



NEWSLETTER

November 22, 2006

Volume VI Issue III

VHA Caregiver Conference Jan 17-19



**4th Annual
VHA Care Coordinator &
Caregiver Forum**

January 17-19, 2007

Omni Shoreham Hotel Washington DC



VA Staff may register online at
<http://vaww.sites.lrn.va.gov/registration/Login/Identify.asp>
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<http://vaww.va.gov/occ/Docs/ITTCaregiver.pdf>

VISN 22 CCHT Perspective on Caregivers



Caregivers: Who are they?

They are friends, family, and neighbors, people you love, people you know and just maybe, **you** are a caregiver. ***If you aren't a caregiver now, there is a very good chance you will be a caregiver at some point in your future.***

Many of our veterans have a caregiver and some of our veterans are caregivers for others. For purposes of this article, I will focus on the family or informal caregiver. The informal caregiver typically is family, relative, friend or neighbor who contributes to the care of an ill individual on a long-term basis, most often without pay or formal resources. This type of care might include assisting with medication, meal preparation, dressing and toileting, and all types of household chores. This article acknowledges the contributions of but does not address the needs of the formal caregiver who is typically paid to provide care as part of his/her career or the caregiver who provides voluntary care for an organization (such as a church).

Just Imagine...

Let's step into the role of a fictional caregiver... You are male OR female; you are in your fifties and married. The kids have grown; moved away, have young families of their own. You are planning a road trip to celebrate your anniversary and unexpectedly your spouse experiences, without warning, a serious life altering illness. In shock, you are grieving. You realize that your spouse will never be quite the same and life as you have known it has changed overnight. What you took for granted, good health, plans for a pleasant retirement, perhaps some travel or time for family, friends and hobbies, those life long dreams are now in jeopardy. You fortunately are in relatively good

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health, but of course, now you have numerous challenges. You need to work to secure your retirement, pay the mortgage, bills and costly medical insurance. The kids came to visit, are sympathetic and will do what they can to help, but they are young, have to get back to their lives, their work, and their children. To whom do you turn?

You are scared and you feel alone. Everything you have worked to secure and protect is at risk. You feel no alternative but to leave your employment and take a second loan on the house to fund some of your expenses. You simply can't afford the costs of skilled care and assistance. Not only have you lost your personal income, after finally being approved for disability, your spouses disability check will be only cover about 25% of his/her previously earned income. Your dreams of an invigorating retirement are shattered, you are no longer able to save towards this goal, and now that you no longer contribute to social security through your employment, your future income is in even greater jeopardy.

Somehow you find the strength to provide 24/7 on-call care. You have learned new skills as a caregiver. You have learned to use assistive devices that will help your loved one function better. You can now move your loved one from bed to bath and to the car for medical appointments. Even with specialized lifting and patient transfer training, you are noticing a nagging pain in your lower back. You breathe deeply and attempt to establish a sense of control. To escape for a bit, you watch a little television while your loved one is napping, but you are afraid to leave the house, afraid that your loved one might need something. You no longer pursue previous hobbies and activities. Your friends have sympathized and helped out for a while, but it is painful for them to

see you and your spouse and your situation reminds them of their own vulnerabilities. Their visits slow down and the telephone stops ringing. After a time, your stress seems almost unbearable. You are lonely and alone, but you made a promise for better or for worse and you realize that no one else will take better care of your loved one than you. You

National Alliance for Caregiving and AARP report that in the United States, 44.4 million caregivers (21% of the adult population) serve as a caregiver...

have pride in the care you provide, and you feel satisfied that you are contributing to this care, but you notice your blood pressure has increased, you have gained (or lost) weight and you have become extremely tired. You would love a little time away, just a few hours once in a while – you don't want to give up your role as caregiver, but each day is harder than the last. You must transport your spouse to the doctor a couple of times per week. The preparation, travel and time for the visit consumes most of the day, a challenge in itself. When you finally arrive, it seems the doctor doesn't have much time to spend with your spouse, let alone address your issues. You wonder what will happen if you become ill. Who can you talk to? Who will take care of your spouse, who will take care of you? You are afraid of what will happen to you, to your spouse, to your dreams and everything you have worked for. Where do you turn? Are you all alone?

The answer to this question is no. National Alliance for Caregiving and AARP report that in the United States, 44.4 million caregivers (21% of the adult population) serve as a caregiver for someone 18 or older

and a MetLife study reported the average length of time that caregivers spend in the caregiving role as exceeding 8 years. It has further been estimated that the unpaid value of these caregivers in the United States is approximately 257 billion!

VA Caregiver Support

There are a number of projects underway in VA that focus on Caregivers. To the attention of many in our nation, Office of Care Coordination is one of the groups taking the lead in assessing the needs of caregivers in VA. In 2005, **Nancy Campbell**, *Caregiver Lead* for Office of Care Coordination, headed a pilot survey to evaluate caregivers in VA Care Coordination programs in VISNs 10,19, and 22. Three hundred twenty-eight caregivers responded to surveys that indicated a 79% stress rate (51% some stress and 28% excessive stress) on the Caregiver Strain Index. Additionally, 27% of these caregivers were evaluated with excessive/subjective burden on the Zarit Burden Inventory. Some of these caregivers shared gripping insight and information about their struggles in caring for VA patients.

A few months later VISN 22 initiated a web-based survey targeting VA staff and their perception of perceived gaps in resources for VA caregivers. Two hundred seventy-one VA staff across the United States from Care Coordination, Social Work and Home Health responded to 48 questions and identified what they perceived as gaps in service for caregivers both inside VA and in their local communities. Topping the list of services that staff identified as highest need include transportation, medication management education, communi-

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VISN 22 Care Coordination Perspective on Caregivers

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cation with medical staff, individual emotional support, assistance with personal care (bathing and grooming) stress management, case management and service coordination, managing challenging behavior, caregiver self-care education and social care and emotional support.

