



NEWSLETTER

August 26, 2005

Volume V Issue II

National Teleretinal Project Begins



VHA staff led by OI Implementation Manager **Janis Sollenbarger** (third from Right) begin installation at the VA Medical Center in Walla Walla, WA, which will be one of VISN 20's Reading Centers for its Teleretinal Network . As part of a national roll-out, seventeen other VHA VISN's have plans to create their own teleretinal networks to facilitate **annual screenings for retinopathy** for their veterans with diabetes.

Telemental Hlth to Expand in FY06



VHA's Telemental Health Lead, Dr. Linda Godleski, will convene a national meeting of telemental health representatives from all 21 VISN's, OCC staff, and Mental Health Leadership September 13-14th in West Haven, CT. During the meeting, participants using VHA's Mental Health and Telemental Health Strategic Plans as guides will determine the next steps for using of telehealth to expand access in Fiscal Year 2006 to VHA Mental Health services through its Community-Based Outpatient clinics (CBOC's) as well as providing mental health services to veterans in their places of residence.

(VHA Telemental Health pictured above in VISN's 17, 8, & 22)

Extended: Abstracts Due Sep 30

The OCC has extended its deadline to **Friday Sept 30, 2005** for proposals for presentations during the **June 2006 National Conference**

ALSO IN THIS ISSUE:

Dr. Darkins' Networking Networks	2
Junius Lewis' Teleretinal Update	3
Dr. Cruise's Telerehab Update	4
Rita Kobb's Training Center News	5
Linda Foster's Quality Quarterly	6
Telemental Health VAKN Sept 22	7
VISN 17 Trailblazer Interview	8

Office of Care Coordination

Networking to Network Telehealth Networks

By Adam W. Darkins, MD

Six years ago telehealth activity in VHA was usually sporadic and usually involved point-to-point connections that linked a VA medical center (VAMC) to a VAMC or a VAMC with a community-based outpatient clinic (CBOC). The telecommunications connection that enabled the clinical encounter was invariably an ISDN line and this enabled a clinical relationship to evolve that improved patient access to care. As with many relationships, things were generally informally agreed and everything worked after a fashion. When something didn't work it was relatively easy to resolve without "any of the bureaucracy and complexity that's in place now." I'm sure that "bureaucracy and complexity" was how people described it when telephone networks were evolving from point-to-point

connections with a neighbor. Just as a point-to-point connection with a neighbor is of limited utility, so also is a point-to-point telehealth link.



Adam Darkins, MD

is the Chief Consultant for VHA's Office of Care Coordination

Right from the start many people saw that the great potential value of telehealth was in developing networks that could match patients with a variety

"mission critical" to the delivery of care. In this new 'virtually provided health care' environment, the network engineer has become a vital part of the

...the great potential value of telehealth was in developing networks thatmatch patients with... ..clinical resources

of clinical resources. Telehealth could bring services to patients, rather than require the patient to make journeys that could be long, complicated and costly to services. Initially, the way these networks were created involved linking individual ISDN connections via a bridge controlled by an operator. This worked well but was costly and inefficient. Why couldn't clinical video-conferencing become as easy as direct dial on the telephone? As with so many things in telehealth, it was easier to say than do. The devil is always in the detail. Enterprising IT staff in VA and VHA was at the very cutting edge of technology as they established voice over IP and instituted IP videoconferencing to support clinical care.

Over the last few years the reality of telehealth networks has been established in many VISNs and telehealth has come of age in that it is

clinical team in a similar way that Information Resource Management (IRM) has done in relation to the computerized patient record system (CPRS). It was inevitable that, as part of this evolutionary process, attention would turn to applications that VHA might be able to coordinate and develop at a national level. There are three such applications that are waiting in the wings and the first will come on stage in the first half of FY 2006. The three involve polytrauma centers, mental health and multiple sclerosis care.

