

## 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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## Telehealth Services and Connected Care

On July 3, the Interim Under Secretary for Health signed a memo that places Telehealth Services and Connected Health into their own VA organizational unit called Connected Care.

The transition was formalized on October 1 and completed on January 12th. The combined office brings all of VA's digital health technologies under one roof to streamline and enhance services provided to Veterans.

Telehealth Services, which has been part of Patient Care Services, was created over a decade ago and has been a pioneer with Home Telehealth, Clinic-Based Video Telehealth as well as Store-and-Forward technologies. Connected Health, which has been part of the Office of Informatics and Analytics, was created three years ago to develop and implement consumer-facing technologies such as smart phone applications. Both Telehealth Services and Connected Health have similar goals of enhancing the Veteran experience by using advances in technology to change the way healthcare has traditionally been delivered.

Organizationally, Telehealth Services is moving out from under Patient Care Services (10P4), and Connected Health out from the Office of Information and Analytics (10P2). Operations will largely stay the same, with most of the initial changes affecting the merging of Human Resources and Payroll services from the two former individual units. By combining VA's digital health efforts, offices that didn't otherwise have much interaction are now able to combine efforts and partner together to enhance Veterans access to telehealth and mobile technologies to improve their access to and quality of care.

"The restructured organization will not have much of an immediate impact on day-to-day operations," said John Peters, the Acting Deputy Chief of Telehealth Services. "Telehealth Services employee's will keep performing the duties they have been performing, but this represents an exciting opportunity for us to work together with Connected Health to improve efficiency by reducing overlap, which will directly help us improve the quality of service we provide to the Veteran populations we serve." Peters went on to stress

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# In The News: New Telemedicine Legislation Could Expand Care among Veterans

Last week, U.S. Senators Joni Ernst (R-IA) and Mazie Hirono (D-HI) introduced legislation into Congress called Veterans E-Health and Telemedicine Support Act of 2015 (VETS Act).

The telemedicine legislation is meant to expand access to care among Veterans living in rural areas or those who are disabled, as it would allow these individuals to communicate with their healthcare providers without needing to step foot inside a medical facility, according to a news release from the office of Senator Joni Ernst.

“Our nation has a moral obligation to provide the best care for all veterans,” Senator Hirono stated in the news release. “This legislation would eliminate the added burden of traveling long distances, or even to different states, in order to see a doctor. The VETS Act will build on a VA telemedicine program that is proven to work and removes barriers to accessing care particularly for Veterans in rural areas like Hawaii’s Neighbor Islands.”

- mHealth Intelligence  
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## Telehealth Services Evolution *(continued)*

that there are currently no plans to eliminate any employee positions or to change existing supervisory structures. “Some of the projects we are working on do not integrate with projects Connected Health is working on, but there are many other technologies and health modalities that integrate perfectly. It makes a lot of sense for our two organizations to join forces and collaborate in these areas, and that’s what we are going to do,” said Peters.

### Why Combine Efforts?

Building a 21st century health care system for Veterans and their Caregivers requires VA to provide personalized, proactive and patient-driven care. While many aspects of care and service delivery are included in this transformation, the seamless use of technology to enhance provider-to-Veteran communications will be essential to delivering high-quality care to Veterans.

The new combined department will focus on delivering IT health solutions that increase a Veteran’s access to care and supports a Veterans’ participation in their health care. This includes developing and delivering virtual and digital technologies that help Veterans communicate with their care teams and coordinate, track and manage living healthier lives. These technology and health solutions are delivered through four programs—My HealthVet, VHA Innovation Program, VA Mobile Health and VA Telehealth Services.

There is no one-size fits all approach to expanding Veteran access to care. With



more than nine-million Veterans receiving VA health care, it is essential to provide an array of solutions that meet the needs of Veterans from different backgrounds and with different health needs.

### Connected Programs

*My HealthVet* is VA’s Personal Health Record, allows Veterans to record diet, exercise and health history; send a message to their VA care team; refill VA medications; track VA appointments; and review notes from their last clinic visit.

