



## 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.



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## Making Bundles out of Packets

**As those of us working in telehealth know** only too well, the advantages of telehealth are often clear from the patient's point of view. But aligning the various incentives so that they work for an organization to adopt telehealth is often complex.

This situation may be set to change with greater incentives to use telehealth, especially outside VA in the private sector. A series of events are in sequence following the 2010 Affordable Care Act (ACA), and the ripple effect will influence telehealth development in VA. The Affordable Care Act is set to affect adoption of telehealth in the private sector in two major ways. Firstly, The Affordable Care Act imposed penalties on hospital readmissions.

Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which required the Centers for Medicare and Medicaid Services (CMS) to reduce payments to the inpatient prospective payment system (IPPS) hospitals with excess readmissions.

The Centers for Medicare and Medicaid Services are imposing penalties for higher-than-average readmission rates for heart failure, heart attack or pneumonia. These penalties are applied to Medicare and Medicaid patients readmitted within 30 days of a prior hospital admission. Around 20-percent of Medicare patients have been returning to the hospital within a month of discharge, with greater odds of this happening in elderly patients with chronic conditions.

This provision took effect for hospital discharges after October 1, 2012 and is central to the Affordable Care Act's goal of eliminating unnecessary care, and reducing Medicare spending.

As a result, private hospitals nationwide are ramping up their efforts to improve discharge from their facilities and to find ways to maintain patients in the community and preventing them from rebounding back into an inpatient care facility as a readmission.



## Telehealth Avatars

### The Introduction of the Virtual Therapist

Medical centers are testing new, friendly ways to reduce the need for office visits by extending their reach into patients' homes.

Most patients who enter the gym of the San Mateo Medical Center in California are there to work with physical therapists. But a few who had knee replacements are being coached by a digital avatar instead.

The avatar, Molly, interviews them in Spanish or English about the levels of pain they feel as a video guides them through exercises, while the 3-D cameras of a Kinect device measure their movements.

Because it's a pilot project, Paul Carlisle, the director of rehabilitation services, looks on. But the ultimate goal is for the routine to be done from a patient's home.

"It would change our whole model," says Carlisle, who is running the trial as the public hospital looks for creative ways to extend the reach of its over-taxed budget and staff. "We don't want to replace therapists. But in some ways, it does replace the need to have them there all the time."

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Although readmission to hospital in the elderly with chronic conditions can result from lack of transitional care and long-term support, there is growing interest in telehealth due to the ongoing positive outcomes reported by VA's Home Telehealth programs for non-institutional care and chronic care management. Interest is growing in private sector health care organizations to use Telehealth—as we have done in VA—to reduce hospital admissions. It will be interesting to see how this progresses.

Previous programs in the private sector to adopt home telehealth have often focused on the technology and not the process of care. In the early days of VA's Home Telehealth program, several programs adopted a strict medical model of care for home telehealth, instead of the preferred care coordination/patient self-management approach. These programs experienced marked increases in hospitalizations, not the expected decreases.

A second effect of the Affordable Care Act on telehealth is in how it is bundling payments for services in place of traditional fee-for-service models. Starting in 2013, the Affordable Care Act is

## Making Bundles out of Packets

(continued)

Adam Darkins, MD, MPH, FRCS

shifting health care from fee-for-service payments that can lead to supplier induced demand, to fixed reimbursement for multiple services delivered during one episode of care (bundling).

There is a national pilot test of bundled payments conducted by the Centers for Medicaid and Medicare Services (CMS). Under "bundling," providers will receive a single, lump-sum payment for all Medicare Part A and Part B services provided during one episode of care.

An interesting effect of these bundled payment initiatives may be to incentivize Accountable Care Organizations (ACOs) to embrace telehealth in order to recap the benefits of reduced cost and improved quality which VA programs have helped demonstrate. Including telehealth in bundles may enable ACOs to sidestep the longstanding issue of how telehealth is reimbursed and instead focus on the improved quality and reduced cost as a means of providing value-driven health care.

Despite the financial advantages of the Affordable Care Act that may encourage telehealth, other longstanding barriers remain in place outside VA. For example:

- Most states retain barriers to interstate practice of telehealth;
- A physician/patient relationship is needed to prescribe medications;
- Relatively few states accept the equiv-

alence of an electronic examination to a face-to-face examination; and,

- Not many states permit health insurance providers to recognize claims for services rendered through telehealth.

The Affordable Care Act will also directly impact VA because previously uninsured Veterans will have an opportunity to purchase health care in the upcoming health markets, and have tax incentives to do so. Veterans who are far from VA facilities may opt for local convenience instead of VA care despite our epithet of providing the best care anywhere. Telehealth is a way to offer local access and may be a deciding factor in whether some Veterans decide to continue receiving care from VA or disenroll.

Whatever the various ramifications of the Affordable Care Act, it is going to have an effect on telehealth within the private and federal health care sectors. Growth of telehealth outside VA is good for us. It will stimulate further innovations in telehealth technologies and provide a stimulus to resolve some of the longstanding barriers to telehealth. We should be proud our example has helped pave the way for others and look to a richer, more complex health-care environment in the future. ▣

# Integration

## Advantages and Benefits

### Improved Customer Service

The quicker and more efficiently we can address your needs, the easier and quicker you will be able to address the needs of Veterans.

### Improved Time Efficiency

Integration will enable us to operate more efficiently, saving time. What used to take two days can now be done in one day or less.

### Improved Employee Efficiency

Employees will have greater familiarity with the wide range of training resources that are available beyond just their area of expertise.

### Improved Program Clarity

With a siloed system, overlap and redundancy finds its way into everything. By integrating, we can reduce the amount of resources used, decreasing the time required for training and reduce overlapping and redundant resources.



## Telehealth National Training Center National Training Center Integration

A chief priority for VHA Telehealth Services for 2013 is the integration of its' three National Telehealth Training Centers. Previously, the three National Telehealth Training Centers operated independently with separate objectives, curricula, programs and guidance documents.

