



Office of Care Coordination Services

NEWSLETTER

Jun 19, 2008

Volume VIII Issue I

# New Women's Telemental Health Clinic



The new Women's Telemental Health Trauma Clinic is based out of this VHA Veterans Integrated Services Network (VISN) 17 Central Texas Health Care Systems' Austin, TX Outpatient Clinic

VHA's Central Texas Health Care System (part of VISN 17) has implemented VA's first group telemental health clinic for Women's Trauma Treatment and Recovery. Sharon Wills, PhD, is a Women's Trauma Recovery Specialist based at VA's Outpatient Clinic in Austin, TX, and is in charge of the tele-clinic that has a psycho-educational focus. Dr. Wills uses the videoconferencing unit in her Austin, TX, office to facilitate a group of patients gathered 180 miles away (about a 3-hour drive) at the VA Outpatient clinic in Palestine, TX.

The program began on Monday May 5, 2008 and meets twice each month. The clinic is open to female veterans who have experienced some type of trauma while in the military.

The development of this innovative program is the result of a two-year collaboration between Dr. Wills and VISN 17's Telemental Health Lead Coordinator Randy Goodwin, APRN-BC, based at the VA Medical Center in Waco, TX.

Future plans for this new program include expanding access from all other Central Texas CBOC's by the end of Fiscal Year 2008 (Sept 30, 2008).

## VA Care Coordination Awarded ATA's 2008 President's Award for Innovation

VA's Office of Care Coordination was awarded the 2008 ATA President's Award for Innovation during the 2008

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American Telemedicine Association's National Meeting and Expo held at the Washington State Convention Center in Seattle, WA, Apr 7-9, 2008.



Dr. Adam Darkins accepts the 2008 ATA President's Award for Innovation from InTouch Health Chairman and CEO Dr. Yulun Wang

## Office of Care Coordination Services

# Pioneering Transformative Change in Health Care

By Adam W. Darkins, MD

On April 23<sup>rd</sup>, 2008 Dr. Michael DeBakey received the Congressional Gold Medal at a ceremony at the US Capitol. Dr. DeBakey who will be 100 years of age this year is a world renowned cardiovascular surgeon, medical inventor, medical statesperson, and teacher. The following day at a ceremony in VA Central Office (VACO) the 8<sup>th</sup> floor conference room was named after Dr. Bakey (The Houston VA Medical Center already proudly bears his name).

It was an immense honor for me to attend the dedication of the VACO conference room and to briefly meet Dr. DeBakey. During the ceremony as I listened to the highlights of the contributions he has made to science, health care and humanity, I was struck by how areas within his groundbreaking achievements provide examples to us as we seek to improve the quality and availability of care to veterans patients using telehealth.

The first striking point of resonance I drew for us from his contribution is that rapid and significant transformative change is possible in health care. Dr DeBakey was responsible for the development of Mobile Surgical Units in World War 2. These

forerunners of MASH units were predicated on taking the care to the injured at the battlefield. They were life saving for many thousands of



**Adam Darkins, MD**

Chief Consultant

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wounded military. Is this not what we in Telehealth are all about – **changing the location of care for the benefit of patients?**

Dr. DeBakey has been a staunch believer in excellence in health care and how this is fostered within academic institutions through links with training and

**...rapid and significant transformative change is possible in health care.**

research, hence his passionate support of VA's link with its academic affiliates. VHA has affiliations with 103 academic medical centers. As a result, clinical staff with national and international reputations provides routine care to veteran patients within our system. This expertise has been confined to individual physical locations; however Telehealth could make the expertise available system-wide.

Dr DeBakey was an early pioneer of Telehealth, using Comsat's Early Bird satellite to interactively share his performing an aortic valve replacement operation on May 2<sup>nd</sup>, 1965, in the US with medical faculty at the University of Geneva in Switzerland. In an article *Telehealth has now come of age* published in the *Telemedicine Journal* Vol , No 1, 1995, Dr DeBakey states that **"Telemedicine is, in the final analysis, bringing reality to the vision of an enhanced accessibility of medical care and global network of health care"**.

The same keen mind that inspired changing the location of care and the creation of MASH units in the 1940's therefore embraced the possibilities of the virtual delivery of care 50 years later with the same innovation and vision as he had earlier done with the physical delivery of care.

