



Telehealth

Provides 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 telehealth. 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.



winter edition

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A New Era of Telehealth Expansion

2011 saw the expansion of the infrastructure necessary to support Clinical Video Telehealth growth and expand our ability to provide direct patient care to potentially millions of Veterans.

During the last year over \$90 million in equipment was purchased and almost \$83 million was directly funded through the Telehealth Expansion T21 project. After submitting their orders for Clinical Video Telehealth equipment, each VISN was asked to prepare for FY2012 and begin to hire three types of staff.

First we saw VISN Telehealth Program Managers followed closely by Facility Telehealth Coordinators. Shortly thereafter began the major recruitment push to hire Telehealth Clinical Technicians.

Telehealth Clinical

Technicians are the new face of the Telehealth community and in many ways the new face of the Veterans Health Administration.

These new Telehealth Clinical Technicians represent an optimism and infusion of energy in Telehealth.

As Tiffanie Fuston, Army Reservist, Army medic, certified EMT and new Telehealth Clinical Technician hire at the VA Medical Center in Fayetteville, North Carolina said, "I am very excited to be involved Telehealth...it's new, exciting, and most importantly it's a chance to better assist our Veterans, giving them access to the best healthcare the VA can offer. Telehealth is the way of the future. It gives Veterans options to receive healthcare without the hassle of travel, allows them to access care locally from

a VA provider that may not have been available to them otherwise and it's putting their needs first. Telehealth should be embraced with open arms and open minds."

(Continued Page 3)



Attendees from the recent Telehealth Clinical Technician Training at the VAMC in Fayetteville, North Carolina. VISN 6

VA Telehealth

Lauded as Model Healthcare Program

As U.K. report praises U.S. veterans' home health monitoring, it begs the question why telehealth hasn't gained traction across U.S. healthcare system.

The United Kingdom's National Health Service (NHS), which plans to roll out a telemonitoring service for 3 million patients, could learn a lot from the U.S. Veterans Health Administration (VHA) home telehealth program, according to a new report from U.K. research firm 2020health.org. From an American perspective, the report raises the question of why telehealth hasn't gained more traction in this country, considering the VHA's success with it.

The VHA program, which served 50,000 veterans in 2011, is the largest telehealth project in the world, the report said. Patients enrolled in the program—most of whom have chronic conditions such as heart failure, COPD, hypertension, diabetes, and post-traumatic stress disorder—receive free telemonitoring equipment and attention from care coordinators who teach them how to manage their own care.

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Telehealth in the VA Home for the Holidays and an Anniversary

Adam Darkins, MD, MPH, FRCS

ing independently in their own homes and local communities because of the support they receive from VA's Home Telehealth programs.

It was gratifying to realize that in communities throughout the nation, Veterans who have served our nation and protected our freedom were able to enjoy the warmth and freedom to spend their holidays with family and friends because of the dedication and professionalism of VA's Home Telehealth programs.

As I wrote this article things were just quieting down for the holidays, giving me time to indulge in the pleasant thoughts of being with family and friends. The warm thoughts triggered my thinking about the number of Veterans

who were also home with their families to celebrate the holidays in their own local communities by virtue of VA's Home Telehealth programs.

So, with this in mind, I looked up the number of Veterans who were receiving non-institutional care (NIC) in our Home Telehealth programs. 63-percent of the 65,500 Veterans who were receiving support from VA's Home Telehealth programs over the holidays were doing so to meet their NIC needs.

Let me translate "NIC needs". Essentially this means some 41,000 Veterans who would otherwise be at risk of going into long-term institutional care, such as a nursing home, are liv-



It is my privilege, and that of those I work with in the Office of Telehealth Services, to be part of this noble endeavor of providing support to staff that directly helps those that have borne the battle to manage the chronic diseases that beset them such as diabetes, heart failure and post-traumatic stress disorder.

Absolute numbers of staff involved in Home Telehealth have grown in 2011 and broadened to include others. For example, this year we have seen the

welcome involvement of VA's Denver Acquisition and Logistics Center (DALC) that is now so ably shouldering the task of distributing Home Telehealth equipment directly to Veterans in their homes in several VISNs and will be doing the same for Veterans in all VISNs by this time next year.

