



## 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.



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## The Office Formerly Known As Care Coordination Services. Transitioning to the Office of Telehealth Services.

Since our last newsletter the Office of Care Coordination Services (OCC or CCS) has undergone a change of name. Merriam-Webster's Dictionary defines the word name in six ways, one of which is: "a word or phrase that constitutes the distinctive designation of a person or thing." There has been a certain amount of confusion in terms of how some people have perceived this change. This confusion has come from those working to develop Care Coordination/Telehealth services in VHA and from those that worked with us and felt that for some reason the distinctive designation that the Office of Care Coordination Services had as a program office was going to change.

The main reason for our name change was not that we were losing our distinctive designation which remains as

the mission to support VHA in implementing Information, Telehealth and Disease Management technologies to extend and enhance care and case management. Our aims are that Veteran patients will, through the services we create and sustain, receive the right care in the right place at the right time and that the home and local community will be the preferred site of care. The issue was not about

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who we are, but one of the appropriateness of Care **Coordination** as our name to define who we are. In 2003, we had changed from the Telemedicine Strategic Health Care Group to the Office of Care Coordination Services based upon an interpretation of Care Coordination that encompassed the Institute of Medicine's Crossing the Quality Chasm definition that: "Coordination encompasses a set of practitioner behaviors and information systems intended to bring together health services, patient needs, and streams of information to facilitate high quality care"

*(continued pg. 2)*



# The Office Formerly Known As Care Coordination Services.

*(Continued from pg. 1)*

What we do has evolved since 2003, but so also has Care Coordination. It now covers a multitude of different concepts and is being embraced within the framework of the Medical Home, changing thoughts on the Chronic Care Model and both Care and Case Management. Therefore, with the lack of clarity in what Care Coordination is and its moving boundaries, it no longer served to provide a distinctive designation of what we do and was confusing to many people who were trying to make sense of roles and responsibilities based on the logic on names.

Particularly confusing was the fact that many of these people did not know that VA had a Program Office responsible for Telehealth Services. To clarify the confusion, we initially looked to change to be named the "Office of Care Coordination/Telehealth Services". It was simpler and cleaner that we became the Office of Telehealth Services.

The Office of Telehealth Services (OTS) is responsible for the same programs as before, namely those involved in using home telehealth (CCHT), real-time clinical videoconferencing (CCGT) and store-and-forward telehealth (CCSF) to change the locus of care provision to Veteran patients. On something of a role with changing our name, we decided to run with things and changed the name Care Coordination/General Health (CCGT) to Clinical Video Telehealth (CVT) and a new category of services that can best be described as Remote Analysis that incorporates services such as sleep studies and monitoring of seizure activity via telehealth. So what does this all mean?

Well, not very much from our point of view because what we do in terms of roles and responsibilities and the key relationships, we need to achieve our mission; nothing has changed, beyond the continuing growth in the programs. All the constituent programs

that came under the portfolio of OCC are now as before and just under a different naming convention - OTS. CCHT is unchanged as is CCSF, and CCGT is the same as before but called CVT because of a unanimous feeling by the communities of interest that constitute this that it was a better description. The inclusion of Remote Analysis was to group a distinctive set of services that are emerging in the area of remote monitoring where data is acquired, but not necessarily directly monitored or analyzed.

So, unlike a marriage where a change of name denotes a change of designation, our change of name is not changing our designation - but we still have all the hassles of now being recognized by our new name and the changes to documents. An early realization of this came with the signing of the Memorandum Of Understanding (MOU) and Service Level Agreement (SLA) with the Office of Information and Technology for CCHT services. This is a great event with huge significance for the further growth and ongoing sustenance of CCHT.

