

# "It's just not the same"

## Telehealth versus Face-to-Face Delivery for Commonwealth Home Support Program Dietetic Clients

Vicky Weng<sup>1</sup>, Yilin Wang<sup>1</sup>, Allison Grech<sup>1</sup>, Karen Liu<sup>2</sup>, Elise Baker<sup>2,3,4</sup>

<sup>1</sup>South Western Sydney Local Health District, Primary and Community Health <sup>2</sup>Western Sydney University, School of Health Science

<sup>3</sup>South Western Sydney Local Health District, Allied Health <sup>4</sup>Ingham Institute for Applied Medical Research

### Background

- Malnutrition in older adults is a serious and growing problem - impacts 30-40% of older adults<sup>1,2,3</sup>
- Increases risk of falls and fractures and complications such as infections, pressure sores, and skin ulcers, and impacts capacity of older adults to remain independent at home and can reduce quality of life<sup>3,4,5</sup>
- During COVID-19, the Commonwealth Home Support Program (CHSP) dietetic service transitioned from the traditional home visits to telehealth. This shift has provided an opportunity to evaluate the clinical outcomes and experience for CHSP clients (aged ≥65 years) of face-to-face vs telehealth service.



### Aim

To compare the clinical outcomes and experience of telephone versus face-to-face delivery of CHSP dietetic service.

### Method

- Retrospective file review
  - n = 48 before COVID-19\*
  - n = 56 during COVID-19\*
- Semi-structured client interviews
  - n = 3
  - Inductive content analysis

### Result

- ✓ No difference in clinical outcomes for face-to-face vs telehealth service delivery. Both groups showed significant improvements in weight, BMI, serving sizes of the dairy and meat food groups, and the Mini Nutritional Assessment scores
- ✓ Although clients valued telehealth, they preferred the experience of face-to-face services

### Conclusion

- An optimal service delivery model should be determined by assessing clients' vulnerabilities and complexities
- A blended model incorporating home visits and telehealth may be preferred for CHSP dietetic clients

#### REFERENCES

- <sup>1</sup>Rist, G., Miles, G., & Karimi, L. (2012). The presence of malnutrition in community-living older adults receiving home nursing services. *Nutrition & Dietetics*, 69(1), 46-50. <https://doi.org/10.1111/j.1747-0080.2011.01572.x>
- <sup>2</sup>Visvanathan, R., MacIntosh, C., Callary, M., Penhall, R., Horowitz, M., & Chapman, I. (2003). The nutritional status of 250 Australian recipients of domiciliary care services and its association with outcomes at 12 months. *Journal of the American Geriatrics Society*, 51(7), 1007-1011. <https://ajphaphapublications.onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2389.2003.51217.x?and-mlm=33&and-mlm=33>
- <sup>3</sup>Australian and New Zealand Society for Geriatric Medicine. (2009). Position Statement No. 6 - Under-nutrition and the Older Person. *Australasian Journal on Ageing*, 28(2), 99-105. <https://doi.org/10.1111/j.1741-6612.2009.00357.x>
- <sup>4</sup>Favaro-Moreira, N. C., Krausch-Hofmann, S., Matthys, C., Vereecken, C., Vanhauwaert, E., Declercq, A., Bekkering, G. E., & Duyck, J. (2016). Risk Factors for Malnutrition in Older Adults: A Systematic Review of the Literature Based on Longitudinal Data. *Advances in Nutrition*, 7(3), 507-522. <https://doi.org/10.3945/an.115.014354>
- <sup>5</sup>Reddy, M., Gill, S. S., & Rochon, P. A. (2006). Preventing Pressure Ulcers: A Systematic Review. *The Journal of the American Medical Association*, 296(8), 974-984. <https://doi.org/10.1001/jama.296.8.974>