This independence was fueled by the clear differences between each modality's technology, target audience and program maturity. With the rise of new telehealth programs that span multiple modalities and growth of telehealth field staff positions that support all modalities, the future of telehealth training lies in creating a national training center composed of three integrated training sites that address the needs of three telehealth specialties: Clinical Video Telehealth (CVT); Home Telehealth (HT) and Store and Forward Telehealth (SFT).

While the three training sites will maintain their specific modality focus, training redundancies and other areas of convergence will become integrated and more customer-centered. The

hope is this integration will improve the efficiency of each training site and offer a more user-friendly access for VA staff to get their telehealth education and training needs met.

The first area identified in the list of training center offerings to be integrated is the Telehealth Preceptor and Telehealth Master Preceptor programs. Beginning with an integrated application webpage, a candidate can easily select and submit applications for any or all preceptor programs from one site, using one form.

Once accepted, the Preceptor Trainee will be given a core curriculum that will serve as prerequisite training for all preceptor modalities. Upon completion, trainees will then begin their modality-specific preceptor training and will be free to participate in other modality Preceptor programs into which they have been accepted without having to repeat the core courses.

The training sites are also working to create integrated curricula for both Facility Telehealth Coordinators and

Telehealth Clinical Technicians. Upon entry into a telehealth position, staff will be given a list of recommended courses spanning all modalities. These comprehensive lists of courses will provide a broad knowledge base of all telehealth services. Located on an integrated telehealth webpage, the curricula will also be easily accessible by all staff.

The integrated National Telehealth Training Center is customer-driven/customer-centered with development spawned by the identification of need. These needs are sometimes observed, sometimes reported by staff and sometimes directed as preparation for upcoming implementation of new telehealth programs.

As telehealth programs and training needs continue to grow, the National Telehealth Training Center will continue to ensure all staff is prepared and equipped to provide excellent care to the Veterans we serve. □



## Making the Connection and Keeping it Human

### Clinical Video Telehealth National Training Center

The Department of Veterans Affairs (VA) operates one of the nation's largest telehealth programs. VA Telehealth Services provides the leadership to support the size and stability necessary to provide one of the best available clinical telehealth "test beds" for research, development, standards-setting, clinical efficacy, cost-benefit studies and needs assessments.

The VA is also considered unique among telehealth programs because leadership has willingly assumed the role of early adopter of healthcare technologies. The VA has adequately funded the procurement and integration of telehealth with clinical medicine on a very broad scale. The VA has recently added leadership, staff and technology to the telehealth infrastructure. This infrastructure includes converging technologies of telehealth, eHealth and other virtual healthcare applications.

Although telehealth has become a familiar innovation in the VA, it should not be underestimated

in its uses and application. As the technology, business and clinical structures mature, telehealth will have a strong impact on all aspects of clinical practice. Many key components for successful innovation and sustainment have been identified as a result of VHA Telehealth Services' experience. Innovation is driven by many forces, internal and external.

Internal forces come from administration, performance measures, and the clinical innovators. External forces may be considered the Veterans and the ever-present healthcare reform. Both are challenging the VA system to produce change. The question is how do we sustain such change and also maintain innovation?

Innovation is created through change. Change is typically identified negatively, but many identify change as a requirement for survival and clinical relevance. Those of us involved in telehealth would say change is an hour-by-hour process affecting everything we do. Change in VHA Telehealth is achieved through a complex infrastructure. This infrastructure is sup-

ported by many, including Telehealth Clinical Technicians, TelePresenters and TeleProviders. VHA Telehealth Services is working on several new innovations that include a new scheduling system, automating forms and deploying and installing new technology such as the new CVT into the Home program.

The greatest impact of telehealth will be in the way we engage our patients and improve patient health outcomes through innovation. Just as in a face-to face visit, establishing a relationship with the patient (not only a communications connection) during a telehealth visit is the key to success.

When the entire telehealth team is competent, they are consistently rated very high in their ability to connect with their patients. Patients have identified that a team who is competent has the ability to relate to them in a very human way. Mature teams know the technology inside and out. The technology becomes second nature and the human connection becomes priority.

To ensure this can happen, the entire team has

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## Eliminating the Need to Travel for Master Preceptor Training Store-and-Forward Telehealth National Training Center

The Store-and-Forward Telehealth National Training Center began its Master Preceptor Program in 2008 with the first class of 12 candidates who, at the time, had to travel to Boston to complete the certification requirements.

Since the completion of the very first program, the format has evolved over the years to include more virtual elements that are supported by self-study. The Store-and-Forward Telehealth Training Center has certified 105 TeleRetinal Master Preceptors since 2008 and these preceptors have, in turn, gone on to train and certify 1,352 TeleRetinal Imagers, and 747 TeleDermatology and Telehealth Clinical Technicians.

The initial programs required the preceptor candidate to travel to Boston for two days of intensive training. Since TeleRetinal Imaging, the only Store-and-Forward Telehealth program at the time, was mostly supervised by local clinicians

or specialists, the introduction of a preceptor program was welcome. With the launch of the National TeleDermatology program in 2012, the training center began to offer Master Preceptor Certification programs for both subspecialties (TeleRetinal and TeleDermatology). Currently, Telehealth Clinical Technicians and Imager training is almost exclusively provided in the field by certified Master Preceptors.

Preceptors play an integral role in the overall execution of telehealth programs. In the case of Store-and-Forward Telehealth, which up until now have been heavily slanted towards techniques-based skills, preceptors played a key role in training imagers and Telehealth Clinical Technicians and quality assurance, and ensuring entry level and ongoing competency.

Since 2008, Store-and-Forward Telehealth Preceptors have also provided just-in-time training, remedial assistance to imagers and Telehealth Clinical Technicians, and they have made a significant contribution in the area of quality improvement.

