



NEWSLETTER

Feb 28, 2008

Volume VII Issue IV

Nat'l Forum set for Minneapolis Jun 4-6

VHA's Office of Care Coordination Services (CCS) is pleased to announce that this year's **National Care Coordination & Telehealth Leadership Forum** will be held at the **Sheraton Bloomington** in **Minneapolis, MN**

- **Tues June 3**
Pre Conference Session
- **Wed June 4**
Forum Begins
- **Fri Jun 6th**
Forum Ends

VA Staff can check the 'News' section of the Care Coordination intranet site for complete conference details

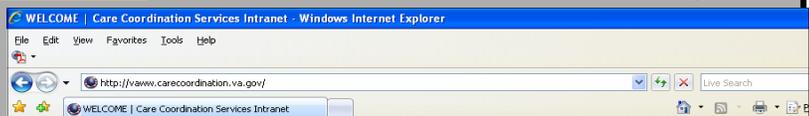
vaww.carecoordination.va.gov



VHA's Care Coordination and Leadership Forum to be held June 4-6, 2008 at the Sheraton Bloomington (pictured above) 7800 Normandale Blvd Minneapolis, MN

[CCS Site for VA Staff has NEW URL: vaww.carecoordination.va.gov](http://vaww.carecoordination.va.gov)

In February, VA's Care Coordination Services Intranet Site moved to a new url address (shown right) you may wish to add new url to your list of Favorites



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Care Coordination Services
provide the right care, in the right place, at the right time

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS INTRANET

What is Care Coordination Services?

Care coordination in VA uses health informatics, disease management and telehealth technologies to target care/case management thereby facilitating access to care and improving the health of veterans. Care Coordination changes the location where health care services are routinely provided and supports veterans' preferences to live in the least restrictive settings possible. [More Information >](#)

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

Vision:
To make the home and local community into the preferred place of care whenever possible and

Care Coordination General Telehealth (CCGT)
Uses interactive videoconferencing and attached peripheral medical technologies

Office of Care Coordination Services Consolidating & Synchronizing Conditions of Participation

By Adam W. Darkins, MD

An internal certification called "conditions of participation" was developed in order to ensure the necessary processes and procedures are in place to support care coordination/telehealth programs in VHA. This process began with care coordination home telehealth (CCHT) programs in 2004-5 and progressed to include VHA's national teleretinal imaging program in 2006. In 2008, work is underway to develop a similar assessment for care coordination general telehealth (CCGT) beginning with telemental health. The home telehealth, store-and-forward and clinical videoconferencing technologies that support CCHT, CCSF and CCGT are different with variations in clinical practice and workflow associated with each. However, there are many elements that the three have in common in terms of processes and procedures and how these are implemented, communicated and monitored. Enough commonality appears to exist between CCHT, CCGT and CCSF that it does not make operational sense to have three independent certification processes. In Care Coordination Services (CCS) we are also respectful of the time and effort involved in the conditions of participation process at a VISN and facility level.

Work begins during the week of March 10 2007 to harmonize the conditions of participation for CCHT, CCSF and CCGT into a unified process



Adam Darkins, MD

Chief Consultant

VHA's Care Coordination Services

that it is envisaged will take place concurrently and once every 2 years in each VISN. Initial discussions on this unified approach suggest a core set of requirements will be common to all three care coordination/telehealth modalities, with associated elements specific to CCHT, CCGT and CCGT that will supplement the core requirements. The premise is that the format will be the same with a visit to the VISN by the CCS Quality Manager every 2 years and that a combination of face-to-face meetings, video interviews and document review will take place during this visit.

Patricia Ryan the Acting Associate Chief Consultant for Care Coordination, Linda Foster the Quality Manager for CCS are convening a panel in March. Invitees include the CCHT, CCGT and CCSF training center and associated experts to develop the first draft of the consolidated conditions of participation for CCS. In keeping with the philosophy of CCS, additional expertise will be obtained by scheduled videoconferences during the meeting. A central concept underpinning care coordination/telehealth services in VHA is that of the continuum of care. The continuum of care and how CCHT, CCSF and CCGT integrate together and into the wider continuum of care will drive the process of developing the combined conditions of participation.

