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Telehealth

Telehealth is a rapidly developing application of clinical medicine where medical information is transferred via telephone, the Internet or other networks for the purpose of monitoring health status, providing health education, consulting and sometimes to provide remote medical procedures or examinations via telemedicine.

Synchronous (Real-Time)

Requires the presence of both parties at the same time and a communications link between them that allows a real-time interaction to take place. Video-conferencing equipment is one of the most common forms of technologies used in synchronous telemedicine. There are also peripheral devices which can be attached to computers or the video-conferencing equipment which can aid in an interactive examination.

Asynchronous (Store-and-Forward)

Involves acquiring medical data (like medical images, biosignals etc) and then transmitting this data to a doctor or medical specialist at a convenient time for assessment offline. It does not require the presence of both parties at the same time.

Home Telehealth For New Veterans

Veterans with chronic medical conditions such as diabetes, high blood pressure, congestive heart failure and other physical or mental health problems can be monitored at home using home telehealth technologies. This prevents or delays a veteran needing to leave their home and travel to a VA facility unnecessarily.

These devices do not replace routine medical appointments, rather they enhance primary care. Additional Home Telehealth programs are also coming to the home-front to monitor veterans with conditions such as Polytrauma, Spinal Cord and/or Traumatic Brain injuries, substance abuse problems and Post Traumatic Stress Disorder (PTSD).

In 2003, the Veterans Health Administration (VHA) implemented a national Care Coordination Home Telehealth program. As of November 2008, there are more than 35,400 veterans enrolled in this program nationally. Home Telehealth programs take care of the 2-3% of veterans who use 30% or more of resources, are frequent clinic attendees and require urgent hospital admissions. These programs in VHA have demonstrated reduced hospital admissions, clinic and emergency room visits resulting in an improved quality of life for our veterans.

VHA has developed a national home telehealth information technology infrastructure with the necessary back-up and redundancy systems to support the ongoing care of veterans.

VHA uses a range of technologies to send and receive health information to and from the home that match the needs of the veteran. There is no cost to the veteran to have these devices placed and monitored in the home as part of enrollment in the Home Telehealth program.

Home Telehealth identifies the veteran's symptoms, behaviors, and health factors that enable the veteran to self manage his/her own care. The veteran's caregivers and family members are a vital component of the Home Telehealth program and are a critical part of the veteran's care.

Our national awareness campaign uses the slogan, "My Life, My Health, My Choices" to promote self-management among VA clinicians, veterans, and caregivers/family members. This awareness slogan can be seen throughout VA facilities on our buttons that we proudly display.

For more information visit our website at
www.carecoordination.va.gov.



What is VERA and why does it matter?

VERA stands for Veterans Equitable Resource Allocation and it is the primary source of funding for VA networks (90% of the VA's budget).

The VERA model allocates reimbursement to VISNs based on their reported expenditures, meaning VERA reimbursement is primarily impacted by the care that facilities document they have provided. It is essential that we accurately document clinical care and ensure it is correctly captured in order to receive optimal funding. In essence, clinical care that is not captured in data form has not really taken place for reimbursement purposes.



How health services are funded, whether through allocation or reimbursement systems, plays a major role in determining how the service delivery is organized. The Veterans Health Administration (VHA) is no different in this respect.

In addition to providing an overall framework for funding services, reimbursement/allocation systems are used to ensure services are delivered to the highest-priority patients such as those with special health care needs, complex care needs and/or people with low incomes.

VHA resources are allocated by what is known as the Veterans Equitable Resource Allocations (VERA) system. VERA was instituted in 1997 to provide an equitable and transparent mechanism to focus resources of high-priority patients. VERA thereby determines the distribution of the congressionally appropriated medical care budget to the 21 Veterans Integrated Service Networks (VISNs). VERA is therefore a crucial factor in determining the shape of health care services within VHA.

The VERA funding mechanism has provisions that encourage the development of services for serious mental illness and non-institutional care. To ensure funding arrangements such as these are targeted

Care Coordination Services

VERA and Telehealth

Adam Darkins, MD, MPH, FRCS

to the intended patient populations there are eligibility criteria for patients and requirements that must be met.

