Office of Care Coordination
VHA Care Coordination & Telehealth

N E W S L E T T E R

VHA Telemental Health to Expand in '07

VHA's Office of Care Coordination is helping coordinate two funding initiatives designed to expand Telemental Health programs in all 21 VISN's nationwide. Funding for these programs comes from the Office of Mental Health Services and is intended to provide telemental health equipment and staff to increase veterans' access to mental health services.

The first Telemental Health Expansion funding initiative is focused primarily on telemental health clinical video conferencing equipment to link providers at the VA Medical Centers to veterans seeking care at their nearest Community-Based Outpatient Clinic (CBOC). VISN's responded with proposals to provide VHA Mental Health care to over 35,000 additional veterans via telemental health. VA's Office of Acquisition established a national telemental health equipment Blanket Purchase Agreement with three vendors to supply over 400 videoconferencing solutions (like those pictured left) to VHA clinics and medical centers.

VISN 12 Telemental Health 'Patient' at Clinic uses telemental health to receive care from 'Provider' at Medical Center (in bottom photo)

VISN 12 Telemental Health 'Provider' at Medical Center uses telemental health to provide care to 'Patient' at Clinic (in top photo)   *photos courtesy of V12 TMH*

The second funding initiative covers:
- ongoing maintenance of the equipment funded under the first funding initiative
- equipment up to 4 additional tmh videoconferencing units, 2 units for groups, plus maintenance
- equipment and staffing for 2 regional specialty tmh clinics (e.g., PTSD and Substance Abuse)
- staffing a VISN tmh program support assistant to aid initiative implementation and reporting
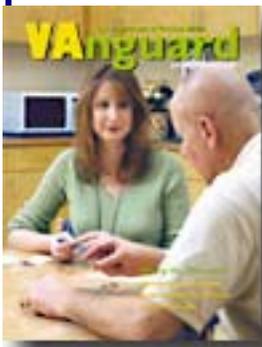- equipment and staffing for a regional home telemental health program for 90 veterans

The newsletter will follow these initiatives in the year ahead and report on what VHA achieves in this area.

RELATED ARTICLE:

You can read and learn more about **VHA Telemental Health** in a feature story, beginning on Page 12, inside the January/February 2007 issue of **Vanguard Magazine** available online at: http://www1.va.gov/opa/feature/vanguard/07janfebVG.pdf

ALSO IN THIS ISSUE:

Office of Care Coordination
Setting the Standards

By Adam W. Darkins, MD

VHA is developing large telehealth networks to care for veteran patients. Examples are the **Teleretinal Imaging Network** to assess for diabetic retinopathy with 110 sites, the **Polytrauma Telehealth Network** which has 21 sites and **Care Coordination Home Telehealth** program with over 23,000 patients. A vital part of being able to successfully create such networks is ensuring that they are standardized and interoperable.

The telehealth industry is an emerging one and clinical, technical and business standards tend to be the exception rather than the rule. Also the technologies used in telehealth are rapidly evolving. A good example of this is how videoconferencing protocols are moving from H.320 (for ISDN video) to H.323 (for IP video). When programs are small there is much more flexibility to venture out on the "bleeding edge". As programs become larger in size, in terms of patient numbers to be supported, the risks associated with failures that arise from non-standardization and non-interoperability are multiplied, not only in terms of the systems themselves but also the logistics of maintenance and repair.

It is therefore very much to VHA's advantage in developing telehealth networks to be able to adopt robust standards that have been agreed by the relevant organizations/bodies. Thankfully there are a number of organizations that are actively involved

in creating such standards. These standard setting groups involve both professional bodies and collaborations amongst vendors. Over recent months people from within VHA that have been asked to participate in various standards-setting initiatives have asked OCC what is their status on these groups if they have been invited as individuals to help define telehealth standards? Do they de facto represent VHA? Does their involvement mean that the standard setting group has VHA endorsement?


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> OCC is very keen that VHA participates in standard setting activities. It seems that it would be wise for people who are invited to do so to check with their regional counsel, or general counsel if here in VACO, as part of the process of engaging in these activities. We… ...would be interested to know who is involved in standard setting in telehealth so we can draw upon them as subject matter experts.