With the expected growth of Store-and-Forward Telehealth programs, the need to increase the pool of this historically effective and knowledgeable group of preceptors has highlighted the necessity to use readily available technology to deliver the preceptor curriculum without requiring the Telehealth Clinical Technician/Imager to travel to Boston and away from patient care.

Beginning in 2012, the VHA Telehealth Services' Store-and-Forward Telehealth National Training Center began to transform the preceptor certification curriculum and format from a two day on site program to an entirely virtual program. The intention of this conversion was to improve efficiency, eliminate the need for travel to Boston and transform the way the curriculum is delivered.

The challenge with modifying the curriculum rests in the fact TeleDermatology and TeleRetinal Imaging are both highly techniques-based. Creative course development and cooperation by the multidisciplinary faculty at the training center resulted in an innovative program

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## Innovation and Integration in Home Telehealth Training

### Home Telehealth National Training Center

This Fiscal Year brings change and innovation for the Home Telehealth National Training Center. As you might have heard, we have been working hard this year to integrate with our sister centers into a single National Telehealth Training Center.

What this means for us is a refinement of processes to improve not only our effectiveness but also a chance to improve customer service to our telehealth population. We are excited about this integration because we believe it will help you, the end user, get what you need faster.

You may have already participated in some of our integrated efforts, such as the first-ever *Integrated Telehealth Data Management Continuing Education Program* which was presented in March. This program was extremely successful, combining data management strategies and tools addressing each telehealth specialty.

The Home Telehealth National Training Center had over 600 participants attending the Home Telehealth Data sessions and the Clinical Video

Telehealth and Store-and-Forward Telehealth specialty attendance was also very high.

Another noticeable change this year related to integration has been in the Home Telehealth Master Preceptor and Support Preceptor Programs. Our new integrated programs are now called Telehealth Master Preceptor and Telehealth Preceptor Programs respectively. These programs have undergone significant revision including content from Clinical Video Telehealth and Store-and-Forward Telehealth.

In addition, we have included up-to-date information on management, leadership, teambuilding, conflict resolution and other related topics. We graduated 48 Telehealth Master Preceptors and four Telehealth Preceptors in the second quarter. We have 44 Telehealth Master Preceptors and seven Telehealth Preceptors preparing to graduate in September. Our next classes will begin September and we will be recruiting in late August.

The Home Telehealth National Training Center will continue to focus education and training on those skills necessary for staff to remain competent in providing care to Veterans enrolled in Home Telehealth. We will also offer a variety of programs to help in personal and professional development. This area has been frequently and widely requested of us by many levels of staff. Look for our programs on *Writing for Promotion*. Please let us know if there are any specific topics you would like us to focus on for the upcoming fiscal year.

Finally, we are transitioning to a new platform for training, called *MyTelehealth*. It is a learning portal that will allow us to offer programs asynchronously for the convenience of the learner. The goal is to help address just-in-time needs and will provide innovative strategies for meeting learning needs.

Our plan is to have classes related to both Home Telehealth skill building and professional development using *My Telehealth*. ▣



## National TeleMental Health Center

Delivering Expert Care Throughout the Country

The National TeleMental Health Center (NTMHC) delivers expert clinical care in specific mental health programs to our Veterans throughout the country. The National TeleMental Health Center has focused on bringing up new programs as well as expanding to additional VA medical facilities and CBOCs during 2013.

The center continues to expand its existing robust programs which include TeleBehavioral Pain Treatment, TeleBipolar Disorder, TeleCompensation and Pension Examinations, Non-Epileptic Seizure Telehealth Evaluations and Tele-Insomnia Treatment.

The National TeleMental Health Center is now extending clinical services to add a TeleSchizophrenia and Psychosis Program. Schizophrenia affects 1% of the population,

and is estimated to affect 10% of homeless Veterans. The goal of the TeleSchizophrenia Program is to offer Veterans throughout the country a thorough diagnostic and psychopharmacologic evaluation performed by national schizophrenia experts.

This program is most beneficial to Veterans who have schizophrenia, schizoaffective disorder, psychosis and other related medical conditions.

The TeleSchizophrenia Program is provided in addition to the mental health care being received by Veterans at their local VA centers. The program allows the schizophrenia expert to meet with the Veteran via videoconferencing with the potential for follow-up as needed.

The schizophrenia experts collaborate with the Veterans' providers to determine recommendations for optimizing the Veterans' mental health.

The clinical center of the TeleSchizophrenia Program is located at the VA Connecticut Healthcare System in West Haven under the direction of Drs. Deepak D'Souza, MD, Clinical Lead, and Toral Surti, MD, PhD.

Dr. D'Souza is a psychiatrist who has been serving Veterans diagnosed with schizophrenia and related disorders for more than 20 years.

He is the Director of the Schizophrenia Research Program at the VA Connecticut Healthcare System and Associate Professor at Yale University, with expertise in the treatment and neurobiology of schizophrenia and substance use disorders.

Dr. Surti is a VA psychiatrist with clinical and research experience in schizophrenia at the VA and at Yale University.

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# Home Telehealth Helps Veteran Achieve Maximum Independence

## Tele-Spinal Cord Injury/Disorder (SCI/D) and Home Telehealth

Lee Cole is a high-functioning Veteran with incomplete tetraplegia (quadriplegia) who lives at home. He is quite independent, high functioning and he can walk; although there are considerable risks for falls.

Mia Allmond is his Spinal Cord Injury (SCI) Outpatient Clinic Home Telehealth Nurse. She communicates regularly with Lee and helps him with safety, risks of falling, pressure ulcer management, wheelchair and bowel issues, and other challenges.

### Home telehealth equipment helps Lee and Mia communicate

Some of the communication between Lee and Mia takes place through the Home Telehealth program. Lee accesses the SCI Disease Management Protocol (SCI-DMP) on a small in-home messaging device. Each day, he interacts with the device and answers a series of questions. For example, some of the questions on the SCI DMP are:

- “In the last week, have you tried to treat a problem with either prescription or over the counter medicines without talking to a provider first?”
- “Do you feel at times it is hard to understand advice given to you or your caregiver by the health care team regarding any aspect of your health?”

