VHA expects to provide Mental Health services, via telehealth, to over 13,000 additional veterans, during more than 60,000 telemental health encounters in the year ahead, thanks to funding for equipment and staff from VHA’s Office of Mental Health Services (OMHS).

This funding initiative follows a previous Telemental Health Expansion funding initiative that focused primarily on telemental health clinical video conferencing equipment to link providers at the VA Medical Centers to veterans seeking care at their nearest Community-Based Outpatient Clinic (CBOC). VISN’s responded to that initiative with proposals to provide VHA Mental Health care to over 35,000 additional veterans via telemental health.

This second telemental health funding initiative will support:

- ongoing maintenance of the telemental health videoconferencing equipment funded under the first telemental health expansion initiative
- additional telemental health videoconferencing units, plus maintenance equipment and staffing for consultative regional specialty telemental health clinics (e.g., PTSD and Substance Abuse)
- staffing a VISN telemental health program support assistant to aid initiative implementation, operation and outcomes reporting
- equipment and staffing for a regional home telemental health program for approximately 90 veterans in participating VISN’s

Both initiatives intend to increase veterans’ access to general and specialty Mental Health Services provided by the Veterans Health Administration.
Office of Care Coordination
Internet2 Into the Fast Lane for VA?

By Adam W. Darkins, MD

In a little over 10 years the Internet has transformed the way we work, access information, shop, and even deliver healthcare. Many people who scarcely knew what the Web was 12 years ago now cannot imagine life without it. The genesis of the Internet went back to 1960’s work at the Massachusetts Institute of Technology (MIT) that envisioned an interconnected network of computers. The Defense Advanced Research Projects Agency (DARPA) http://www.darpa.mil took this concept forwards and this marriage between military technology development and academia provided the initial impetus through to 1995 that has taken us to where we are today. The Internet, as we currently know it, has limitations that we all experience on a day-to-day basis but, by and large it delivers the functionality we need. Some communities, such as those of scientists and engineers, are hindered by the limitations on exchanging and manipulating large data sets over the Internet. In response to this, the Knowledge and Distributed Intelligence (KDI) initiative of the National Science Foundation http://128.150.4.107/about/budget/fy1999/start.htm has helped develop the next generation of the Internet, or Internet2 http://www.internet2.edu/. In healthcare, issues of bandwidth, networking and data security can restrict the role the Internet is able to play in delivering services.

VA is exploring becoming a member of the Internet2 community. Internet2 commenced in October 1996 as a collaboration between 34 universities and now involves over 120 US research universities working with partners in industry and government. So, a similar emergence from a partnership around academic communities and other users has underpinned the nascence of Internet2, as it did the original Internet. What is Internet2 and what does it have to offer?

Internet2 is a hybrid optical and packet network that has been developed to support the next-generation of bandwidth intensive production services for the Internet and also serve as a platform to test new networking ideas and protocols. In addition to the telecommunications infrastructure and routing capabilities, “middleware” applications are being developed that provide the layer of software between the network and the applications. This software layer supports vital networking processes that are necessary to sustain communities of interest such as identification, authentication, authorization, directories, and security. Internet2 has a Middleware Initiative (I2MI) http://middleware.internet2.edu that is working on the standardization and interoperability of these functions.

Internet2 offers VA a potential test bed for new applications such as Internet Protocol version 6 (IPv6) http://www.nav6tf.org that is slated to take over from IPv4—and in doing so provides new functionalities and increased numbers of IP addresses. It also offers VA the ability to work on new applications. The Internet2 community supports a range of applications including the health sciences http://health.internet2.edu.

The Office of Care Coordination is excited at the possibilities that membership of Internet2 will bring to VHA, and of the opportunities for the strategic development of new telehealth applications that might include, but are not limited to, the following examples:

- Telepresence
- Telepathology
- IP video to the home

The details of what a VA Internet2 collaboration might entail are being explored by an Internet2 Working Group that the Office of Care Coordination is enthusiastically participating in. As so often happens, it is the “details” that will determine what functionality will be available and when and where this takes place. This brief article is to give a “heads up” that this is taking place and of what may prove to be exciting possibilities for VHA to explore, with the aim of further enhancing the care we deliver to veteran patients by changing the location of care and enhancing decision making capabilities.

Adam Darkins, MD
Chief Consultant
VHA’s Office of Care Coordination
Here is an update on activities this quarter from the Sunshine Training Center.

The Training Center is pleased to announce the arrival of its new Education Program Specialist—Deidre “Dede” Stallings. Dede comes to us from the Alaska VA. But coming to Florida from Alaska is not as strange as you might think. Dede was born and raised in Sarasota and is a true Floridian at heart.