Let me describe current thinking on VHA's polytrauma telehealth network (PTN) that is planned. In FY05, VHA has established 4 (Level I) National Polytrauma Centers in Richmond, Tampa, Palo Alto and Minneapolis. A further 17 (Level II) Polytrauma Centers are planned for the VISNs in which there is no Level I poly-

(Continued on page 3)

Office of Care Coordination

Networking to Network Telehealth Networks

trauma center. Wouldn't it be wonderful if these centers could all be linked in a **national poly-trauma telehealth network** in VHA? Just imagine: combat-wounded patients who want to get closer to home could have a video-referral from the Level I poly-trauma center to the appropriate Level II center. The patient and family could be acquainted with the new clinical team in advance and see the level of trust and cooperation between the clinicians caring for them? If the patient is in the Level II center, and a complex clinical issue arises that requires specialist referral, then this could be done on the PTN and avoid the inconvenience and cost of travel to the Level I center. The poly-trauma sites could do virtual grand rounds?

Didn't I mention earlier that the devil is in the detail? Well, I want to share some of the details with you in advance to enlist help to ensure we create the telehealth network that these heroes need to get the excellence of care they deserve.

The intent is that VHA will establish the PTN as an IP-based application on the current VISN Wide Area Networks (WANs) and the VA's national backbone (i.e., the VA's main transmission line to which smaller, local lines connect to) thereby linking the poly-trauma centers in the VISNs. The operational efficiency of such a network within a network to meet clinical needs will depend upon

the design of the network, agreed quality of service (QoS) standards and ensuring backup and contingency plans are in place. OCC is working with the VISN CIO's and VHA and VA Offices of Information to facilitate this next stage in the evolution of telehealth in VA. If the WAN issues are worked through with the PTN this will provide the model and the processes to also develop robust and sustainable telehealth networks for **mental health** and **multiple sclerosis**. The vision of veterans in remote locations having access to an unparalleled sophistication of specialist care via telehealth is enticing and attainable butthe devil is as always in the detail.

VHA's Office of Care Coordination General Telehealth

Update: Nat'l Teleretinal Screening Network



By
Junius Lewis, MS

VHA's long awaited teleretinal screening program is about to come to fruition, as the national rollout using OCC and OI staff is piloted in VISNs 1 and 20.

Notification letters to VISNs regarding funding will be going out soon. Once VISNs received notification, they will liaise with our implementation team to schedule their VISN's implementation. Additionally, our VHA National Tel

eretinal Screening Implementation Meeting will be held October 25-26, 2005 at the Trade Winds Conference Center in St. Petersburg Beach, FL. The purpose of this meeting is to educate and train designated VISN leads in eye care, primary care, information technology and general management about all aspects of the national teleretinal imaging program for diabetic retinopathy screening. This meeting will focus on the clinical, technical, and business processes

involved in implementation of the program in their VISN and the national support they can expect to receive.

At the meeting, information will be disseminated on lessons learned during the pilot implementations in VISNs 1 and 20. VISN staff will learn what is expected of them during the rollout. Breakout sessions will establish ongoing work groups that will develop standards ensuring the standardization, quality and interoperability of the program.

VHA TELEREHABILITATION:

Quarterly Update: Summer 2005



By
Cathy Cruise, MD

The summer has been a very busy time for the Telerehabilitation Field Workgroup.

A VA Knowledge Network (VAKN) satellite broadcast entitled "VHA Telerehabilitation and Multiple Sclerosis" aired on July 21. The

broadcast contained interviews with VA staff from both the East and West Coast Centers of Excellence as well as number of very moving interviews with veterans with Multiple Sclerosis who actively use telerehabilitation. It was easy to see how telerehabilitation improves access to specialist care, saves travel, and puts control in the hands of the patient.

Please see Dr. Darkins' column on Page 2 for his description of how VA plans to establish a national telehealth network operating over IP to support the MS (and other) national telehealth network. Additional details about the July broadcast are included on the VA's MS Center of Excellence Web site at <http://www.va.gov/ms/>

The Telerehabilitation Field Workgroup is now focusing on supporting the use of telerehabilitation in the Level I and Level II Polytrauma Rehabilitation Centers. The four Level I Centers in Tampa, Richmond, Minneapolis, and Palo Alto will be able to communicate readily with each other and with the Level II Centers in each VISN through the use of mobile video monitors. Veterans will be able to communicate with their Case Managers in both the Level I and Level II Centers through the use of videophones.