Mia monitors the answers to these questions and gets a color-coded report that can help her identify potential problem areas for each of her patients.

The questions have also helped Lee think more about the issues he’s facing.

### SCI-DMP questions help Lee to be more aware of important issues

A while ago, Lee had a fall while getting out of a chair. He didn’t hurt himself and Mia was able to contact his SCI provider. The provider placed a consult and an order, which resulted in a power lift system that helps Lee get out of his chair.

Mia credits the close communication she has with Lee as a significant positive factor in resolving this situation and preventing future problems. With the home telehealth system, she is better able to monitor Lee’s situation as well as educate him on fall risks.

As a result of their communication, Lee has been thinking more about reducing his own risk. Recently, the SCI-DMP asked Lee a question about fall risk in his home.



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## Making the Connection and Keeping it Human *(continued)*

to be well trained, competent and comfortable with the technology. The team needs to exhibit a professional and sophisticated telepresence and the focus must be on patient care, using the technology as a tool and not a distraction. The telehealth team needs to deliver care using the technology, fully understand its capabilities and know the steps to take when it fails.

The visit must also show strong evidence of the

*The focus must be on patient care, using the technology as a tool and not a distraction*

team's commitment, competency and ability to provide a caring environment. The challenge for Clinical Video Telehealth is the merging of the face-to-face clinical experience with the adoption of telehealth technology, while ensuring the essentials of patient care are delivered with a focus on the human connection. This convergence begins with the commitment of

every team member from the TeleProvider, to the TelePresenter to the support staff. Everyone is essential to the visit. No one is more important than any other person on the team, from the initial morning huddle to the end of day debriefing; every team member's duties and functions are key to the success of the visit.



A good team works diligently to ensure everyone understands their roles and responsibilities. They also practice connecting with the patient and ensuring they have established methods of communicating, as well as emergency procedures to ensure safe, effective, patient driven care. These are not just guidelines; they are crucial to sustaining any telehealth program.

Innovation and sustainability can be achieved through sharing knowledge and experiences. For more information, contact the Clinical Video Telehealth National Training Center and become a part of a larger community of innovators. □

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## National TeleMental Health Center *(continued)*

To facilitate the direct clinical care provided to Veterans by our expert clinicians, the National TeleMental Health Center continues to develop processes to deliver the highest level of evaluation and treatment in the most efficient manner. Examples include in-depth site implementation checklists and key contacts and emergency information.

The National TeleMental Health Center has expanded from providing care to Veterans located at Medical Centers to now providing services directly to CBOCs in order to offer Veterans a more convenient option, saving travel time and expenses.

More Veterans continue to receive expert clinical care through the National TeleMental Health Center which would otherwise be unavailable



without Telehealth and the collaboration of the National TeleMental Health Center staff, Facility Telehealth Coordinators, Telehealth Clinical

Technicians, and other support personnel at the patient and provider sites.

The National TeleMental Health Center aims to provide Veterans with the best available mental health treatment and looks forward to increasing the TeleSchizophrenia Program to offer this expertise to more Veterans with psychosis, including those in remote areas.

Although schizophrenia, schizoaffective disorder and psychosis can be serious medical conditions, with treatment and support Veterans diagnosed with these illnesses can have very rewarding recoveries. □

## Eliminating the Need to Travel for Training *(continued)*

attended by nine preceptor candidates. The first Virtual Store-and-Forward Telehealth TeleRetinal Imaging program included eight live virtual sessions, and more importantly, an intensive amount of self-study. New to the program is the assignment of preceptor consultants.

Each candidate is assigned a consultant to guide them through the process of certification and serve as a coach and mentor. As a requirement for completion and certification, each candidate is responsible for completing a

project that has Facility, VISN or national impact in the area of telehealth. The assigned consultant guides the candidate in the development and completion of this project.

The Store-and-Forward Telehealth Preceptor curriculum is richly imbued with information and resources for teaching adult learners. Special care is taken first in identifying suitable and quali-

fied candidates for the program, and second, that the curriculum meets the needs of the preceptor candidates.

Thus, the preceptor is brought to a higher level of understanding of what they will be teaching.



The Store-and-Forward Telehealth National Training Center's program moving forward is to continue to offer virtual programs for preceptors and for Telehealth Clinical Technicians, TeleRetinal and TeleDermatology Imagers. Our challenge is how to transfer skills that are technique-based, with a creative course design and innovative use of video and simulation.

We can overcome these obstacles and will eventually develop programs that are virtual, asynchronous and which

As part of the program, the Store-and-Forward Telehealth National Training Center reviews the imager training curriculum so that the preceptor candidate is comfortable with the content of what they have to impart to the imagers they are training. The training center addresses conditions of participation, quality assurance, patient safety issues, teaching adult learners and reviews key aspects of diabetes and diabetic retinopathy.

enable the imager/Telehealth Clinical Technician to develop entry level competency. Look for more virtual programs in the future from the Store-and-Forward Telehealth National Training Center. □

## Sydney Wertenberger *Remembering a Telehealth Champion*



Sydney Wertenberger, Associate Director for Patient Care Services at the John J. Pershing VA Medical Center in Poplar Bluff, MO, (retired April 2012), passed away in May.

Sydney was a strong advocate of telehealth. She believed that telehealth in places especially like Poplar Bluff, could and did make a difference in the lives of Veterans. She had a strong passion for Veterans and ensuring they received the

best possible care. She was one of our first Home Telehealth Master Preceptors and continued to mentor others in that role up until her retirement last year.

Sydney's devotion to Telehealth and Veterans is a shining example for all of us who continue to serve in this way. Say not in grief that she is no more but say in thankfulness that she was.

