



NEWSLETTER

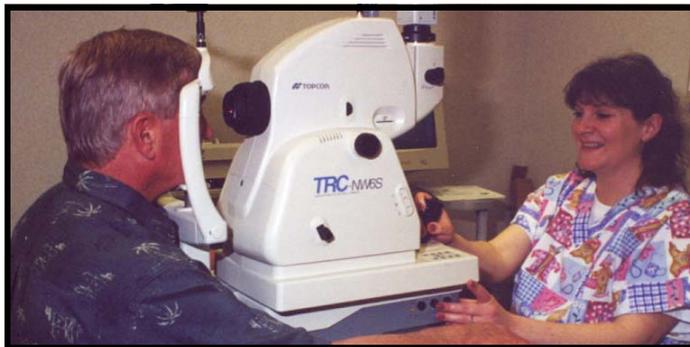
February 24, 2005

Volume IV Issue IV

Nat'l VISN Teleretinal Project Funded

VHA's Officer of Care Coordination (OCC) is pleased to announce the release of the Under Secretary for Health's **Request for Proposals (RFP) to establish VISN Telehealth Programs in Teleretinal Imaging for Diabetic Retinopathy**. The RFP is now available for review, via our Newsflash page, on the Internet at <http://www.va.gov/occ/newsflash.asp>. Depending on patient need, each of VHA's 21 Veterans Integrated Service Networks (VISN's)

may request funding for outfitting and staffing up to six regional Image Acquisition sites as well as a single regional Image Reading center, or they may opt to partner with another VISN for image reading services. VISN proposal are due soon, and program implementation is expected to rollout nationally over the next year and a half beginning this summer. This national funding effort will integrate VHA teleretinal screening programs that have been operational for years in certain VISN's.



VHA imaging technologist acquires digital images of veteran's retinae at local imaging facility (Left); Same images are screened later (Right) by VHA specialist at urban medical center to determine if in-person eye exam is necessary.

Register Online for Nat'l VA Mtg



Details about VHA's National Care Coordination and Telehealth Leadership Forum conference in April, including agenda, faculty, travel instructions, and online registration, are now available to VA staff on the OCC intranet site at vaww.va.gov/occ

Notice to Readers: Newsletter Name to Change

Our next issue of the newsletter will mark the beginning of our fifth year of publication. It will also be the first issue to publish under the new banner 'VHA Care Coordination & Telehealth Newsletter', which more accurately describes the work we do and the information we will be presenting.

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Office of Care Coordination The Corporate Whole or the Corporate Hole?

By Adam W. Darkins, MD

Elements of creative tension always exist between the various parts of a large and successful organization. A classic example of this tension is when

win/wins in abstract terms but what does this mean practically? More importantly what has it got to do with care coordination and telehealth?

ordination Home Telehealth (CCHT) program and will soon be instituting a national tele-retinal imaging program to assess veteran with diabetes for

It's easy to stand up, smile and then talk glibly about win/wins in abstract terms but what does this mean practically. More importantly what has it got to do with care coordination and telehealth?

a central office wants to standardize and localities want to be able to tailor products and services in response to their local requirements. It's rarely necessary that this should be an "either or" situation. An ideally attainable solution is a win/win compromise where the appropriate levels of

A confounding aspect of healthcare that has recently risen to the fore has been that of practice variation. Why should *what* a patient receives in the way of healthcare depend upon *where* they happen

the presence of diabetic retinopathy. Should these programs be infinitely flexible at the local level or rigidly standardized at the national level? Depending upon where you are and how you perceive the

Both locally and centrally we are all part of a larger corporate VA... ..seeking to interact with veteran patients in a... ..chronic care model with patient and caregivers as partners.



Adam Darkins, MD
is the Chief Consultant for VHA's Office of Care Coordination & VHA's Telehealth Strategic Health Care

standardization and local flexibility co-exist to benefit the organization as a whole. It's easy to stand up, smile and then talk glibly about

to be rather than relate to objective aspects of what they need in relation to their clinical condition? There is no logic to this but it persists as a legacy within the healthcare system and is something that evidence-based practice is seeking to redress. By its definition, telehealth enables healthcare to take place across distance and between different clinical sites. Practice variations and technology interface issues suddenly assume great importance. VHA is in the process of rolling out a national Care Co-

alternatives this might be seen as either a call to arms or a call to micro-manage.