Internally within CCS the initial draft will be reviewed at face-to-face meeting in April 2008 with

the expectation that the draft conditions of participation and draft plans for implementation will be shared with VHA's telehealth community more widely at the Care Coordination/Telehealth Leadership meeting that is taking place between June 3 and 6, 2008 in Bloomington, MN. The input from clinicians and managers from VISN's and facilities across VHA are a crucial part of the development and implementation of this project, as is the case with all new projects undertaken by CCS.

The intent of the conditions of participation process is to promote best practice and identify areas for improvement and ongoing program development. CCS's Quality Manager has received accolades from VISN's for the constructive and helpful nature of the conditions of participation process. Many VISN's find the conditions of participation is an opportunity for organizational development of its CCHT program and CCS anticipates the unified conditions of participation will facilitate melding how CCHT, CCSF and CCGT are coordinated at both the VISN and facility levels.

CCS continues to work with VHA's Office of Quality and Performance (OQP) on the development of these unified conditions of participation. This is an exciting development that has, and will help ensure the highest standards of care to veteran patients through telehealth and assist in its further expansion.

Telehealth Focus: Telerehabilitation

By Sandra Schmunk, BS, MT-ASCP, MA, MS

Veterans with amputations are a special disability group with complex and unique needs requiring consistent, specialized, high quality care. These patients are most often veterans whose amputations are the result of diabetes or peripheral vascular disease, but over the last several years there has been a dramatic rise in the number of combat related amputations. These patients tend to be young and have a desire to return to an active lifestyle—sometimes requiring new treatments, technologies and rehabilitation techniques. Telehealth can help to meet the needs of both of these two disparate populations by bringing services to them and their providers, enhancing communication and convenience. This article describes a demonstration clinic in VISN 23 where Telehealth has been called upon to coordinate and facilitate co-managed care for veterans receiving prosthetic devices.

Background

Within VISN 23, veterans needing prosthetic devices are often co-managed between the **specialized tertiary center**, the **local facility** and **contract prosthetists** from the private sector.

Veterans at the St. VA Medical Center in St. Cloud, MN, requiring prostheses are co-managed by local physical therapists, local contract prosthetists and rehabilitation staff at the Minneapolis VAMC who prescribe the prosthetic prescription.

Patients requiring a prosthetic limb historically traveled to Minneapolis to receive an evaluation and orders for the appropriate prescription. After the initial evaluation, several

subsequent trips were needed to evaluate fit and use of the artificial limb as the healing process changed the requirements of the device. The trip from St. Cloud to Minneapolis, a distance of 90 miles, could take as long as three hours in rush hour traffic, or longer during inclement weather. In addition to the patient traveling to Minneapolis, the local prosthetist often would also attend the clinic to offer their expertise and consult face-to-face with the Minneapolis rehabilitation team.

Steve Brielmaier *Phys Therapist*
Minneapolis VA Med Center Team
Marilyn Weber *Rehab Physician*
Alvin Pike *Staff Prosthetist*
Barbara Stalley *Case Manager*
Joseph Medvec *Orthotist-prosthetist*

An Overview of the Process

Amputees are evaluated by Dr. Marilyn Weber who provides a prescription for the prosthetic device. She needs to consider the



Via telehealth, VISN 23 VAMC Minneapolis Rehabilitation's Marilyn Weber, MD, leads multi-disciplinary team who links with a Physical Therapist and others at the VAMC St. Cloud to provide follow-up amputee services to veterans

A Team Effort

Recognizing the opportunity for process improvement, staff from St. Cloud and Minneapolis agreed to work on the development of a Telehealth amputee clinic. The development team consisted of:

St. Cloud VA Med Center Team
Kami Davey *Physical Therapist*
Denise Hanson *IT Specialist*
Gina Parrish *PT Assistant*

patient's activity level, stage of healing, intended use of the prosthesis, medical history and measurement of the residual limb in order to select the appropriate device.