Telehealth services have been steadily growing in VHA for over 10 years. VHA now has large enterprise telehealth networks that deliver routine care with a particular focus on providing mental health care, chronic care management and screening for diabetic eye disease. In all, over 40 specialty care areas use telehealth in VHA. VHA's experience with telehealth includes associated outcomes research e.g. in the area of telemental health shows that telemental health is comparable to face-to-face delivery of care.

When VERA was designed and implemented the size, scale and complexity of telehealth development in VHA was not envisaged. Telehealth is a tool that increases access to care, particularly for specialist services and it to deliver services in rural and remote areas. To date telehealth activities in VHA have not been recognized for credit under the VERA system. Consequently it is unclear whether greater uptake of telehealth would take place if it received credit under VERA. Lack of credit under VERA is often cited anecdotally as a disincentive for adopting telehealth within our system. However, there is no evidence to support or refute this belief.

It is a further mark of the maturity of telehealth in our system that the National Leadership Board's Health Systems Committee

reviewed a proposal in December 2008 that telehealth should receive recognition under VERA and to recognize the workload that is taking place in serious mental illness and non-institutional care for credit. Initially this recognition is being sought for real-time clinical videoconferencing. Work is under way to determine if there are any financial implications of making such a change within VERA. We await the results of this and other assessments to see whether recognition will be given for telehealth workload under VERA.

VHA has a robust system of clinical coding for telehealth that we have instituted with the help of DSS and HIMS. The necessary framework is in place to incorporate telehealth activity into VERA

“When VERA was designed and implemented the size, scale and complexity of telehealth development was not envisaged”

should we receive a favorable response to this proposal. If real-time clinical videoconferencing is recognized within VERA, then we plan to look at whether other hometelehealth activities that involve messaging and monitoring to coordinate the care of those with chronic conditions could also be considered under VERA.

That we in VHA are seriously considering whether, and if so how telehealth should be incorporated into resource allocation systems shows how over 10 years telehealth has moved from the margins to become a mission critical element to how services are delivered and sustained.



Rocky Mountain Telehealth Training Center

In collaboration with subject matter experts, Rocky Mountain Telehealth Training Center expands product and service offerings to meet current needs of those working in the field.

For instruction in specific clinical applications, **6 new web-based courses** are being developed: Introduction to Telerehabilitation, Polytrauma Telerehabilitation, Telerehabilitation for Spinal Cord Injury or Disorder, Cultural Competence in Telehealth Clinics, Development of American Indian Rural Telehealth Clinics and Telemental Health Suicide Prevention and Emergency Care

For introductory instruction in telehealth processes, **2 new web-based courses** are being developed: Telehealth Basics for Clinicians and Telehealth Basics for Front Line Staff.

For promoting general telehealth to clinicians and veterans we are working on **a video to use in your programs.**

To help answer immediate questions about how to use specific videoconferencing equipment we are also working on **How-To videos** that will be made available on our websites.

For continued development and recognition of VHA general telehealth expertise we are taking and reviewing applications for the second class of **Master Preceptor** candidates.

To recognize and connect with other telehealth programs in VA we are developing a Care Coordination General Telehealth **Program Inventory.**

To support expanding telehealth into new clinical applications we are developing new **Operations Manuals** for teleprimary care and mobile telehealth clinics.

SUCCESSFUL PROJECTS

The monthly Live Meeting Forums continue to be the most successful way to get information and skills to the widest audience. Some topics planned for early in FY09 include Telemental Health & Hispanic Culture and How to MOVE at the CBOC's via V-Tel System.

General Telehealth Certificate: an academic certificate in cooperation with the University of Florida.

Just-in-Time training sessions: custom designed and scheduled to meet specific program needs.

THE VIDEO ENCOUNTER Tips and Tricks

Making yourself look like the reporter on the



nightly news can make your entire real-time telehealth encounter better!

What you are looking for is how much of the screen is filled by the newscaster. This is called framing. Notice how much of the newscaster you can see and how close their head is to the top of the screen. Proper framing sets the stage for good communication.

Rocky Mountain Telehealth Training Center Numbers

What Did We Do In FY2008?

FY08 was a year of great growth for the Rocky Mountain Telehealth Training Center and the support for general telehealth programs throughout VHA.