The tension that can surface when the *centrally standardize* versus *locally innovate* factions come together has all the ingredients of riding a bucking bronco with no easy win/win. If the alternatives are of the rider being thrown off or the horse tamed, then short of both retiring exhausted, what other possibility is there? Fanciful though it may seem there is a

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Office of Care Coordination

The Corporate Whole or the Corporate Hole?

horse whisperer's alternative in which it is not about a battle of wills. Such whispering is not some mysterious primeval intonations but the respectful acknowledgement that telehealth services are there to support relationships between patients and practitioners and should be simple, unambiguous and meet needs on both sides. Responsiveness to the needs of the patient is the alternative answer that moves the balance of the implementation equation towards

through the support of home telehealth technology, which prevents them from having to go into long-term institutional care, then the technology platform must be robust and sustainable. It must also have mechanisms for back-up and redundancy as failsafe support. Unlike the electronic patient record, which is needed infrequently when a patient comes to the clinic or is admitted to hospital, the monitoring of patients with chronic dis-

zation should be derived from local programs and facilitated nationally into an overall strategic direction. This approach will ensure that a telehealth system works for the patient, the practitioner and also for the organization as a whole.

VA is in a unique position to help both the professional and vendor communities to standardize telehealth and develop a large interoperable network as a model for other organiza-

tions to follow. The answer to the creative tension between local innovation and central standardization is that both are necessary but that a resolution of

The answer to the creative tension between local innovation and central standardization is that both are necessary but that a resolution of forces needs to occur to benefit patients.

creativity rather than conflict. With this outcome in mind a different approach begins to make sense. As VHA reaches out into patient's homes using telehealth the organization is an invited guest. Some of the behaviors that patients have faced when on VA's own turf are less appropriate in the home. There may be 162 VA Medical Centers and seeing one VA Medical Center may be stereotypical of one VA Medical Center but most veterans don't want 162 different visitors. They would like to know quite clearly and simply who is coming into their home and what to expect.

If veterans with chronic diseases are managed in their own homes

eases at home is a dedicated daily activity. Bottom line is: it must work absolutely reliably and this takes precedence.

In an environment where home telehealth technology has been developed by an emerging industry with small players it behooves VA to provide a standardized platform and develop the interoperability that characterizes large information technology networks. A diverse group of vendors meeting common standards is an advantage and not a liability. Similarly a uniformity of clinical processes such that services plug-and-play when veterans visit a CBOC or a VAMC also makes sense. Consensus on such standardi-

forces needs to occur to benefit patients. The resultant harmonization of effort ensures that services are appropriate, effective and cost-effective. Both locally and centrally we are all part of a larger corporate VA that is seeking to interact with veteran patients in a way that espouses a chronic care model with patient and caregivers as partners. If we achieve this we can all stay in the saddle and collectively ride off into the sunset without having to resort to other dramatic alternatives that don't demonstrably benefit patients. The corporate whole is more than the sum of its parts whereas the corporate hole is an area of clinical and technological risk that we should seek to avoid.

VHA TELEREHABILITATION:

Quarterly Update: Winter 2004-2005

By Cathy Cruise, MD

The Telerehabilitation Field Work Group has been meeting monthly since August 2004. Members of the group are very enthusiastic about expanding the telerehabilitation possibilities with VHA.

The Telerehabilitation Web site has been officially launched. The site may be accessed through the VHA Telehealth home page at www.va.gov/telehealth, and then selecting sidebar menu option 'Telehealth Programs', and then clicking on the VHA Telerehabilitation link under 'VHA National Telehealth Collaborations.'

The Telerehabilitation Toolkit is currently under active development. There are six subsections included: Traumatic Brain Injury, Spinal Cord Injury, Multiple Sclerosis, Frail Elderly, Specialty Applications (Tele-clinics) and Research. Each subsection will include clinical applications, veteran inclusion and exclusion criteria, factors utilized to match veterans and technology and useful references. Both the Toolkit and the Web site are dynamic works in progress. Ongoing input from all is greatly appreciated.

The Telerehabilitation Web site has officially launched at

<http://www.va.gov/telehealth/Telerehabilitation/telerehab.asp>

Listed on the Web site are the current telerehabilitation services by VISN, including programs utilizing Telehealth within Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), Multiple Sclerosis (MS), Frail Elderly and other applications including such programs as Speech Therapy and Audiology clinics. An activity overview table lists the current progress to date in the areas mentioned above. Members of the Workgroup are also listed by VISN.

