

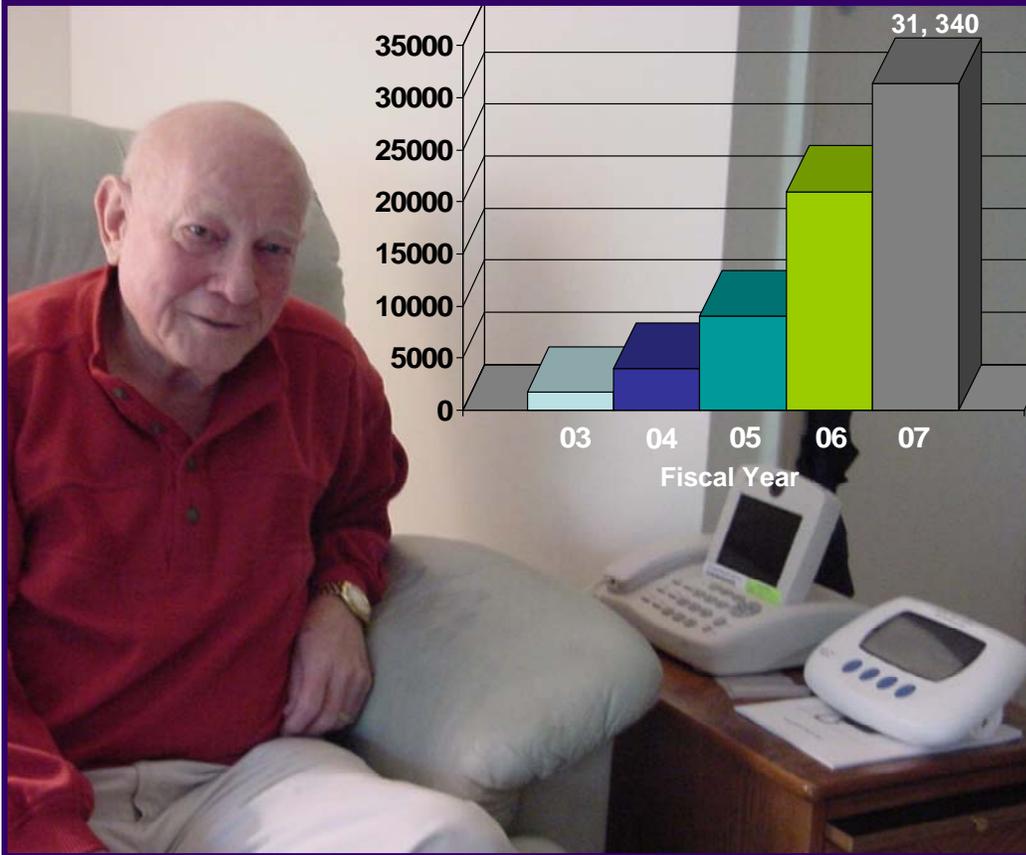


# NEWSLETTER

Nov 29, 2007

Volume VII Issue III

## Over 30,000 Veterans Enrolled in CCHT



VHA's Office of Care Coordination Services (CCS) is pleased to report that another milestone was passed: At the end of Fiscal Year 2007 there were more than 30,000 veterans enrolled and participating in Care Coordination Home Telehealth. CCHT uses home telehealth technologies to link veterans to VA staff for care of chronic diseases such as diabetes, heart failure, and chronic pulmonary disease. VA's CCHT programs prevent, or delay, a veteran needing to leave their home and move into long-term institutional care settings.

### NEW & IMPROVED Care Coordination Site for VA Staff: [vaww.va.gov/occ](http://vaww.va.gov/occ)

VA's Care Coordination Intranet Site has been re-designed (shown right) to improve access to information for VA staff



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## Office of Care Coordination Services

# People to Support Technologies

**By Adam W. Darkins, MD**

Over the last 2 years the levels of telehealth activity have grown dramatically in the veterans Health Administration (VHA), together with increased sophistication in the systems to support the safe, appropriate and effective care provision to veteran patients via telehealth. VHA now has three extensive telehealth network infrastructures in place. The programs these networks directly support are:

Care Coordination Home Telehealth (CCHT)