Following initial discussions with the Office of General Counsel this seems to be an area that needs further clarification. Apart from the questions posed above, there could be ethical conflicts in contracting for telehealth technologies. OCC is very

local regional counsel or general counsel if here in VACO as part of the process of engaging in these activities. We in OCC would be interested to know who is involved in standard setting in telehealth so we can draw upon them as subject matter experts. We will work with the Office of General Counsel to develop guidance, if necessary and understand the issues associated with representing VHA in telehealth standards that are developed.
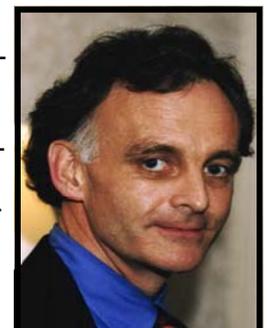
Adam Darkins, MD
Chief Consultant
VHA's Office of Care Coordination

Care Coordination Home Telehealth Business Article
Managing CCHT Technologies & Users' Support: The Main Beam

Veterans Health Administration (VHA) is the world leader in home telehealth, providing daily monitoring and care to approximately 24,000 veterans and operating an extraordinary infrastructure that supports thousands of care coordinators and providers daily. A big investment!

The enrollment is growing as anticipated, and we continue to develop and provide essential tools to support all users in the management of technology devices to carry out care, keep up with challenges, and take care of problems…...of course, you are expected to do it all seamlessly.

Sarita Figueroa MBA
OCC Business Manager

For several years now, during the roll out and implementation of Care Coordination Home Telehealth (CCHT) services, all of us have worked very hard to implement policy, clinical and business processes to provide the right care, at the right place, at the right time.

At the forefront of this solution is the Home Telehealth Device which is the clinician's tool, "the box", which enables the patient's monitoring. While the most important thing is what we *do* with the box, the box *is* our link with the patient. Our challenge is to ensure safe, efficient, quality of service to this unprecedented number of patients, while providing innovative care.

Without appropriate equipment management systems and a robust user support, CCHT's opportunity for efficient provision of services is limited. It is critical for patient safety and quality of care to have appropriately trained staff or appropriate processes for the management of home telehealth technology devices.

A VHA Directive for Home Telehealth Equipment Management has been developed and will be released in the near future. The purpose of the directive is to standardize various aspects of equipment management relating to the patient, care coordinators, prosthetics representatives and program leads, including elements that will support networks and facilities in the establishment of standard operating procedures.

A System Supported by a great Partnership

It takes a group of people with a commitment to act as one…Collaborate and Accommodate!

The home telehealth equipment management involves collaboration of several services within VHA. The Office of Care Coordination (OCC) in collaboration with the National Acquisition Center (NAC) developed various contracts for device procurement, and in collaboration with VHA Prosthetic Clinical Management Program (PCMP), created Clinical Practice Recommendations (CPR) to cover the clinical aspects of prescribing and ordering of Home Telehealth Devices.

In 2005, OCC partnered with VHA Prosthetics and Sensory Aids Service (PSAS) with the re-direction of funding, enabling the opportunity for PSAS to manage funds and control purchasing, inventory and logistics

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RELATED TRAINING

Thurs March 22nd

1PM Eastern

VAKN Channel 1

EES and OCC

present

'Home Telehealth Equipment Management The Tool Kit'

VA Staff can find additional course details at:

http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=23048

Care Coordination Home Telehealth Business Article
Managing CCHT Technologies & Users' Support: The Main Beam

for the Home Telehealth technologies. Other partners have been added to the operation:

Office of Information (OIF) supports the development and operation of necessary IT infrastructure to support transmission of patient data via technology device.

Supply Processing & Distribution (SPD) involved in the cleaning and refurbishing of the technology devices.

BioMedical Engineering involved in devices risk assessment and maintenance.

Service Contractors such as Durable Medical Equipment (DME) used at some sites for the delivery, pick up and installation at the home.

