



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.



TeleAudiology in VA

VA has been on the forefront of leading the effort to demonstrate how telehealth can be integrated into the specialty of Audiology.

Advances in technology have made a big impact, especially related to hearing aids. Many devices feature blue tooth connections, a feature that allows users to link their hearing aids to their phones or remote microphones that can be worn by others to enhance communication. This communication with that individual can occur while not in the same room in the house, and in additional settings including while out shopping, or while dining out. An additional benefit and feature of this advanced technology is the ability to integrate Telehealth into the new system for testing, fitting and maintenance of hearing aids.

Patti Miller has been working as a Telehealth Clinical Technician in the Florida Keys for four years. "Audiology is my favorite clinic," said Miller. "Coming into the clinic is not always a happy day for Veterans, but when they walk out of here they are hearing frequencies they haven't heard in a while. They step outside and they hear a bird for the first time in years. That's amazing."

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Miller's passion is not unique within the TeleAudiology community according to Dr. Chad Gladden, the VA's national TeleAudiology lead. "The passion of our staff has been key to the success of TeleAudiology in VA," said Gladden. "We've seen explosive growth since 2011, with almost 16,000 TeleAudiology encounters in 2014, and that has to be attributed to our staff working in the field."



"We started using TeleAudiology for small hearing aid groups because the audiology clinic had the highest no-show rate," said Dr. Erica Dombrowsky at the Miami



In The News: The Growth of Telemedicine

Telemedicine is becoming a hugely popular health care product, and a great way to connect doctors and medical facilities with patients. Although many people are still not familiar with its application or availability, the medical community is acutely aware of the cost savings and efficacy of providing direct access between the healer and the sick.

As a matter of fact, the American Medical Association has stated that 70 percent of physician visits and 40 percent of hospital ER visits can be handled by a phone call. Of course, emergencies and difficult diagnoses are most readily addressed by going to a health care provider.

Telemedicine (sometimes called telehealth) has several advantages. And, the vast majority of patients like using this type of service. A survey by EHR research firm Software Advice found that 6 percent of patients who have used telemedicine didn't perceive any benefits over in-person visits.

Published in *Benefits Pro* - February 2015

TeleAudiology in VA (continued)

VA Medical Center. "People from the Florida Keys didn't want to drive three hours for a one hour meeting."

"Veterans love TeleAudiology because it's such a chore to get to the medical center," said Dombrowsky. "They love not having to drive, and dealing with parking. They don't have to come to the hospital and be overwhelmed. Most Veterans only have to travel four miles instead of three hours. So if something goes wrong they're just like 'Oh I'll just come in next week.' It was worse when they would have to travel all the way to Miami to come to the hospital for a ten minute visit or, worse, leave without the problem being fixed."



Dr. Andrea Bourne, San Francisco VAMC

"We have several outpatient clinics in rural areas of northern California," said Dr. Andrea Bourne, who sees TeleAudiology patients from the VA Medical Center in San Francisco. "It was taking our patients a full-day, over three hours of driving 120 miles

or more one way, for a hearing test, hearing aid fitting or minor hearing aid adjustment. We already had CBOCs established in Ukiah and Clearlake, but we didn't have room for full sound booths. We found people living in rural areas weren't always returning to San Francisco for aftercare because of the time and distance required just to get here."

There have been some unanticipated benefits of TeleAudiology as well, such as the ability to provide better access to care for Veterans who may not even be using telehealth. "It's pretty normal for us to see 20 to 30 people in a week who would have otherwise gone to Miami for a simple repair," said Miller. "This has freed up seats on the VA van for Veterans who need CAT scans, MRIs, etc. Three years ago a patient had to call and rearrange his CAT scan because he couldn't get a seat on the van. So the implementation of telehealth doesn't just affect our clinic, it improves access for others."

Increased bandwidth and advances in technology are making telehealth encounters more seamless and more reliable. "Sometimes there are three or four TeleAudiology encounters taking place simultaneously here at the Omaha Medical Center," said Dr. Michele Gortemaker, Chief of Audiology for Nebraska-Western Iowa VA. "We often have to shuffle rooms so multiple audiologists have access to the remote programming software.

Since installing additional equipment in July, we are seeing an average of 40 TeleAudiology patients per week across Nebraska and Western Iowa."

Gortemaker said that Veterans are now able to get most of their hearing aid needs met without having to travel long distances. "We have expanded services to make care more convenient for the Veteran," said Gortemaker. "Our rural Nebraska Veterans can now receive nearly all of their Audiology medical care at their nearest CBOC rather than spending most of the day in the car to travel to a medical center. We've received a lot of positive feedback from the Veterans on the quality of care received and the overall ease of these appointments. Often it's not just the miles to the medical center, but the traffic in the city they are unaccustomed to and difficulty finding parking. These stresses are reduced when receiving care via TeleAudiology."

But how do Veterans respond to having their care provided through a virtual encounter? "We're not just fitting older patients anymore," said Miller. "Younger Veterans are suffering hearing loss that is not age related, too. Younger Veterans are accustomed to and comfortable with the technology, but for the older Veterans, it's all Star Trek and they love it."

"The Veteran response to TeleAudiology is very positive," said

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Arrivals and Departures

Final Words from Dr. Adam Darkins - October 2014

wanted these technologies to provide access to care for the Veterans it serves.

My experience with telehealth began eight years earlier in 1991, while implementing information technologies that provided outcomes information to enable shared decision-making between patients and clinicians. Four years later, as the Medical Director for a provider organization in London, UK, telehealth solved a problem my organization faced in providing access to specialty care advice to patients in primary care. In inner city London, frail elderly people with mobility problems can have as much difficulty traveling two miles as people in remote rural locations have in traveling hundreds of miles. My adoption of telehealth was, and has remained ever since, based on using technology to solve problems in delivering care, not a fascination with the tech-

nology per se. However, the rudimentary state of the technology at the time prevented me from using telehealth to solve other, equally pressing, problems with care delivery; I knew the problem that telehealth could solve, but could not yet see how to create telehealth networks of the size and scale to address it.



