



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.

this issue

Wise Words **P.2**

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

Boston Telehealth Training Center **P.4**

Sunshine Telehealth Training Center **P.5**

Outstanding Contributions **P.6**

Quality and Performance **P.7**

CCHT Documentaion Planning Team **P.8**

National Telehealth Leadership Forum

Telehealth 2010 and Beyond: Expanding Patient-Centric Care

As more than 500 VHA personnel gather in St. Louis to discuss the future of Telehealth in the VA with the goal of offering explicit strategies for implementation and maintaining robust and successful telehealth programs within the three VA standardized modalities of Care Coordination Home Telehealth, Clinical Video Telehealth and Store-and-Forward Telehealth.

The goal of this large gathering is to bring together national, VISN and facility leaders in Telehealth and Care Coordination. A focus will be on the interface of Telehealth into the Patient Centered Medical Home and Rural Health initiatives. All of these are part of Secretary Eric K. Shinseki's initiatives to transform the VA into a 21st Century Organization (T21).

Particular emphasis will be given to how telehealth can enhance access to care in rural and remote areas and contribute to the success of the Patient Centered Medical Home initiative. Additional focus will be on providing access for Veterans via telehealth to specialized services, such as mental health and dermatology in medically underserved areas.

This forum provides a valuable opportunity for the Office of Telehealth Services to share and synthesize the national strategies for developing, maintaining and expanding innovative and sustainable programs to advance the accessibility of care for Veterans; ensuring the provision of quality, safe and effective telehealth care that is compliant with VHA standards and guidelines.



Evidence based clinical studies and best practices of successfully implemented programs will also be presented to act as guide and a resource for developing programs.



New Technology on the Horizon

According to Asutin, TX newspaper, *The Statesman*, an iPhone app, dummy simulators, interactive TV and telemedicine are among the innovations being used in private hospitals. The passionate, contentious debate about changes to the U.S. health-care system has focused on costs, insurance plans and how businesses will be affected by reform.

But in hospitals themselves, change in the form of new technology occurs every day. Mobile, wireless tools are now part of a doctors' arsenals. High-speed Internet connections and networking hardware are making it possible for doctors to communicate with each other via HD video and for patients to have an array of information and entertainment choices in their hospital rooms. And increasingly sophisticated simulation dummies at many facilities are helping train medical personnel.



It goes without saying that we live in turbulent times. The economy, wars and terrorism are just a few of the major challenges that affect our everyday lives. It seems that things change from day-to-day. Old assumptions do not have a "sell-by-date" anymore, sometimes the first inkling that they do not apply is when they do not apply. What, you may wonder, has this reflective note got to do with telehealth in general and telehealth within VA, in particular?

During the second week of May 2010, over 500 people will be gathering in St. Louis, MO for our National VHA Telehealth Meeting. It makes me smile to think of this meeting and it gives me a warm feeling of anticipation. As I analyze these responses, I realize that they are engendered from two main elements. The first is that I look forward to seeing colleagues and friends with whom I have worked, laughed and sometimes shed a tear, for reasons both personal and professional. The second reason

Wise Words

Over 500 Gathering for Telehealth

Adam Darkins, MD, MPH, FRCS

is that I am energized by the challenges we face in sustaining the success that we have collectively achieved together, and in mentioning this I am, of course, including colleagues who have retired or who are not able to attend the conference as being part of this community.

Our Secretary Eric Schinseki travels extensively on

behalf of Veterans and those of us that work in VA. Many of us have heard him speak. Thoughts of *turbulent times, being with colleagues and friends, and meeting challenges* are themes that he regularly addresses in a few wise words: "*Focus on the mission, and look after your people.*" For the many VA employees who have been in the military, this may well be ingrained. For those, including me, who have not been in the military this is something we feel, but not usually enunciated in such plain and insightful terms.