Based on Dr. Weber's prescription, a prosthetist fabricates the artificial limb for the patient. A prosthetist is a person that has

(Continued on page 4)

Telehealth Focus: Telerehabilitation

been certified to fit prostheses to residual limbs of the upper and lower extremities. The fitting of lower extremity prostheses, involves making a socket that fits the residual limb. The socket is connected to a foot or ankle assembly and in the case of above knee amputation, an artificial knee. Prostheses are aligned with the patient walking, while the prosthetist observes the gait and corrects for any deviations from optimal movement.

The next step involves the physical therapist (PT) who trains the patient to use the limb. You must have patience as you begin this process, watching carefully for skin tolerance, as the patient adapts to the prosthesis. The therapist helps the patient develop balance and mobility as they progress from walking with the aid of parallel bars to other assistive devices such as walkers and/or canes. The therapists also provide patients with practical life skills, such as standing, retrieving objects and safely getting up from falls.

Providing a prosthetic limb that fits comfortably without damaging skin integrity, while improving the function of the veteran with an amputation, is a complex process requiring coordination, cooperation and communication between team members. It is a process that can be intimidating and confusing for the patient. The follow-up clinics are designed to make sure the prescription is optimized after two to four weeks of wearing the limb and are done prior to paying the prosthetic company.

These follow-up clinics became the focus of the rehabilitation team and they investigated how Telehealth could replace the travel and facili-

tate communication and coordination of care. Telehealth provides the connection between the Minneapolis team to the patient and their St. Cloud team. The physician evaluates the fit and verifies that the correct prosthesis was ordered. From Minneapolis, she can also evaluate how well the patient uses the prosthesis and evaluate skin integrity with the aid of the physical therapist in St. Cloud. The patient is able to voice concerns and the team is able to identify any issues and take steps to resolve them. Because all team members are on hand at the same time, via telehealth, there is improved coordination and cooperation between sites.

Results

The demonstration project has been well accepted by patients, who feel like they are getting the best possible care. It has decreased travel for not only patients but also the local prosthetists. An added bonus is the presence of the local physical therapist. Co-management and coordination of the patient's care is enhanced because everyone hears the same thing at the same time. It has helped to resolve issues between the patient and the local prosthetist.

Keys to Success

A vital first step to the development of this Telerehabilitation clinic was obtaining *buy in* from all parties to carve out a set time for the Telehealth clinic. There was already a very good communication system set up with the Minneapolis Amputee Team and some of the physical therapists at the St. Cloud VA—since the St. Cloud team was treating many

veterans post amputation from the Minneapolis facility. The Minneapolis team suggested the possibility of having a Telehealth clinic, and Kami Davey, physical therapist, at St. Cloud VA, enthusiastically responded that she would be willing to assist. Next the team discussed it at an Amputee Clinic, and the Minneapolis prosthetist agreed that it was a great idea to better serve the veterans. The role of the physical therapist located at the patient site proved to be crucial because she acts as the patient advocate as well as the hands of the physician. The physician was concerned that she would not be able to assess the wound and edema. Both of these affect the way the stump fits, since the residual limb can change in shape and size. The on site physical therapist becomes the hands of the physician.

Summary

Telehealth can provide improved communication and coordination of care for patients requiring prosthetic devices and should be considered for other co-managed care situations where providers or teams of providers are separated by a distance. The V23 TeleProsthetic clinic has been well accepted by patients but requires the efforts of a patient-site facilitator who can act as a patient advocate and provide the hands on component of the exam for the physician.



