



## Telehealth

To provide clinical care in circumstances where distance separates those receiving services and those providing services. The value VA derives from Telehealth is not in implementing Telehealth technologies alone, but how VA uses health informatics, disease management, care/case management and Telehealth technologies to facilitate access to care and improve the health of Veterans with the intent to provide the right care in the right place at the right time.

### 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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## National Telehealth Leadership Forum Crystal City, Virginia - April 2011

If you were unable to attend our annual Telehealth Leadership Forum, the Office of Telehealth Services will provide a virtual forum, providing the same information and presentations without having to leave your office chair.

The value of face-to-face meetings is hard to refute, but the VA has been committed to reducing travel costs. The Office of Telehealth Services fully supports this cost-reducing direction, so in order to maintain the value of face-to-face interactions; we've modified our annual Telehealth Forum to effectively meet the needs of Telehealth staff while eliminating as much travel as possible.

To do this, VISN Telehealth Leads were invited to the 2011 Telehealth Leadership Forum

in Crystal City, Virginia. VISN Telehealth Leads were on hand to share the values and challenges from each of their Telehealth programs as well as bring new information back to their respective programs.

Presentations included a five minute recap that was video-taped. These presentations will be shown during our August Virtual Forum on VAKN. More details will be listed on our Intranet page as the Virtual Forum draws near. In the meantime, mark your calendars for August 2nd through the 5th when the broadcasts will be aired on the VAKN Network.

Can't wait until August? Access the presentations on the Telehealth Sharepoint site.



## IN THE NEWS

### Physicians Slowly Embrace Telehealth

It may not sound like a lot, but the finding by Manhattan Research that 7% of practicing physicians in the U.S. communicate with patients via online videoconferencing might actually represent a significant breakthrough.

"It's high, given the [anemic] use of other channels for electronic communication," Monique Levy, vice president of research for the New York-based organization, said in an interview. "When you look at it in context of what else they're using, it's a sizeable number."

As it traditionally has, Manhattan Research is parceling out data elements in small chunks from its 11th annual "Taking the Pulse" survey of more than 2,000 doctors, and hasn't yet released anything related to other forms of electronic patient-physician communication. This is the first year the survey has asked physicians about videoconferencing with patients, however.

"It's a very difficult market to make any sense out of," Levy said.

One thing that did stand out is that those in certain specialties such as psychiatry and oncology that don't necessarily require a tactile exam for non-urgent and follow-up care were more likely to embrace videoconferencing with patients. In the case of psychiatry, the technology can help extend counseling services to communities that lack access to specialists.

Manhattan Research reported that those physicians who don't communicate online with patients cited HIPAA concerns, liability, and lack of reimbursement for their reluctance to do so. Teleconferencing could help break down some of those barriers, though.

Excerpt from *InformationWeek*, published May 24, 2011.



As telehealth grows, and in doing so links into other areas of care, it changes practice. The value of telehealth is not in how it supports business as usual but in how it re-engineers care to improve access, raise quality, reduce cost and satisfy users. These are the essential ingredients of success for any new technology.

At the same time that VA is expanding telehealth, it is also implementing the Patient Aligned Care Team Program (PACT) and the Specialty Care Access Network (SCAN). These are both patient-focused care initiatives that help coordinate care. As it integrates with the PACT and SCAN programs, telehealth integrates into a wider phenomenon of care coordination than previously associated with home telehealth, clinical video telehealth and store-and-forward telehealth technologies.

Over the past 12 months, we have dropped the term 'care coordination' from the services we have developed. What was Care Coordination Home Telehealth (CCHT) is now Home Telehealth (HT); what was Care Coordination General Telehealth (CCGT) is now Clinical Video telehealth (CVT); and what was Care

## Telehealth in the VA

### Defining Who We Are and Where We Are Going

Adam Darkins, MD, MPH, FRCS

Coordination Store-and-Forward Telehealth (CCSF) is now Store-and-Forward Telehealth (SFT). This change in nomenclature does not remove coordination of care from the delivery of Telehealth services in VHA.