So, as we gather in St Louis with the express purpose of determining our strategic direction, these are very pertinent thoughts. Our mission is that of serving Veterans and improving their access to care in a way that is effective, appropriate, cost-effective and evidence-based. Whatever may be the complexities and challenges this

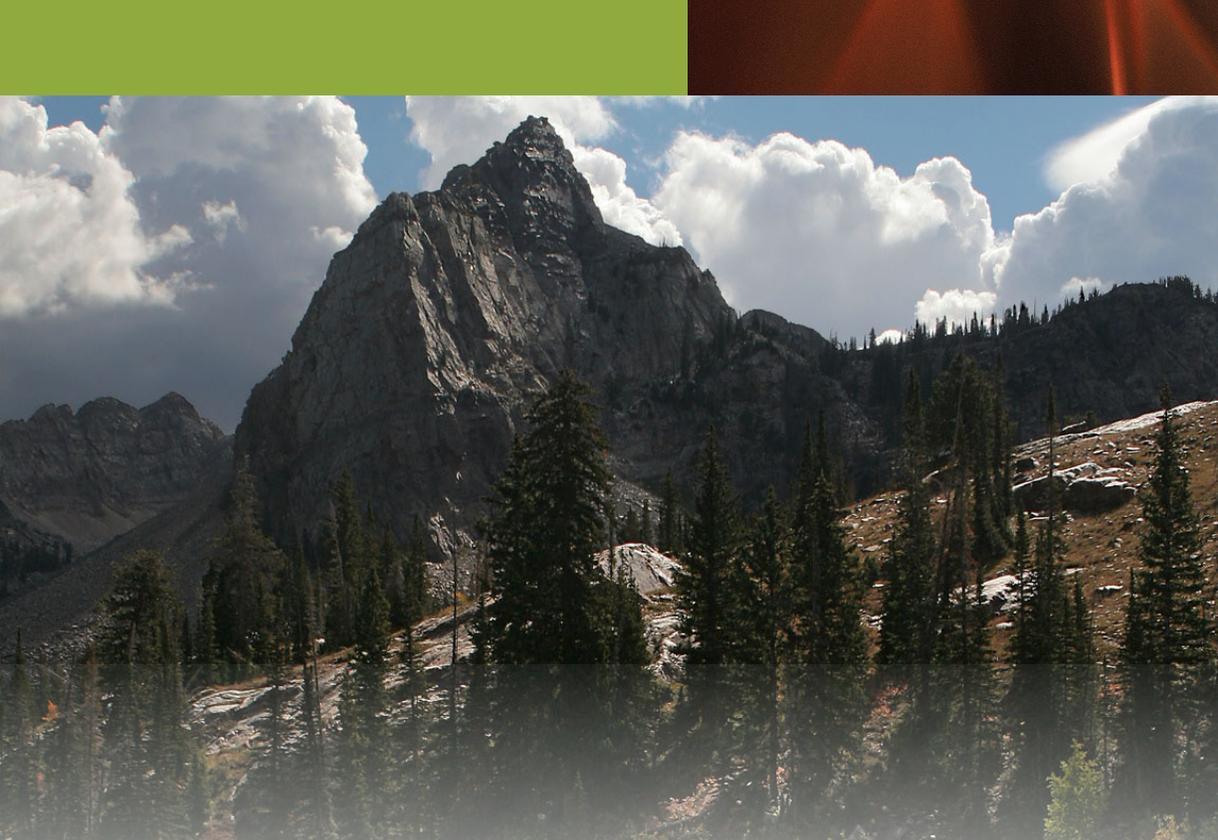
simple focus on meeting the need of those we serve will guide us to emerge from the meeting with a way forward that we will use as the basis for our collective telehealth strategy to support our Secretary's goals for transforming VA into a 21st Century Organization.

"I am energized by the challenges we face"

In walking our talk, much of our work is done virtually rather

than face-to-face. Indeed, often the first time we may meet someone we have worked with for months or years, may be our national meeting. Getting together is a chance to "look after our people", to say those words of thanks for the collaborative work and to share smiles and laughter. Not only to work hard; but have a little time to socialize after-hours.

I look forward to the next newsletter and the subsequent VHA Virtual Telehealth Meeting in which the fruits of our meeting in St. Louis will be shared. Safe travels to those of you coming to the meeting and thank you for holding the fort to those who are sustaining day-to-day operations whilst others are away.



