



## 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.



## Spring edition

- The Role of the Master Preceptor **P.2**
- Clinical Video Telehealth **P.4**
- Store-and-Forward Telehealth **P.5**
- Home Telehealth **P.6**
- National Telemental Health Center **P.7**
- Telehealth and Telework **P.8**
- Technology Helpdesk **P.10**
- Telehealth Quality **P.11**
- VISN 11 VJO Telehealth Pilot **P.12**

## Elimination of Copay for In-Home Video Telehealth

Beginning May 7, 2012, the Department of Veterans Affairs will no longer charge Veterans a copayment when they receive care in their homes from VA health professionals using video conferencing.

“Eliminating the copayment for this service will remove an unnecessary financial burden for Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “We will continue to do everything we can to ensure that Veterans have access to the first-class care they have earned with their service to our Nation.”

This change will primarily benefit Veterans with limited mobility, such as Veterans with spinal cord injury or polytrauma – but the elimination of copayments will benefit many other Veterans receiving many types of care (e.g., mental health, geriatrics, etc.) at home using video conferencing.

This change was implemented by VA’s Chief Business Office and only affects video-to-home telehealth; no other telehealth service is affected by this copayment change for video-to-home telehealth.

Video-to-home telehealth services in the VA are expected to expand significantly throughout the late summer and autumn as new VA information technology infrastructure enhancements become operational in July 2012.

The expansion will enable more Veterans to use their personal computer to access their VA providers for clinical care through private encrypted videoconferencing.

Additional information is available on the VA Internet site at [www.va.gov/opa/pressrel/pressrelease.cfm?id=2306](http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2306)



## Virtual Doctors Visits Catch-On USA TODAY

Tired of feeling “like the walking dead” but worried about the cost of a doctor’s visit, Amber Young sat on her bed near tears one recent Friday night in Woodbury, Minn.

That’s when she logged onto an Internet site, run by NowClinic online care, and “met” with a doctor in Texas.

After talking with the physician via instant messaging and then by telephone, Young was diagnosed with an upper respiratory illness and prescribed an antibiotic that her husband picked up at a local pharmacy. The doctor’s “visit” cost \$45.

“I was as suspicious as anyone about getting treated over the computer,” said Young, 34, who was uninsured then. “But I could not have been happier with the service.”

NowClinic, which started in 2010 and has expanded into 22 states, is part of the explosion of Web- and telephone-based medical services that experts say are transforming the delivery of primary health care, giving consumers access to inexpensive, round-the-clock care for routine problems — often without having to leave home or work.

Published in USA TODAY - May 10, 2012



Those involved in telehealth in VHA know that it is growing rapidly. This growth is significant, a fifty percent increase in patient numbers per year over two years, and so there are appreciable challenges involved in the purchasing of equipment, the hiring of staff and ultimately combining these to establish services.

The purchase of equipment and hiring of staff are challenges, but these tasks usually follow established procedures. So, although not always the fastest of things to get done, by methodically working through the issues - contracts will be placed and staff will be hired. With its special mission of providing health care services to 5.3 million Veterans annually, one of the most complex challenges for VHA is continuing to grow robust, sustainable telehealth services.

Telehealth programs throughout VHA will meet the challenge and we will expand our telehealth programs safely and effectively. In many sites where this expansion will take place, telehealth is a new endeavor.

## Telehealth in the VA The Role of the Master Preceptor Adam Darkins, MD, MPH, FRCS

When people outside VHA ask what is happening with telehealth in VHA and hear about the size of growth of telehealth in our organization, they often say words to the effect, “Wow, that must be a case of being careful what you ask for, because you might get it”? This well-known oxymoron does apply in our case.

VHA has a track record of systematically developing telehealth services stretching back over 10 years. Current transformation and expansion initiatives for telehealth fit with VHA’s mission and strategic goals. Their implementation is well project managed and the fact that positive outcomes are confidently predicted attests to the great culture of innovation and program development within VHA.

VHA is also in the process of implementing other initiatives that are integrating telehealth into their framework. These include, but are not limited to: the elimination of homelessness, the implementation of the medical home, health prevention, women’s health and patient-centered care. Therefore, the ingredients and the processes necessary to move forward with further growing telehealth in VHA already exist. Although these are all vital elements of change, there is something else that is absolutely necessary - the people to bring it all together clinically.

The “people” are the many dedicated VA employees who provide support to telehealth programs and they typi-

cally include VISN Telehealth Leads, Facility Telehealth Coordinators, Home Telehealth Care Coordinators, Telehealth Clinical Technicians and many other program support staff. An additional title to the one formally on their position description that the majority of these different VA staff members can have is that of the telehealth “Master Preceptor”.

The word preceptor in health care refers to an expert or specialist who gives practical experience and training in a clinical area. A preceptor is more than a teacher – the role involves instructing others but also leadership by example, and a preceptor in VHA serves as an ongoing mentor and coach to clinicians in the field. Since telehealth is not taught in clinical training programs for most health care professionals at either the undergraduate or post-graduate levels, there is no existing entry level of telehealth competency VHA can expect from the clinicians it recruits.