Collaboration with the DALC provides a bi-directional just-in-time supply chain whereby Veterans enrolled into the programs rapidly receive the technology, and return it when they are either dis-enrolled or there is a need

for a replacement Home Telehealth device. Welcome to the DALC staff and all others who have joined in the support of VA's Home Telehealth programs in FY2012. Farewell and thank you for your service to Veterans, to those who have left the Home Telehealth programs through retirement or promotion as well.

With these thoughts in mind, I should mention a 2011 anniversary. On April 4th 2011, it was 11 years since the first patient was enrolled into Home Telehealth in Lake City, Florida.

Back in the late 1990's, Marlis Meyer, Dr. Robert Roswell and Rita Kobb had a vision that Home Telehealth would

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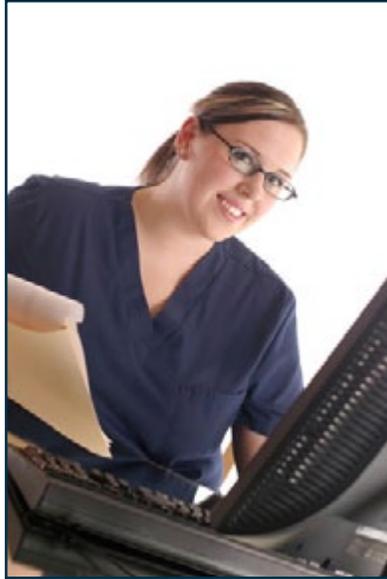
Telehealth in the VA (cont.)

make the home into the preferred place of care and help Veterans live independently in their own homes and now more than 65,500 Veterans currently experience the reality of this vision. Of course a vision is critically important – but so to is actualizing that vision. Over these past 11+ years, leadership and staff at all levels throughout VA have provided the energy, expertise, enthusiasm, professionalism and integrity that has made the vision of 2000 into the 2011 reality.

Given the Veteran population we serve and their constantly changing health needs, no vision is set in stone, it can only be a “work in progress” - one that must evolve and update over time.

Since 2000, global events, in addition to the march of time, have impacted Veterans. Wars in Iraq and Afghanistan have added a new population of Veterans who have heroically borne the battle

and sustained physical and psychological trauma reflective of different weaponry and new realities of warfare in the 21st Century. A global economic downturn has had an impact on Veterans, as in all



the nation, in terms of employment and economic wellbeing.

In 2011, a VA Telehealth Expansion Task Force was convened, as directed by Dr. Petzel our Undersecretary of Health, to strategize how our Secretary's, Eric Shinseki's, vision of fast-tracking Telehealth as one of several ways to evolve and make high quality care available to

Veterans.

Changes in technology and VA's successful adoption of Home Telehealth support a future vision of a VA enjoying a new “connectedness” with Veterans.

As we here so often remind others, the technology is only part of the equation. It is the people, the care, the processes and communication that is bringing about, and will continue to bring about, the health transformation that VA's Home Telehealth programs are part of.

What is most exciting about this is to think that 11 years from now many, many more Veterans will be enjoying the warmth of holidays in their homes in the company of friends and family because of where telehealth in VA is boldly going. Going toward a redefined relationship between Veteran, VA staff and family caregivers will take us there.

Therefore, as the 2011 calendar is left behind us, let me thank all those involved in Telehealth in VA, not just Home Telehealth, but all telehealth programs, for their contribution to the care of 385,000 Veterans they helped support in fiscal year 2011.

I hope that being part of a community that is making a positive impact on Veterans will add to your feelings of warmth as you to spend the the next holiday season with family and friends. Good job! ☐

A New Era of Telehealth Expansion (Continued)

When all Telehealth Clinical Technicians positions are filled, there will be one Telehealth Clinical Technician at each Community Based Outpatient Clinic around the country and two at each Medical Center, totaling more than 1,000. The sheer number of Telehealth Clinical Technicians is enhanced by their talent, enthusiasm, diversity, and commitment. Working with the “VA for Vets” project, many Veterans were hired to fill Telehealth Clinical Technician vacancies. The result is a Veteran-centric group that's ready to begin serving Veterans through telehealth.