At our 2008 Care Coordination and Telehealth Leadership Forum in early June in Bloomington, MN I shared these thoughts about the relevance of Dr. DeBakey's leadership and inspiration to us in VHA who are involved in telehealth as well as the honor to have been in the presence of such a remarkable man. At the conference we watched a video excerpt from a wonderful video produced by the Employee Education System entitled *Soldier, Surgeon Statesman A Portrait of Michael DeBakey*. As I looked around the conference hall in Bloomington, I was conscious that although none of us are, or will be a Michael DeBakey, we can follow his example and aspire to bring about transformational change for the benefit of the veteran patients we serve. Collectively we may bring about a fraction of what this one remarkable man brought about, both as an individual, and with the teams and trainees through which he amplified and perpetuated his vision.

VA staff can learn more about the DeBakey video mentioned above through the EES Learning Catalog [http://vaww.sites.lrn.va.gov/vacat/alog/cu\\_detail.asp?id=20799](http://vaww.sites.lrn.va.gov/vacat/alog/cu_detail.asp?id=20799)



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



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

Here is an update on activities this quarter from the Sunshine Training Center. In March we attended a meeting on the *Conditions of Participation* in Bay Pines, Florida. All of three training centers participated along with Office of Care Coordination Services' staff to develop Conditions of Participation for CCGT and CCSF. In the near future **all Telehealth specialties will undergo an internal accreditation review**. Information and outcomes from this meeting will be presented in a plenary update session at the national Leadership Forum in June.

We recognized one CCHT Champion this past quarter. From VISN 2, VAMC-Syracuse, New York: Dr. Angeline Rodner. Dr. Rodner is currently a Psychologist in the Home-based Primary Care (HBPC) Program. She was nominated because of her support for the local Telehealth program, coordinating a competency for Mental Health. Through her efforts the local CCHT program now incorporates depression care into the program, a population previously not targeted for enrollment.



**Dr. Angeline Rodner**  
CCHT Champion and V2  
Syracuse HBPC Psychologist

Training Center staff helped coordinate and participated in an education and training strategic planning meeting for Care Coordination Services (CCS). Each training center and its staff, along with Bob Lane from EES met with CCS staff to talk about where the centers are in terms of products and services, the importance of performance support activities, customer service, quality and performance improvement, developing a meaningful scorecard for the centers' and what activities are a priority for the future. This was an extremely beneficial meeting for all who participated. Information about some activities will be discussed in the strategic planning sessions at the Leadership Forum.



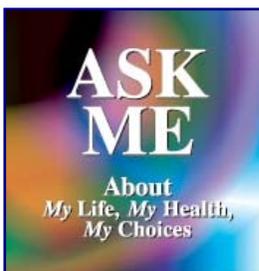
Sunshine Training Center staff meet with EES, other Training Center and Central Office staff during Care Coordination Services Training Center Meeting Apr 2008  
VA Central Office Washington DC

The first of the annual on-line course updates for CCHT has been completed and is now with EES for web development. This course is "*Advancing CCHT Practice*" and has a **higher level content** than the basic curriculum. Special thanks to our Master Preceptors for developing the majority of this content. The content areas and authors include:

<b>Evidence-based Practice &amp; CCHT</b> Susan Edwards, RN Nancy Vinson, ARNP
<b>Patient-centered care through Organizational Change</b> Sydney Wertenberger, RN, MSN Laural Traylor, LCSW
<b>Population Management</b> Andrea Bowman, RN Jane Montgomery, RN
<b>Building a Teamwork Culture</b> Gail Wright, MA, MSW, LCSW Rita Kobb, MN, GNP-BC
<b>Data: Management &amp; Dissemination</b> Ellen Edmonson, RN, MPH Dede Stallings, RN, MSN

Each year the training center in collaboration with EES will produce 1-3 courses that update Care Coordination skills for CCHT.

The PSM Toolkit is posted on the Sunshine Training Center's Sharepoint: <http://vha08spt1/sites/stc/default.aspx> and on the Care Coordination Services' homepage under "Key Topics." <http://vaww.carecoordination.va.gov/topics/>



Don't forget to wear your buttons!

Share them with clinical staff and help us *get the word out* about the importance of self-management for our veterans.

Applications for the CCHT Master Preceptor Class of 2009 are now available on the Sunshine Training Center's webpage:  
<http://vaww.carecoordination.va.gov/training/sunshine/master-preceptor/>

Deadline for applications is August 1, 2008.





