



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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Charting The Way Forward The Future of Telehealth

Telehealth is currently widely implemented within VA. Its uptake over the past 12 years has been stimulated from both original research and the pragmatic need to provide access to care for Veteran patients. In 2010, VA provided care to 300,000 patients via telehealth, 46,000 of whom received this care through home telehealth technologies.

New innovations in health care, such as telehealth need to be introduced on the basis of evidence to support their efficacy, and such evidence is accumulating. Fourteen VHA studies have reviewed aspects of home telehealth and the Office of Telehealth Services published quality management data in December 2008 showed that home telehealth reduces the hospitalization of patients; is a cost-effective alternative to other forms of care for Veteran patients needing long-term institutional care; and is associated with high levels of patient satisfaction.

Overall telehealth currently constitutes around 0.3% of VA's provision of health care services and home telehealth amounts to 15% of this total. In terms of Rogers's diffusion of innovations theory, VA is at the innovators/early adopters stage.

In this context, the response from some people to a December 9th 2010 article in the *New England Journal of Medicine* (NEJM) on telemonitoring for patients with heart failure has been interesting. Some, both within and outside VA have taken this article as tantamount to a declaration that home telehealth is not effective and therefore what is happening should stop and not progress farther. A more reasoned approach raises interesting questions about health care delivery in general and home telehealth in particular.

A fundamental starting point relates to the value of telemonitoring in terms of the receipt of vital signs which was reviewed in the article, versus the associated use of disease

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IN THE NEWS

New Technology Can Be the Best Medicine

We all know that smartphones, tablet computers and big-screen TVs are transforming the workplace and home. But the newest gadgets could also be a tonic for medicine and health care.

Cellphones have already proven to be a potent medical instrument in improving patient outcomes. Diabetes patients who are sent videos on their cellphones and actually view them are more likely to check blood sugar levels and comply with their care regimens, said U.S. Army Col. Ron Poropatich, who spoke at the International Consumer Electronics Show in Las Vegas last week.

And wounded Veterans sent text messages via cellphone have better follow-up treatment routines and feel more connected to caregivers, said Poropatich, deputy director of the U.S. Army's Telemedicine and Advanced Technology Research Center at Fort Detrick, Md.

Several military-run treatment trials are testing the promise of cellphones and online apps in patient care. Poropatich foresees patients tracking their blood pressure and other measurements using computers and devices, and those findings being monitored remotely by caregivers. Similarly, cellphones and online video can connect care-intensive patients who want to remain in their homes with off-site doctors and families.

Both of Poropatich's parents are alive and "I would like to be able to log onto my Blackberry and see how they are doing," he said. Already, commercial firms are making their own evolutionary strides in telemedicine and personal health monitoring.

Excerpt from *USA Today*, published January 17, 2011.



management protocols (DMPs) that provide patient information and promote patient self-management – these constitute home telehealth in VA. An editorial by Desai and Stevenson Connecting the Circle from Home to Heart-Failure Disease Management (*N Engl J Med* 363; 24 December 9, 2010) echoes these points.

The importance of this is that the overarching public health issue is the rising rate of hospitalization and associated readmissions for chronic heart failure that current models of health care are not addressing adequately. VA's experience for the past 10 years with home telehealth technologies has been that solely monitoring patients' vital signs does not work. VA home telehealth programs were not designed to do this, and are specifically discouraged from undertaking this activity in the way studied in the NEJM article.

The reason for excluding using pure telemonitoring in VA's home telehealth programs is that the case mix enrolled in the programs are those that warrant daily review of clinical information from the home with the objective of targeting which patients need active care/case management to prevent avoidable hospital admissions and make the home into the preferred place of care. Home telehealth programs in VA were termed care coordination home telehealth (CCHT) because they were conceived in response to the Institute of Medicine's work on coordination of care and using health information systems to do this. With this in mind, VA home telehealth programs use health informatics, disease manage-

Telehealth in the VA

Charting the Way Forward (*continued*)

Adam Darkins, MD, MPH, FRCS

ment and telehealth technologies to coordinate care and focus on patient self-management. To this end, VA home telehealth programs use messaging, monitoring and video devices in association with an electronic health record (EHR) to target care and case management activities on patients who meet enrolment criteria to be managed for non-institutional care and chronic care management. The December NEJM study takes a medical model approach in its use of technology and associated clinical processes, versus the bio-psychosocial approach in VA where the caregiver in the home, co-morbidities and self-management are the focus of the program.

