



## this issue

Rural Veterans and Rural Health **P.2**

Rocky Mtn. Telehealth Training Center **P.3**

Boston Telehealth Training Center **P.4**

Sunshine Telehealth Training Center **P.5**

Home Telehealth Home Visits **P.6**

## Telehealth

Telehealth is a rapidly developing application of clinical medicine where medical information is transferred via telephone, the Internet or other networks for the purpose of monitoring health status, providing health education, consulting and sometimes to provide remote medical procedures or examinations via telemedicine. Telehealth can take place between providers and patients located in clinical settings as well as directly with patients in their homes.

### Synchronous (Real-Time)

Requires the presence of both parties at the same time and a communications link between them that allows a real-time interaction to take place. Video-conferencing equipment is one of the most common forms of technologies used in synchronous telemedicine. There are also peripheral devices which can be attached to computers or the video-conferencing equipment which can aid in an interactive examination.

### Asynchronous (Store-and-Forward)

Involves acquiring medical data (like medical images, biosignals etc) and then transmitting this data to a doctor or medical specialist at a convenient time for assessment offline. It does not require the presence of both parties at the same time.

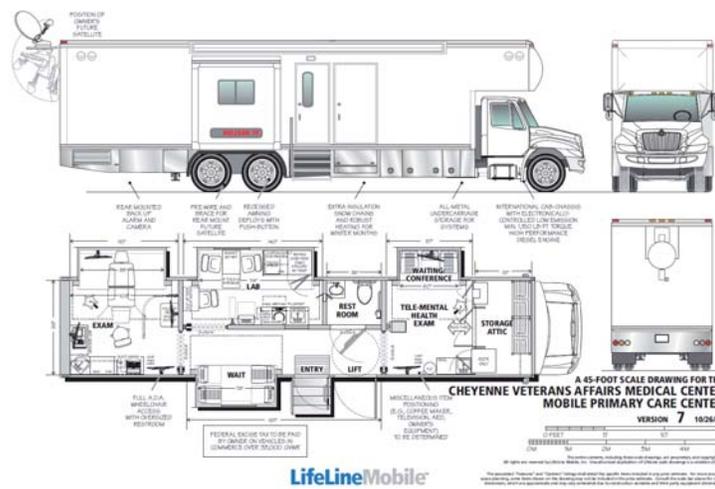
## Bringing Telehealth Into Your Community

As if current real-time Telehealth didn't provide enough convenience, allowing veterans to visit with caregivers located at Medical Centers from their local CBOCs through the use of video-conferencing technologies; now, a new mobile telehealth clinic will bring medical care to the patients' communities by summer of 2009. A heavy-duty tandem axle truck chassis will carry a 45-foot long telehealth clinic to small, remote communities, providing real-time telehealth care.

The Cheyenne Mobile Health Clinic is designed to be fully self-contained and will conduct Primary Care Medical and Mental health visits simultaneously. The mobile clinic can also perform Teleretinal Screening and some laboratory testing. Health care visits will be transmitted instantaneously using videoconferencing technology through a land-line connection and eventually a satellite dish that is located on the vehicle.

Staffing the Cheyenne Mobile Health Clinic will be Clinical Nurses and health technicians, who will operate

the vehicle, set up and take down the clinic, and run the telehealth visits as well as conduct the laboratory operations, tele-retinal imaging, and EKGs. Before developing the mobile clinic, Primary Care telehealth visits were trialed very successfully at the fixed site VA Telehealth Outreach Clinic in Craig, Colorado and Elko, Nevada.



## Rural Health

Of the almost 8 million Veterans enrolled in the VA Health Care System, almost 40% live in rural areas (FY 2006 data). These rural Veterans face challenges related to transportation, health care access, coordination of care, and numerous other health and human services issues.

VA recognizes the need to have focused attention on the special needs of Veterans who reside in rural areas, and this is a top priority issue in the Veterans Health Administration (VHA). Access to a full and comprehensive spectrum of quality health care services is the central challenge facing many rural communities; Veterans' unique rural health needs present additional challenges. Limited access to health care can result in rural Veterans not receiving the care and treatment they need.



I recently met with a primary care physician to talk about telehealth issues. This physician, who came to work in VA in 2007, after many years of practice in the private sector, extolled many of the benefits of VA health care such as CPRS and the quality management programs.