Finally, the Telerehabilitation Field Workgroup is very excited to have had so many abstracts accepted for presentation at the VHA Leadership Conference in Salt Lake City April 5-7. A variety of oral and poster presentations will include all of the main areas addressed by the Telerehabilitation Field Workgroup in the Toolkit and on the Website.

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Dr. Cathy Cruise is the Lead for VHA Telerehabilitation as well as Director of VISN 3 Care Coordination Program



Care Coordination Home Telehealth CCHT National Training Center Sunshine Training Center Roundup



By
Rita Kobb, GNP-BC
Training Center Director

Here are several updates this quarter from the Sunshine Training Center. The first update is the release of the final course in the required national core curriculum: Clinical Operations Part 1 & 2 is now available online at the Employee Education System (EES) Learning University.

This course can be accessed through the Training and Education link on Office of Care Coordination's (OCC) intranet site at <http://vaww.va.gov/occ> or directly from EES at http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=19477 for Part 1, and http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=19478 for Part 2. This two-part course covers the day-to-day role responsibilities of the care coordinator. Students who take this course will be sent an evaluation tool to fill out 90 days after completion to help the Training Center determine the effectiveness of the curriculum. We would appreciate your cooperation in completing this evaluation. Completion of this final course and local competency requirements entitles the learner to an Academic Certificate from the University of Florida. Certificates will be mailed to the student once documentation of the above requirements is received in the Training Center from the employee's supervisor.

The Sunshine Training Center would like to acknowledge the following content experts for their contributions to the Clinical Operations Course:

Paula Barsanti-Gately-VISN 1

Dr. Mike Miller-VISN 1

Sara Beckley-VISN 2

Patricia Hilsen-VISN 8

Victoria Clark-VISN 8

Dr. Neale Chumbler-VISN 8

Pat Dasler-VISN 8

Mary Huddleston-VISN 8

Dawn Fortunato-VISN 10

Carol Jordan-VISN 11

Byron Scheider-VISN 16

Peggy Wickes-VISN 17

Karen McWhorter-VISN 20

Denise Shea-VISN 20

Dr. Sara Battar-VISN 23

Sandra Schmunk-VISN 23

Rita Kobb-Training Center

Robert Lodge-Training Center

Cathy Locklear-University of Florida

INTRODUCING COLLAGE

The Training Center has produced several tools this quarter to aid field staff in the CCHT implementation process. Please check out our new COLLAGE website at http://vaww.collage.research.med.va.gov/collage/E_CCHT. This site is a communications tool to help field staff network and share ideas and media. The training center has posted on this site a marketing PowerPoint, updated coding module, coding flashcard guide and audio files of training center quarterly calls. We encourage staff to check the site regularly.

December Open House Held for Nat'l Telehealth Awareness Month

The Sunshine Training Center held an Open House in December in celebration of National Telehealth Awareness Month and to unveil its new videoconferencing equipment. Over 175 people attended. Staff were given technology demos from CCHT programs and also from the hospital-based Telehealth Coordinator. Staff from the University of Florida's Center for Telehealth and the Brain Rehabilitation Research Center, a VA Center of Excellence attended as well.

Visit the new CCHT Collage site at http://vaww.collage.research.med.va.gov/collage/E_CCHT