We, the Office of Telehealth Services, are in the process of revisiting the definitions of telehealth and of HT, CVT and SFT. We will be sharing these new definitions in the next few weeks. Changes in our wider organization that I mentioned earlier (e.g. PACT and SCAN) have made it necessary for us to do this, but, so has the way technology is converging. Home Telehealth applications are transitioning onto Interactive Voice Response (IVR) and will move onto mobile devices (mHealth). Clinical Video Telehealth is moving from linking patients in hospitals and clinics to supporting video visits in the home using internet protocol (IP) video connections on our clinical enterprise videoconferencing network.

On May 17th 2011, we had the first successful test of this new IP video to the home functionality. Store and Forward Telehealth is linking into the home and crossing the continuum of care as it moves to support wound care management across a continuum that includes clinics and hospitals. Areas of telehealth are morphing as technology changes spawn new functionalities and new clinical applications. Thus, definitions must keep pace with what is happening.

In days gone by, the changing of names and definitions was often

considered emblematic of a program being lost, unsure of what it represented and/or where it was going. As telehealth programs grow in the complex adaptive environment we face, change is necessary and not to change is to court irrelevance.

Having touched on where we have come from, and where we are now, begs the question of where are we are going? As I have written before, I firmly believe that the ultimate success of telehealth will be when it just becomes the way that care is delivered and it is no longer differentiated from other ways of delivering care. The systems and processes that are

*As telehealth programs grow in the complex adaptive environment we face, change is necessary and not to change is to court irrelevance*

needed to maintain telehealth support will remain, as will the people needed to manage/monitor them.

So, the challenge as we grow and morph - is not to ensure that we constantly seek ways to define ourselves as a discrete and separate identity that is telehealth. Instead it is how we ultimately define ourselves into a standard of care. We will know we are truly successful when we are no longer defined.



# 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 from which to select. 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 necessary to meet core competencies.

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 trainers 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, a minimum of 20 participants are required. So please contact us as soon as possible with your interest.

## 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 Clinical Video Telehealth experts to assist in facilitating training, business and clinical efforts within each Network, as well as review where the VISN Telehealth Program is now and where they plan to be in the future. Along with this emphasis on program development, the residency provides hands on training and exploration of telehealth technology and its clinical applications.

We have successfully completed several residencies to date with very positive reviews. We would like to thank the VISNs for their support and hosting the event. We will be conducting one and six month evaluations that are targeted to the attendees to check on the status of their projects, performance measures and new telehealth clinics 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

...and five makes fifty four

The Boston Training Center graduated its fifth Teleretinal Master Preceptor class on May 12th. This year's candidates were accepted into the program for the first time that the Training Center accepted rolling applications. With the graduation of the current class, the Training Center now has a total of 54 teleretinal master preceptors distributed throughout all 21 VISNs.



Boston Training Center 2011 Teleretinal Master PPreceptors. From left: Robert P. Brady, Vanessa G. McKenzie-Keys, David Hobbs, Yolanda M. Neyland-Jones and Paul Lindgren.

The Teleretinal Master Preceptor program has undergone significant changes since the first course was offered in 2007. The curriculum now emphasizes teaching and learning, with less emphasis on the actual technique of capturing images of the retina. Heavy empha-

sis is also placed on diabetes education, an important requirement for master preceptors when training new imagers. The curriculum also includes formal presentations on teaching adult learners.,

As part of the master preceptor program each candidate must develop a project to present during the in-person component of the training, which takes place at the Training Center in Boston. Each candidate submits a proposal and a topic for their project. The topic does not have to be a clinical in nature, and in fact, topics are only accepted if they are far afield from diabetes and diabetic retinopathy. This pathway allows the training center to evaluate the candidate's ability to create content, to provide demonstration and teaching tools, and to present their topic for peer review by the group in the live session in Boston. This approach also creates an environment and culture where the preceptors bond with each other and develop a relationship beyond what exists when groups share a classroom together.

## Master Preceptor Training Subject Matter Experts

The Boston Training Center relies on a subject matter expert to speak to the issues and challenges of teaching adults. Helen Gomes, MSN, APRN, CDE, BC-ADM, in addition to being a certified diabetes educator, has a master's degree in nursing education, with a special emphasis on training adults. Helen has an important perspective on the intricacies of teaching and training those with more life experience than children.