These are things that are now acknowledged outside VA as reasons why we provide the "best care anywhere". They are also very relevant in telehealth development, which is why they came up in conversation. As we talked further about planned work and service developments related to telehealth it was clear to me how well he appreciates something very special about VA, a strength that is another of our "best kept secrets". We were discussing the remarkable capacity to get things done within

## Synergies

### Rural Veterans and Rural Health

Adam Darkins, MD, MPH, FRCS

VA when the necessary parts of our organization are working in synergy. Everything one could wish to assemble in terms of the building blocks for health care developments are here in VA. These include relevant clinical care services, policy and planning, finance, health information management systems, quality and performance, patient safety, research, a business office, information technology, legal counsel, education services and many more. Drawing on these resources to accomplish a common mission makes it possible to achieve remarkable things in VA. I have met others who have come to VA from outside who consider themselves "action oriented" and find involving the necessary key stakeholders and bringing them together to set something in motion, amounts to a procrastination. One of my favorite expressions is that "the devil is in the detail." There are several ways to tease out the devil from the details such as getting lucky or repeated trial and error. A preferable way is to bring together the right people from the facility, VISN and national levels and work through the details of a program in advance of implementation. Time and time again it has been the generous and absolutely to-the-point comment of a person from within one of these workgroups that highlighted a "mission critical" element upon which success, as opposed to failure ultimately depended. It makes me smile to think of such situations, and as I do so it conjures up in my mind the faces of many individuals whose quiet and unassuming dedication to the Service of Veterans has been so important to the success we are achieving with telehealth, as in so many other areas.

deliver care to patients in rural and remote regions of the country. Given the nature of the illnesses and conditions that affect Veteran patients there is the paradox that those most in need of services often choose to live in areas in which services are most difficult to provide. Telehealth is logically one of the ways in which services can be provided to Veterans in rural and remote areas. As we know very well in Care Coordination Services it takes time for a new office in VA to get staffed, established and operating. As we look forwards over the coming years, ones in which a heightened emphasis on providing care to Veteran patients in rural and highly rural areas, there will be a focus on results. With this in mind, the benefits of having the recently established Office of Rural Health are apparent. Yes, there are dedicated people working on rural health, and yes there is an office that promotes rural health. But even more importantly is that we are now seeing the synergies the Office of Rural Health is bringing together in the form of our collective "brain trust" to focus on the care of Veteran patients in rural areas. The track record of VA is such that our organization will surely provide solutions that will blaze the trail for others, both nationally and internationally to emulate.

A difficult challenge for VA, as for all health care organizations is how to

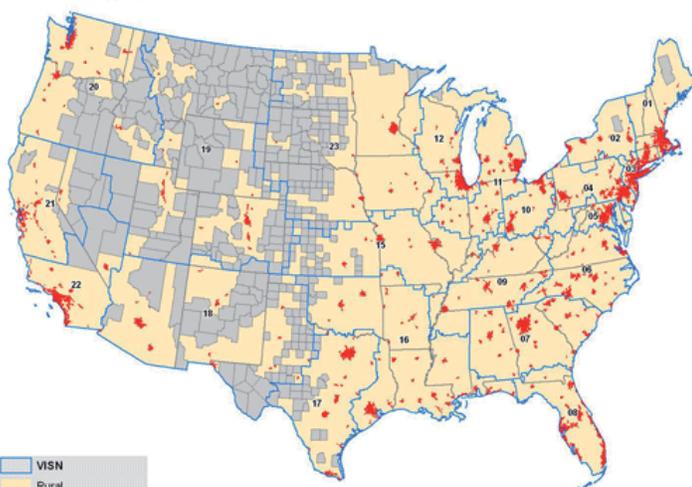
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So, it is important that as we all engage with colleagues at the facility, VISN and national level to create the synergies upon which this success will depend. In doing so we can also draw upon a wider body of experience from across the federal government, state and local level, private health care sector, academic institutions and not-for-profits that the Office of Rural Health is bringing to the table.