Sandra Schmunk, MS

V23 Telehealth Program Manager
VAMC Minneapolis, MN



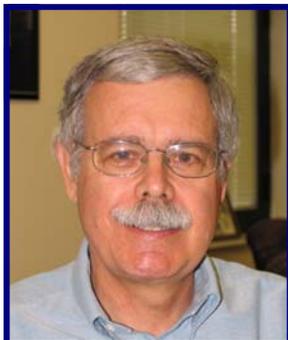
Care Coordination Home Telehealth CCHT National Training Center Sunshine Training Center Roundup



By
Rita KobbMN, GNP-BC
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center. We are proud to announce the addition of Richard Medeiros, APRN, to our team as the new Special Projects Manager. This position will oversee the Disease Management Protocol (DMP) process and work directly with our expert panels and the CCS to move development and dissemination forward.

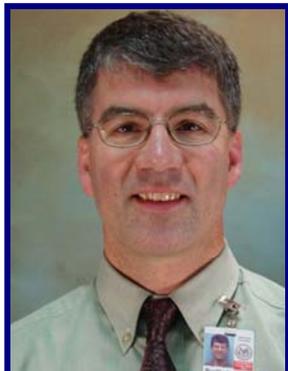
Richard has a BSN from Florida International University and an MSN in Administration and Adult Nurse Practitioner from the University of Florida. He has worked for the VA for thirty years. He has held many clinical, administrative and educational positions including: Nurse Manager, Nursing Supervisor, Adult Nurse Practitioner and Occupational Health Nurse. He has significant experience with chronic disease management.



Richard Medeiros APRN
Special Projects Mgr

We have recognized several CCHT Champions this past quarter. From VISN 2, VAMC-Buffalo, New York: Dr. Bradford Mersereau. Dr. Mersereau is currently the Acting Director for Primary Care. He was nominated because of his support for the local Telehealth program, referring over 50 patients mostly for diabetes and hypertension monitoring.

Also from VISN 2 we have from the VAMC-Syracuse, New York: Dr. Abid Iraqi, a Geriatric & Extended Care provider who has referred over 40 patients to the program and clinic nursing staff in the 2East /2West Clinics who have referred over 90 patients to the local program. Thanks to all for your continued support and Congratulations.



Bradford Mesereau MD
CCHT Champion

Training Center staff presented *"E-learning and Telehealth: Measuring and Growing Your Success"* at the International Conference on Aging, Disability and Independence (ICADI) in St. Petersburg, Florida. This international education workshop was put on by the University of Florida and had conference tracks in telehealth, robotics, smart homes, assistive devices and transportation to name a few. In addition to Training Center staff, Pat Ryan presented on the VA's telehealth programs, and Jenice Guzman from VISN 22 and Omayra Brabham from VISN 8 presented posters on CCHT. Here is a photo with VA staff and Telehealth track chair, Dr. David Brennan.

It was an excellent opportunity to share and showcase VA's work in telehealth with participants from over 38 countries.



VA CCHT Staff and ICADI Telehealth track chair

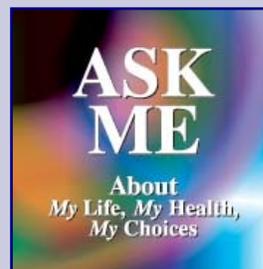
COMING MARCH 2008 Two new Patient Self-Management (PSM) courses:

1. The Basics
2. Skill Building



The **PSM Toolkit** is posted on the Sunshine Training Center's Sharepoint: <http://vha08spt1/sites/stc/default.aspx> and will be on the Care Coordination Services' homepage under **"Key Topics"** <http://vaww.carecoordination.va.gov/topics/>

Look for our buttons winging their way to your Networks:



Share them with clinical staff and help us get the word out about the importance of self-management for our veterans.

Plan to attend our **hands-on competency round up** at the *Leadership Forum* pre-conference June 3rd.

CCHT Master Preceptor Class of 2009 Applications will be available before the June Leadership Forum on the Sunshine Training Center's webpage:

<http://vaww.carecoordination.va.gov/training/sunshine/>



Care Coordination General Telehealth CCGT National Training Center RMTTC's Activities First Half of FY08



By
Charlene Durham

RMTTC Training Center

Rocky Mountain Telehealth Training Center happenings FY08...