Unlike many other parts of healthcare, we have not sought to develop a silo that is Care Coordination/Telehealth. What is CCHT is not going to go away. We work in a matrix-fashion and for those who are delivering clinical care as Care Coordinators, this presents an opportunity to integrate more closely with Primary Care. The basic model of CCHT is robust and well described. CCHT has embraced the concepts of the Medical Home since its first inception. VA is embarking upon a radical transformation with its

implementation of the Medical Home model of care. Within health care, we are inherently tribal. Now we have an opportunity to focus on the patient and to be part of evolving systems of care. What constitutes CCHT, CCSF and CVT are embedded into care and have formal processes that are well-standardized. I see what is coming as a metamorphosis with exciting and wonderful opportunities for change.

However, for the moment we are firmly grounded in the necessities of changing websites, documents and mail routing symbols, etc. A year or so ago, an article in a newspaper mentioned that the European Union was changing the name of an organization - the GMES - Global Monitoring for Environment and Security - to Kopernikus. Having no knowledge of the organization and just cursorily reading through I thought - "just imagine all the docu-

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mentation that will need to change from GMES to Kopernikus".

As I find myself changing OCC to OTS many times a day in documents, I realize that in the interconnected world in which entities exist in both name and database, there is something more still to a name than Merriam Webster currently captures in its definitions. A name denotes existence in cyberspace. Therefore, although we are the same and undertake the same role, we are going to rely upon Dave Palazzolo, our Web designer to make sure Metatags, SERPS and Robots.txt files can appropriately help us to be found.

-Dr. Adam Darkins

## RMTTC Staff Assistant | Sue Medina

Sue Medina, is the new Staff Assistant for the Rocky Mountain Telehealth Training Center. Sue has 15 Years Administrative support with the Department of Defense, and has been with the Veteran's Administration for the past 2 and a half years.

Sue worked in the Denver VA Physical Medicine and Rehabilitation Services as Lead, Medical Services assistant. She enjoys the process of tying all of the great work

being done into a central location. She brings to the service a background of office management, fiscal and administrative experience.

Sue has a long family history with the military, born to a U.S. Army (Retired) father, and married to U.S. Army EOD Technician (Retired) and OIF veteran; and has two sons who are now serving in the U.S. Navy. They actively participate in Veteran's organizations, and receive great satisfaction reaching out to Veteran's in need.





# Rocky Mountain Telehealth Training Center

## Training Center Director | Rhonda Johnston

The Rocky Mountain Telehealth Training Center is very excited to have a full compliment of staff members once again. Rhonda Johnston is taking over helm as Training Center Director, Lana Frankenfield (bio page 6) will be filling in behind Ron Schmidt as the Training Specialist and Clinical Liason and Sue Medina (bio page 2) jumps in as the newest Education Program Specialist.

Rhonda Johnston has been selected as the new Director for the Rocky Mountain Telehealth Training Center. Rhonda has a Doctorate in Philosophy of Education and Human Resources Studies (PhD) in Post-Secondary Administration,

from Colorado State University and a Masters of Science in Nursing (MS) in Adult Health Promotion and Illness Management from the University of Colorado Health Science Center, Denver, Colorado. She is a Certified Family Nurse Practitioner (BC-FNP) and Adult Nurse Practitioner (BC-ANP).

Rhonda has been the Director of Education, Development and Telehealth/ Designated Learning Officer/ Nurse Practitioner: Veteran's Administration Eastern Colorado Health Care System since 2006. She is on the faculty at Grand Canyon University and the University of Phoenix in Arizona. She is well associated with telehealth and its benefits for

veterans. She has most recently received funding of 1.7 million dollars from the Office of Rural Health for the implementation of telehealth to provide patient education and wellness. She also becomes the third OTS staff member to drive a MINI Cooper, so we think she'll fit in nicely.



## Special Thanks!

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

## IN THE NEWS

### Telehealth on your Mobile Phone

Jeff Lowe, the National Telehealth Lead for Clinical Video Telehealth had the opportunity to explain how the VA has been successful in implementing real-time clinical video telehealth technologies to ZDnet.com. Jeff's interview and the subsequent article puts the VA in a very positive light. To read the article navigate to: <http://healthcare.zdnet.com/?p=3099>

## THE VIDEO ENCOUNTER

### Tips and Tricks

What you wear for a video encounter can make all the difference. Busy patterns, like stripes or plaids are the worst because it translates into having to send more information from location to location. A white shirt or lab coat is almost as bad because it is too bright and washes out details. Saturated bright colors like reds and oranges can be bad too. The best thing to wear is moderately dark, solid colors. Medium to dark blues work the best.





