



# NEWSLETTER

February 23, 2006

Volume V Issue IV

## Over 10,000 Veterans Active in CCHT



**V**HA's Care Coordination Home Telehealth (CCHT) program crossed a major milestone during the holiday season by enrolling its 10,000th veteran. CCHT is one approach VA uses to help patients and caregivers manage chronic conditions independently, from the convenience of their own home. The CCHT program currently serves over 11,500 enrollees and continues to grow.

Care Coordination Home Telehealth is now nationwide, illustrated here with veterans in California (above) & Ohio (below)



### Eye Opening Teleretinal Meeting



**V**HA's Teleretinal Community met in January to plan their national roll out. More meeting details and photos inside.

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# Office of Care Coordination

## Care Coordination & Telehealth Training Centers

By Adam W. Darkins, MD

VHA's third care coordination telehealth training center is currently being established in Salt Lake City, Utah. This center has been created to specifically address the staff training issues associated with care coordination general telehealth (CCGT) and health informatics. The other training centers are the care coordination home telehealth (CCHT) center in Lake City, FL and the teleretinal imaging training center in Boston, MA. VHA is in the process of establishing large telehealth networks to support care coordination and improve access to care for veteran patients. These networks and the patients they will support are a:

- National CCHT infrastructure to support the non-institutional care of 21,000 veterans with chronic conditions such as diabetes and heart failure
- Telemental health to CBOC's to support 30,000 patients with chronic mental health conditions
- Polytrauma telehealth network to support the care of combat wounded veterans with brain injuries, amputations, post-traumatic stress disorder and blast injuries
- A teleretinal imaging network to screen 170,000 veteran patients per year with diabetes for diabetic retinopathy.

Given the nature of what care coordination in VHA involves the technology is an important component of the programs. However, although video conferencing units, disease management dialogue messaging devices and health information systems are valuable tools to help mediate care it's the clinical contact between VHA staff and veteran patients that is all important. Therefore making sure that there is the staff with the skills and competencies to manage the care of patients is a critical factor in the success of both existing care coordination/telehealth

programs and the new ones under development. The three care coordination/telehealth training centers in VHA are vital assets in VHA's national development of new telehealth-based services. There are commonalities between the vision for all these centers, how they will operate and their relationship with VHA's Employee Educations System that are important for those who are involved in the development of care coordination in VHA to be aware of.

**The future of care coordination in VHA is quite literally in the hands of those that we train.**

There is a clear logic to the principle that if we are developing telehealth to deliver care to veterans in rural and remote areas we use distance learning technologies to train staff whenever it is appropriate. Loss of key staff can cause programs to shut down and affect the availability of care to veteran patients. Also in rapidly changing fields like telehealth, health informatics and disease management it is important that staff receive updates as they happen.

Each training center is responsible for training curricula development for areas of care coordination/telehealth they are associated with in conjunction with the relevant care coordination/telehealth lead. The leads for areas of care coordination/telehealth have VISN leads groups that they have established to work with. The training centers work with the various VISN groups through their respective leads and provide resources that are targeted to developing and then maintaining care coordination.

Each of the training centers is coordinating the development of the content for training resources that fall within areas that are their remit. The training centers link with EES for the appropriate recognition of the educa-

tion content and its distribution. Invaluable tools that EES has to offer for content distribution are the Web tools, satellite broadcasts and the content distribution network.

Each training centers has, or will have an association with an academic institution which will recognize the training programs the center produces and provide certification for them. Training centers help develop program content for the national care coordination/telehealth leadership meeting that takes place each year.

There is a steering group for the overall direction of care coordination training in VHA. This group is comprised of members from EES, the Office of Care Coordination (OCC) and all three training centers. This group harmonizes the direction of all the training centers to a common strategy. OCC plans to have a face-to-face strategy meeting in the summer of 2006 and training will be included in the agenda for this meeting if it takes place.

The future of care coordination of in VHA and its ability to help meet the care needs of veteran patients is critically dependent upon education and training. OCC is grateful for the support of content experts from across VHA who have developed the current educational materials and enabled the training of over 2,000 staff to date. The future of care coordination in VHA is quite literally in the hands of those that we train.