Care Coordination General Telehealth (CCGT); and

Care Coordination Store-and-Forward (CCSF)

For people who are not already familiar with these networks and associated programs, more information on them can be found on the CCS Internet web site <http://www.va.gov/occ> and on the VHA Intranet <http://vawww.va.gov/occ>. The technologies employed to create and support telehealth networks in VHA are of vital importance and CCS is in the process of refining service level agreements (SLA's) with VHA's Office of Information and Technology (OI&T) to maintain and further develop the technological infrastruc-

ture. As with so much that relates to technology, it is dealing with the people processes, formalizing policies and procedures to ensure the net-

works are standardized and interoperable; and paying attention to emergency and disaster recovery that is of major importance.

In general, the VISN's that are most successful in developing their telehealth infrastructure are those that have dedicated leads for CCHT, CCGT and CCSF. CCS staff (Jeff Lowe) has worked with VISN CCHT and CCGT leads to develop **suggested position descriptions/functional statements** in both these areas. The duties these encompass include:

General – strategic planning and VISN functions

Program development

Program management/administration

Technology support/integration

Quality assurance – conditions of participation

Training and education

Emergency and disaster management

Technology purchase

Outcome evaluation of programs

Liaison with CCS

Collaborations with OI&T

The position description/functional statements are available in draft form from Jeff Lowe in CCS for review and comment. The personal development of CCHT and CCGT leads is a high priority for CCS in FY08 and beyond. Telehealth is now a core

component of how VHA provides care to veteran patients. Faced with challenges in delivering care to these veteran patients who have diverse needs and have geographic challenges in accessing specialist care, telehealth can provide solutions to what are otherwise intractable problems, for not only VHA but all health care organizations. VHA's approach to telehealth implementation is a "systems" one that leverages existing structures and processes to grow programs rather than develop a new separate silo. The role of the VISN CCHT and CCGT lead is evolving as telehealth capacity grows. CCS is increasingly providing support for program expansion that involves systems integration and requires collaborations with Prosthetics, OI&T and Decision Support Service (DSS).

CCS knows from first hand experience that the VISN CCHT, CCGT and CCSF leads are key individuals in maintaining current telehealth networks and growing them to meet the challenges VHA faces with delivering care in the future. The personal development of these leads and the organizational change necessary to support their function is the focus on work that CCS is planning. The next VHA National Care Coordination & Telehealth Leadership Meeting is planned for June 2008 (date and venue to be finalized) and determining the training and education needs of VISN CCHT, CCGT and CCSF leads is planned to be a component of the meeting.



**Adam Darkins, MD**

Chief Consultant

VHA's Office of Care Coordination

# VHA TELEHEALTH TRAILBLAZER

*In*

*Memoriam*

## CLAUDIA ZINK



It is with great sadness that we say good-bye to our dear friend and telehealth colleague Claudia Sue Zink, who died after a long battle with metastatic breast cancer on Aug. 21, 2007.

Claudia worked at VA's Puget Care Health Care System in Seattle, and was an early leader in VA's Telehealth community, contributing to the body of knowledge that many of us take for granted.

Claudia's efforts were instrumental in developing VISN 20's Puget Care Telehealth program as one of the premier telehealth organizations in VHA. Claudia was a resource and mentor to those struggling to begin their own telehealth programs.

Claudia was a co-founder of this newsletter and the creator of its *Trailblazer* feature, which is focused on the people behind the programs and projects. As one of the pioneer contributing writers with the VHA Telehealth newsletter, back in 2001, she was a contact for questions regarding strategic planning for telehealth.

Her support and guidance will be long remembered by those whose lives she touched.

If you would like to share your kind thoughts and memories with Claudia's family and friends, her memoriam notice may be found in the '*Seattle Times*' online, where, under 'Obituaries', you can view her guest book by searching on *Zink*.

# Tehealth Focus: Telepharmacy

By Sandra Schmunk, BS, MT-ASCP, MA, MS

This article will describe the successful implementation of a VA **telepharmacy** program in Iowa. For patients, this program has resulted in improved services, increased knowledge about their medications and a higher level of satisfaction. For staff, this program has improved both efficiency and satisfaction.