*VHA Innovation Program* serves as a clearinghouse to capture and develop the best and brightest ideas from VA employees and industry professionals that will enhance VHA care and service to Veterans. The ideas are selected for their focus on quality, safety, efficiency and transparency, and effectiveness of the solution.

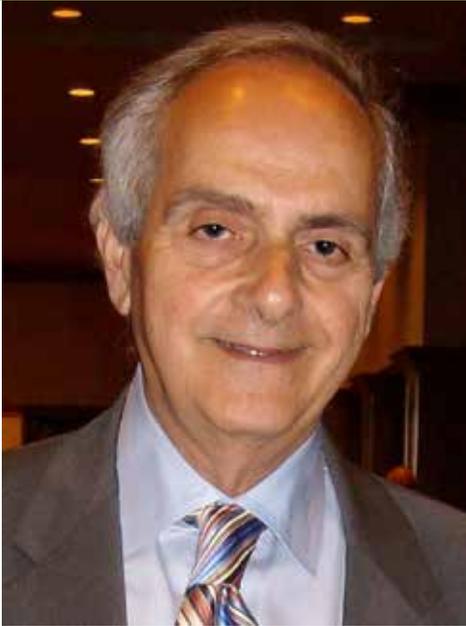
*VA Mobile Health* develops health apps for Veterans and VA care teams that increase access, communication and coordination of care for Veterans. Mobile

apps are designed to transform the way clinicians and patients interact and ultimately to improve the health of Veterans by leveraging the power of mobile technology.

*VA Telehealth Services* uses telehealth technologies to provide clinical care in circumstances where distance separates Veterans from their VA care team and specialists. Offerings aim to bring care to Veterans through real-time, synchronous technologies such as clinical video, home monitoring and asynchronous, store-and-forward telehealth. Telehealth technologies target care and case management.

By aligning digital, mobile and telehealth technologies with innovation competitions across VA, the Department will take a huge step in transforming care to increase access to health care services for millions of Veterans across America.





## Arrivals and Departures

### Dr. Anthony Cavallerano Retires

Soon after the pathway for screening for diabetic retinopathy was validated, under Dr. Cavallerano's leadership, the National TeleRetinal Imaging program was introduced to the VA in the form of a pilot program. By 2006, Dr. Cavallerano had launched the National TeleRetinal Imaging program with great success.

Readers within the TeleRetinal Imaging program. Dr. Cavallerano, in collaboration with other Subject Matter Experts, spearheaded the training programs for both groups at the VA. This standardization allowed for better adherence to the imaging protocol by imagers and more consistent image evaluation and recommendations for care by the Readers.

Since 2006 over one-million Veterans have been screened for diabetes-related eye disease using the TeleRetinal program at the VA. It all began with Dr. Anthony Cavallerano who had a vision to provide eye care and education through this novel pathway to Veterans diagnosed with diabetes.

Although screening for diabetic eye disease was going on at other locations around the world, unique to the VA was the concept of standardized training for the imagers and competency assessment for the TeleRetinal



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## Margarethe Hagemann, MD *Acting Chief Consultant for Telehealth Services*

Dr. Margarethe "Marge" Hagemann, a Board Certified Internist, has been approved to be detailed into the position of Acting Chief Consultant for Telehealth Services serving under Dr. Maureen McCarthy, Acting Deputy Under Secretary for Health for Patient Care Services.

Dr. Hagemann is currently the Chief of Telehealth in VISN 9. She Subsequently added VISN level responsibilities for oversight and expansion in E-consults/SCAN-ECHO and MyHealthVet. Dr. Hagemann is an active participant in developing Data warehouse reports to assist in further expansion of Telehealth, providing "white papers" in the past to Dr. Darkins and Ellen Edmonson and part of ad hoc work groups.

Dr. Hagemann had been Chief of Staff in Memphis and before that in St. Louis. She is Board Certified by the American Board of Internal Medicine and the American Board of Quality Assurance and Utilization Review Physicians.