Rocky Mountain Telehealth Training Center

More than just training

We have worked to become the one-stop-shopping source for training and resources for Clinical Video Telehealth (CVT). The 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. New offerings include accredited Telemental Health Journal Club; New and revised Master Preceptor Program, CVT Specialty Forums, Telehealth Clinical Technician Training and 21 LMS courses. The training takes in to consideration all levels of experience and knowledge to challenge and support the telehealth community. Please check out our events calendar on the RMTTC SharePoint for the recent additions and for all future event updates.

We are calling the Clinical Video Telehealth (CVT) Community for applicants in the Master Preceptor Program. This is a tremendous chance to be a part of an elite team of experts in the CVT Community and implement change, education programming and excitement to your Service, VISN and VHA. If interested in the CVT Master Preceptor program please fill out the application posted on the RMTTC webpage. Application is due no later than June. Interviews for the applicants will be held in June.

The CVT Specialty Forums include one hour monthly live meeting events that cover many clinical and business aspects surrounding telehealth services. Clinical Forums will involve telehealth staff and providers who live the telehealth experience. They will share their ideas, challenges and success with each other to improve

their care of the Veterans through CVT modalities. The Business courses assist in the evaluation and development of clinics to be able to capture workload and develop consults that support the inter-facility and intra-facility processes.

The Telehealth Clinical Technician Training (TCT) is being piloted in VISN 19 and has been very successful. The TCT is a new role but has been found to be key to the success of the expansion and quality of telehealth services in VISN 19. The RMTTC has been actively involved in their training and competency assessment evaluations. This training will be added to the LMS catalog along with the 21 courses presently in the catalog at the completion of the beta testing and peer review process. This will allow TCT's access 24/7 to the training.

PERFORMANCE Support

Resources: CVT 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.

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.

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.

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 OTS Leadership Forum to help us understand the critical needs of those doing telehealth throughout the VA.



Boston Telehealth Training Center

Launching the Continuing Education Program for Teleretinal Imagers

The Office of Telehealth Services' Boston Store-and-Forward Telehealth Training Center has initiated a first-ever continuing education program for teleretinal imagers.

A nascent but viable continuing education program has been in the discussion stages for a while and there has been considerable interest on the part of the Boston Training center to offer programs that go beyond entry level competency. Responding to this growing need for ongoing education, a workgroup was established to identify resources, consider topics, advance the names of potential speakers and to develop relevant programs. The Workgroup is chaired by Sharadee Hess, a Master Preceptor from the Tri Cities area in VISN 20, and with input from other members of the workgroup, the genesis of the program took hold. The workgroup is comprised of Master preceptors and senior imagers from various teleretinal and ophthalmic backgrounds. The courses are one hour in length and are given on the last Friday of the month at 3:00ET and are open to all. Each lecture is approved for credit by EES. The courses are offered remotely

and recorded, so that imagers with patient care conflicts or other responsibilities, can view the lecture on their own time.

The workgroup has also arranged for a series of programs that are designed to enhance current knowledge and expand on other clinical and technical areas that comprise a wide array of aspects of the diabetes surveillance program. Many of the teleretinal imagers come from ophthalmic backgrounds, while others have experience as health technicians, and still others originally had no health care background, so the challenge was to establish courses that have broad appeal, are of high quality, and are relevant to a large audience. With the likelihood of eventual expansion of teleretinal imaging to include other sight threatening disorders, such as age-related macular degeneration and glaucoma and as imagers become more experienced, the workgroup designed a curriculum that addresses some of the more likely changes. The first of the ongoing series of Continuing Education lectures was presented on Friday, March 26th. Close to 90 participants from all VISN's listened in to the lecture, Understanding Glaucoma - A

Primer for Teleretinal Imagers. The second session, Patient History and Chart Review, was presented by Sharadee Hess in April.

The ultimate intent of this program is the expansion of knowledge but the we are considering using the program as a vehicle for quality management by requiring a certain number of hours be mandatory for maintaining a teleretinal imaging certificate. Although we have an ongoing competency program for both imagers and readers, we see this as an opportunity to provide advanced competency opportunities, especially for imagers who have been involved with the program since its inception. With the increasing reach of the teleretinal program, and after more than 500,000 patient encounters, it is more important than ever to recognize the value of ongoing education. As the program extends further into areas of screening for other sight-threatening disorders, and with expanded camera deployment into rural areas, the need for a viable, a sustainable continuing education program becomes more central to quality patient.