One example of the enthusiasm being exhibited by these new Telehealth Clinical Technicians was evident at a recent training event held for the Telehealth Clinical Technicians in Fayetteville, North Carolina within VISN 6 (photo pg 1).

Telehealth Clinical Technicians came together to participate in training on the new Clinical Video Telehealth primary care carts. Of the eight Telehealth Clinical Technicians in attendance, six are Veterans and the remaining two are married to members of the military. The Facility Telehealth Coordinator in attendance is also a Veteran.

Telehealth Clinical Technician and Certified Paraoptometric Assistant, Tara Cross said, “Telehealth provides innovative, cutting edge technology for our heroes today and for generations to follow... what an awesome opportunity for me to step into such a dedicated team that holds the future its hands.” ☐

This Community of Practice comprised of Clinical Champions is key to implementation of the telehealth expansion initiative. Community of Practice forums and national conference calls are available to Clinical Champions to extend their range of activities. The forums and meetings will provide an effective means in transitioning the culture of clinical care by assisting the Clinical Champions in gaining acceptance as well as foster the trust and understanding of stakeholders in the field.

The Community of Practice Live-Meeting forum will be conducted by video conferencing using your desktop telehealth technology. Topics will range from how to start a service to patient case studies on the application of the telehealth services. Presenters will be chosen based on high performance and clinical outcomes. If you are interested in being a presenter or have questions please contact Sarah Manser at the Rocky Mountain Telehealth Training Center.

Clinical Champions Culture of Care

Transitioning the Culture of Care Forums will be offered quarterly. Presentations will be provided on several mature programs that have proven how to sustain and achieve excellent clinical outcomes. The presentations will explore the clinical protocols they developed and implemented to achieve the caliber of care denoting excellence in telehealth. Several case studies will be shared and discussed, allowing the community to identify the challenges and opportunities.

Rocky Mountain Telehealth Training Center

Facility Telehealth Coordinator and VISN Lead Intensive

The Rocky Mountain Telehealth Training Center has been working hard to bring you new training and resources. Many of the revisions are now available through Live-Meeting and will be virtual by the spring of 2012.

One such training is The Basic Clinical Video Telehealth Training which has been revised and is based on the new Clinic Based Operations Manual. The training has been updated to include the new Clinical Video Telehealth Foundations Modules and the updated Introduction to Telehealth in the VA.

To address the new telehealth expansion, we have developed intranet resources for the telehealth-specific roles, such as Facility Telehealth Coordinator, Telehealth Clinical Technician, Telehealth Clinical Champions and Clinical Providers. This should help distill information relevant to each role.

Developing Communities of Practice

VHA is making an investment in the order of \$300 Million in FY2011-2012 to expand access to health care services by implementing Telehealth programs to deliver care. This investment is creating the staffing, telehealth technology and telecommunications infrastructure to deliver these services. A critical success factor in transposing current clinical care activities

from traditional face-to-face care to telehealth is having activated clinical champions for telehealth. Clinical champions endorse the use of telehealth with their colleagues, demonstrate clinical practices involving telehealth for others to emulate and implement new applications.

The Office of Telehealth Services completed a cycle of mini-residencies in support of VHA's Transformation and Expansion Initiatives for Telehealth. As a result of these mini-residencies, a cadre of new clinical champions is emerging. As VISNs now offer their own Mini-Residencies, the number of clinicians exposed to and providing direct clinical care via Telehealth is increasing. The key to implementation is based on how relationships are cemented in an innovative way between the Veteran and the provider. The technology becomes the means to the end, and not the center of the initiative.

Clinical Champions for telehealth are effective in transitioning the culture of clinical care. They are key players in peer to peer recruitment of direct care providers to provide services remotely and extend the range of their activities by developing communities of practice. To achieve these ends, the Office of Telehealth Services has provided support and development to the Telehealth Clinical Champion's Community of Practice. □



Boston Telehealth Training Center

What is TeleReader?

This is a question that the Boston Training Center fields almost daily, especially as programs expand and new Store and Forward Telehealth modalities are introduced.

When the Teleretinal Imaging diabetes screening program was the only store and forward telehealth modality, it was relatively simple to respond to the queries regarding TeleReader.