Highly Rural, Rural and Census Defined Urban Areas



Map generated by VHA Planning Systems Support Group, field unit for the VHA Office of Assistant Deputy Under Secretary for Health for Policy & Planning, April 8, 2007



## Rocky Mountain Telehealth Training Center

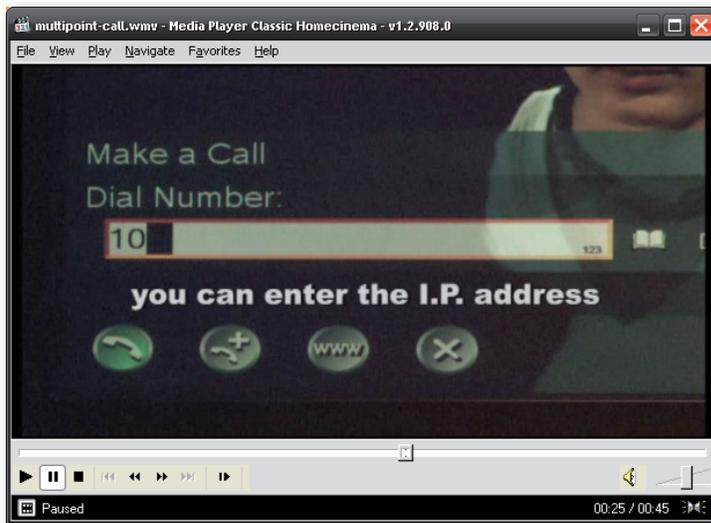
The Rocky Mountain Telehealth Training Center's Just-in-Time training program has been wildly successful helping care providers quickly become proficient with videoconferencing equipment used for general, real-time, telehealth encounters. However, it was becoming clear that a lot of the Just-in-Time training was covering five basic topics.

In order to make it easier for more people to gain quick and instant access to the most common questions, the Rocky Mountain Telehealth Training Center has developed five videos that deal with the most common topics on the most common equipment being used in VA Medical Centers and Community Based Outpatient Clinics.

The video's are intended to take someone who has never used any videoconferencing equipment before and have them conducting

telehealth encounters within a half hour. Starting with getting familiar with the remote control, then learning how to make a call, how to make a multipoint call, how to end a call and ending with adding contacts to the address book. Videos can be watched in sequence or one at a time to meet the viewer's unique needs. Hopefully, by putting these video's online, providers will be able to access training quickly and at

their convenience without having to schedule a specific time. However, if more detailed training is still needed after watching the videos, the traditional Just-in-Time training service is still available. Videos, as well as more information about Just-in-Time training is available on the Care Coordination intranet website.



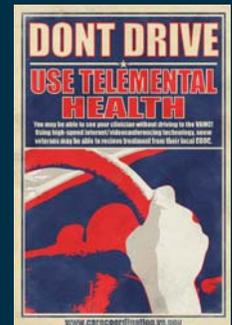
## Did You See That?!

If you weren't able to catch the General Telehealth broadcast on Amputation, Spinal Cord Injury and Traumatic Brain Injury Services on March 17th, its going to be rebroadcast on the VA Knowledge Network and the VA Content Distribution Network.

For more information visit the Care Coordination Intranet website

## STOP DRIVING Use Telehealth

A new poster and brochure promotional campaign has been launched in the New York/ Northport area. The posters have already been launched in two different versions (for rural or urban applications).



If you would like to use these posters, they are available on the Care Coordination Services Intranet site.

## THE VIDEO ENCOUNTER Tips and Tricks

When you are setting up your general-telehealth



encounter, ensure that you are eye level with the camera. If you are looking down at the camera the person on the other end will feel like you are talking down to them, if you are looking up at the camera, you are putting yourself in a submissive position because the person on the other end will feel like they are looking down at you.



## Boston Telehealth Training Center

The Care Coordination Store and Forward Telehealth Training Center ushered in the New Year by kicking off two concurrent master preceptor classes. The first of two classes, including the remote and self-study component of the program, began on January 6th, and the program is scheduled to run until the live component is offered at the Leadership Conference in May.

A total of sixteen imagers from nine VISN's were accepted for the two 2009 programs, and following successful completion of the program, Care Coordination Store-and-Forward Training Center will bring the total of preceptors to 27 nationwide.

In May, 2008, the Store and Forward Training Center graduated the first Master Preceptor Class and since then the preceptors have trained 43 imagers in seven VISNs.