Home Telehealth Technology Vendors who provide different devices for patient use.

In the works…

Two **national workgroups** are actively developing tools that will further assist all users and people involved in the equipment management and user technical support in setting local systems and operating procedures.

NATIONAL TASK GROUP	MEMBERS	CHARTER	PRODUCTS
VHA CCHT Equipment Management Task Group	Representatives from VACO PSAS Office VACO BioMed Office Prosthetics Rep. CCHT Program Leads BioMed Eng.	To develop and refine home telehealth equipment management practices to ensure compliance with directive and to support networks and facilities in establishing systems based on explicit processes and procedures.	Identify Best Practices. Develop toolkit. Quality assurance process. Logistics guidelines.
VHA CCHT Tech User Support Task Group	One CCHT Representative from each network knowledgeable on technology issues, performance and troubleshooting.	To develop resources and tools to maximize technology support for all users and establish system for identifying, troubleshooting, reporting and tracking issues.	Development of user guide. Troubleshooting guidelines. Quick reference troubleshooting algorithm.

How many times have you found yourself frustrated in knowing what you are to do, but lacking the "how to" or "who to call" for assistance? More help is underway….With you in mind, we are producing items that will enhance the help available to you and the guidance for you to move forward.

The System Components for Equipment Management

- Procurement
- Inventory Control and Tracking
- Data Management
- Patient Education & Training
- Request and Ordering Consult
- Installation
- Troubleshooting
- User Support
- Returns/Exchanges
- Deactivation
- Cleaning, Refurbishing and reprogramming
- Risk Assessment and Maintenance
- Quality Assurance & Patient Safety
- Communication among partners
- Distribution & patient assignment upon enrollment

Care Coordination Home Telehealth Business Article
Managing CCHT Technologies & Users' Support: The Main Beam

For the efficient routing of information and action, it is important that you learn the role of **key players**:

Office/Service	Role
VHA Office of Care Coordination	Using the internal accreditation program, "Conditions of Participation" will perform compliance reviews to secure a systematic implementation of equipment management process.
VHA Prosthetics	Funding, logistics and procurement oversight.
VISN Level & Facilities	**Prosthetic Lead and MVP Lead –** Responsible for establishing pertinent policies and procedures and to work with key staff at the facility level in the implementation of guidelines or standard operating procedures to ensure compliance. **Facility Director** – Will ensure compliance with directive. Includes SPD, BioMed and DME as designated by facility.
CCHT Care Coordinators	Have prescribing authority to order the device for the patient and is responsible for patient's training on the technology device, as well as, ordering from Prosthetics, documentation in patient's record, issuing the equipment to the patient, follow up installation, equipment failure troubleshooting, coordination of replacement and coordination of the device retrieval from the patient. Secures communication
Vendors	To provide users with all necessary information, education, training and technical "help desk" support in order to ensure devices performance and smooth operation for clinical users and patient users based on national contract provisions.

The bottom line…

To succeed in your CCHT implementation or expansion, you have to keep ahead of the changes; establish efficient systems to support all the action. Essentially you will need to:

> Get familiar with the CCHT Equipment Management Directive
> Take a look to your existing systems, processes and key player's role & responsibilities.
> Enhance what is in place by incorporating the missing pieces.
> Establish a way to monitor, evaluate efficiency and compliance, inclusive of quality assurance reviews.
> Disseminate and communicate information among all involved in order to assure the same direction and synchronized communication.

A successful clinical program such as CCHT can be enhanced by putting in place technology equipment management systems, processes and tools to assist users in maximizing the provision of care at the right place and at the right time…**the main beam for sustainability.**

Care Coordination National Teleretinal Training Center
VANTTC INTRODUCTORY OVERVIEW
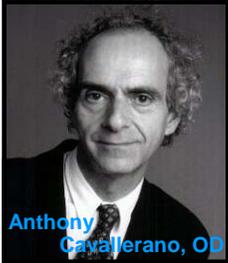
Mission

The *mission* of the **VA National Teretinal Training Center (VANTTC)** is to provide instruction on the innovative application of technology to provide comprehensive quality eye and health care to veterans with diabetes mellitus and other related disorders.