# More Than Just Training



By  
Charlene Durham

RMTTC Training Center

Since the inception of the Rocky Mountain Telehealth Training Center (RMTTC) in November 2005, we have worked to be the one-stop-shopping source for training and resources for general telehealth staff throughout the VA. The General Telehealth Resource Guide, Start-up Guide, web-based Foundation Courses, monthly Live Meeting Mini-Forums and annual Leadership Forum all contribute to our support for the VHA telehealth community.

In April, staff from OCCS and the three national training centers met in Washington, DC to assess our processes and progress. We all arrived with the same realization that we are more than just training. The common theme for our work is **Performance Support**.

At RMTTC, Performance Support comes in the forms of:

- **Resources:** General Telehealth Resource Guide, Operations Manuals, sample documents and procedures, job aids, and marketing tools. A growing repository for sharing, adapting and evolving best practices.
- **Personalized Service:** Just-in-Time Training and consultations tailored to small group needs. From answering individual telephone calls and email requests to scheduling a VISN-wide multi-site videoconference training. We meet you where you are to help you learn and benefit from the experience of others.
- **Master Preceptors:** The base of telehealth expertise in the VA is wide and growing. These experts expand and share their leadership skills in the Master Preceptor Program to provide solidity and sustainability in the exponential growth of telehealth.
- **Communities of Practice and Interest:** Connecting individuals across the nation to share and enrich each others' experience. RMTTC works closely with the established Telehealth Clinical Field Work Groups and helps other groups to get organized. The General Telehealth VISN Leads Group builds teamwork skills and documents the value of VISN-level organization. Each new topic in the monthly Live Meeting Forums brings new clinical specialties and technical groups into the telehealth community.
- **Development:** As groups grow in numbers or formality, RMTTC hosts a Sharepoint site for them to use as a group meeting place. There are sites available for clinical specialty groups, VISN groups, or sub-groups with short-term project goals.
- **Training and Education:** Yes, we still do training. Durable materials like web-based courses and videos form a foundation that is available to all staff 24/7. A videoconference-based skills assess-

ment ensures that staff members have a consistent level of videoconferencing understanding and practice. In partnership with the University of Florida, RMTTC has awarded twelve General Telehealth Certificates in the past four months. We recognize that needs vary from a very basic level to more specific applications, and that training isn't a one-shot application. We encourage staff to cycle back to the training center for continuous reinforcement, growth and additional opportunities.

**Next steps:** In addition to continuing and expanding in each of the categories above, RMTTC is focusing next on data gathering, management and reporting tools to help programs link their training to VHA performance measures and meeting and exceeding the expectations to provide exceptional health care to the nation's veterans. We also look forward to the input and direction from the OCCS Leadership Forum to help us understand the critical needs of those doing telehealth throughout the VA.



Rocky Mountain Telehealth Training Center staff meet with EES, other Training Center and Central Office staff during Care Coordination Services Training Center Meeting Apr 2008

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

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Add RMTTC's intranet URL address to your browser 'Favorites':

<http://vaww.carecoordination.va.gov/training/rmttc/>

## VHA TELEHEALTH TRAILBLAZER

VISN 6 Durham North Carolina VA Medical Center's

# JENNIFER STRICKLAND



VAMC Durham Medical Center Director **Ralph Gigliotti** presenting Excellence award to **Jennifer Strickland** May 13, 2008 in Durham.

Office of Care Coordination Services Teleretinal Coordinator **Junius Lewis** contacted **Jennifer Strickland** at the Durham VAMC to learn about her recent awards acknowledging her great contributions to the successful implementation of VISN 6's Teleretinal Imaging (TRI) screening program. In the inspirational interview that follows, Jennifer explains how, as an LPN with a personal interest in Diabetes Education, she traveled to VA Care Coordination Store-and-Forward (CCSF) Telehealth Training Center in Boston, MA, returned to Durham to help implement Durham/V6's very successful program, and currently acts as a mentor for new imagers joining the V6 team...