The Preceptors are an important component of the Care Coordination Store-and-Forward Telehealth Training Center and they play a significant role in representing the Center. In addition to training teleretinal imagers, the preceptors

serve as ambassadors for the Diabetes Teleretinal screening program. They interact with primary care clinics, with VISN coordinators and others at their local facilities, helping to promote the program and to serve as a resource for other providers. Preceptors also play an integral role in helping to administer the quality assurance and ongoing competency programs for teleretinal imagers.

With the emergence and development of other store and forward programs, most notably tele dermatology during this fiscal year, the preceptors will once again have a chance to contribute and to play a role in teaching and training tele dermatology imagers.

While the training curriculum and syllabus for dermatology have not yet been decided, there are many aspects of the teleretinal pathway that are translational and will be incorporated into other store and forward programs.

This year's Master Preceptors class represents nine VISNs, bringing the total VISNs with preceptors to twenty. We congratulate the current class and we look forward to working with them as the Store and Forward programs move forward.

## SPOTLIGHT Renee George

*Renee George, RN, is one of the original instructors since the early days of the Boston Store-and-Forward Training Center.*

A Wisconsin native, Renee graduated from the LPN program at Winona Area Technical College in Winona, Minnesota. She obtained an Associate Degree in Applied Science for Nursing (ADN) from the Western Wisconsin Technical College in LaCrosse. A life-long learner, she enrolled in the RN Bachelor of Science program at Viterbo University. She relocated to San Francisco, where she completed the general education requirement for her RN degree, finally returning to Viterbo to finish her Bachelor's of Nursing in 1994. From 1976 to 1997, Renee occupied a variety of nursing positions throughout the VA system, from the VA in Tomah, Wisconsin to the Palo Alto Health Care System in California.

It was at the Palo Alto VA in 1997 that Renee first became involved with VistA Imaging, taking on the role of a telemedicine coordinator. There she worked to install VistA imaging capture and display programs, primarily for viewing EKGs, and she was also active in instructing imagers on the use of handheld digital cameras in a variety of clinics. From 2000-2002, she took on the responsibility of Implementation Manager for the VistA Imaging Project, a role that required her to work with CVA sites

to implement VistA hardware. In 2002, Renee took a position with National Training and Education Office. One of her many duties included National VISTA Imaging Trainer. She remains responsible for site training throughout the nation, a responsibility that entails a lot of travel. She has worked with Health Information Management (HIM) departments and she has trained clinicians on the versatile use of VistA imaging.

Renee is one of four National VISTA Imaging training specialists. Her duties include working at individual sites to develop policy, procedure, and Quality Assurance (QA) programs. In 2006, she was assigned to the Care Coordination Store and Forward Teleretinal project in Boston. There she applied her expertise serving as the content expert for the VistA Telereader program. Recently she was assigned to be the trainer for VistA imaging for the national Tele dermatology program that is currently being developed through the auspices of the Boston's Store and Forward Training Center.

In her spare time Renee, operates a small hobby farm in Wisconsin, where she gardens, rescues cats and dogs (their house holds six cats and one dog currently) and rides her Yamaha V-Star Classic motorcycle.



## Store-and-Forward 2009 Master Preceptors

- Rhonda Barnes Bell (VISN 6)
- Lynn Hatfield (VISN 19)
- Stephanie Maturino (VISN 18)
- Aisha Perfume-Ortiz (VISN 8)
- Shannon Robison (VISN 16)
- Theodore St. James (VISN 11)
- Chris Turner (VISN 19)
- Lynn Wise (VISN 10)

- Robin Bell (VISN 10)
- Diane Ibrahim (VISN 18)
- Kerri Mountain (VISN 19)
- George Pechulis (VISN 19)
- Misty Spratlan (VISN 16)
- Terrese Tifer (VISN 19)
- Yvonne Williams (VISN 12)
- David Wright (VISN 2)



## Sunshine Telehealth Training Center

Training Center staff participated in community service events by adopting two local veterans and family for the holidays. Our first family was an Operation Iraqi Freedom (OIF) veteran with two boys age 4 and 5 and the second adoptee was a homeless Operation Enduring Freedom (OEF) veteran. Sunshine Training Center staff purchased clothing, toys and blankets and packaged them up for Christmas delivery.