Anthony Cavallerano, OD
Training Director

In satisfying its mission, **VANTTC 's** technology-based model assists in expanding the delivery of eye care in the VA by training end users and by 1) increasing patient access to eye care, 2) prioritizing patients within an eye and medical care program, and 3) providing enhanced patient and provider education. Through the implementation of this model, a significant number of comprehensive eye examinations may be prioritized while others may be expedited. The use of digital retinal imaging with remote consultative evaluation has the potential to lead to improved patient care. Patient eye care will also improve with more timely and appropriate referrals, enhanced VA performance measures, and facilitation of patient education.

Physical Plant

The **VANTTC** is fully functional and housed in a state-of-the art 500 square foot facility located on the 9th floor at the Jamaica Plain Campus of the VA Boston Healthcare System. The Center is equipped with three Topcon NW-6S nonmydriatic fundus cameras and workstations as well as two image review stations with diagnostic quality display monitors. The facility is also equipped with a state-of-the-art synchronized audiovisual system designed to facilitate teaching and to enhance instructor/participant interaction.

Training programs

The VA Teleretinal Training Program is a curriculum-driven competency-based 2.5-day integrated multidisciplinary program designed to provide instruction to imagers and readers participating the diabetes teleretinal program. The curriculum is comprehensive and the program consists of lectures, demonstrations, workshop laboratories, and case studies. The training program for imagers and readers is conducted by a multidisciplinary faculty of professionals with broad experience in the area of diabetes and diabetic eye disease. The Training Center employs a multidisciplinary faculty with a wealth of experience in diabetes, diabetes education, imaging and diabetic eye disease. The faculty includes senior teleretinal/VistA Imaging specialists, an endocrinologist, diabetes nurse educator, a subspecialty trained ophthalmologist in retina, optometrists, digital retinal imagers, and clinical applications coordinators. Attendance is limited to ensure optimal instructor/participant ratio and to provide adequate supervised hands-on experience. The training program is designed to introduce and reinforce imaging techniques and reading and review techniques based applying existing VA clinical standards and guidelines.

VANTTC Faculty	
Paul Conlin, MD	Director, Ocular Telehealth Center—VA Boston Health Care System Chief, Endocrinology Section
Barry M. Fisch, OD	Chief, Optometry Section, VABHS
Gerald Selvin, OD	VISN 1 Clinical Champion, National Teleoptometry Lead
Tony Cavallerano, OD	Director, Training and Quality Improvement
Renee George, RN	Education Project Manager
Louis Pasquale, MD	Glaucoma Consultant
Carol Flickinger	Administrative Officer
Manju Subramanian, MD	Retina Consultant
Judie Beard Ham, BA	Program Administrator
Chad Parenteau, BA	Imager/Patient Care Coordinator
Ed Hurley, BS	Imager/Patient Care Coordinator/Research Assistant
Helen Gomes, RN	Diabetes Nurse Educator

The first training and certification program was held in early March 2006 and 15 additional programs have been conducted since then. Thus far we have trained 102 prospective imagers, 35 readers, and 7 VISN coordinators in a multidisciplinary competency-based didactic and hands-on training program. The imager training program is limited to 8 attendees while the reader program is limited to 4 optometrists or ophthalmologists. Portions of the training program are integrated so that the readers can learn what information is imparted to the imagers and to gain an appreciation of expectations in place for the imagers. Likewise, the imagers have an understanding of the requirements of the readers and what the reader is looking for when reviewing the study and interpreting the images. The low instructor to attendee ratio allows for more direct instruction and better feedback to the participants. A comprehensive overview of diabetes is presented to provide a basic understanding of the disease and to allow the imager to have a good foundation in order to provide basic patient education regarding adherence with eye examination recommendations. Since the program is competency-based the imagers spend significant time working with the fundus camera and with becoming conversant with the National Teleretinal Templates and consult mechanism.