Upcoming Conferences

Second Annual

Care Coordination & TeleHealth

*Hurry Registration
Deadline Mar 16*

Leadership Forum

Salt Lake City*

April 5th-7th 2005**

* Please see Page 7 VAKN Viewing Guide for Daily Broadcasts from Salt Lake

** Optional Short Courses Monday Afternoon April 4th , beginning at 1PM

Complete Details OnLine at <http://www.va.gov/occ/Conferences.asp>

VA Staff may Register OnLine at <http://vaww.va.gov/occ/Conferences.asp>



1. COMING THURSDAY MARCH 24

CARE COORDINATION/TELEHEALTH

Teleretinal Imaging Programs

Implementation Guidance for Diabetic Retinopathy Screening

Thursday **March 24** (1PM Eastern) CH 1

Taped Rebroadcasts

Tuesday—March 29—3PM Eastern

Wednesday—April 20—10 AM Eastern

Monday—April 25—1 PM Eastern

2. COMING THURSDAY MAY 26

CARE COORDINATION/TELEHEALTH

Collaboration with IHS

Thursday **May 26** (1PM Eastern) CH 1

Taped Rebroadcasts

Tuesday—May 31—3 PM Eastern

Wednesday—June 8—10 AM Eastern

Monday—June 20 —1PM Eastern



VA Employees may see complete program details in the



Employee Education System Learning Catalog vaww.sites.lrn.va.gov/vacatalog/



SPECIAL EVENT—FIVE PART SERIES—BEGINNING MONDAY APRIL 4—SPECIAL EVENT

CARE COORDINATION/TELEHEALTH Leadership Forum

**** Live from Salt Lake City ****

Daily Discussions and Highlights with Conference Presenters

All Week Every Day beginning at **3PM Eastern** on **VAKN Channel 1**

Monday April 4 Importance of Care Coordination & Telehealth to Veterans' Care

Tuesday April 5 Office of Care Coordination Meets the Needs of Veteran

Wednesday April 6 Outside Outside Looking into VHA

Thursday April 7 VHA Telehealth Toolkits - Perspectives from End Users

Friday April 8 Strategies for Robust Care Coordination & Telehealth Programs

VA Employees may see complete program details in the



Employee Education System Learning Catalog vaww.sites.lrn.va.gov/vacatalog/

VHA TELEHEALTH TRAILBLAZERS

VISN 22 Care Coordination's

LAURAL TRAYLOR

After the 2002 VHA Telehealth meeting in Los Angeles/Long Beach, I found myself looking for a lift, down the 405, to the Orange County Airport. Lucky for me **Laural Traylor** (then Opalinski) was going my way. During our quick trip down that California freeway, Laural and I got a chance to talk about how she and **VISN 22** were thinking about **using telehealth to improve access** to VA health care. As you will read in the interview beginning on page 10, a lot has happened, over the last three years, in VISN 22, but (lucky for the VA) Laural Traylor is still in the driver's seat and going our way...

(Continued on page 10)

VHA TELEHEALTH TRAILBLAZERS

John Peters: *Laural, thanks for taking time to share your story with the Newsletter. I am vaguely aware of your multiple roles out in VISN 22 and appreciate you taking time for this interview.*

Laural Traylor (Opalinski): John, You are welcome! I am honored to be a part of this fantastic program and to work with such a dedicated group of professionals. We have an opportunity here with these emerging programs to really transform the face of healthcare, not only in VA, but throughout the world. Does it get better than this?

JP: *Your VISN, the Desert Pacific Healthcare Network, covers all of Southern California and stretches over to Las Vegas and actually includes the entire southern half of Nevada. Can you briefly describe how your VISN sketched out what would become VISN 22's Care Coordination Home Telehealth (CCHT) program? I think LA alone would be a bit overwhelming... ..how did you begin?*

LT: Thinking about it, it does seem overwhelming. In our network, we have had the benefit of visionary leadership. Dr. Ted Hahn, VISN 22 Geriatrics & Extended Care (GEC) Chair, has been supportive of this initiative and integral to our development. We kept bouncing ideas off each other early on and spent some significant time working with Dr. Margaret Griffin in Las Vegas (now part of our CCHT program in Loma Linda) to explore the potential of inter-facility telehealth consultation using our existing V-Tel/Polycom units. Later, Ron Norby, who was then network CMO contacted Dr. Hahn and asked for recommendations of members for a network-wide steering committee for the program. Mr. Norby was responsible for putting our initial steering committee together and officially moving us to action. Judith Jensen of Loma Linda was selected as chair of this new committee. This was a key move. People, who are acquainted with Judith, know that she is a true VA cowgirl. She has been a huge asset to the program and acts as chief marketing officer and tactical decision maker, truly champion to our VISN development and one of my closest colleagues. Our committee has grown by leaps and bounds with strategic additions to include clinical representation from each medical center, IT, Prosthetics, DSS, Quality and Executive Leadership membership and most of our core group are still together, very passionate and working hard to get our programs running. Every one of our medical centers has the support of their leadership who took responsibility for investing in staff and infrastructure for their programs. Now, every single program is benefiting from the energy and dreams of the people who are pulling these programs together. In our network we have been developing under fundamental guidelines, but with somewhat of a laissez faire attitude. We wanted not to limit the creativity of those individuals who make VA the great system that it is. We asked the CCHT champions at each of our medical centers to look at their patient populations and design a plan based on core guidance and concepts from the Office of Care Coordination (OCC.) Each of our medical centers submitted a preliminary plan, and we promised seed money from the RFP to get started. This has worked well for our network. We had important buy-in early on in our development phase – and a commitment from each of our facilities to grow.