The Sunshine Training Center Team held an open house in celebration of National Telehealth & Informatics Awareness Month. Care Coordination Home Telehealth, Care Coordination General Telehealth, Telcare and Information Security staff from VISN 8 provided information, demonstrations and activities related to Telehealth & Informatics. Training Center staff presented a Generational Workforce competency

to attendees as well as a poster presentation on Santa's Teamwork Secrets. The open house was well attended with over 300 participants.

Sunshine Training Center staff attended the Care Coordination Home Telehealth Leadership Forum in Orlando, Florida February 10th-12th. The Sunshine Training Center helped attendees celebrate National Random Acts of Kindness Week by handing out "Random Acts of Kindness" books

to attendees. We had an excellent group and strategic planning went very well including participation from the field on our teleconference line. We had guest speakers discussing Succession Planning and Telework including how both of these impact Care Coordination Home Telehealth. Thanks to all of the planning committee members, Employee Education Services and attendees for making the conference such a success.



## Upcoming Events

The strategic priorities plan will be available soon on the Care Coordination Services website.

Don't forget our upcoming CCHT Satellite broadcast in May and our Virtual Meeting broadcast in the summer. Both of these will share information from the CCHT Forum.

## In The News Home Telehealth Improves Veterans' Health Care

Veterans with chronic conditions can manage their health and avoid hospitalization by using special technology in their homes, according to a recent study. "The study showed that home telehealth makes health care more effective because it improves patients' access to care and is easy to use,"

The study, conducted by VA national staff members, evaluated the health outcomes of 17,205 VA home telehealth patients and found a 25% decrease in the average number of days hospitalized and a 19% reduction in hospitalizations for patients using home telehealth systems. VA's home telehealth program cares for 35,000 patients and is the largest of its kind in the world.

VA health care officials emphasize that home telehealth does not necessarily replace nursing home care or traditional care but can help veterans understand and manage chronic conditions such as diabetes, hypertension and chronic heart failure.



# Quality and Performance

## CCHT Home Visits

Linda K. Foster, MSN, RN

A frequent topic of questions lately has been the considerations for use of home visits in the Care Coordination Home Telehealth (CCHT) programs. While we have discussed this and outlined those considerations in the past and frequently do so during Conditions of Participation site visits, it seems timely to review them again.

There seem to be three main questions related to home visits: Is it necessary for a Care Coordinator to do home visits for CCHT? How does The Joint Commission view such home visits? What is the cost/benefit ratio of home visits?

### ***Is it necessary for a Care Coordinator to do home visits for CCHT?***

Based on what I have seen in the vast majority of CCHT programs across the country, the answer is a resounding NO! Most programs and Care Coordinators have been able to perform all of the required functions of their role most satisfactorily using a combination of in-person contacts while the patient is an inpatient or in the facility for an outpatient visit, along with telephone encounters and, in some cases, home visits for equipment installation by a program support-type staff member or Durable Medical Equipment (DME) vendor. This includes enrollment, training for installation and use of the equipment, comprehensive assessment, ongoing reevaluation and interven-

tions, and troubleshooting equipment problems. Some CCHT programs do conduct home visits, particularly at the time of enrollment, either by the Care Coordinator or by a program support-type staff member. Such home visits by Care Coordinators might be problematic for CCHT programs that are not embedded within an Home Based Primary Care (HBPC) program and that are, therefore, NOT already subject to the Joint Commission Home Care standards.

### ***How does The Joint Commission view home visits for CCHT?***

In a very recent conversation with Mary Armstrong, the VA's liaison person at The Joint Commission, she made this statement: If you are sending a nurse (professional staff member) into the patient's home to do an assessment or any other skilled functions, that is a home care program and those home care visits must be included in the numbers reported during application for a home care survey along with those for HBPC. This application for Joint Commission survey is completed by the facility Quality Management staff members so all such visits must be reported to them for inclusion.

She reiterated The Joint Commission's 'rule of thumb' that 10 or more such skilled home visits for the entire program (not per patient) would trigger a home care survey for the CCHT program. However, she also stipulated that this only applies to 'skilled' home care visits. Visits for equipment installation only are not considered to be skilled visits and the rule of 10 does not apply in those cases. Documentation in the medical record for such visits must clearly indicate that the purpose of the visit was equipment installation with education of the patient on use of the equipment, etc.