The survey additionally measured some of the services that VA staff perceived as unavailable to caregivers. The top responses include time management training, emergency discretionary funds, change management education, family communication skills, self-advocacy education, caregiver patient communication skill, stress management, legal assistance, education on managing challenging behaviors and caregiver self care education. VA staff further indicated that they didn't know if some services were available in VA or the community. The top 10 responses in this category included change management education, time management, cultural and linguistically appropriate services, emergency discretionary funds, advocacy education, caregiver patient communication skill, employment counseling, family communication skills, legal assistance, and stress management. (VA Staff may find quantitative results on the VA VISN 22 intranet at http://vaww1.va.gov/V22_CCHT/page.cfm?pg=22 and a brief power point discussing the results and identifying some of the staff concerns and recommendations may be found on the OCC intranet website at: <http://vaww.va.gov/occ/Docs/CaregiverMPPProject.pdf>.)

As part of an ongoing initiative, VISN 22 is working on a developing collaborative with the State of California Caregiver Resource (CRC) Centers (www.californiacrc.org). Initial communications with the CRC's encouraged developing short-term plans in the network to include education programs, conference workshops, and cross-marketing strategies between VA and the California CRC's. Recently, network

staff and some of the network caregivers participated in a state-wide conference call hosted by California Caregiver Resource Centers. The workshop was titled "Keeping Away the Caregiver Blues" and focused on strategies to better self-manage depression. The call offered toll free access to caregivers throughout the state of California. Caregivers had a minute

...the unpaid value of caregivers in Veterans Administration is estimated at roughly 46 billion dollars per year.

of open microphone in which they had an opportunity to interact and say hello. What a great way to reinforce the fact that these caregivers aren't alone! There were over 300 caregivers on the call and to hear this interaction was amazing. The CRC's are currently working with California Alzheimer's Research centers to develop teleconference workshops to be held the first 3 weeks of November 2006 in honor of National Family Caregiver Month and National Alzheimer Month.

What is the point?

We know that provision of care in the home is most often preferred by patients and families. Intuitively we understand that our care coordination programs offer a preferred alternative to intermittent care or acute care intervention after health has deteriorated. As we develop our programs it is important to realize that caregivers play an important role in patient health maintenance at home. Key to this concept is an emotionally and physically healthy caregiver. Since the process of care and increased levels of stress have been shown to contribute to chronic disease and disability, caregivers may risk their own health and future and long-term financial security.

We need to question issues revolving around caregiving and how these is-

suces might affect patient care. For instance are there differences in needs when a typical family role is reversed and a male serves as a caregiver? What roles do staff play in VA and what populations do they work with? Is there a need for more education, collaboration or referral? What are some of the cultural issues of caregiving? How do cultural issues affect a caregiver or patient from accepting or incorporating available resources? What are some of the positive components of caregiving that might be highlighted in a way that will contribute to developing programs? What are some barriers caregivers might experience when attempting to access resources? These questions and many more need to be addressed as we continue to work to ensure the best possible care for our veterans. It just makes sense!

What about the money? How can we afford to support our patient's caregivers? In 2005, VA spending for healthcare was reported to be \$31.5 billion for 24.3 million living veterans with approximately 63 million people eligible for VA benefits and services. Using National Alliance for Caregiving and AARP's 21% figure to calculate the number of estimated caregivers of 24.3 million living veterans, there are approximately 5 million caregivers who support our veterans. Given the nature of our population, this figure is likely to be higher. Using commonly recognized calculations from Dr. Peter Arno's "The Economic Value of Caregiving", the job of caregiving has been "valued" at a modest \$8.81 per hour. With an average caregiver week of 20 hours at 52 weeks per year, **the unpaid value of caregivers in Veterans Administration is estimated at roughly 46 billion dollars per year.** If just 5% of these caregivers experience stress or illness enough that they can no longer care for the veteran, incremental costs to VA will

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Office of Care Coordination Innovation and Consolidation Interplay

By Adam W. Darkins, MD

Over the summer and fall, strategic plans for *Care Coordination Home Telehealth (CCHT)*, *Care Coordination General Telehealth (CCGT)* and *Care Coordination Store-and-Forward (CCSF)* have crystallized. These plans reflect the continuing momentum within VHA to develop telehealth-based services to improve access to care for a growing number of veteran patients with diverse and growing needs that telehealth helps to meet in various ways.



CCHT is set to continue its onward momentum with an expansion beyond the non-institutional care services that have typified its growth since 2003. An extension of CCHT to **chronic care management, acute care management and disease prevention/health promotion** will come on-line during this year. This expansion reflects a growing demand, at the VISN level, to use home telehealth technologies to support other initiatives such as the **MOVE** program and offer care via home telehealth technologies to a greater range of veterans with chronic disease. Following recent agreement with **Geriatrics and Extended Care**, in VACO, CCHT will transition in FY07 from a performance monitor to a performance measure with a requirement that each VISN support a population of 1000 patients to satisfy the measure and 1,500 to excel in this measure.

CCGT will see the expansion of telemental health, predominantly at the CBOC level to a target of around

45,000 patients. Work will be done to see if the Polytrauma Telehealth Network (PTN) to other sites within VISNs to continue to make services accessible to combat wounded from Operations Iraqi and Enduring Freedom.



The national teleretinal imaging network to assess for diabetic retinopathy has been installed at over 90 sites in 17 VISNs and is set for implementation in the remaining 4 VISNs. Work will be done to see whether other imaging applications involving teledermatology, telepathology and wound care can build upon this robust platform and thereby use telehealth to leverage services for the benefit of veteran patients.