So, to equate a standardized approach to care and case management of patients in VA that benefit from home telehealth in which there is a requirement that daily messaging and monitoring data acquired from the home is assessed by care coordinators with the patients in the December NEJM study is problematic. The study simply introduced technology to monitor cardiac failure patients at 33 unconnected sites in which there was no standardization of associated interventions and no associated care/case management process. Fourteen percent of the intervention group never used the system and only 55% of those that did use the systems were doing so by the end of the study. Lack of an electronic record is a particular issue in the study. In essence our approach to home telehealth in VA is not about the technology it is about the ability to provide just-in-time decision-making. We do not believe this can be done without an electronic health record.

In contrast to patients in the December NEJM study in which no EHR was used, home telehealth in VA can be

seen as taking the EHR into the home to care and case manage patients. What is most exciting about this is a future in which information to manage people with chronic disease is collected longitudinally and not in the episodic manner of the current EHR. In terms of this highly plausible development in care delivery, we in VA are at the start of a journey, one that needs ongoing critical evidence as it continues and which the results of the December NEJM article do not address.

The importance of this is that the overarching public health issue is the rising rate of hospitalization and associated readmissions

Our current health care systems are not coping adequately with existing demands. The flood of chronic care needs that is coming requires a radical transformation of health care delivery if they are to be met. Technology, including telehealth technologies, is surely going to transform health care much as the database, word processor and spread sheet transformed the office. Critical studies are required to ensure these technologies are used appropriately. I do not believe the December 2010 NEJM materially helps beyond indicating that purely monitoring data is likely to be ineffective. This is something that is important to establish and adds to the evidence for why VA adopted a different approach.

Chaudhry S, et al. Telemonitoring in Patients with Heart Failure *NEJM* 363:24 nejm.org December 9, 2010



Rocky Mountain Telehealth Training Center

More than just training

The Mission of the Rocky Mountain Training Center is to provide quality Clinical Video Telehealth Education, Resources and Training. Over the past six months there have been many new and innovative happenings that we would like to share with you. The main events include the CVT Training Algorithm, the CVT Mini Residency and the Facility Telehealth Coordinator Intensive.

Training Algorithm

The algorithm was developed based on the input we received from the field and subject matter experts. The list includes all of the training we offer to date which provides you a catalog of opportunities to select from. This algorithm was also developed to assist you in developing your VISN training plans.

Facility Telehealth Coordinator Intensive

The Facility Telehealth Coordinator Intensive was developed to address the need for telehealth leader who is capable of leading, managing and facilitating a facility-based Telehealth program. The program is an intensive training approach for Facility Telehealth Coordinators that includes all aspects of a comprehensive telehealth program. The program will include all three VA Telehealth modalities: Clinical Video Telehealth, Home Telehealth and Store-and-Forward Telehealth. The training will provide the Facility Telehealth Coordinator with a tool box of skills and ideas to assist them in their role.

This three and a half day intensive is a face to face event which is funded and supported by the VISN. The training is provided by the Rocky Mountain Telehealth Training

Center with guest speakers from the Boston Store-and- Forward Telehealth Training Center and the Sunshine Telehealth Training Center. The event will also include national Telehealth Leaders. If you are interested in such a training please contact the Rocky Mountain Telehealth Training Center for information and the next event. In order for the event to take place there will have to be a minimum of 20 participants enrolled. So please contact us as soon as possible with your interest.

RMTTC New Staff Sarah Manser, MBA

Sarah Manser is our new Program

Support Specialist. She comes to us with a background in business and was a Telehealth Clinical Technician in VISN 19. She has a strong background in Clinical Video Telehealth technology.



