



NEWSLETTER

September 19, 2006

Volume VI Issue II

Over 20,000 Veterans Enrolled in CCHT

VHA's Care Coordination Home Telehealth programs around the country have enrolled a total of over 20,000 veterans. This Summer Newsletter spotlights the contributions of the CCHT program that was initiated in 2000 in VISN 8's VA Caribbean Healthcare System. Like all VHA CCHT programs, the VA Caribbean program facilitates access to care and improve the health of veterans with chronic diseases. By December 2005, the VISN 8 program integrated its

(Continued on page 2)



VISN 8's VA Caribbean HCS Care Coordination Home Telehealth Team and a sampling of the home telehealth technologies employed by the program



ALSO IN THIS ISSUE:

Dr. Darkins Praises VA People Systems	3
John Peters on Change in Licensure Reqs	5
Carla Anderson & Sarita Figueroa's TRIP	6
Rita Kobb's Training Center Update	8
Charlene Durham's Training Center Update	10
Linda Foster's Quality Quarterly	11
National Trailblazer Tribute	12

Nat'l VIRTUAL MEETING SEPT 19-22 VAKN CHANNEL 3

LIVE Programs at 1PM Eastern

Tues Sept 19—Care Coordination & Telehealth Overview

Wed Sept 20—Home Telehealth & IT Platforms

Thurs Sept 21— General Telehealth: Specialty Care to Vets

Friday Sept 22— Teleretinal & Comprehensive Training

VISN 8 Care Coordination

VA Caribbean Care Coordination

(Continued from page 1)

Chronic Disease Maintenance Program into CCHT, with the intent to develop Self Management Competencies of veterans enrolled in the program for more than one year.

In Puerto Rico, this program and its technology have been well accepted by patients and their families among the population served.

Puerto Rican culture promotes self-care symptom that includes the use of natural herbal teas used to manage signs and symptoms of illness. Many Puerto Rican veterans consult family and friends before consulting health care provider. Pharmacists are often considered in the role of community health care consultants. Additionally, family members play a vital role in symptoms management. The Caribbean HCS CCHT Program makes it possible to bring specialist care directly into patients' homes and supports the local community assisting patients in managing their own conditions safely and effectively. In Puerto Rico alone there are more than 300,000 diabetics, 60% of whom will end in Renal Failure. Statistics from May 2004 show there are 27,466 Diabetics among the veterans enrolled from Puerto Rico and US Virgin Islands. Heart Failure accounts for multiple readmissions in patients not enrolled in this program, and is the fifth most common diagnosis for admission to the facility.

Care Coordination reduces clinical complications and the use of resources that these complications can consume. Puerto Rican culture emphasizes a relativistic view of time, which often interferes with being on time to medical appointments. Some find it difficult to respond to predetermined length of appointment with health care providers. The quality of the social interaction is often perceived as

more important than length of the scheduled clinical appointment.

Puerto Ricans are open to expressing their physical ailments and discomforts, signs and symptoms of impending complications to health care professional using CCHT technology, allowing the team to predict patient needs,

...observed improvement in access, increase in the number of referrals... ..to the program... ..reduction in ER and clinic visits... ..wait times...

thereby avoiding complications.

With the implementation of this CCHT program VA Caribbean HCS has observed improvement in access, increase in number of referrals and admissions to the program, a reduction in emergency room and clinics visits, reduction in hospitalizations, reduction in waiting time, increased patient/family satisfaction, improvement in patient self care management with the opportunity to develop a Chronic Disease Maintenance Program that provides the patient the necessary tools to improve self management evidence by the reduction on interventions related to patient needs. Also, the program has shown significant improvements in Cost Reduction.

VA Caribbean HCS disseminated information about the CCHT program through presentations, brochures for providers and patients, and e-mail. During hospital week the CCHT program hosted an open house to showcase the program among patients and hospital staff. The program uses the DSS database to identify possible enrollees and is in constant communication with providers for referral of

patients that might benefit from our program at that moment. The program has received an excellent support from the practitioners and patients, who demonstrate commitment in the active participation in their health care.

The Primary Care physicians, nurse practitioners, and providers have been approached directly by the CCHT team for program enrollment of those patients who demonstrate high use of services or who have frequent readmissions and/or ER visits. The Nurse Manager uses available data to target appropriate patients for referral. This includes DSS data, by provider, of diabetic patients, in each panel, by level of HgA1C. The re-admission rate for various DRGs has been reviewed with Chief Medicine Service identifying patients with Heart Failure, who could most benefit from the CCHT Program.