**Adam Darkins, MD**  
Chief Consultant  
VHA's Office of Care Coordination

# Office of Care Coordination

## The Caregiver Conference is a Big Success!

By Nancy Campbell, MSW

**O**n January 25, 2006, the Secretary of Veterans Affairs, the Honorable R. James Nicholson delivered the keynote address at the third annual Care Coordination and Caregiver Forum held at the National Institutes of Health in Bethesda, Maryland. The Secretary affirmed the importance of caregivers, and their role in enabling veterans to be maintained in their preferred site of care.

There were a number of presentations by nationally recognized experts on a variety of different aspects of caregiving issues.

-Gail Hunt, CEO of the National Alliance for Caregiving gave an overview of what was happening in the area of national policies and legislation.

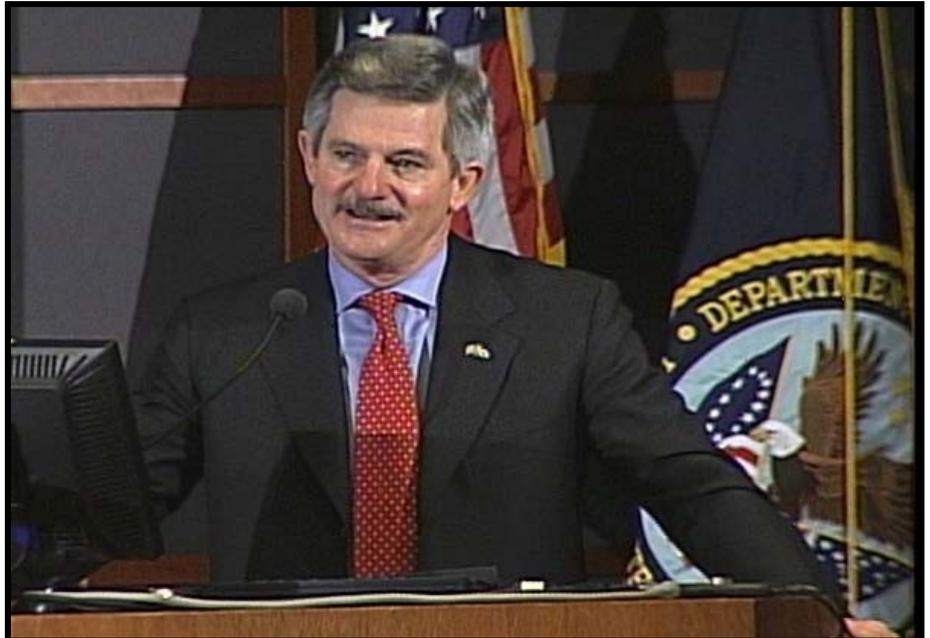
-Carol Levine, the Director of Families and Health Care Projects, and a caregiver herself, talked about the points at which significant adjustments or alterations must be made because of changes in the care recipient or caregivers condition or living situation.

-Dr. Peter Arno, Professor of Health Economics at the Albert Einstein College of Medicine presented data on the yearly economic costs of caregiving, ranging from a low estimate of \$149 billion dollars worth of care to a higher estimate of \$483 billion dollars. -Dr. John Crews from the Center of Disease Control shared some compelling information on the health effects of caregiving on caregivers.

-Lynn Feinberg, Deputy Director of the Family Caregiver Alliance discussed the results of a recently held national Consensus Conference on Caregiver Assessment.

-Rick Greene from the Administration on Aging talked about how care coordinators can assist caregivers in accessing support services and network.

-Dr. David Abrams, Director of the Office of Behavioral and Social Sciences Research at NIH and Dr. Joe Francis, Associate Director of HSR&D QUERI discussed the need for more collaborative, interdisciplinary and translational research in the area of caregiving.



VA Secretary Nicholson addresses *Caregiver Conference* Wednesday January 25, 2006 at the National Institutes of Health in Bethesda, MD

This was followed by a presentation from **Dr. Bonnie Wakefield** and **Laural Opalinski** on the preliminary results of a pilot project done in VISN's 10, 19 and 22 that did high risk screening of caregivers of veterans in the CCHT program. One striking finding was that 37 % of the caregivers screened felt completely overwhelmed by their caregiving responsibilities.