## Boston Telehealth Training Center Training Center Welcomes Newest Master Preceptors

Boston's weather is not all that inviting during the winter season but that did not deter our newest master preceptors from traveling to the Boston Training Center to complete the final phase of their program. This year's class was made up of 10 teleretinal imagers representing 8 different VISN's. Angela Miles-Bagnasco even travelled all the way from Anchorage Alaska, so the weather was never an issue for her once she arrived on the East coast.

With the addition of the newest group of preceptors we have added 4 more unique VISN's to the list, bringing the total number of VISN's with a teleretinal preceptor to 15. There are only six remaining VISN's with diabetic retinopathy screening programs that are not represented by a master preceptor. We hope to round out the list by adding some of the remaining VISN's as part of our next program, which will likely launch in

early Spring of 2010.

With the successful completion of the preceptor course, the Store-and-Forward Telehealth Boston Training Center now has a total of 34 Teleretinal preceptors. Since the inception of the first program in May 2008, preceptors have trained more than 130 imagers in the field throughout VHA, bringing the total number of imagers involved in the program to more than 340 nationwide.

Preceptors have added a new and important dimension to our teleretinal training programs. They play an important role in mentoring and training prospective imagers and serve as an extension of the Boston Training Center in many other ways. The preceptors interact with VISN Telehealth coordinators, serving as liaisons to the diabetic retinopathy screening program. They assist in administering our patient satisfaction surveys in the field and in implementing and executing our ongoing

QA/QI competency program for imagers. In some VISN's the Master Preceptors are already playing a role in training teledermatology imagers, a logical collateral responsibility for them since image capture and image transmission for both disciplines are very similar.

Our Master Preceptors play a vital role in the operation of our programs in the field. We are very proud of their accomplishments and they have already made significant contributions to our program.

### Store-and-Forward Master Preceptors

- VISN 1 - Helena Davison
- VISN 3 - William Dowdy
- VISN 3 - Edwin Soto
- VISN 4 - Theresa Allen
- VISN 4 - Karen Towers
- VISN 11 - Leo Kenworthy
- VISN 16 - Luis Bernard
- VISN 17 - Julie Shotwell
- VISN 19 - Matt Squired
- VISN 20 - Angela Miles-Bagnasco

Front row, left to right; Luis, Julie, Angela, Helena, Theresa.

Back row, left to right; William, Matt, Leo, Edwin, Karen



gram.

## Sunshine SPP Support Preceptor Program

The STC has selected ten candidates for our new Sunshine Support Preceptor Program.

This program has been designed specifically for CCHT support staff and candidates will begin their course work in January 2010. We are very excited and pleased to have this excellent group of candidates.

VISN 5 - Jo Ellen Dawson  
VISN 6 - Carrie Parker  
VISN 7 - Teresa Halladay  
VISN 10 - David Chmielewski  
VISN 10 - Brenda Edwards  
VISN 17 - James E. Davidson Jr.  
VISN 20 - Benjamin Carman  
VISN 20 - Rebecca Sevores  
VISN 22 - Roosevelt Lyons Jr.  
VISN 22 - Adrienne Neal-Hamilton

## Sunshine Telehealth Training Center

STC staff have been working closely for the past 7 months with the Rocky Mountain Telehealth Training Center (RMTTC) staff. Now that all of the Center's positions in Denver have been filled we will be transitioning the new team to the guidance of its new Director, Rhonda Johnston.



from all over the Health Science Center. Participants learned about VHA's telehealth programs and their positive impact on veterans and families.

For our service project this quarter staff participated in a coffee drive for patients and families of the third floor Hospice Care Unit at the Lake City, VAMC.