Adding another variable to the mix, the reality of our bringing on board (recruiting) over 1,000 Telehealth Clinical Technicians this year (FY2012), and the reason for the name “Master” Preceptor, as opposed to simply naming them preceptors, is clear. As one whose role is to support Facility Telehealth Coordinators and others in the training aspect of the implementation of telehealth, our Master Preceptors are a critical resource.

# The Role of the Master Preceptor *(continued)*

Their expertise and value does not end with initial baseline training, they help with ongoing competency assessment of staff and they are our eyes and ears on the ground in terms of picking up lessons learned from the field. Many of this staff will be Master Preceptors, a critical brain trust that we rely upon.

We have Master Preceptors for Home Telehealth, Clinical Video Telehealth and Store-and-Forward Telehealth that are trained to support each individual area of telehealth. Master Preceptors in VHA are a cadre of unique, self-selected individuals who have stepped up into telehealth leadership training roles and received support and mentorship to do this from our respective telehealth training centers: the Home Telehealth National Training Center in Florida, the Store-and-Forward National Training Center in Boston and the Clinical Video Telehealth National Training Center in Denver.

This year, we will be saying farewell and thank you to long-standing champions of telehealth that trained as Master Preceptors like Gaye Shaff from VISN 20. As we enter a new era of telehealth for VHA, we know the role of the Master Preceptor

has to evolve to help get us there. A key question is what should the Master Preceptors' role be for the next generation of Home Telehealth, Clinical Video Telehealth and Store-and-Forward Telehealth programs, when all these areas of Telehealth are converging? Answers to this and other questions about VHA's Master

Preceptors cannot be determined from "on high" and imposed down. Master Preceptors are a precious resource that VISNs support because of the value they bring to growth of telehealth in VHA generally but also what they bring to their VISN.

In late April 2012, we met with VISN leads, Facility Telehealth Coordinators and some Telehealth Clinical Technicians. Collectively, during the past ten months we moved to ensure staff are trained, equipment purchased and services provided.

We are embarking on a dialogue that started with a face-to-face meeting in late April 2012 and continues through August of 2012 when ideas on



Telehealth Master Preceptors will be aired and shared during the 2012 National VHA Virtual Telehealth Meeting that will go out over satellite VAKN.

No need to RSVP, this your invitation to participate in this upcoming discussion, and help us ensure that VHA Telehealth Master Preceptors continue helping staff work with technologies to serve our nations Veterans with the best telehealth care anywhere. ☐

*Be sure to read more about Telehealth Master Preceptors on page 5.*

## Whats in a Name? - Clarifying The Role of the Training Centers

When telehealth programs first began evolving in VA, it started with home telehealth and the first training center launched in Lake City, Florida taking the name "Sunshine Training Center." The Boston Training Center and Rocky Mountain Telehealth Training Center soon followed.

However, with all the growth in telehealth in the VA, these names began to cause confusion, particularly among the thousands of new VA employees who have only recently started working in telehealth.