**For VA staff interested in learning more about these, and other presentations, they can be viewed on the Office of Care Coordination intranet site at:**

<http://vaww.va.gov/occ/Conferences/caregiverforum/Handouts.asp>

To insure that the focus of the conference was appropriately kept on the caregivers, a very moving video was produced by the VA's **Employee Education Service** that showed vignettes of 3 different caregivers and their loved ones talking about the challenges and rewards of their situations. One situation involved an elderly couple dealing with

MS, while another dealt with PTSD and the third one involved a young OEF/OIF couple grappling with a traumatic brain injury. **Dr. Antoinette Zeiss** from Mental Health, **Dr. Tom Edes** from Geriatrics and Extended Care, **Dr. Micaela Cornis-Pop** from Polytrauma and the Office of Seamless Transition then provided their respective views on what the audience had seen.

The conference also had 6 breakout groups that looked at the following issues, and have written reports on initiatives to be accomplished in the coming year. These reports will be posted soon on the OCC intranet website



**Nancy Campbell, MSW**  
Quality Manager  
VHA's Office of Care Coordination

(Continued on page 4)

# Caregiver Conference Success! *(Continued)*

## *Teleretinal's Special Thanks to EES + VistA Imaging*

*(Continued from page 3)*

### **-The Science & Practice of Informal Caregiving**

Identification of strategic caregiving practice research directions as well as possibilities for future collaboration among the VA Patient Care Services, VA Office of Research & Development, the NIH Institutes, and other Federal Agencies.

### **-Connecting Caregiver Assessments to Outcomes**

Development of the next steps in utilizing existing data sources to connect the presence, needs and support of caregivers to patient resource utilization and clinical outcomes

### **- Caregivers Curriculum Development**

Identification of content and content experts for an on-line staff education program from the Sunshine Training Center on the Caregiver Role and Shared Decision-making

### **- National Caregiver Assessment and Data Collection**

Development of a national, systematic process to assess caregivers, code and capture interventions and collect data on patient and caregiver outcomes

### **-Clinical Guidelines for Referring Caregivers to Resources**

Formulation of strategies to assist the patients, caregivers and staff in overcoming individual and system impediments to the development and access of VHA and community resources

### **- National Caregiver Awareness Campaign**

Development of a national campaign to increase awareness of caregiver issues

The conference ended with an energizing charge by Mr. William Feeley, the newly appointed Under Secretary for Health Operations and Management about "The Emerging Agenda: Walking the Walk and Talking the Talk." Participants were reminded that like-minded people, who care about an issue, can form alliances and partner on efforts that can lead to meaningful results that truly support the caregiver agenda.

The Office of Care Coordination would like to thank VA's Employee Education System (EES) team and the VistA Imaging team from Silver Spring, MD, for their support of the Teleretinal Screening Implementation meeting held in January 2006. *(Please see related story beginning on page 5.)*

Beyond their regular tasks of logistics and presentations for the meeting, they transformed the hotel meeting room into a bank of fully functional teleretinal imaging acquisition sites and reading centers complete with CPRS electronic health records. And worked late into the night to arrange for closed circuit broadcast of a live demonstration for meeting attendees and videotape training for those unable to participate in Florida. Thanks.



# Office of Care Coordination Teleretinal Screening Implementation Meeting

By Junius Lewis, MSHA

**M**ore than 100 ophthalmologists, optometrists, other eye-care professional, nurses, health systems specialist and technologists converged in St. Petersburg Beach, Florida for the first VHA National Teleretinal Screening Implementation Meeting January 3-6, 2006 at the Tradewinds Sandpiper Hotel and Suites.

This meeting was an opportunity for eye care professionals, primary care, technicians and coordinators to come together focusing on the clinical, technical and business processes involved in the implementation of the program in their VISN and the national support they can expect to receive as the program roll out.

- Linda Towson** – VISN's 6, 9, 10
- Janis Sollenbarger** – VISN's 7, 8, 17, 18
- Larry Carlson** – VISN's 12, 16, 19, 22
- Steve Koller** – VISN's 2, 3, 15, 23

The newly appointed Teleretinal



Thanks to **EES** and **VistA Imaging**, meeting participants witness a live demonstration of VHA's Teleretinal Screening program. 1. VISN 20's **Sharadee Hess** simulates her process at the Walla Walla Image Acquisition site; 2. VISN 1's **Dr. Gerald Selvin** (in special stereoscopic glasses) simulates his Boston Reading Center and reads acquired images.