Several opportunities for nurturing the VA telehealth communities and building and strengthening foundations for telehealth programs have kept staff at Rocky Mountain Telehealth Training Center (RMTTC) busy in this new fiscal year.

David Palazzolo celebrates six months as the visual information specialist for RMTTC and webmaster for the Office of Care Coordination Services (CCS). The new CCS website format debuted in Dec 2007 with faster responses, similar formats for each page, several paths to frequently accessed information, and "breadcrumbs" to help you remember how to get to that information and future updates. This website also has a new URL that is consistent with other federal departments. Set <http://vaww.carecoordination.va.gov> as a favorite in your browser for quick access to the continuously growing body of knowledge in VA Care Coordination and Telehealth. The old URL will redirect to this location until summer, but reset your browser now so you won't miss a beat.

RMTTC, in partnership with the **University of Florida**, now offers a **Certificate in General Telehealth**. This accredited program includes successful completion of the five web-based General Telehealth Foundation courses, and a verification of telehealth videoconferencing preparation and skills. An interview with **David Shupe**, the **first recipient of the certificate**, is included on the next page of this newsletter. Over a dozen more VA employees are working toward the certificate. Register to begin the process to receive the General Telehealth Certificate from Rocky Mountain Telehealth Training Center and University of Florida at <http://vaww.carecoordination.va.gov/training/rmttc/accredit/>.

A **General Telehealth Master Preceptor** program was launched in Feb. 2008. This advanced leadership training opportunity strengthens the community of telehealth practitioners throughout the VA and broadens the cadre of experts to mentor others. This program helps ensure telehealth programs function at consistently high levels of quality and grow by building on the strengths and experiences of others. Common pitfalls can be avoided and solutions gained from the experience of others. The first class of General Telehealth Master Preceptors is expected to **graduate in June 2008**.

Six more general telehealth web-based courses are in production and will be available to VA staff before the next publication of this newsletter. These courses assist staff in specific clinical applications where telehealth is being used or is growing rapidly.

Telerehabilitation Curriculum:

- CCGT: *Introduction to Telerehabilitation*
- CCGT: *Polytrauma Telerehabilitation*
- Telerehabilitation for Spinal Cord Injury or Disorder*

Telehealth for Special Populations Curriculum:

- CCGT: *Cultural Competence in Telehealth Clinics*
- CCGT: *Development of American Indian Rural Telehealth Clinics*

Telemental Health Curriculum:

- Suicide Prevention: A Model for Emergency TMH Care*

Ron Schmidt conducts many sessions of timely and personalized training. The monthly **General Telehealth Forums**, fourth Wednesday of every month at 3 pm ET, draw an audience of current telehealth practitioners as well as those in specific clinical applications who learn how to extend their practice through telehealth. Upcoming topics include: **American Indian Telehealth**, and **Telehealth Front-line Staff**. Besides these general forums, Ron has presented **training sessions** with **VISNs 21 and 10** that were personalized to those groups. Each session was conducted via videoconference with several endpoints, including participants in Hawaii and American Samoa.

Check out all the resources available at: <http://vaww.carecoordination.va.gov/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

Add RMTTC's new intranet URL address to your browser 'Favorites':

<http://vaww.carecoordination.va.gov/training/rmttc/>

VHA TELEHEALTH TRAILBLAZER

VISN 8 Miami VA Healthcare System's **DAVID SHUPE**



The Rocky Mountain Telehealth Training Center recently partnered with the **University of Florida** to offer an accredited program in **General Telehealth** (see page 7 for related article). RMTTC's **Charlene Durham** chatted with **David Shupe** the first VA employee to complete the training and receive the certificate. In the inspirational interview that follows, David explains his strong connection to VA telehealth and what completing the training program meant to him...

Charlene Durham: *David, what is your current position and location in VA?*

David Shupe: I'm the Telehealth Coordinator at the Miami VA Health Care System. I coordinate programs with 6 Miami VA Healthcare CBOC's, 1 Ft Myers OPC, 2 VA Medical Centers in Northern Florida and 2 Vet Centers. My Medical Center Director asked me to take on this position about a year ago to develop telehealth programs here. We currently have **16 telehealth programs** and are soon to start 3 more, **Hepatitis C, Pain Management, and Telerehabilitation**. We've also started a pilot program for the VA with the **Vet Centers**.