Store-and-Forward Teleretinal Imaging Continuing Education Schedule

May - Diabetes and Diabetic Retinopathy Update.

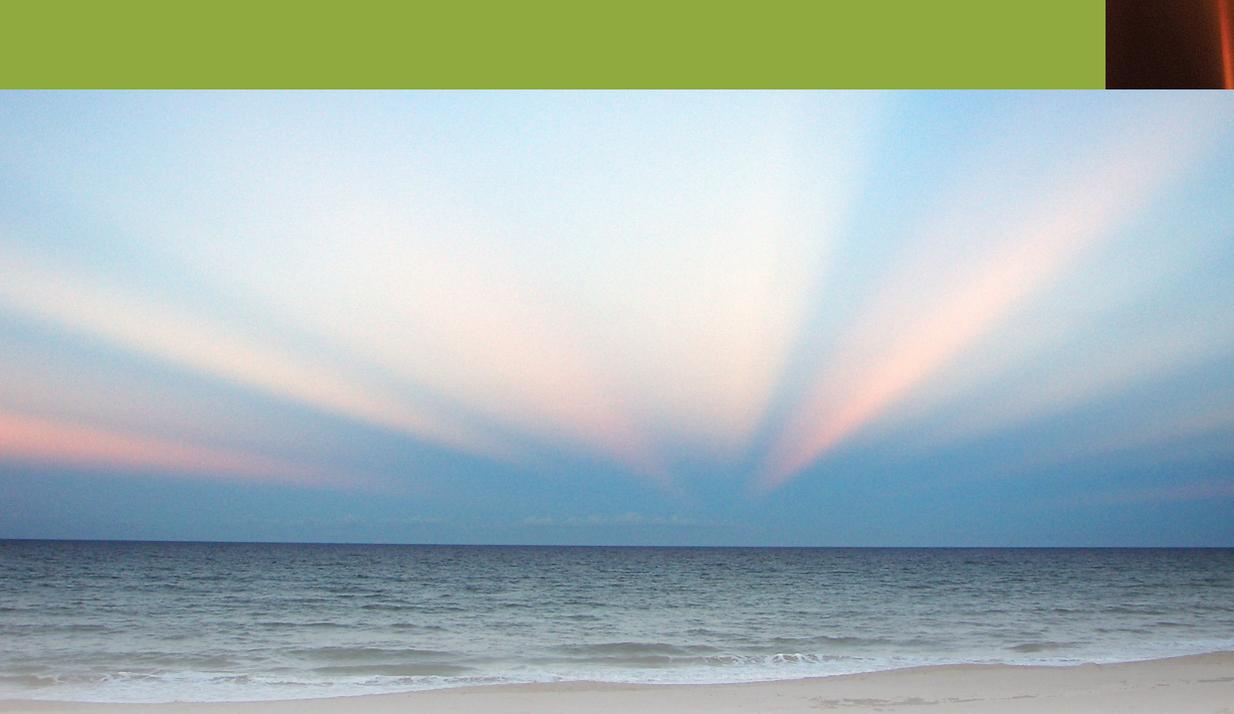
June - All About Cataracts

July - Best Practices for a Successful Imaging Program

September - Imaging Challenges

October - Significance of Nondiabetic Funds Finding

November - Age-related Macular Degeneration; You're Never Too Young.



Sunshine Telehealth Training Center

We have been extremely busy this quarter working with our content experts and Employee Education System (EES) partners to revise all of our on-line courses. In addition we have created a CCHT: The Basics Course specifically targeting those individuals who cover for Care Coordinators and support staff which will be a one-hour update of the CCHT Core Curriculum.

We are currently putting the finishing touches on our Advancing CCHT Practice 2010 Course. This course will not be required but highly recommended for staff serving in clinical roles. It will also not be web-based

but a series of Live Meetings beginning in June. We believe this format will expedite the accessibility and be more user friendly to staff.

This is a time of firsts. The Weight Management (TeleMOVE) Disease Management Protocol (DMP) was nationally released in February. It's the first VA standardized DMP written by a VA Center of Excellence (The National Center for Health Promotion). The feedback from patients has been very positive. We have national releases planned in the near future for our Substance Use Disorder (SUD) DMP and our mild Traumatic Brain Injury (TBI) DMP. We want to thank all our subject matter experts (SME) for making this possible.