A local artist agreed to donate some of his artwork to individuals who brought pounds of coffee to the unit. Here STC staff are pictured with Hospice staff holding the donated coffee.

Finally, our own Dede Stallings recently celebrated 25 years of federal service. Dede received her 25-year pin at an awards ceremony in Lake City.



## Upcoming Events

Coming this year look for **Advancing CCHT Practice 2010**, a new on-line course to update your CCHT skills.

Also, the 2010 Annual Competency Program "It's a Jungle Out There" will be coming in March to the website and will be available for those attending the national Leadership Forum in St. Louis in May.

# RMTTC Education Specialist/Clinical Liason

## Lana Frankenfield

Lana Frankenfield, LCSW is the new Education Specialist/Clinical Liason for the Rocky Mountain Telehealth Training Center. Lana was enlisted in the US Army for 12 years as a Systems Analyst. She was stationed at Ft. Richardson Alaska, Ft. Bragg NC and at the White House.

Lana received her Bachelor's degree in Business Management from National-Louis University in 2002 and continued her education at the University of Denver with a Masters in Social Work.

Lana worked in the Denver VA Mental Health Clinic and the Mental Health Family Program. She enjoys being a part of the process of learning and believes her best qualities in training others are her patience and compassion.

Lana understands that technology and change can be difficult and putting them together can initially be overwhelming. She knows because she used Telemental Health on a regular basis to reach Veterans and their families in Colorado's CBOCs. Lana is excited to be on the team and to be a part of the process of providing the right care in the right place at the right time through Telehealth.

Lana is married to a Marine, an OIF veteran, who also works within the Veterans Administration. They are active in Veterans organizations and passionate about going into the community and talking to Veterans about the VA, benefits and services.



## Sunshine Telehealth Training Center Outstanding Contributions

This quarter we have several Champions to recognize for their outstanding contributions to CCHT.

### Louise Burns

*Nurse Practitioner & Lead Care Coordinator, NorthPort, VISN 3*



Among Louise's many accomplishments at the Northport VAMC have been significantly increasing the census of veterans on the home telehealth program, establishing a Medical Center Telehealth Committee, establishing a contract to provide installation of home telehealth equipment in veterans' homes and developing a very informative patient brochure.

### Timothy J. Richardson, MD,

*Chief of Staff, Togus VISN 1*



Dr. Richardson has demonstrated consistent support of the CCHT program by promoting the program to the medical staff, problem solving, advising and guiding the CCHT staff to improve clinical outcomes and provide access to medical care for our veterans that they would not have without his intervention.

### William Harness, RN,

*Nurse Executive, Togus VISN 1*



Mr. Harness provides daily support to the CCHT Lead and to the RN Care Coordinators. He participates enthusiastically in program development, staff support, and encourages clinical excellence in the delivery of care coordination to veterans enrolled in Home Telehealth.

### Brian Stiller

*Facility Director, Togus VISN 1*



Mr. Stiller has been a leader in promoting CCHT within our facility and in the VISN. His extraordinary support is exemplified in the development and implementation of TELEWORK program for CCHT. He authorized three FTE RN care coordinator positions which allowed Togus' CCHT program to achieve the target ADC for FY 09 and is positioned to make the same goal in FY10. Without his support the CCHT Program would not have the capacity to enroll 15-20 new patients each month.

## Save the Date Telehealth 2010 and Beyond: Expanding Patient-Centric Care

The 2010 Telehealth Leadership forum has already entered into planning phases, but now is a great time to set aside some time and mark your calendars. This year the Forum will be at the Hyatt Regency Hotel, May 11th through the 14th in St. Louis, Missouri.