## Background

The Mason City, Iowa VA Community Based Outpatient Clinic (CBOC) is located 120 miles from its main VA medical facility in Des Moines, Iowa.

The original pharmacy system, was based at the main VA facility in Des Moines. This centralized system created numerous issues for both patients and staff at the Mason City CBOC. Despite informational brochures and verbal instructions from VA staff, there was still confusion about the correct procedures for requesting their medications.

There were three different methods that clinic patients had to know in order to obtain their medications. These three methods were: an *automated phone system*; *mail in medication slips*; and *direct contacts with pharmacists* in Des Moines. The automated phone system proved difficult for patients who were hard of hearing. It also required the touch-tone entry of long prescription numbers. Even after veterans got past those initial steps, they might

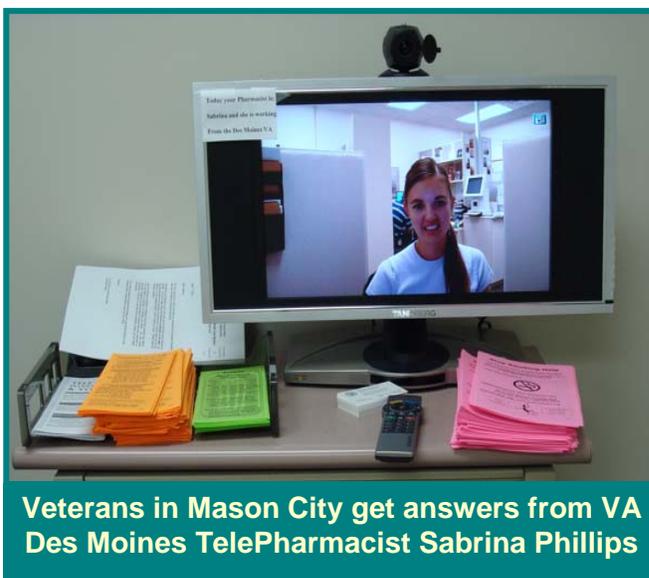
find out that there were no refills left on that particular prescription. This made for an unhappy patients who would call the clinic. These additional phone calls increased workload and decreased staff efficiency in the clinic.

The mail-in medication slips proved problematic if the patient did not notice that the expiration date had passed, or if there were

Clinic staff wanted to ensure that patients were given enough education on what medications they were taking, and any possible side effects. The additional phone calls due to the existing pharmacy system affected the staff's ability to complete their other clinic duties, such as medication reconciliation.

## The Team

The Mason City CBOC team identified these issues and became determined to find a solution that would provide better service, help them work more efficiently and decrease the frustration of the veterans, their families and staff. The team consisted of Dr. Branimir Catipovic, Dr. Amy Tear, Dr. Virginia Tidriri, Sally Roper, ARNP, Pam Ingham, RN, Cheryl Schurtz, BSN, Cheryl Ann Trappe, RN, Donna Hackbart, LPN, Theresa Nolte, LPN, Marilyn Schwab, MAS, Janna Arndt, HT, Janenne O'Donnell, HT, Rhea Vega, HT.



Veterans in Mason City get answers from VA Des Moines TelePharmacist Sabrina Phillips

no refills available.

Veterans who thought their refills were 'on the way' were frustrated when their medications failed to arrive. Again, this resulted in more phone calls, more work, and stress for clinic staff.

The final method involved a direct call to the pharmacist in Des Moines to release pending medications. While patients liked the idea of speaking directly to a person, because they could ask medication related questions, the pharmacist was not always free to take the call, requiring the patient to hold on the line.

## The Solution

The solution consisted of a virtual pharmacy service comprised of a Telepharmacist working from Des Moines, an on-site Pharmacy Technician and an Automated Drug Dispensing System (ADDS).

An opportunity for change came in April of 2007 when the entire clinic relocated in order to expand. The team was able to plan ahead and develop a new approach to accommodate their pharmacy needs. A new staff pharmacist was added in Des Moines. This full time Telephar-

(Continued on page 5)

# Tehealth Focus: Telepharmacy

macist was assigned to work with Mason City. In addition, a pharmacy technician on site in Mason City supported the Telepharmacist. Use of the ADDS enabled patients to receive a short supply of medications directly from the clinic.