As with other telerehabilitation programs, the use of Telehealth technology will serve to bridge the gap

between the veteran and the medical center, allowing veterans to communicate with their rehabilitation teams from their homes. Communication among all of the polytrauma centers will promote the seamless transition from Level I to Level II sites.



VHA Polytrauma Centers will use mobile video-conferencing units (similar to these in use in VISN 8 Infectious Disease clinic) to link Level I and Level II Centers comprising VHA's national Polytrauma Telehealth Network (PTN)

(Photo courtesy of Luana Mahone, Medical Photographer, VA Bay Pines, FL)

Upcoming plans for the Telerehabilitation Field Workgroup include exploration of research possibilities, development of disease specific dialogues for conditions such as Spinal Cord Injury and Multiple Sclerosis and expansion of tele-clinic capabilities.

Anyone interested in joining the Telerehabilitation Field Workgroup is encouraged to contact either Dr. Cathy Cruise or Mr. John Peters via Outlook. The group meets by conference call once a month on the first Wednesday at 3pm eastern.

Dr. Cathy Cruise is the Lead for VHA Telerehabilitation as well as Director of VISN 3 Care Coordination Program



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



By
Rita Kobb MN, GNP-BC
Training Center Director

This past June, the Training Center staff coordinated and helped teach a VA Pre-conference Workshop within the Case Management Society of America's (CMSA) annual national conference. The pre-conference workshop entitled: **'Home as the Site of Care: Synergy of Case Management & Telehealth Technology'** was presented to both VA and non-VA attendees. The workshop, intended to share VA's experience with care coordination and home telehealth, included the following content: *Historical Perspective and Future Directions of CCHT* presented by **Pat Ryan**; *Patient Experiences and Lessons Learned* presented by **Rita Kobb** and *Building on Case Management Infrastructure* presented by **Linda Foster**. The workshop was well received with over 75 attendees.



Carol Rice, Carla Anderson & Lydia King
meet a mermaid at the CMSA Expo in Orlando

In addition to the workshop, the VA also had a track within the concurrent sessions. From our call for abstracts earlier in the year we selected three sessions to represent VA in the conference these were: *Care Coordination : Integrating Case Management Informatics & Technology to Enhance Care*, **Donna Vogel-VISN 1**;

The Great Game Plan: First Quarter Score, **Carol Rice-VISN 8** and *A Successful Collaboration Story: Problem Solving With Care Coordination*, **Lydia King-VISN 11**. All of these sessions were well received by conference attendees and a thank you goes out to the staff that represented us so well.

Also in June of this year, the Training Center coordinated an educational activity on *Disease Specific Care Certification Preparedness*. The offering was taught by Lt. Col. (Retired) **Carla Cassidy** from VACO's Office of Quality and Performance. Ms. Cassidy is VHA's **Director of the Evidenced Based Clinical Guidelines Program** and is also a Joint Commission Surveyor for both disease specific care and hospital accreditation. The Training Center provided the MVP Leads in every network with a Joint Commission Disease Specific Care Certification Manual, a DVD with Ms. Cassidy's presentation and her PowerPoint slides to have as a resource.



Carla Cassidy, Director
Evidenced Based Clinical Guidelines presented at CMSA

The Training Center's quarterly national conference call was held in July. **Jess Baxter** RN, MSN from the Richard L. Roudebush VAMC in Indianapolis (VISN 11) gave an excellent presentation on a research project studying diabetes education in the telehealth program and improving clinical outcomes.