Dr. Hagemann is a Graduate of the Medical College of Wisconsin and completed her internship at the University of Kansas, her residency in Internal Medicine at the Medical College of Wisconsin and her fellowship in Cardiovascular Research and Hypertension at the Medical College of Wisconsin. She brings her clinical background, and grasp of Telehealth practices within the context of a large health care system.





## Being a Telehealth Clinical Technician Imager

### Attitudes and Behavior that Support Job Satisfaction

Why is job satisfaction so elusive and subjective? Why is one person so enthralled with their position, while another in the same role is ready to quit? Organizational behavior can be reflected in a positive or negative attitude towards the organization we work for.

Telehealth Clinical Technicians and imagers share some important characteristics that reflect their behavior and attitude, not only towards their employer, namely VHA, but also to the Veterans they serve.

Today there are more than 1200 Telehealth Clinical Technicians functioning in various patient care roles within Clinic Based Telehealth (CBT), both in Clinical Video Telehealth and Store and Forward Telehealth. Telehealth Clinical Technicians are integral to the Clinic

Based Telehealth clinical programs, since they are so essential to providing patient care using Telehealth modalities.

There are many factors that relate to job satisfaction in general, and for Telehealth Clinical Technicians in particular, especially since they invest an extraordinary amount of time to training. Telehealth Clinical Technicians are typically highly motivated and are willing to participate in the required training.

For Clinical Video Telehealth, depending on the number of specialties they are engaged in, there are more than 70 courses that Telehealth Clinical Technicians are eligible for and although not all are required, most Telehealth Clinical Technicians are committed to their respective programs and being motivated and self-selected, take training very seriously. For Store-and-Forward Telehealth, since the applications

are very much techniques based, and since Store-and-Forward Telehealth is asynchronous, no providers are present during the patient encounter. A lot of effort, both on the part of the Telehealth Clinical Technician and the Telehealth Preceptor involved in training, is expanded in order to achieve entry level competency, another factor that points to the commitment of Telehealth Clinical Technician's engaging in Store-and-Forward Telehealth programs.

#### **Determinants of Job Satisfaction**

Job satisfaction is not always easily measured and there are many theories and philosophies that surround the assessment of one's performance and fulfillment in their everyday tasks and activities. When dealing with patient care, the process is even more challenging since outcomes must be considered along with how satisfied the patient is with the individual care rendered. Sometimes job satisfaction is referred to

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## Impacting Productivity and Satisfaction Through Training

National Telehealth Training and Resource Center; Home Telehealth

When you ask most people about training they tend to think it's just one more thing they have to do in a long list of tasks.

But there's a lot more behind why we are training staff than just giving them something else to do. Have you ever wondered why our organization, like so many others in the world, places an important emphasis on training employees to be their best? Well, besides the need to have competent, qualified individuals, these workplaces also understand the dynamic relationship between training, job productivity and satisfaction.

It's really pretty simple; well-trained employees are more likely to be satisfied employees, which also means more productive employees. Taking that a step further for Telehealth; having well trained high performing, satisfied, productive

employees also means having better outcomes for our Veterans. Now who wouldn't want that?

In reviewing the literature, there have been many research studies (Around 5,000) in over 30 countries from all aspects of industry since the 1960s, addressing the role of workplace training and its effect on employee productivity and job satisfaction. In these studies some very common themes have consistently come through:

*Training influences workplace performance directly by raising individual competency and thus productivity.*

*Training increases job satisfaction by making it easier for employees to perform their job and meet the goals required of them.*

*Access to training, whether for competency, skill-building or professional development, posi-*

*tively impacts employees' perceptions about how much the organization values them.*

The training teams and quality managers, in our own experience in Telehealth, have seen the positive outcomes with programs that have well-trained, satisfied staff. The next time you wonder about why you have to take training, think about it like this; we want you to be the very best you can be in your Telehealth role so you, in turn, can help our Veterans be the very healthiest they can be. Help us to do that by letting us know what you need and if the training we are providing meets your needs as well as your expectations. □