*“We make a living by what we get;  
we make a life by what we give”*

~ Winston Churchill

# Telehealth Quality Creating a Culture of Continuous Improvement

Carla Anderson



The Telehealth Quality Management team is wrapping up another successful cycle of reviews. As we close this cycle

and start preparing for the next, we wanted to point out a few things.

*Conditions of Participation core standard # 22 – The VISN requires and monitors core clinical, business, satisfaction, quality and performance indicators for all Telehealth programs and develops appropriate process improvement action plans to optimize Veteran care.*

This standard, as it relates to process improvement, will have greater emphasis than ever as telehealth programs continue to mature and evolve.

The point of process and performance improvement is to achieve our mission of providing excellent care and service. This requires all of us to embrace performance improvement. Leadership must develop a quality management competence and lead staff into creating a process and performance improvement culture.

VHA Telehealth Service leaders want all staff to understand discovering and recording ways to deliver care and services better and more efficiently to Veterans is a critical element of continued program sustainment and success.

The idea of improving product and service delivery has a long history. Some process improvement models have endured because of their

proven success. However, not all of these methods employ the same approach or involve exactly the same steps. Some of the more successful approaches include Toyota's production management system, 'Lean Thinking', and the well-known Six Sigma quality system. In VHA, the Total Quality Management (TQM) approach to performance improvement along with the use of the 'Plan-Do-Study-Act' framework for continuous quality improvement has been utilized for several years.

VHA has also employed Advanced Clinic Access (ACA) in combination with all of the approaches listed previously to form a comprehensive performance improvement approach.

Many people in VHA have made tremendous efforts to promote systematic, practical process and performance improvement using these approaches. While the intent is to improve, some of these approaches have also caused confusion. And some staff simply do not understand their role in the development of performance improvement strategies and action plans for success, which we have seen repeatedly across sites and programs.



It has been noted in the literature programs following a systematic process greatly increase their chances for successful systems redesign and performance improvement.

A brand new approach to continuous quality improvement is now being employed by the VHA Systems Redesign team. This new practical approach will help to simplify our work in performance improvement for all telehealth modalities and assist telehealth teams to enhance integration into usual care. This new approach, called the **Vision-Analysis-Team-Aim-Map-Measure-Change-Sustain (VATAMMCS)** framework, is considered a roadmap to success in the quality management process and meeting future Conditions of Participation requirements. The following excerpts from the *VATAMMCS Improvement Framework Guidebook, Version 2: May 2011* describe the nine concepts involved:

1. **“Vision:** Leaders identify potential areas for improvement reflecting on integration of the strategies, resources, and performance goals identified at the VA, VHA, Network, and Medical Center levels. These opportunities focus on the key drivers of VHA healthcare: Veteran-centeredness, quality, effectiveness, equity, and efficiency of healthcare delivery and services.”

2. **“Analysis:** By narrowing the focus of the vision, leadership refines the broad opportunities into specific priorities most amenable to action and change. When indicated, chartered teams assess and improve key processes to ensure implementation of change and sustain strategies.”

3. **“Team:** Teams plan and implement improvement plans and projects. Those who can best transform the work are the people who DO the work on a day-to-day basis. It is important to ask;

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## Using Telehealth to Learn How to Exercise, Recover and Rest

### TeleMOVE!, Post-Operative Cardiac Care, Sleep Intro Classes and Sleep Apnea Classes

The Home Telehealth Weight Management Program known as TeleMOVE! at VA Northern California Health Care System has been in effect for one year.

Several Veterans have achieved a 10% weight loss which has decreased their risk of developing diabetes and lowers their risk of heart disease, heart attack and stroke.

One notable TeleMOVE! Veteran stands out. This veteran lost 100 pounds in 11 months with diet and exercise alone. Although he exceeded the weight loss target of two to eight pounds per month, he remained under the watchful eye of his care coordinator/registered dietitian, Caitlin Greene, MPH, RD. With his dietitian's assistance he was able to improve his blood pressures and blood sugars so much that he no longer requires medication. He is a role-model for his friends and family as well as a shining success story for the TeleMOVE! program.

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#### **Post-Operative Cardiac Care**

Reno, Nevada, and the VA Sierra Nevada Health Care System are located on the eastern side of the Sierra Nevada mountain range, which is

impassable at times during the winter. Stable patients needing Cardiac Surgery are sent to the San Francisco VA (SFVA) for care, which is a four-hour drive from Reno, and even longer for patients living in the highly rural expanses of the area. A post-operative visit to San Francisco can be a difficult trip for these patients.

Thanks to the availability of Clinical Video Telehealth between sites, post-op patients are now cared for in Reno under the direction of the SFVA Cardiac Surgeon and thus enabling Veterans to bypass the trip across the mountain.

Patients come in early for lab, EKG, chest x-rays and then participate in the regularly-scheduled SFVA Thursday clinic, where results, medications and wounds are discussed with patient, Telehealth Clinical Technician and local cardiologist. Patients and families rave about the technology and the ability to stay close to home. Another example of providing the right care, at the right time, in the right place!

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#### **Sleep Apnea and Intro to Sleep Classes**

In Palo Alto, Sleep Apnea and Introduction to Sleep Classes have greatly increased access, saved thousands of miles in travel for our Veterans and saved significant travel reim-

bursement money by connecting seven CBOCs simultaneously to our main Reno facility. We have successfully cleared a back log of Sleep Apnea consults.

#### **Sleep Intro Telehealth Class**

Veterans are referred to this *Sleep Intro* Clinic prior to a Sleep Apnea Study. Previously, Veterans would receive a huge package of material that had to be completed and returned to get scheduled into the sleep study clinic. This new class eliminated the packets being mailed while providing the Veteran with better education on sleep apnea and proactive measures to improve their own sleep. After completion of the class, Veterans complete forms and send them to the Pulmonary Clinic, where the Veteran may be scheduled for a sleep study.

