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## 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 Content to YouTube

The Office of Care Coordination recently produced a nine minute video that explains and illustrates how real-time, General Telehealth is benefitting veterans around the country. The adaption of real-time telehealth, providing medical care or counseling through the use of videoconferencing technologies is providing veterans, rural and urban, greater access to care.

Following the stories of three veterans from three very different parts of the country, the video shows how telehealth has been adapted. From Puerto Rico, where travel to the VAMC and the mainland can be extremely difficult to rural Wyoming where severe winter weather and great distances prevented veterans from making it to their appointments.

In order to help increase veterans familiarity with real-time telehealth being provided by the Department of Veterans Affairs,

the video was posted to the Care Coordination website and on YouTube, a popular video sharing website.

After only two weeks of being on YouTube the video received over 500 views, putting it in the top five most watched videos on the Veterans Affairs YouTube Channel. It has also been receiving five-star ratings from viewers!



## Chronic Disease

In medicine, a chronic disease is a disease that is long-lasting or recurrent. The term chronic describes the course of the disease, or its rate of onset and development. A chronic course is distinguished from a recurrent course; recurrent diseases relapse repeatedly, with periods of remission in between. As an adjective, chronic can refer to a persistent and lasting medical condition. Chronicity is usually applied to a condition that lasts more than three months.

Nearly one in two Americans (133 million) has a chronic medical condition of one kind or another. The most common chronic conditions are high blood pressure, arthritis, respiratory diseases like emphysema, and high cholesterol. The number of Americans with a chronic medical condition is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million.



Within VHA each of the three areas of telehealth have substantially grown year-on-year for many years. Telehealth supports the care of Veteran patients with chronic conditions and enables them to remain living independently in their own homes and local communities.

Implementing telehealth programs incurs costs for equipment, IT infrastructure, clinic space and clinical time. VHA's adoption of telehealth has been to increase access to care and although some seed funding has been provided in some instances VA facilities and VISNs have not received specific telehealth funding as part of VHA's funding allocation system – the Veterans Equitable Resource Allocation (VERA) system. Non-recognition of certain areas of telehealth under VERA e.g serious mental illness and home-based primary care has provided a theoretical deterrent to adopting

## Funding for Telehealth

### Telehealth and Rural Health

Adam Darkins, MD, MPH, FRCS

telehealth. Nonetheless use of telehealth continued to grow within VHA. This growth in telehealth and having specific clinical coding and workload credit mean that cost-data are now available for VA's Decision Support System (DSS) and Allocation

Resource Center to examine. Analyses of these data and their review by VA's National Leadership Board's Finance Committee have resulted in the recognition of real time videoconferencing under VERA for serious mental illness and home-based primary care. VERA funding for CCHT is currently under consideration.

Care Coordination Services (CCS) recently submitted a proposal for the funding of all three areas of telehealth in rural areas under a funding opportunity from VA's Office of Rural Health (ORH) in support of public law Public Law 110-329. CCS has been approved for specific rural health funding for enterprise telehealth programs. These funds for telehealth in

rural areas will directly support patient care activity and ensure the associated clinical, technology and organizational elements necessary to maintain and grow telehealth services can be developed by VISNs.

“Care Coordination Services recently submitted a proposal for the funding of all three areas of telehealth in rural areas”

Through VERA and rural health funding there are going to be direct incentives to further develop telehealth services within VHA. This represents a further stage in the evolution in telehealth within VHA. Analysis of the associated adoption of telehealth and the costs will provide data upon which decisions about the further and ongoing funding of telehealth in VHA will be based and underpin the transformational change that telehealth promises to bring about in providing access to care for Veteran patients, and help ensure equity of access for those in rural/remote areas.



## Rocky Mountain Telehealth Training Center

The Rocky Mountain Telehealth Training Center was very excited to co-host the annual Telehealth Forum, held in San Diego, California. Two days were spent focused on real-time General Telehealth while the following two-days focused on Store-and-Forward Telehealth.

