Office of Care Coordination
VHA Care Coordination & Telehealth

NEWSLETTER

November 23, 2005 Volume V Issue III

VA's Integrated Mobile Response

VISN 8's Mobile Service Center supports VISN 16 in Biloxi, MS, after Hurricane Katrina (photos 1, 2) VISN 5 Mobile Clinic paired with Miami's Mobile Incident Response satellite support VISN 8 in Homestead, FL, after Hurricane Wilma (photo 3)

VA Medical Centers and Clinics across the Gulf Coast and Florida's East Coast sustained varying degrees of damage during this year's devastating hurricane season. The work of rebuilding and restoration of services continues today. Immediately after the storms, mobile VA clinics from many VISN's including 5, 8, and 12 rushed to the affected areas to provide both veteran health and benefit services by supplying a wireless network connection to veteran information and satellite telephony. As one example after Hurricane Katrina, the VISN 8 (*in partnership with Volunteers Of America*) mobile unit provided wireless connectivity to the Director's Office at the VAMC in Biloxi, MS, then supported a triage field hospital in Hammond, LA, and then headed back to support VA's Oakland Park, FL Out Patient Clinic that was left powerless by hurricane Wilma, and then moved on to another VA clinic also damaged by Wilma in Coral Springs, FL. And while mobile clinics are part of many health care systems, VA's mobile clinics are truly unique in terms of offering a virtual health care facility with fully integrated voice, video, and data transfer capabilities supporting both face-to-face and telehealth applications. To see the unit in action at the Oakland Park OPC visit http://www.visn8.med.va.gov/Miami/news/Mia-OP-VOA.mpg

Damage and debris from Hurricane Katrina at the VA Medical Center in Gulfport, MS illustrate another case for when IT and telehealth can provide support for 'brick and mortar' facilities (photos 4., 5. courtesy of Cary Parks IRM Chief, Hampton, VA)

Teleretinal KickOff Mtg Jan 4-6

VHA's Teleretinal Screening Program Implementation Meeting was rescheduled due to Hurricane Wilma. The meeting is scheduled to take place January 4th-6th in St. Petersburg, FL. The meeting will bring together clinical, technical, and administrative representatives from all 17 VISN's participating in the National Rollout. Status reports and lessons learned will be shared by VISN's 1 and 20 who are currently piloting the programs in their regions.

ALSO IN THIS ISSUE:

Office of Care Coordination
Telehealth & Emergency & Disaster Management

By Adam W. Darkins, MD

The great advantage of telehealth is that it enables health care to be provided in situations in which there are challenges with the delivery of face-to-face services in a particular locale. Typically these challenges involve geographical distance and a mismatch between where patients are situated in relation to the health care providers they need access to. Sometimes an urgent problem prompts the development of a telehealth service, but in VHA many of the issues telehealth has to address are longstanding.

Recently the nation experienced a massive and catastrophic disruption to health care services caused by hurricanes Katrina and Wilma. Between them they wreaked havoc and showed that reliance on physical locations to deliver care cannot be taken for granted in emergency and disaster planning. VHA was challenged in the affected areas but has continued to serve veterans and the wider population in the resolute, efficient, compassionate and understated way in which it discharges its mission in such circumstances.

Adam Darkins, MD

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

> With the current rollout of four major national telehealth initiatives… ...VHA is developing resources that could be made available in a coordinated fashion to deal with emergency situations.

Where was telehealth? Surely in the midst of these events telehealth really came to the fore in VHA, across the rest of the federal government and in the private sector. There were instances of honorable mentions in dispatches for telehealth in all these sectors but no systematic and coordinated response. Within VHA VISN's 16 and 17 among the many uses of telehealth there was the maintenance of care of patients with chronic diseases at home using care coordination home telehealth (CCHT) by transferring the site of care coordination. The homelessness van from VISN 8 traveled to Biloxi and used its satellite capacity to provide real time video conferencing and accessibility to CPRS. (*Please see page 1 for related feature*.) Medical records of 50,000 patients were transferred from Louisiana to Houston to provide continuity of care. Previously, the relatively local nature of telehealth delivery mechanisms and lack of a nationally coordinated clinical, technical and logistic infrastructure to support this hampered such a development.

In our previous incarnation as the Telemedicine Strategic Healthcare Group and latterly as the Office of Care Coordination we have raised the question of whether VHA should have a prepared telehealth response to emergency and disaster management that is organized and systematic.

With the current rollout of four major national telehealth initiatives – the care coordination home telehealth deployment, polytrauma telehealth network, the mental health telehealth initiative in CBOC's and the national teleretinal imaging initiative VHA is developing resources that could be made available in a coordinated

(Continued on page 3)

Office of Care Coordination
Telehealth & Emergency & Disaster Management

fashion to deal with emergency situations.