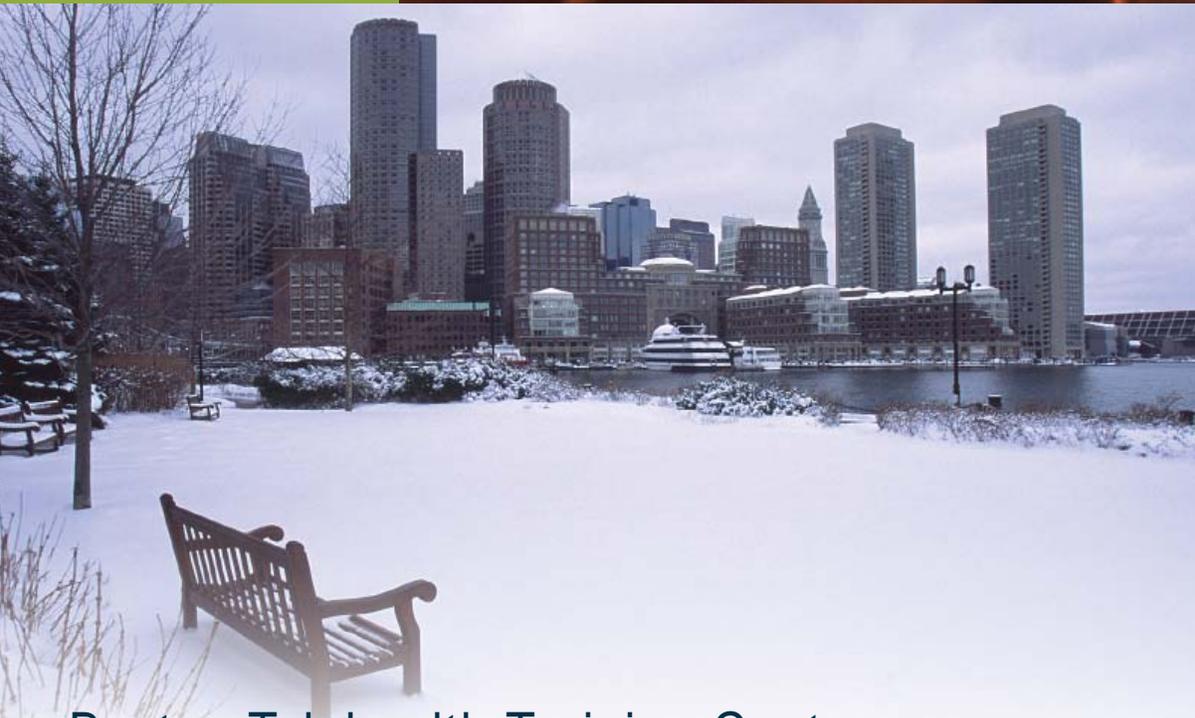
Mini Residency Clinical Video Telehealth

The Clinical Video Telehealth Mini Residency has been an excellent tool for the VISNs to assist them in developing a cadre of VISN CVT experts to assist in facilitating training, business and clinical efforts within each Network, as well as, explore where the VISN is now and where they plan to be in the future. Along with this emphasis on innovations in technology the residency provides hands on training and exploration of technology and its clinical applications.

We have successfully completed 4 residencies to date with great reviews. They are VISN 8, VISN 4, VISN 18 and VISN 9. We would like to thank the VISNs for their support and hosting the event. We will be sending out one month and 6 month evaluations. The evaluations are targeted to the attendees to check on the status of their projects, performance measures and other innovations they may have started.

After the Mini-Residency: A study is completed on where the group is and how the training affected their practice and resulted in the expansion of Clinical Video Telehealth. Again a sincere thank you to the VISNs and their support and participation in this event.

For more information about the Mini Residency, including schedules and agendas, please visit the Office of Telehealth Services Intranet Page.



Boston Telehealth Training Center Teleretinal Summit Held in St. Petersburg

The VHA Office of Telehealth Services and the Store and Forward Boston Telehealth Training Center hosted a day and a half summit in St. Petersburg, Florida. The program, designed to bring together the national leaders in Teleretinal programs, focused on extension of the platform for teleretinal imaging to include screening for other sight-threatening ocular disorders.