Dede has been trained as a Psychiatric Nurse Practitioner but she is also certified in both case management and utilization review. She also has had experience in Clinical Informatics. Dede was selected as the Program Manager of the Alaskan CCHT Program in 2005 and helped it reach its enrollment goals. She is the mother of 5-year-old “Annie.” She looks forward to working with and supporting all of the CCHT field staff.

The Training Center will once again collaborate with the University of Florida’s Telehealth Center for the Fourth International Conference on Aging, Disability and Independence (ICADI). The conference will be held in St. Petersburg, Florida February 20-23, 2008. ICADI brings together clinicians, researchers, policy makers, business leaders and consumers to focus on independence-related issues of aging. The call for abstracts is out and the deadline for submission is September 1, 2007.

The following are submission categories:

- Smart Homes
- Assistive Devices
- Injury Prevention
- Telehealth
- Work and Aging
- Transportation
- Robotics
- Livable Homes & Communities

Themes for this conference include:

- Business perspectives
- Research & Development
- Policy
- Consumer Perspectives
- Practice/Services
- International Perspectives

Two years ago at the third annual event we had several CCHT programs share their stories. I hope all of our telehealth programs will consider submitting their successes for this international event.

Submission information can be found on the OCC website:
http://vaww.va.gov/occ/News.asp

Submissions can be made on-line at:
www.icadi.phhp.ufl.edu

Finally, we have released the 2007 Mandatory Topics Review. This is to help you meet competency requirements for CCHT. Topics for this year came from last year’s Strategic Planning Meeting, frequently asked questions from the field and recommendations from the OCC. The flow of content and the final exam are in the same format as last year and can be found at:
http://vaww.va.gov/occ/trainingcenter/Sunshine.asp

We recommend you **print the content and the final exam.** Once the exam has been completed, sign it, and have your supervisor sign, and place in your local competency folder. The content is good for 2 hours of patient safety credit and 3 total hours towards your 40 hour requirement.

We look forward to seeing many of you at the CCHT Leadership Forum July 10-11 in Alexandria, VA.
The learning resources from the Rocky Mountain Telehealth Training Center (RMTTC) are reaching a wider audience. The web portal to access General Telehealth training is: http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp or from the OCC page http://vaww.va.gov/occ/ under Care Coordination General Telehealth, click General Telehealth Training Center.

VHA Telehealth Program Inventory

One important feature of the RMTTC website is the VHA Telehealth Program Inventory. This valuable tool for building the telehealth professional community lists more than 350 VHA telehealth programs and staff from all over the country. The ever-growing inventory is a great source of experience, knowledge and collaboration. Check out the inventory, add your information if it’s not there, and share with colleagues in the VA telehealth community of care.

General Telehealth LiveMeeting Forums

The General Telehealth LiveMeeting Forums are currently the most widely used training mode. Regular participation has more than doubled in the past four months since the first meeting in January. Scheduled the 4th Wednesday of every month, the forums are conducted simultaneously via VANTS and MS Live Meeting. A variety of presentations are featured each month, by experienced individuals working in the field. This is typically followed by discussion of the topic at hand. All documents, e.g. PowerPoint, Word, Excel, etc., used in the presentations are available and downloadable on the RMTTC website. All forums are recorded and may be viewed at any time simply by contacting the Training Center staff or visiting the CCGT Forums page on the RMTTC website: http://vaww.va.gov/occ/trainingcenter/RMForums.asp.

Previous topics include: “RMTTC Website Tour,” “CCGT Clinic Setup and Coding,” “Teledermatology: Real-Time and Store-Forward Programs,” and “Telehealth and the Role of the Telehealth Coordinator.” If there is a topic that you would like to know more about or you have a presentation you would be willing to share, please contact the Training Center, via the website, email or phone. All monthly General Telehealth Forums are at 3 pm ET.

General Telehealth LiveMeeting Forum topics scheduled for the near future include:

- The Telehealth Environment
- Telerehab in VISN 19
- Telesurgery
- Telemental Health
- Native American Telehealth
- Clinical Case Studies

Looking ahead to the 2007 Care Coordination/General Telehealth Leadership Forum July 12-13, in-person attendance is limited. Some small-group presentations that would normally have been presented at this conference will be scheduled for future monthly General Telehealth Forums. The training center staff partners with EES to engage a wider audience in the virtual meetings for those who can’t attend in person.