## Constancy of Purpose Telehealth Quality Management

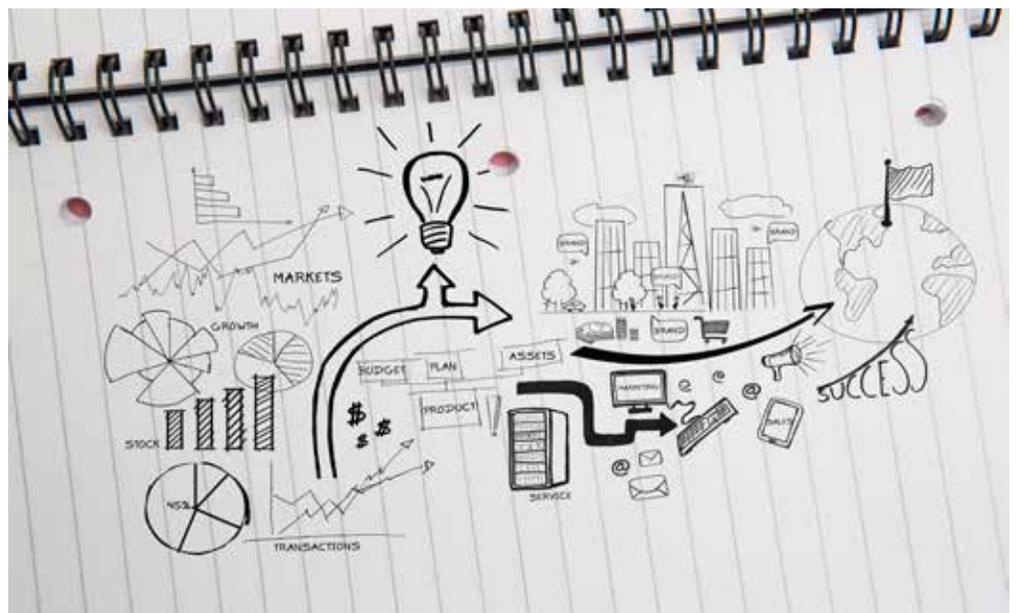
Are you a couch potato when it comes to thinking about staff development and training? What about your own professional growth and self-improvement?

When was the last time you sat down and really thought about your career and where you wanted to take it? When was the last time you thought about the Telehealth Services' mission, your role within that mission, and possible areas that could be improved to better meet that mission? Would more knowledge in the right areas benefit you and your staff to work more efficiently and effectively in an effort to improve performance and better meet the mission? Would thinking more about process and performance improvement help you to better understand the educational/training needs of your staff and of yourself?

Creating Constancy of Purpose, one of the key foundations of total quality management, that Dr. W.E. Deming developed over 60 years ago, is still a viable concept in today's world and could

be helpful when thinking about staff development and training. Deming believed that a focus on innovation, a solid investment in staff education and training, as well as organizational leadership keeping an intense focus on continuous process and performance improvement, will have a significant impact on the quality of the care or services provided (1, 2).

Constancy of Purpose means establishing a well thought out, long term, strategic plan that upholds the organization's core values, vision and mission. It also means "sticking to the plan" regardless of the many bumps in the road that could deter your purpose. This means that leadership must "walk the talk" by living and demonstrating every day the values, vision and mission and not accepting any-



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## SFVAHCS Uses Telehealth to Reach Yountville Vets

**Kellie Burdette Mendonca**

The San Francisco VA Parkinson's Disease Research, Education, and Clinic Center (PADRECC) recently held its first Clinical Video Telehealth visit to the Veterans Home of California in Yountville, much to the delight of some residents there.

Many Yountville residents receive their health care at the San Francisco VA Medical Center (SFVAMC)—59 miles away. Although transportation is provided for residents to and from SFVAMC, the trip itself can be especially challenging for Parkinson's patients, who often require caregiver support for travel.

There are additional challenges for Parkinson's patients who are gurney or wheelchair bound. Now Parkinson's patients living at the Veterans Home in Yountville can have their medical appointments without traveling.



"The Clinical Video Telehealth visits allow us to see our Parkinson's patients at the Yountville Veterans Home without the burden of travel," says PADRECC Program Manager, Lorraine "Lori" Anzaldo.