An additional objective of the Summit was to discuss feasibility plans for creating networked teleretinal reading centers. The Summit was attended by 90 people representing almost all VISNs, from clinical, technical, educational and administrative backgrounds, and the active plenary and breakout sessions yielded lively discussions that provided some great ideas for moving the programs forward.

The current platform for teleretinal imaging to screen for diabetic retinopathy is stable and highly scalable. Since the beginning of the program

in April 2006, more than 500,000 unique VHA patients have been screened and appropriately referred for comprehensive eye care. Given this track record, it is a logical extension of the platform to screen for other eye disorders, especially optic nerve and macular abnormalities. One breakout session was devoted to identifying potential pathways to screen for other abnormalities, while at the same time preserving those aspects of the existing program that have proven to be effective. A second breakout session was designed to begin identifying elements critical to developing standards for clinical, business and technology best practices for creating networked Store-and-Forward reading centers. The goal of establishing networked reading centers is to improve efficiency across Networks, and to provide a broader platform for consolidating resources and taking advantage of the opportunity to expand the screening pathway.

Another exciting aspect of the summit reflects an advantage of convening stakeholders within the Office

of Telehealth Services Store-and-Forward Telehealth was to gain insight into broader strategic priorities and how we might merge these priorities with Patient Care Services' goals especially in relation to improving patient access.

Following the Summit, two work groups were convened to begin to address the requisites to moving the Teleretinal programs forward. One group will address the issue of platform expansion, including identifying the disorders or abnormalities that are important to screen for. The second group will tackle the important issues and items to be considered when reading centers are consolidating within and across Networks.

The Teleretinal Summit provided an important opportunity to discuss succession planning and how we might expand existing Store and Forward teleretinal programs. The Summit was highly productive and the excitement generated at the conference will prove to be an important element in strategic planning and transformational programs.

Store-and-Forward TeleDermatology

In December, the Boston Telehealth Training Center presented their first Teledermatology training and demonstration project. Fifteen participants, stakeholders from clinical, technical and administrative backgrounds, came to Boston for a day and a half program. The project was designed to launch our formal training for teledermatology programs and to demonstrate the services and resources available through the Boston Telehealth Training Center.

With DICOM Patch 106 currently in the test phase, and widespread distribution expected later in FY2011, the Training Center is poised to begin offering formal training programs for teledermatology imagers. The comprehensive curriculum, delivered by a multidisciplinary staff, addressed clinical issues, quality management and patient safety, elements of the conditions of participation, image capture and upload to VistA, and the consult pathway. Additional training, including just-in-time offerings will be presented in the field by the first Group of Teledermatology Master Preceptors, who will complete their certification in mid-February.

The first Teledermatology Imager training program is scheduled for March 24th in Boston. Additionally, Telereader training material and an asynchronous remote certification program for readers will be available the first week in March.

Annual Competency Program Update

We are busily preparing the 2011 Annual Competency Program which will be released in late March early April. Here are some of the topics that will be included in this year's program:

- Disease Specific Care
- Chronic Disease Management
- Non-Responder Management
- Documentation/Note Titles
- Data Management
- Coding and Workload
- Patient Aligned Care Teams
- Case Management
- Performance Improvement
- Patient Self Management

In addition to our usual competency program, we will also require participation by all staff providing CCHT services in the upcoming Interactive Voice Response (IVR) training, which will include review of content on Cardiacom's Training website. Staff will provide proof of review and will receive a certificate of completion in order to meet requirements. There will be Live Meeting trainings required for all staff on the use of the Remote Order Entry System (ROES) for national CCHT equipment ordering. A new *Caring for Caregiver* on-line course will be released later this year and all CCHT staff will be required to complete this on the Learning Management System (LMS)

Sunshine Telehealth Training Center

Transformation Initiatives for the 21st Century (T21)

The Training Center continues working on several of the T21 Initiatives focusing on TeleMOVE, Interactive Voice Response (IVR) Implementation and Disease Management Protocol (DMP) development.