To solve this problem, I co-founded a technology start-up. Our operational experience with provid-

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The starting and ending point of a journey is often a place for reflection. I have a lot to look back on as I reflect on a journey that started fifteen years ago, and will end when I leave VA in a few days' time.

Back then, it was my good fortune that brought me to VA; where my passionate belief that information and telecommunication technologies would transform health care was paired with an organization whose enlightened leadership

Maureen McCarthy, MD *Acting Chief Consultant for Telehealth Services*



As Acting Chief Consultant for Telehealth, Maureen McCarthy, MD is serving in an Interim capacity to ensure the effective use of Telehealth

Services across the Veterans Health Administration. Dr. McCarthy continues to serve as the Deputy Chief Patient Care Services Officer and serves as a consultant to the Chief Patient Care Services Officer and the Deputy Under Secretary for Health for Policy and Services

(DUSHPS) on all policy matters and issues that relate to patient care and clinical services. The focus of the Deputy Chief Patient Care Services Officer (DCPCSO) is to support the vision of the Under Secretary for Health and VHA's mission in offering the highest quality health care to our Veterans. The Deputy Chief Patient Care Services Officer works with all clinical programs to form an active and coordinated interdisciplinary team in order to articulate an integrated overview of Veterans health issues. The Deputy Chief Patient Care Services Officer plays a key role in effectively addressing Veteran health care needs through the development of clinical guidelines and standards for clinical care programs and providers.

Dr. McCarthy has a 23-year history of service to the Veteran community, including in her prior role as Chief of Staff at the Salem VA Medical Center, which she held for five years. As Chief of Staff, Dr. McCarthy functioned in a major clinical leadership role at the Salem VAMC, which serves a population of approximately 36,000 Veterans. McCarthy also has served as Associate Chief of Staff for Education and staff psychiatrist at the Salem VAMC and has served in staff psychiatrist positions at the Washington, DC VA Medical Center. While in VA Central Office, she continues to provide treatment to a small number of Veterans using telemedicine.



Enhancing Access and Building Capacity

National Telehealth Training Center

Telehealth has a long legacy of offering, at least in part, a solution to providing timely access to high-quality care for Veterans.

Recently there has been much interest in how the VA is meeting the challenge of caring for our Veterans and what strategies are being implemented to improve access to care. Some of the issues confronting VA relate to a shortage of clinicians and other health care professionals. Some of the access problems can be solved by adding health care providers, but this must be done in a way that also takes into account the geographical diversity of where Veterans reside.

The VA has always been dedicated to providing excellence in health care to Veterans, a refrain characterized by the phrase “we believe in Veterans and their service”. In fact, the mission of VHA’s Telehealth Services is to provide

the right care in the right place at the right time. Consistent with that mission is the extensive Telehealth infrastructure that has been created over the last ten years that not only meets the needs of our patients, but also the needs of providers, builds capacity and improves access. It is this mission that the three training teams now work together under the umbrella of a National Telehealth Training Center which serves as a resource to all of the Telehealth practice communities and includes all aspects of Telehealth, namely Home Telehealth, and Clinic Based Telehealth, which encompasses both Clinical Video Telehealth and Store-and-Forward Telehealth.

Telehealth programs were implemented nationally in VA in 2003, when the notion of home and community-based health care services were recognized as a means to bring care directly to the patient. Since thirty-nine percent of Veterans

reside in rural or highly rural areas, the opportunity to bring care coordination to their front door was an exciting advance in improving access to care. The advantage of course is not only convenience for the patient and efficiency in rendering the care, but also allows for the Veteran to increase their participation in their own care and own well-being.

In parallel with putting Home Telehealth into practice, another telehealth modality was developed to address an important need among Veterans. TeleRetinal imaging, to screen for diabetic retinopathy, had its genesis in early spring of 2006. Since diabetes is a leading cause of vision loss, and because one in five Veterans has this insidious condition, attempting to screen more than 1.2 million Veterans every year, a clinical requirement for diabetic monitoring, became difficult. Annual face-to-face eye examinations became challenging as the

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Providing Veterans Access to Expert Mental Health Care

National TeleMental Health Center

The National TeleMental Health Center (NTMHC) ensures that our nation's Veterans not only have access to expert care but, that they have access to this care at a site close to their home.

Today, with the advent of Telehealth services and technology, access to expert clinical care goes beyond the traditional clinic, hospital or building.

The National TeleMental Health Center provides Veterans access to national experts in eight programs. These programs include: Bipolar Disorder, Behavioral Pain, Schizophrenia, Non-Epileptic Seizures (NES), and Insomnia treatment. In addition, national experts complete Compensation and Pension examinations requested by the Veterans' Benefit Administration (VBA) and two new programs were started this year the Posttraumatic Stress Disorder (PTSD)

and Substance Use program. Once a National TeleMental Health Center expert consultation program is established at a VA site, the Veterans can access these remote experts through a referral from their local VA healthcare provider to the National TeleMental Health Center. The National TeleMental Health Center expert uses secure, video-conferencing technology to interact with the Veteran at a VA site close to their home, allowing new access to expert care. This establishes access to experts that are located at VA medical centers across the nation who have been selected by Patient Care Services because of their expertise in their specific field.

Many of the patients that are referred to specific National TeleMental Health Center programs are refractory with multiple hospitalizations; they have very complex history, and have been on numerous medications. The referring providers are seeking access to clinical experts that are not available at their site who can complete an

in depth review of the patient record and provide consultation, clinical guidance and recommendations on the future treatment course for these patients. This is where the National TeleMental Health Center programs assist the referring providers in obtaining access to this expert specialist consultation. The eight paragraphs below provide details of each of the programs of the National TeleMental Health Center:

1) *The National TeleMental Health Center Bipolar Disorder Telehealth Program (BDTH) located at the Boston Healthcare System uses the Life Goals Collaborative Care Program, an Evidence Based Assessment and Evidence Based Psychopharmacologic Consultation to assist the patient and the referring provider in managing the patient's bipolar condition, working towards wellness and to achieve the patient's life goals. The patient has access to a consultation appointment with the Bipolar Disorder Telehealth Program psychiatrist with follow-up*

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Conditions of Participation: Cycle Six

Telehealth Quality Management

As we finish the first nine VISN Conditions of Participation reviews for Cycle Six and start a new year, the Telehealth Quality Management Team would like to update you on the data, the continuous improvement processes used and future plans.