"The significant benefit to this Telehealth tech-

nology is that the patient does not have to give up an entire day for a one-hour appointment," says Susan Heath, MSN, RN. "Patients can stay in their familiar surroundings at the Yountville Home to have their appointment. This brings specialty care closer to the patient."

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## TeleNephrology; Improving Access to Care

Marco Ladino, MD, Joslyn Wiley, MD, Roberto Echeverri, MD, MPH

The Miami VA Healthcare System serves Veterans in three South Florida counties: Miami-Dade, Broward and Monroe, with an estimated veteran population of 175,000.

This study concluded that TeleNephrology clinic intervention can effectively improve blood pressure control in patients with kidney disease who reside in underserved areas.

Multiple clinical indicators were included in the analysis: blood pressure control (defined as Blood Pressure (BP) less than 140/90), stabilization of the renal function (measured via glomerular filtration changes over time) and electrolyte/metabolic control. More than 100 patients that were evaluated in the TeleNephrology clinic between 2013 and 2015 were included.

The repeated variable measurements were collected retrospectively over a follow-up period of

12-24 months. Patients were deemed suitable for TeleNephrology if they lived more than 40 miles from the nephrology clinic at the Miami VAMC. Patients traveled to two TeleNephrology clinic locations, and each visit was approximately 15-30 minutes long. After patient arrival at the TeleNephrology clinic, vital signs were obtained by the telehealth nurse (blood pressure, heart rate, respiratory rate and temperature) and the interaction between the patient and the physician occurred synchronously, in real-time, using a secured videoconference system.

### Results

One hundred and one patients were included in the analysis, 95% of who were male and 5% of who were female. The mean age was 65.5 years. The majority of the patients included were assigned to the Broward Clinic. Almost half of the patients were classified as Chronic Kidney Disease (CKD) stage III, followed by CKD stage IV, and CKD stage II. The most common comor-

bidities were hypertension, present in 63.4% of the patients, type 2 diabetes (present in 26.7% of patients, HIV and other medical conditions.

A one-way analysis of variance analysis (ANOVA) between subjects was conducted to compare the effect of the TeleNephrology clinic on repeated blood pressure and laboratory at baseline, during treatment and post-treatment. During the first visit to the TeleNephrology clinic, the mean systolic blood pressure was 137.19 mm Hg with a standard deviation of 22.27, and the mean diastolic blood pressure was 75.3 mm Hg with a standard deviation of 13.07; changes to medications were made during the TeleNephrology clinic appointments, and in the last documented visit to the clinic, the mean systolic blood pressure was 125.14 mm Hg (standard deviation 14.65), and the mean diastolic blood pressure was 69.7 mm Hg (standard deviation 11.15). This was consistent with a decrease of 12.05 mm Hg in the systolic blood pressure and 5.58 mmHg in the diastolic

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## Jesse Brown VA Medical Center

### Tambrey Seals - Telehealth Clinical Technician

When it comes to improving the quality of patient care, investing in telehealth was the best decision the VA could have made.

Our Clinical Video Telehealth and Store-and-Forward Telehealth programs, specifically at Jesse Brown VA Medical Center in Chicago, have seen 1,889 veterans in FY15 alone. Using a telehealth clinic reduces the distance that Veterans have to travel in order to see a specialist, which for some patients means they only have to drive thirty minutes to the nearest VA clinic as opposed to one to three hours to the nearest VA medical center.

At Jesse Brown VAMC, we are privileged to have established our very own Store-and-Forward TeleDermatology program in December 2013. Dr. James Feinberg, Chief of Dermatology, has been working tirelessly

to build our TeleDermatology clinic; and our TeleDermatology readers now read images for VA's in Fayetteville, Arkansas, Tomah, Wisconsin, and Iron Mountain, Michigan.