"Adult learners can pose a challenge to the master preceptor, because unless one has an education background, the tendency is to approach teaching in the much the same way as teaching children. We must be sensitized to the fact the preceptor has a responsibility to certify the imager trainee, and the master preceptor must feel they have permission to demonstrate to the trainee that they, as preceptors, are the experts.

The preceptor must also recognize that if the imager trainee is not getting the technique, for example, it may not be the trainee but rather may be the manner in which the preceptor is presenting the information."The Teleretinal Master Preceptors play an important role in training teleretinal imagers but they also serve as an extension of the Boston Training Center. They assist in providing quality management in their VISN, they participate in developing and presenting continuing education courses, and they serve as a liaison for the diabetes screening between primary care and eye care programs at their facility and in the VISN. Since the program's inception 3 years ago, the master preceptors have trained more than 400 imagers in the field. The Boston Training Center recognizes the important contribution preceptors make and we are grateful for their commitment and support.



## Sunshine Telehealth Training Center

### ROES - Remote Order Entry System - Update

**Eventually all Home Telehealth technology and services for the HT program will be ordered through ROES. ROES is the HT ordering software and the Denver Acquisition and Logistics Center (DALC) is the VA location where all the ROES orders are processed.**

ROES is not new to the VA. Audiology has been successfully using ROES to order hearing aids for several years. All VISN Leads received a fielding package that provided instructions for ROES installation. Also inside the fielding package is the security agreement that must be signed by each care coordinator as well as their immediate supervisor and faxed to the DALC for processing pass codes necessary for ROES ordering. The Sunshine Telehealth Training Center is committed to providing frequent training opportunities as we transition from Prosthetics ordering to the ROES system. This transition is a step by step process which began nationally on May 16th.

The initial step is the ordering of the “service” for the in home messaging device. As of the new OTS contract with our six vendors, released in April 2011, all annual service fees have changed to monthly service fees for all messaging devices. Beginning May 16th all new enrollees assigned an in home messaging device will need to have the monthly service fee “activated” in ROES. The great news is that all exist-

ing patients on the care coordinator’s panel as of May 16th (legacy patients) will not need to be enrolled in the monthly service fee in ROES. Also, since you do not enroll legacy patients into ROES for a service fee then you do not need to disenroll the patient from the service in ROES. Beginning May 16th, enrolling and disenrolling all new patients in the ROES system will need to be added to your checklist.

1. Home Telehealth received the consult for enrollment.
2. The patient is assessed to be appropriate for Home Telehealth service.
3. The Care Coordinator goes into VistA and “activates” the patient and assigns the patient a vendor.
4. VistA electronically communicates to the vendor’s database and populates the vendors database with the patient’s demographic data.
5. The Care Coordinator then needs to enter ROES from the tools drop down inside the patient’s electronic health record (CPRS).
6. The service to use the in home messaging device is then activated in ROES and this creates the ability to pay the vendor on a monthly basis.
7. The Care Coordinator goes into the vendor’s database and completes the patient’s record such as assigning the DMP and the category of care.
8. Upon discharge, the Care Coordinator enters VistA and “inactivates” the patient from the vendor. This step only stops the communication from VistA and the Vendor.
9. The Care Coordinator disenrolls the patient from the ROES and this stops the monthly service fee payment.
10. Finally, the Care Coordinator goes into the vendor’s database and closes the record. This stops the vendor from communicating any data from the messaging device.

## DMP Update Disease Management Protocol

The TeleMOVE DMP was revised in May and a co-morbid and IVR version were also developed. National release of these are projected in September or October.

The Dementia DMP is being tested with enrolled patients in GLA and Long Beach using Bosch Health Hero and in Lexington using Bayer Viterion. Testing with enrolled patients using Bayer Viterion is completed in Washington D.C. It is projected to be nationally released in the fall.

The Heart Failure DMP testing with enrolled patients has been completed using Bayer Viterion and Bosch Health Hero. Final revisions are being completed by the vendors. It is projected to be nationally released in the 4th quarter.

A co-morbid and IVR Heart Failure DMP is also with the vendors for review with a proposed release in late fall.

The Palliative Care DMP has completed testing with enrolled patients in Lake City using Bosch Health Hero and is projected for national release in late Fall.

The Diabetes DMP is with vendors who are completing revisions. Testing with enrolled patients began in the April. A co-morbid and IVR version is now in development. All are projected to be released nationally in late Fall.