VA Caribbean CCHT has noted a significant increase in referrals from San Juan, Ponce, Mayaguez, Arecibo, and Guayama Outpatient Clinics and has receive calls from Social Workers, Clinical Nurse Specialist, Case Managers, and Utilization Review Staff from inpatient areas asking about the program. The CCHT program has made a significant improvement in communication with the primary care providers.

The CCHT has created a cultural change in the veteran population that has embraced the technology. The program has also resulted in a positive impact of the program in patient education.

It will be exciting to watch this and the other VHA CCHT program continue to build in FY07.

Office of Care Coordination Praising the People Systems

By Adam W. Darkins, MD

We are in the final days of FY06. As budgets, performance measures, monitors and plans are under review, it is clear that it has been a remarkable year with respect to how care coordination has developed within our organization. Although the indices of achievement I mention above are very important, it is what they mean to the veteran patients we serve that is of paramount significance. Congratulations and attributions are due to the remarkable people who have made all this possible.

processes necessary to establish and expand CCHT services. Support from VISN leadership and the VISN leads for CCHT have been key elements in implementing these and new care coordination services I will mention below.

...it is particularly the people systems in VHA... ...that I would like to pay tribute to in what has been achieved over this past year...



Telemental health has grown in the last year to the extent there are over 16,000 patients per annum are receiving care in this way. VISN telemental health leads have done a remarkable job in developing plans for telemental health expansion for next year to 300 community based outpatient clinics and hospital sites. Within two years this will save 45,000 veteran patients from having to travel to receive care. It is not possible, even if I knew all their names to individually acknowledge all the mental health care professionals and support staff such as clinic clerks who are the ones who are making these new services available to veteran patients.

tions Enduring Freedom and Iraqi Freedom (OEF/OIF) to access state-of-the-art rehabilitation and other specialist services more rapidly and conveniently. This network is doing groundbreaking work in establishing quality of service standards for videoconferencing over internet protocol (IP) on the VHA telecommunications backbone. Both painstaking work and patience has been necessary on the part of clinicians, IRM staff, WAN managers, VANTS staff and others to work through the considerable clinical and technical challenges necessary to make this into a reality that will become fully operational next year.



Nationally we are on the brink of having 20,000 veterans who are receiving care via care coordination home telehealth (CCHT). These veteran patients are men and women who are now able to stay in their own homes and remain living independently in their local communities with their family and friends. It is the cadres of care coordinators in all 21 VISNs who have made this happen—by building the relationships with their patients and professional colleagues to create the trust from which viable and sustainable services evolve. And in doing so, they have helped push the frontiers of health care forward within our organization. Some care coordinators have done this as part of a collateral assignment while others have been part of formalized CCHT services.



A national network of acquisition and reading stations is being implemented to screen veterans with diabetes for diabetic retinopathy and help prevent them from losing their sight. Considerable logistic challenges were overcome in procuring, installing and testing the equipment. Across VHA imagers and equipment eye care professionals have



Adam Darkins, MD
Chief Consultant
VHA's Office of Care Coordination

Local support from facility leadership, prosthetics, biomedical engineer, IRM, other clinical programs, HIMS and DSS have provided support for the clinical, technical and business

Over the past 12 months the Polytrauma Telehealth Network has been implemented throughout VHA. This network makes it possible for combat wounded veterans from Opera-

(Continued on page 4)

Office of Care Coordination Praising the People Systems

(Continued from page 3)

been recruited to provide the clinical services that are supported by upgrades in VistA Imaging. Generous and knowledgeable clinical application coordinators and VistA Imaging staff have toiled behind the scenes on national templates and CPRS enhancements critical for day-to-day operations in this new way of caring for patients. Within two years 175,000 veteran patients with diabetes will receive care in this way.



I have highlighted major programs. Other staff is working to develop programs at the local level in many other clinical areas, e.g. telehealth for bariatric surgery clinics. Staff in DSS, VSSC, and in the CCHT programs throughout the country is working to develop the data systems necessary to acquire the data sets from which outcomes information can be derived to substantiate the appropriateness, effectiveness and cost-effectiveness upon which the further expansion of all the various programs will depend. Staff in the Employee Education System is supporting the cascade of training mediated by new information technologies in a just-in-time manner to the clinicians delivering care.