Congratulations!

Congratulations to our inaugural graduation class for the CCHT Sunshine Support Preceptor Program. We are proud of our new experts.

- 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

SmartPhones Are they Changing Medical Care?

According to an article published in the *Washington Post* doctors are using smartphones to look up drug-to-drug interactions, to view X-rays and MRI scans, and even to stream music from the Internet during surgery.

The power and versatility of smartphones is leading more doctors to abandon their pagers and PDAs. Of the various smartphones on the market, such as the ones made by BlackBerry and T-Mobile, the iPhone's graphic, audio, video and memory capabilities are helping it take the lead in the medical field.

Use of the iPhone speaks to a larger trend: Nationally, about 64 percent of doctors are now using smartphones, according to a recent report by the market research company Manhattan Research.

The new iPhone, expected to be released this summer will feature a camera on the front and back, allowing users to participate in video conferencing and opens up the potential for smart-phone based telehealth applications.

It's a Jungle Out There

The 2010 CCHT Annual Competency Program is available on the Sunshine Training Center Sharpoint. This year we have broken up the content for staff and have four additional topic areas just for Care Coordinators. Also, don't forget our continuing education pre-conference "CCHT Annual Competency Program; It's a Jungle Out There" will take place on May 11th from 1pm to 5pm ET.



New Boston Training Center Staff Member

Guercie Jean-Baptiste

The Boston Training center is pleased to introduce our newest member of the team, Guercie Jean-Baptiste, MSN.

The Boston Training center is pleased to introduce our newest member of the team, Guercie Jean-Baptiste, MSN. Guercie has joined the Training Center as a Nurse Training Specialist and she did not waste any time in getting herself immersed

in the diverse store and forward programs. Guercie is not a stranger to Telehealth or the VA Boston Health Care System, having spent the last three years working in collaboration with the BHS Telehealth Program. During her tenure there the program expanded from offering care to 15 veterans to providing care to more than 400 patients enrolled



in the program. In addition to her patient care responsibilities, Guercie also provided telehealth training to multiple Care Coordinators and Home Based Primary Care RNs in support of the VA BHS Telehealth program. Through her efforts the Boston Telehealth program grew and along the way, Guercie received the VA's Super Team Award in 2007.

Originally from Haiti, Guercie came to the US in 1982 to attend Adelphi University in New York. After obtaining a bachelor's degree in French language, Guercie relocated to Massachusetts to join John Hancock Financial Services, where she worked for 15 years before changing directions. After receiving technology training from Boston University she embarked on a career in informatics. After three years as a software engineer,

and following a serious family illness, Guercie decided to follow the family tradition established by her mother and sister, and she entered the nursing profession. Guercie attended Columbia University, receiving first a BSN and eventually an MSN with an ACNP (Acute Care Nurse Practitioner) degree. In 2006 Guercie involved herself further in the nursing profession by joining the faculty at Quincy College, where she taught medical surgical nursing while at the same time being a clinical instructor at VA Boston Medical at the West Roxbury campus of VA Boston. Guercie also currently serves as a mentor for Graduate level Nursing Scholars at Simmons College in Boston.

Guercie is the mother of a teenage daughter who is a high school sophomore, and a son who is matriculating at Duke University. When she is not working, Guercie likes to spend time outdoors, especially camping, and loves to read. She enjoys cooking and has been known to prepare a variety of specialty dishes from her native Haiti.

CCHT CHAMPIONS

We have two individuals who have been recognized as CCHT Champions this quarter, Rosa Hsu and Nichole Lucero, from the Employee Education System (EES).

Both of these individuals consistently go above and beyond the call of duty for our CCHT program. Nichole and Rosa are largely responsible for the Training Center being able to provide continuing education or certificates of attendance to the CCHT community for a variety of educational activities. All of our EES partners consistently keep the STC staff on target with deadlines and commitments in order to be able to provide the continuing education our staff request. Without these two highly dedicated team members, we would be less effective in meeting the educational needs of our CCHT community.