The Spinal Cord Injury DMP testing with enrolled patients is on going in Tampa, Milwaukee, East Orange and Cleveland using Bosch Health Hero. It is projected to be nationally released in late summer.

The PTSD DMP is in the writing stage and will be testing with enrolled patients in late summer early fall.

The Hepatitis C Virus DMP is written and the vendors are completing revisions. Testing with enrolled patients began June.

Chronic Kidney Disease and Multiple Sclerosis DMPs are in the writing stage.

COPD and Hypertension DMP content development is on-going with release to vendors projected for September.

The Mild TBI DMP will be released nationally by ATI in July.

All five DMPs for Cardiocom’s Interactive Voice Response (IVR) system and their in-home messaging device have been revised by the vendor. These five IVR DMPs (DM, COPD, HTN, CHF & Depression) were released in the 3rd quarter (May) for the pilot test sites with widespread national release in August or September. The in-home messaging device DMPs are now available.

ExpressMD Solutions’ (Authentidate) IVR and in-home messaging DMPs have been reviewed by the Sunshine Telehealth Training Center and we are awaiting the response from the vendor for patient testing scheduling.



# National Telemental Health Center (NTMHC)

## First International Tele-Compensation and Pension Exam

On April 11th, VA expanded the reach of its telemental health program by delivering the first international compensation and pension examination (C&P exam) via videoconferencing from a psychologist located at the VA Connecticut Healthcare System to a Veteran in Okinawa, Japan.

The exam was the first in a series of successful telemental health evaluations delivered to Veterans in Japan using telehealth technology. The initiative demonstrates VA's ability to provide eligibility and enrollment examinations to Veterans living abroad using telehealth technology, thereby eliminating considerable travel on the part of these Veterans when seeking additional care.

The successful delivery of inter-

national tele-compensation and pension examinations was made possible through a partnership between VHA's National Telemental Health Center, Veterans Benefits Administration (VBA), Department of Defense, and a US Naval Hospital in Okinawa, Japan.

Expanded use of international compensation and pension exams has the potential to significantly reduce the number of overseas Veterans waiting for C&P exams, while simultaneously decreasing costs associated with providing these services.

The mission of NTMHC is to link panels of expert-level VA mental health providers to patients engaged in care throughout the VHA system. Under this model, expert clinicians within the VHA

system may provide both clinical consultation and treatment modules to Veterans living anywhere in the United States or abroad using telehealth technology, including video-conferencing. Our programs enhance care for patients that otherwise might not have access to these services at their local VA Medical Center or in their local community.

The international compensation and pension exam is one of several successful programs currently being offered by the National Telemental Health Center. Additional programs include delivery of tele-behavioral pain management, tele-bipolar treatment and tele-non-epileptic seizure therapy.

## Clinical Programs National Telemental Health Center

### VHA's National Telemental Health

Center links panels of VA expert clinicians to Veterans living throughout the United States and abroad.

NTMHC programs and pilot phase projects with participating VISNs and Facilities include:

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### Tele-Behavioral Pain Management

#### VISN 1

- VA Connecticut Healthcare System
- VA Maine Healthcare System
- Bedford Medical Center

#### VISN 19

- Eastern Colorado Healthcare System

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### Tele-Bipolar Treatment

#### VISN 1

- VA Boston Healthcare System
- VA Connecticut Healthcare System

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### Tele-Non-Epileptic Seizure Program

#### VISN 6

- McGuire Richmond VA Medical Center

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### Tele-Compensation & Pension Exams

#### VISN 8

- Orlando VA Medical Center

#### Japan

- US Naval Hospital - Okinawa, Japan

# Quality and Performance

## Telehealth Commendable Practices

Carla Anderson, MSN, RN



As the we come to the conclusion of our fourth cycle of COP reviews this summer, we thought it might be a good time to share with you the many commendable practices we have seen over the course of our travels these last two years. Summertime is often a good time to sit back, sip on some refreshing ice tea and reflect on your programs.

We hope this list of commendable practices inspires you with some new thoughts and ideas that might help your programs continue to blossom throughout the summer months and remaining year!