The particular recognition and attributions I would like to make in reflecting on the remarkable achievements of our organization in relation to care coordination over the last 12 months is to those whose names and contributions I don't know directly, but that I am very aware of. I would therefore

ask that those of you in VA Central Office, the VISNs Facilities and CBOCs that I do know and who have a defined role in relation to care coordination and telehealth to pass on our sincere gratitude, as a program office, to all those who we don't know that have diligently supported this effort we are all part of.



The ability to provide sustainable care coordination programs that rely on telehealth means developing care delivery networks that are based on complex systems. We work in a remarkable organization, one that is able to develop such sophisticated care delivery systems. These systems self-evidently involve technology in that they deliver services via telehealth. However, it is particularly the people systems in VHA in terms of team working and collaborative relationships that I would like to pay tribute to in what has been achieved over this past year and give attribution to the difference you have made to the care of the veteran patients we serve.



I ask... ..those of you in VA Central Office, the VISN Facilities and CBOCs... ..who have a defined role in relation to care coordination and telehealth to pass on our sincere gratitude as a program office to all those who we don't know that have diligently supported this effort we are all a part of.

State Licensure Requirement Change: VA Contracted Telehealth Providers Need Only Single State License

By John Peters

In its Memorandum dated August 3, 2006, VA's Office of General Counsel wrote to VHA Office of Patient Care Services: 'these (*face-to-face*) contract health care practitioners may practice at any VA facility, regardless of its location or their state of licensure.... we can see no bases on which to establish different licensure requirements for VA's contractors not actually working in a VA fa-

telehealth or VA contracted telehealth providers providing care must be credentialed and privileged and have a medical staff appointment in order to have 'write access' to the VA facility's CPRS, for entering information (e.g. progress notes) . VHA's Office of Quality and Performance's Kate Enchelmayer encourages all VHA facility Credentialers to make sure their Bylaws allow

cians, dentists, nurses, podiatrists, optometrists, pharmacists, psychologists, social workers, chiropractors, and certain other health care positions must be licensed or registered in 'a' State to practice their profession. Health care practitioners who are appointed and meet all of VA's licensure requirements may practice at any VA facility, regardless of its location or the practitioner's State of licensure. State licensure requirements do not apply to individuals and entities, including health care providers that extend services to the Federal government as contractors. Unlike the private sector, VA physicians, and now VA contracted physicians, providing telemedicine services to VA facilities do not need multiple licenses, even where the services are provided across State lines.

OGC also mentioned that the US Department of Defense has reached a similar conclusion with regards to Federal Supremacy and contracted telehealth services.



John Peters, is a Program Analyst in VHA's Office of Care Coordination

Licensure requirements for VA health care providers are established by Federal law, not by State law... (VA) can see no bases on which to establish different... requirements for VA contractors... providing... telemedicine...

cility, including those providing multi-State telemedicine services. In our view, such off-station contractors would not need to be licensed by the State(s) where they perform services for VA under the contract, unless such licensure is required by the specific contract or Federal law.' This new opinion basically extends the application of the Federal Supremacy Clause to include contracted health care providers. This is very good news for VHA Care Coordination Telehealth. However, beyond licensure requirements, there remain additional requirements for **Credentialing & Privileging** and **professional liability insurance** for Telehealth. Specifically, VA

for medical staff appointments either with or *without membership to the medical staff*, in order to relieve the contracted telehealth providers of local medical staff responsibilities. OGC recommends that the VA confirm the health care contractors and their health care providers' **professional liability insurance**, issued by a responsible insurance carrier, covers telemedicine/telehealth services in all State(s) in which the telemedicine/telehealth services are provided.

Licensure requirements for VA health care providers are established by Federal law, not by State law. Thus, by Federal statute, VA physi-

VISN 8 TeleRetinal Imaging Program Lights Off! Camera! Action!