Nichole Lucero

Nichole Lucero is an Education Program Specialist for the Employee Education



System. She has been with EES for the past seven years, six of those years she was a Project Support Assistant. Nichole Lucero role is to assist with the assessment, design, development, implementation and evaluation of educational programs for clinical and administrative staff. Nichole ensures that each program follows accreditation policies and guidelines in order to offer accredited CEU's to VHA staff. The modalities in which some of these educational offerings are delivered is face to face conferences, satellite broadcasts, virtual conferences, and web based courses.

Rosa Hsu

Rosa Hsu is the Program Support Assistant at the Salt Lake City Employee Education Resource Center. A first time federal employee, she joined the VA in June 2009 and is proud to support VA staff in their continuing education needs. She received her BA in Communication/Public Relations from the University of Utah. Her professional background includes teaching, PR and marketing, business management and non-profit work. She loves to travel and watch Food Network.





Quality and Performance

Effective Documentation for Patient Centered Care

Carla Anderson, MSN, RN

Documentation has always been a fundamental component of patient care as both a mechanism for health professionals to communicate and link to each other, as well as to gain a clear understanding of vital patient information. With the advent of the Patient Centered Medical Home model in primary care, Care Coordinators in the Care Coordination Home Telehealth (CCHT) program have a major role to play when documenting their care. The information the Care Coordinator gleans from daily assessment and monitoring of the CCHT patients' level of knowledge, physical and mental health symptoms, and health behaviors over time, is extremely valuable for successful treatment planning by the interdisciplinary team in the medical home.

When documentation is accurate, concise and effective it reflects the Care Coordinator's professionalism, and serves as a critical communication tool. From a legal perspective, effective documentation is the best protection the patient and the healthcare team have. From the standpoint of quality management, monitoring patient outcomes is essential. Good documentation provides information about care practices and related problems. Trends in practice can be evaluated and data can be captured to identify areas of concern as well as the quality of care provided.

CCHT practice is validated by using tracer methodology during the Conditions of Participation (COP) survey process. Reviews of documentation practices during the surveys, using tracer methodology, have revealed that in some cases notes describing critical clinical components of CCHT are either insufficient

in their content or simply not part of the record at all. Some of the deficiencies noted during the COP reviews include the lack of direct incorporation of provider's goals and targets, lack of specific goal setting with the patient, incomplete or absent individualized care planning, lack of periodic reassessment that also includes the patient's progress toward goals.

The purpose of this article is to provide a refresh on some of these components to ensure that concise and effective documentation of these and other critical CCHT clinical activities becomes part of the Care Coordinator's regular practice. It seems to be common practice for many health professionals that, during an eventful workday, documentation may fall to the bottom of the work list and may not get the attention that is required! The following tips may help to organize and improve documentation skills and hopefully make it less burdensome along the way!

1. Setting goals and planning care for and with the CCHT patient – Goal setting and care planning go hand in hand and are critical components of effective documentation. At the time of referral of the patient

for CCHT, the Provider should identify specific goals and targets to be achieved in CCHT. The formula for ideal goal setting includes discussion of these goals and targets and planning with the patient to identify the potential benefits when specific goals are accomplished. Mindful goal setting and individualistic care planning also guide and direct the Care Coordinator in the care to be provided or changed, as well as understanding when it is appropriate to discharge or transition the patient to another level of care. Consider the following when setting goals and establishing a plan with your patient:

a. Document specific goal(s) after completing the patient assessment with an expected date(s) for accomplishment. To succeed in making these goals a reality, the patient must agree and understand the benefits of accom-

plishment

b. Determine and document any identified obstacles or barriers that might make it difficult to reach the intended goal; these barriers or limitations may not be recognized at first, but are picked up later through daily assessment and monitoring

c. Very concisely, spell out the plan of action or care plan; include any patient education that must occur, self management skill training referrals that need to be made, as well as the patient responsibilities such as daily adherence to entering their health information and taking their medications as prescribed etc.

d. It may be helpful to provide a written copy of the set goals with dates and plan of action that includes the patient's responsibilities, to the patient. This empowers the patient to understand what to expect over time and to take a more active role in their care and problem solving.