Cycle six has commenced with a new, more collaborative process, with more consultation and less citations or findings that require action plans and follow up. During cycle six, the standards that most often do not meet the Conditions of Participation requirements include:

1) Core 23. *The Telehealth program including the VISN and facility ensures a competent workforce. All telehealth staff has the educational backgrounds, experience, documented orientation, required training, and competencies, as required by Position Functional Statements or Position Descriptions and consistent with the program's mission, goals and objectives. In addition, train-*

ing and competency related to equipment usage, set up, troubleshooting, use of software, infection control and data are also important aspects of a competent workforce. (HR)

2) Core 9. *The Telehealth program ensures care and/or services provided are based on nationally accepted clinical practices such as Clinical Practice Guidelines, national protocols, telehealth clinical pathways and supplements. (PC, RC)*

3) HT 1. *The Home Telehealth program maintains a process to ensure that there is a comprehensive case management Initial Assessment that includes a review of systems, analysis, identification of problems, goals and Treatment Plan developed and documented for each enrolled patient. (PC)*

The Home Telehealth program maintains a process to ensure that there is a comprehensive case management documentation of all of the required elements of care. These include the following

progress notes using the nationally approved note titles: Initial Assessment that includes a review of systems, analysis, and identification of problems, goals and Treatment Plan developed and documented for each enrolled patient. Comprehensive case management reassessments that include a summary of care, progress to goals, analysis and recommendations with subsequent revisions to the treatment plan as indicated. An appropriate Category of Care is documented for each enrolled patient Progress notes contain ongoing patient education to include: Rights and responsibilities, Health risk identification and management, Disease processes, Medication management, Behavioral/lifestyle modifications Self-management skills.

Home Telehealth staff document interventions for significant changes or findings from vendor data and/or communications submitted by patients which may lead to changes within the treatment plan and /or other follow up. Documentation of communication/coordination of each enrolled

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ICARE: Reaching Beyond Performance Measures

Yolanda Kyle and Nenette Madia

Derrick Stewart's last wish while in hospice care at the VA in San Antonio was to speak with members of his family. However, due to his declining health, and the distances between his family members, VA staff knew they would need to find a different avenue than travel to make this happen.

So they turned to telehealth technology, at the South Texas Veterans Health Care System and other VA facilities to help Stewart, a US Army veteran, reconnect with his family-- Including his mother, siblings, nieces and nephews. The Palliative Care Team at the South Texas Veterans Affairs Health Care System strives to relieve suffering for Veterans at end-of-life through comfort measures. Their team's primary goal is to facilitate and fulfill Veteran's dying wishes. The hope was that through this

effort Stewart could share in meaningful and intimate communication with significant family members, thus positively impacting his end-of-life experience, bereavement issues and overall quality of life.

"This means everything.... everything to me. I'm thankful to all the staff for allowing me to connect with so many family members." - Derrick Stewart, U.S. Army Veteran

To make Stewart's wish come true, STVAHCS staff met with seven VA facilities in Albuquerque, New Mexico; Waco, Texas; California (Oakland, San Jose, Redding and Modesto), and Missouri. Telehealth staff used a VA laptop equipped with video technology at Stewart's bedside, and a variety of videoconferencing devices at the outlying VA locations where his family joined in.

"At first, the Veteran's brother Kevin, wasn't too sure about the video-conference but started warming up to the idea after speaking with him," said Tammy Walker, the Telehealth Clinical Technician in Redding California. "Before the conference, he shared stories about him and his brothers, how they haven't seen each other in many years. Once the video-conference started, you could see the excitement in all of their faces. They were laughing and cracking jokes at each other. They spent a while reminiscing on the good times they all had together."

"Words cannot express my experience with the Stewarts here in Modesto," said Samara Sory, the Telehealth Clinical Technician in Modesto, California. "The light in his eyes made me tear up. He was so happy and amazed to see his family. It was like he got a second wind. After the encounter the Stewarts told me that 'this has meant so much to us. It's just priceless.' I always

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Social Worker Improves Access to Mental Health Care

Cathy Cruise VISN 03

Before Tara Brunswick joined the Social Work staff of the Northport VA Medical Center, Veterans on eastern Long Island needing Mental Health care travelled to either the Riverhead CBOC or the main campus of the Northport VAMC, located midway between the east end of Long Island and New York City.

For many, this represented several hours of driving and often necessitated family members taking time off from work to accompany them. Now these Veterans have the opportunity to receive Mental Health care in the comfort of their home through the Video to Home program. For several OEF/OIF and Vietnam Veterans with PTSD,

this has led to increased ability to participate in Cognitive Processing Therapy and experience a significant reduction in their PTSD symptoms. In the past, inherent avoidance factors combined with the distance to access care enhanced triggers to their PTSD and often prevented consistent attendance in therapy.

Veterans with medical issues such as Chronic Pain or Parkinson's Disease have historically had difficulty accessing care. Now these Veterans can receive Cognitive Behavioral Therapy for Pain or Depression without even leaving their homes. This has led to greater compliance with their medical regimens.

In addition to providing direct patient care, Tara has been a true advocate for Clinical Video

Telehealth into Home and has been instrumental in training efforts within VISN 3, most recently training her Social Work colleagues at the Northport VAMC. With the winter ice and snow already here in New York, Veterans on Long Island are truly lucky to have access to care through Tara and the Video to Home program.



Home Telehealth Success Stories Karen Olzewski, RN, MSN, BC, Hines VAMC

Educating people about the Home Telehealth program and increasing awareness of the purpose, goals, expectations, benefits and referral process for the program is an ongoing challenge.