The TeleMOVE Training Support calls have been extended at the request of the field and are scheduled for the first Wednesday of every month at 2pm EST. The Center has finished reviewing the five DMPs (diabetes, hypertension, CHF, COPD and depression) by our IVR vendor, Cardiacom. Once the installation is complete we will begin patient testing and training.

Disease Management Protocol development:

The TeleMOVE DMP had its one-year anniversary in February. The Substance Use Disorder (SUD) and mild Traumatic Brain Injury (TBI) DMPs are complete and have been released to the field for use.

The Chronic Heart Failure (CHF) DMP is being finalized by subject matter experts after completing patient testing.

The Spinal Cord Injury (SCI) and Dementia DMPs are in patient field testing.

The Palliative Care and Hepatitis C DMPs are in vendor test development and the Diabetes DMP is in pre-acceptance testing.

The PTSD, Multiple Sclerosis and Chronic Kidney Disease DMPs are all in content development.

2011 Educational Opportunities

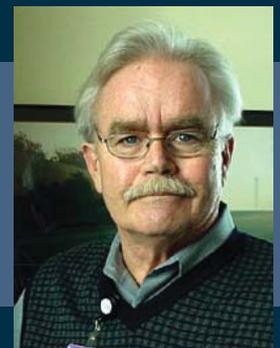
In order to meet the education and training needs of our expanding CCHT practice community, the Sunshine Telehealth Training Center is implementing a variety of multimedia training opportunities. This year will be enhancing *Advancing CCHT Practice*, the *CCHT Journal Club* and *Lessons from the Masters*. Plus we will be updating the *CCHT Orientation* program.

We will have a new Live Meeting program entitled *Caring for the Caregiver*. We hope you will take advantage of these programs to enhance your CCHT skills. Please check the Sunshine Telehealth Training Center Calendar on our SharePoint for additional information.

Farewell to Bob Lane

In January, some of us from the telehealth community gathered in Florida to honor Bob Lane, our EES Project Manager, for his many years of service to the Office of Telehealth Services. Bob will be retiring on February 28, 2011. We had a luncheon and presented Bob with some tokens of our appreciation, including a sign board with well wishes from folks

from all over the nation. Bob has been wonderful to work with he has always been there willing and able to help meet our mission for educating staff and patients about the benefits of telehealth. We will greatly miss his expertise and his ability to make us smile.





National Telemental Health Center (NTMHC)

West Haven, Connecticut

The National Telemental Health Center became newly operational in FY11, propelling telemental health care delivery to a national-level network of care.

While most all telemental health activity occurs from a single facility (e.g. hospital) to another single facility (e.g. a remote outpatient clinic), the National Telemental Health Center is designed to provide consultation from panels of designated expert clinicians to Veterans anywhere in the VHA System using telehealth technologies.

The National Telemental Health Center's healthcare delivery system addresses aspects of remote

clinical facility encounters that include scheduling, credentialing and privileging, clinical documentation, medical-legal facets, reciprocal clinical quality monitoring requirements, and the need to establish panels of expert clinicians. The activities of the Center are included under one of Secretary Shinseki's Transformational 21st Century initiatives.

The National Telemental Health Center is developing services that include national telemental health cognitive-behavioral pain treatment with VA clinical experts delivering comprehensive assessment and specialized Cognitive Behavior TherapyT interventions remotely for refractory patients,

national comprehensive assessment and evidenced based cognitive therapy for non-epileptic seizures, focused on the traumatic brain injury patient population, and delivered remotely by specialized double boarded VA psychiatrist/neurologist.

Impending expansion will include the provision of diagnostic psychiatric compensation and pension evaluations to Veterans residing outside the United States and expansion of specialized national services to patients with bipolar disorder and PTSD in collaboration with clinicians from several VISNs.