By Carla Anderson & Sarita Figueroa

The VISN 8 TeleRetinal Implementation Project (TRIP) reports a successful implementation of their six non-mydratic cameras across the network and has begun actual clinical production in Ponce, Puerto Rico! The VISN 8 TRIP began the implementation process immediately after the national Tel-eretinal kick-off meeting in January FY 06. A total of six cameras have been deployed, installed, and tested; Daytona Beach, FL OPC; Orlando VA Healthcare Center, FL, Sarasota, FL CBOC; Port Charlotte, FL CBOC; Ponce, PR OPC; and Mayaguez, PR OPC. Two Ophthalmologists and one Optometrist have been hired to read the Tel-eretinal images in the network. They are located at the VA Caribbean Healthcare System in San Juan, PR; the Jacksonville OPC in the North Florida South Georgia Veterans Health System, and the Port Charlotte CBOC in the Bay Pines VA Healthcare System. The San Juan reader has completed training and the two remaining readers are scheduled for training in September. Four imagers have been hired and have already completed their training in Boston. They will be imaging in Sarasota, Port Charlotte, Ponce, and Mayaguez. Orlando and Daytona are currently in the process of interviewing candidates for their imager positions.



VISN 8 TRIP Team Ponce (*Standing* Eduard Diaz, VA Caribbean Healthcare System Telehealth Coordinator, Hector Rosado, Assistant Chief MAS, Dr. Luis Ghigliotti, Ponce OPC Primary Care, Dr. Ramon Guerrido, ACOS for Ambulatory Care *Seated* Aisha Perfume, Imager, Irwin Rosado, Imager)

Weekly meetings occurred to share information, identify possible issues and concerns, and establish a line of communication to ensure optimal efficiency throughout the implementation process. Some problems still arose during the installation and testing in the network, but were manageable due to the centralized oversight. A main concern, noted during the first

cal production August 14, 2006.

Besides beginning clinical production in Ponce, another exciting outcome was the support provided from the Bay Pines VA Health Care System. The facility used its own resources to support the hire of a full time Optometrist as a reader for the Port Charlotte and Sarasota CBOCs. This additional resource for reading images will have a significant impact on our network's clinical production.

The VISN 8 TRIP was a great success! Please see the following page for some VISN 8 lessons learned that might make your TRIP a success...

Wishing you success on your TRIP!



Sarita Figueroa, MBA is the V8 CCCS Business Director and
Carla Anderson, MSN, RN is the V8 CCCS Clinical Director

A key driver for the VISN 8 TRIP success was the centralized oversight of the network-wide implementation...

A key driver for the VISN 8 TRIP success was the centralized oversight of the network-wide implementation that was led by Carla Anderson MSN, Director of Clinical Operations VISN 8 CCCS. The VISN 8 TRIP team was formed and included membership from all facilities involved in acquisition or reading. This team included clinical leaders from primary care and eye care, Vista imaging and network representatives, clinical application coordinators, General Telehealth coordinators, imagers and readers. Conference calls were held weekly to discuss implementation issues and lessons learned. Janis Sollenbarger, National Implementation Manager, attended each call and provided the VISN 8 TRIP team ongoing advice and recommendations regarding the installation process.

installation and testing; was not having the right team members available during the installation and testing of the camera and the interface. Without the right people involved during testing, communication is limited and problems with the DICOM gateway cannot be easily resolved. The result was a delay in testing which affected the whole network in regard to scheduling installations and training of staff. Our team quickly rallied their resources and resolved these problem areas to avoid further delays. Ponce and Mayaguez, our last installation sites in the network, used these lessons learned from the previous installations and in the end had a perfect deployment and test. In fact, Ponce has begun its clini-

VISN 8 TeleRetinal Imaging Program Lights Off! Camera! Action!

VISN 8 TRIP Lessons Learned

1. Create a team with a Network Lead and appropriate key members such as clinical leaders from Primary Care and Eye Care, VistA Imaging and network representatives, Clinical Application Coordinators, General Telehealth coordinators, imagers and readers.
2. Collaborate with the national implementation team.
3. Develop a business plan, structure for implementation, and project timeline.
4. Develop and communicate progress reports to leadership.
5. Frequent Communication –Have knowledge will travel!
6. Set up regular meetings and keep minutes.
7. Email key elements between meetings
8. Key people must be available in person or by phone when cameras are installed and DICOM interface tested
9. Perform additional tests to develop confidence in the interface
10. Ask questions and stay positive!