“The information the Care Coordinator gleans from daily assessments is extremely valuable for successful treatment planning”

2. Reassessment and progress toward goals - As the plan of action/care plan is implemented, evaluation of the patient's response to treatment and the progress and /or lack of progress

toward the goal(s) are essential for success and must be documented at regular intervals. It is important that this note like all others be concise in providing a summary of what has occurred over the period. In addition, any issues the patient has with adherence/compliance such as with their medication regimen or with daily data entry should be included here. The plan of action/care plan must be updated as progress is made and/or new goals added. Discussion with the patient regarding their progress and ongoing identification of barriers is also part of the reassessment process.

The following paragraphs offer some key information that must be considered for any type of documentation in general. Again, being concise and effective with content is emphasized.

Continued

Effective Documentation for Patient Centered Care

continued

1. The content within any progress note must make sense and flow in a logical manner. Electronic templates provide appropriate content headings that trigger the professional in the right direction for information necessary in a sensible, concise layout. It is important to remember that templates assure only the minimal amount of required information is documented; therefore all trigger headings must be completed. It is essential to remember that if abbreviations are utilized, they must be approved and acceptable by the institution and in addition, understandable to the reader.

2. Documentation must have meaning. The CCHT clinical process provides the Care Coordinator with a framework of care and also serves as a meaningful guide when documenting care coordination activities. The following areas should be included as part of meaningful documentation:

- a. What the patient said or tells you,
- b. What was assessed with findings summarized/analyzed, include trends
- c. What was done/actions taken, what you teach, and,

- d. What was the patient's response to what was done,
- e. What was the patient's progress to established goals, and/or
- f. What changes if any, to the treatment plan are required

Simply documenting raw numeric data in a progress note without a context that communicates a useful analysis or interpretation from the Care Coordinator's professional perspective may lack meaning for the reader and has the potential to be ignored. An effective and well designed Care Coordination progress note provokes critical thinking and allows for improved decision making by all team members.

3. Documentation must communicate what is being done or what will be done based on assessment findings. Content must be accurate, clear, concise, complete and timely. These actions may include notifying appropriate professionals of any changes as well as noting any important referrals made as part of the intervention provided. All patient education and reinforcement provided is part of the action taken. In addition, plans for

additional assessment/reassessment, monitoring and care are included. It is also important to document the patient's response to intervention whether this response is negative or positive. How the patient responds will determine the next steps in the care plan. Sometimes this requires additional team discussion and changes in the overall medical treatment plan.

Overall, documentation that is concise and effective serves as a "continuity of care" tool that coordinates and helps to direct health care provided. The electronic medical record must communicate the patient's clinical status, interdisciplinary plan of care and responses to interventions provided. It must tell the entire story of the patient's care and condition across all episodes of care and care settings.

Finally it is important to remember that effective documentation has significance today, tomorrow and in the future. It is never known when documentation will be referred to at a future date. As more patients become empowered consumers, more will have access to their electronic medical records, so what we write now may be in the spotlight tomorrow!

CCHT Documentation Planning Team

The Care Coordination Home Telehealth (CCHT) Documentation Planning Team has been hard at work to finalize the library of 13 templates and clinical reminders, developed by the *CCHT Documentation: Template Committee*, and the updates for coding, note titles and clinic names, developed by the *CCHT Documentation: Note titles and Clinics Committee*, for national release in 2010. The CCHT Documentation Planning Team is responsible for:

- 1) Refining the templates and clinical reminders to include the standard CCHT documentation requirements, and to incorporate the feedback from Care Coordinators collected during 1st and 2nd phase pilots conducted in 2009 at more than 37 VAMCs.
- 2) Finalizing the model for documentation within CCHT, to include the revision of names for clinic locations and note titles so that they will be intuitive to clinical users, and confirming the underlying coding required in order to ensure proper workload credit.

3) Developing the resources, manuals, training materials and other tools that will facilitate the roll out of the templates and clinical reminders nationally.

4) Coordinating the 3rd phase pilot (June 2010) of all of the above in preparation for national release later this year.