Existing/*Developing* VHA Resources		*Hypothetical examples of use:*
Care Coordination Home Telehealth	-	*local quarantine capacity for bioterrorism*
Telemental health	-	*national counseling and support service*
Polytrauma Telehealth Network	-	*national specialist real-time consultation*
VistA Imaging	-	*national store-and-forward consultation*

Experience with technology used in emergency and disaster management shows that there are distinct advantages to deploying an existing operational capacity rather than dusting off a system that is mothballed.

Given the following ingredients:

Clinicians in 153 VA Medical Centers
Access to 103 academic medical centers
Telehealth equipment in hundreds of locations
A national terrestrial wide area network (WAN) for IP video-teleconferencing
The capacity to use satellite telecommunications
VETPRO (credential and also identify/inventory clinical staff resources)
A capability to manage tens of thousands of patients via home telehealth
A nationally available computerized patient record system
VistA Imaging
Multiple PACS systems

VHA has a unique telehealth capacity, one that could be deployed to deal with emergency and disaster management if the necessary clinical, technical and logistic issues are tackled.

The Office of Care Coordination (OCC) is preparing to revisit the issue of developing a national telehealth capability for emergency and disaster management.

Are you a VHA employee who wants to get involved?

Group forming now to discuss

VHA Telehealth Systematic, Coordinated, and Prepared Response

EMERGENCY & DISASTER MANAGEMENT

Please Contact

John.Peters@va.gov

Care Coordination Home Telehealth CCHT National Training Center

Sunshine Training Center Roundup

By Rita Kobb MN,GNP-BC
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center. The CCHT Executive Overview Course is now available on-line: http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp? This course was developed to help leadership understand the concept of CCHT and the processes surrounding its successful implementation. The course content is:

CCHT Executive Overview Course

Lesson 1	**Organizational Behavior** This lesson will provide information on the key considerations of executives at both the Network and medical center levels in successfully implementing and sustaining a CCHT program.
Lesson 2	**Management Systems & Processes** This lesson will provide information on the importance of coding for workload credit, meeting Conditions of Participation and technology system management.
Lesson 3	**Advanced Clinic Access (ACA) & CCHT** This lesson will provide information on ACA and how it can be positively impacted by CCHT.
Lesson 4	**Outcome Evaluation** This lesson will provide information on national outcome measures for determining the success and effectiveness of CCHT programs nationally.

Training center staff would like to acknowledge the authors of the course:

Adam Darkins, MD-*OCC*
Michael Miller, MD, PhD-*VISN 1*
Sydney Wertenberger, MSN-*VISN 15*
Sarita Figueroa, MBA-*VISN 8/OCC*
Linda Foster, MSN-*VISN 11/OCC*
Rita Kobb, MN-*VISN 8/OCC*
Jeff Lowe, MSW-*VISN 19/OCC*
Robyn Gerdes, MPH-*OCC*
Bonnie Wakefield, PhD-*VISN 15*

Also now available on-line on the OCC website (http://vaww.va.gov/occ) is the National Program Inventory. This document provides details about all CCHT programs in the country and can be used as a resource tool for networking with programs similar to your own.

Training center staff have developed **new competency tools** for the Lead Care Coordinator, CCHT Program Manager and MVP Lead positions and has revised the Care Coordinator competency as well. These tools can be found within the Orientation Packet located on the OCC website (http://vaww.va.gov/occ).

The Training Center's **quarterly national conference call** was held in October. Dr. Tony Cavallerano from the new Teleretinal Imaging Training Center in Boston (VISN 1) gave a presentation on the implementation of the **new teleretinal imaging curriculum**. Also on the call was Jeff Lowe LCSW who gave an update on the implementation of the **new Rocky Mountain Telehealth Training Center** located at Salt Lake City and Denver (VISN 19).

Finally, Training Center staff have developed a **Master Preceptor Training Program** to develop a cadre of CCHT experts to augment education and training efforts within each Network. The program has generic educational components and then breaks off into **two separate tracks one clinical and the other administrative**. Each candidate will choose a track to focus on. The program outline is listed below beginning with the generic content:

Master Preceptor Training Program Outline

1. Introduction- Setting the Stage in CCHT
2. Effective Teaching for CCHT Master Preceptors
3. Teamwork in VHA
4. The Rapidly Changing Healthcare Environment
5. Putting the Pieces Together

TRACK 1-Clinical

1. Information Technology and CCHT Practice
2. Patient/Caregiver-Clinician Relationships
3. Disease Specific Care
4. Working in the Community
5. Integrate Evidence-Based Care into Practice

TRACK 2-Administrative

1. Strategic Planning
2. Building Buy-in/Marketing for Success
3. Information Technology and CCHT
4. Financial Planning
5. Evidence-Based Health Care- Outcomes & Measures

REMINDER:

Application packets are available on the OCC website and can be requested directly from the Sunshine Training Center by emailing Rita Kobb at rita.kobb@med.va.gov.