CD: *What was your background and experience before taking on this job?*

DS: I started with the VA 30 years ago as a patient. When I was able to work, I started in house-keeping, then moved through several positions including MAS clerk, videoconferencing coordinator, chief of ambulatory care, and Staff Assistant to the Director. I've been a part of establishing several new VA programs like developing the customer service standards, Quality Improvement Tracking Programs, upward mobility programs (RN, LPN) with EEO, just to name a few. I love learning new things and taking on new challenges. I always give 110% of myself in whatever position that I am assigned to and do everything that I can to ensure that we provide the best care possible for the veterans. When I first started this position, I had a strong background in technical operation of the computer systems, earned the respect from clinicians, was considered an expert in clinical systems, and knew the basics about home telehealth program.

CD: *What has helped you in establishing general telehealth programs?*

DS: The **General Telehealth Foundation web-based courses** were very helpful to get the big picture of telehealth and how it all fits together. The technical and organizational information is complete and is able to get everyone to the same level of knowledge as a foundation to build on. There are a lot of good tools and resources on the website. I also had support from my Chief of Staff, Medical Center Director, IRMS, and great clinical champions who were excited to find ways to provide care in situations that had been very difficult or impossible before. For example, the Key West CBOC is 160 miles from Miami, a 4 hour drive on a two lane highway.

(Continued on page 8)

(Continued from page 7)

CD: *What do you enjoy most about your job?*

DS: Direct interaction and teaching doctors, nurses, and health techs; seeing them **catch the vision** of what is possible. The doctors love the videoconferencing quality, and I like to see them gain confidence about using it so they can just think about providing care and know that I'm always there for support if needed. This is the first job I've ever had that uses all of the skills I've acquired and blends them together. It includes the technical skills, the clinical understanding and relationships, and the skills learned while gaining a business degree. I like establishing new programs when we see how to fill a need. I've written procedure books and marketing and promotional materials to help get people involved and understanding how to do things better in Telehealth. The main thing I enjoy is that I have the support of the veterans; they see me as one of them. I just enjoy all the ways that I can help make things better.

CD: *What is most frustrating?*

DS: People who don't share the level of passion that I have to do the best for the vets. The ones who are satisfied to keep doing just the job, doing things the same way that they always have and never step up and try to improve processes.

CD: *What do you recommend to others to help them establish, grow or sustain telehealth programs?*

DS: Take all the Foundation courses, **build strong relationships** and teamwork. Advertise, promote, let people know that you're there and telehealth services can provide great treatment for the veterans by providing the right care in the right place at the right time. I recommended telehealth to a provider this morning in just a casual conversation and that individual was very interested in how this service could enhance the quality of care to the veterans in his clinic. I go to the clinical executive meetings and **explain and promote telehealth**. This helps and encourages administration to use videoconferencing for VISN meetings so they become comfortable with it and more productive themselves. Take great pride in what you do. I feel that you have to recruit and show the staff that you want everyone on the team. No one person makes a program successful. It takes everyone working together towards a goal to succeed. Be dedicated to the common goal of doing the best for the veterans. This attitude is so strongly exemplified by Dr. Darkins; always looking for the best ways to do things.

CD: *What does receiving the University of Florida General Telehealth Certificate mean to you?*

DS: Of course I am proud to get the Certificate from the University of Florida, but the Certificate from the Rocky Mountain Telehealth Training Center is just as important to me. It's just a way to show that I'm trying to do my best and to continue learning all that I can. It doesn't matter whether I was the first or hundred-and-first to get the certificate. I encourage others to do it because of what you can learn and the ways you can build your skills.