It is important to look forward, set and then achieve new targets for care coordination in VHA. The achievements of telehealth programs throughout VHA over the past 3 years have been truly remarkable.

As a result of these efforts VHA is lauded as a world leader in telehealth. Routine clinical services that are based on telehealth now exist at an enterprise level in VHA and have the clinical, technical and business infrastructures to support and sustain them.

A clear message in all the...strategies that have been formulated to take care coordination services further over the coming 3 years is the need to consolidate what we have already achieved as well as to reach for new heights.

A clear message in all the care coordination strategies that have been formulated to take care coordination services further over the coming 3 years is the need to consolidate what we have already achieved as well as to reach for new heights. The thrill of achievement and lure of extending farther and farther is seductive, and indeed a push for ongoing growth of care coordination is justified for the eminently good reason that it is one way for VHA to meet the ever-growing demand for services. However, it is important that the systems that are already in place have their support processes reviewed and updated. In short, there is routine maintenance that has to accompany the innovative work that continues.



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

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Office of Care Coordination Innovation and Consolidation

Perspective on Caregivers

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For **CCHT** the main priorities for consolidation relate to:

- *Contracting for the home-telehealth technologies and making sure that there is the necessary functionality at a competitive price*
- *Determining the generic/specific skills-mix requirements of care coordinators*
- *Ensuring the IT infrastructure for CCHT remains robust and has the disaster recovery plan formally agreed*

For **CCGT** the main challenges are those associated with the wide area network and how to move towards national teleconsultation services. The initial contenders to take this forward are:

- The polytrauma telehealth network
 - MS
 - Parkinson's Disease
- Mental Health

For **CCSF** teleretinal imaging the main challenges are:

- *Consolidating the national tele-retinal imaging network*
- Instituting a national quality assurance program*

Just as mountain climbers have to camp on a plateau and take stock before beginning another ascent, so to is care coordination ensuring that processes and procedures are robust and sustainable before pushing forwards to the next frontier. VHA is a remarkable organization in which to work. It has a unique capacity to create telehealth programs. Not only is consolidation of programs good for

VHA it also provides lessons and expertise to the wider health care community. Through VHA's success with telehealth there is a growing faith in it as a contributor to the solution that has to be found to the challenges of treating a population in which there are simultaneously going to be more and more people who are elderly with chronic diseases and less and less formal and informal caregivers to look after them.

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likely well exceed the 2 billion in unpaid costs of care. **How can we afford not to support caregivers?**

What can you do?

You may be a healthcare professional (or know a professional) who is in a position to estimate and evaluate the state of a patient's caregiver. Think about how you can better facilitate caregiver assessment, intervention, resource and education. Recent studies are showing us that information and education needs of caregivers simply are not being met, yet there are resources in VA and the community that go untapped. Some healthcare professionals may not understand the needs of caregivers and many caregivers don't understand the problems that they are facing. Even if they do, both healthcare professionals and caregivers may not know where to go for help. Case managers, social workers and other specialty staff and agencies in the community can help. Think of some ways in which you can self-educate and develop relationships and create linkages with these key staff. Your efforts will likely pay dividends for our veterans, our caregivers, VA and our communities!

For further information about this article on Caregivers contact:

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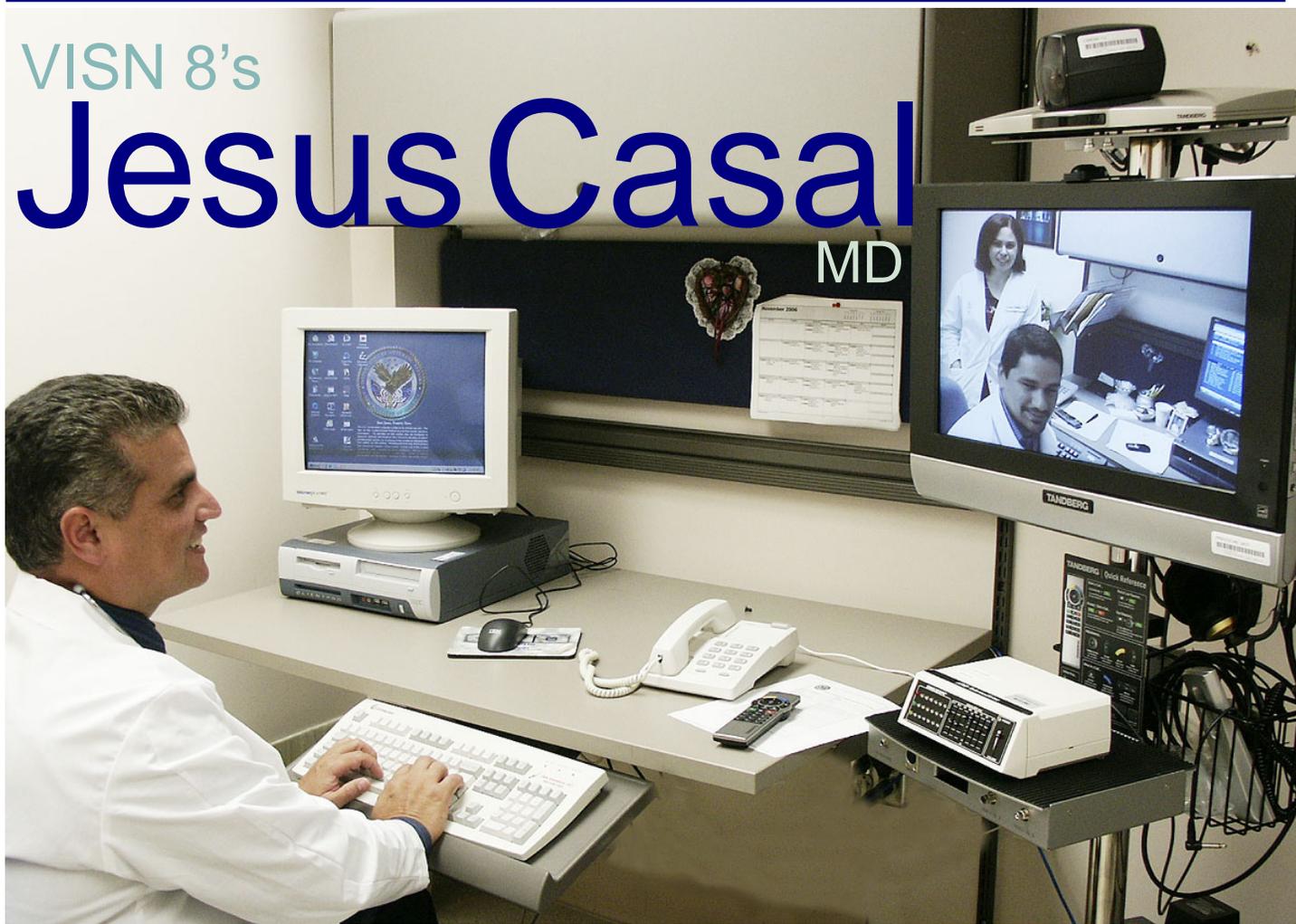
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VHA TELEHEALTH TRAILBLAZER