**Telepharmacy Solution Clinic End: Auto Drug Dispensing System and Pharmacy Technician**

## The Process

The pharmacy technician position was created by redesigning other positions in the clinic. The Medical Administrative Specialist and three Health Technicians were trained in the roles and responsibilities of the pharmacy tech in addition to their other duties. These individuals rotate on a weekly basis through blood drawing, front desk and pharmacy.

An Automated Drug Dispensing System (ADDS) was installed in

Mason City so that patients could receive their medication at the clinic. This ended the dependency on a local, contract pharmacy. Each patient visits either the Telepharmacist or the Pharmacy technician after their provider appointment. During this visit, the patient receives a current medication list for their own use. The entire medication list is reviewed with the pharmacist providing an opportunity for both written and verbal instructions, including how to reorder. Patients can even bring their medication list to their non-VA provider.

## Lessons Learned

The on-site medication arrangement provided not only cost advantages, but it also opened up an opportunity to educate the patient when the medication was received. This has improved customer service, especially for refills or activation of new or renewed medications. Because so much is done by the pharmacist and technician, clinic providers have become more efficient. The decrease in the number of pharmacy related calls allow desk staff and nurses to complete other tasks, thus reducing stress and frustration. This system also enables clinic staff to ask questions from the Telepharmacist, therefore improving their own knowledge level.

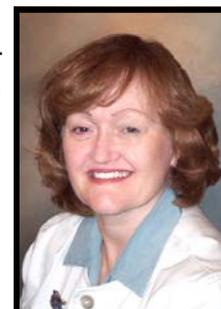
The addition of the ADDS resulted in a \$16,000 per quarter cost reduction. The one time installation cost of \$30,000 for the ADDS was more than offset by eliminating the higher retail cost of the locally contracted pharmacy since the medication cost now averages 40% less.



**Clinic Staff freed from Pharmacy questions can assist other veteran needs**

## Summary

Although there is an increase in cost from the additional staff that is not offset by cost savings from the on site pharmacy, the improvements in patient services, satisfaction and staff efficiency are significant. Patient care between the CBOC and home facility are now standardized, pharmacy access for patients has improved, medication education is now consistent and of higher quality, and staff and patient satisfaction have improved remarkably. Future plans are to continue to work with the Des Moines pharmacy to improve policies and procedures, work on improving the current medication lists to improve readability and continue to improve the reconciliation medication list.



**Sandra Schmunk, MS**

V23 Telehealth Program Manager  
VAMC Minneapolis, MN

# Office of Care Coordination Services Store & Forward Teleretinal Screening Program Goes National

By Junius Lewis, MSHA

**K**udos to **Janis Sollenbarger, Steve Koller, Linda Towson, Larry Carlson, and Lackan Singh**, who, in collaboration with the CAC representatives **Mauri Miner** and **Pat Weaver** and Topcon representatives carried out a highly successful implementation of the Teleretinal Program nationwide. Working together with the Implementation Teams (IT) at each of the VISN's, the team was able to realize a successful rollout of a National Teleretinal Screening Program. As with many new programs, it did not go off without a hitch and the program definitely had its share of challenges from the outset. But the team rallied and, with their "can-do" attitude and commitment to a successful outcome, they were able to troubleshoot problems as they came up.

The first deployments for 17 of 21 VISN's began in the spring of 2006, and the second phase involving the remaining 4 VISNs occurred in the summer of 2007. The initial 17 VISNs that received funding as part of the diabetes screening program were expected to image a minimum of 5000 patients the first year. This number was based on the installation of six cameras but the requirements were adjusted according to when the site received the camera. The national programmatic goal was to screen approximately 75,000 diabetic patients during the first year. According to statistics recently obtained from DSS, national workload data, we screened more than 90,000 patients in the first year. This number represents quite an accomplishment for the program even though we encountered numerous technical challenges and coding issues. A majority of the initial 17 VISNs who received cameras and imaging stations met or exceeded their expected goals.

The Diabetic Teleretinal Imaging Program has installed or updated 159

cameras and workstations at VA sites nationally, with an additional 60 sites receiving teleretinal reading stations. A majority of the teleretinal imaging sites are located in medically underserved areas.