Care Coordination National Teleretinal Training Center
VANTTC INTRODUCTORY OVERVIEW

The Reader curriculum concentrates on the technology including the use of new Telereader and VistA Imaging software upgrades. The new program allow for an integrated approach to viewing images on VistA and utilizing the various features of CPRS. Additional features and viewing formats have already been implemented for VistA and still others are currently being developed. The modality worklist and convenient screen views allow the reader to review studies more efficiently and more accurately.

Nat'l Teleoptometry Lead, Dr. Gerald Selvin at VANTTC

As technology changes, we have modified the curriculum to meet the needs and demands of the program. These modifications reflect not only changes in the consult mechanism and the templates but also adjustments that are made as part of the DICOM pathway and the image acquisition software. We also rely on evaluative instruments that are completed by attendees to provide us with future direction of the program. Feedback we receive from the attendees and others help us to adapt to changes and to refine and enhance the curriculum.

VANTTC's Ed Hurley & Chad Parenteau demo imaging techniques

Renee George presents at VANTTC Imager & Reader Training

Future Initiatives

As we move forward in year-2 of the teleretinal program we plan to continue regular training programs during calendar year 2007 to meet the demand of new VISN's coming on board. We hope to accomplish the following as we move forward in year-2 of the Teleretinal imaging program:

✦ Develop a web-based components to the training programs, including imager and readers programs

✦ Develop and implement interactive recertification programs, also partially web-based

✦ Finalize quality assurance instruments and monitors and implement a quality improvement program that we hope to roll out within the next few months. The program is designed to provide both imagers and readers with feedback based on indicators and monitors that are being developed by a consensus panel.

✦ Maintain ongoing communication with imagers and readers

✦ Establish a national clinical programs help desk at VA Boston

✦ Work with OCC to establish a national technology help desk

To Register for VANTTC 'Reader' or 'Imager' Training Please Contact:

Ms. Carol Flickinger, Administrative Officer VA Boston Ocular Telehealth Center carol.flickinger@va.gov or 857-364-6267

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

SUNSHINE TRAINING CENTER

By Rita Kobb MN,GNP-BC
Training Center Director

Here is an update on activities this quarter from the Sunshine Training Center.

Training Center staff attended the Office of Care Coordination's National Caregiver Forum last month in Washington, DC. Staff facilitated the Caregiver Education Group and made several recommendations for supporting caregivers and staff through education. The break-out group was one of the largest with excellent participation from its diverse attendees.

December was National Telehealth Awareness Month. Many of our Master Preceptors facilitated activities in their Networks to raise awareness and promote CCHT. Some activities included: *equipment fairs*, *marketing fairs*, *performance improvement presentations*, *newspaper articles*, *local newsletter articles*, *nursing recruitment fairs* and *open houses*. Staff were very creative in getting the word out on the benefits of care coordination and telehealth.

Finally, training center staff and the Master Preceptors have developed a short newsletter: "**CCHT Pearls of Wisdom**" located at http://vaww.va.gov/occ/trainingcenter/Sunshine.asp under the training and education link. This *quarterly newsletter* will have helpful tips for care coordinators on a variety of program issues. Our first topic covers keeping patients engaged in the program. Don't forget to check out all of our marketing and educational tools on the training center's webpage.

Caregiver Education Group at National Caregiver Forum, Jan 2007

V1 CCHT Open House

V22 CCHT Open House 2006

The Training Center with the 2006 Master Preceptors, in January, implemented a national recognition program for CCHT called: "**CCHT Champions**." Master Preceptors or MVP Leads (in Networks without preceptors) can nominate individuals that have gone "above and beyond" for CCHT. We are proud to recognize two Champions: **Dr. Kathy Gianola**, Clinical Informatics Chief and Acting ACOS for Education from **VISN 6** and **Maureen Distler**, RN Lead Care Coordinator, Charleston VAMC from **VISN 7.**

V6 CCHT Champion
Dr. Kathy Gianola

Dr. Gianola has been a well-known advocate for CCHT and Telehealth and this support comes outside her regular duty assignment. It is impossible to tell you everything she has done because there has been so much." We are glad to have her as our first CCHT Champion.