*****REMINDER/EXTENSION*****

Deadline for abstracts for the OCC's National Leadership Forum, to be held June 2006, is **Sept 30, 2005**. Please submit your abstracts to rita.kobb@med.va.gov

VHA's Office of Care Coordination Quality & Performance

Synergy of Case Management & Telehealth



By
Linda Foster MSN RN
OCC Quality Manager

At the most recent annual conference of the Case Management Society of America (CMSA), Patricia Ryan, Rita Kobb, and Linda Foster had the opportunity to begin describing, for the private sector participants, some of the advances made by the VA's Office of

Care Coordination.



Sunshine Training Center Director **Rita Kobb** (far right) is one of many at the pre-CMSA Conference workshop

A pre-conference workshop was dedicated to the topic of "**Home as the Site of Care: Synergy of Case Management and Telehealth Technology**". In this presentation, we discussed the historical and future perspectives of the Office of Care Coordination, Lessons Learned from the roll-out of this VHA program, and Building on Case Management.

The CMSA's definition of Case Management is "...a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes." The Office of Care Coordination seeks "...the wider application of care and case management principles to the delivery of health services using health informatics, disease management and

telehealth..." While there continues to be some variation in the interpretation of these terms, the potential for a patient-focused synergy between case management concepts and home telehealth technology is dramatic and obvious.

Care Coordination and Case Management approaches individualize the prevention, disease management, self management, health informatics and telehealth technologies to the specific, patient centric needs of the individual veteran in their home

Often within the VHA system, Case Management has been viewed as 'specialty', 'inpatient', or 'episodic'. Case Management resources have, indeed, often been applied in this manner with the potential result of silos of care which may not address the needs of the veteran for the management of chronic illnesses. With the advent of the new telehealth, health informatics, and disease management technologies, it is now possible to maintain ongoing contact with veterans in their homes, utilizing the principles of more traditional Case Management, incorporating a major focus on prevention (both primary and secondary) and patient self management of chronic illnesses, thus expanding the role of Case Managers in this arena.

As Dr. Darkins has always said, "It's not the 'box' but what you do with it." Care Coordination and Case Management approaches individualize the prevention, disease management, self management, health informatics and telehealth technologies to the specific, patient centric needs of the individual veteran in their home: Synergy

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



1. COMING THURSDAY SEPT 22

CARE COORDINATION & TELEHEALTH

VHA Telemental Health

Strategic Plan FY06-07 *CBOC and Home Telemental Health*

Thursday **Sept 22** (1PM Eastern) CH 1

Taped Rebroadcasts

Tuesday—Sept 27—3PM Eastern

Wednesday—Oct 5—10 AM Eastern

Monday—Oct 17—1 PM Eastern



*VA Employees may see complete program details in the
Employee Education System Learning Catalog vaww.sites.lrn.va.gov/vacatalog/*



REMINDER

Abstracts for posters and panel presentations

For the June 2006

VHA Care Coordination & Telehealth Leadership Forum

Are due

Friday September 30th, 2005

To

Rita.Kobb@med.va.gov

CARE COORDINATION TRAILBLAZERS

VISN 17 Telemental Health's



Like the stars at night, **VHA Telemental Health** is burning bright **deep in the heart of Texas**. As VISN 17's Telemental Health lead, James **Randy Goodwin**, APRN, BC, has been blazing a trail for telemental health from his base at the VAMC in Waco, TX, which is part of VISN 17's Central Texas Health Care System. VISN 17 has been providing telemental health services to veterans **since March 2003**, but Randy's telehealth experience dates back to 1993, with his experience at the Tripler Army Medical Center in Honolulu, HI. Randy has some other interesting experiences and thoughts to share, as you will read about in the interview beginning on page 9....