In August of 2007, the Care Coordination Store and Forward Forum was held in Washington DC. Convening this conference provided an opportunity to update program stakeholders in primary care, eye care, information technology, clinic administration and general management concerning the national store and forward programs, with emphasis on the teleretinal diabetes screening program. Participants at this conference reported on the status and progress of the clinical, technical and business elements of store and forward programs. Lessons learned from experience were discussed and analyzed. The forum provided an opportunity to discuss a visionary approach to employing various store and forward technologies in the future. Time was allotted during this meeting to brainstorm for the strategic plan for Fiscal Year 2008.

#### **FY08 Strategic Plan** includes:

- Implementation of a national data cube to support teleretinal data
  - Coding of store-and-forward care
  - Centralized CAC support
  - OI&T Support on a national basis.
  - Establishing a national policy on imagers' use of dilation
- Developing regionalized reading centers

In an effort to standardize processes and procedures, the **Teleretinal Conditions of Participation** were

formulated. This system provides the necessary tools that will be used in the review process conducted during site visits. The review process will include an assessment based on the Conditions of Participation, and consultation. Site visits are conducted by the teleretinal leads **Dr. Jerry Selvin** for Optometry, and **Dr. Len Goldschmidt** for Ophthalmology. To date we have visited 3 sites (VISNs 2, 6 and 10), and it is clear that they are all doing a superb job with the teleretinal program.

We owe special recognition to the hard work of the **National Store and Forward Training Center** staff in Boston for their effort in supporting the program. The Training Center has trained imagers and readers from all 21 VISNs. It is critical to the success of the program, that all participants be trained and certified, and that they receive the same level of training, regardless of their years of experience. This ensures that all personnel, readers and imagers, participating in this program are applying the same pathways, and are adhering to the same standardized VA guidelines, in patient care.

The **Store and Forward Training Center** has conducted 28 training programs since March 2006, and has trained 160 imagers, 75 readers and 6 administrative personnel from 21 VISNs. In an effort to continually improve the training programs, 40% of the imagers program and the entire reader's program are conducted remotely.



**Junius Lewis, MSHA**  
Program Management Analyst  
VHA's Office of Care Coordination



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



By  
**Rita Kobb, GNP-BC**  
Training Center Director

Here is the Sunshine Training Center update for this quarter:

### CCS at VeHU

Training Center staff represented Care Coordination Services at the VA e-Health University (VeHU) in Orlando, Florida. We had a virtual hospital and home staffed with care coordinators from the VISN 8 programs and the Office of Emerging Technologies. The event was well attended and our displays and information were well received.



**V15 CCHT Champions & CCS attend VFW Conference**

From VISN 15: **Kristi Crowder** RN, CCHT lead for the eastern Kansas VA Medical Center, **Tim Moore** the telemedicine coordinator for the Poplar Bluff VA Medical Center, **Melicia Jordan-Yette** RN the CCHT lead for Wichita VA Medical Center, and **Robert McBee** VISN Telemedicine Coordinator. These champions were nominated by one of our Master Preceptors, **Sydney Wertenberger** for their tireless efforts promoting, implementing and sustaining Telehealth activities in VISN 15.



**Care Coordination at VeHU:** Dede Stallings, Rita Kobb, Pat Ryan, and Dan Maloney Orlando, FL Aug 20-23, 2007

### Sunshine Training Center staff at University of Florida

We spoke at the University of Florida, *College of Pharmacy* & the *Center for Telehealth's* reception for a visiting delegation of Chinese physicians interested in implementing Home Telehealth and an electronic medical record. A group of sixteen physicians spent the day learning about VA's Telehealth programs and the computerized patient record system (CPRS).

From VISN 1 **Anne Caruthers** RN, **Catherine Perry** RN, BSN and **Donna Wai**, MSN. These champions were nominated by one of our Master Preceptors, **Donnal Vogel** for their significant impact on healthcare delivery by enhancing access to care and quality of life for veteran patients at the local and the network level.