This was a very special meeting because this was the first face-to-face meeting of the 17 VISN's that submitted proposal to become a regional VHA Teleretinal Screening sites for veteran patients with diabetes.

The meeting included presentations on:

- Curriculum development for the imagers and readers
- Responsibilities of the imagers and readers (Live presentation)
- The clinical, technical and business issues associated with the national teleretinal screening rollout
- Recognize the roles and responsibilities of key points of contact connected with the program.
- Progress of Implementation Plan

Ophthalmology Lead (**Leonard Goldschmidt**) and Optometry Lead (**Gerald Selvin**) were introduced and will support implementation within the VISN's by working with key personnel from the Office of Information as well as local IRM and clinical staff in the successful and seamless integration of the program into VISN's existing clinical framework. This in some cases will necessitate a site visit..

*Stay Tuned.*



VA clinical, technical, and administrative staff were able to do a hands on 'test drive' of the acquisition site and reading center hardware and software with VistA Imaging and Topcon staff.

Four Implementation Managers will support the 17 VISN's assigned as follows:



**Junius Lewis, MSHA**  
Program Management Analyst  
VHA's Office of Care Coordination



## Care Coordination Home Telehealth CCHT National Training Center Sunshine Training Center Roundup



By  
**Rita Kobb** MN, GNP-BC  
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center:

The Office of Care Coordination's National Caregiver Forum was held at NIH in Bethesda on January 25<sup>th</sup>-27<sup>th</sup>. (Please see page 3. for related story)

Training Center staff facilitated **Work Group #3- Developing a Caregiver Curriculum for Staff**. Participation on the work group was diverse with individuals from many different disciplines and positions including care coordination staff. The work group used a SWOT Analysis process to identify gaps in content and next steps for bringing the curriculum to staff. The Sunshine Training Center who has assumed this additional mission will work closely with EES to produce a high quality on-line course that will meet VA staff needs. Many individuals signed up to develop content for the course and training center staff wish to thank these individuals for their forthcoming contributions. The hope is to make the course broad enough to appeal to all staff not just those of us in care coordination. The group presented its discussion and proposed timeline to get the course available to staff by July 1, 2006. If anyone wants to provide content please contact the Sunshine Training Center for assistance. Content submission deadline is March 31, 2006.

January was National Mentoring Month. 2006 marked the fifth year of this national focus on developing mentors in a variety of businesses, agencies and communities. It was only fitting then that the Office of Care Coordination's and Sunshine Training Center's Master Preceptor Program candidates were selected last month. This group will go through modular education, exercises and exams and will present a leadership project to complete graduation requirements at the National Leadership Forum in June. These individuals will be a base of expert support not only for their own networks but others as well. We are proud to announce the Master Preceptor Class of 2006:

### Administrative Track:

*Kim Chudy, Kathy Crowley, Cathy Cruise, Lawrence daily, Ellen Edmonson, Donna Ferro, Al Hernandez, Amy Joseph, Susan Robinson, Fran Sutherland, Laurie Traylor, Sydney Wertenberger, Michelle Winslow and Gail Wright*

### Clinical Track:

*Pam Canter, Patti Hilsen, Susan Jackson, Judith Jensen, Jim Maudlin, Geraldstine Miller, Jane Montgomery, Jean Murphy-Gustavson, Angela Patton, Carol Rice, Robin Robillard-Smallwood, Kelly Rutherford, Fran Schwartz, Gaye Shaff and Nancy Vinson*

Finally, Training Center staff participated in the **International Conference on Aging, Disability and Independence (ICADI)** with the University of Florida in St. Petersburg Beach, Florida. Training Center staff provided support through the following activities: Telehealth Track Co-chair, peer reviewers for abstracts, registration support, continuing education provider, presenter and panel moderators. VHA was well represented at this international event especially within the **Telehealth Track** by the following staff:

*Jon Sanford-Atlanta VA  
Annette Portales-Miami VA  
Dr. Mike Cantor-VA New England  
Trish Moore-Loma Linda VA  
Denise Shea/Lore Martz-VA Puget Sound  
Jeannie Keene/Jim Maudlin/Robert Lodge-Lake City VA  
Pat Ryan-Bay Pines VA  
Sydney Wertenberger-Poplar Bluff VA*

**Sydney Wertenberger's** paper on Care Coordination in the Rural Environment was selected for inclusion in a hard-cover book. She was the only VA person selected for inclusion in the Telehealth section. There were over 500 participants from 45 countries who had the opportunity to learn and network with VA staff on our excellent work in telehealth.