(Continued on page 9)

VA CARE COORDINATION TRAILBLAZER

John Peters: *Randy, thanks for taking time to talk with me for the Newsletter.*

Randy Goodwin: Thanks for asking me

JP: *Your VISN 17 and its three health care systems run right down the center of Texas, from the Oklahoma border down to the southern tip. That's quite an area to cover; I once road-tripped through Texas on my way to a Spring Break on South Padre Island. This was way before satellite radio, and I remember losing all radio signals for stretches at a time along the way. Do you have any relevant 'VISN 17 Statistics' to set the stage for folks in terms environment and veterans served?*

RG: Yes, this is certainly a vast area of Texas with many veterans who live in remote rural areas. VISN17 stretches North to the Oklahoma border and to the lower Rio Grande Valley in South Texas. It includes 134 of the 254 counties in Texas with a population of one million veterans. To provide care, the three health care systems, North Texas (Dallas), Central Texas (Temple/Waco), and South Texas (San Antonio) operate 45 outpatient clinics and 2,205 operating beds. Most of this area is very rural which necessitates the use of Telemental Health to provide basic mental health care. It is a challenge to say the least, but one that veterans have told us they appreciate; they like the ability to receive their mental health care at their CBOC, instead of having to make a four (or more) hour round trip for a 30-minute appointment.

JP: *Are you originally from Texas – and how long have you been at the VA in Waco?*

...telemental health is much more than putting a videoconferencing unit between a mental health provider at a medical center and another in a CBOC for the patient. That is just the tip of the iceberg...

RG: I have been in Waco for the past 10 years and this is my 4th VA assignment. I have 27 years with the VA, which started in Little Rock, AR in March 1975. I was born in Texas, but grew up in Little Rock, AR where I completed my nursing education, from an Associate Degree in Nursing to a Masters in Nursing. I also retired in November 2004 from the Army Nurse Corps as a Colonel, after 28 years of fun, great travel and wonderful learning opportunities. My VA career has paralleled my Army career and has provided me with great professional opportunities with respect to continuing my education as well as a variety of positions over these many years. Working for the VA is a great place to be when one considers that we have always provided outstanding patient care and contribute so much to society - with respect to innovation in health care practices such as telemental health and other telehealth services.

JP: *As the Telemental lead for VISN 17, based in the Central Texas Health Care System, do you have a lot of interaction with your North Texas (NTX) and South Texas (STX) Health Care Systems?*

RG: Yes, I do. I serve as the VISN Telemental health coordinator and as the Vice-Chair of the VISN Telemental Health Steering Committee which requires me to have a lot of interaction with telemental health providers in NTX and STX systems on a frequent basis.

JP: *And now that we are working with the VA's Mental Health group to plan and implement/expand telemental health to VISN CBOC's in FY 2006, I suppose there will be some additional collaboration between the three VISN 17 groups?*

VA CARE COORDINATION TRAILBLAZER

(Continued from page 9)

RG: It is a never ending process. As a VISN we are preparing a “lessons learned” white paper for our VISN Network Director and CMO, to inform them of where we are in VISN17 with respect to telemental health activities; what we have learned since last September; the problems we have encountered with equipment; infrastructure; developing champions for care delivery; and the many other aspects of providing this service. We have all found that telemental health is much more than putting a videoconferencing unit between a mental health provider at a medical center and another in a CBOC for the patient. That is just the tip of the iceberg, but most people don’t see any more than this. I think the goal in providing quality telehealth service, whether it be telemental health or other specialty services is to always think “out of the box” and be planning at least 3-5 years into the future. Technology in communication equipment changes so quickly now that we always have to be ahead of the curve or we will lose out, which will greatly decrease our ability to provide the quality of care our veterans so deserve.

JP: *Through our monthly conference calls and annual meetings, you and I are somewhat aware of telemental health activities in all of the other VISNs. Are you aware of any unique features to the VISN 17 telemental health program? Any special patient populations being care for? Or any unique clinical or educational resources available to VISN 17?*

RG: We are the only VISN with its own Telemental Health Website for a start. As I am sure with the other VISN’s, we hit the road running two years ago and haven’t stopped since.