VISN 8's

Jesus Casal

MD



I am always looking for VA Trailblazers to interview for the newsletter. Word came to me this summer that I really needed to contact **Dr. Jesus Casal** at the San Juan VA Medical Center—and so I did. As you will read in our interview below, Dr. Casal is a true clinical champion for VHA telehealth and is not afraid to introduce innovations, like the ‘Nurse Care Coordinator’ as an integral component in the very successful VA Caribbean telehealth program...

John Peters: Dr. Casal, thanks for taking time to share your story with the Newsletter. I am sure the San Juan VA Medical Center gives you plenty to do, so I appreciate you making time for this interview.

Dr. Jesus Casal: Thank you, John, for giving me the chance to tell you about our experience at the VA Caribbean Healthcare System. As you know we have a large system with our main hospital in San Juan and clinics in Ponce, Mayaguez, Saint Thomas, Saint Croix, Arecibo, and Guayama. We serve 120,000 potential users and over 60,000 uniques. All of our satellite clinics are connected through a telecommunications platform that includes telehealth to all six satellites.

JP: I understand your specialty is pulmonary care, and I am always curious about the path people take through school and training and how/when they came into the VA. As background, will you share a little bit about why you chose to study medicine in general, pulmonary medicine in particular, and how that led to the VA in San Juan?

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JC: Medicine has been a great experience and it has opened doors to do many interesting things. I did my premed and bachelors degree at Tulane University in New Orleans, came back to the Island for medical school training, and left for six years to Yale New Haven and Norwalk Hospitals in Connecticut to complete my training in internal medicine, pulmonary and critical care by 1996. I have been with the VA in San Juan for 10 years now and I have enjoyed it tremendously, I teach medical students, residents, and Pulmonary and Critical Care fellows, I am involved doing research in Asthma, Lung Infections, and clinical guidelines and now that Telemedicine has grown and is working, hopefully we'll begin projects to look at its effectiveness soon. I am happy I listened to my wife 10 years ago and decided to return to San Juan. The San Juan VA is the most academic institution in the Island, I work with tremendous professionals including my wife who is an allergist and immunologist, and as a big bonus I am close to my parents and get to see them as frequently as possible.

JP: *And one role you have taken on is the 'Clinical Champion' on VISN 8's Telehealth Advisory Board. What do you think are the major responsibilities of a VISN telehealth clinical champion?*

JC: I am clearly convinced that the patient care provided to the veterans from Puerto Rico and the Virgin Islands through Telemedicine is as good and in some instances better than the face-to-face encounters. We have been able to achieve this by assuring access to subspecialty care to veterans at the same time we support the needs and concerns of the providers. The major responsibility I have as part of the advisory board is to voice the needs of patients and providers clearly to assure Telehealth is continued to be used appropriately, effectively and efficiently.

A busy provider will only buy in if a Telehealth encounter is made easy, and for that we require a **dedicated Telehealth coordinator** who will set up the equipment, help create clinics, provide on demand troubleshooting and assist the providers with the administrative aspect of the clinic.

JP: *What has been your experience as far as VA (or other) clinicians' interest or acceptance of telehealth as far as a tool to help them care for patients?*

JC: In my opinion, physicians and providers in the VA work very hard and provide excellent and dedicated care to their

veteran patients. This makes it difficult for them to find extra time to embrace a new concept like Telehealth. It is for that reason that we have created a team of nurse care coordinators, computer and medical media technicians and clerks that help with that initial encounter. Once physicians try it and realize that the technology is helpful and simple and that the patient likes it, they become true advocates and supporters of the idea.