**Junius Lewis:** *Hi Jennifer, thank you for taking the time to talk with the Newsletter. The Office of Care Coordination Services shares the excitement of you receiving the Durham LPN Excellence Award, the VISN 6 Excellence Award, and the Department*

*of Veterans Affairs Secretary's Award for Nurse Excellence and, in addition to your awards, the success enjoyed by the VISN 6's Teleretinal Program. Can you give everyone a quick overview of what you have done to cause the teleretinal program in VISN 6 to be the hallmark for others to emulate?*

**Jennifer Strickland:** I received the training from (the CCSF Training Center in) Boston and brought it back here to implement for the start up of my clinic in Durham. I work independently and am responsible for running the Teleretinal Imaging (TRI) Clinic. I am constantly aware of the needs of the clinic having helped to establish teleretinal imaging protocols, and always considered veterans' safety first. I have constant pivotal communication with the primary care providers and the eye clinic providers. In areas involving risks or uncertainty, I always stop and contact the eye clinic provider for help. I constantly evaluate my work and have frequent contact with the VISN 6 Program Manager, and Clinical Project Coordinator for the purpose of briefing, additional training, and sharing concerns and ideas.

**Durham has the lowest number of unreadable images in the nation.** This means that, almost all of the images captured are able to be read by the reading center and given a diagnosis for further evaluation. Boston Training Center trained me to use the correct camera techniques to obtain the best pictures for early diagnosis and treatment of Diabetic Retinopathy.

**JL:** *I understand that you are an LPN. I am curious as to why you consented to become a teleretinal imager for VISN 6. There are many jobs you could do utilizing your skills as an LPN. Why pursue the position as a teleretinal imager? How has your LPN knowledge assisted you in your duties as an imager?*

*(Continued on page 6)*

*(Continued from page 5)*

**JS:** I have a personal interest in Diabetic Education as I do have a lot of family members with Diabetes. I have an interest in taking pictures and working with camera equipment. Teleretinal Imaging includes all of these. My LPN knowledge has assisted me with these duties as an imager to educate our veterans on Diabetic Retinopathy and the affects it can have on their vision if not detected early.

**JL:** *From the recognition mentioned above, you have really been a shining star in VISN 6 as the teleretinal program moves forward. How do you view the training that you received in Boston? How did it prepare you for your role as an teleretinal imager to provide the necessary care and attention to our veteran patients?*

**JS:** The training that I received in Boston was a great education experience for me. I now have a better insight on how adults learn and a more in-depth education on diabetes and how it affects the eyes. This training prepared me in many ways as an imager to provide and recognize possible problems associated with Diabetic Retinopathy. If a situation arises of concern for the veteran, I immediately walk the veteran to the eye clinic for further evaluation. I am also able to educate the veterans on possible ways to prevent Diabetic Retinopathy.

**I developed a brief patient education tool to explain the disease process.**

**I was directly involved in the Clinic Profile change to accommodate 'Walk In/Same Day' appointment availability from Primary Care**

**JL:** *Jennifer, as we mentioned earlier, your teleretinal program has been extremely successful. What are some of the barriers you encountered during the initial phases of your program?*

**JS:** The important barrier that I encountered was opening the pivotal communication lines between me (as the Teleretinal Imager), the primary providers and the eye clinic providers. Educating providers to recognize easy accessibility to the walk-in clinic compared to scheduling another appointment and increasing anxiety for the veteran having to come back for an unnecessary trip with rising gas expenses.

**JL:** *Please share with us some of your best practices. A teleretinal program as successful as the one you are associated, there must some best practices you could share. What are the best practices you would pass on to others to assist them in moving their teleretinal program forward?*

**JS:** After researching Diabetic Retinopathy, I developed a brief patient education tool to explain the disease process.

I was directly involved in the Clinic Profile change to accommodate 'Walk In/Same Day' appointment availability from Primary Care – this embraces (Advanced Clinic Access) ACA principles by eliminating the need for patients to make an extra trip to the hospital just for this appointment. I was directly involved in the Diabetic Retinopathy Surveillance Consult criteria change to better screen patients for appropriate referral to the Teleretinal Imaging Program. I had input into the development of the VISN 6 Database and perform data collection and entry on patient information on a continuous daily basis. I am able to track outcome results and provide monthly reports to the VISN. The VISN is kept well informed and is able to make sound management decisions based in part on some of the data that I was instrumental in collecting and aggregating. Lastly, Durham Teleretinal Imaging Clinic is in compliance with the National Image Deletion Policy. This is a patient safety issue that prevents overcrowding of the hard drive and prevents attaching the wrong images to the wrong patient.