**CALL for PARTICIPATION**  
If anyone wants to provide content for  
**Caregiver Curriculum**  
for  
**VHA Staff**

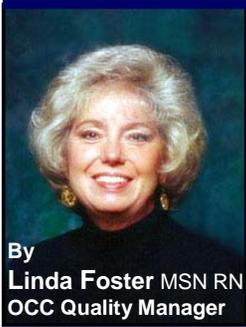
Please contact the Sunshine Training Center for assistance. Content submission deadline is March 31, 2006.

### **DENVER MEETING REMINDER:**

All Leadership Forum abstract authors have been notified. If you did not receive notification on your poster or oral abstract submission please contact Rita Kobb at 386-754-6437 or [rita.kobb@med.va.gov](mailto:rita.kobb@med.va.gov) for your selection status.

## VHA's Office of Care Coordination Quality & Performance

# Conditions of Participation: Second Level Review



By  
**Linda Foster MSN RN**  
OCC Quality Manager

**N**ow that most VISN's have successfully completed the first three phases of the internal regulatory requirements for the Care Coordination Home Telehealth (CCHT) program:

- I. Request for Purchase Authority
- II. Program Recognition, and
- III. Program Designation

the next phase is to re-evaluate the requirements and the review process and plan next steps.

As discussed with the CCHT Leads group last Fall, criteria and process for a **Second Level Review** are being developed. A task group has reviewed the current *Conditions of Participation* and has made recommendations for additions based upon the strategic plan of the Office of Care Coordination (OCC).

The current design for the Second Level Review includes a plan for OCC Quality Managers to complete a site visit to each network within about two years of the initial Program Designation. The Second Level Review will include review of any significant changes to the VISN CCHT program, and any new CCHT programs that may have been added across the network, via 'paper review' in advance of the site visit. This will include review of program descriptions, policies, workload data, official organizational charts, care coordinator panel sizes, performance improvement data, documentation of education and competency, etc.

Following this desktop review, an on-site consultation and evaluation visit with the network Lead for CCHT, network leadership staff, and Care Coordinators will be conducted to observe the operations of the programs and to evaluate how the network is achieving and maintaining both the initial and Second Level Conditions of Participation.

It is anticipated that the drafted "Conditions of Participation: Second Level Review" will be distributed to members of the CCHT Leads group in February. The application of the revised Conditions of Participation and the review process will be piloted in VISN 8 and revised as needed.

Planning and scheduling will then begin for full implementation of Second Level Reviews, begin-

**The current design for the Second Level Review includes a plan for OCC Quality Managers to complete a site visit to each network within about two years of the initial Program Designation.**

ning with those other networks who have the longest tenure as Designated CCHT programs: VISN's 1, 2, 11, 19, and 22.

*Stay tuned for the Second Level!*

**...will include review of any significant changes to the VISN CCHT program, and any new CCHT programs...**

**Linda K. Foster, MSN, RN** is Quality Manager for OCC and is based at the VA Medical Center in Indianapolis, IN



1. COMING THURSDAY MAR 23

# Staying Safe:

## The Role of Credentialing & Privileging in Developing Telehealth Services

Thursday **March 23** (1PM Eastern) CH 1

### Taped Rebroadcasts

Thursday—Mar 30—6PM Eastern CH 1

Monday—Apr 3—1:30PM Eastern CH 1

Thursday—Apr 6—8 PM Eastern CH 1

Wednesday—Apr 12—2 AM Eastern CH 1

Tuesday—Apr 18—9:30 AM Eastern CH 1

Wednesday—Apr 26—5 PM Eastern CH 1



*VA Employees may see complete program details in the  
Employee Education System Learning Catalog [vaww.sites.lrn.va.gov/vacatalog/](http://vaww.sites.lrn.va.gov/vacatalog/)*