Greetings from
Puerto Rico

Angel Ramirez, IT Specialist, **Pat Ryan**, VISN 8 CCCS Program Director, **Sarita Figueroa**, VISN 8 CCCS Business Director, **Carla Anderson**, VISN 8 CCCS Clinical Director, **Irene Adames**, Clinical Reminder Coordinator, **Dr. Ramon Guerrero**, ACOS for Ambulatory Care, **Dr. Luis Ghigliotti**, Ponce OPC Primary Care, **Migdalia Jimenez**, Clinical Application Coordinator

VISN 8 TeleRetinal Imaging Program recently began clinical operations in Ponce, Puerto Rico, which is one of 6 recently equipped VISN 8 Image Acquisition Sites capturing retinal images that are reviewed at a VISN 8 Reading Center as part of an annual diabetic retinopathy screening process for veterans. Please see preceding page for the complete story.



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



By
Rita Kobb, GNP-BC
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center. The **Master Preceptor Program** held its pre-conference workshop at the Leadership Forum in Denver in June. Twenty-six of the twenty-nine graduates attended and presented their leadership projects. A sampling of the projects

will be presented as part of the **Virtual Meeting** scheduled for September. There was a special recognition event for the graduates on the last day of the conference where they received their certificates and pins from Dr. Darkins.

The Training Center has been working on some requests that came from staff at the Leadership Forum. We have **updated the bibliography** in the Orientation Packet and placed it on our webpage for easy access. We are working with several vendors to develop **video patient education** tools and the **MVP Development Manual** will be available in early September on the training center webpage.

CCHT Core Curriculum Part 2:

The next series of courses in the national CCHT curriculum (Caring for the Caregiver Part 1 & 2) will be released to the field any day now. We are also planning to release "Enhancing Patient Education" the final course in the core curriculum in FY 07. Watch for announcements on availability.

Master Preceptor Class of 2006

Administrative Track:



- | | | | |
|----------------|---------|---------------------|---------|
| Kim Chudy | VISN 16 | Amy Joseph | VISN 7 |
| Kathy Crowley | VISN 1 | Susan Robinson | VISN 12 |
| Cathy Cruise | VISN 3 | Fran Sutherland | VISN 20 |
| Lawrence Daily | VISN 16 | Laurie Traylor | VISN 22 |
| Ellen Edmonson | VISN 7 | Sydney Wertenberger | VISN 15 |
| Donna Ferro | VISN 9 | Michelle Winslow | VISN 2 |
| Al Hernandez | VISN 19 | Gail Wright | VISN 1 |

Master Preceptor Class of 2006

Clinical Track:



- | | | | |
|-----------------------|---------|---------------------------|---------|
| Pam Canter | VISN 9 | Angela Patton | VISN 7 |
| Patti Hilsen | VISN 8 | Carol Rice | VISN 8 |
| Susan Jackson | VISN 5 | Robin Robillard-Smallwood | VISN 7 |
| Judith Jensen | VISN 22 | Kelly Rutherford | VISN 16 |
| Jim Maudlin | VISN 8 | Fran Schwartz | VISN 3 |
| Geraldstine Miller | VISN 16 | Gaye Shaff | VISN 20 |
| Jane Montgomery | VISN 22 | Nancy Vinson | VISN 16 |
| Jean Murphy-Gustavson | VISN 3 | | |



REGISTERING NOW: CLASS of 2007:

Our Class of 2007 will begin this November. The application packet is now available on the Sunshine Training Center webpage and applications must be received **NLT September 15, 2006**: <http://vaww.va.gov/occ/Docs/ApplicationMasterPreceptor.pdf>

Questions? Please contact Rita Kobb at 386-754-6437 or rita.kobb@med.va.gov



Care Coordination Home Telehealth CCHT National Training Center

Sunshine Training Center (Continued)

2006 Care Coordination & Telehealth Leadership Forum Award Winning Poster Presenters



The Sunshine Training Center would like to thank all VA Staff who participated in the Poster Session at this year's *Care Coordination & Telehealth Leadership Forum* in Denver in June. The following posters were recognized for their excellence during the Forum with certificates and ribbons:

1st Place: Donna Ferro, Lexington, Kentucky

"VISN 9 Champions Join Hands to Provide CCHT"

2nd Place: Patti Hilsen, Ft. Myers, Florida

"CoaguCare: Harmonizing Care Coordination with Anticoagulation and Technology"

3rd Place: Betsy Helsel, Pittsburgh, Pennsylvania

"Setting up CCHT without Reinventing the Wheel: VISN 4 Success"