JP: *Do you have any suggestions for folks reading this interview who are looking for ways to get 'buy in' from providers who may be eager (or skeptical) to try telehealth?*

JC: I am glad you asked me that question John. Provider buy in is probably the most important aspect of a successful and effective Telehealth program. In San Juan, we continue to work on finding new ways to convince our providers to try Telehealth. Our experience has been that once providers see the positive difference Telehealth makes on patient's quality of life they become true advocates. In order to facilitate buy in we need a number of things in place. First of all, we need a Telehealth team in place with a well respected physician champion that will set a successful example, at the same time he or she becomes a facilitator and a messenger for the program. This person needs to take the message of Telehealth to all the potential referring providers and the medical directors of CBOC and the different specialties and subspecialties of the medical center. The provider champion needs to talk at staff meetings and send a clear message emphasizing the quality of care provided through Telehealth at the same time he or she provides education about the technology. A busy provider will only buy in if a Telehealth encounter is made easy, and for that we require a dedicated Telehealth coordinator who will set up the equipment, help create clinics, provide on demand troubleshooting and assist the providers with the administrative aspect of the clinic. In our case in particular we have created this new model where a **nurse care coordinator** helps to provide care alongside the physicians at the satellite clinic site and assumes a new layer of care—assuring better access and a rapid response to the patients' needs. This obviously has helped sell the concept

VHA TELEHEALTH TRAILBLAZER

because busy physicians and subspecialty providers have someone reliable constantly in training to solve problems with them. The other important group of advocates are patients that have experienced telehealth and are currently part of a clinic. I specifically asked these patients to talk to their other doctors about their experience with telemedicine, how they feel about it, and why expanding those services may be good for them. Last but not least its important to recruit the support of the medical directors, Dr. Gracia, our Chief of Staff, has been tremendously supportive and she has helped sell the concept.

JP: I want to explore a concept you have introduced in San Juan/VISN 8, and that is the idea of a dedicated position called: telehealth clinical coordinator. First of all, will you describe what a telehealth clinical coordinator does? And second, how does the coordinator's activities directly affect patient care?

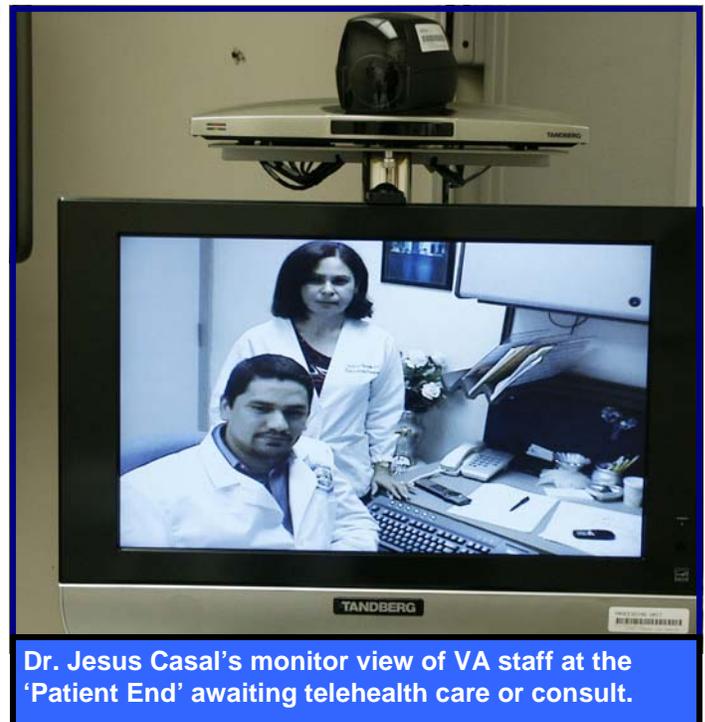
JC: The Telehealth structure used by the rest of the hospitals in VISN8 to provide care involves a two person team at the provider site that includes the subspecialist (provider) and a telehealth coordinator, who helps with the equipment and the coordination and administration of Telehealth, and the clerk at the patient site to help check in the patient. What I have done at San Juan is add a **nurse clinical care coordinator who works at the patient site** and is responsible for evaluating and discussing this patient with the telehealth physician and together we establish a diagnostic and therapeutic plan. The follow up of that patient, including calls to evaluate response to therapy, laboratory results, x-rays, medication education is done by the care coordinator in close communication with the telehealth physician. More importantly, the patient has rapid access to the VA system by calling the care coordinator and many times by visiting the nurse's office. This **second layer of care** has helped the patients tremendously by complementing the interaction with the physician and by decreasing the number of appointments this patient needs with the subspecialist. We are still fine tuning the concept, but we are very pleased with the patient and providers satisfaction data as well as the feedback of the patients regarding their medical care.

JP: Has VA Caribbean HCS/San Juan embraced this concept widely as a 'best practice' model? Do you think VA patients across the country would benefit if there were more telehealth clinical coordinators?

JC: I believe that all of us at the Advisory Board support the initiative and we all understand that having a nurse care coordinator to support the patient sites will help tremendously with provider buy in, and will send the right message to the VA community regarding the support of the administration to Telehealth. More importantly, this initiative will improve access to care for our veterans, will help us provide more effective care to high users of our system and I am sure it will translate into better care and a better quality of life for veterans all over the US. We still need to continue to work hard fine tuning the initiative and adapting the concept to the individual CBOCs.

JP: Have you or your clinical coordinators had any special episodes or stories about a VISN 8 veteran that made you realize or really appreciate the value of telehealth?

JC: Yes. I have had many rewarding experiences with Telehealth but one patient stands out. An 83 year-old male with very severe Emphysema who missed three appointments to my regular face-to-face Pulmonary Clinic, but did show up at the Telehealth appointment with severe symptoms of dyspnea, cough and leg swelling. The Telehealth consultation helped us identify he needed long term oxygen, antibiotics and long acting bronchodilators. When I confronted him with the question of why he had not shown up to these previous three appointments he told me about his bed-bound wife with Alzheimer and that he could not leave her for 4-6 hours alone to go to San Juan, but he could leave her for 45 minutes to go see me through the telehealth system. I



Dr. Jesus Casal's monitor view of VA staff at the 'Patient End' awaiting telehealth care or consult.

VHA TELEHEALTH TRAILBLAZER

think Telehealth made a big difference for this veteran's health and for his family. He comes frequently to see Carmen, our coordinator, and twice a year to see me.