In our network we have been developing under fundamental guidelines, but with somewhat of a laissez faire attitude. We wanted **not to limit the creativity** of those individuals who make VA the great system that it is.

JP: *And now, six months into things, what is the scale and scope of your current program – and where are you headed in 2005?*

VISN 22 TRAILBLAZER

(Continued from page 10)

LT: Given some of the challenges that all programs have faced, I am amazed at where we are today. With committed leadership and the support of the funds from VA Central Office, we have the necessary infrastructure in place and are enrolling/deploying patients at each of our five medical centers including Los Angeles, Loma Linda, Long Beach, Las Vegas and San Diego. Currently we have close to 300 patients enrolled since we started the program in FY 05 with just as many patients waiting for access to telehealth equipment – with deployment being one of the biggest challenges for all of our teams. Obviously, we would like to meet our initial commitment of 1000 patients within this fiscal year.

JP: *Through national conference calls and meetings, you and I are somewhat aware of activities in CCHT programs in all of the other 20 VISNs. Are you aware of any unique features to the VISN 22 CCHT program? Or any unique clinical or educational resources available to VISN 22?*

LT: Our programs are mostly following Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Dementia patients at the moment. We anticipate expanding as programs continue to develop. In a short amount of time, our network has contributed considerable support to these programs. Los Angeles has contributed significantly to our network numbers under Lead Care Coordinator, Jane Montgomery and GLA's Telemedicine director, Dr. Leonard Kleinman. As we speak, they are adding 3 new staff to support their quickly growing patient load. One of our up and coming programs in San Diego, under the direction of Dr. John Chardos is pursuing in collaboration with (VISN 19's) Jeff Lowe, linkages between CCHT and Advanced Clinic Access. John is also participating in a team working to develop a VistA web interface to display Home Telehealth data in a clinician friendly manner. We additionally have a group working with the Office of Care Coordination's (OCC's) Nancy Campbell and in conjunction with VACO Voluntary Services' Laura Balun and Sabrina Clark to determine a fit for volunteers as supplemental support for our veterans and their caregivers in a number of different capacities for OCC programs. Maximizing voluntary services for CCHT has huge potential and I am supportive of programs working with our patient's caregivers as essential 'care partners'. This makes all kind of sense for our system. If we can help to more effectively meet some of the needs of our caregivers we can increase our ability to keep our veterans healthy, happy and at home. Some of our additional program development plans look to adding CCHT programs within local VA state homes and other residential care. Our additional interests include expanding on beginning discussions with Indian Health Services about the potential of CCHT. We are also working on being more actively involved with the My HealthVet team within our network.

...voluntary services for CCHT has huge potential and I am supportive of programs working with our patient's caregivers as essential 'care partners'.

Our CIO, Gary Twedt was instrumental in helping us to set up a national toll-free number for our veterans. Our patients can travel anywhere in the United States and reach their care coordinators at no cost or choose to be directed to our 24 hour Telecare Nurse Advice Line. All of our patients are being educated as to the availability of this telecare line and we are working closely with network telecare leadership to further enhance this relationship. Our CCHT website hosts both items of internal interest for staff such as policy documents and telehealth related literature to support program growth and marketing, as well as an external site to build awareness of our programs in our communities. We have several ideas for expansion of these pages and all of the pages direct perusers to the My HealthVet site where outstanding resources for both patients and staff can be

VISN 22 TRAILBLAZER

(Continued from page 11)

found. We have developed a list-serve address in which to share general information about CCHT news and other information and encourage membership from interested groups.