Many Care Coordinators, CCHT support staff and VISN CCHT Leads throughout VHA have been involved in the different stages of this initiative over the last 3 years, and the Office of Telehealth Services would like to recognize the outstanding contributions and dedication of this team that we depend upon highly to help continuously improve the national CCHT program to better meet the needs of Veterans and the CCHT staff that care for them. Special recognition is given to the following key leaders that have worked diligently since the beginning of this initiative and are true "CCHT Champions":

(Continued on next page)

CCHT Documentation Planning Team

Instrumental Individuals

Gaye A. Shaff, MSN, RN, CMC,



started her career at the VA in 1980 and has been involved with the CCHT program since 2003. She is a certified Case Manager and a Master Preceptor for the Office of Telehealth, CCHT Sunshine Training Center. Beginning in 2007, Gaye has co-chaired the CCHT Documentation: Template Committee which revised and created 13 templates to meet the standard documentation requirements for the CCHT program. In 2009, she was involved in the 1st and 2nd level pilots for the review of the Templates and is currently coordinating

the National CCHT Documentation Phase 3 Pilot: Templates, Titles and Clinics, including revising a Clinical User's Guide for the national rollout.

Robin Robillard-Smallwood, BSN, BA,



has been working in CCHT since 2002. During that time, she has been on the implementation team for CCHT in VISN 6, and has started CCHT programs in both Chronic Disease and Chronic Infectious Disease management, has developed original DMPs for HIV/AIDS and Hepatitis C, and has worked on numerous Committees and Task Forces on the VISN and National levels. She is CCHT Master Preceptor and is the Co-Chair of the CCHT Documentation: Clinics and Note Titles Committee. In 2009, she became a key member of the CCHT

Documentation Planning Committee and she is currently involved in rolling out the Rural Health Initiative at the VAMC in Asheville, NC.

Mauri Miner, PT,



has Bachelor's degree and Physical Therapy certificate from UCLA, and practiced physical therapy until 1996, when she became a Clinical Analyst for Seattle VAMC and then a CAC in 1997. Mauri has worked on several National projects, including the development of the Office of Telehealth Services' "Diabetic Teleretinal Imaging" reminder template set (2006-2007), the Endotracheal Intubation Procedure template (2008), and the 7th edition Cancer Staging template set (2009) for the VA's National Cancer Program. Mauri has brought her extensive expertise to CCHT as the lead CAC creating and

editing the CCHT reminder template set, creating and testing the 5 new CCHT clinical reminders, and writing and editing the "CCHT Templates Pilot CAC Installation Manual" and assisting with writing the "CCHT Clinician User Manual". She has been instrumental in assisting with planning and implementation of the previous 2 CCHT template pilots and the upcoming Phase 3 (final) pilot.

Michelle Winslow, MSHA, MBA, FACHE,



is the Director of the VISN 2 Office of Care Coordination based in Albany, NY. Michelle started her career at the VA in 2001 as an Administrative Resident at the Syracuse VA Medical Center. Michelle has been involved with the CCHT program since 2003. Michelle

is a CCHT Master Preceptor and co-chaired the CCHT: Documentation: Note titles and Clinics Committee which has worked extensively on standardizing note titles nationally for the CCHT program. Additionally, Michelle is a key member of the CCHT Documentation Planning Team that is directing the National CCHT Documentation Phase 3 Pilot: Templates, Titles and Clinics.

Paul H. Meyer RN, BSN,

has been actively involved with National CCHT Documentation Pilots for Templates, Titles and Clinics alongside Mauri Miner as one of two CACs assisting with the development, testing and trouble shooting of the standardized templates, reminders, note titles and manuals. He has been a key member of both the CCHT Documentation: Template Committee and CCHT Documentation Planning Team. Paul joined the VA as a nurse in 1989 and in 1991 he deployed to the Gulf War with the 144th EVAC Hospital. In 1995, he began working for the Boise VAMC and in 2002, he was selected to be a Clinical Applications Coordinator responsible for the implementation of CPRS at Boise. Today, Paul is Lead CAC at Boise VAMC, as well as holding the following positions for the Idaho Army National Guard Medical Detachment: Chief of Case Management, Head Nurse, Officer In Charge of Laboratory Services and IT Specialist.



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.

VHA Office of Telehealth Services Volume X Issue I May 2010



telehealth
services

VHA Office of Telehealth Services (11CC)
VA Central Office
810 Vermont Ave, NW
Washington, DC 20420
202-461-6946
www.carecoordination.va.gov