This was due to the fact that the only way a reader could result Teleretinal Imaging studies was to log on to TeleReader, access the modality work list, and review and act on the study. Now, with the advent of additional Store and Forward Telehealth programs, TeleReader has taken on additional significance.

TeleReader functions in parallel to the VistA system, VistA Imaging, and is an FDA sanctioned medical device. The application is the clinical imaging interface designed and developed by VHA to incorporate image and document data, and to attach these data to the Veteran's electronic medical record.

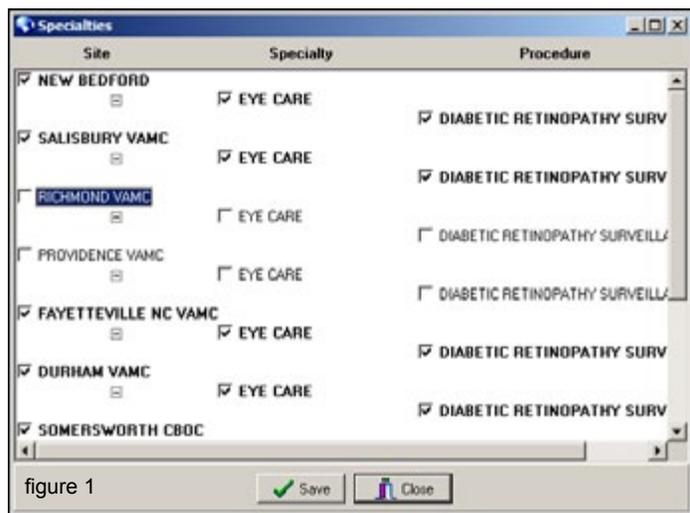


figure 1

When launching TeleReader, the user automatically opens VistA and CPRS, which makes it a very versatile and comprehensive software package. The application is

HL 7 compliant and meets DICOM standards, the information standard of practice that ensures the interoperability of capture, storage, retrieval of patient data.

Additionally, the TeleReader program is synchro-

nized with VistA, thus ensuring ease of use as well as patient safety. From the beginning of the program, we strove to achieve a clinical practice model for the VHA diabetic retinopathy surveillance screening that incorporated the use of the Veterans Health Information Systems and Technology Architecture (VistA) system for ordering, scheduling, consult creation, (both local and inter-facility consults), reminder dialogs for obtaining health factors, remote data view, as well as the day-to-day operations of patient healthcare. TeleReader accomplished all of this for VA.

Scope of Use

The TeleReader application was released in April 2007 and is available in all 21 VISNs. It is designed to work with the consult request tracking package in VistA and therefore has the ability to work with almost any store and forward telehealth program.

Although the application was originally designed and approved for Diabetic Retinopathy surveillance, the platform is entirely generic and will handle any imaging consult. TeleReader works in conjunction with the Consult Request Tracking package and can be used to facilitate the reading and review of both local and remote or interfacility consults. Building on the successful use of TeleReader for the Teleretinal screening program, the TeleReader application is now being used for the national rollout of the second Store and Forward program, namely, Teledermatology.

In fact, the TeleReader application can be used by any specialist who has been assigned and credentialed to view, interpret and report on a specific collection of images. When launched, the TeleReader application displays a list of all sites the specialist has been assigned to read for, as well as a list of image studies from those

(Continued Page 10)



Sunshine Telehealth Training Center

New Web-Based Courses Available

Three new on-line courses, Business Operations, Clinical Operations and Technical Operations are now available: Foundation, Building Blocks, Technical Operations and Clinical Operations Parts One and Two. All Home Telehealth staff (Lead Care Coordinators, Care Coordinators and Support Staff) will be required to take them.

Please note: If you have already taken the five core courses and received a University of Florida Certificate, you cannot receive another certificate for these courses. However, you will get continuing education credit for them. All new staff who take these three core courses for the first time are eligible for a University of Florida Certificate.

IVR Implementation

Interactive Voice Response (IVR) implementation continues to move forward well. Almost 6,000 Veterans have been enrolled in the service and we have trained over 725 staff. CardioCom has released updates to both the Omnivisor Pro and TeleResponse IVR Systems for VA. There is an upgrade video available on the VA's CardioCom Training site that will provide more detailed training on the updates.