The Rocky Mountain Telehealth Training Center has also worked to establish a Video Library on both the vaww-intranet sit and the www-inter-net site. All Care Coordination Services video productions can now be found from these single locations. Video's that can benefit veterans, such as the recently finished Real Time Access to Care video can be

found on the www-inter-net site, while video's intended to provide training and information to VA Employees involved in Telehealth can only be found on the vaww-intranet site. To access the Video Library on the vaww-intranet site, simply click the new Main-Menu button (on the left) titled "Video Library"

Focusing on approved practices and standards and working to help evolve those standards to meet changing needs. The conference also addressed concepts related to improving the care of veterans through expansion and visioning for the future for successful CCGT. The meeting was a resounding success and helped establish the direction of the CCGT program for the next year.



## IN THE NEWS Telehealth on your Mobile Phone

New, high powered cell phones are being used in telehealth applications and many sources are predicting that this is just the beginning with real-time video applications just around the corner. Currently mobile



phones are already being used for medication compliance, smoking cessation

## THE VIDEO ENCOUNTER Tips and Tricks

Whats behind you? Your background can make



a huge difference on the quality of your videoconference. A busy background, like a pattern, means more data has to be transmitted, slowing down the connection. A bright white background can wash out all the colors making your image look stale and bleak. Soft light colors work best. Even a simple, light blue curtain or sheet can improve the visual quality of your image.

## Special Thanks!

While the Rocky Mountain Telehealth Training Center is waiting for new staff members, the Sunshine Training Center has stepped in and provided invaluable help in keeping the RMTTC programs moving forward while we wait for staff positions are filled. Special thanks needs to be given to Rita Kobb, Deidre Stalling and Juanita Bradley for their invaluable support and assistance. Thank you!

# Boston Telehealth Training Center

## VISN 4 Goes Live With Teleretinal Imaging Program

During the latter part of FY 2008, VISN 4, which encompasses 10 medical centers in Pennsylvania, Delaware, and West Virginia, took a major step forward with their Diabetes Teleretinal Imaging Program by making a decision to expand their program VISN wide.

With support of the Network Director, Michael Moreland, and under the leadership and guidance of the VISN CMO, Dr. Dave Macpherson, and Betsy Helsel, VISN Program Manager for Access and Care Coordination, more than 40 cameras and workstations were deployed at more than 37 medical center and Community Based Outpatient Clinics across the VISN. The sites are geographically diverse and range from large facilities in the major cities of Pittsburgh and Philadelphia, to some of the more remote Community-based Outpatient Clinics affiliated with sites such as Wilkes-Barre, PA, Butler, PA, and Clarksburg, WV.

"Never have we witnessed such an ambitious expansion of a teleretinal program within VHA" stated Dr. Anthony Cavallerano, Director of the Store and Forward Learning Center in Boston. The effort was not without challenge however. For example, VISN 4 had a few locations, such as Pittsburgh, that already had a diabetic retinopathy screening program

of their own for a number of years. But the early program was unique to VISN 4, and while it was inherently comprehensive and clinically sound, providing quality care to patients, it did not meet the technical and business requirements of the national screening program. VISN 4's commitment is to bring both existing and new VISN 4 teleretinal screening programs into compliance with all national standards, and their team is working hard to accomplish that goal.

This VISN-wide implementation effort required both acquisition of the cameras and workstations as well as identifying and assigning the imagers at each of the sites. Careful thought had to be given to strategic placement of the workstations so that maximum utilization and optimal patient access was realized. Placing the cameras and workstations appropriately was only the beginning of the project. A VISN-wide Teleretinal Implementation Planning team worked closely with the Boston Training Center over a number of months gaining the education and a better understanding of the various components of teleretinal imaging implementation. A system was also put into place to provided the necessary training for imagers and readers who would eventually participate in the program. In addition, Teleretinal Imaging became one of 5 projects that the VISN Leadership Development Institute is focusing on.