JP: As a member of the VISN 8 Telehealth Advisory Board do you get involved with a lot VISN 8 telehealth programs? (e.g., Home Telehealth, Elemental Health; Telerehabilitation; Teleradiology, Teledermatology, others)

JC: That is a very good question, John, I feel that a big part of the success of VISN 8 Telehealth has to do with the fact that at the Advisory Board we discuss things in an open forum and everyone brings to the table a different perspective. We deal constantly with issues that affect all areas of Telehealth and, as I see it, we are all part of a big initiative to provide different levels care some patients will see us at the clinic through a telecommunications platform and others will stay at home with home telehealth. This will probably become a continuum that will eventually allow for patients to switch back and forth as their needs change.

JP: Besides having an active dedicated Advisory Board, how would you characterize VISN 8's approach to telehealth? Is there a 'Telehealth Community' in VISN 8 where you, as the clinician, know who to ask about coding or privileging or bandwidth connectivity as related to your telehealth programs?

JC: I'm privileged to work with great people that have expertise in all areas of potential concern. We also work very closely with the telehealth coordinators working group, and representatives from coding and privileging that help us address potential individual concerns as they come up.

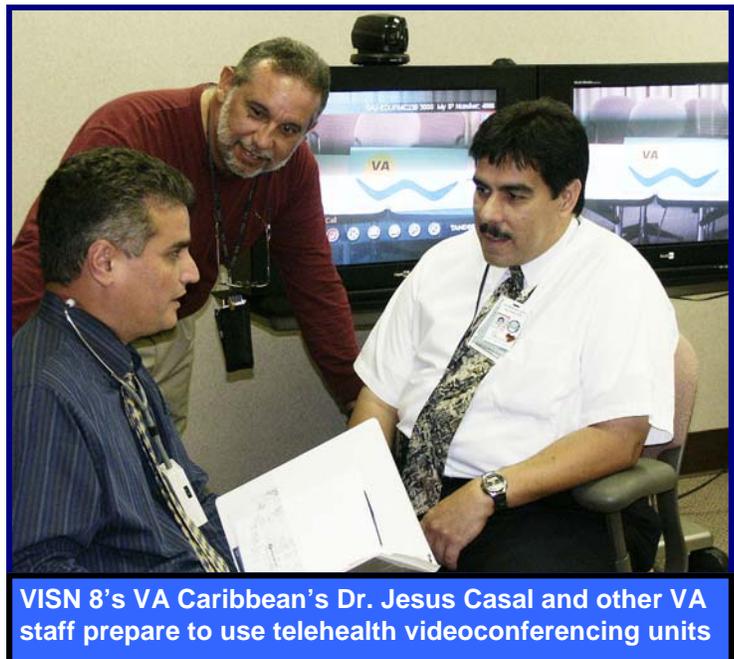
JP: How did you personally become interested in telemedicine/telehealth?

JC: I experienced Telemedicine and used it for the first time in 1991. One of my mentors in Connecticut, Doctor Nair, established and created a pilot project in conjunction with a telecommunications company to provide care to a South Norwalk community Health Clinic servicing mostly Hispanics. Working with poor Spanish speaking people help me understand better the immense problem patients have with access to medical care, patients would not come to the hospital for care due to lack of money, lack of transportation, or because they could not speak the language well enough to feel comfortable and because they had sick family members or children that needed their attention. Telemedicine helped solve many of those problems and gave me a great feeling of accomplishment, knowing that I was making a difference, helping people in need. Ironically five years later, I was asked to organize and help create a program at San Juan and even though we still have a long way to go, I'm very pleased with our and program and even more with potential for growth and the difference it will help make on our patients.

JP: Finally, what is the most exciting thing you are working on now or looking forward to the most for VISN 8 telehealth?

JC: The sky is the limit, John, and we are privileged to work with people who promote innovation. We are working on improving the current model of medical care by allowing clinical care coordinators to work along side physicians to care for high users of our system improving access to a new level that will translate into better care for our veterans. We are looking at ideas to integrate the Emergency Room in the loop of Care Coordination and I would love to apply the concept of Telemedicine to the care of ICU patients in the future.

JP: Thanks again for speaking with the newsletter.



VISN 8's VA Caribbean's Dr. Jesus Casal and other VA staff prepare to use telehealth videoconferencing units

VISN 10 TeleRetinal Imaging Program Enhancing Care in Ohio

By Scott Ober, MD, MBA

Leadership in VISN 10's Primary Care Line and Optometry Group identified a need for enhancing and increasing access to eye care for diabetic veterans. VISN-wide funding allowed a development of a pilot project to place cameras in Community Based Outpatient Clinics (CBOC's) without eye clinics so that veterans might undergo their initial screening without having to travel to VA Eye Clinics at the distant VA Medical Centers. A recent national Teleretinal Imaging initiative provided guidance and funding, and dramatically upgraded software for the VISN to further implement, significantly increase the scale of, and standardize the program.

Diabetic retinopathy is a major cause of vision loss globally and unfortunately, despite the benefits of early detection and treatment, only 60% of diabetic patients in the U.S. receive an eye examination as recommended by the American Diabetes Association guidelines. While this figure is much higher for VA patients, it is still very important to see and treat all patients, especially those living in remote areas.

The VA Boston Telehealth Center, led by Dr. Tony Cavallerano, a pioneer in the field of teleretinal imaging, trained and certified the VISN 10 staff for this initiative. This included training of Licensed Practical Nurses (LPNs) or medical technicians to photograph or capture the images of the retina without dilating the patient's eye, and Optometrists to read or grade the image.

The procedure involves capturing an image of the back of a patient's eye or retina, uploading and storing the image in the Computerized Patient Record System (CPRS) and then sending this image electronically to an Op-



VISN 10 Teleretinal Imager Atara Holt captures retinal images in the VA Outpatient Clinic in Mansfield, OH to be read 80 miles away by Eye Care professionals at the Cleveland VA Medical Center.

tometrists Reader for evaluation. There are no hardcopies of the image; however the images may be printed from select terminals. VISN 10 has nearly 300,000 enrolled veterans for the past year and about 20% of these veterans carry the diagnosis of diabetes mellitus.