At the Hines VAMC, we use many avenues to increase awareness of Home Telehealth services including Home Telehealth staff attending monthly PACT Team Meetings; Home Telehealth presentations at New Employee Orientations for newly hired nursing staff; and annual resident physician orientation. We share Home Telehealth information at health fairs and special recognition events such as The Great American Smokeout, Heart Month and Diabetes Awareness events as well as occasional presentations such as Grand Rounds. We also work closely with social workers, nutrition staff, Patient Care Coordinators, Utilization Management and PACT RN Care Managers to

identify patients who might benefit from the Home Telehealth Program.

Working for VHA affords us as health educators a unique opportunity that is not as available in the private sector to make health and wellness a priority. With a primary goal of improved self-care management, it is so very rewarding to see our enrolled Veterans work toward and achieve their goals. As Care Coordinators, Veterans continually express appreciation for our dedication and commitment in helping them through this change process. How many times have we seen "the light bulb go on"; weight loss goals reached; reduced Hgb A1c's or blood pressure goals reached?

It is wonderful when a patient's positive comments about Home Telehealth are commu-

nicated back to their providers and to other Veterans. As a way to highlight patient successes at reaching their healthcare goals, Home Telehealth staff at Hines VA Hospital developed the "Wall of Fame".

This bulletin board, in the main corridor outside the Home Telehealth office area, displays goals reached by patients enrolled in the Home Telehealth program. Short descriptions briefly describe these achievements.





Dr. Eric Yeung (on screen) and TCT, Paula Mantas conduct a cardiology exam on Army Veteran Herbert Lang

Increasing Access Through VA-DoD Telehealth Partnership

Jayna Legg - James A. Lovell Federal Health Care Center

Army Veteran Herbert Lang was happy and relieved his cardiology follow-up appointment at the VA's joint VA-DoD James A. Lovell Federal Health Care Center, the first federal health care center that partners the VA and the DoD into a single, fully integrated federal health care facility, was uneventful. His cardiologist assured him everything looked good.

"He's absolutely the best," Lang said about his doctor. "I fully trust him."

The fact that the Huntley resident made local history was an added bonus. Lang's early August telehealth appointment at the McHenry Community Based Outpatient Clinic (CBOC)

with Dr. Eric Yeung in North Chicago, was the Federal Health Care Center's very first TeleCardiology appointment.

Telehealth Clinical Technician Paula Mantas, LPN, rolled in a telehealth cart equipped with a digital stethoscope as well as video-teleconferencing equipment. Both patient and doctor could see each other and converse, and Dr. Yeung not only viewed Lang's EKG, but also listened to his patient's heart and lung sounds in real time.

"It's good for the patient, and it's good for me," said Yeung, who also is a Navy Lt. Commander. "It's a very quick follow-up for both the patient and myself."

Lang said the service was "fantastic ... This is

great. It's certainly easier on the patient. I don't have to travel as far. It's a win-win situation."

Patients of the Kenosha, Evanston and McHenry CBOCs have long taken advantage of video-teleconferencing technology to participate in weight-management classes, diabetes education and smoking cessation programs. Additionally, TeleAudiology services are available at McHenry and Evanston CBOCs by appointment.

When McHenry started offering TeleAudiology earlier this year, "It was a hit right off the bat," Mantas said. "We expanded the times it is offered ... People love it and accepted it very well."

What makes TeleCardiology a significant

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TeleAudiology in VA *(continued)*

Bourne. “They are sometimes nervous at first, ‘Is it the same quality?’ ‘Is it the same process?’ ‘Will I see my audiologist?’ We have seven Audiologists working in our clinics, so if the Veteran wants to see a specific person, we can satisfy that request. The Veterans are so happy with everything we are capable of doing via TeleAudiology,”



Dr. Erica Drombrowsky, Miami VAMC

Another challenge that TeleAudiology had to overcome was employees needing to work together across distances. In some cases, employees may work together daily, but have never actually met in person. But that hasn't prevented good working relationships. “She's 150 miles away and she's my closest coworker,” said Miller of Dr. Erica Dombrowsky. “We'll actually tele-lunch together and discuss scheduling or any other clinic business and it allows me to ask questions that help me do my job better. She's awesome – a great teacher!”

“When we started TeleAudiology, Patti [Miller] said, ‘if you need any help, just call me. I can do this - I can do that.’ She was invaluable,” said Dombrowsky. “We started offering other services; we started a walk in clinic for small, two minute visits. After that we started adding other things,

like fittings and follow-ups, so now our program is being run out of two clinics, and we're about to add a third. We would have had a much harder time accomplishing all of this if it wasn't for her.”

When asked about the working relationship between so many virtual employees, Bourne was quick to respond, “Oh, its excellent! We all feel very much a part of the same team and we work together very well. Our Telehealth Clinical Technicians are always happy to serve the Veterans,” continued Bourne. “We have fun, like a little family. The Telehealth Technicians feel appreciated because they get lots of positive feedback from staff and Veterans alike.”

“Having a Telehealth Clinical Technician available is really improving the efficiency use of Audiologists' time,” said Gortemaker. “I love working with the patients and seeing them have a good experience without the travel and the stress, but the Telehealth Clinical Technicians are playing a vital role to increasing efficiency. Doing things they may not be hired for, but are picking up to provide more services for the Veterans.”

VA has worked hard to provide the support necessary to help TeleAudiology expand to more medical centers and outpatient clinics. “Chad Gladden, is my hero. He inspired me,” said Bourne. “Dr. Gladden made me believe that we could do it. I've never even met him. I've only talked to him over the phone. He encouraged reaching out to see if we could get funding. He helped to get us connected with the VHA Office of Rural Health. He created a cookbook for us and when there were obstacles he was right there to help. I couldn't have asked for anything better. We've all been on the same team to make things successful.”

With TeleAudiology still relatively new and using non-traditional methods, one has to wonder if it is providing the same quality as face-to-face encounters. “Telehealth Clinical Technicians are critical. They help communicate or translate with the Veteran and through the videoconferencing equipment. In 2014 alone, we had over 2,000 encounters, 920 follow-up visits, 440 fittings and 600 hearing tests. More than 860 individual Veterans,” said Bourne regarding the TeleAudiology program in San Francisco. “We've analyzed and compared previous tests with TeleAudiology tests, collecting data across more than 100 Veterans; when comparing the two tests we've found very reliable results.”