A VA First: VAMC Miami's **David Shupe** receives UofF's General Telehealth Certificate

VHA's Office of Care Coordination Services Quality & Performance

Finding & Enrolling NIC Patients in CCHT



VHA's Transformational Performance Measure #6 for FY08 calls for an increase in the Average Daily Census (ADC) of veterans receiving Care Coordination Home Telehealth (CCHT) and who meet the criteria for non-institutionalized care (NIC).

ADC targets for NIC have been set for each network that are based upon past performance, projected need (population demographics), and program capacity. Many networks are in the process of increasing their enrollment of NIC patients.

ADC targets for NIC have been set for each Network based upon:

- **Past Performance**
- **Projected Need**
- **Program Capacity**

The Sunshine Training Center conducts training for CCHT staff members about the criteria for NIC as well as some considerations for finding and enrolling NIC patients in CCHT. Following are some of those considerations:

1. Review the use of the Continuum of Care Form (CCF) with all care coordinators to achieve greater inter-rater reliability and share ideas for more detailed review and assessment (drill-down) of patients related to the criteria
2. Consider adding CCHT to the facility version of the GEC Referral Form as an option for referral to CCHT for NIC, if it is not already included

3. Market to various groups, specifically related to NIC patients, such as:

- a. Primary care
- b. Specialty care
- c. Geriatrics and extended care including all other NIC programs
- d. Hospice/palliative care
- e. Dementia care/caregiver support
- f. Post-stroke patients receiving therapies such as speech therapy
- g. Social workers
- h. Community care, homeless care staff
- i. ER/urgent care
- j. Mental health including MHICM
- k. Other traditional case managers
- l. Discharge planners
- m. Hospitalists
- n. Recovery Coordinators
- o. OIF/OEF case managers.
- p. RNs doing the required post-discharge follow-up phone calls
- q. Home oxygen program
- r. Dialysis program
- s. Mental health programs

4. Create ongoing collaborative relationships with the above groups and others to grow and sustain all NIC programs

5. Consider use of a clinical reminder to prompt for enrollment of NIC patients

6. Data mining for potential NIC patients using:
 - a. DSS Co-morbidity report
 - b. Ad hoc DSS reports for patient cohorts of interest at the facility or network level
 - c. VISN-level corporate data warehouse reports or queries
 - d. EPRP fall-out data for patients who might be NIC outliers

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

Please plan now to join us

Thursday March 20th

beginning at

1PM Eastern

on

VAKN's Channel 1

for a live broadcast of:



Ensuring Quality

in

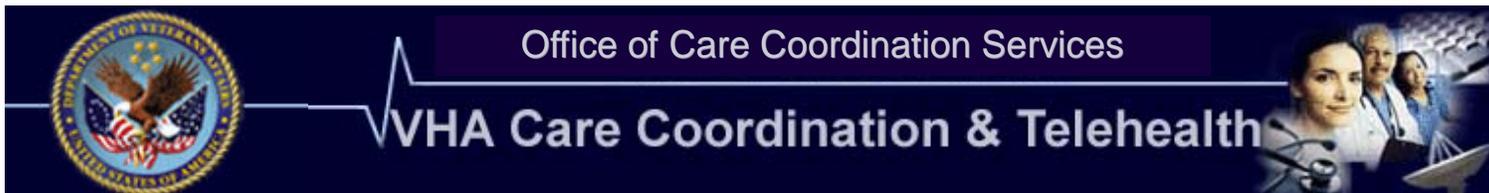
VHA Care Coordination/Telehealth Programs

Your Are Encouraged to [Dial the Studio](#) during the Broadcast with your Comments or Questions

For complete details, please see VA's Employee Education System's Learning Catalog listing at the address below:

http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=23960

Not free on March 20th? Taped repeat showings occur on Mon Mar 24 (5PM ET); Tues Mar 25 (8:30AM ET); Mon Mar 31 (3PM ET); Wed Apr 2(8PM ET); Thurs Apr 10(3PM ET); Fri Apr 18 (12PM)



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.

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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)461-6946 or john.peters@va.gov

NEXT ISSUE

Coming late May 2008