Our Store-and-Forward Telehealth programs are a great compliment to our dermatology and ophthalmology clinics. Patients with various skin irritations can see a TeleDermatology Imager at their nearest VA outpatient clinic; and patients with diabetes can see a certified TeleRetinal Imager to check for diabetic retinopathy, macular degeneration, and glaucoma. The advantage of these Store-and-Forward Telehealth clinics is that patients can see a TeleRetinal or TeleDermatology Imager the same day they see their primary care provider. In most cases, as soon as the provider enters the consult for telehealth, one of the imagers will receive an alert and see the patient right away. The TeleRetinal and TeleDermatology Readers usually provide

results within one to three business days after seeing a patient. Most of our Veterans love telehealth for that very reason. They can be seen and have their results, and a plan for treatment, in less than the time it would take to get an appointment and go to Jesse Brown to see a dermatologist or ophthalmologist.

The image quality of our TeleRetinal and TeleDermatology equipment is impeccable. There is literally no difference between getting treated using telehealth and actually going in to the dermatologist. It is our goal, as telehealth staff, to ensure that patients receive the same quality of care through our department as they would in a face-to-face clinic. This is evident in the most recent results from patient satisfaction surveys. We received high, and even some perfect scores, from our Veterans. The use of telehealth has truly helped us to provide the highest quality patient care here at Jesse Brown VA. □

## TeleNephrology; Improving Access to Care *(continued)*

blood pressure. The ANOVA showed that the effect of the TeleNephrology clinic intervention on reducing blood pressure was statistically significant. The Post hoc analyses using the Tukey Method with a 95% Confidence Interval indicated that the mean Systolic and diastolic blood pressure at base line and after treatment were both significantly different with an adjusted p-value of <0.0001 and 0.0027 respectively.

The mean renal function of this sample of patients improved over time, with stabilization of the glomerular filtration rate and even a mild improvement in some patients. The mean creatinine among patients at their initial evaluation in the TeleNephrology clinic was 2.23 mg/dl (1.59 StDev), and the mean creatinine at the

final visit was 1.97 mg/dl (1.49 StDev). The creatinine changes over time were not statistically significant. The potassium showed a significant improvement in this sample. Post hoc analyses using the Tukey Method and 95% CI indicated that the mean potassium measurement at base line and after treatment were both significantly different with an adjusted p-value of 0.0050. Phosphorous and bicarbonate did not show a statistically significant improvement (p-value 0.79 and 0.91).

### Conclusions

What this all means is that this pilot study was able to show that with the TeleNephrology clinic intervention, we were able to effectively improve blood pressure control in patients with kidney

disease who reside in underserved areas. In addition, stabilization of the glomerular filtration rate was achieved along with control of the electrolytes. For patients that reside in remote areas, TeleNephrology allows access to a renal specialist. This innovative patient-centered tool allows nephrologists to improve the patient experience of care and health care outcomes and may afford potential opportunities to reduce the cost of health care in patients with multiple renal conditions. □



## Arrivals and Departures *(continued)*

Dr. Cavallerano also incorporated patient education within the training curriculum based on research findings which clearly identify positive outcomes for diabetic patients who received education as part of the TeleRetinal Imaging screening protocol. The standardization of the training program and competency assessment are just a few of the many improvements Dr. Cavallerano introduced to the VA TeleRetinal Imaging program. Even as an Ophthalmologist, Dr. Cavallerano's leadership moved the TeleDermatology program from a pilot to a successful national program.

...Yes, once in a while in our career path we have the privilege of working with such a dedicated and knowledgeable colleague and leader.

Dr. Cavallerano retired from the VA but he is not

finished yet. Just before leaving his position as the Director of Store-and-Forward Telehealth Training, he published the result of a research study he led to validate using technology-assisted eye (TAE) exam in the routine eye care of patients with diabetes (Conlin PR, et al. Br J Ophthalmol 2015;0:1-6. doi:10.1136/bjophthalmol-2014-306536).

He remains involved in research at the VA, continuing to investigate the use of technology to improve visual outcomes in diabetic eye disease and other ocular disorders.

Dr. Cavallerano has indeed retired but he leaves an impressive legacy as the Director of Store-and-Forward Telehealth Training and as an out-

standing educator with a passion for transformative patient care. His leadership, enthusiasm, and commitment to excellence will be sorely missed. He will remain an inspiration to all colleagues lucky enough to have worked with him.