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Care Coordination Home Telehealth CCGT National Training Center

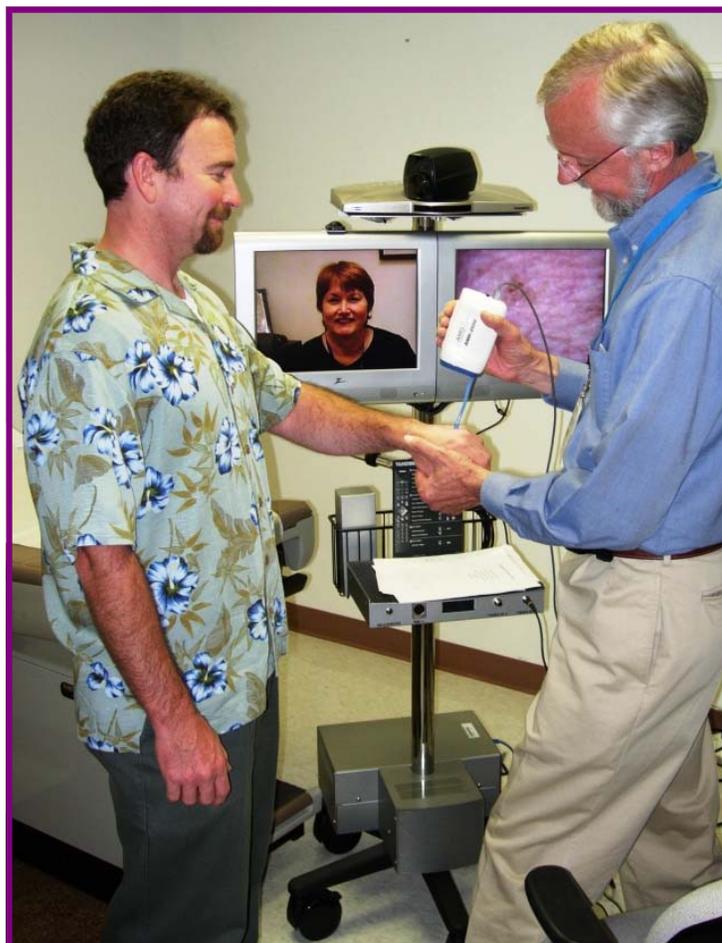
Mission: Meeting CCGT Training Need



By
Charlene Durham
Training Center Director

In November 2005, the VHA Office of Care Coordination established the **Rocky Mountain Telehealth Training Center RMTTC** to support its vision to: *Improve quality, convenience and access for veteran patients to general and specialty care within hospital and clinic settings by the use of health informatics and telehealth disease management technologies.*

Care Coordination General Telehealth (CCGT) encompasses *the use of interactive videoconferencing and peripheral medical technologies to provide health care delivery and support between hospitals and clinics, and hospitals and hospitals.*



In the Training Labs: RMTTC's Charlene Durham (on screen) and Ron Schmidt (right) demonstrate use of a handheld exam camera for teledermatology.

CCGT includes all of the clinical specialties that provide care in live, interactive sessions when distance separates the provider and the patient being seen in a clinical setting.

The RMTTC has **two Training Labs** adjacent to VA Health Care Systems in **Salt Lake City** and **Denver**. These labs simulate clinical settings where Telehealth is conducted in VHA. The labs will be used for live videoconference training and consultation sessions, videoconference simulations for practice and competency testing, and creating videos for self-paced learning or independent viewing.

Resources and materials are in development to meet clinical, technical, business and regulatory aspects of CCGT applications. The first product focuses on assistance for programs just being established for VHA's Polytrauma Telehealth Network. The **PTN Start Up Guide** (available to VA staff at <http://vaww.va.gov/occ/Telerehabilitation/Polytrauma.asp>) includes a 7-Step process to ensure that a new telehealth program has a firm foundation to be successful. Also available on the PTN website is the **PTN Space Considerations** guide for the optimum physical layout for a Telehealth environment (e.g., room size and configuration, videoconferencing and peripheral medical devices, room decor and lighting, and acoustics.)