Deadline for submitting completed Master Preceptor application packets is 12/15/05.

Visit the CCHT Collage site regularly at http://vaww.collage.research.med.va.gov/collage/E_CCHT

VHA's Office of Care Coordination Quality & Performance

Factors Influencing CCHT Panel Sizes

By
Linda Foster MSN RN
OCC Quality Manager

A frequently asked question in the course of CCHT Designation site visits is: "What should be the panel size of each Care Coordinator?" This question is usually fueled by the pragmatic concerns of program development and staffing, but the response to the question also entails both internal and external regulatory considerations. The Joint Commission on Accreditation of Healthcare Organizations (CAMH, Refreshed Core, January, 2005) standard LD.3.70 requires that "The leaders define the required qualifications and competence of those staff who will provide care, treatment, and services and recommend a sufficient number of qualified and competent staff to provide care, treatment and services."

"***What should be the panel size of each Care Coordinator?***" This question is usually fueled by the pragmatic concerns of program development and staff-

How, then, do CCHT Program Leaders "…recommend a sufficient number of qualified and competent staff…" to meet the needs of patients referred to the CCHT program and determine an optimal panel size for Care Coordinators? There are a number of factors that play varying roles and have varying degrees of influence when Program Leads consider their recommendation.

1. The educational preparation of the Care Coordinator.
2. The clinical skill, experience and competence level of the Care Coordinator, pertinent to the role
3. The skill level of the Care Coordinator with the home telehealth technology in installation, monitoring the data, troubleshooting, and refurbishment
4. The skill level of the Care Coordinator with computers in general and healthcare information systems in specific
5. The specific type of equipment being used (messaging, video monitoring, video phones)
6. The equipment vendor's software characteristics, ease and speed of use, and capabilities in summarizing data
7. Assignment as a dedicated Care Coordinator versus assignment of Care Coordination as a collateral duty
8. Responsibility level of the Care Coordinator for CCHT program development and oversight, marketing, and patient recruitment
9. Assignment to a CCHT patient population group with whom the Care Coordinator enjoys particular clinical expertise, versus assignment to a more mixed group of patients.
10. The average 'length of stay' in the CCHT program of patients in the Care Coordinator's assigned panel
11. The level of patient acuity and co-morbidity in the assigned panel
12. The frequency of turnover of patients in the assigned panel due to admission and discharge criteria for the program
13. The scope and volume of previously unmet patient needs for Care Coordination, both with regard to the medical plan of care and to psychosocial needs
14. The presence, absence, or degree of Caregiver support available to the patients
15. The level of patient adherence, both to the medical plan of care and to appropriate utilization of the home telehealth technology

How... ...do CCHT Program Leaders "…recommend a sufficient number of qualified and competent staff…" to meet the needs of patients referred to the CCHT program?

Previous recommendations for panel sizes for Care Coordinators, utilizing predominantly messaging technology, have been a patient ratio of about 1:150 for patients with general medical conditions and about 1:90 for patients with predominantly mental health care needs. In the coming fiscal year, the Office of Care Coordination plans to review their recommendations related to panel sizes. The influencing factors and considerations noted above may well impact the recommended ratio for certain programs in order to optimize the effectiveness of Care Coordination and Home Telehealth Technology in improving outcomes for patients.

...the response to the question… ...entails both internal and external regulatory considerations.

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

VA Staff may learn more about OCC Quality at http://vaww.va.gov/occ/CareCoord/Quality.asp

Knowledge NETWORK Knowledge NETWORK Knowledge NETWORK

1. COMING THURSDAY JAN 12

Care Coordination Home Telehealth
IT Infrastructure

Information Technology Infrastructure Issues

Thursday Jan 12 (1PM Eastern) CH 4

Taped Rebroadcasts
Monday—Jan 16—2PM Eastern CH 1
Thursday—Jan 19—8 PM Eastern CH 1
Wednesday—Jan 25—2 AM Eastern CH 1
Tuesday—Jan 31—9 AM Eastern CH 1
Wednesday—Feb 1—6 PM Eastern CH 1

Knowledge NETWORK Knowledge NETWORK Knowledge NETWORK

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

HELP CREATE YOUR CONFERENCE

WHAT TYPE OF SESSION WOULD YOU LIKE TO SEE?