V6 Telehealth Program Manager **Mary Foster**, Nurse Manager **Kathleen Logan**, and Medical Center Director **Ralph Gigliotti** congratulate **Jennifer Strickland** for her Excellence Award

**JL:** *You have also taken on the role major role as a National Master Preceptor for the teleretinal program. How do you feel this new role will advance your program?*

*(Continued from page 6)*

**JS:** I feel my new role as National Master Preceptor is advancing my program by the expansion of two additional Teleretinal Imaging sites in Greenville and Raleigh CBOC's to reach out to more veterans. With the two additional sites, we should be capable of seeing approximately 7,000 additional veterans per year. Also, I see this as a cost savings mechanism for VHA, because new imagers will no longer be required to travel, out of the VISN auspices, to Boston to be trained at the training center. Also, there will never be a waiting list for training new imagers. As the TRI program expand to CBOC's and the remaining Medical Centers in VISN 6, all training will take at the Durham VAMC. This certainly illustrative of the train-the-trainer program.

**JL:** *On a quick note, can you give us a quick review of your training and career with the VA. Have you always been in Durham? What are some of your goals and aspirations as you develop in the VA?*

**JS:** Yes, I have always been in Durham. Before coming to the VA, I worked in a clinical setting in private practice as an LPN. In 2002, I was hired at the Durham VA as a Medical-Surgical/Telemetry staff nurse. In 2006, the Teleretinal Imaging Position opened. I was hired and sent to Boston VA for the specialized training.

My future goals are to see stronger, more flexible imaging clinics throughout the national VHA system where we can provide easy access to all veterans in need of this service. My future ambitions are to be a strong, knowledgeable, professional mentor and preceptor for future imagers and to encourage more diabetic education among the veterans. My stretch goal is to become an optometrist or ophthalmologist.

**JL:** *As mentioned above, you are an LPN. What was it in your training that drew you towards being involved in the teleretinal program? And why do you consider yourself a good fit to be such an integral part of the program? Where do you see this program in 5 years?*

**JS:** My training in diabetes is the main thing that drew me toward the teleretinal imaging program. I have a personal interest in Diabetic Education because I have a lot of family members with Diabetes. I have a burning desire to educate our veterans toward better control and prevention of blindness. In 5 years, I see this program expanding to every VA facility and CBOC in the nation. I see this program saving the vision of thousands of veteran patients and providing them with the quality of life they truly deserve.

**JL:** *Have you had any special episodes or findings that made you realize or appreciate the full value of the program?*

**JS:** Yes. A veteran came in, for his appointment, and he had not had a dilated eye exam in 2-3 yrs. The veteran stated he had no visual problems at the present time. But when the images were taken, a large boat shaped hemorrhage was discovered. The veteran was seen by the Eye Clinic on the same day for further evaluation and treatment.

**JL:** *Finally, what do you like most about the program? What would you change about the program and how would you rate the training you received in Boston?*

**JS:** I like helping the veterans to have a better quality of life and further their education in Diabetic Retinopathy. The Teleretinal Imaging Program is still so new that I am not sure that I would change anything at this point. I would hope that the program would continue to flourish to all the VA facilities nationwide. I would rate the training in Boston as excellent. It was a knowledgeable learning tool for this program. The Boston Training Center, Teleretinal Imaging Staff has been very supportive and always giving guidance to the needs of this program. The training was very thorough with lots of special techniques for better imaging, therefore achieving a stronger result for the veterans.

**JL:** *Thanks Jennifer for taking the time to speak with us and I look forward to continued work with you.*

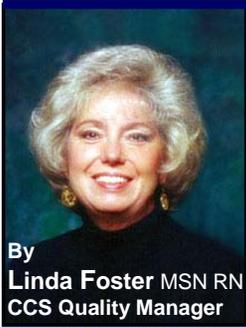


**Junius Lewis, MSHA**

Teleretinal Coordinator, Program Management Analyst  
VHA's Office of Care Coordination Services

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

# CoP Review Reveals Commendable Practices



As we are approaching completion of the CCHT Designation-Level 2 reviews across all networks over the past two years (with reviews yet to be completed for VISNs 15, 6, 12), there have been **many unique and creative practices** noted during the site visits that deserve recognition. Following is a summary of some of those practices.