## 2006 VHA Care Coordination & Telehealth Leadership Forum

June 7-9 Adam's Mark Hotel—Denver, CO

[Instructions to Travelers available at www.va.gov/occ](http://www.va.gov/occ)

under 'News & Information'

CARE COORDINATION TRAILBLAZERS

VHA POLYTRAUMA CENTERS



COORDINATOR *for* TELEHEALTH

MICHAELA  
CORNIS-POP  
PhD

# VA CARE COORDINATION TRAILBLAZER

**John Peters:** *Dr. Cornis-Pop, thanks for agreeing to talk with the Newsletter. VHA's Physical Medicine & Rehabilitation has charged you with helping coordinate its national network of 4 Level I Polytrauma Rehabilitation Centers and 17 Level II sites. Can you give everyone a quick history of this initiative?*

**Dr. Micaela Cornis-Pop:** The development of a Polytrauma System of Care in the VA has been driven by the needs of returning war veterans with severe and lasting injuries suffered in current combat operations and it has been supported by FY05 Congressional appropriations for a new Prosthetics Research and Integrative Health Care Initiative. In April 2005, the VA took the first step in this direction by designating four regional Polytrauma Rehabilitation Centers (PRC's), co-located with existing Traumatic Brain Injury (TBI) Lead Centers at VA medical centers in Richmond, Tampa, Minneapolis, and Palo Alto. The PRC's were selected to build on the strengths of the TBI Lead Centers that had already developed expertise in highly specialized and innovative inpatient rehabilitation programs. The Polytrauma System of Care was further expanded in November 2005 through the designation of Polytrauma Network Sites (PNS's) in each of the VISN's. The Level II sites will contribute significantly to improving access of war veterans returning to their communities to the best of both modern medicine and integrative rehabilitation therapies.

**JP:** *I know you through your work with our office with various efforts introducing telehealth (VAKN broadcasts, etc.) as a way to enhance access to (and among) the 21 polytrauma sites – How do you see telehealth adding to ability to provide expert care and training?*

**MC-P:** The rationale for creating the Polytrauma Telehealth Network (PTN) has been to link the four Level I PRC's with each other and their respective Level II VISN Sites, with the express intent of improving access to expert care for combat wounded with polytrauma and facilitating delivery of care closer to home. The VHA PRC's bring together a critical mass of relevant clinical expertise to assess, treat, and rehabilitate the physical, mental and psychosocial problems that accompany polytrauma. However, polytrauma patients do not necessarily follow a strict linear path of referral from a military hospital to a Level I Polytrauma Center, then proceed to a Level II Site and finally go home. The PTN will allow us the flexibility to expand existing clinical expertise so that services can be provided at the optimum time and location for the patient.

...we already know that patients and their caregivers find this mode of communication very helpful during the handing over of care in that it allows them to see that the sites work together as members of the same team.

**JP:** *And I know a lot of the sites are just kind of forming now in terms of staffing and clinical space – Do you see the telehealth implementation project as a possible catalyst to get the Level I and Level II sites to begin establishing their polytrauma communication/collaboration network?*

**MC-P:** Indeed, our National Rehabilitation Program Office recently conducted conference calls with each of the PNS's, which gave us the opportunity to appreciate the importance of reliable and efficient communication in developing the Polytrauma System of Care. As the system evolves, telehealth will play a major role in the provision of education and training opportunities for the clinical teams, helping identify existing services as well as gaps in services, facilitating referrals and transition of patients from one level to the other, and determining the best and most efficient ways of providing necessary services. From the participation of the PRC's in videoconferencing with military facilities, we already know that patients and their caregivers find this mode of communication very helpful during the handing over of care in that it allows them to see that the sites work together as members of the same team. We are looking forward to further exploring the opportunities that telehealth offers in developing the Polytrauma System of Care.