In such a small place like Key West, the local CBOC is a significant part of the community and the passion the of the VAAudiology community is not lost on the Veterans they serve. “They refer to her [Miller] as the hearing aid lady, if she's shopping or walking down the street, they'll call out ‘Hearing aid lady! Can you help with...’” said Dombrowsky. “I was with my kids at the beach on Valentine's Day and I saw a regular patient in a lawn chair sleeping,” said Miller. “He had a big poster and drawn in giant letters ‘I heart Patti’.”

“We even had a patient that signed into the walk-in clinic and wanted to get his hearing aid looked at, but he wasn't a Veteran,” said Dombrowsky. “... so we asked him and he said ‘Everyone keeps telling me how great this is.’ So it's safe to say the Veterans are out in the community telling all their friends and family about what we're doing.” □



Photograph: Toby Jorin, FedTechMagazine

Arrivals and Departures *(continued)*

ing dermatology and other specialty consultations from specialty care to primary care convinced me of the power of telehealth to transform health care, to realize this transformation meant creating large telehealth networks. I saw these networks could address the issues with health care delivery that I had left neurosurgical practice to find a solution for.

The problem telehealth could solve had faced me every day when practicing as a neurosurgeon. In practice, I had been acutely aware of the need for speed and efficiency in dealing with the catastrophic events that followed acute neurosurgical conditions. For example, removal of a blood clot (extradural hematoma) in a person with a head injury in 20 minutes versus 40 minutes can have an appreciable effect on survival, or quality of survival. However, if it takes two hours to get a patient from arrival in a nearby emergency department to the operation, instead of forty minutes, where in the system would change have the greatest impact? In order to get the competencies to help solve this problem, one that I saw had numerous parallels in other medical conditions and directly contributory to the hundreds of thousands of deaths due to medical errors, I obtained a Masters in Public Health Medicine from the London School of Hygiene and Tropical

Medicine. Having this masters degree helped me understand the problem I was seeing as a population health one, not a medical one; and later on, it directly contributed to my coming to VA.

When Dr. Kenneth Kizer, the architect of the last remarkable VA transformation in the 1990's, interviewed me to work in VA he was intrigued by a neurosurgeon with a Masters in Public Health Medicine. He asked me about what I would see as measures of my success, if he hired me. I outlined success in terms delivery of care to Veterans on a telehealth network, and gave the hypothetical example of a homeless Veteran in Colorado, where I lived at the time, receiving a telehealth consultation from elsewhere, for example Boston. Telehealth networks were a way to address the access problems for an organization such as VA that, given the huge geographic area it covers, would likely always face issues with finite physical sites from which to deliver care to the geographically distributed population of Veterans it serves. The vision was important, but as I have so frequently said, "the devil was in the detail".

Now, fifteen years later, I am about to leave VA and resume a journey I left back then to take information and telecommunication technologies

to even wider populations outside VA and the federal government - nationally and internationally. My fifteen years with VA has profoundly changed me, in ways beyond the mere passage of time. Yes, I came to VA with a vision of using telehealth to transform an organization and was lucky that a visionary, in the form of Dr. Kizer gave me the opportunity to realize this vision, one he shared; not for its abstract importance, but its practical significance in helping address the wider public health problem of how Veterans access care. Now with over 1.7 million Veterans served by VA telehealth programs since 2003; 720,000 Veterans likely to receive this care in FY2014; programs growing by 22 percent per year; and a national telehealth center for genetic counseling and mental health - this vision is a reality. It is wonderful that Veterans with bipolar disorder or schizophrenia can access expert consultation in this way and that it blends with their local primary care team support. Recently, as it has become known that I plan to leave VA, many people, both within VA and outside say, "aren't you proud at what you have achieved?". Yes, I am enormously proud, but not at what "I have achieved".

It has been the greatest privilege of my life to have worked at VA and to have served Veterans. Before joining VA, I knew about Veterans and

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Enhancing Access and Building Capacity *(continued)*

prevalence of diabetes increased. Also, diabetic persons without any symptoms and eye disease occupy a clinic slot that might be needed by someone with more pressing eye problems. Like other Telehealth applications, TeleRetinal imaging also affords the opportunity to bring specialty care to the outlying clinics and CBOCs, since all of the image review and reporting is completed by an eye specialist. Conversely, identifying patients in need of a face-to-face examination and prioritizing the patient into an eye care program, is an important component of the TeleRetinal program.



A compelling story that serves as only one example of improving access and getting the patient into the examining room at the right time is the case of one Veteran a diabetic patient who presented to a local CBOC for TeleRetinal imaging. When reviewing images, the TeleRetinal reader often observes other, nondiabetic lesions, sometimes serious findings. In this case, the reader found an area of the retina that was separated, a non-diabetic finding that can be sight threatening if not treated promptly. A phone call from the reader alerted the imager, who followed up and the patient was immediately referred to an eye clinic. He subsequently underwent a retinal detachment surgical procedure and, because treatment was initiated right away, the surgeon was able to preserve the patient's vision.

When you think about access to care in the traditional sense, Home Telehealth may not always come to mind. However, Home Telehealth programs have been helping Veterans access a variety of services for more than ten years. Another story worth sharing, comes from the Bath, Maine VAMC, where Care Coordinators there have made it possible for numerous clinic appointments to be available for in-person Veteran appointments by eliminating the need for in-person follow-ups to check on blood pressure, blood sugar or other vital signs for Veterans enrolled in Home Telehealth. These open clinic appointments

help improve access for other Veterans who have more immediate health-care needs.

Just like Store-and-Forward Telehealth and Home Telehealth, Clinical Video Telehealth has evolved over the years and the introduction of telehealth technology and

the expansion of its use have provided Veterans access to care almost anywhere. Clinical Video Telehealth provides primary and specialty care services across large geographic areas, urban and rural settings, into clinics, medical centers and into Veterans' own homes.