### VISN 1:

1. Prominent planning for Care Coordination in the network's strategic plan
2. Care Management process flowchart that provides direction for care across the continuum (West Haven)
3. Use of a DME vendor for management, deployment and retrieval of CCHT equipment
4. Nicely developed competence assessment tool for care coordinators that incorporates elements of the Conditions of Participation
5. Performance Improvement plan templates that assist facilities in development of program-specific performance improvement

### VISN 2:

1. Well developed study of CCHT patients with congestive heart failure completed by Pam Stressel at Albany
2. Use of SharePoint site for communications among CCHT staff
3. Nicely developed continuum of care management approaches at Bath
4. Michelle Winslow certified as a Master Preceptor for CCHT

### VISN 3:

1. Comprehensive network level strategic planning for CCHT
2. Excellent collaborative efforts with the VISN Non-Institutional Care Task Force and the VISN Systems Redesign initiative
3. Excellent uses of available data for performance improvement. Performance Improvement Plan includes analysis of outcomes for different disease states and different vendors as well as analysis according to dedicated versus collateral staff.
4. Nicely developed process for monitoring and trending Depression Levels as rated by patients on the devices with plans for correlation with medication compliance, CC interventions and CCHT patient compliance rates.
5. Two CCHT Master Preceptors who serve on national initiatives and task groups
6. Excellent use of Sharepoint site for secure communications and access to data.

### VISN 4:

1. Excellent network level strategic planning for CCHT based upon population data
2. Excellent uses of data, including a data dashboard, for performance improvement and communication of program achievements
3. Well developed disease specific protocols in use across the network
4. VISN 4 supplied AIPM Health at Home Lifetime Self Management books for all CCHT patients.

### VISN 5:

1. Staffing resources for CCHT have been well planned, projected and carried through at each facility
2. Quarterly Quality Indicators monitoring for all network CCHT programs
3. Completion of a table top drill to test cross-monitoring capabilities for CCHT patients in the event of an emergency/disaster
4. Risk Assessment ratings for all CCHT patients stored on a Shared Drive with access for cross-coverage
5. Testing of the HL-7/Health Data Repository interface with two vendors' data in preparation for national use
6. Description of an example of the use of medication reconciliation by Care Coordinator at Martinsburg that likely saved the veteran's life.

### VISN 7:

1. Excellent use of network corporate database that includes some clinical outcome indicators as well as pharmacy cost and utilization data
2. Excellent process for monthly outcomes assessment and utilization monitoring across all CCHT programs
3. Well developed draft network emergency/disaster management policy for CCHT that includes a cross coverage plan and assignment of priority levels for patients which are documented in the corporate database
4. Completion of a drill using the draft emergency/disaster plan and testing of operational components at the Augusta site

### VISN 8:

1. Standard materials and processes provided to patients upon admission to the program that serve to help them prepare for natural disasters such as hurricanes. This includes enrollment of appropriate patients for special needs shelters.

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

# CCHT Commendable Practices for CoP Review

*(Continued from page 8)*

2. Use of a Clinical Reminder at Tampa to facilitate screening and enrollment in CCHT
3. Centralized network Prosthetics Management Program for all CCHT equipment
4. Network level data validation process utilizing the program's independent database to match patients against workload capture and vendor-reported census data

### **VISN 9:**

1. Use of a shared drive for data that is then securely available to care coordinators and would also be available for planning for CCHT patients in the event of an emergency/disaster
2. Two CCHT Master Preceptors, Pamela Canter and Andrea Bowman, who participate on national projects and work groups for CCHT

### **VISN 10:**

1. Well developed, network-level DSS data extraction and performance improvement processes established for the CCHT program
2. Columbus CCHT Hypertension study
3. Caregiver/Dementia pilot program at Columbus
4. SCI program at Cleveland
5. Emergency Preparedness patient education plans with associated note titles and templates

### **VISN 11:**

1. Current assessment of risk for institutional long term care at Illiana and Saginaw
2. Illiana and Saginaw have well developed performance monitoring processes
3. Excellent live demonstration of home video visit with a patient at Detroit with excellent responses by the patient and spouse
4. Nicely developed continuum of care management approaches at Saginaw

### **VISN 16:**

1. Use of a Sharepoint site for data and documents that are securely available to care coordinators
2. Two CCHT Master Preceptors, Susan Edwards and Geraldstine Miller, who participate on national projects and work groups for CCHT
3. Novel utilization of data from oxygen concentrator in the home to monitor patient's actual usage of oxygen

(self management) versus ordered use- Jackson

4. Excellent CCHT Orientation Checklist at Shreveport

### **VISN 18:**

1. Well developed disease management protocols for patients with congestive heart failure, chronic obstructive pulmonary disease and diabetes mellitus, in some cases utilizing 'crisis' medications kept in patients' homes to allow for "just in time" care
2. Well developed standard operating procedures at the Tucson program that serve as a model for the network.