We understand that there have been several requests to a vendor by Home Telehealth staff to see the national IVR DMPs. Please make inquiries about Disease Management Protocols regardless of technology or any other questions to the Sunshine Telehealth Training Center. □

DMP Update

Disease Management Protocol

November

Dementia, Heart Failure and Palliative Care DMPs were nationally released for Bosch Health Hero.

The Spinal Cord Injury DMP was nationally released to the Spinal Cord Injury Hub sites for Bosch Health Hero. Projected national release for Home Telehealth staff is in the second quarter.

The annual review of the Substance Abuse DMP was completed and no changes were made. We did however discuss the need for another kick off as this DMP has been greatly underutilized. Information is being solicited from our leads and master preceptors about causes and solutions for the underutilization of this DMP. Plans for another kick-off are being finalized and will be shared with the field.

January

The annual review of the Mild Traumatic Brain Injury (mTBI) DMP was completed and is now in vendor review. There were changes to the content. Hopefully these changes will increase the use of this DMP in the field.

February

Diabetes DMP projected national release for Bosch Health Hero.

Future Development

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

Post Traumatic Stress Disorder and Tobacco Cessation DMPs content development are under vendor review.

Depression DMP is under vendor review. An IVR version is near content development completion.

Hepatitis C Virus DMP is in patient testing.

Hypertension DMP for messaging is in patient testing and is projected for release March 2012. Co-morbid & IVR versions are under vendor review.

Chronic Obstructive Pulmonary Disease DMP for messaging is in patient testing and is projected for release April 2012. Co-morbid and IVR versions are under vendor review.

Authentidate, our newest vendor, is reviewing the VHA DMPs.



National Telemental Health Center

NTMHC Expands to Bipolar Disorder

The National Telemental Health Center provides expert VA clinicians to deliver care for Veterans throughout the country. Initial National Telemental Health Center programs have addressed Tele-Behavioral Pain Treatment, Tele-Compensation & Pension Examinations, and Tele-Non-Epileptic Seizure Evaluations, across multiple VISNs, with exams extending to Veterans internationally.

We are now expanding our clinical care to include bipolar disorder (commonly known as manic-depression). Each year, over 100,000 Veterans are treated for Bipolar Disorder, a diagnosis associated with increased hospitalizations and suicides (VHA National Psychosis Registry, 2010). The goal of our new Bipolar Program is to enable Veterans throughout the country to receive an extensive initial evaluation by national bipolar experts, followed by the “Life Goals Collaborative Care” program to help Veterans manage their bipolar condition, work towards wellness, and achieve their life goals.

This program is adjunctive to the mental health care being received by Veterans at their local VA, and consists of seven to ten clinical videoconferencing visits with the Bipolar Telehealth Specialist over a period of up to six months. Veterans are provided with enhanced illness management skills and/or evidence-based psychopharmacology consultation with longitudinal outcome monitoring.

This clinical program is currently endorsed in two national practice guidelines, including the VA-DoD Clinical Practice Guideline for Adults with Bipolar Disorder, and its evidence base has been substantiated in published works by the clinical experts.

The clinical hub is located at the VA Boston Healthcare System under the direction of Dr. Mark Bauer, MD, Associate Director of the VA Center for Organization, Leadership, & Management Research (COLMR) and Professor of Psychiatry at Harvard Medical School. He was the original developer of Life Goals Collaborative

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Further Expanding The Delivery of Care

The mission of the NTMHC is to enable clinical experts anywhere in the nation to provide Telemental Health care to Veterans anywhere in the nation. Since its inception, the NTMHC has facilitated the delivery of care from clinical experts located at additional VAMCs to facilities and CBOCs throughout VISNs 1, 8 and to Okinawa, Japan.

Beginning in January 2012, the NTMHC extended the reach of clinical experts located at other VAMCs and are successfully providing Tele-Bipolar treatment from clinical experts located at Boston VA Healthcare System (VAHCS) to Veterans at VISN 9’s Robley Rex Louisville VA Medical Center (VAMC).