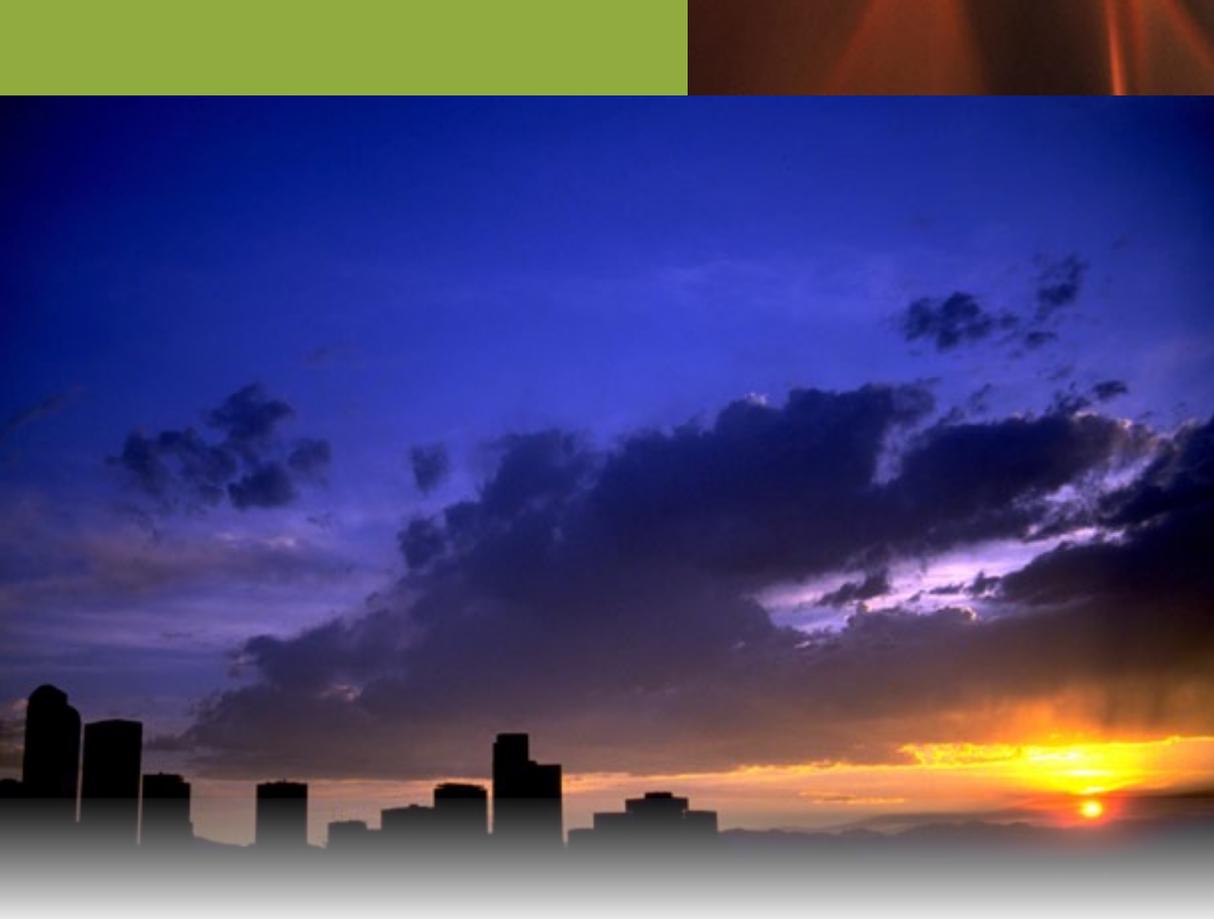


To help clarify the roles and responsibilities of each training center, we have made a slight adjustment to their titles to help make it easier to find the training you need.

**Home Telehealth National Training Center, Florida**  
formerly the Sunshine Telehealth Training Center.

**Clinical Video Telehealth National Training Center, Denver**  
formerly the Rocky Mountain Telehealth Training Center.

**Store-and-Forward Telehealth National Training Center, Boston**  
formerly the Boston Store-and-Forward Telehealth Training Center.



## Operations Manuals and Resources

We recently finished and posted several new supplements to Clinic Based Operations Manual to the Office of Telehealth Services intranet page for your review and use. We also are posting the specialty Needs Assessments/ Business Plans, Deployment Checklists and the Telehealth Service Agreements.

The idea is to pre-populate as much information from the specialty that is common to all telehealth clinics across the VA. The intention is to help the Facility Telehealth Coordinator in completing this documentation. The new or revised supplements include:

- Telemental Health
- Tele-Rehabilitation
- Tele-Spinal Cord Injury
- Tele-Neurology
- Tele-Cardiology

## Satisfaction Survey FTC Learning Conference

If you were able to attend the Facility Telehealth Coordinator Learning Conference in Denver, Colorado, please do not forget to fill out the satisfaction survey to receive your certificate of attendance/completion. You should have received an email from Mary M. Smith (EES) that contains the link. If you did not receive the link, please email Mary M. Smith (EES).

# Clinical Video Telehealth National Training Center

We are consistently updating the Office of Telehealth Services' intranet site to assure accuracy and access to training. Please check the site regularly as there will be new and important information posted.

### **New Training:**

New web-based trainings are now available on TMS using a scenario based assessment assuring entry level competencies in basic clinical video technology and the patient encounter.

### **Other Training:**

Other new training available on TMS through the Content Distribution Network either through webcasts and/ or disc are: Tele-Neurology, Tele-Cardiology, Telehealth Clinical Technician Basics, Clinical Video Telehealth Basic Business, Clinical Video Telehealth Advanced Business, Clinical Video Telehealth Advanced Technology and Clinical Video Telehealth for Groups.

We will be working on converting this list of courses to the scenario-based assessments and interactive content, assuring clinical competency.

### **Training Forums:**

We are continuing to offer the monthly training forums:

Clinical Champions Forum on the 4th Wednesday at 3:30 p.m. EST focusing on sharing best practices, challenges and successes in specialties using Telehealth.

Facility Telehealth Clinical Forum on the 2nd Monday at 3:00 p.m. EST focusing on advanced business training, logistics, planning, developing and implementing programs.

Telehealth Clinical Technician Forum on the 2nd Monday at 1:30 p.m. EST. ☐



## Store-and-Forward Telehealth National Training Center Welcoming our newest Master Preceptors

Boston's weather can be very inviting during the spring season, but that was not the overriding motive for our newest Master Preceptors to travel to the Store and Forward Training Center to complete the latest Master Preceptor program.

The most recent group of Store-and-Forward Telehealth Master Preceptors was made up of nine teleretinal imagers representing six different VISNs. With the addition of the newest Master Preceptors, we have greater penetration into the VISNs and it brings the total number of Store-and-Forward Telehealth Master Preceptors to 111. To date, Master Preceptors engage in training staff in the teleretinal and teledermatology programs.

Since the inception of the program in 2008, Store-and-Forward Telehealth Master Preceptors have truly added a new and important dimension to our training programs. Selection into the Master Preceptor program is not only competitive, but it is also determined by their background knowledge and experience as well as local support from the VISN lead.

Preceptor candidates are chosen because of their extraordinary commitment to our programs and their understanding of the clinical, business and technical elements that make up a successful Store-and-Forward Telehealth program. They not only play an important role in mentoring and training prospective imagers, but they serve as an extension of the Store-and-Forward Telehealth National Training Center in many other ways. The Master Preceptors interact with VISN Telehealth Coordinators and Facility Telehealth Coordinators and they serve as liaisons to all of the Store-and-Forward Telehealth programs. They assist in



administering our patient satisfaction surveys in the field and in implementing and executing the ongoing Quality Assurance/Quality Improvement competency program for imagers.