at the

2006 VHA Care Coordination & Telehealth Leadership Forum

Meeting planners are currently creating agenda

and would appreciate your input

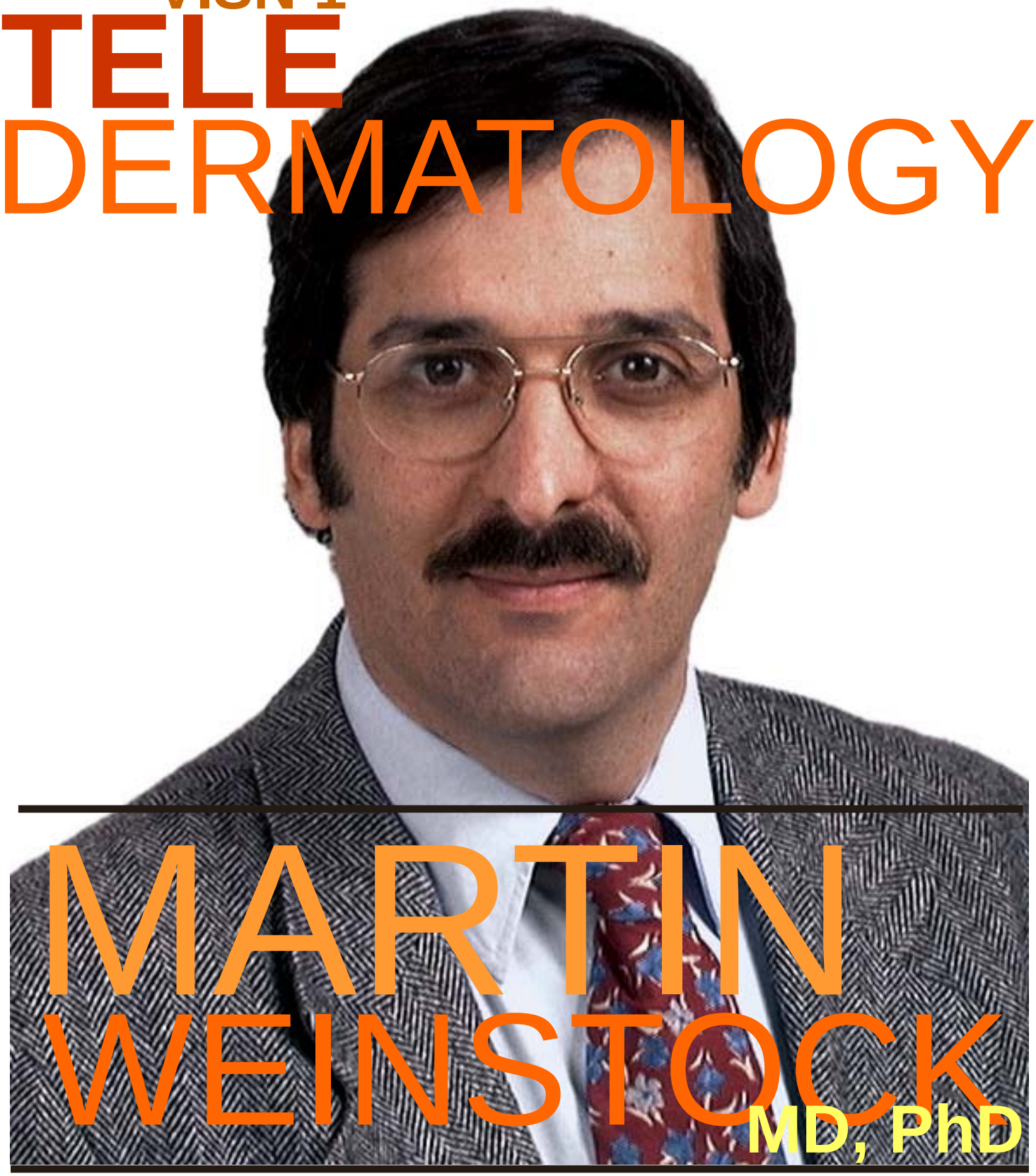
Please send your 'speaker/session' suggestions to

John.Peters@va.gov

Care Coordination Trailblazers

VISN 1

TELE DERMATOLOGY



MARTIN WEINSTOCK

MD, PhD

VA Care Coordination Trailblazer

John Peters: *Dr. Weinstock, thanks for taking time to share your story with the Newsletter. I am aware of your busy schedule up in Providence and appreciate you making time for this interview.*

Dr. Weinstock: No problem

JP: *Over the years I have interviewed a lot of VA Trailblazers but I think you have been doing teledermatology from the Providence VAMC longer than I have been with VA telehealth, so I have to say, you really set out into unmarked territory. When did your program begin and what was occurring at the time that indicated to you that the time was right?*

MW: We had our first real teledermatology visit in 1997. That was a time when we were still using paper charts, but technology for capture and use of digital images was rapidly advancing. In that context, there was a critical need for dermatology services in places far from my medical center that had no dermatologist, and hence there was an interest in devoting resources to addressing this problem. That created an opportunity for us to create a new program that would make a major contribution to patient care, research, and teaching.