#### **Sleep Apnea Clinical Video Telehealth class**

After the sleep study determines the Veteran has sleep apnea, they are contacted and offered to attend the sleep apnea class. The apnea clinic is designed to provide in-depth information and discussion on the risks of untreated sleep apnea and the treatment options. Patients also learn how to be scheduled for the follow up session where they can get the positive airway pressure therapy equipment and education. ▣

# Telehealth Quality *(continued)*

“Does everyone who touches this process have a say in the process changes?” Teams work best with clear sponsorship from executive leaders, front-line staff who have integrity and are passionate about improvement, and a facilitator, or improvement professional, who has deep knowledge and skill doing improvement work.”

4. **“Aim:** What is your team’s aim or goal? Team members should be able to describe the aim in one or two crisp sentences. If teams lose focus on their aim, they get lost and are ineffective. It is common for teams to invest a few hours, days, or even weeks clarifying and achieving buy-in around the real aim. They should write a clear, measurable aim statement that describes the WHAT and BY WHEN.

Aim statements focus on VHA’s priority: the patient experience (in clinical services); or the support of patient experiences (in administrative services) – even if they are removed a step or two. Teams sometimes set more than one aim. In addition to clarifying the improvement work at hand, well written aim statements help identify the end of the work.”

5. **“Map:** Have you drawn a picture of the process? Flow mapping clarifies the start, end, and key decision points for a process. The experience of flow mapping allows teams to agree on the process and discover value to the patient or customer, non-standard and unreliable processes, and the re-work involved. Flow mapping leads to ideas for measuring and improving the process. Flow mapping requires sustained discipline from every team member”

6. **“Measure:** How do you know a change is an improvement? To recognize improvement and manage by fact, not feeling we are obligated to measure. Measurement must be “good enough” to support the team’s aim. “Perfect” measurement as would be required for a research study is not necessary. Therefore, teams should not spend all of their time on measurement, but use measurement to both “diagnose” the current state, including the constraints, and to visualize the general direction of change. Effective measurement contributes to team learning and minimizes individual lobbying for any one point of view.”

7. **“Change:** What changes will result in improvement? Two critical issues affect this area of change: first, focus on considering change principles, not “best practices” or strategies; and



second, use “small tests of change” as embodied in PDSA or an equivalent approach, before attempting large, system-wide change.”

8. **“Sustain:** If everyone on your team retires, how do you know these change strategies will continue to be used? “Sustain” strategies require us to think about previous successful changes. Then we think about the process and task changes that resulted in the success. Next, we must “memori-

alize” those changes by assigning responsibility, changing job descriptions, evaluations, reward systems, policies, and new employee training.

Ongoing measurement of the key processes sustains change. Previous improvement efforts have failed, because the appropriate system changes and safeguards were not in place to support the new processes.” This is why Telehealth services QM team requires that specific action plans be developed and formalized to enhance continuous performance improvement.

9. **“Spread:** How can we share what we have learned with persons who could apply this knowledge to improve services they provide? Many good ideas can be applied in more than one VA facility. “Spreading” new developments to other units and work areas can multiply the value of the improvement. VHA leaders have a responsibility to help teams apply what other teams in similar situations may have already discovered. Senior leaders must clearly demonstrate their commitment and support for proposed changes because without their support, many of the best ideas are never adopted.”

The VA-TAMMCS Framework forms a solid foundation for the telehealth team’s transformational work in VHA. Historically, many improvement efforts have failed because one or more of the concepts of performance improvement were left out, this includes setting measurable goals/targets for success and developing detailed action plans to improve.

Choosing and using a consistent improvement framework to organize the improvement effort serves to clarify and facilitate the ongoing per-

*(Continued Page 14)*

# Home Telehealth Helps Veteran Achieve Independence *(continued)*

Lee thought about his situation and realized that he might have another risky situation in his bedroom. He had a bedside table that was sometimes an obstacle when he was getting into or out of bed. Lee's answer to the DMP question alerted Mia to the problem and she started a process to get him a portable bedside table that could be moved out of the way, making it easier for him to get out of bed.

Lee's interaction with the SCI-DMP also alerted Lee and Mia to the fact that his wheelchair cushion needed replacement. Lee was asked a question about how often he checks his cushion and he realized he did not check it regularly.

Once he did take a careful look at the cushion, he saw that it was not in the best condition. He contacted Mia and she started a process that got him a new cushion.



## Home Telehealth has had positive results

Both Lee and Mia have been happy with home telehealth. Mia feels it promotes independence and empowerment. She also thinks people can sometimes feel overwhelmed or intimidated at the thought of bringing up many of the subjects raised by the DMP.

The SCI-DMP lets them better communicate because it keeps asking pertinent questions. Mia says the SCI-DMP promotes "self-management, self-determination, and pro-active care." □

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## Telehealth Quality *(continued)*

formance improvement work for all staff involved. The explicit nature of these nine concepts in this new performance improvement approach will help telehealth staff meet COP #22 in future reviews. Finally, the Facility Telehealth Coordinator has a significant role in creating a culture of continuous improvement within Telehealth programs.

The Facility Telehealth Coordinator is closely connected with leadership and can assist with driving a quality management agenda. In their role, the Facility Telehealth Coordinator can facilitate, lead and achieve results.

According to the VA-TAMMCS Framework, a successful leader, such as a Facility Telehealth

Coordinator, can instill in staff a certain mindfulness in regard to effective quality management process, "which promotes the core values of feedback, engagement by employees, calculated experimentation, discipline, and standardization. And, finally, a better understanding of how to institutionalize what has proven to be effective that is vital to continued program sustainment and evolution. This creates a culture that values the improvement process more than individual results." □

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## 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.

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 Fall/Winter newsletter.

# Nationwide VISN Telehealth Updates

## VISN 1

In VISN 1, the Tele EKG Store-and-Forward Telehealth program and its clinical pathways were developed and guided by VA Boston's Clinical Champion, Dr. Chester Conrad, and Clinical Application Coordinator, Linda Sweeney. This program was designed with a streamlined structure to ease the ordering process for EKGs, as well as the technical and professional components of the procedure.