~ Guercie Jean-Baptiste

## Telehealth Staff Recognized for Excellence

The 2015 Secretary's Awards for Nursing Excellence were presented at the Malcolm Randall VA Medical Center, for the North Florida South Georgia Veterans Healthy Care System recipients on May 12, 2015.

Telehealth Leadership nominated both recipients recognized, which included for the Licensed Practical Nurse (LPN) Role: Cathy Giles, an LPN/TCT from Gainesville. Cathy is a TeleDermatology Preceptor and she was also selected as the VISN 8 LPN Nursing Excellence Award recipient.

From the St. Mary's CBOC, Danita Johnson was recognized as an LPN/Telehealth Clinical Technician. These individuals and their families were recognized by the

System's Director, Thomas Wisnieski and the Associate Director for Patient Care Services, Margaret Givens in a ceremony celebrating nursing.

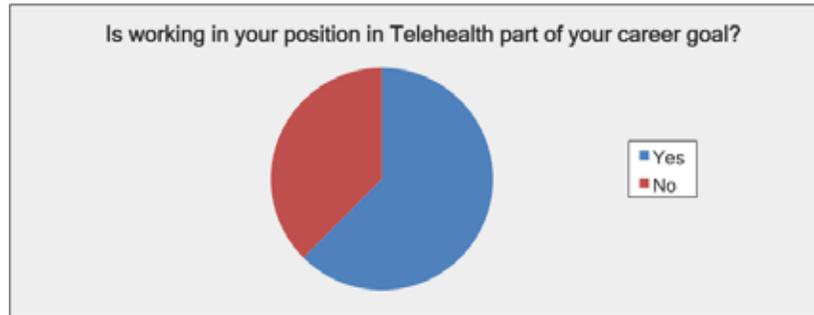


# Being a Telehealth Clinical Technician Imager *(continued)*

as morale, especially when relating it to organizational behavior. In the case of Telehealth Clinical Technician's, since patient care is involved, it is not only an attitudinal response to VHA but more importantly to the Veterans they serve.

## Membership

Membership describes the relationship between behavior and job satisfaction. This is where evaluations play a pivotal role in performance as well as job fulfillment. Negative evaluations will often prompt the employee to look for alterna-



In the case of Telehealth Clinical Technician's it is less complex to correlate behavior with job performance because it involves patient satisfaction. Patient care responsibilities also promote extended or enhanced behavior. This is because the well-being of the patient may be at stake if performance is compromised due to poor job satisfaction.

compensation, while an important consideration, is not always the driving force in job satisfaction.

In the case of Telehealth Clinical Technician's, it is clear that they are a self-selected group of individual's intent on providing care, even if it comes with a cost. In many cases, that translates to extraordinary number of hours of training in order to be certified in a wide array of applications. This

is coupled with the high degree of responsibility the Telehealth Clinical Technician assumes when engaging in patient care.

## Job Facets and Satisfaction

To acquire a better understanding of motivation, job satisfaction, and attrition, the Clinical Video Telehealth Training Center coordinated an initiative to survey Telehealth Clinical Technician's nationwide in relation to job performance and satisfaction. In FY 2014, the results of the survey reflect an interesting assessment from more than 360 respondents. Four questions were posed to the Telehealth Clinical Technician's ranging from their priorities in the work environment to questions pertaining to career goals. (Figure 1)

It was quite striking that many Telehealth Clinical Technician's felt that working in Telehealth was an integral consideration to their career goals, and many agreed that they intended to use their position to further their education and to advance within the VA system. Equally notable was the response related to retention: as is often the case with satisfaction in the work environment, most said the opportunity for advancement was the prime factor in their commitment to their position.

