

Methods: Each of the three TeleSleep components was evaluated independently using specific metrics. We report here on the impact of leveraging telemedicine to improve access to sleep care. Patient care encounters are defined by VA-specific stop codes and are thus identifiable as telehealth or in-person visits. Data used in the evaluation were obtained from the VA Corporate Data Warehouse.

Results: During FY20, 33,743 rural Veterans had 74,458 sleep encounters within the TeleSleep network. Visits included in-person care, virtual initial and follow up visits, electronic consultations, asynchronous telehealth (remote monitoring of PAP data and HSAT), remote PAP initiation by video or phone, and email exchanges between patients and providers. Between FY17-20, the number of rural Veterans seen for sleep-related disorders at TeleSleep sites tripled (from 10,702 to 33,743), and the number of encounters for sleep-related disorders more than doubled (from 32,894 to 74,458). In FY20, 72% (up from 53% in FY18) of rural Veterans at the TeleSleep hubs or spokes had at least one virtual sleep visit. This was significantly higher than non-TeleSleep VA sites where only 64% of rural Veterans had virtual visits (72% vs. 64%; $p < 0.001$). In addition, the proportion of Veterans who had face-to-face only visits (28% at TeleSleep sites vs. 36% at non-TeleSleep sites; $p < 0.001$) indicates that the TeleSleep program was highly successful in promoting virtual (instead of face-to-face) visits.

Conclusion: The ORH TeleSleep Program has improved access to comprehensive sleep care for rural Veterans by increasing the proportion and type of sleep visits conducted virtually vs. in person.

Support (if any): Funding provided by VHA Office of Rural Health

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AUSTRALIAN SURGERY TRAINEE EDUCATION FOR CONTEMPORARY AIRWAY MANAGEMENT OF OSA: A PILOT RANDOMISED CONTROLLED STUDY

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Introduction: In Australia, ASOHNS delivers no formal curriculum for training of OHNS, or levels of competency required, to assess and treat complex OSA patients. Australian OHNS trainee confidence, knowledge and exposure to complex multi-level OSA surgery is lacking. Lack of exposure to sufficient complex OSA surgery case load has been identified as a major weakness in training within a recently published international survey. This study was a randomized clinical trial evaluating the effect of Australian OHNS trainee exposure to education materials compared with no exposure, on Sleep Surgery specific examination performance (multiple choice and short written answer).

Methods: 70 accredited and 45 unaccredited OHNS trainees were invited to participate in this trial. Participants were randomly assigned to Sleep Surgery educational material exposure or no exposure to those materials. Those randomized to the exposure group were provided educational material and were given 2 weeks exposure time prior to the exam. Each participant then complete an online exam, consisting of 40 multiple choice questions and 1 short answer question (marked by a field expert). Differences between exposure and control group means were tested using independent t-tests.

Results: 24 trainees were allocated to exposure and 22 to control. 33 participants attempted the examination. There were no significant differences between groups in the multiple choice (mean difference 1.3 ± 1.6 [3.3%], $p = 0.41$) or written exam test scores (mean difference 1.8 ± 1.2 [9.0%], $p = 0.14$). Accredited trainees performed better in the written exam (mean difference 2.6 ± 1.1 [13.0%], $p = 0.03$). The mean test score

in a separate exploratory group of 2 sleep fellowship trained OHNS was considerably higher in both exams.

Conclusion: This study suggests that exposure to formal education material may improve understanding of sleep surgery. Accredited trainees performed better than unaccredited trainees but the difference was small. Poor test performance in both groups may indicate further formal sleep surgery teaching is required in the ASOHNS training curriculum. Further research is required to identify the best ways possible to educate OHNS trainees in the complex and nuanced decision making required for OSA patients.

Support (if any): Illawarra Health and Medical Research Institute Grant 2019.