The following list contains some excellent commendable practices organized by Telehealth program. We hope that these may offer you some new ideas for your programs. A more extensive listing of commendable practices by VISN and Telehealth Lead is located on the Office of Telehealth Services Quality Management Sharepoint.

### Home Telehealth

A VISN performance improvement plan and report card that includes uniform data collection and aggregation of program level clinical and business indicators.

A VISN Care Coordination/Care management program and continuum of care model that links programs and services. The standardization of processes have resulted in a demonstrated reduction in the duplication of services, improved coordination of care, and improvement in cost and utilization expenditures.

An Non Institutional Care average daily census (ADC) tracking and targeting tool used for each site in the network to plan for patient enrollments into non-institutional care and chronic care management categories of care.

A diabetes protocol for insulin titration and Chronic Obstructive Pulmonary Disease (COPD) Home Action Plans.

A continuous performance improvement process that includes a network balanced scorecard, performance indicators, annual provider satisfaction survey, and quarterly chart reviews.

A patient clinical progress report that summarizes the patient's bio-numeric response data that is sent out monthly to patients to reinforce self-management, which has positively influenced the patient's daily response rate.

A provider satisfaction survey conducted across sites.

Use of an alarming medication container after learning that medication adherence was an issue for many enrolled patients.

A VISN model for cost avoidance calculations.

Use of the Zarit Caregiver burden scale across all programs.

Use of an Audio Communicator tool across several sites helps staff manage non-responder issues.

A Mental Health Forum is used monthly for training and support of Home Telehealth staff caring for Mental Health patients.

### Store-and-Forward Telehealth

A Memorandum of Understanding (MOU) implemented between Teleretinal Imager and Primary Care Service. This has enhanced the Teleretinal imager's role in case finding and screening.

A sophisticated data collection and analysis tool that is used for planning and performance improvement.

A diabetic registry is in use to identify veterans who could potentially benefit from Teleretinal Imager screening.

An imager's supervisor completed the Boston Training Center required imager training to develop a better understanding of the role and functions of imagers in the program.

A centralized data system is in use to track specific Teleretinal Imager indicators to enable continuous performance improvement.

Imagers collaborate with their local diabetic and Home Telehealth programs help to improve care management.

The Teleretinal Imager program is coordinated with the local diabetic care management program as a model for a Diabetic platform of care.

### Clinical Video Telehealth

Innovative Clinical Video Telehealth programs for use in the inpatient setting to assist with discharge planning.

Drilling of emergency procedures at local CBOC.

Proactive collaboration and planning with CBOC coordinators to enhance Clinical Video Telehealth implementation.

Implementing Telehealth Coordinators at all facilities.

Implementing VISN level Telehealth Coordinators.

Collaboration with Department of Defense (DOD) to implement Warrior Transition clinics to improve access for OEF/OIF service members.

Implementing an endocrine care management program across sites for treatment and case management of diabetic patients.

Implementation of Clinical Video Telehealth for polytrauma support teams to deliver Traumatic Brain Injury secondary screens, interdisciplinary care and support.

The development of a partnership with a local university veteran service committee to enhance outreach and access to OEF/OIF veterans.

A VISN Telehealth Technical Service Help desk is in use during administrative hours.

The innovative use of Clinical Video Telehealth to deliver prosthetics clinics and care across sites.

# Home Telehealth Champions

Spring has Sprung with Telehealth Commendable Practices



## Dr. Tera Moore

For the last two years, Dr. Tera Moore has been very supportive of the Home Telehealth Program. She has referred numerous patients to the program and has become a valuable resource in dealing with complex patient care situations.

Dr. Moore has worked closely with the Home Telehealth Nurse Manager and Assistant Nurse Manager to expand the

use of Home Telehealth to address the issue of uncontrolled diabetes in the veteran population of South Texas. Dr. Moore works closely with the Care Coordinators to co-manage a panel of up to sixty patients. This panel consists of very noncompliant diabetic patients who would traditionally be seen in clinic every two to four weeks. Data from these patients is sent to Dr. Moore monthly, along with information on medication and dietary compliance. This form of co-management has increased the capacity of Dr. Moore's clinic and has now spread to several other outpatient clinics as well. She is a true Home Telehealth Champion.