The coordination involved the efforts of the entire NTMHC staff, the Boston VAHCS bipolar clinicians and staff, and Louisville VAMC staff including the Chief of Mental Health Services, Connie Paynter, LCSW, BCD and Dr. Kevin Pernicano, PhD. These staff were vital to the success of this delivery of Telemental Health care from remote clinicians to remote patients.

In a continuing effort to expand delivery of Telemental Health care with clinical experts and Veterans located across the nation, NTMHC is piloting a Cognitive Behavioral Therapy Group for Veterans diagnosed with insomnia, with VISN 4 clinicians co-leading the group with VISN 1 clinicians.

Telehealth Quality

Carla Anderson, Quality Manager, MSN, RN



Happy New Year! 2012 brings with it a whole new cycle of Conditions of Participation (COP) designation site visits across VISNs. With this new cycle of reviews come some changes within the COP standards themselves as well as some additions to the program inventory tools used for the site visit reviews.

These standards and tools are continuing to advance, reflecting the evolution and maturity of all Telehealth modalities. The most exciting change for us this year is the addition of our newest Quality Management team member – Claire Marty MN, RN from Montana – VISN 19. We welcome her fresh eyes and approach, her perspective, and her expertise as we continue our Quality Management journey in the new year. In the next few paragraphs we will bring you up to date with the most recent changes in the Office of Telehealth Services quality management program.

First, a ‘thank you’ goes to VISN 8 and VISN 19 for serving as the pilots for the new COP standards and review process in this fifth cycle. Now that these pilots have been completed successfully, the COP standards can be finalized and published on the Office of Telehealth Services intranet site. Our goal was to have these final edits/revisions completed and published by the end of 2011.

So what’s new in the COP standards? The standards continue to focus on quality and patient safety aspects of Telehealth but some of the language was clarified and revised to better reflect all Telehealth

modalities within the core standards. In some instances standards were simplified or combined for better understanding. The QM team received input from a variety of resources during the revision process that included Office of Telehealth Services staff, subject-matter-experts, Telehealth Leads, Telehealth Workgroups, Telehealth field staff and information gleaned from previous COP reviews. Listed below are some of the new or significantly revised elements of the core COP standards that apply to all Telehealth modalities:

- Collaboration with PACT, HBPC, SCI, Specialty Services and IT
- Engagement of Clinical Champions
- Use of Master Preceptors
- Staff support, technology, and infrastructure
- Staff training, competency, and development
- Acquisition process for technology
- Emergency planning for all Telehealth modalities
- Appropriate use of Residents
- National Guidance used for all Video (IP and POTS) into the Home



And here are some of the new elements included in the modality-specific COP standards:

- Use of Telehealth Service Agreements for Clinical Video Telehealth Use of Memorandum

- Of Understanding for IT and BioMedical Engineering for Clinical Video Telehealth
- Use of a clinical pathway for Clinical Video Telehealth
- Teledermatology and Teleretinal Imaging were combined in the Store and Forward Telehealth standards
- Dilation protocol for Store and Forward Telehealth Teleretinal Imaging
- Medication adherence, patient education with a focus on case management Home Telehealth
- Vista Integration – Home Telehealth

The Telehealth program Inventory tools continue to be key components of the COP self assessment for each Telehealth modality. These are completed by site leads or Facility Telehealth Coordinators for each Telehealth modality at least ten days prior to the scheduled onsite review. The Quality Management team uses these inventories as a guide during the actual onsite visit. The tools also indicate what documents are required for the Quality Management team document review prior to each site visit. Sites can use these inventory tools to help prepare for their review as well as to serve as a repository for their documents as they rate themselves on the COP self assessment. In addition to the request for very specific documents, these program inventory tools have been revised to include more detailed questions regarding key COP elements for each modality. A new inventory tool was also created to capture information on any other Store and Forward Telehealth program(s) that may be implemented and capturing workload such as EKG, ECHO, EMG, and Dental.

