



Office of Care Coordination Services

NEWSLETTER

September 5, 2008

Volume VIII Issue II

New Telemental Health Field Staff Meet

The 2008 Care Coordination and Telehealth Leadership Forum in Bloomington, MN provided the opportunity to share and network with colleagues in the VHA Telehealth community. As an example, members of the new **Telemental Health Field Work Group Support team** were in attendance and got the chance to interact with their counterparts from other VISNs. The Telemental Health FWG support team is comprised of individuals hired specifically to help with the implementation and sustainability of new telemental health services. Each VISN had the opportunity to receive funding from the Office of Mental Health Services for this unique position, designed to provide for an orderly and controlled implementation process for expansion of telemental health.

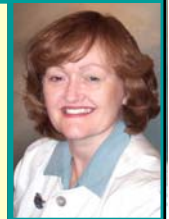


VHA's new Telemental Health Field Work Group Support Team Members met in June at the 2008 VHA Care Coordination & Telehealth Forum in Bloomington, MN. A big thank you for all your work team!

The role of these individuals is to help monitor Telemental health equipment as it is ordered and installed, staff as they are hired and trained and workload as it is created. They will help to ensure that staff receive the training and support that they need to provide telemental health services to the veteran patient and that clinics are set up correctly to ensure accurate workload reporting. In addition, they act as a liaison between the TMH lead and the mental health service at the various facilities within their VISN. - **By Sandie Schmunk, MS**

VHA Telemental Health Field Work Group Program Support Team Members

- | | |
|----------------------------------|--|
| VISN 2 Christine Foland | VISN 17 Carol Goodwin |
| VISN 3 Tyrone Johnson | VISN 18 Susie Crouch and Will Rodriguez |
| VISN 4 Minnie Atterberry | VISN 19 Kim M. Wilkins and Zandra Lopez |
| VISN 5 Kevyn Glover | VISN 21 Gina G. Grunewald |
| VISN 6 Michelle Tennyson | VISN 22 John R. Raftery |
| VISN 7 Tanya Hawkins | RMTTC Ron Schmidt |
| VISN 8 Sheena Prattis | CCS Sandra Schmunk |
| VISN 9 Debbie Costello | |
| VISN 10 Melvin Maugmer | |
| VISN 12 Robert Maxon | |
| VISN 16 Richard D. Kelley | |



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Office of Care Coordination Services Telehealth Development and Quantum Changes in Quality Measurement

By Adam W. Darkins, MD

Telehealth in VHA continues to grow rapidly and in many programs we are anticipating a 50% growth in patients seen in FY08 over FY07. As I have commented upon before, the major programs in Care Coordination Home Telehealth (CCHT), General Telehealth (CCGT) and Store-and-Forward Telehealth (CCSF) now provide mission critical services that VHA is reliant upon to meet its obligations to deliver care to veteran patients. In undertaking the rapid expansion of telehealth services in VHA we in Care Coordination Services (CCS) have taken a "systems" approach and not attempted to create a silo of care delivery that is uniquely telehealth. Telehealth represents a means of changing the location of care. Ensuring telehealth-based services are appropriate, safe, effective and cost-effective from the requisite evidence-base depends upon input from the individual clinicians, services, facilities and VISNs who ultimately determine the exact role that telehealth will play in the armamentarium of services that VHA provides to support the care of veteran patients.

Unique challenges associated with access to care, particularly in rural areas are raising telehealth to the fore as a solution to hitherto intractable problems in care delivery such as areas of the nation where there is a paucity of practitioners. Increasing travel costs are exacerbating this prob-

lem and lend further support to finding ways to take services to the patient in the ways that telehealth can support.

A systems approach to telehealth development is important because having clinical, technology and business processes that are interoperable encourages the sustained growth of telehealth networks. This is apparent in how CCHT, CCGT and CCSF are developing in VHA. Telehealth in VHA has burgeoned from its early days of small cottage industry-like solutions into true national programs that draw upon sophisticated clinical, technology and business structures at an enterprise level. Therefore in addition to VHA's existing quality management and evaluation processes that are already embedded in the clinical applications that telehealth supports, it is important that there are also evaluation processes that attest to the quality of telehealth processes themselves.