Recently, more than 1,100 Telehealth Clinical Technicians have been hired and they all require timely and convenient training. It is impossible for the Training Center to accommodate all of the training requests without the help of the Master Preceptors. They have been integral in providing just-in-time training for these newly hired technicians and since they are distributed throughout almost all 21 VISNs, they are conveniently and strategically situated to provide the training quickly and efficiently. Since the Master Preceptors are distributed throughout the VISNs, hardly any time goes by that they are not available for training in a timely way. And, for the first two quarters of 2012, Master Preceptors have trained more than 400 Telehealth Clinical Technicians in Store-and-Forward Telehealth imaging in the field.

To date, we have two primary Store-and-Forward Telehealth programs, namely Teleretinal imaging and Teledermatology. As we expand our telehealth platforms, the need to train Telehealth Clinical Technicians will only grow and Master Preceptors can fulfill that need very nicely.

In addition to initial training, Master Preceptors provide remedial training to imagers, assist in implementing the patient satisfaction surveys at the various sites, they serve as an intermediary between the Facility Telehealth Coordinator and imager in the field and they help sites to prepare for the Office of Telehealth Services' Quality Management Team site visits.

They also provide input into and sometimes teach in our continuing education programs and give guidance to imagers on providing patient education to our patients, an important responsibility, since the imaging encounter is a wonderful patient educational moment.

*(Continued Page 9)*



## Home Telehealth National Training Center, Florida National Home Telehealth Training Opportunities

### Master Preceptor Program

The application deadline was May 1st and over sixty applications from 16 VISNs were submitted for the Home Telehealth Master Preceptor program. Application review and candidate selection took place in early May and selectees were notified late May.

The Master Preceptor program will begin June 2012. The 2012 Master Preceptor Class will have new content that has been added to the existing program to include education and training on Clinical Video Telehealth and Store-and-Forward Telehealth as well as Home Telehealth.

### Sunshine Support Program

Applications will be accepted on-line beginning June for our next class of support preceptors. The program will begin in September. This program was designed specifically for developing administrative support staff such as Program Support Assistants or Health Technicians who serve as experts in the field for Home Telehealth technicians. We would like to have at least

one of these per VISN and encourage VISN Leads to send forward candidates.

### Upcoming Programs

The training center will be offering monthly Live Meeting educational programs for both the Facility Telehealth Coordinators and Telehealth Clinical Technicians roles beginning in June. These programs will provide information about Home Telehealth Business, Clinical and Technical Operations useful to staff in these roles. Please check out our SharePoint calendar for Live Meeting links to these trainings.

### Interactive Voice Response Update

Interactive Voice Response is now available in all VISNs. As of June 9th, 10,850 Veterans have been enrolled using this technology and we have trained over 730 staff. One Interactive Voice Response vendor, Authentidate, is still working with VA IT to complete updates for their Interactive Voice Response pilot to begin. However, they are piloting their messaging device this quarter. ☐

## Annual Competency 2012 Program

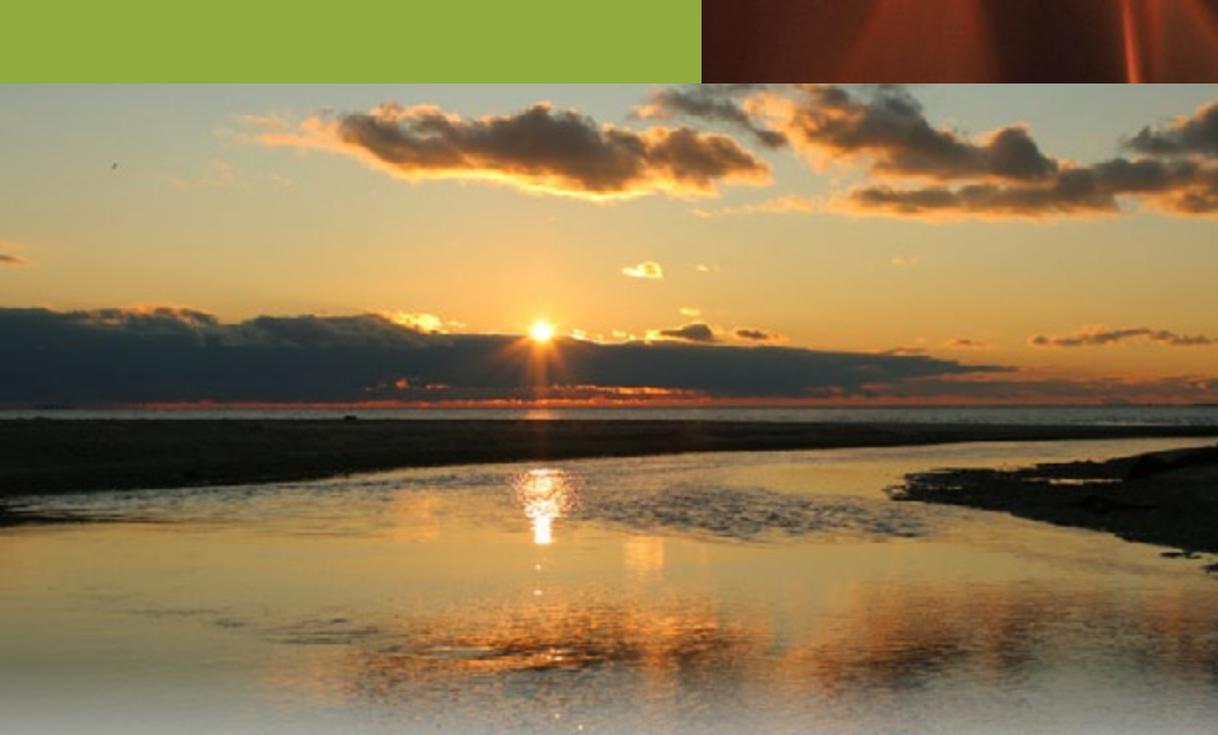
This year the annual requirements for Home Telehealth competency include completion of all three new TMS Courses by all Home Telehealth staff:

- Business Operations
- Clinical Operations
- Technical Operations

In addition to the TMS courses, an abbreviated PowerPoint program, “Home Telehealth: A Journey to the Emerald City,” and exams are available on our SharePoint. The content came out early May and we notified the field via email. As before, the completed exam should be kept in the employee’s local competency folder. The training center will be requesting the names of staff completing the PowerPoint program from VISN Telehealth Leads again this year as in prior years.

All competency elements must be completed on or before September 30, 2012.

*Please make inquiries about Disease Management Protocols regardless of technology or any other questions to the training center.*



## National Telemental Health Center

### Reaches 1,000 Patient Visits Milestone

Since its inception in July 2010, the National Telemental Health Center has paved the way for providing expert mental health care via Clinical Video Teleconferencing to Veterans throughout the country.

#### **NTMHC Tele-Behavioral Pain Treatment Program:**

Approximately 700 clinical encounters were delivered to over 150 Veterans at the VA Maine Healthcare System, Bedford VA Medical Center Haverhill CBOC, VA Connecticut Healthcare System including Newington and Windham CBOC (VISN 1) and the Kansas City VA Medical Center in Kansas City, Missouri (VISN 15). Ongoing expansion initiatives include additional medical centers and CBOCs located within VISNs 7, 15, and 21.

#### **NTMHC Tele-Bipolar Disorder Treatment**

**Program:** Approximately 200 clinical-video and telephone encounters were delivered to over 70 Veterans at the VA Boston Healthcare System (VISN 1) and Robley Rex VA Medical Center and Dupont CBOC in Louisville, Kentucky (VISN 9). Ongoing expansion initiatives include additional medical centers and CBOCs located within VISNs 12, 16, and 17.

#### **NTMHC Tele-Compensation and Pension exams:**

Delivery of over 90 National Telemental Health Center

Tele-Credentialing and Privileging exams to the VA Connecticut Healthcare System Newington CBOC, VA Central Western Massachusetts Healthcare System (VISN 1), Orlando VA Medical Center (VISN 8) and U.S. Naval Base in Okinawa, Japan. Further expansion of NTMHC Tele-Compensation and Pension Examinations to the Orlando VA Medical Center is being coordinated to begin in Fiscal Year 2012.

#### **NTMHC Tele-Insomnia Group Treatment Program:**

In partnership with the Philadelphia VAMC (VISN 4), approximately 30 clinical encounters were delivered to over 10 Veterans at the VA Connecticut Healthcare System Newington CBOC (VISN 1) and the Louis A. Johnson VA Medical Center in Clarksburg, West Virginia (VISN 4).

#### **NTMHC Tele-Psychogenic Non-Epileptic Seizure (PNES) Treatment Program:**

Piloted PNES Program through partnership with the Epilepsy Center of Excellence at the VA Connecticut Healthcare System (VISN 1) and Hunter Holmes McGuire VA Medical Center in Richmond, Virginia (VISN 6). Ongoing expansion initiatives include Epilepsy Centers of Excellence in Baltimore, Maryland (VISN 5) and Boston, Massachusetts (VISN 1). □

## Telemental Health Efficacy Surpasses Face-to-Face

The rapidly growing telemental health program of the U.S. Veterans Affairs health care system delivered more effective mental health services to nearly 100,000 patients than standard, face-to-face encounters during 2007-2010, demonstrated by its slashing the rate of psychiatric hospitalizations.

"This is the first large-scale study to show that telemedicine dramatically reduced hospital admissions and total hospitalized days," Dr. Linda S. Godleski said May 6th at the annual meeting of the American Psychiatric Association. "The decreased hospitalization rate may be explained by increased access to services. Patients do not wait [to get mental health sessions] until they are completely decompensated" when mental health care services are more readily available by telemedicine, said Dr. Godleski, director of the national telemental health center for the Department of Veterans Affairs and a psychiatrist at Yale University in New Haven, Conn.

She and her associates reviewed 98,609 VA patients who required mental health services and were new to the agency's telemental health program during 2007-2010. They found that the telemental health patients had 24% fewer psychiatric hospital admissions during their first six months in the program, compared with their immediately preceding six months of care by conventional, face-to-face encounters with mental health clinicians.