Such a visit could be completed by a Care Coordinator, a program support-type staff member or a DME vendor. A Joint Commission surveyor might find it difficult to believe, however, that a Care Coordinator can 'turn off' their professional assess-

ment skills while they are doing equipment installation. This means that a care coordinator should not be doing medication reviews or reconciliation, home safety assessments or any other skilled activity in the home other than equipment set up and related training unless there is explicit understanding that this constitutes a home care visit and is reported through Quality Management at the facility.

During the conversation with Mary Armstrong, she also reiterated that The Joint Commission does not consider home telehealth equipment to be DME. Therefore, The Joint Commission's standards related to DME do not apply.

### ***What is the cost/benefit ratio for CCHT home visits?***

Another major consideration related to home visits for CCHT is that of the relative cost versus benefit. Certainly there could be considerable benefit from assessing the patient in their home environment and in creating a relationship with the patient and caregiver in person. This benefit is very difficult to assess quantitatively and its impact on outcomes for the patient are unknown. We do know that programs who do not perform such skilled home visits for enrollment report that they have no difficulty in utilizing other types of encounters with patients and caregivers to successfully perform their functions and help patients to achieve their goals for CCHT, thus achieving the benefit while avoiding this cost.

The costs of home visits may also be somewhat difficult to calculate. There are costs related to the actual time that the Care Coordinator or other staff member is in the home, the 'windshield' time in traveling to and from the patient's home,

### ***“There seems to be three main questions related to home visits.”***

expenses related to use of a government vehicle for such travel, and the loss of productivity for the whole time the Care Coordinator is away from the care of other patients. This practice might have significant impact on the effective panel size of the Care Coordinator. The use of a DME vendor for equipment installations also has relevant cost. Of course there is also the possibility that home visits that involve skilled care might trigger an unintended Joint Commission home care survey for the program, which would have attendant costs and other ramifications.

According to Pam Stessel, Care Coordination Services (CCS) Data Manager, the activity of home telehealth equipment installation and providing equipment-related education is set up as non-count encounters so the workload for such home visits by Care Coordinators would not be counted in Decision Support System (DSS). This would skew the costs of other CCHT products and cause them to appear higher than they actually are. This is not the case for a program support staff member whose workload is a fixed direct labor type that does not have this same effect on costing in DSS.

As we have indicated in consultative recommendations for a large number of VISN CCHT programs, Care Coordination Services urges you to evaluate your use of home visits for CCHT considering each of the items discussed here and in collaboration with the leadership and Quality Management staff at your facilities and at the VISN level.



## Office of Care Coordination Services - Overview

The Office of Care Coordination Services (CCS) uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of veterans. Care Coordination changes the location where health care services are routinely provided. This is done to provide the right care at the right time, accessible to patients in their own homes and local communities. The Office of Care Coordination Services, located in Washington DC, divides Telehealth into three smaller modalities and has established training centers for each to support the provision of quality telehealth-based care to veterans:

### Our Mission

To provide the right care in the right place at the right time through the effective, cost-effective and appropriate use of health information and telecommunications technologies

- **Care Coordination General Telehealth**

is essentially “real-time telehealth” where a telecommunications link allows for instantaneous, or synchronous, interaction between the patient and the provider or even two providers regarding a single patient, typically via videoconferencing. The Rocky Mountain Telehealth Training Center provides training and support to staff involved in the delivery of general-telehealth services.

- **Care Coordination Home Telehealth**

is essentially “remote monitoring telehealth” where telehealth technologies are used to communicate health status and to capture and transmit biometric data. Devices are placed into the homes of veteran patients, typically, with chronic diseases such as diabetes, heart failure and chronic pulmonary disease and are monitored by care coordinators. The Sunshine Telehealth Training Center provides training and support to staff involved in the delivery of home-telehealth services.

- **Care Coordination Store-and-Forward Telehealth**

is where digital images, video, audio and clinical data are captured and “stored” then transmitted securely (“forwarded”) to a medical facility at another location where they are studied by relevant specialists. The Boston Store-and-Forward Telehealth Training Center provides training and support to staff involved in the delivery of store-and-forward-telehealth services.