## Judith Jensen

Since 2004, Judith Jensen has served VISN 22 as an exceptional advocate, leader and network consultant. She regularly participates in and supports all network telehealth activities. Judith has established a model program in Loma Linda and regularly shares her knowledge and program resources throughout the VISN as well as nationally – a true Master Preceptor. Judith

is a passionate leader with a sense of vision for the many Veterans and their families who are currently using telehealth as will those who will benefit from telehealth in the future. She has developed a number of innovative methods to communicate the importance of support the growth of Home Telehealth to include developing mini-documentaries, hosting numerous innovative education fairs and traveling on personal leave time to push the telehealth agenda forward.

## Claire Marty Joins the OTS Quality Management Team

On July 3rd, Claire Marty, MN, RN, CNL, joins the staff of the Office of Telehealth Services as a Quality Manger. She joins Linda Foster and Carla Anderson in the Quality Management program that is responsible for the planning, development and operations of all Office of Telehealth Services' quality management programs, including the management of special projects. Marty will be involved in all areas of the Telehealth quality management program including key responsibility for the development, implementation and maintenance of the the internal VHA accreditation review process (a.k.a. "Conditions of Participation") for the development and designation of VHA Telehealth programs which ensure that accepted standards of health care operations are met.

Marty previously worked in VISN 19 for eight years in a variety of roles including the developer of the VA Montana Home Telehealth program for Mental Health. Most recently, Marty was the VISN 19 Home Telehealth Program Manager. Marty completed the Home Telehealth Master Preceptor program in 2011. Marty received her BSN from Creighton University and MN from Montana State University and is a certified Clinical Nurse Leader. Marty resides in Helena, Montana.

## Bruce L. Jones Joins the Office of Telehealth Services



Office of Telehealth Services is pleased to introduce the newest member of Bruce L. Jones joined the Office of Telehealth Services in April as a Program Analyst. Jones retired from the United States Air Force after 21 years of service and hails from Columbus Ohio. During his military career, he was assigned to the Air Force Commissary Service and the Department of Defense Commissary Agency in various locations stateside and abroad.

Jones is the former North Baltimore Center (NBC), Director of Operations. NBC is a community mental health center, located in Baltimore, Maryland, that serves approximately 2,000 outpatient clients suffering from a wide range of mental health and substance abuse illnesses.

Jones is currently pursuing a doctoral degree from the University of Phoenix in Information Technology Management and Leadership. His educational background includes a Master's of Science Degree in Information Systems Management from the University of Phoenix and a Bachelors of Science Degree in Computer Studies (Business Management and Computer Science) from the University of Maryland, University College. He also completed the Microsoft Computer Systems Engineering (MCSE) and A+ (Desktop Support) certification training with Towson University. Bruce notes lifelong learning as a principle core value.



## Office of Telehealth Services - Overview

The Office of Telehealth Services uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of Veterans. 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:

- **Clinical Video Telehealth**

is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat and provide care to a patient remotely. Typically, Clinical Video Telehealth links the patient(s) at a clinic to the provider(s) at another location. Clinical Video Telehealth can also provide video connectivity between a provider and a patient at home. Clinical Video Telehealth encompasses a wide variety of clinical applications such as specialty and primary care. The Rocky Mountain Telehealth Training Center provides training and support to staff involved in the delivery of Clinical Video Telehealth services.

- **Home Telehealth**

is defined as a program that applies care and case management principles to coordinate care using health informatics, disease management and Home Telehealth technologies to facilitate access to care and to improve the health of Veterans with the specific intent of providing the right care in the right place at the right time. The goal of Home Telehealth is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency room visits for Veterans in post-acute care settings and high-risk patients with chronic disease. The Sunshine Telehealth Training Center provides training and support to staff involved in the delivery of Home Telehealth services.

- **Store-and-Forward Telehealth**

is defined as the use of technologies to acquire and store clinical information (e.g. data, image, sound and video) that is then forwarded to or retrieved by a provider at another location for clinical evaluation. Store-and-Forward Telehealth in VA uses a clinical consult pathway and VistA Imaging in conjunction with TeleReader to provide screening, diagnostic and treatment services where time and distance separate the patient and provider. The Boston Telehealth Training Center provides training and support to staff involved in the delivery of Store-and-Forward Telehealth services.

## 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



telehealth  
services

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