One of the most important aspects of implementing Clinical Video Telehealth has been increasing access, building capacity, saving time, and decreasing travel costs. Decreasing travel time, either for the Veteran or provider, results in increased access and increases the potential for improved well-being. In the past, many Veterans who have relied on VA health care for years had to drive miles in inclement weather to a VA medical center for many doctor appointments. With

Clinical Video Telehealth, they now enjoy the convenience of receiving care in their home and/or driving to the nearest CBOC in their community for many of these same appointments.

Using Clinical Video Telehealth will continue to improve access and build capacity for our Veterans. New devices such as tablets and other clinical technologies are being developed at a fast pace. To help deliver care to patients almost anywhere, 35 clinical specialties have been implemented via Clinical Video Telehealth and ten more are currently being developed.

Impactful stories are shared daily regarding the use of the technology to connect patients with loved ones. Staff have used the technology to connect Veterans to their families. Most recently several patients have been connected with their families during their last days and hours of life. *(page 7)* Unable to travel due to their illness, the staff connected their Veterans with families far away using telehealth technology.

Telehealth clinical applications continue to expand, such as with TeleDermatology, where significant and sometimes life-threatening lesions are detected and treated; to TeleWound care and TeleTransplantation, where following surgery, a patient can be seen locally or sometimes in the home to assess the healing progress and avoid having to have the patient travel long distances for a brief check of the surgical site.

Telehealth Services is committed to continuing its mission to improve access, maintain well-being of our Veterans, and preserve quality of life. ▣

Providing Veterans Access to Expert Mental Health Care *(continued)*

appointments. The focus of the visits is to work with the patient to identify and manage symptoms and to work on life goals that the symptoms have blocked. The National TeleMental Health Center facilitates access to this type of treatment at all VA medical centers, and the access to consultation and follow-up assists the patient in life while providing information to the referring provider about the latest treatments.

2) The National TeleMental Health Center Tele-Behavioral Pain Program located at the VA Connecticut Healthcare System is based on Cognitive Behavioral Therapy (CBT) for pain management. Behavioral pain management will help the patient understand the role that thoughts, feelings and behaviors have on the patients pain experience and how changes in these areas can reduce the negative impact that pain has on their life. The program is for patients that experience chronic pain, pain that interferes with daily living, pain that affects mood, and pain that seems to control the patient's life. The program targets patients that are interested in learning tools that will help better manage pain and result in a better quality of life. The Tele-Behavioral Pain Program helps the patient learn to relax, increase physical activity, regain the pleasure in daily living, sleep better, control anger, control stress, and lose weight. This is completed by an initial consultation and follow-up sessions that will help the patient identify coping skills. The consultation and follow-up sessions provide access to TelePain care to patients and assist them and referring providers in helping the patients control their pain and live a better quality of life.

3) The National TeleMental Health Center Tele-Schizophrenia Program located at the VA Connecticut Healthcare System has psychiatrists with expertise in psychosis who conducts a thor-

ough diagnostic and psychopharmacologic evaluation. The referrals for the Tele-Schizophrenia program are made for patients that are more difficult to diagnosis and require experts in the schizophrenia program at the level that the current providing site does not have access to. Recommendations about diagnosis and treatment are made and documented for the referring provider. Access to consultation can be requested; for example: if a patient is clinically unstable or hospitalized frequently, if a patient's diagnosis is uncertain, when two or more anti-psychotic medications have not helped the patient, and to help manage medication side effects. After the initial consultation patients will have access to additional visits to assist them and the provider with recommendations that are made.

4) The National TeleMental Health Center Tele-PTSD program located at the San Diego, California VA Healthcare System is coordinated with the White River Junction, Vermont National Center for PTSD and the National TeleMental Health Center. The program provides tele-consultation with the referring provider and the patient in the room at the same time as a continuum of consultation services provided by the National Center for PTSD.

5) The National TeleMental Health Center Tele-Addiction Program located at the VA Connecticut Healthcare System has a psychiatrist that provides access to patient referrals for Substance Use Disorders (SUDs), which include Alcohol

Use Disorders (AUD), and Drug Use Disorders (DUD). These referrals are often for patients that also have co-morbid psychiatric disorders including Post Traumatic Stress Disorder (PTSD), depression and serious mental illness (SMI). Examples for referrals include a patient that: is clinically unstable or hospitalized frequently for substance use, with co-occurring psychiatric disorders, would benefit from pharmacotherapy, has addiction and chronic pain, is dependent on multiple substances, and has SUD and medical conditions that are complicating treatment. The



psychiatrist will complete an initial consultation and if needed follow up with the provider and patient over a several month period. The National TeleMental Health Center TeleAddiction program is an extremely useful program for access of patients from remote sites for referring providers that are seeking treatment recommendations, to provide pharmacotherapeutic options and for assistance in assessing and encouraging patients to change.

6) The National TeleMental Health Center Tele-Nonepileptic Seizure Program (NES) located at the Providence, Rhode Island VA Medical Center is a program based on a Cognitive Behavioral Therapy (CBT), which is a talk and behavior-based program that was developed to help patients with

(Continued Page 14)

Providing Veterans Access to Expert Mental Health Care *(continued)*



nonepileptic seizures. The treatment is based on an understanding that the events are influenced by physical symptoms, as well as by an individual's thoughts, feelings, behaviors and environment. Studies using this treatment revealed that in many individuals with NES seizures decreased and the quality of life improved with new ways of coping, thinking, and feeling. The treatment program is conducted over follow-up sessions using telehealth equipment. The National TeleMental Health Center program works in collaboration with the National TeleMental Health Center and the VA Epilepsy Centers of Excellence to provide access to care for patients as an adjunct to the patient's local neurological care.