- 138 Training events ranging from one-to-one training for specific skills to the National Leadership Forum.
- 2,379 hours of training were provided to 2,074 staff members accessing training via in person, virtual mini-forums, videoconferencing, web-based courses, or watching videos.
- Topic areas from general telehealth, telemental



health, telerehabilitation, tele-Move, telepharmacy, American Indian telehealth, telesurgery, teleprimary care, strategic planning, using telehealth technologies, using remote collaboration tools (like MS Live Meeting) preparing for Conditions of Participation reviews, new Enterprise Video Teleconference Network (EVTN) and Clinical Enterprise Video Network (C-EVN).

- A scorecard with nearly up-to-the-day data will soon be available for VISN telehealth leaders to track and direct training topics and hours for their staff. This scorecard includes data from all of the Care Coordination Services training centers.

Home Telehealth Champions



Sunshine Training Center staff would like to recognize the accomplishments of this quarter's Care Coordination Home Telehealth Champions. VISN 2 has been especially diligent in making sure their champions are recognized. We encourage other Network's to take the time to nominate their champions as well. The following Care Ccoordination Home Telehealth Champions are from Syracuse VAMC:



Sue Dann-Cerock, Suicide Prevention Coordinator; Charles Bellavia, Behavioral Health; Jake Jacobson, Team Red Scheduler and Helen Leet, Team Red RN; Paul Seymour, Behavioral Health; Mary Parker, Behavioral Health; Shawn Steiger, Behavioral Health and Dr. John Langenberg, Blue Team. From Canandaigua, Rose Curtis, Diabetic Educator.

From the Sunshine Training Center to You

Seasons Greetings

Sunshine Telehealth Training Center



The Sunshine Training Center Team attended **Learning 2008** this past month. Sunshine Training Center staff learned about cutting edge performance support and mentoring activities and have brought back ideas for our upcoming Care Coordination Home Telehealth Leadership Forum. Over 100 VHA employees attended this international event.

Training Center staff participated in

the national Freedom Walk in honor of those who died on September 11th. Team Sunshine walked with other VA staff from the North Florida/South Georgia Veterans Health System.

Training Center staff, Care Coordination Home Telehealth staff

from the North Florida/South Georgia Veterans Health System and Pat Ryan attended a lecture at the University of Florida by Dr. Amy Barton on Threading Informatics Competencies in a Pre-licensure Curriculum to Enhance Quality of Care and Patient Safety. Dr. Barton talked about the **TIGER Initiative (Technology Informatics Guiding Education**

Reform) The TIGER Initiative aims to enable practicing nurses and nursing students to fully engage in the unfolding digital era of healthcare. Enabling nurses to use information technology (IT) seamlessly to provide safer, higher-quality patient care will require action on the part of

“December is National Telehealth & Informatics Awareness Month. Don't miss this great opportunity for sharing what Telehealth does for our veterans”

many stakeholders, including professional organizations, academic institutions, government and policy makers, vendors, healthcare delivery organizations, health information management professionals, and librarians. Sunshine Training Center staff are reviewing this initiative to see what it might mean to competencies for all Care Coordination Home Telehealth care coordinators.

We have selected thirty candidates for our 2009 Master Preceptor class they are:

Lisa Alexander - VISN 17
Linda Anderson - VISN 23
Cynthia Berfect - VISN 16
Charmayne Bowes - VISN 19
Cathy Buck - VISN 6
Dana Cervone - VISN 1
Alyssa Colodny - VISN 22
Cynthia Covey - VISN 20

Kelli Deloye - VISN 22
Mary Else - VISN 20
Linda Hardison - VISN 16
Jeannie Keene - VISN 6
Cindy Mapelli - VISN 18
Nan Martell - VISN 2
Lore Martz - VISN 20
Sherron Olliff - VISN 8
Eue Partin - VISN 16
Tom Patts - VISN 4
Ryan Rand - VISN 23
Lynn Ricker - VISN 9

Esther Robinson - VISN 22
Jasmine Robinson - VISN 10
Valerie Silvers - VISN 19
Marsha Smith - VISN 3
Mary Walker - VISN 23
Linda Werner - VISN 4
Tammy Wessner - VISN 4
Sheri Wiedeman - VISN 19
Angela Williams - VISN 17
Rita Wingo - VISN 16



Quality and Performance

The New Combined CoP Review Process

Linda K. Foster, MSN, RN

As part of the strategic plan for the Office of Patient Care Services, planning began in March 2008 to establish a single combined review process for each of the major Care Coordination Telehealth (CCT) programs: Care Coordination Home Telehealth, Care Coordination Store-and-Forward and Care Coordination General Telehealth.