CCHT, CCGT and CCSF all have such quality management and evaluation processes in place, with the most sophisticated being related to CCHT. It is increasingly important that quality management and evaluation in telehealth addresses the "systems" elements and proactively monitors and assesses possible critical points of failure that are inherent in any systems design. It was with this in mind that the "Conditions of Participation" within VHA, an internal certification for telehealth at the VISN level, were developed to ensure that the necessary structures are

in place to support telehealth. In FY08, these will collectively cover CCHT, CCGT and CCSF services as one combined assessment. Each one of the training centers, that for CCHT, that for CCGT and that for CCSF, link into the conditions of participation through addressing the competencies of staff to provide telehealth in a systematic fashion. Lastly, work is ongoing to introduce quality indices that reflect the IT support for telehealth within Service Level Agreements that CCS is finalizing with VA OI&T. These are intended to take the continuity of operations, of VHA's IT infrastructure for telehealth, to a new and more sophisticated level.

In order to make these processes relevant at the local level, CCS wants to promote the use of score cards based upon that which has been developed for CCHT to be used in CCGT and CCSF. These metrics are important to assure the required outcomes associated with telehealth are achieved on a consistent and ongoing basis. True to our systems approach, these integrated quality initiatives are not occurring in isolation. We have worked closely with VISN CMOs, Quality Managers and with the Offices of Quality and Performance and Patient Safety in the past. I predict that this coming year FY09 will see us working hard to stand on the shoulders of our colleagues in the Offices of Quality and Performance and Patient Safety as we take both telehealth in VHA to further heights and ensure the processes to support them are robust.



Adam Darkins, MD

Chief Consultant

VHA's Care Coordination Services



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. The STC Team has adopted Bradly Gaff, Airman 1st Class and his seven hut mates of the U.S. Air Force in Afghanistan as a community service project. We are sending them letters, toiletries, candy and other necessities regularly to help make their stay away from home a little easier.



Sunshine Training Center 'Adoptee'
Airman 1st Class **Bradly Gaff**

We have recognized two CCHT Champions since May. From VISN 19, Salt Lake City, Utah: **Dave Palazzolo**, Visual Information Specialist for the Office of Care Coordination Services.



Sarita Figueroa is the Business Director for the Office of Care Coordination Services (CCS) and Director of Business Operations for the VISN 8 Community Care Coordination Service (CCCS). She is a Champions Recognition Program award recipient for her exceptional contributions to the sophistication of our National CCHT program. Sarita has provided the business smarts to the overall operations for the past five years. She has provided the business and technical oversight for the VISN 8 program as well. Sarita has a "can do" attitude that has made her a vital teammate for CCHT success.



CCHT Champions:
David Palazzolo
& **Sarita Figueroa**

Training Center staff participated in the June national Leadership Forum. STC staff with the Master Preceptors coordinated the Annual Competency Round-up which was attended by over 170 people. We also participated in Thought Leader discussions, Roundtables and

Strategic Planning Sessions as well. Poster winners for the event were: **CCGT** first Place Recipient: **Jolea McGinnis** (VISN 22); **CCHT**: **Michelle Ruby** (VISN 8) and **CCSF**: **Dianne Kowing** (VISN 8). We had a tie for the **People's Choice Award**: **Catherine Buck** (VISN 6) & **Jody Hersh** (VISN 12)



Howdy! from the **STC Competency Round-Up** June 3, 2008

The STC team also took some time during the Forum to recognize two groups that have been extremely supportive for our activities our Master Preceptors and our VISN CCHT Leads.



Poster Winners at VA Care Coordination Forum



People's Choice Poster Winners at Forum



CCHT Master Preceptors at VA Care Coordination Forum



CCHT VISN Leads at VA Care Coordination Forum—June 2008

One of our Master Preceptors, **Donna Vogel** (VISN 1) was awarded a very special recognition at the Case Management Society of America's annual national conference in Orlando. She was nominated by **Gail Wright**, also a Master Preceptor and chosen Case Manager of the Year for her contributions not only to VHA but to case management in general.



CCHT at CMSA:
Gai Wright & Donna Vogel

Congratulations we are proud of you Donna!



CCHT at VHA e-Health University—July 2008

Finally, the STC team represented the Office of Care Coordination Services at the VHA e-Health University (VeHU) Conference in July. The group used a brand-new display developed by **Dave Palazzolo** to showcase the activities of the CCS. The event was well-attended and we even got to see some of our CCHT staff from around the country.



Care Coordination General Telehealth CCGT National Training Center Summer Highlights



By
Charlene Durham

Care Coordination and Telehealth Leadership Forum 2008

The summer began with an event-filled, exciting, learning and networking experience at the VHA Care Coordination and Telehealth Leadership Forum. It's a great opportunity to see long-time friends and co-workers, meet face-to-face with project collaborators, make connections to initiate and grow new projects, refine a strategic plan, and get inspired and invigorated to move telehealth forward.