The Care Coordination Store and Forward Boston Training Center began certifying the first imagers in March, when Renee Warstler and Chad Parenteau for the Boston Training Center and Barb Palumbo, a preceptor from VISN-10 in Canton, Ohio, met in Pittsburgh and trained 18 imagers. Barb subsequently trained additional imagers from the Erie facility both on-site in Erie and then they traveled the distance to Canton, Ohio. The next off-site training sessions took place in Lebanon, PA, where Don Bocash and Chad Parenteau participated in training 19 imagers from 7 VISN 4 sites. The Lebanon program coincided with an annual VISN-wide conference organized by Drs. Kevin Wolford and Dan Petley. The afternoon session of the conference included imagers, readers, business managers, eye care providers, and others and was devoted to discussions and presentations about challenges and best practices in implementing a comprehensive teleretinal imaging and screening program for diabetic retinopathy. Next, the Boston staff travelled to Clarksburg, VA where the next group of 8 teleretinal imagers were trained and certified.

The Boston Training Center has also remotely trained 8 readers, bringing the total in the VISN to 18, who can now review, interpret and report on the studies captured by the wide-reaching group of imagers throughout

VISN 4. By the time the VISN program is complete, more than 47 Cameras and diagnostic display work stations will be used to provide service to veterans throughout the VISN. Betsy and her team are to be commended for their efforts in accomplishing all of the necessary prerequisites, satisfying the IT and IRM requirements and conditions of participation for the program, and with the assistance of the Clinical Applications Coordinator, installing the consult templates at each of the imaging sites throughout the VISN. "We expect to triple the previous number of veterans screened in the first few months of our program" Betsy volunteered. Following that, we plan to assign facility-specific targets based on a needs assessment showing the potential number of veterans who can be served in each individual area. We also hope to utilize some of the rural health funding to enhance access to teleretinal screening for veterans living in rural and highly rural areas". VISN 4 is proud of its expanded ability to offer this service to more veterans in convenient, easily accessible locations, and is confident that the increased accessibility will result in more diabetic veterans being diagnosed and treated prior to the progression of diabetic retinopathy and other eye related conditions.





## Sunshine Telehealth Training Center

Training Center staff helped coordinate and participated in an education and training strategic planning meeting for all of our national training centers in Washington, DC in March of this year. 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 impact of the Rural Health Initiatives on telehealth, customer service, performance improvement, competency development and priorities for the future. This was an extremely beneficial meeting for all who participated. Information from the CCHT strategic planning sessions at the Leadership Forum were incorporated into STC's priorities.

STC staff attended the American Telemedicine Association's (ATA) Annual Conference & Exhibition in

Las Vegas April 26th-28th. The STC's abstract entitled: "Evidence-based Disease Management Protocols for Home Telehealth: Experience in the Veterans Administration" was accepted for a one-hour discussion panel in the Home Telehealth & Remote Monitoring Track. The presentation went very well. Many people from all over the world attended. There was tremendous feedback from these individuals about how important the work of the VA is in Telehealth. Also representing General Telehealth was Mary Skinner, VISN 21 who is the Telehealth Coordinator at Palo Alto and a CCGT Master Preceptor. She had a poster displayed entitled: Combat Wounded OEF/OIF Veterans: Effective Treatment Using VA National Polytrauma Network.

STC collaborated with EES, in response to requests at the Leadership Forum to launch a new

quarterly Live Meeting continuing education program entitled: "Lessons From the Masters: Disease Specific Care Updates." These educational programs will bring the latest evidence-based information and practice recommendations on every disease-specific offering. Our first Live Meeting offering is May 22, 2009; 2pm-3pm EST. Dr. Tony Cavallerano, OD, Boston Teleretinal Training Center Director will be presenting "Diabetes Update." The STC will be sending out invitations to your Network CCHT Leads to forward onto those of you who are interested.

STC staff participated in strategic planning groups at both the CCGT and CCSF Leadership Forums in May in San Diego. In celebration of National Positive Thinking & Attitudes Week May 11th-15th STC staff provided books that were given out to participants at these Forums.

## Accolades Recognition Deserved

We want to send a special "Well Done" out to the Alaska CCHT Team - John Edge, Mary Else, Vicki Phillips, Diane "Loretta" Reed, Lucia Shercliffe for being nominated for the prestigious Alaska Federal Executive Association's Outstanding Federal Employee of the Year 2008 Awards. Their nomination was for their dedication to expanding and improving access to and the quality of care, through the use of technology, for chronically ill patients in urban, rural and highly rural areas across the State of Alaska. Simultaneously, the Team reduces costs of care and is improving satisfaction for a highly complex and chronically ill population of patients.