**Congratulations to all!**

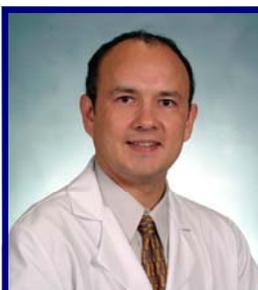


**CCHT at U of F with Chinese physician delegation**

### CCHT Champions

We recognized several **CCHT Champions** this past quarter. From VISN 16's Oklahoma City VAMC:

**Dr. Niyaz Gosmanov** was nominated by one of our Master Preceptors, **Nancy Vinson** for his many efforts to publicize the benefits of CCHT at local, university and VA meetings.



**VISN 16 CCHT Champion Dr. Niyaz Gosmanov**  
VA Medical Center Oklahoma City, OK



**VISN 1 CCHT Champions**  
VA Connecticut Health Care System West Haven, CT

### Learning 2007 Conference

Training Center staff attended **Learning 2007** in Orlando, Florida. This international education and training workshop was

(Continued on page 9)



# Care Coordination General Telehealth CCGT National Training Center Year in Review and Year Ahead



By  
**Charlene Durham**

Training Center Director

## Looking back at FY07...

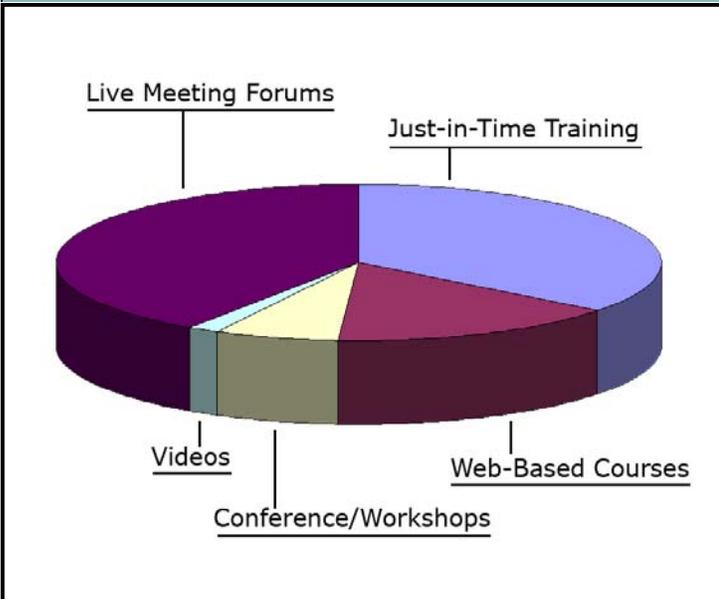
### Training Statistics

The programs and services of the Rocky Mountain Telehealth Training Center (RMTTC) continue to reach a wider audience. The summary statistics for FY07 show ----726 employees have recorded training for a total of 2231 contact hours. These numbers do not include employees who have attended training events without requesting training credit hours, or if the training is not yet completed, such as a web-based course.

### CCGT Monthly (Live Meeting) Forums

The Monthly Live Meeting Forums are the most widely accessed training mode. Each Monthly Forum showcases a successful VA telehealth program or a critical and timely topic of general interest. The August Forum featured the VA Nebraska-Western Iowa Health Care System Tele-MOVE! program and attracted over 100 participants. This forum was repeated at a later date for those who were unable to join the first time. As a reminder, each Monthly Forum is recorded and can be accessed on demand from the RMTTC Forums webpage at: <http://vaww.va.gov/occ/trainingcenter/RMForums.asp>.

Often, the Monthly Forums draw a new community of interest into the telehealth fold. Employees involved with MOVE! and pharmacy join those in telemental health, telerehabilitation and teledermatology in expanding the range of possibilities for providing patient care.



### Training Modes

As has been noted before, there are several modalities that employees can access the training:

- Conference/Workshops
- Monthly Live Meeting Forums
- Personalized Just-in-Time Training
- Web-based Courses
- Videos
- Satellite broadcasts
- CDN video to the desktop

CCS website resources such as Operations Manuals (formerly Toolkits) and the General Telehealth Resource Guide

### General Telehealth Certificate through the University of Florida

Employees who successfully complete all five of the General Telehealth Foundations web-based courses and verify local videoconferencing and discipline related competencies can receive a General Telehealth Certificate offered by the University of Florida. RMTTC administers this certificate program similar to the Home Telehealth Certificate administered through the Sunshine Training Center. Application process information will soon be available on RMTTC web <http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp>.