For Home Telehealth, the tracer reviews may be done remotely, but safely and securely using Office Communicator shared desktop or

(Continued Page 9)

Telehealth Quality *(continued)*

Live-Meeting access. These are completed at least one week prior to the onsite visit. One full hour is dedicated for each site's Home Telehealth team to participate in the tracer methodology. The Home Telehealth team will have their CPRS and vendor websites open and ready for review at the time the meeting begins so less time is wasted accessing these sites. Another advantage to this process is that all Home Telehealth team members have a good visual of the tracer activity from their individual desktops thus improving interaction and discussion during the review.

One area of focus for the Quality Management team in this cycle for the Clinical Video Telehealth modality is on the Facility Telehealth Coordinators and the Telehealth Clinical Technicians, many of whom were newly hired across the nation this past year. We have been able to combine two sites with their Facility Telehealth Coordinators, Telehealth Clinical Technicians and Clinical Champions in one review meeting to cover the key COP elements during the interview. The Quality Management team can really focus on the roles and responsibilities of these staff as well as discuss their training and competency, learn about their clinical process or pathway and use of Clinical Video Telehealth implementation tools and templates etc. during the onsite interview. It reduces time and has been effective so far.

Store and Forward Telehealth Teleretinal Imaging program onsite review meetings have also progressed from individual site meetings to a larger VISN-wide meeting that also includes the Facility Telehealth Coordinator, Telehealth Clinical Technicians (if imaging), and Teleretinal Imaging imagers.

A second separate meeting is scheduled with the VISN Teleretinal Imaging readers and Teleretinal Imaging Master Preceptors along with the Facility Telehealth Coordinators. Both of these meetings are used to discuss both core and modality-specific Store and Forward Telehealth Teleretinal Imaging standards and learn how all sites translate them into the Store and Forward Telehealth Teleretinal Imaging practice.

The Store and Forward Telehealth Teledermatology program onsite review is set up similarly to the Store and Forward Telehealth Teleretinal Imaging meetings. Two new national Teledermatology co leads, Dr. Marty Weinstock and Dr. Dennis Oh, join the Quality Management team to review this Store and Forward Telehealth program across VISNs. The Store and Forward Telehealth COPs are combined for both Teleretinal Imaging and Teledermatology with Teleretinal Imaging being very well developed and Store and Forward Telehealth Teledermatology being in its early implementation phase of reviews.

The Store and Forward Telehealth Teleretinal Imaging camera workstations continue to be reviewed two to three weeks before the onsite visit. This review is done remotely using Office Communicator shared desktop or Live-Meeting to connect to the Teleretinal Imaging workstation. A series of Teleretinal Imaging workstation screen shots developed by David Shupe Facility Telehealth Coordinator in VISN 8 describe and demonstrate the steps involved and what the reviewer is looking for within the partitions of the hard drive. This is available to the Telehealth Lead(s), IT/BioMedical Engineering or Facility Telehealth Coordinator contact who assists with the workstation review. These remote workstation reviews take only about five minutes per workstation to complete and results are reported during the onsite visit.

Of course, the VISN Telehealth Lead continues to be very much involved in all aspects of COP review preparation from setting the schedule with their staff and leadership to arranging for video conferencing, conference calls and online-chat meetings for a successful onsite review. Because of their important leadership role and all that they are responsible for, they have become the cornerstone for every successful Telehealth COP designation review. ▣

National Telemental Health Center *(continued)*

Care and has clinical, research, and administrative expertise in developing and implementing evidence-based care models for serious mental illness both within and beyond VHA.

Additional members of the clinical team include Dr. Meghan Rooney, PsyD, VA clinical psychologist, previous Director of

Operations for the National Telemental Health Center and VISN 1 National Telemental Health Field Work Group Representative, and Dr. David Osser, MD, VA psychiatrist and Associate Professor at Harvard Medical School, an expert in evidence-based medicine and comprehensive web based psychiatry algorithms.

Boston Telehealth Training Center *(continued)*

assigned sites. In addition to the listing of unread studies, the application will also display a list of studies that have been completed for up to the past 90 days. (Figure 1).

A unique feature of the TeleReader application is that a specialist can “lock” a study which gives exclusive control of the consult to that specific

specialist while still allowing other specialists to view the study and consult. In addition, when a study is selected, the computerized patient record system (CPRS) and VistA Imaging Display open automatically providing easy access to view the consult and image data. (Figure 2.)