Dr. Conrad's end-user expertise of the "MUSE" system catalyzed the construction and development of the technical workflow of this program with regard to its integration with the clinical procedures package in VistA. The establishment of TeleEKG Store-and-Forward Telehealth program and overall success can be attributed to the significant role assumed by Dr. Conrad.

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## VISN 3

VISN 3 completed its Conditions of Participation review on June 6. A lot of work went into preparation, and it was all very well worth it! It was great to see Carla Anderson and Claire Marty in NY, and on video: Linda Foster in Indianapolis; Dr. Gerald Selvin in Boston; Dr. Len Goldschmidt in Palo Alto; Dr. Dennis Oh in San Francisco and Dr. Martin Weinstock in Providence!

Our VISN staff, Facility Telehealth Coordinators and Telehealth Clinical Technicians did an amazing job both in preparation and in the interviews. We are very appreciative of all of the great suggestions our surveyors made and are moving forward to expand our programs while incorporating the new recommendations.

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## VISN 4

VISN 4 (Butler facility) commenced Clinical Video Telehealth services with *Tomorrow's Hope*, a residential treatment and transitional housing facility located in Coalport, PA. Additional facilities in VISN 4 will also be providing services to Veterans residing at *Tomorrow's Hope* as well, postured to start in the next couple of weeks.

We have also established a virtual relationship with Slippery Rock University, allowing Clinical Video Telehealth sessions to occur between Veteran students and VA providers, commencing fall semester 2013. We are well underway with CVT into the Home; currently six facilities are providing these services to Veterans in their homes.

Our Lebanon facility has established a virtual connection with their inpatient behavioral health unit and a provider located at one of their CBOCs. We successfully completed our Conditions of Participation review and an Office of Inspector General review focusing on the Home Telehealth program for FY12.

VISN 4 continues to work towards the initiation of new and unique clinics such as Clinical Video Telehealth Advanced Wheelchair Assessment and Store-and-Forward Telehealth Post-Operative Wound Care Clinics.

We have successfully linked with VA Salt Lake City for TeleGenomics, as well as VISN 6 for TeleDermatology reading support. VISN 4 has created a regional TeleDermatology Reading center, providing dermatology reading support to all VISN 4 facilities as well as other VISNs requesting support.

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## VISN 5

VISN 5 is constructing a "Virtual Hospital" that will include the same services Veterans would find in a bricks and mortar facility. Our Virtual Hospital can be thought of as our fifth hospital, complementing the services of our existing medical centers.

The Virtual Hospital is an integrated care delivery system that is designed to increase the availability of primary and specialty care services, using a variety of technology solutions to maintain the quality health outcomes patients expect from traditional face-to-face visits.

Virtual care modalities such as Clinical Video Telehealth, Store-and-Forward Telehealth, Home Telehealth, Secure Messaging, eConsults, Mobile Health Applications (mHealth) and Avatar clinics are intended to expand the location of care to settings including, but not limited to, the patient's home, VA clinics, community partners and medical centers.

Telehealth marks a unique opportunity for our VISN to match existing capacity with patient demand for health care, resulting in greater availability of specialty services, improved continuity of care, reduced wait times, patient and provider travel. Our decision to embrace virtual care solutions has allowed us to significantly increase the scope of real-time and asynchronous services provided at our CBOCs in both rural and high density markets.

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# Nationwide VISN Telehealth Updates *(continued)*

## VISN 7

VISN 7 continues to leverage its Telehealth resources to enhance access to care and quality of care. In particular, the VISN is planning to use Telehealth technologies to offer a broader range of specialty services at our rural access hospitals, thus reducing our fee/travel obligations and increasing coordination of care between VISN 7 Medical Facilities.

As VISN 7 moves forward to meet these challenges, we are looking at expanding existing services and adding new ones accordingly to meet the needs of our Veterans. This year we will increase Diabetic TeleRetinal Screening by adding programs to every CBOC within the VISN, as this is one of our telehealth programs that receives a large number of encounters.

VISN 7 is also increasing access to Mental Health in our more rural populations by creating two Mental Health centers, which will provide TeleMental Health services to outlying facilities.

As VISN 7 moves into greater expansion initiatives, we will establish new programs such as: TeleObstructive Sleep Apnea assessments, TeleLow Vision Rehabilitation assessments, TeleAudiology, TeleCommunity Living Center appointments, TeleSpirometry, Tele-ICU and the VISN is widely implementing Home Telehealth/Mental Health DMPs for all facilities. The VISN is also proud of our use of the Telehealth modality in our Homeless program, where we are reducing the lag time for Veterans to be assessed for housing placement by this means. The Veteran can immediately be assessed upon a visit through Telehealth and placed in a matter of days versus weeks.

VISN 7 has many interesting initiatives moving forward and we strive to meet our Veteran's needs by *Providing The Right Care, in Right Place, at the Right Time.*

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## VISN 9

VISN 9 is proud of its accomplishments to improve Veteran-centric care through the three modalities of Telehealth. Home Telehealth has been a robust program for more than eight years. Many PACT providers routinely seek patients who can achieve improved health outcomes through this modality with 1.69 percent of the PACT membership engaged in Home Telehealth.

Examples of innovation in VISN 9 include one facility that has embraced the use of provider congestive heart failure (CHF) order sets on the inpatient wards, along with improved algorithms for the Home Telehealth staff to use

once the Veteran is discharged to home. This improvement has resulted in a significant reduction in CHF readmissions. Another facility has utilized information on individual patient disaster planning for each enrolled Home Telehealth patient facilitating contact with patients when weather disasters occur.

The second modality, Store-and-Forward Telehealth, has been operational for seven years in VISN 9. The principal use is in screening diabetics for diabetic retinal disease, which often contributes to blindness. If detected early, treatment is available that can slow the progression of this devastating diabetic complication.