Site visits and reviews for the Care Coordination Home Telehealth program Conditions of Participation (CoP) have been ongoing with the second full cycle of VISN reviews having been completed by the end of FY 2008. Site visits and reviews for the CCSF Teleretinal Imaging Program (TRIP) have also been conducted for some VISNs. A new set of Conditions of Participation for the Care Coordination General Telehealth programs had been drafted but a review process had not yet been operationalized.

At the planning meeting in March, a task group identified which of the

existing Conditions of Participation apply across all three of the programs. These CoP were identified as the "Core" CoP. For each of the three programs, other CoP were identified that are unique to that particular program.

A much smaller set of CoP was then established for each of the three programs. Plans were outlined to establish a single, combined assessment and review process for these programs instead of reviewing each of the three programs at different times and during different site visits. Plans were also established for piloting of this new review process.

Drafts of these four sets of CoP's were shared with key staff in VISNs 8 and 19 who had agreed to serve

as the pilot sites for the combined review process. Self assessment tools were developed for use at both the VISN and individual program/site levels.

A Sharepoint site was established as a secure repository

for the self assessment documents so that they could be reviewed in advance of the site visit by members of the review team. The agenda for the site visit was planned to provide for interviews with VISN leadership staff as well as with CCT staff, clinical champions, facility leadership staff and others for all three pro-

grams. This agenda included live face-to-face reviews with some staff members as well as use of telephone, video conferencing technology, Netmeeting and Live Meeting in the course of the reviews.

The knowledge gained over the course of the pilots has helped to identify further modifications that will be made to the CoP documents as well as the process itself. A schedule of the timeframe for reviews for each VISN is being established and will be published in the coming weeks.

Then work will begin with individual networks to plan for and develop the agenda for their combined reviews. As a constantly evolving process, further adaptations are absolutely expected over time. We look forward to working with many of you in the course of this process as we all strive to continually sustain and improve the quality of the Care Coordination Telehealth programs across the VHA.

Patient Self Management

In support of our national Patient Self-management (PSM) campaign, the Bath VAMC recently hosted the 2nd annual Veteran's Health Information Expo where over 30 booths and interactive health monitoring activities were on display.

Nearly 150 veterans were in attendance- learning disease management, health and wellness tips, and prevention strategies. The event also celebrated a piece of history-- an 18th century display of surgical tools and medical interventions. The theme of the event this year was "My Life, My Health, My Choices" and veterans were encouraged to make a commitment to be an active partner in their health-care. Coordinators for this event are pictured below (left-right): Cherie Buckley, Marlene Gush, Shannon Peters, and Jim Corbett. Thanks for spreading the word.

"The knowledge gained has helped to identify further modifications that will be made to the CoP documents"





Our Mission

To provide the right care in the right place at the right time through the effective, cost-effective and appropriate use of health information and telecommunications technologies

Office of Care Coordination Services - Overview

The Office of Care Coordination Services (CCS) uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of veterans. **Care Coordination changes the location where health care services are routinely provided.** This is done to provide the right care at the right time, accessible to patients in their own homes and local communities. The Office of Care Coordination Services, located in Washington DC, divides Telehealth into three smaller modalities and has established training centers for each to support the provision of quality telehealth-based care to veterans:

- **Care Coordination General Telehealth**

is essentially "real-time telehealth" where a telecommunications link allows for instantaneous, or synchronous, interaction between the patient and the provider or even two providers regarding a single patient, typically via videoconferencing. The Rocky Mountain Telehealth Training Center provides training and support to staff involved in the delivery of general-telehealth services.

- **Care Coordination Home Telehealth**

is essentially "remote monitoring telehealth" where telehealth technologies are used to communicate health status and to capture and transmit biometric data. Devices are placed into the homes of veteran patients, typically, with chronic diseases such as diabetes, heart failure and chronic pulmonary disease and are monitored by care coordinators. The Sunshine Telehealth Training Center provides training and support to staff involved in the delivery of home-telehealth services.

- **Care Coordination Store-and-Forward**

is where digital images, video, audio and clinical data are captured and "stored" then transmitted securely ("forwarded") to a medical facility at another location where they are studied by relevant specialists. The Boston Store-and-Forward Telehealth Training Center provides training and support to staff involved in the delivery of store-and-forward-telehealth services.