Published in *Clinical Psychiatry News* - May 7, 2012



## Around the Corner or Across the Country Telework and Home Telehealth - Living the Experience

Many VA employees are teleworking and that includes Home Telehealth staff. Just how does telework and Home Telehealth work together?

Well, the Home Telehealth National Training Center had the opportunity to interview a VISN 20 employee who has been working from home in New York for one year. We thank Amanda Preston, MS, RD TeleMOVE! Dietitian, for her willingness to share her lessons learned.

**HTNTC:** *What motivated you to go down this path?*

**Amanda:** I proposed the idea for teleworking when I learned that I would be moving to New York to be closer to my family. I loved my position as the TeleMOVE! Dietitian and had worked very hard for almost a year implementing the TeleMOVE! program at VA Puget Sound. I had brought on more than 100 patients to the program and really did not want to give up my job.

**HTNTC:** *Was the telework process difficult?*

**Amanda:** Understanding the process and developing the proposal for upper management was time

consuming but well worth the effort. It's important to understand the policies and procedures.

**HTNTC:** *What are the pros and cons of teleworking in Home Telehealth as you see them?*

**Amanda:** Pros: I get to keep my job! I no longer have to commute to work, I have a much more comfortable office space, I have fewer distractions, I don't print anything so I have a very green office, there are no snow days, I could probably keep going...

**HTNTC:** *What about the Cons:*

**Amanda:** There is less peer interaction, sometimes I have technology issues, and my patients can't stop-in to see me (although they couldn't really do this before as I had a shared office in an in-patient ward).

**HTNTC:** *How is your workload measured?*

**Amanda:** My Event Capture entries can be reviewed

as well as all of my chart notes, all of my work is stored on network drives, and all of the time that I am logged into the CAG/VPN (remote use of VA systems) can be reviewed as well. Nutrition and Food Service uses Event Capture as their data entry mechanism of choice. The Event Capture System (ECS) is based on data entry at the practitioner level using a standardized procedure/product listing. I perform the entire Home Telehealth process for my Veterans just like if I were in the office.

**HTNTC:** *How do you stay in the communication loop?*

**Amanda:** I attend all Pharmacy and Nutritional Care, MOVE, local Home Telehealth and VISN Home Telehealth meetings via live meeting and/or telephone. Also, I am in frequent contact via e-mail with my peers for any questions I or they may have. I have monthly phone conversations with my supervisor to keep her informed of my happenings.



**HTNTC:** *Are your Providers and Veterans satisfied with your work? Can they tell the difference between when you were on-site versus now and how do you know?*

**Amanda:** Yes, I continue to get referrals from providers for TeleMOVE!. I have patients tell me how pleased they are with the program consistently. Most of the providers/Veterans

are not aware that I telework from New York as there has been no need to inform them, my work continued un-interrupted throughout the transition process. Of course if they ask I tell them- most find it pretty cool.

*(Continued Page 9)*

## Around the Corner or Across the Country

*(continued)*

**HTNTC:** *What has been your biggest obstacle and what has been your greatest positive about working from home?*

**Amanda:** Biggest obstacle was initially getting the technology to work and adjusting to the changes of using the programs through CAG/VPN rather than the VA desktop. Greatest positive is that I get to continue with my job that I love **and** living near my family. Also, I don't have to wear work shoes anymore.

**HTNTC:** *Does VA IT support your system and how difficult has this relationship been?*

**Amanda:** IT is always available for issues with the network (CAG). Initially it was a little difficult to get my computer set up to meet all requirements, but local IT was very helpful with this. It's important to have a good working relationship with your local IT.

**HTNTC:** *Do you find it hard to stop after an eight hour day?*

**Amanda:** No, I have been very consistent with keeping my tour of duty and keeping work separate from my home life. In the Telework Agreement I have agreed not to work outside of my tour of duty and I am very true to that. My work hours are a little different living in a different time zone, I continue to work from 7 a.m. to 3:30 p.m. PST which is 10 a.m. to 6:30 p.m. EST.

**HTNTC:** *How is your work area arranged?*

**Amanda:** I have a spare bedroom that is set up

as my office. This keeps my work private and everything I need to do my job is right within my fingertips.

---

The Office of Telehealth Services has been working with VISN 2 Home Telehealth staff this past year to complete a telework demonstration pilot. Information on best practices and lessons learned, especially as they relate to emergency contingency planning, will be available in the Home Telehealth Operations Manual. Also, within the manual will be all the information and links to the VA required forms necessary to document a telework agreement.

Most certainly, once you have seen one telework experience you have only seen one telework experience! It will be cool when word check does not identify telework as a misspelled word.

We thank Amanda for sharing her experience. We hope to hear from other teleworkers as we move into this exciting alternative work arrangement!

Websites to explore if you are thinking about teleworking or want more information:

- [vaww1.va.gov/ohrm/Telework/Telework.htm](http://vaww1.va.gov/ohrm/Telework/Telework.htm)
- [www.telework.gov/Index.aspx](http://www.telework.gov/Index.aspx)
- [www.telework.gov/Telework\\_Enhancement\\_Act/index.aspx](http://www.telework.gov/Telework_Enhancement_Act/index.aspx) □

## Welcoming our Newest Master Preceptors

*(continued)*

And, once we go beyond the pilot phase of screening for age-related macular degeneration, we will rely on the Master Preceptors to assist in training the imagers in the new pathway and protocol.