NTMHC Meet the Staff

Linda Godleski, MD, Director:



Dr. Godleski is the VHA National Telemental Health Lead and Chairs the VHA National Telemental Health Field Work Group. Under her national leadership, Telemental Health

encounters in VHA have increased more than eight-fold to its current annual level of over 110,000, and total cumulative Telemental Health visits of over 420,000. She has faculty appointments at Yale, Vanderbilt, and Universities of Virginia, Hawaii, and Louisville. Dr. Godleski also currently serves as the Associate Chief of Staff for Education at the VA Connecticut Healthcare System.

Meghan Rooney, PsyD, Director of Operations:



Dr. Rooney comes from the Bedford VAMC where she worked as a Telemental Health individual and group psychologist and was the VHA National Telemental Health Field

Work Group VA New England Healthcare System Representative.

Dr. Rooney became interested in Telemental Health as a way of serving Veterans in Community Based Outpatient Clinics. She presented the results of her local Telemental Health Program at a number of national VA conferences.

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National Telemental Health Center

Meet the Staff (Continued)

Dana Cervone, APRN, Quality Manager:



Cervone is an advanced practice nurse specializing in Psychiatric/Mental Health Nursing, with extensive experience in both the inpatient and outpatient arenas as well as emergency psychiatric medicine. She became extensively involved with Telemental Health when she was appointed as the first VISN

1 Home Telemental Health Lead Care Coordinator. Cervone has presented the results of her Home Telemental Health Outcomes Project at a number of national VA conferences.

Geralyn Ferraro, Program Analyst:



Ferraro brings her experience from having served in multiple administration positions, most recently with the Office of the Associate Chief of Staff for Education and the Office of Credentialing and Privileging for VA Connecticut Medical Staff.

Susan Meagher, Program Analyst:



Meagher provides administrative support with a wide variety of responsibilities including liaison with the VISN Telemental Health Field Work Support Group Leads and direct liaison with the Office of Telehealth. She also assists with workload activity reporting for the VHA National Lead for Telemental

Health. Susan previously provided administrative support for the Chief of Staff Service.

Autumn Stokes, Staff Assistant:



Stokes comes to the center with an educational background in Human Services and extensive experience in medical service industries. She previously worked at the VA Connecticut Healthcare Comprehensive Cancer Center for the Hematology-Oncology attending physicians, trainees, patients

and family members.

New Office of Telehealth Services Staff

Marvin Rydberg is a former Marine and Army Iraq War Veteran who has been working for the VA for almost four years and has over 10 years of combined federal service. He is a graduate of the Presidential Management Fellow program and began his career in the VA San Diego Healthcare System as a volunteer on the step down unit. He is currently serving as a Program Analyst in the Office of Telehealth Services and his role is project management support of the Transformation for the 21st Century Initiative (T21) for Telehealth expansion. Marvin is the father of two beautiful, intelligent, and charismatic little girls.



Suzanne Snider retired from the military in 1998 following a BS degree in Management Information Systems and a minor in Business Management from Augsburg College. Snider came to the VA in 2001 and worked in VISN 23 as an IT Specialist for the Telecommunications Staff managing the VISN 23 Video Network. Snider coordinated and executed the conversion of all VISN telephony/video/data lines onto NETWORK. Snider came to the Office of Telehealth Services in August 2010 as the Program Analyst and is responsible for over 1300 video endpoints, supporting the routine operations and compile statistical reports as needed for the Clinical Enterprise Video Network (CEVN).



Catherine "Cathy" Buck joined the Office of Telehealth Services in October 2010 as the new Clinical Nurse Analyst. Previously, Buck was the CCHT Lead Care Coordinator in Richmond, Virginia and was instrumental in the development of CCHT in VISN 6. Buck was the VISN 6 representative for the Technology User Group since the group's inception and in 2009 she completed the CCHT Master Preceptor program. Buck received her BS in Nursing from the University of Virginia and an MS in nursing from Georgetown University and is a certified Gerontological Nurse Practitioner. Most of her GNP practice was in community based care providing house-calls for homebound elderly patients. Buck lives in Richmond with her three children.



Nancy Fischer is the new Data Analyst for the Office of Telehealth Services. She assists with providing and managing budgetary data, program data and other data related information. Her previous positions include: Nursing (LPN), Administrative support for Radiology, VISTA Imaging Coordinator in IT and the VISN 2 Geriatrics Administrative Officer.