7) The National TeleMental Health Center Tele-Insomnia program is located at the Philadelphia, Pennsylvania VA Medical Center. Insomnia is highly prevalent among Veterans and National TeleMental Health Center provide access to cognitive behavioral treatment for insomnia (CBT-I), an empirically based psychotherapy (EBP) with demonstrated efficacy. The goals of the National TeleMental Health Center Insomnia clinical video telehealth program are to utilize telehealth tech-

nology to increase Veterans' access to CBT-I; and also to train mental health providers in the delivery of CBT-I. The CBT-I intervention is a manualized treatment offered in a six-session format to small groups of Veterans. The manual and treatment materials are taken from the VA dissemination of CBT-I that is disseminated by VA Mental Health Services in order synthesize with other ongoing efforts and provide uniformity of treatment delivery. The patient site provider has an opportunity to co-lead groups to extend their competence in delivering CBT-I from individual therapy to group format. They are then able to deliver treatment on their own, either in-person or with their own telehealth group. This model has successfully provided effective clinical treatment for patients and trained providers in the delivery of group CBT-I. Along with providing access to Insomnia treatment to multiple sites the tele-Insomnia program goes one step further with training a provider at the patient site so that access is expanded at VA's nationally.

8) The National TeleMental Health Center Tele-Compensation and Pension (C&P) program is located at the VA Connecticut Healthcare System

as serves as a resource bank for C&P providers. The National TeleMental Health Center has providers that complete mental health VBA exams for VA sites nationally that have an identified backlog of requests. The National TeleMental Health Center Tele-C&P program can assist VA facilities by efficiently decreasing the backlog of C&P mental health exams at their facility with no additional workload for their providers. Patient exams requested by the Veterans Benefit Administration (VBA) for a mental health C&P examination can be referred. C&P mental health examinations are completed by an expert Psychologist from the National TeleMental Health Center through video conferencing. Exams are coordinated through the C&P office and the National TeleMental Health Center. The National TeleMental Health Center provider reviews the patient's record through VBMS, Virtual VA or the actual c-file. Completed exams are sent through Compensation and Pension Record Interchange (CAPRI) to the VA Compensation and Pension site and to the VBA. The assistance given by the National TeleMental Health Center to complete C&P exams for other VA's gives the patient access to having an exam completed expeditiously.

Since its inception in 2010, National TeleMental Health Center has provided access to more than 8,700 expert consultations and follow-up appointments in eight programs for over 2,800 unique Veterans. The National TeleMental Health Center has created access to 95 sites of care in all 21 Veterans Integrated Service Networks (VISNs). As a result of access to the National TeleMental Health Center tele-programs, patients have demonstrated decreases in symptom ratings and increases in quality of life indicators. We look forward to further expansion of these services this year. ▣

Conditions of Participation: Cycle Six *(continued)*

patient's care and services with internal and external resources to ensure appropriate continuity of care and transition management throughout the course of service or care (PC)

After years of asking about performance improvement (PI) or outcome data, we are asking for PI presentations by the Home Telehealth and

Clinic Based Telehealth staff during our on site visit. These presentations have led to the recognition of some leading practices



and excellent discussion on these projects as well as performance improvement models, process and outcome sustainment.

As we “walk the talk” of performance improvement, the Quality Managers have developed a continuous improvement model for our work as well. After each Conditions of Participation review, data is collected and analyzed to identify trends and areas for improvement in our process. To that end, CBOC visits have been initiated in the last three VISN reviews. Though we have seen limited patient visits thus far, we have had an opportunity to meet face to face with the clinic staff and a few Veterans served by Telehealth. Recently in talking to a Veteran, we asked if there was anything that might make this Telehealth visit better from his perspective. He said, “Yes, if I could do it from home”!

The Clinic Based Telehealth programs have matured over the years and we no longer ask about some structural elements and are investigating the possibility of doing Clinical Video Telehealth tracers. Tracers are an opportunity to follow patient through episodes of care and will give us the opportunity to investigate patient safety, staff scope concerns, risk management, and follow up and documentation.

We anticipate that our process will continue to evolve as we help VISN and facility staff work through concerns, access issues, and promote quality and safe care. Our collaborative and consultative process has proven to be of assistance to telehealth staff and we look forward to the rest of cycle 6 Conditions of Participation surveys. □

Arrivals and Departures *(continued)*

had seen VA care first hand when doing research at UCLA in 1985-1986, but I did not really understand how Veterans have gone to distant places in the belief of ideals of freedom and selflessly served this cause. I did not fully understand what their sacrifice meant to them in personal terms, to their families and their communities. I now understand the patients and people telehealth is impacting.

I understood in 1999 that there were aspects of health care in VA that are conducive to developing telehealth, such as an integrated health care system, no state licensure barrier to delivering such remote services and an electronic health record. These are important facilitators toward in our success in growing telehealth in VA and were

important factors in my wanting to join VA. What I did not understand then, which I know now, is the remarkable workforce within VA and its devotion to the singular mission of the organization. Therefore, as I depart and embark on my next journey, my strongest recollections of VA are faces. Faces of Veteran patients, their caregivers and the VA staff who have, directly and indirectly, given so much to develop telehealth in VA from their passionate belief in the importance of serving Veterans. That passionate belief has been my belief and it has been an honor to work with so many people in the organization that I respect and admire. There are too many to name, so many faces come to mind. So, as I join the ranks of others who have left the organization, it feels like passing on the baton. I am proud at what we

have collectively achieved since 1999. I know that the organization will take telehealth ever further to serve many more Veterans. This newsletter has been an important means of bringing the VA Telehealth community together for 14 years and I am grateful to have the opportunity to write a final article as the, soon to be former Chief Consultant for Telehealth Services, as I hand the baton over.

It has taken me a lot of words to say what Abraham Lincoln said in a few lines about those that have born the battle. But I understand those words so much more than I did 15 years ago. Thank you for the privilege of this understanding.

~ Adam Darkins

ICARE: Reaching Beyond Performance Measures *(continued)*

say Telehealth is changing lives one Veteran at a time, and this is a prime example.”

“The words ‘community, amazing,’ and ‘limitless’ run through my mind,” said Chaplain Mike McGruder. “The concept of VA without walls and distance really comes alive. As a VA chaplain, I think this is why we are here, to provide hope; and if hope is only a click away, then let’s provide more hope.”