In June, we began offering our program throughout the VISN and deployed 13 cameras throughout Ohio; the Reading Center is based in Cleveland, although readers from Akron and Canton CBOC's and Dayton VAMC also log in to read photographs. The initial camera installation occurred in community-based outpatient clinics that had no eye clinic or on-site optometrist. This allowed patients to receive an initial retinopathy screen locally rather than traveling to a distant site. We have subsequently evaluated over

1,000 patients from (4) separate medical centers.

The majority of these images were of sufficient quality to permit the optometrist to evaluate the patient's retina; this often allowed patients to safely defer a complete optometric exam for 6 to 12 months while in some cases alerted the patient to a more serious problem requiring urgent attention.

We believe that this technology removes conventional patient care barriers including cost, geographical location and time required to travel; further, we expect that by enhancing access, patient care outcomes will improve.

Scott Ober, MD, MBA is the Clinical Manager of the Primary Care Line at the VAMC in Cleveland, OH. Learn more about VISN 10 Healthcare at <http://www.cleveland.va.gov/home/default.htm>



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



By
Rita KobbMN, GNP-BC
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center.

The Master Preceptor Class

The Master Preceptor Class of 2007 has been selected. Each of the candidates has been assigned a Mentor from last year's Master Preceptor Class. New content has been added to the program after a Level 3 evaluation was administered to last year's graduates. A Level 4 Impact Evaluation will be conducted in December to see what the 2006 Master Preceptors have done with the knowledge and skills acquired during their program. The 2006 Graduates have identified several ways they can help support the mission of the Office of Care Coordination and Sunshine Training Center. Over the next few months our Master Preceptors will be participating in the following activities: Ad Hoc Committee for special projects; CCHT Champions Recognition Program; Journal Club; Telehealth Open House and Development Plans. The 2007 candidates are as follows:

CLINICAL TRACK

Michelle Copley VISN 10
Evelyn Jones-Talley VISN 16
Deidre Stallings VISN 20
Anne Wallace VISN 21

ADMINISTRATIVE TRACK

Gloria Satti-Langlois VISN 1
Donna Vogel VISN 1
Sheri Kline VISN 8
Andrea Bowman VISN 9
Susan Edwards VISN 16
Jantene Johnson VISN 10
Shail Rastogi VISN 22

VHA CCHT at ATA Fall Forum

The **American Telemedicine Association (ATA)** held its **Fall Forum on Home Telehealth & Remote Monitoring** in Orlando, Florida in September. Several CCHT staff gave presentations on their programs. For the first time, ATA invited real patients who were using home telehealth to talk about their experiences with the technology. One of our veterans, who is enrolled in the **Great Game Plan**, a CCHT program at the Orlando Outpatient Clinic spoke very eloquently about his life and his health since using a messaging device in the program. **Carol Rice** his care coordinator was also



VA Orlando Care Coordinator **Carol Rice** and veteran **Steve Slinker** at Sept 2006 ATA Fall Forum

there giving a talk about her program.

Enhancing Patient Education On-line Course

The final course in the core curriculum, "Enhancing Patient Education" is in professional review and should be released to the field very soon. It focuses on the importance of health literacy and making sure your patients and caregivers get the information they need to be active healthcare participants. We will make an announcement to the field as soon as the course is available.

Finally, as many of you know **Robert Lodge MSW**, Training Specialist for the Sunshine Training Center retired October 31, 2006. We held a reception for him and his wife, **Joyce**, who also retired. **Pat Ryan** came up and presented them with a letter of appreciation. Robert enjoyed the opportunity to work with many of you implementing your CCHT Programs. Thanks to those of you who sent cards, poems and words of wisdom for his scrapbook. He will be greatly missed.



Retiring **Robert and Joyce Lodge** with **Pat Ryan** at Training Center Farewell



DECEMBER IS NATIONAL TELEHEALTH AWARENESS MONTH

This is the perfect opportunity to market all of your care coordination telehealth activities. Check out the posters we have created for you use under 'Tools' on the Sunshine Training Center web page: <http://vaww.va.gov/occ/trainingcenter/Sunshine.asp#>

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



Care Coordination Home Telehealth CCGT National Training Center Meeting CCGT Training Needs



By
Charlene Durham

Training Center Director

In the previous quarterly newsletter, The Rocky Mountain Telehealth Training Center announced several learning resources under development. Training Center staff work with various clinical fieldwork groups and a volunteer advisory group to determine the content and timing of programs to meet the needs of new or established Telehealth programs. The goal is to identify processes that have been successful and enable tailored replication for other programs. Using proven processes and avoiding pitfalls helps Telehealth programs effect a quick and successful integration into regular clinical activities.

This article details release dates for several of these resources. Please look for these upcoming instructional programs:

Title: Telehealth Environment and Equipment

Medium: Video on VAKN Satellite broadcast

Content: This 20-minute video demonstrates several environmental issues to address for optimum telehealth videoconferencing and use of associated telehealth peripheral equipment. For example, choosing room location, size, arrangement, electrical and network needs, décor and lighting, optimum camera and microphone use, tips for videoconferencing behaviors, and introduction to troubleshooting processes.

Date: The first broadcast will be **December 4 at 4 pm ET** on **VAKN Channel 1**. For subsequent broadcast times throughout December and January, check the VA Learning Catalog <http://vaww.sites.lrn.va.gov/vacatalog/>.

Title: General Telehealth Forums

Medium: Conference calls or live web-meetings

Content: Showcase successful programs and telehealth experts and provide an opportunity for discussion by all participants.