JP: *And since 1997, did the program grow and have you reached a pleasant steady state?*

We had our first real teledermatology visit in 1997… …We have been successful in many cases with a variety of illnesses. Perhaps our most important contribution has been in the early detection of melanoma. I believe we have saved lives...

MW: Yes, the program has grown tremendously and is providing a needed service to more and more of our veterans. It has not been without setbacks along the way, but there have also been numerous technological advances as well that has made this service more efficient and effective. We are not in a steady state; there are additional advances in the technology and in our procedures, training, and skills as we move forward. Also, as our program has become more widely known, we have more demand for the services we offer. Constant change, and I do not forsee that changing.

JP: *Through my work at Central Office, I know you are once again opening up a new trail for VHA Telehealth. This time you plan to cross VISN's and collaborate with VISN 7 to provide a teledermatology service, from Rhode Island, to VA's Southeast Network (encompassing much of South Carolina, Georgia, Alabama.) How did this project begin and can you give a brief overview of the services you intend to provide?*

MW: This project also began with a clinical need of a veteran population for dermatology services, but this time we already had a functioning program in place, so the challenge now became adapting the current program to the new environment, and using this as an opportunity for further improvement, to bring this program to the next level.

JP: *I know VHA's health information system's imaging application VistA Imaging is currently being upgraded to support a separate teleretinal screening project. Have you and VISN 7 factored those IT improvements into your workflow plan or will they simply be integrated as they become available?*

VA Care Coordination Trailblazer

(Continued from page 8)

MW: We have used new aspects of the software not yet implemented nationwide, and are continuing to give feedback to developers so that we can do even better.

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

MW: I received my MD and PhD degrees from Columbia University in New York, my internship was at the University of Pittsburgh, and my residency and fellowship training at Harvard University. I have been Chief of Dermatology at VAMC Providence and on the faculty at Brown University since 1988. My NIH research funding has been continuous for the past 15 years, and I currently hold major grants from both the VA and the NIH.

JP: *And what was it in your training or experience that drew you into telehealth applications?*

MW: The potential for contributions in patient care, teaching, and research makes it particularly rewarding.

JP: *Have you had any special episodes or findings that made you really realize or appreciate the full value of your teledermatology program?*

MW: We have been successful in many cases with a variety of illnesses. Perhaps our most important contribution has been in the early detection of melanoma. I believe we have saved lives as well as relieved misery, and when we are allowed to do so, I hope to demonstrate that through appropriate epidemiologic investigation.

JP: *I know VISN 1 has a dedicated Telehealth Coordinator in Donna Cabral, and I am wondering do you ever get together with other VISN 1 telehealth folks to discuss common IT or administrative issues? Is there a telehealth community in VA New England?*

MW: The VA has a wonderful network of IT expertise. I have known Donna for years, even before she became involved in Telehealth, and she is a great asset to the VA.

JP: *Finally, what do you think of the idea of connecting a national VHA teledermatology network? Do you think there is a need for greater access to dermatologists and do you think telederm could be a solution that meets that need for VHA?*

MW: The VA is in the best position to develop a national teledermatology effort because the issues of malpractice coverage, licensure, and reimbursement are easy to resolve relative to the private sector. There is certainly a need for greater access to dermatology services. Teledermatology can help with the maldistribution of dermatologists when compared to the need for their services, but it will not magically create more dermatologists. So it can certainly be, and has already been, part of the solution.

JP: *Thank you Dr. Weinstock.*

Plan now to attend...

Care Coordination & The Caregiver FORUM

JANUARY 25-27, 2006

NIH's Natcher Center—Bethesda, Maryland

complete details available at **www.va.gov/occ**

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.

Contributing Staff

Publisher/Editor/Writer: John Peters, MS, *VHA Telehealth Strategic Health care Group*

Writer: Rita Kobb, MN, *Nat'l CCHT Sunshine Training Center Director*

Writer: Adam W. Darkins, MD, *Chief Consultant Office of Care Coordination*

Writer: Linda Foster, *Quality Manager Office of Care Coordination*

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 February 2006