JP: *How about any special episodes or stories about a VISN 17 veteran that made you really realize or appreciate the value of your telemental health program?*

RG: Many of the veterans we serve live in extreme rural areas of our VISN and transportation to a medical center is, or can be, a major obstacle to receiving care. Although it is highly preferable to have a face-to-face meeting with a veteran before initiating telemental health services for follow-up care, sometimes you just have to go beyond standard of practice to provide needed care. On several occasions this just hasn’t been possible, so the first mental health visit for the veteran has been via telemental health, which was effective in terms of meeting their mental health needs and leaving them pleasantly surprised that this could be done. I think the spouse is as much appreciative of their veteran being able to be seen via telemental health as the veteran.

JP: *Even though Care Coordination/Telehealth is a relatively small part of VA, I like the fact that it draws folks with all kinds of professional backgrounds. Can you give us the quick overview of your training and the path you took to come to work for VA?*

RG: I began my experience in telehealth while I was on active duty in 1993 at Tripler Army Medical Center, Honolulu, HI. I had the opportunity to start the first telehealth clinic in the Army Medical Department, which was a groundbreaking experience and one that sparked my passion for telehealth. I did this for one year, prior to my leaving active duty, and didn’t have the opportunity to return to it until January 2003, when I began planning for my first telemental health clinic. That clinic provided medication management services to one of our CBOC’s for our patients with PTSD, whom I had been managing for the previous 7 years. I must say this has been a great experience and that the veterans love being able to just go to their local CBOC instead of making a four-hour drive to see me in Waco for a 30 minute appointment.

VA CARE COORDINATION TRAILBLAZER

JP: *And what was it that drew you to telemedicine or telehealth? Was there a clinical need in Waco? What was the catalyst for your participation?*

RG: Replies, the clinical need in Waco was primarily the distance our veterans were having to drive to receive medication management and supportive therapy for their treatment of PTSD. It is a 4hour round trip for a 30 minute appointment which just doesn't make sense for providers (which I did for 4 years as a missionary nurse) or the veterans. Many of the veterans who live in these rural areas aren't able to drive anymore, which made them reliant on family members which also contributed no many no-show appointments. With tele-mental health this is no longer a problem for provider or veteran. When you look at the cost of gas now, the amount they would receive via travel pay is extremely low and not cost effective. My goal with telemental health is to make it a win:win situation for both the veteran and the VA.

JP: *Do you personally get involved with other VISN 17 telehealth programs?*

RG: I have not had the opportunity to do so, and except for tele-radiology we are not at that stage of specialty services in our VISN at this time.

JP: *Telehealth crosses a lot of boundaries within a health care delivery system and some VISNs have established a dedicated VISN Telehealth Coordinator and a formal Telehealth Committee to link the clinicians with the OI techologists with the administrative workload coders with the credentialing staff, et al – while others use a more ad hoc approach. How would you characterize VISN 17's approach to telehealth? I think maybe traditionally, Mental Health wouldn't necessarily mix with Geriatrics which wouldn't mix with Dermatology, but has telehealth created any linkages among clinical specialties?*

RG: We are actively beginning to work on this challenge. We are planning to have a conference in October at which time all concerned parties at each medical center will meet to develop a Memorandum of Understanding (MOU) document. The purpose of this document is to ensure that each medical center telemental health staff (mental health providers) and associated staff (Administrative Automated Data Packages Application Coordinators (ADPAC's), DSS Workload coders, IT, etc) are working from the same standards of practice and related guidelines with respect to coding, clinic scheduling, etc. I think this will go along way to helping us move forward with the development and delivery of other tele-health services.

JP: *Finally, what is the most exciting thing you are working on now or looking forward to the most for VISN 17 Telehealth or VISN 17 Telemental Health?*

RG: Everyday is a new day with a new challenge. It is hard to be a provider and do the administrative work required to make change. It would be highly advantageous to have a position at each medical center or at the VISN level to carry out the many tasks required to make telemental health a viable, productive service and of course improve our quality of care for our veterans. Thanks for giving me this opportunity to talk about what we are doing in VISN17. It is fast becoming a pace setter in VHA telehealth.

JP: *Thank you Randy.*



NEWSLETTER

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.

STAFF

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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

Coming late November 2005