OCC and VISN 8 have been a vital support system. Shortly after we received the funding award, a core group from our

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network committee traveled to visit VISN 8. We felt this visit would be essential to gaining understanding of program processes and exposing newer members of our committee to CCHT concepts and requirements. The site visit occurred in August (cut a little short by Hurricane Francis). Our team visited Bay Pines, Lake City, and Gainesville and had the opportunity to spend significant time with Sarita Figueroa, Linda Foster, Pat Ryan, and Rita Kobb and Robert Lodge at the celebrated Sunshine Training Center. Our VA Health Services Research & Development (HSR&D) member, Nancy Harada, coordinated an opportunity to meet with Dr. Neale Chumbler and his team to look at the work they have been doing in evaluating the Health Buddy device. On return, we digested the trip and realized how important this exposure was. We contacted Rita and Robert and they brought their show on the road to VISN 22. Our network hosted a two-day program that was comprised of a broad overview of care coordination concepts to all who were interested. Additionally, each of our CCHT program staff had opportunity for individualized consultation time with Rita

The Sunshine Training Center core curriculum is essential to keen understanding of the related regulatory, clinical, coding, staffing and technological foundations for CCHT.

and Robert. With huge turnout from throughout the network, we had the opportunity to establish and build relationships between our team, VISN 8,

and OCC staff-further contributing to our strategic ideal. The Sunshine Training Center core curriculum is essential to keen understanding of the related regulatory, clinical, coding, staffing and technological foundations for CCHT. All central program participants complete the training and we encourage associated support and other interested staff to complete the training. We supplement this training as needed, and one of our biggest assets includes having a lead care coordinator (Trish Ramirez) with significant DSS experience. Trish has taught "DSS for Dummies" courses to our CCHT community and regularly supports our programs with her expertise. Our CCHT staff have had numerous opportunities to come together in person and via videoconferencing or VANTS conference calls to discuss plans and activities. We encourage frequent communication and our teams are interdependent. Any distance boundaries have been overcome with our effective use of VA technologies. Excellent relationships have developed among our teams and we all are learning from each other's knowledge and success.

JP: *Compared to the other 20 VISN Care Coordination leaders, your professional background is a bit unique. Can you give us the quick overview of your training and career with the VA, especially the special fellowship program with the VA's Geriatric Research, Education and Clinical Center.*

LT: My tenure is embarrassingly short compared to many VA professionals, so hopefully my passion is making up for my lack of VA experience. I don't profess to know it all, but I have been able to find folks who know the answer -- and yes, I am one of those pesky people who keeps asking for money, resources, travel support, and am constantly asking, "Why can't things move any faster?" In late 2000 I was hired in the Greater Los Angeles Geriatrics Research, Education, and Clinical Center (GRECC.) My responsibilities included helping to develop the Office of Academic Affiliations (OAA) and the Special Fellowships Program in Advanced Geriatrics in which Los Angeles had won

VISN 22 TRAILBLAZER

(Continued from page 12)

the national hubsite role. This was a great opportunity and challenging position – and I basically had free reign to grow this program with the guidance and support of an elite group of well respected GRECC/Academic Geriatricians in Ann Arbor, Durham, Little Rock, Greater Los Angeles, Seattle, San Antonio, and St. Louis and VACO OAA. The goal of this fellowship program is to provide enhanced learning experiences for physicians who are interested in Academia and Research as opposed to a traditional medicine track. Competitively selected physicians from across the nation had opportunity to participate in two-three years of time working in research, education and career development. As such, I had the opportunity to work with some of the brightest folks in our nation, while gaining a broad-based view of VA. As this was a distance education based program, I had had the challenge of finding resources and means to share and standardize learning experiences across sites. My appointment with UCLA Department of Medicine during this first year gave me access to a number of resources that nicely supplemented VA assets.

JP: *VISN 22 CCHT was funded last July (with about 10 other VISNs) and then there was a delay in the national technology contracts, but looking back now, have there been any valuable (difficult) lessons learned that you can share with folks who are just starting up or refining their program?*

LT: Well, we were not funded on the first go around the previous year either. That brought about some serious contemplation time. Our team worked very hard under the leadership of Ted Hahn.

We... ..understood immediately that technology was not the fundamental link of this program.

We were a passionate group, disheartened (momentarily) by the lack of the award -- but we had assembled by that time a remarkable team and did not

want to give up. Technology tends to be a sexy notion in healthcare – and that is what most people initially get caught up in. I remember Judith Jensen (our network telehealth chair) and I were bouncing ideas off Dr. Adam Darkins at one of the national OCC conferences and we had this mutual epiphany. We looked at each other and understood immediately that technology was not the fundamental link of this program. The driver is the process of care coordination – without the expertise and management of care coordinators, we would have nothing. From that point on we changed our vision and direction and have been actively selling this point. The delay with the contracts had been frustrating, but as a plus we have expanded our technology and expertise and have enhanced our ability to meet the needs of expanded patient populations.