Date: First week in December 2006

Title: General Telehealth Patient Encounter

Medium: Video on VAKN Satellite broadcast

Content: This 20-minute video (see photo) illustrates the coordinated efforts of the VHA staff on a telehealth team to enable a smooth and efficient clinical telehealth encounter for a veteran patient.

Date: January 2007. These videos will be available later on CDN for **on-demand viewing** or you can arrange to record them on VHS from the satellite broadcast.



Making the Video: A look behind the scenes of the recent filming of RMTTC's General Telehealth Patient Encounter

Title: Telehealth Operations: The Patient Encounter

Medium: Web-based independent learning course

Content: This course partners with the video (see photo) and will give more comprehensive instruction and details for those beginning or enhancing telehealth programs locally.

Date: January 2007

Title: Telehealth Technology and Environment

Medium: Web-based independent learning course

Content: This course gives the basic technical information that is a necessary foundation for all members of a telehealth team. It also provides more comprehensive information for members of the technical team or for any others who want greater detail.

Date: January 2007

Check the **OCC General Telehealth Training Center website** for schedules and topics for all of these programs as well as the General Telehealth Resource Guide. <http://vaww.va.gov/occ/>

A special thanks goes to all of the members of the General Telehealth Curriculum Advisory Group for their contributions and assistance in developing these resources.

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

VHA's Office of Care Coordination Quality & Performance Providing Patient Self Management Support



By
Linda Foster MSN RN
OCC Quality Manager

Provision of patient self management support by Care Coordinators presents a major challenge with many of the patients enrolled in the program. As discussed previously, patients referred for CCHT are considered to be **high risk** because of their clinical and functional status, their utilization pattern and/or their cost to the organization. In many cases, inadequate self care knowledge, skills and behaviors have contributed to their high risk status, making self management support doubly important for the Care Coordinator.

It is often assumed that patient self management support and patient education are synonymous. In reality, patient self management support is about ensuring the patients have the knowledge, skills and behaviors that allow them to participate in collaborative decision-making with the provider, to the degree possible and desired by the patient. So what are some of the proactive approaches and tools that might be used by the Care Coordinator for patient self management support?

...self management support is about ensuring the patients have the knowledge, skills and behaviors that allow them to participate in collaborative decision-making with the provider, to the degree possible and desired by the patient

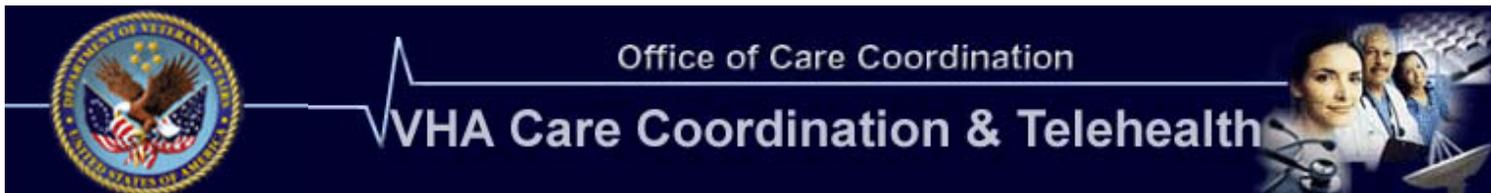
The first approach for Care Coordinators must be a complete assessment of the patient's baseline knowledge, skills and behaviors related to their chronic disease or condition. This must include information about the patient's health literacy level, health beliefs, cognitive level, readiness for change, and adherence intent. Much of this information can be gathered as the Care Coordinator is preparing the patient for admission to the CCHT program. In addition, there is considerable information available from the patterns and trends of responses that patients enter into messaging and monitoring devices that require assessment and interpretation by the Care Coordinator, even if they do not generate high level alerts.

The plan of care developed by the Care Coordinator for a patient must consider each of the factors noted and be specifically tailored for that individual patient including goals and action plans that also fit with the medical plan of care. Following are some specific tools that may be considered by the Care Coordinator.

- **Use a patient contract** This may be informal but must outline what the patient agrees to do, such as entering data into a messaging device daily and calling the care coordinator with questions. This should ideally be completed as patients agree to enter the CCHT program.
 - **Provide incentives** Often a phone call (or message sent on a messaging device) or a letter congratulating the patient on a self management achievement serves as a positive reinforcement. Some Care Coordinators give or send to patients a print-out of graphs or grids of their messaging device data, showing improvements and/or maintenance. Others send a 'certificate' of achievement.
 - **Brief standardized assessments** Tools such as the Modified Morisky Scale may be useful in assessing motivation for adherence with taking medications.
 - **Motivational Interviewing** This approach is often most useful when the patient's baseline knowledge is high but their motivational level and readiness for change are low and education alone will likely not result in a change in self management behaviors.
 - **Use of a buddy system** Care Coordinators can encourage patients to have a friend, caregiver, neighbor or family member call or visit them periodically to encourage and remind them about self care behaviors.
 - **Patient reminder systems and cues** Certainly the messaging device itself is a potent reminder and reinforcement for CCHT patients. Additional reminders might include:
 - Printed medication and/or self monitoring schedule
 - Paper and pencil tools for recording of monitoring values or symptoms so that patients can see trends and outlier values in context
 - Pill organizer
- Preprinted calendar stickers for medication refills, MD or lab appointments

Patients do play a crucial role in the management of their chronic diseases and conditions. However, patients at high risk, such as in the CCHT program, need the assistance of not only the telehealth technology but also of the Care Coordinators to optimize their role. Care Coordinators routinely implement other creative and effective interventions that support patient self management and that result in improved health-related behaviors and clinical outcomes for veterans.

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



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 February 2007