Maureen has gone above and beyond in meeting enrollment goals and clinical outcomes for her CCHT program. She is the spark that keeps Charleston's program moving forward." Congratulations Maureen.

V7 CCHT Champion
Maureen Distler

END NOTES:

On-line Training Course Available Now

"*Enhancing Patient Education*"

VA Catalog Link: http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=22685

Link to course: https://vaww.ees.aac.va.gov/

Please note: once you enter the EES On-line Training site you may have to do a Search under Available Courses using the key words: 'Patient Education' to get the course to show up under your courses.

Visit the CCHT Sunshine Training Center http://vaww.va.gov/occ/trainingcenter/Sunshine.asp

Care Coordination General Telehealth CCGT National Training Center
Meeting CCGT Training Needs

By Charlene Durham
Training Center Director

The Rocky Mountain Telehealth Training Center (RMTTC) has several learning opportunities and resources now available to VA staff via the VA intranet http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp. Or, from VHA's Office of Care Coordination home page: http://vaww.va.gov/occ/ where

Under—**Care Coordination General Telehealth**

Click on—**General Telehealth Training Center**

Many of the resources are organized to assist in building Telehealth Communities of Practice throughout the VA. The **General Telehealth Forums** allow all interested people to participate, share and learn in a variety of ways.

RMTTC facilitates monthly interactive training and discussion activities via **VANTS and MS Live Meeting.** Participants interact visually on-line, sharing computer desktop applications, and through the telephone lines for the audio connection. For example, the General Telehealth Forum in January presented a tour of the General Telehealth website, highlighting the information available and the interactive components. On Feb. 28, 2007, the forum will have a presentation on CCGT Clinic Setup and Coding. These monthly sessions are an opportunity to:

- Showcase VA General Telehealth Programs across the nation
- Share knowledge to enhance successful / sustainable programs
- Share lessons learned / new strategies uncovered
- Share methods to optimize patient care and outcomes
- Build a network of experienced Telehealth providers
- Create the Telehealth Community of Practice

RMTTC can also help groups organize their own **Live Meeting** sessions or **SharePoint** sites for collaboration that meets their needs.

Another type of forum is the **discussion boards**. Groups with common interests can collaborate, ask and answer questions, mentor each other, and carry on virtual conversations most relevant to that group. For example, people involved in telerehabilitation can carry on a discussion of their implementation successes and issues, ask questions of other members, add comments on pros and cons of using specific equipment, etc. Advantages of carrying on the conversation on the discussion board instead of through email include:

- Doesn't clog up the email system by being sent to everyone's individual email

- All comments in a discussion topic remain together

- The sequence and comments can be saved

- Suggestions and solutions can be organized by topic as "frequently asked questions" for new members to review
Available to all members of the group to review when they have time

Another organization tool for the Telehealth Communities of Practice is the **Inventory of General Telehealth in VHA.** This databank allows users to search for others who have experience in specific telehealth applications. It's also easy for users to add information about their own programs to build the communities.

Although everyone likes to know they are part of a community, sometimes it's nice to get personal attention and answers to specific questions right when you need them. **Just-in-Time Training** can be scheduled under the **General Telehealth Training and Education** link. Just fill out the request and the Rocky Mountain Telehealth Training Center staff will arrange training that is designed to answer your questions and at a time that is convenient for your location or group.

Although most training is virtual, the RMTTC labs are also available for on-site training. The Salt Lake City location held an open house on February 8, 2007 (*Pictured Above*). Visitors included administration, clinical, and technical staff from the VA Salt Lake City HCS, the VA Regional Office, VA Employee Education System, Veterans Service Organizations, and the VA Office of Information, as well as interested associates from the University of Utah and other community organizations. This initiated opportunities to:

- Collaborate across medical service lines in developing telehealth programs

- Integrate interagency planning for emerging programs and services

- Allow service lines to try out telehealth connections and practice with equipment before purchasing

It is a unique feature of VA that so many professionals are open and generous in sharing their experiences and assistance with others. RMTTC is one facilitator to connect these professionals so that all may learn with each other to provide better and better service for patients. Check out the resources at http://vaww.va.gov/occ/trainingcenter/RockyMountain.asp and let us know how else we can help you establish, sustain and grow your telehealth program.

