person and virtual care groups. This may be due to multiple factors common to all types of visits: clerical scheduling issues, lack of reminder calls and patients forgetting. A study that assessed no-show rates with scheduled new patient consults in both virtual video and in-person psychiatry visits showed a similar finding (Muppavarapu et al, 2022). However, no-show rates were significantly lower with telephone visits likely due to the ease of use and a steep learning curve for video visits.

Limitations:

There were several factors that limited our study. As this was a retrospective analysis, this raised the potential for bias. As such, a prospective study would provide more robust data. Furthermore, the sample sizes were small, and the populations were confined to 3 providers at a single facility. Hence, there is concern for selection bias introduced into our data. A multi-center trial with larger populations and a longer study duration would yield more definite conclusions.

Demographics such as age, gender, race and socioeconomic status were not assessed in this study. Elderly patients tend to have more difficulty navigating the VVC platform. These critical factors may impact the utilization of in-person and VVC visits and can influence the no-show rates and percentage of patients seen. Thus, larger studies will allow analysis of these subgroups.

Conclusions:

Telemedicine Sleep Clinics improve access for new patient consultations without a significant difference in no-shows compared with in-person clinics.

Future Directions:

It is foreseeable that each VA sleep clinic encounter needs to be tailored to the veterans' circumstances. This may be through a combination of in-person, video and/ or telephone visits depending on the veteran's particular preference. To that end, further long-term clinical trials and quality assessments regarding the success of Telemedicine versus in-person sleep care will be necessary.

References:

1. Sarmiento et al. National Expansion of Sleep Telemedicine for Veterans: The TeleSleep Program. *Journal of Clinical Sleep Medicine* (2019) pg. 1355-1364
2. Muppavarapu et al. Study of Impact of Telehealth Use on Clinic "No Show" Rates at an Academic Practice. *Psychiatric Quarterly* (2022) pg. 689-699