In summary, we are very proud of the work our Master Preceptors do and we sincerely appreciate the vital role they play in the operation of our programs in the field. We are very pleased with their accomplishments and across the board, they have already made significant contributions to our program. □

## Highlight Your Telehealth Program in the Telehealth Quarterly

VISNs are encouraged to share a short paragraph about a particular “star,” team, innovative projects or other similar news. Submissions should be sent by the VISN Telehealth Leads only to David Palazzolo. The due-date for the next newsletter (Summer) is Monday, August 6th.

Also, if any of your VISN staff have a creative, Telehealth –themed title for this column – please send as well. We'll announce the “winning” VISN entry in the Summer newsletter.

*See page 12 for our first submission!*



# Telehealth Technology Helpdesk

## Ensuring Reliable Telehealth Performance

Years of experience have taught us that accessible, reliable support for telehealth end users is critical to operation of a successful telehealth program. Additionally, that support must use a systems approach to work with end users to identify and troubleshoot problems, involving network, videoconferencing systems, peripheral devices and other elements.

To ensure that the Clinical Enterprise Video Network (CEVN) and supporting telehealth technologies are performing seamlessly, the Office of Telehealth Services has established a Telehealth Technology Help Desk, working in partnership with the VA Office of Information and Technology (OI&T), the Biomedical Departments at the medical centers, equipment vendors and other stakeholders to deliver comprehensive telehealth technology support.

### Simplifying Tech Support So You Can Focus on Patient Care...

**Our task** – Deliver world-class help desk services ensuring that telehealth technical operations func-

tion at peak performance, enabling VHA health care professionals to provide the right care, at the right time, at the right place.



**The benefits** – Telehealth end users will enjoy improvements in speed and resolution of technology troubleshooting issues by accessing expert technical assistance through a single point of contact. Help desk technicians will work with the end user to resolve issues or elevate technical problems to the entities that can resolve them. The telehealth end user has one point of contact for help. By streamlining the telehealth tech support, clinicians will be able to focus on patient care rather than technology!

### Phased Roll-out...

Beginning March 16, the Help Desk has been available from 8 a.m. to Midnight EST. ☐

## Technical Support/Service

Call 1-866-651-3180. Provide your first and last name, phone number and facility. Provide a detailed problem summary of the technical issues you are experiencing. If you are experiencing technical problems with a video codec, please provide your IP address.

**MXP series codec - How do I locate my IP address?** Using your TRC 3 or 4 remote control, press your OK/Menu button to wake up system. Press your up arrow once. Please provide the number listed next to Active IP Address.

**C series codec - How do I locate my IP address?** Using your TRC 5 remote control, press the center button with a check mark on it. Scroll down and select Settings, scroll down and select System Information. Located under Network, please provide the number next to: IPv4 address.

If you are experiencing technical problems with a peripheral device attached to a GlobalMed Primary Care cart, please provide the Master Cart Serial Number.

**How do I locate the Master Cart Serial Number?** Look at the back of the cart for a compartment that has a wire mesh basket hanging on it. Once the compartment door/flap is pulled open, you will see a label that contains the Master Cart S/N.

If you require assistance with TMS connectivity issues, please provide the conference name, start date/time and conference alias if you were provided one.

# Telehealth Quality Collaborations in Telehealth

Claire Marty



As the fifth cycle of Conditions of Participation reviews continue in fiscal year 2012, it may be beneficial to discuss a few of the Conditions of Participation elements and what measures of success the Quality Management team is looking for as we conduct the document reviews and Designation site visits.

There is an emphasis nationally on the collaboration and integration of telehealth modalities, both within telehealth modalities and with other entities within the VA and beyond. Conditions of Participation Core number 11 states, "The telehealth program demonstrates clinical collaboration with programs such as Patient Aligned Care Team, Home Based Primary Care, Spinal Cord Injury, and other specialty care initiatives".

This element is related to both the Patient Care and Leadership standards of The Joint Commission. The Quality Managers look for evidence of such collaboration during both the Conditions of Participation document review, including self assessment materials, and staff interviews during the site visits.

In Home Telehealth, collaboration begins with a thorough case management assessment upon enrollment of the Veteran into Home Telehealth. The Care Coordinator uses clinical judgments and the case management standards of practice to assess the needs and plan for the care and services that may benefit the Veteran.

These services may include Home Based Primary Care, Mental Health, Patient Aligned Care Teams,

Palliative Care, Social Work services, pharmacy and many other programs and services offered in the VA. Collaboration with non-VA entities may also be needed, such as with non-VA providers or home/community care services. The Care Coordinator will demonstrate this collaboration by documenting related referrals, consults, care planning, and interventions.

The effects of this collaboration must also be documented in the reassessment notes through the evaluation of goals and interventions and with



subsequent revisions of the plan of care as indicated. This level of collaboration, as an essential component of case management practice, is not consistently observed to be routinely accomplished, nor documented, during the Tracer activity component of the review process in some programs and, as a result, is sometimes cited for corrective actions in order to achieve Designation status.