Quality and Performance

Building on the PACT Momentum - Taking Telehealth to the Next Level

Carla Anderson, MSN, RN



An exciting new initiative emerging in primary care called 'The Patient Aligned Care Team' (PACT) model is all about redesigning primary care to focus more on the patient and their family. In this new model of care, a patient centered interdisciplinary care team works much more closely with the patient and the provider in an ongoing relationship building effort. This relationship will establish much needed trust between the patient and the healthcare team, thus enhancing the patient's self-efficacy and self-determination while living and coping with a chronic illness.

Pilot projects have demonstrated improvements in quality and efficiency as the model continues to unfold across the nation. Primary Care teams are excited about the prospects this new patient centered model holds for developing improved relationships with their Veteran patients and the prospects of creating new partnerships and enhanced collaborations with other specialty services and programs within the system.

As Telehealth Quality Managers, we have had many opportunities as part of the Condition of Participation review process to talk about various aspects of the new PACT model and to consult about how Telehealth programs might best align themselves with PACT

teams. VISN leadership, Primary Care and Telehealth staff alike, across all Networks are asking many, many good questions about this new alignment of programs in their medical centers. We have gleaned substantial insight from these ongoing discussions that can positively influence the way Telehealth relates with the PACT teamlet. We hope the following discussion points will offer some 'food for thought' as we take our Telehealth programs to the next level with the PACT model.

1) Become visible to PACT team members. Create opportunities for frequent informal interactions with the PACT teamlet. Being visible helps people remember who you are. Earlier this year, we began introducing all Telehealth programs across the country to increase visibility of the Telehealth programs. Locally, Telehealth programs must also continue this effort. Take time to introduce yourself and your program to your local PACT teamlets. If you have the luxury of being physically located close to your PACT clinic, stop by daily and get to know the PACT team members. Share a brown bag lunch. If your office is not in close proximity to PACT, set up a regular time to meet and talk about what your program can offer. Ask to be part of their orientation or planning meetings. Be ready to answer questions and offer your knowledge and skills. Consider assigning a care coordinator to each PACT teamlet to improve communications and understanding of the specific needs of that team.

2) Share your expertise in care coordination and case management through PACT team huddles, implementation meetings, grand rounds, and other PACT meetings. A major goal of the Care

Coordination Home Telehealth program is to help identify and care for high-risk, high cost, chronically ill Veterans in their own homes. Some of these Veterans need intensive bio-psychosocial care management. Frequent communications and interventions are required to assist patients in understanding their disease process as well as learning how to manage it on a daily basis. The PACT shares these same goals; however, the model is still developing. The specific roles, responsibilities and functions of all the team members are evolving as with any new health care delivery model. This presents a wonderful opportunity for

Frequent communications and interventions are required to assist patients in understanding their disease process as well as learning how to manage it on a daily basis. The PACT shares these same goals

Home Telehealth to take their care coordination expertise to the forefront! Share with your PACT teams the resources and outcome improvements your Home Telehealth program can offer Veterans as well as the support the Home Telehealth program can provide to the PACT team itself. Once they understand and trust your level of knowledge in case managing complex patients and how your skill set can support them in providing patient centered care, they will become more receptive to what your program has to offer.

3) Focus documentation activities on the provider and the care managers in the PACT teamlet. Set up a thorough communication plan with the PACT provider and care manager(s) at the onset of patient enrollment and at regular intervals throughout the episode of care. Discuss with PACT team members what types of information in documenting care activities that they find useful for improved collaboration and treatment planning. Determine with PACT how patient response data is best shared and when providers and care managers should be alerted to abnormal results. Develop a patient specific care coordination treatment plan in accordance with the PACT medical treatment plan. Inform your patients that you are working closely with their PACT provider and care manager to provide comprehensive care. Create follow up notes that include your professional analysis and assessment of what has been accomplished as well as any identified barriers or gaps that impede success. Consider completing your documentation just prior to your patient's clinic visit to provide the most up to date information on your patient for the team to consider. This will help you become a visible and reliable member of the PACT team as well as resulting in better continuity in patient care.