As new Store and Forward Telehealth programs

emerge, further integration of TeleReader is likely to occur. Globally, VistA Imaging provides specific applications that are used in support of some Store and Forward Telehealth programs.

The versatility and combined use of CPRS and VistA imaging provides comprehensive electronic support for all Store and Forward Telehealth programs. Specifically, Teledermatology programs, regardless of the model or pathway, fit almost any VistA/CPRS clinical workflow in a way that standardizes and optimizes the delivery of care.

Clinical telehealth programs and modalities continue to expand, and we hope that an occasional technology update such as this one provides useful information while at the same time clarifying some of the mystery that often surrounds software applications, especially those related to the delivery of care. ☐

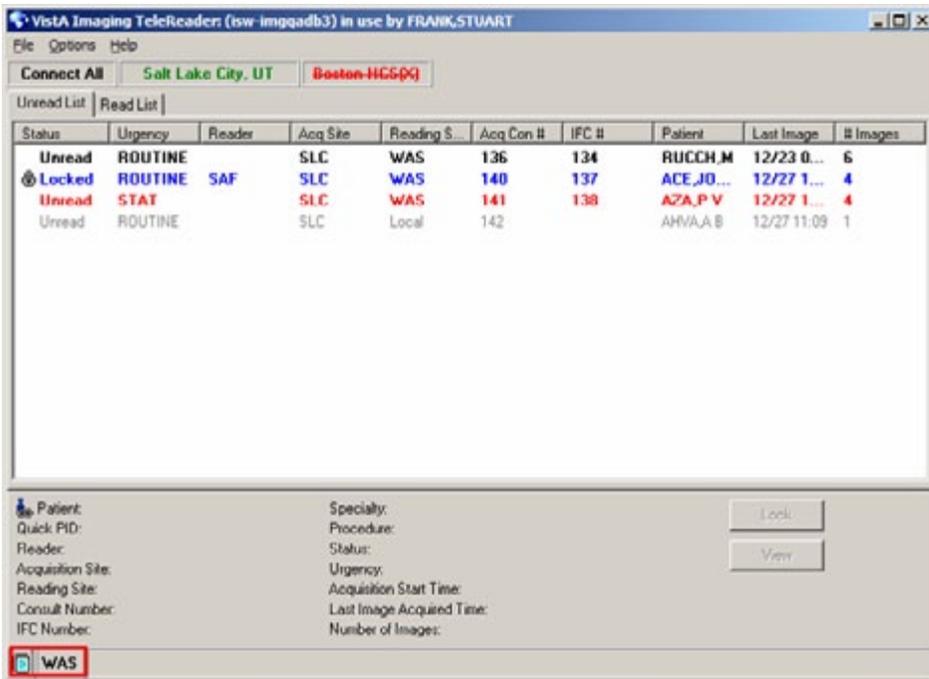


figure 2

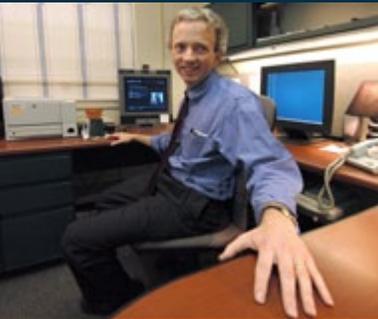
Welcome Elaine Thomas, *Sunshine Training Center Staff Assistant*

Elaine has been an employee with the VA since January 6, 1992. She started as a temporary hire in Medical Service at Lake City. She has worked as a Travel Clerk, and then later as a Budget Tech in Social Work Service. She has also worked as a Clerk in Telcare. Before coming to the Sunshine Telehealth Training Center as Staff Assistant, She served as the Program Support Assistant for the Tech Care Home Telehealth Program in Lake City since April of 2004. She has helped HT staff support this program which manages over 700 Veterans. January 2012

will be her 20th anniversary working with the Veterans Health Administration.

She is a lifelong resident of Lake City. She is a mother and grandmother with one son, one daughter, and one granddaughter. She brings seven years of Home Telehealth experience to the training center and we are pleased to have her as our teammate.





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 into which Veterans are enrolled 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/or 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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