TeleRetinal camera locations have been added throughout the VISN, thus expanding from just a few, to ten at the end of FY11, 18 at the end of FY12 and 40 will be in place by the end of FY13.

Veterans have the advantage of close-to-home convenience for this important diabetic screening, assisting in achieving greater than 93 percent timely screening on External Peer Review Program (EPRP) scores. External Peer Review Program is an unbiased review (external to the VA) to ensure Veterans are receiving necessary care and in a timely manner.

The third modality, Clinical Video Telehealth, has been a major focus for expansion in VISN 9. Each facility has increased the number of programs it provides to the Veterans at Community-Based Outpatient Clinics (CBOCs) and some outside of the VISN's geographic boundaries. To date there has been a 66 percent increase in Clinical Video Telehealth encounters over the same period last year.

Veterans have been able to receive more care closer to home, resulting in an increase in paid beneficiary travel trips. However, since the distance is less, most facilities have seen a small decrease in absolute dollars expended. This indicates that more Veterans are traveling to receive care, but they are traveling shorter distances, meaning Veterans who would not travel to a VA Medical Center are traveling to local CBOCs. Telehealth is helping bring care closer to the Veterans where they live.

And, the best for last: The positive Veteran Telehealth Satisfaction scores, coupled with an increase in the number of Veterans using each of the programs and the increase in visits, are a resounding endorsement for continuation and sustained growth of the programs.

*(Continued Page 17)*

# Nationwide VISN Telehealth Updates *(continued)*

## VISN 10

There are currently over 3,600 enrolled Veterans in our Home Telehealth Program. VISN 10 is currently fourth in the nation in the number of Home Telehealth Mental Health enrollees. There are over 70 Clinical Video Telehealth programs. VISN 10 has one of two national Tele-ICU Programs functioning with an Intensivist model of care.

A current focus in VISN 10 is the expansion of our CVT into the Home Program. The VISN has a nationally-recognized Tele-Spinal Cord Injury/Disabilities (SCI/D) Program, using a hub and spoke model that is also available to provide consultation on SCI/D specialty care to other VISNs.

Also there is a TeleMental Health Evidenced Based Post-Traumatic Stress Disorder (PTSD) Program providing Cognitive Processing Therapy and/or Prolonged Exposure Therapy to Veterans and couples at all sites, as needed. In FY13-14, there is a focus on expansion of Telehealth opportunities to more Women Veterans.

The VISN has three approved Store-and-Forward Telehealth Programs providing diagnostic and/or screening services to Veterans: TeleRetinal Imaging, TeleDermatology and TeleSpirometry. VISN 10 has strong data driven quality processes to assess outcomes and performance improvement in all Telehealth programs.

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## VISN 11

VISN 11 is in the process of expanding Telehealth within the VISN. New programs in progress include: TelePathology, TeleAudiology, TeleCardiology and TelePulmonology to all CBOCs. One other initiative in progress is TeleHomeless, where we place an EX60 with a hardened case at a homeless shelter in the Grant and Per Diem Program.

This will allow the Grant and Per Diem VA Case Managers the ability to have one-on-one sessions with the homeless Veterans they are following. Additionally, there will be mental health and substance abuse individual and group appointments scheduled. This will eliminate the need to arrange travel for homeless Veterans to the facility.

## VISN 15

VA Heartland Network VISN 15 enjoys a growing Virtual Medicine Program engaged in integration and adoption of Virtual Medicine Technologies by Clinical and Business Operations. Through the management of clinical and business efficiencies via Virtual Medicine, VA Heartland expands the resources available for VA Staff in care delivery. The use of Virtual Medicine assists VA Heartland with providing efficient tools for managing health care services and expands access to care for VA patients in a predominantly rural Network, where patients may live hundreds of miles from the nearest VAMC.

VA Heartland is innovatively using Virtual Medicine including the TeleTumor Board, roll out of Secure Messaging in targeted clinical areas, expansion of Clinical Video Telehealth to CBOCs, and the development of the Kansas Project. The Kansas Project looks to enhance access to VA Care through telehealth across the state of Kansas.

VA Heartland is engaged in intensive education/training programs to promote continued innovation and utilization of Virtual Medicine by clinical staff. This includes the first Virtual Medicine Virtual Summit, a completely virtual conference, focusing on managing clinical efficiencies through Virtual Medicine Technologies.

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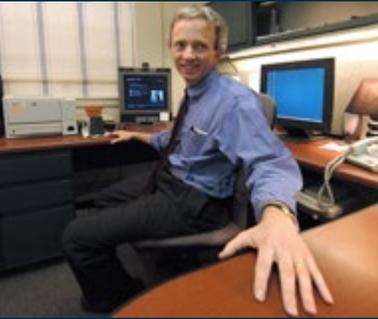
## VISN 20

In VISN 20, 29.38 percent of our Veterans receive a portion of their care via virtual care, which is number one in the nation! One quarter of those Veterans use Telehealth to receive their care. Throughout the VISN, we have 52 telehealth clinical programs in use, with many more on the horizon.

For FY13 to date, we have saved or avoided 2,737,655 travel miles for Veterans located in our VISN. We serve Veterans spanning over five states and greater than 940,000 square miles. Our VISN is comprised of eight medical centers, 26 CBOCs and 22 Rural Health/Outreach clinics. VISN 20 is home to many telehealth innovations, including the work being conducted by Dr. David Douglass at the Northwest Innovation Center.

*(Continued Page 18)*





## VHA Telehealth Services - Overview

VHA 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. VHA 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 asynchronously acquire and store clinical information (such as data, image, sound and video) that is then forwarded to or retrieved by a provider at another location for clinical evaluation. VA's national Store-and-Forward Telehealth programs operationalize this definition to cover services that provide this care using clinical consult pathway and a defined information technology platform to communicate the event/encounter between providers, as well as enabling documentation of the event/encounter and the associated clinical evaluation within the patient record.

### 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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