We recognized one CCHT Champion this past quarter. From VISN 2, VAMC-Albany, New York: Dr. Michael Krastins. Dr. Krastins is a primary care provider who supports the use of CCHT with his patients. Through his efforts of encouraging veterans to try new technology the local CCHT program has increased enrollment.

## Upcoming Events

Coming to the LMS: Advancing CCHT Practice, a new required on-line course for all CCHT staff to update your skills in delivering and supporting CCHT services. Covering Evidence-based Practice & CCHT, Patient-centered care through

Organizational Change, Population Management, Building a Teamwork Culture and Data: Management & Dissemination.

Now Available: 2009 CCHT Competency Program



# Quality and Performance

## Carla Anderson Joins the Quality Management Team

Linda K. Foster, MSN, RN

At the end of April, Carla Anderson, MSN, RN, joined the staff of the Office of Care Coordination Services (CCS) as a Quality Manager.

She joins Linda Foster in the Quality Management program that is responsible for the planning, development and operations of all VHA Care Coordination Telehealth (CCT) quality management programs (Care Coordination General Telehealth (CCGT), Care Coordination Home Telehealth (CCHT) and Care Coordination Store and Forward (CCSF)) as well as the management of special projects. Her primary area of emphasis will be for CCGT and CCSF though she will be cross-trained for the CCHT quality management program as well.

A CCS Quality Manager's role includes key responsibility for the development, implementation and maintenance of a centralized internal -CCS accreditation review process (Conditions of Participation) to facilitate the development and designation of VHA Care Coordination Telehealth programs at the VISN level and ensure that accepted stan-

dards of health care operations are met. This process includes explicit parameters for the clinical, technical and business processes involved in the operational delivery of care via these programs as well as concurrence with external review bodies' standards, such as JCAHO and/or CARF. This national process systematically and objectively assesses program compliance with relevant policies, guidelines, standards and accepted clinical practices and educational needs.

Anderson previously worked in VISN 8 as the Director of Clinical Operations for the Community Care Coordination Service (CCCS) and was responsible for overall planning, coordination, implementation and evaluation of clinical, business and technical applications of all Care Coordination Telehealth pro-

grams throughout the network. She was instrumental in the implementation and ongoing operations and expansion of the VISN 8 Teleretinal Screening program, which currently has four reading centers and fourteen active imaging sites. Under her

“On her first day Carla participated in the first post-pilot network review using the new combined CCT review process and Conditions of Participation.”

leadership and direction, the VISN 8 General Telehealth program expanded to over fifty different specialty clinics which improved access to over 17,000 veterans in both programs this past year.

Anderson was also influential in developing new home telehealth programs for vulnerable populations across the network, with positive impact

on program census and access to care. She has demonstrated her skills in performance improvement by creating a VISN general telehealth and store and forward scorecard and was actively involved with

the ongoing development of the home telehealth score-

cards. Her skills in collaboration and planning with CCT staff in the network led to two successful national COP reviews.

In addition, Anderson has been a leader in the development and ongoing implementation of other clinical programs across VISN 8 such as Hospice and Palliative Care, MOVE, and MHV. In this regard she was responsible for implementing all national and VISN initiatives for these programs as well as to succeed with any performance measures associated with these programs.

Prior to her VISN 8 role, she worked as the Director of HBPC at the Roudebush VA Medical Center in Indianapolis which was designated a National Program of Excellence during her tenure there. She holds a Masters of Science degree in Community Health Nursing from Indiana University School of Nursing in Indianapolis, Indiana and a BSN from the University Of Nebraska College Of Nursing in Omaha, Nebraska. She served six active years in the Indiana Army National Guard.

On her first day of her new role, Anderson participated in the first post-pilot network review using the new combined CCT review process and Conditions of Participation. She also participated in the recent national CCGT and CCSF Forums. Please welcome Carla in her new role as quality Manager.





## 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.

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