4) Formally share outcome data and performance improvement approaches with the PACT teamlet. Many of you have wonderful program outcome data that you have collected for several years. Share your expertise as you discuss performance improvement with the PACT teamlet members. Share outcome data with the PACT teamlet using power point and other professional reports. Determine the types of outcome data that would be

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Quality and Performance

Building on the PACT Momentum (Continued)

most beneficial to your PACT provider as well as to the care manager. Demonstrate the impact of working together towards patient centered care has had on quality and efficiency. Collaborate with the PACT team to develop a comprehensive performance improvement plan that can be shared with facility and VISN leadership. PACT administrators have created many ways to evaluate the effectiveness of the PACT model, consider ways to extend these evaluation methods into Telehealth.

5) Collaborate with the PACT team to develop/utilize disease specific treatment/intervention protocols to increase quality and efficiency in providing care. Several Telehealth programs across the nation have already developed very effective clinical interventional protocols with excellent patient care results. Consider utilizing these existing protocols or create your own by collaborating with your local PACT team. These protocols are highly effective in reducing the number of unnecessary alerts to the PACT provider. The care and interventions provided to patients is more consistent and evidenced based. This results in care coordinators working at the top of their license as well as improving overall patient outcomes. Examples of disease specific treatment/intervention protocols are available from the Sunshine Telehealth Training Center.

Feedback is essential for continued success. Conducting provider satisfaction surveys on a regular basis with your PACT providers and teamlet is critical to ongoing success. These surveys will help you to identify areas of the Telehealth program that may need improvement. Surveying the PACT teamlet on the customer services you are currently providing them will also help you to focus on specific hot spots such as documentation and other communication strategies. Using survey strategies demonstrate to the PACT teamlet that the Telehealth program is very interested and committed to an ongoing successful relationship to improve patient care.

We hope these practical insights offered will help you build on the current momentum created by the new PACT model of care. We challenge you to advance your Telehealth programs to the next level by collaborating closely with your local PACT teams to provide superior patient centered care in a united effort!

Sunshine Community Service



The Sunshine Training Center participated in a few community service activities. The first was helping preschoolers understand the importance of good health by teaching them about what their body parts do using Mr. Potato Head toys.

A grandchild of a local Veteran and Training Center Staff created buttons for family, friends and supporters to raise awareness and also coordinated efforts for a local blood drive to benefit the child. Center staff donated a popcorn machine and supplies to the in-patient Hospice Unit at Lake City to benefit Veterans and families.

In Loving Memory: John Ollander

The Sunshine Training Center team recently lost one of its own. John Ollander, our Audiovisual Specialist, passed away on February 21st after a long and brave battle with cancer. John is survived by his wife, four daughters, one son, three brothers, mother and many friends. John was hired to work for the Sunshine Telehealth Training Center in December 2003 after he participated on the team that put together the winning proposal for a CCHT Training Center to be located in Lake City, Florida.

Some of you got to know John when he helped you develop media for your programs. For those of you who did not know him, John was a big man not only in stature (6'4") but in personality. He was always quick with a smile and enjoyed telling stories and talking about politics. John had previously worked at People Magazine and told us all about working with the "stars".

When he was young, John was quite the magician, giving shows to sick children and nursing home residents. This magic carried over into his adult life as he still enjoyed playing tricks and pranks of all kinds. Especially on us, his teammates. John enjoyed reading mysteries and he also liked watching science fiction and horror movies. He had an amazing life traveling all over from California to New York, South America and finally to Florida. We still remember some of those stories and laughing about his escapades.

John was a U.S. Army Veteran, having served from August 28, 1986 to January 31, 1992. His MOS was 46R10, Broadcast Journalist and 31M10, Multichannel Communication Systems Operator. One of the things John gave us was a Veteran's perspective on what CCHT could do for people like him. Our center won't be the same without him. We will miss the laughter he brought and we will miss him even more.





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 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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