Staff members involved with planning and implementing Clinical Video Telehealth encounters are

in an optimal position to ensure collaboration among VA entities to provide for Veteran care. The collaboration starts in the medical facility and CBOCs when the need for telehealth services is identified. Again, the Quality Managers look for evidence of such collaboration during both the Conditions of Participation document review, including self assessment materials, and staff interviews during the site visits.

The Facility Telehealth Coordinators have a vital responsibility to ensure the Telehealth Service Agreements (TSA) that outline these necessary collaborative relationships are

detailed, completed, timely and reflect the care to be provided. These TSAs, which are reviewed in advance of the site visit, serve as the documentation of collaboration between and among service lines, scheduling, facilities, Sterile Processing Services, and others.

Veteran care will benefit from well thought out TSAs that have pulled together all the necessary components for a seamless, successful

*(Continued Page 12)*

## Telehealth Quality *(continued)*

visit. In addition, collaborative agreements are required with OI&T and Biomedical Engineering (CVT COP 2) in order to ensure adequate technology infrastructure, bandwidth/capacity and technical support to ensure smooth and efficient patient encounters and to fully sustain and/or expand Clinical Video Telehealth services across sites.

Some Clinical Video Telehealth programs are also expanding to provide care in non-VA sites that are convenient to the Veterans including Vet Centers, college campuses, justice outreach settings, and homeless shelters. These are additional opportunities to demonstrate collaboration with non-VA entities.

In Store-and-Forward Telehealth, the collaboration is as necessary as in the other modalities. Some of the same steps are involved in the clinic set up and execution of encounters as is used in Clinical Video Telehealth. For example, a teledermatology or teleretinal imaging appointment would necessitate the collaboration between

the Facility Telehealth Coordinators, Telehealth Clinical Technician imager, the scheduler, the primary care provider that is requesting the service, and the reader. Collaborations with Primary Care, using a variety of models, are essential in order to support this form of teleconsultation.

The Telehealth Service Agreement should also be put in place to describe the necessary collaborations for teleconsultation done through Store-and-Forward Telehealth and to support provision of resources necessary to reliably ensure effective encounters. Collaborations with the Home Telehealth program and Diabetes Education program are other possible collaborations for diabetic patients who are seen for teleretinal imaging by Store-and-Forward Telehealth.

Staff working with each of the three telehealth modalities must document collaborations in notes, policies, Memorandums of Understanding, Telehealth Service Agreements, and through the consult process. Collaborations across facilities

and clinics related to credentialing and privileging are documented using both Memoranda of Understanding and the Telehealth Service Agreements noted above. Collaborations with local Credentialing and Privileging staff are also important to ensure that all related regulatory requirements are met and documented.

Facility Telehealth Coordinators should be very knowledgeable and conversant about all of the necessary collaborations and much of the Conditions of Participation review process during this cycle focuses on their roles and responsibilities.

As telehealth programs continue to expand exponentially, the quality, efficiency, effectiveness and safety outcomes from these collaborations will continue to bear fruit as we move seamlessly between telehealth and traditional care models until we reach the point in time where there really is no distinction. ▣

## VISN 11 - VJO Telehealth Pilot *Helping Veterans Be In Two Places at Once*

It's not quite the same as science fiction teleporting, but a pilot initiative started by Eric Dungan, the Veterans Justice Outreach Coordinator at the VA Northern Indiana Healthcare System (VANIHCS), allows Veterans to receive needed treatments and appear in court at the same time...virtually.

Using telehealth technology, justice-involved Veterans can receive needed mental health treatments in one location, and "appear" as scheduled in court in another location. For example, it is not uncommon for a provider in Northern Indiana to refer Veterans to Battle Creek or Indianapolis for specialized residential or domiciliary treatment programs.

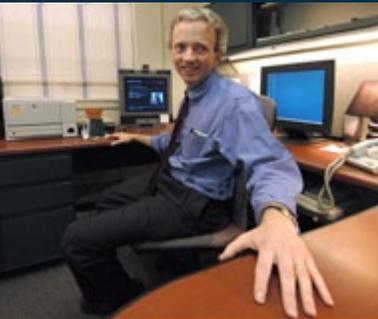
The Veterans Justice Outreach telehealth initiative allows that Veteran to take advantage of specialized treatment in one geographic area and appear before a judge in another area via secure videoconference technology that VANIHCS provides.

The benefits were immediately apparent during the pilot: greater compliance with the courts, improved treatment outcomes, and access to VHA health care programs specifically designed to address the complex needs of justice-involved Veterans.

The Veterans Justice Outreach program is a key initiative in supporting prevention for an at-risk population and offers VA health care as an alterna-

tive to incarceration for eligible Veterans with PTSD and other mental health conditions, traumatic brain injuries, substance abuse disorders, and/or homelessness.

The new program allows criminal justice systems the option of diversionary treatment for Veterans who qualify. Together, VA and its criminal justice partners will be able to offer deserving justice-involved Veterans a second chance.



## 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.

- **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.

- **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.

### 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

VHA Office of Telehealth Services (10P4T)  
VA Central Office  
810 Vermont Ave, NW  
Washington, DC 20420  
202-461-6946  
[www.telehealth.va.gov](http://www.telehealth.va.gov) | [vaww.telehealth.va.gov](http://vaww.telehealth.va.gov)