What are your priorities in retaining your position as a TCT? Please rank the following. 1 is most important and 5 least important.

| Answer Options  | 1  | 2  | 3  | 4   | 5   | Rating Average | Response Count |
|---|----|----|----|-----|-----|----------------|----------------|
| Work environment  | 85 | 88 | 74 | 63  | 58  | 2.79           | 368            |
| Clinical experience in patient care                     | 72 | 73 | 93 | 70  | 61  | 2.93           | 369            |
| Applying technology in patient care                     | 78 | 84 | 89 | 75  | 43  | 2.79           | 369            |
| Opportunity for enhancement beyond required course work | 39 | 66 | 72 | 115 | 77  | 3.34           | 369            |
| Financial compensation                                  | 95 | 58 | 41 | 46  | 129 | 3.15           | 369            |

Figure 2. Survey responses related to retention. \*  
\*Excerpted from CVT Telehealth Services Telehealth Clinical Technician Survey.

The consequences of job satisfaction are comprised of many factors, some of which are difficult to articulate. However, membership, opportunities for advancement and positive feedback are all important factors in maintaining an enriching environment in any work setting. In the case of Telehealth and patient care, it is critical. □

## Constancy of Purpose *(continued)*

thing less. Thus, self-improvement and gaining knowledge is encouraged for everyone in order to succeed with the plan. An environment is created where learning and teaching is an expectation.

The working environment must be a safe place where staff are invited to ask questions and can also freely admit what they do not know without condemnation. Creating an environment where all staff are recognized as important in what they do and they (staff) truly understand their value to the mission creates even greater performance and ownership at the point of care. Constancy of purpose to improve care and service requires constancy of purpose in growing yourself and your staff.

The following considerations might be helpful as you contemplate your staff and your own educational development:

Education and training should be focused on the provision of safe and quality care; and not about

reacting to a problem or completing a template, a test or meeting the Conditions Of Participation standards.

Education, training, and competencies are based on the important roles and responsibilities of your staff. As Telehealth changes and matures; programs and technologies are added; education and training needs will continuously change.

Empower staff to take ownership of their education and training to ensure peak performance at the point of care.

Ensure staff understands the importance of their role and their purpose as it aligns with the mission and vision of the VA and Telehealth.

The continuous development of staff to improve their expertise will contribute to the overall improvement of care and services.

Most staff will experience improved job satisfaction if encouraged and offered education and training to improve, and many will respond with loyalty and commitment as well as become increasingly more motivated to attain peak performance levels.

### References

1. The W. Edward Deming Institute (No Date). The Fourteen Points for the Transformation of Management.(Online) Available: <https://deming.org/theman/theories/fourteenpoints> (April 9, 2015)
2. The W. Edward Deming Institute (No Date). The System of Profound Knowledge.(Online) Available: <https://deming.org/theman/theories> (April 9, 2015)

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## SFVAHCS Uses Telehealth to Reach Yountville Vets *(continued)*

“What’s key in the success of this service for our Veterans is the collaboration,” says Elaine Der, NP, MHS, San Francisco VA Health Care System (SFVAHCS) Facility Telehealth Coordinator. “The collaboration among the SFVAHCS Telehealth, VISN 21 Telehealth, CalVet, and PADRECC teams is a testament to the focused determination to achieve this long-desired goal to bring access and quality care to our Veterans who reside at Yountville.”

“SFVAMC and Yountville are working as a team, the video quality is impressive, and the connection is excellent. It is our desire to connect to

more sites,” says Anzaldo. “We want Parkinson’s patients in Veterans homes to have easier access to VA TeleNeurology specialty care.”

“The use of Telehealth technology for Veteran outreach has been an ongoing goal of the Parkinson’s Center,” says Anzaldo. “We are so pleased to connect with Yountville and grateful to our Telehealth team: Isa Baca of CalVet; Alan Jessen, Administrative Officer, Yountville State Home/CalVet; Sandra Murphy, VISN21 Telehealth Lead; PADRECC Movement Disorders Clinical Nurse Specialist Susan Heath, MSN, RN; Facility Telehealth Coordinator Nurse Manager Elaine

Der, NP; Clinical Video Telehealth Lead Monica Smith; and SFVAHCS Telehealth Technician Michael Casdia.”

□



## 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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