Just-in-time Training Services

Just-in-time Training can be scheduled under the General Telehealth Training and Education link of the RMTTC website. These sessions address the direct training needs of individual units and smaller groups. Training is scheduled for mutually agreeable times and geared to your individual problems, needs, and questions. Examples of previous trainings include: “Teledermatology Technology Training,” “VA Tele-Move Program,” “Telesurgery Equipment Troubleshooting,” and “Form Design and Development in Teledermatology.”

RMTTC Names to know: Charlene.Durham2@va.gov Director of Operations Ronald.Schmidt@va.gov Training Specialist/Clinical Liaison. Joan.Hesley@va.gov Training Technician.

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Videos

Videos of “Telehealth Patient Encounter” and “Telehealth Environment and Equipment” are being broadcast back-to- back on VAKN Satellite throughout May and June. These videos may be recorded at your VA location from these broadcasts.

Satellite: Care Coordination General Telehealth: The Patient Encounter
http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=23189
Satellite: Telehealth Environment and Equipment
http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=22809

The videos may also be accessed on demand at:
CDN: Care Coordination General Telehealth: The Patient Encounter
http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=23207
CDN: Care Coordination General Telehealth: Environment and Equipment
http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=23208

Web Based Courses

RMTTC has been engaged with EES and experts across the VHA system to develop web-based curriculums, geared toward staff in the field with general telehealth involvement or concerns. The initial offering in this series is the General Telehealth Foundation Curriculum, an accredited five part series of courses designed to address the common elements of general telehealth. These courses will be available through EES at the Learning Catalog http://vaww.sites.lrn.va.gov/vacatalog/ keyword: Telehealth. Other courses directed to specific clinical topics are currently in development.

Check out all the resources available at: http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp and let us know how else we can help you establish, sustain and grow your telehealth program.
Charlene.Durham2@va.gov or Ronald.Schmidt@va.gov or Joan.Hesley@va.gov

San Diego HCS demos CCHT Program for House Veterans Affairs Chairman

Last Summer, VA San Diego Healthcare System TeleHealth Director, John Chardos, M.D., demonstrated the V22 CCHT program to Congressman Bob Filner (left) (now Chairman of the House Veterans Affairs Committee) in the home of veteran and CCHT enrollee Reyes Fernandez (right).

VA San Diego Healthcare System describes their CCHT Program this way: CCHT more closely monitors patients with chronic conditions within their own home. We are currently enrolling high-risk patients based on utilization and/or clinical judgment. The patient is given a small unit in his/her home that simply plugs into the phone line and has a number of disease specific questions and education for the patient each day. The nurse care coordinator then reviews this data on a Web site to help decide which patients need to be contacted. Some call CCHT “case management on steroids.” For example, if the patient has diabetes, the sugar results are reviewed and the patient is contacted when results are abnormal, allowing for real-time education. This way, urgent care visits and hospitalizations are avoided while improving patient satisfaction and outcomes.

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On a recent Designation-Level 2 site visit, Care Coordinators repeatedly across the VISN talked with me about their processes for medication reconciliation with patients in their CCHT program. In another site visit, a Care Coordinator talked with me about a near-miss she had uncovered regarding medication reconciliation. This seemed like a topic worthy of a brief review across CCHT programs and in this forum.

As you may know, The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) www.jointcommission.org has placed a high priority on Patient Safety and has established a number of related standards. JCAHO Patient Safety Goal 8 is: Accurately and completely reconcile medications across the continuum of care.*

This standard requires that “There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization”. *

The rationale for this standard points out that “Patients are most at risk during transitions of care (hand-offs) across settings, service providers, or levels of care.” * Certainly a hand-off to or from CCHT is an important transition. Effective July 1, 2007, “…medications ordered for, administered to, or dispensed to the patient while under the care of the organization are compared to those on the list and any discrepancies…are resolved.” *

Care coordinators are very often involved with the provider in making changes to medications prescribed as well as to changes in dosages of currently prescribed medications. Medication reconciliation is an important tool for ensuring that communication of these changes occurs consistently. While the VHA is extremely fortunate to have the electronic medical record (CPRS) listing current medications, Care Coordinators are in a prime position to be able to ensure that reconciliation occurs so that medication changes are available to involved staff across the whole continuum of care.

A number of tools and resources on this topic are available, including those available through the Institute for Healthcare Improvement (IHI) which can be accessed a www.ihi.org under their Patient Safety/Medication Systems section. Please also check at your facility for tools and processes that may be in place or planned for medication reconciliation and please take an active role in this important aspect of patient safety. In this case, your contribution may be what did not happen to the patient.


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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 (202)273-8508 or john.peters@va.gov

Next Issue
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