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

VHA's Office of Care Coordination Quality & Performance
CCHT Guide for NEW Telephone Case Management Stop Code

DSS ID NUMBER	Primary, Secondary, or Either	DSS ID NAME	DESCRIPTION
182	PRIMARY	Telephone Case Management	Includes care/case management for an interdisciplinary care plan via the telephone. All elements of patient assessment, monitoring, and treatment/care planning must be documented in the patient's chart. Staff utilizing this code must have competencies in care/case management.

By Linda Foster MSN RN
OCC Quality Manager

As described in table above, a new DSS Identifier has been approved for FY07*.

In order to provide some direction to Care Coordination Home Telehealth (CCHT) field staff in the use of the new stop code, the following guidelines will be implemented:

1. Telephone case management, in the context of CCHT, is part of the spectrum of the telehealth technology assignment algorithm and is not necessarily a different level or category of care.

2. Typically patients in CCHT might best benefit from telephone case management when they:

a. Do not have a land telephone line for use with other telehealth technologies

b. Decline or are unable to use other telehealth technologies

c. Have achieved their goals using other telehealth technologies and may now discontinue their use but with periodic telephone case management contacts and follow-up

3. Patients using this type of technology might be classified into the following categories of care and this classification should be documented in the initial progress note:

a. Non-institutional care (NIC) as indicated by the criteria of the Continuum of Care Form (CCF)

b. Chronic care management (CCM)

c. Acute care management (ACM)

4. For enrollment of new CCHT patients in telephone case management, there must be documentation of an initial assessment for CCHT enrollment using previously approved stop code (DSS Identifier 371) with documentation therein of the reason for selection of this care modality.

5. There must be a documented interdisciplinary plan of care for each enrolled patient. This might be accomplished through use of CCHT clinical consult criteria/goals, parent/child interdisciplinary care plan, protocols, standardized care maps or clinical pathways.

6. Each telephone case management encounter with the patient must be documented and each such progress note must include each of the following elements:

a. **Assessment** – such as subjective complaints, symptoms, problems

b. **Monitoring**- such as vital signs data, symptoms of exacerbation, self-monitoring data (such as blood glucose, blood pressure, weights), knowledge/skills/behaviors, device functionality (such as pacemaker, ICD, insulin pump)

c. **Treatment/care planning**- such as review of progress to goals, alterations in the plan of care, recommendations to the patient about access to care, patient education, plan for continued follow-up

7. Telephone encounters with these enrollees must occur and be documented at least monthly along with periodic assessment of continued need for this type of care.

8. Discharge from telephone case management or transfer to another level of care/technology must be documented in a progress note along with the plan for continuity of care.

9. Clinic profiles for telephone case management must be set up with stop code 182 in the Primary position. Clinics must be set up as: count, non-billable.

10. Use of a (proposed new) standardized note title is required: CCHT Telephone Case Management

11. Use of a standardized note template is recommended and must include all of the elements in #7 above.

12. Care Coordinators utilizing this modality of care and this new stop code must have completed all of the required on-line CCHT training modules as well as the Mandatory Annual Reviews. (The long term plan will require either completion of a new case management on-line CCHT training module or case management certification)

The Outcomes workgroup will pursue addition of CCHT workload from use of this new stop code to the CCHT outcomes data cube. However, patients receiving this mode of care coordination will not be counted towards the enrollment targets measured or for the enrollment performance measure.

*VHA Directive 2006-063, Implementation of Changes for Co-Payment for Outpatient Medical Care Provided by VA, Attachment A: Decision Support System (DSS) Identifiers (Also Known As Stop Codes), Definitions, And Co-Payment Tier Table For VA Care
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1512

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

Office of Care Coordination

VHA Care Coordination & Telehealth

N E W S L E T T E R

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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Writer: Sarita Figueroa, MBA, *Business 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 May 2007