# Quality and Performance

## The New Year of Quality Management

Carla Anderson, MSN, RN

Happy New Year! As all of us begin another new calendar year, it is tradition to think about our “bucket list” for the days to come. These are all of the many possibilities and opportunities that lie ahead of us personally and with our work in CCT that we would like to make happen. It is always exciting to dream and plan for such goals and events; being really mindful of what the best approach forward will be. In doing so, it is useful to take a look back at the previous year, 2009, at your many accomplishments; both successes and failures. It is important to take time to rejoice in all that you have done and the many things you have learned. Then sit and think quietly about ways to do more and to do it better. Reviewing the previous year's goals and aims really helps to create a superior plan to complete your “bucket list” of successes in the future.

With that said, this is a wonderful opportunity to review the quality management (QM) team's accomplishments in 2009. Also we want to share with you a little of what we have learned and some commendable practices that we have seen over the course of our travels this past year.

FY 09 was the actual launch of the new combined Conditions of Participation (COP) review process for Office of Telehealth Services. All three Care Coordination Telehealth programs CCHT, CVT, and CCSF are now being reviewed during each network site visit. The QM team completed two pilots early in the fiscal year using the new combined COP standards. After the pilot reviews, necessary adjustments were made to the standards, new staff was hired, and the new CCT review process was created. By the end of calendar year 2009, a total of eight networks (includes the two pilots) had completed their reviews.

One of the most challenging components of this new COP review process

### “It is always exciting to dream and plan for such goals and events”

for both the network leads and the QM team is creating the schedule of program meetings for live and remote reviews with the many CCT staff involved across a network. The QM team learned some lessons from our “experienced” network leads that have completed their reviews. Some of these include:

1. Providing good preparatory documents for easy reference,
2. Establishing frequent conference calls for the network lead and team with a member(s) of the QM team (these could be daily in some cases).
3. Improving communications on

the expectations of the review itself, sorting through necessary review documents for upload, and providing details about the Teleretinal workstation remote reviews.

4. Providing ongoing consultation, guidance and support as networks respond with their improvement plans.

As we begin another year, these lessons learned will continue to improve the COP process for the next twelve VISNs on the schedule for review.

The QM team noted many commendable practices as we continued our COP journey across networks. For the eight VISNs in 2009 that completed their COP reviews, please take a moment to congratulate yourselves on a job well done! The following lists some of the many commendable practices we observed during our travels.

1. VISN 8 - Excellent VISN performance improvement plan and report card including uniform collection and aggregation of program level clinical and business indicators
2. VISN 19 – Excellent VISN Telehealth Technical Service Help desk
3. VISN 1 – Excellent Care Coordination/Care management program and continuum of care model. The linkage of programs and services, and standardization of processes result in demonstrated reduction in duplication of services, improved coordination of care and improvement in cost and utilization expenditures.

4. VISN 2 - Excellent NIC ADC tracking and targeting for each site in network which provides a planning tool for continued enrollment of patients for both non-institutional care and chronic care management.

5. VISN 11 – Excellent HgbA1c protocol and tracking guidelines have been developed and implemented at NIHCS and serves as a model for the VISN

6. VISN 23 – Excellent protocols for insulin titration and COPD Home Action Plans serve as models of care delivery that are shared across the VISN.

7. VISN 10 – Excellent well developed SCI hub and spoke model, which is leading the nation in SCI care through clinical video telehealth

8. VISN 20 - Excellent performance improvement process that includes a network Balanced Scorecard, performance indicators, annual provider satisfaction survey, and quarterly chart reviews.

For the 12 VISNs scheduled for COP review in 2010, the QM team hopes that this 2009 review of accomplishments, lessons learned and commendable practices will give you some food for thought and help you to create your “bucket list” for success in 2010! See you soon! Cheers!