## Looking forward to FY08...

### Strategic Initiatives

Primary focus points for RMTTC in the Office of Care Coordination Services strategic plan for FY08 include:

- Enhance the preparedness and success in the national rollouts of Telemental Health and Telerehabilitation programs
  - Expand facilitation for Communities of Interest and Practice
  - Encourage and assist employees to receive General Telehealth Certificate in partnership with the University of Florida
  - Implement a Master Preceptor program for General Telehealth
- Continue and expand on currently successful training opportunities

### National Roll-outs of Telehealth Programs

National roll-outs require the coordinated efforts of many people for consistency and success. RMTTC assists in these efforts through:

- Timely national or wide-scale training events such as the Monthly Live Meeting Forums
- Creation and distribution of durable training materials such as videos or web-based courses

(Continued on page 9)

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



## CCGT National Training Center Update



## CCHT National Training Center Update

(Continued from page 8)

Personalized Just-in-Time training events to meet the specific needs of a small group

### Communities of Interest and Practice

The Communities of Interest and Practice in telemental health and telerehabilitation are solid models to follow to grow and support other communities. The dispersed nature of VA exposes the need for these communities, and the communications infrastructure enables their development. All of the following factors contribute to the implementation and success for the communities in VA:

- A need for similar programs in a number of places
- VA facilities don't compete for patients, so there is a natural environment to share successful strategies
- VA employees eagerly share their processes and lessons-learned

The VA communications infrastructure provides connections throughout the nation

RMTC facilitates and enhances these communities by:

- Creating a central location to share documents, resources, meeting agendas and minutes, announcements, project goals and progress, create workflows to automate business processes, and integrate current data
- Adapting the meeting site to the specific needs of the group

Coaching members for optimum use of their site and communication methods with the group

### Collaboration with VA Partners

In the creation and distribution of all products and services through RMTC, we express great appreciation and thanks to the National Leads, the Field Work Groups, the staffs of CCS and EES, and the generous extra efforts of numerous staff who have pioneered telehealth throughout the VA.

Check out all the resources available at: <http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp> and let us know how else we can help you establish, sustain and grow your telehealth program.

[Charlene.Durham2@va.gov](mailto:Charlene.Durham2@va.gov) or

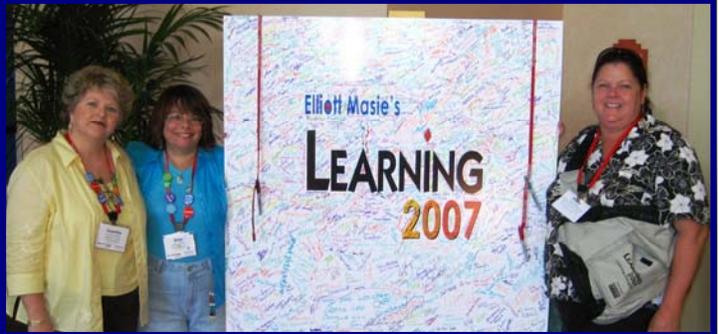
[Ronald.Schmidt@va.gov](mailto:Ronald.Schmidt@va.gov)

or [Joan.Hesley@va.gov](mailto:Joan.Hesley@va.gov)



(Continued from page 7)

put on by the Masie Learning Center. The workshop was attended by staff from many industries that do education and training. VA had staff there both in attendance and as group



Sunshine Staff Juanita, Rita, & Dede at Learning 2007

facilitators and thought leaders. Training Center staff are excited about what they experienced and hope to bring some of this to you at the 2008 Leadership Forum. In order to do this we will be sending out a brief needs assessment survey in December to help us plan these new activities accordingly.



Sunshine Training Center Open House

Finally, the Sunshine Training Center held an open house to celebrate National Health Information and Technology Week. Staff from all the Telehealth programs attended with posters, equipment demonstrations and PowerPoint presentations on the benefits of Telehealth. It was an excellent marketing opportunity with over 200 staff attending.