JP: *How about any special episodes or stories about a VISN 22 veteran enrolled in CCHT that made you really realize or appreciate the value of your program?*

LT: Our care coordinators have presented some wonderful stories, but speaking from personal experience our veterans have been so pleased to be a part of this program. I visited and setup a broad range of patients in their homes from every walk of life, and the response has been overwhelming. Every single veteran I spoke with was outwardly pleased that VA would invest in this type of structure for their care. Their pleasure was expressed in terms comfort and in terms of safety and security. In many cases, these veterans are living independently with no formal structure of care and some have a great deal of difficulty getting out of their homes to come into centers for much needed appointments. Many of these veteran's do not have a caregiver or other formal support system. The program brings them a sense that they have a point of contact, a professional, and someone who is watching out for their best interests day to day.

VISN 22 TRAILBLAZER

(Continued from page 13)

JP: *As the VISN 22 CCHT Coordinator do you get involved with other VISN 22 telehealth programs? (e.g., CBOC Telemental Health; Telerehabilitation; Teleradiology, Teledermatology, others).?*

LT: We are pushing very hard to get our Care Coordination Home Telehealth programs running and this is my main focus right now. For now at least, this really is a full-time job – it has been bump and go, but I see seamless integration down the road – it is a natural next step in healthcare. We are really working to take steps in ensuring that our programs are integrated into existing services and the usual practice of care. It is no secret that integration is one of the important links to sustainability. Marketing is key – educating our entire workforce to understand that CCHT has the potential to make their jobs easier, to increase patient access, quality of life and level of safety is so important and transitioning folks to thinking about remotely delivered/received healthcare is a usual, rather than unusual occurrence. Finding means to keep our programs connected and functioning as a VISN and national team is part of this process. There are so many avenues to pursue and, for CCHT alone, we are working to expand staff and staffing concepts, looking at opportunities for working with volunteers and workers compensation staff to support our programs, evaluating how CCHT and Advanced Clinic Access can work together, and putting in place measurement strategies that can give us the results that we need to expand on our programs. I am very interested in the other telehealth

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applications, and am currently working on the periphery of telemental health and telerehabilitation. I keep current on the literature and activities and to

what is happening in these groups, with the idea that I will be more actively involved down the road. Right now, I like to think of myself as a point person to get folks connected and organized and excited about participation in any of a number of projects.

JP: *Telehealth crosses a lot of boundaries within a health care delivery system and some VISNs have established a dedicated VISN Telehealth Coordinator and a formal Telehealth Committee to link the clinicians with the IT technologists with the administrative workload coders with the credentialing staff, et al – while others use a more ad hoc approach. How would you characterize VISN 22's approach to telehealth?*

LT: Our telehealth community is growing and becoming more and more recognizable. Our CCHT members have had the opportunity to work with a number of telehealth groups in our network, and there is a common link,-- camaraderie in knowing that our goals are aligned and natural overlap occurs. We are all working towards the goal of providing better, more convenient and more cost effective means in which to provide health care and increase access.

JP: *How did you personally become interested in telemedicine/telehealth?*

LT: I came into the VA system with degrees in social work and psychology and certification in gerontology. Time with the private sector brought years of experience and passion with computer technologies. I also worked for California State University, Long Beach, Department of Social Work and got a great deal of exposure to newly developing distance education programs for social work-

VISN 22 TRAILBLAZER

(Continued from page 14)

ers. I worked with the Social Work Fieldwork Education Program, and was instrumental in getting the department more technologically oriented. We worked to establish an infrastructure that made life easier managing a large student population and worked with the other 3 major schools of social work in the Los Angeles area to develop collaborative and technologically based relationships. I was interested in seeing more social workers embrace technology and encouraged social work students to become more technologically literate. During some of this time I taught computer classes for CSULB's Senior University, teaching older adults basic computer applications and how to communicate with remote family and friends using computers. This experience confirmed my expectations that there was a clear digital divide between our older and younger generations in technology and led me to develop an online survey that looked at some of the benefits/challenges with computers for older populations. I felt strongly that older individuals could benefit from more exposure and access to technology. In 2000, I took a position with VA as a geriatric program specialist and Special Fellowships Program Hubsite coordinator, and I think the week I was hired in VA, at the end of 2000, Dr. Hahn encouraged me to start evaluating telemedicine applications. Through the process, I discovered Dr. Darkins and started following as many of his conferences and presentations as possible and attended the national ATA meetings. Dr. Darkins had magnificent vision and made a huge impression on me. His book "Telemedicine and Telehealth: Principles, Polices, Performance and Pitfalls" was my bible during that time. I started learning the basic concepts for what I consider to be a panacea for some of our most pressing concerns in healthcare.