# The Ryan Haight Online Pharmacy Consumer Protection Act

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Public Law 110-425, 122 Stat. 4820-4834) "the Act" amends the Controlled Substances Act to prohibit the delivery, distribution, or dispensing of a controlled substance that is a prescription drug over the Internet without a valid prescription. It was enacted on October 15, 2008. This act has implications for Telemedicine/Telehealth. From January 15th 2010 this Act will have the effects described below upon

prescription of controlled substances as part of routine Telehealth activities in VHA:

1. With the exception of routine Telemedicine that is conducted while the patient is being treated by, and physically located in, a VA Medical Center or VA Community-based

Outpatient Clinic and is being conducted by an VA practitioner employee or contractor acting in the scope of such employment, prescriptions of controlled substances by practitioners using Telemedicine in VA will require that a prior face-to-face encounter was undertaken with the patient receiving a controlled substance prescription by the physician who is prescribing the controlled substance at any time in the past. Failure to comply may result in criminal prosecution, civil fines and/or administrative action to revoke the practitioner's DEA registration.



2. The Act will therefore specifically prohibit the prescribing of controlled substances by a practitioner without a face-to-face encounter at some time in the past in association with:

1. Telehealth into VET Centers
2. Telehealth into patient's homes
3. Telehealth-based care to homelessness shelters

*These above situations assume that a treating practitioner who is registered with DEA is not physically with the patient.*

3. There is latitude in the Act for Public Health Emergencies and emergency situations with individual patients. For clarification on this please contact John Peters VHA Office of Telehealth Services (202) 461-6946. [john.peters@va.gov](mailto:john.peters@va.gov).

Details of the Act are available at [http://www.deadiversion.usdoj.gov/fed\\_regs/rules/2009/fr0406.pdf](http://www.deadiversion.usdoj.gov/fed_regs/rules/2009/fr0406.pdf). In the event that the Act prevents necessary telehealth activity VA can try and seek exemption from DEA. The details given above constitute our understanding of the broad implications of this legislation following discussion with the Office of General Counsel in VA and with the Department of Justice, and the guidance above is therefore given accordingly.

## Finance & Accounting Change:

### VA Cost Center 8250 Redefined; Now Covers All VHA Telehealth

This information is important to all VHA Telehealth programs for purposes of labeling/tracking funding, labor mapping, and other 'bookkeeping' activities associated with VHA Telehealth.

Historically, Cost Center 8250 was established to track funding for Care Coordination Home Telehealth (CCHT) programs.

In July 2009, Cost Center 8250 was redefined in order to be used for not only CCHT, but now also to be used for Clinical Video Telehealth (CVT) as well as Care Coordination Store-and-Forward (CCSF) Telehealth. In other words, VA Cost Center 8250 should now be used for all VHA Telehealth programs.

Here are the VA Cost Center 8250 details, from VHA Finance/Accounting, that you can share with VA staff that help monitor funding associated with your VHA Telehealth program(s):

Long Name: Care Coordination Telehealth

Short Name: CC Telehealth

8250 Care Coordination Telehealth. Personal services and other direct costs related to the Care Coordination Home Telehealth (CCHT), Clinical Video Telehealth (CVT) and Store & Forward Telehealth (CCSF) Programs. Other costs to include Telehealth equipment (e.g., home health informatics and disease management technologies, clinical video conferencing hardware/software, peripheral devices, image capture devices), equipment services (e.g., maintenance, training, and installation) and travel. (Fund 0160)

## Provider Reluctance Identified as biggest hurdle to Telehealth Success

A recent article in *The New York Times* identified one of the greatest challenges we face on a regular basis; getting caregivers, accustomed to traditional means of providing care, to honestly evaluate telehealth technologies.

The article, titled "Are Doctors Ready for Virtual Visits", openly states that the greatest challenge facing Telehealth is "a deeply entrenched resistance on the part of providers."

The article focuses on a recently completed study put on by the University of Texas Medical School in Houston. The researchers initially set out to study Telemedicine effectiveness, but they "inadvertently discovered the extent to which clinicians were reluctant to incorporate this technological change."

The entire article can be found online at; <http://www.nytimes.com/2010/01/07/health/07chen.html>.



## Office of Telehealth Services - Overview

The Office of Telehealth Services (OTS) 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/Telehealth 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 Telehealth 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

- **Clinical Video 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 Clinical Video 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.

- **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.



telehealth  
services

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