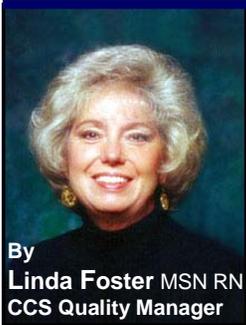
### Patient Self-Management (PSM) Courses:

1. The Basics
2. Skill Building

Coming January 2008:  
Patient Self-Management (PSM) Toolkit

## VHA's Office of Care Coordination Services Quality & Performance

# CCHT Workload Audit Considerations



**CCHT Condition of Participation 21B (V)** requires that “*The VISN performs a systematic audit of CCHT workload systems, processes and data at least annually.*” This second level requirement was added to ensure that workload reporting systems are accurate, current and robust.

This second level requirement (i.e. Annual Workload Audit) was added to ensure that workload reporting systems are **accurate, current and robust.**

This will become increasingly important as we move forward with Strategic Plans that include development of a **costing model** for CCHT and for the development of a CCHT VERA model. While this Condition requires development of a plan for the audit process at the VISN level, some or all of the components of the audit may be carried out at the program level, following the VISN plan to ensure uniformity of approach and evaluation of results. Following are some considerations for VISNs as they develop their plan for this audit process.

### ANNUAL REVIEWS

**DSS Identifiers-** Review the coding structure as previously outlined for each CCHT program in the network to ensure that it meets the requirements.

**Individual Clinic Profiles\***- Review the **actual clinic profiles** for each program to ensure that the coding structure has been accurately applied for each clinic and has been set up as **count, non-copay.**

**Vendor Enrollment Data-** One data source for comparison with other data to ensure that all enrolled patients have workload being captured and credited.

**VISN Enrollment Registry-** Some Networks maintain a database for CCHT enrollment and other data. Again, this data might be compared with other data to ensure that all enrolled patients have workload being captured and credited.

**CCHT Visits Cube-** Using the a sampling methodology, this data might be compared to the data from the sources above to verify that workload data is being captured and credited correctly.

### ALSO REVIEW WHEN:

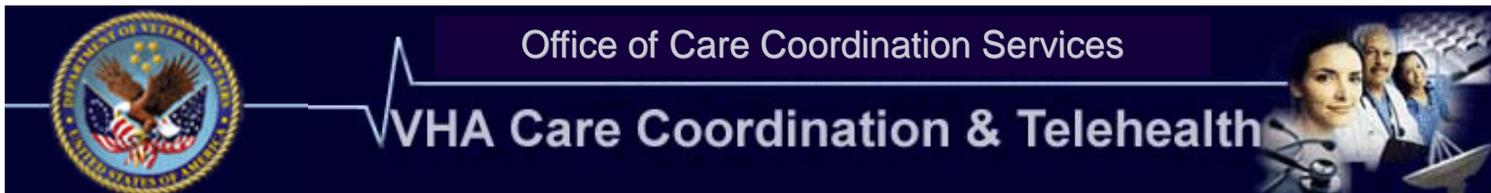
**New Programs** are being developed and set up.

**Significant program changes** have occurred where coding structures have been affected, such as migration of a program from HBPC to primary care or mental health.

**After addition of standardized note titles,** to ensure that the note titles track correctly to the encounter and to the clinic profile.

\*VHA Directive 2006-055 “**VHA Outpatient Scheduling Processes and Procedures**” requires that each facility director ensure “That all clinic profiles have been reviewed for accuracy, are appropriately utilized, and are reviewed on an annual basis.”

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



# NEWSLETTER

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## 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.

## CONTRIBUTING STAFF

Publisher/Editor/Writer: John Peters, MS, *Program Analyst VHA Care Coordination Services*

Writer: Junius Lewis, MSHA, *Program Management Analyst VHA Care Coordination Services*

Writer: Rita Kobb, MN, *Nat'l CCHT Sunshine Training Center Director*

Writer: Charlene Durham, *Nat'l CCGT Rocky Mountain Telehealth Training Center Director*

Writer: Adam W. Darkins, MD, *Chief Consultant Office of Care Coordination Services*

Writer: Linda Foster, MSN, *Quality Manager Office of Care Coordination Services*

Writer: Sandra Schmunk, MS, *Telemental Health Program Analyst VHA Care Coordination*

## 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)461-6946 or [john.peters@va.gov](mailto:john.peters@va.gov)

## NEXT ISSUE

Coming late February 2008

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