JP: *Finally, what is the most exciting thing you are working on now or looking forward to the most?*

LT: Honestly, getting our patient populations up to the point where we can really show some results and successes are my ultimate goals – and we are in our infancy right now. Just to be able to increase healthcare access for people who have limited access means so much. Last year, I had a unique opportunity to visit with faculty and students at Sau Po Centre on Aging at Chinese University Hong Kong. A number of groups there are doing significant work with telehealth and telemedicine but the ability to design large scale programs for general populations in that country has been a challenge. Equalizing healthcare access and continually demonstrating a potential for reduced costs and ultimately saving lives will require some non-traditional thinking and action. From a global perspective telehealth has mammoth implications and VA as always, is leading the way...The world is waiting!

JP: *Thank you Laural.*

Readers who wish to learn more... ..can Visit VISN 22 CCHT on the Web at

http://www1.va.gov/v22_ccht/



Care Coordination Home Telehealth

VA leading the way in Healthcare Excellence!



VHA TELEMENTAL HEALTH

Quarterly Update

Here's what's new with VHA Telemental Health this quarter:

--DSS Coding Guidance Update Detailed guidelines for coding telemental health workload have been finalized and will be forthcoming for mid-year implementation.

--Telemental Health at National VHA Meeting In addition to a kick-off presentation from VHA's Acting Chief Consultant for Mental Health, Dr. Mark Shelhorse and VHA's Lead for Telemental Health, Dr. Linda Godleski, the national VHA Care Coordination & Telehealth Forum will include about a dozen panel presentations and

another dozen posters all involving telemental health. Here is just a sample of telemental health areas covered:

- Programmatic: Cost Models, Delivery Models, Care Coordination Implementation and Outcomes, CBOC's, Managing Change.
- Treatment types: PTSD, Depression, Substance Abuse
- Technology: Home-based, clinic-based
- Collaborations: Indian Health Service

Plus much more. Please plan now to join us in Salt Lake City April 5-7.

OCC's Jill Manske receives Nat'l Award: Social Work Leadership in Health Care

It is a great pleasure to announce Jill Manske, Director Social Work Service, is the recipient of the **2005 Ida M Cannon Award** from the Society of Social Work Leadership in Health Care.

This award is a most prestigious Social Work Leadership award. It is given "*to honor a national figure in health care social work for outstanding contributions to the leadership of social work in a health care setting.*" The recipient must have the ability to lead, organize and evaluate the provision of social work in health care and must exemplify the skills, qualities and ethics of the social work profession. Further, the recipient must have the ability to influence the health care system and the external environment in order to meet the psychosocial needs of patients, families and populations.



Jill Manske, MSW, ACSW, LISW
Director VHA Social Work Service

This nomination criteria speaks directly to Jill's exceptional leadership as our national Social Work Program Director.

By creating innovations in Seamless Transition, improving quality patient care, championing the skills and abilities of VHA social workers and promoting teamwork with colleagues in all areas of VA, Ms. Manske has transformed Social Work in VA.

Jill will receive her award at the society's annual meeting on April 14, 2005, in Houston.

The OCC is very proud of Jill and deeply appreciates all she does on behalf of our patients and VA. Our heartfelt congratulations.



NEWSLETTER

MISSION

Serve as a conduit for information sharing,
strengthen resources, and
promote community for telehealth within the VHA,
with the ultimate goal being: to provide the best quality of care to our patients despite the barriers that distance and/or time may impose.

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FEEDBACK

Please drop us a line and tell us what you think, or make a suggestion about content for future issues. We would love to hear from you. Please contact: John Peters on (202)273-8508 or john.peters@va.gov

NEXT ISSUE

Coming late May 2005 under the new banner 'VHA Care Coordination & Telehealth'.