# VA CARE COORDINATION TRAILBLAZER

*(Continued from page 10)*

**JP:** *But telehealth is just one of the resources you are helping coordinate for the 21 sites – what other areas are you working with?*

**MC-P:** The National Rehabilitation Program Office, which I work for, is involved in all aspects of rolling out the Level 2 Polytrauma Sites including development of the clinical teams, establishing referral networks, clinical workload reporting, conducting an inventory of services, building a patient registry, and establishing outcome measurements. Two major projects that I specifically work with at the current time are the development of the Polytrauma Collage website and planning a large face to face educational conference for the Level II Site teams scheduled for later this fiscal year. We expect that issues related to telehealth will be featured prominently in this conference.

**JP:** *On a more personal note, can you give us the quick overview of your training and career with the VA, have you always been in Richmond?*

**MC-P:** Richmond has been my hometown for the past seventeen years and the VA has been my professional home for the last eleven of those years. I began my career in the VA working for the Defense and Veterans Brain Injury Center to develop the TBI rehabilitation program at the Richmond site. As clinician, administrator and researcher, this was a unique opportunity to work with patients that I deeply cared about and to play a small role in the development of a healthcare system that is now maturing into the Polytrauma System of Care. Prior to receiving my training as a speech-language pathologist at Emerson College in Boston, I taught English linguistics at the college level in my native country, Romania, and in the U.S.

This is a population that is ideally suited for telehealth applications. Patients with polytrauma and TBI have complex specialized healthcare needs that change over time, yet their number is not very large and their home communities are spread all over the country.

**JP:** *Did you (or do you) have any natural affinity to the application of telehealth or rather, do you just see it as just another site resource that needs to be implemented and maintained wisely?*

**MC-P:** In many ways, my current involvement with telehealth is a continuation of my prior interest and concern for addressing the lifelong needs of patients with TBI, and now with polytrauma. This is a population that is ideally suited for telehealth applications. Patients with polytrauma and TBI have complex specialized healthcare needs that change over time, yet their number is not very large and their home communities are spread all over the country. Telehealth offers the flexibility to expand the provision best service models to patients located in remote areas of the country.

**JP:** *I must say, I am glad to be standing beside you here at the start of what I think will be a very exciting project that will enhance VHA's care to patients. I imagine we'll be talking a lot over the next 6 months – I am really looking forward to it.*

**MC-P:** Same here, John. The collaboration that evolved around the telehealth project among Dr. Darkins and you from the Office of Care Coordination; Dr. Cathy Cruise, Telerehabilitation Coordinator; and Dr. Barbara Sigford, Gretchen Stephens and myself from the National Rehabilitation Office, has already produced significant results in the development of the clinical model of telehealth for polytrauma. I also expect that this coordination of resources will continue in the future for the benefit of our patients.

**JP:** Thank you Dr. Cornis-Pop

Plan now to attend...

# VHA's Care Coordination & Telehealth Leadership FORUM

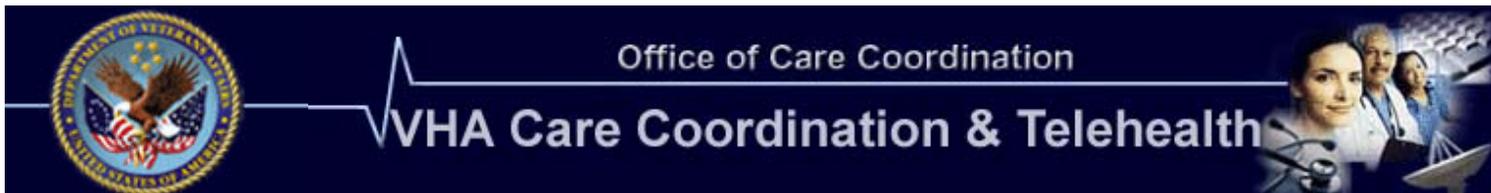


JUNE 7-9, 2006

Adam's Mark Hotel  
Denver, Colorado



Instructions for Travelers available at [www.va.gov/occ](http://www.va.gov/occ)



# NEWSLETTER

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## MISSION

Serve as a conduit for information sharing,  
strengthen resources, and  
promote community for care coordination and telehealth within the VHA,  
with the ultimate goal being: to provide the right care, at the right time, in the right  
place.

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## FEEDBACK

Please drop us a line and tell us what you think, or make a suggestion about content  
for future issues. We would love to hear from you. Please contact: John Peters on  
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## NEXT ISSUE

Coming late May 2006

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