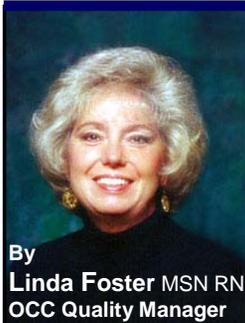
The next product is an online **CCGT Resource Guide**. These online resources will be supplemented in quick succession by General Telehealth Courses: Telehealth Technology and Environment; and Telehealth Operations – The Patient Encounter, and a database of current VHA Telehealth programs.

The RMTTC will also be a resource for other forums for collaboration and education. We look forward to sponsoring regular open discussions on conference calls, live web-meetings, Ask the Expert presentations, and online bulletin boards or discussion topics.

Please Contact: Charlene.Durham2@va.gov or Ronald.Schmidt@va.gov with your questions, needs, suggestions, and information to share with RMTTC.

VHA's Office of Care Coordination Quality & Performance

Patient Self Management and the Role of the Care Coordinator



By
Linda Foster MSN RN
OCC Quality Manager

In most cases, a patient is referred to a care coordinator because that patient is considered to be **high risk**- because of their clinical status, their utilization pattern and/or their cost to the organization. These patients frequently have multiple, complex chronic conditions that require a

dizzying array of medications, treatments and interactions with multiple physicians and treatment services. An individual patient's ability to manage the symptoms, treatments, physical and psychosocial consequences, and lifestyle changes necessary to optimize the patient's health and quality of life are often more than the patient and family can manage without additional guidance. Thus, "non-compliance" or lack of adherence to an established plan of care is often the result and may further negatively impact the patient's health and quality of life and serve to continue the spiral of events that keep the patient at **high risk**. Despite these facts, many patients will not have received any assistance with developing self management skills (1) prior to referral for care coordination.

...lifestyle changes are often more than the patient and family can manage without additional guidance.

Glasgow, et. al., have stated that "Self management by patients is not optional but inevitable." (2) The issue for the care coordinator then becomes identification of the type and level of the patient/family's **knowledge, skills and behaviors** that support and optimize self management of the patient's chronic conditions. The assessment, planning, facilitation and advocacy aspects of the care coordinator's role must, in part, focus on the issues of patient self management education and support of adherence in a very patient-centric approach. Home telehealth technology is an important tool for this process of care.

It has been estimated that patients' **lack of adherence to medication therapies** alone are at epidemic levels. As many as 29% of patients stop taking their medications before the supply runs out or before they have completed the prescribed therapy. (3) **Lifestyle changes** such as *proper nutritional intake, exercise, weight management, stress management, smoking cessation, substance avoidance, etc.* also must be incorporated into the overall plan for the patient

It has been estimated that patients' lack of adherence to medication therapies... ..are at epidemic levels.

and, subsequently, the patient's ability to self manage. Promotion of routine **preventive measures** such as influenza and pneumonia immunization, which are particularly appropriate for high risk patients, must also be a part of the plan of the care coordinator for patient self management education. Patient self management of **access** to the healthcare system should be included in the plan so that the patient knows how to get the care they need when they want and need it. Patient self management education about **self monitoring** and the parameters that require action by the patient, coupled with proactive intervention by the care coordinator to thwart exacerbations of illness, serve to optimize outcomes for patients in care coordination.

Look for the article in the next newsletter highlighting some specific approaches and tools that may be utilized by the care coordinator for supporting patient self management.

1. Wagner, Edward et al., (2001) Quality improvement in chronic illness care: A collaborative approach. Joint Commission Journal on Quality Improvement (27)2, 63-80
2. Glasgow, R., et al. (2003) Implementing practical interventions to support chronic illness self management. Joint Commission Journal on Quality and Safety, 29(11) 563-574
3. Case Management Society of America (2004) Case management adherence guidelines.

Linda K. Foster , MSN, RN is Quality Manager for OCC and is based at the VA Medical Center in Indianapolis, IN

CARE COORDINATION TRAILBLAZERS



Along with her daughter, Sunshine Training Center Director Rita Kobb, Anna Argenti was present at the formation of VHA's Office of Care Coordination in the summer of 2003. Anna was always a great champion, support, and an unofficial Fairy Godmother for the office. It is with great sadness that we mark the passing of our friend Anna.



NEWSLETTER

MISSION

Serve as a conduit for information sharing,
strengthen resources, and
promote community for care coordination and telehealth within the VHA,
with the ultimate goal being: to provide the right care, at the right time, in the right
place.

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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
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NEXT ISSUE

Coming late November 2006