### **VISN 19:**

1. Exceptional use of the mental health messaging DMPs
2. Nicely developed network and program-specific utilization and cost-avoidance data
3. Extensive use of SharePoint software for secure enrollment data, information sharing among care coordinators, tracking of any patient complaints, tracking of equipment/vendor/software problems
4. Well-developed Inter-facility Cross Coverage Plan for CCHT
5. Network level planning for Service Agreements between Primary Care and CCHT programs

### **VISN 20:**

1. Well developed, network-driven data collection and performance improvement processes with balanced scorecards established for the CCHT program
2. The use of a provider satisfaction survey at all sites with roll-up of findings for the network and utilization for performance improvement.
3. Excellent use of Outlook Calendar functions at some sites as a tickler for necessary follow-up by care coordinators
4. Integration of CCHT with existing disease management/care management program at Portland, utilizing hypertension and insulin management protocols.
5. Commendable levels of support from bio-medical staff in the equipment management/safety check aspects of the program.
6. Excellent use of the network's Corporate Data Warehouse to identify patients who might be candidates for the CCHT program
7. Commendable network stretch goal of 2500 patients to be enrolled in the CCHT program

*(Continued on page 10)*

## VHA's Office of Care Coordination Services Quality CCHT Commendable Practices

(Continued from page 9)

### VISN 21:

1. Unique use of 'Nursery' concept at Palo Alto as a primary staging area to help get patients to full competency for use of messaging devices.
2. Excellent patient education materials at Fresno
3. Disaster/Emergency Preparedness plans include a method for prioritization (acuity) of patients' potential needs

### VISN 22:

1. Active, cohesive and collaborative Care Coordination Home Telehealth committee
2. Four CCHT Master Preceptors active within the network
3. Excellent integration of Advanced Clinical Access concepts, with associated impact data at San Diego (Dr. John Chardos)
4. Use of VHG Telecare nurse triage protocols as a resource for care coordinators
5. Use of Service Agreements for enrollments of cardiac, pulmonary and diabetic patients at GLA
6. Technical competence assessment tool for collaterally-assigned care coordinators at San Diego
7. Excellent conversion from IVR to messaging dialogue and care coordination for patients on anti-coagulation therapy at Loma Linda
8. High level of involvement in national initiatives related to caregiver support

### VISN 23:

1. The development of the Chronic Disease Management (CDM) program and the integration with CCHT.
2. Utilization of Patient Action Plans and CDM protocols
3. Collaboration across network service lines in many programs
4. Group enrollment and patient competency checks for CCHT, linked with CDM education

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

## CCSF Master Preceptors



Participants in the 2008 CCSF Master Preceptor Training May 7, 2008 at the Boston CCSF Training Center—including V6/Durham's Jennifer Strickland whose *Telehealth Trailblazer* interview with the Newsletter begins on Page 5

VHA's Care Coordination Store-and-Forward (CCSF) Training Center recently completed the first Master Preceptors program for teleretinal imagers. A comprehensive curriculum was delivered over a 3-month period and consisted of a distance learning component and on-site interactive training. Eleven preceptors from 8/21 VISN's participated in the program. The final 2-day on-site training session was held at the CCSF Training Center in Boston on May 6<sup>th</sup> and 7<sup>th</sup>, 2008. The second Teleretinal Imagers Master Preceptor program is slated to be offered in late 2008.

Please plan now to join us

Tuesday Aug 12—Friday August 15



# VHA Care Coordination & Telehealth Virtual Meeting

***Your Are Encouraged to [Dial the Studio](#) during the Broadcast with your Comments or Questions***

Complete details coming to our Website Soon at  
<http://vaww.carecoordination.va.gov/news/training/index.asp#vakn>



## **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 August 2008

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