Ellen Edmonson, Deputy Chief Consultant for Telehealth Services in VA says, “I cannot think of a better example of ICARE - Integrity, Commitment, Advocacy, Respect and Excellence – and full execution of the “Virtual Team” model. The staff worked diligently to be Veteran-centric by main-

taining Mr. Stewart’s dignity and respect while providing high quality and compassionate care.”

“This is a shining example of reaching beyond performance measures and doing what is truly right for our Veterans,” said Bob McBee, the VISN 15 Telehealth Manager.

Yolanda Kyle, Facility Telehealth Coordinator for the South Texas Veterans Health Care System says, “I’ve heard some mention that this is going above and beyond. But this is simply a group of dedicated staff who wanted nothing more than to do what was right for the Veteran. No one asked why. They all came together and asked how they could help. This is our jobs... doing what’s right for the Veterans.”

Although he has since passed away, perhaps one could say VA’s committed efforts, through a modernized telehealth environment, were able to provide lasting comfort and emotional support to US Army Veteran Derrick Stewart and his family, and were instrumental in leaving a favorable impression in the heart of one of our nation’s Veterans.

□

A Bittersweet Farewell *Saying Goodbye to Ellen Edmonson RN, MPH*



Recently while listening to Ellen tell us she was leaving the VA to spend time with her family, it took me back to the first time I met

her in 2005. Ellen began her Telehealth career as one of the pioneers in VISN 6 when she began her role as a Lead Care Coordinator in Fayetteville along with the only other staff person there, Randall Crowder PSA. She helped lead the VISN through the processes of purchasing telehealth equipment and training staff, developing VISN procedures and manuals, establishing new telehealth clinic coding and planning for and participating in the very first highly successful

Conditions of Participation Review. Even then, Ellen demonstrated a high level of professionalism, leadership, initiative, collegiality and enthusiasm which definitely helped steer the VISN 6 program to the success it is today. When Ellen moved to Washington D.C. in 2006 and was detailed to the national program office for Telehealth, VISN 6 couldn’t have been prouder and knew she was the perfect person for the job. The clinical and hands-on telehealth experience that she brought to the program office was certainly a needed influence for the policy and program development.

In 2006, she was selected to be in the very first group of Home Telehealth Master Preceptors. She became a tremendous role-model for others. Her great work did not go unnoticed and we were so happy for her and for us when she came to the then Office of Care Coordination, in the fall of

2006, on a work detail. Her contributions to the general organization and workflow of the office were commendable and she officially became our Director of Operations in February 2007. In March 2012, Ellen became the Deputy Chief Consultant for Telehealth Services. During her eight years in the Office, she has become known for her soft-spoken approach and kindness to others. She is respected by her teammates and in turn she has supported and respected all of us working diligently to ensure the Office’s strategic priorities were being met. Her great passion for the care of Veterans is evident in her commitment to the mission and vision of Telehealth Services in expanding access to care in the right place at the right time.

~Rita Kobb, Director of Education and Training
for Home Telehealth

VA-DoD Telehealth Partnership *(continued)*

advancement in the James A. Lovell Federal Health Care Center's telehealth offerings is the fact that it's considered "telemedicine," said RN Bernice Arcibal, Lovell Federal Health Care Center telehealth coordinator. "It really is exciting. We are moving beyond education-based services into real telemedicine services now."

Features such as the digital stethoscope mark the difference between using telehealth technology to educate patients, and using the technology for telemedicine. A telehealth nurse places the stethoscope on the patient's chest, and the heart sounds are transmitted to the doctor in real time, using web-based technology. The doctor uses a receiving unit on his or her end to listen.

The goal of telehealth is simple, Arcibal said. "We want to provide as many Veterans as possible with easy, accessible care, particularly Veterans in outlying areas."

In addition to TeleCardiology, the latest telehealth options to be offered by the James A. Lovell Federal Health Care Center at all three CBOCs are TelePharmacy and TeleRetinal Imaging services.

CBOC patients with diabetes can now walk in and have their eyes examined using new TeleRetinal Imaging cameras that "Store-and-Forward" the images to their North Chicago providers.

The new TelePharmacy services at the CBOCs include patient education, therapeutic monitoring of medications, movement disorder assessment, laboratory monitoring of oncology patients, and symptom management for patients receiving chemotherapy.



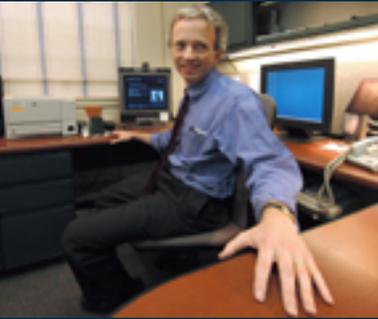
A Lovell Federal Health Care Center gynecologist based in North Chicago is accepting new TeleGynecology patients for fertility and prenatal counseling. Other telehealth services include: individual and group PTSD sessions, coping skills classes, nutrition counseling, Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn care management, and home-based services to include speech therapy and mental health/PTSD counseling.

Arcibal said Lovell Federal Health Care Center plans to offer the following telehealth services in the coming year: dermatology, infectious disease, endocrine, neurology, rheumatology, and pulmonary care.

Army Veteran Herbert Lang is examined by his Lovell Federal Health Care Center cardiologist Dr. Eric Yeung during a follow-up appointment at the McHenry Community Based Outpatient Clinic. Lang was the very first Lovell Federal Health Care

Center TeleCardiology patient. The exam was conducted by Telehealth Clinical Technician Paula Mantas using a telehealth cart equipped with a digital stethoscope.

Telehealth Clinical Technician Terese Bush, on the left in the image above, conducts a mock exam with a fellow staff member at the Lovell Federal Health Care Center McHenry CBOC using a new TeleRetinal imaging camera. Staff tested the equipment before offering the new telehealth service to patients. Diabetes patients may now walk in to all three Lovell Federal Health Care Center CBOCs to have their eyes examined, saving them a trip to the main hospital in North Chicago. The images are stored and forwarded to patients' doctors in North Chicago. □



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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