General Telehealth Master Preceptors

One highlight at the Leadership Forum was the graduation of the first class of General Telehealth Master Preceptors. The General Telehealth Master Preceptor program organizes and develops a cadre of experts to facilitate telehealth efforts within each VHA Network and promotes personal and professional development within the core competencies. This training experience is fundamental to the preparation of competent CCGT staff to meet veteran healthcare needs. As stated in VHA's strategic plan "Employees are the foundation of the Department of Veterans Affairs and are the key to its success."

The nine General Telehealth Master Preceptors 2008 also created projects that will help to enhance and standardize telehealth programs throughout VHA. These Master Preceptors and their projects are great resources available to all VHA staff.

Ellen Clements, VISN 7 Telehealth Manager, and Crystal Williford, Augusta Telehealth Coordinator, both at the Charlie Norwood VAMC, Augusta, GA., worked together to create a repository of standardized documents for use with telehealth programs (policies, procedures, training, position descriptions, MOUs, etc.) and make them available in a centralized place.

Alice DeFriese, ACOS/E, Northern California VA Health Care System, VISN 21, collaborated with the California Telehealth Network (CTN) to develop a high speed network for rural telemedicine.

Charlene Durham, Training Specialist, Rocky Mountain Telehealth Training Center, Salt Lake City, UT, clarified specific training that is a part of the Conditions of Participation for General Telehealth and created an easy-to-review and easy-to-document process and plan to keep staff current with advances in processes and technologies.

Jaclyn Griffin, NP, Pacific Island Healthcare System, VISN 21, outlined the steps to create a specialty telehealth service and reviewed the successes and challenges of two existing telehealth specialty clinics at the Pacific Island Healthcare System.

Jolea McGinnis, Telehealth Coordinator, Greater Los Angeles HCS, VISN 22, developed a VISN-wide technical support system utilizing staff from all the facilities with or without the utilization of IRM.

Sandie Schmunk, TMH Program Analyst, Care Coordination Services, Minneapolis VAMC, Minneapolis, MN., VACO, organized and supports a Community of Practice for Telemental Health Program Support As-



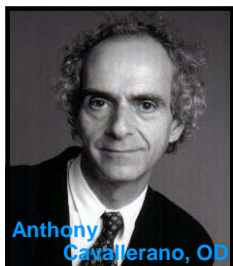
Rocky Mountain Telehealth Training Center's Ron Schmidt discusses telehealth goals with V6 Telehealth Coordinator Mary Foster and V7 Telehealth Coordinator Ellen Clements June 5 2008 in Bloomington, MN

sistants. This "community" provides leadership, standardized training, defined duties, tools, and support to enable this clinical application. Telemental health had a rapid, mandated growth, so this community required equally rapid cohesion and structure.

Mary Skinner, Telehealth Coordinator, Palo Alto

(Continued on page 8)

Care Coordination Services Store-and-Forward Telehealth Training Center

TRAINING CENTER NEWS

Anthony Cavallerano, OD

Training Director

Master Preceptor program

The first Masters Preceptor's program for Tele-retinal imagers took place on May 6th and 7th in Boston. After months of planning we delivered a comprehensive program that included a diverse group of 11 preceptors from 7 different VISN's who prior to being accepted into the program participated in a rigorous application process. I would also like to acknowledge our curriculum planning committee and multidisciplinary faculty, Drs. Paul Conlin and Gerald Selvin, Renee George, RN, Education Project Manager, Helen Gomes, MSN, Diabetes Clinical Specialist, Donald Bocash, COA, Lead Imager, and Chad Parienteau, MFA and Ed Hurley, BS, both imagers and patient care coordinators.

The Preceptor's program included a remote and self-study component comprising 20 hours of self study and then 2 days of on-site training at the Boston Training Center. The sessions took place over a 4 month period and they also involved facilitated bi-weekly conference calls designed to review the self-study and web-based elements of the program. The on-site portion of the program offered a group of highly interactive sessions directed at providing teaching tools and resources for the prospective trainers. We also offered a session on adult learning principles presented by Helen Gomes. We also covered specific topics such as advanced concepts in diabetes and diabetic eye care and managing the patient with diabetic retinopathy. As part of the course requirements, each of the preceptor candidates were required to develop and present a project to the group. The quality of the presentations was outstanding.

The preceptors were all highly energized following their 2-day session at the Training Center and their Boston visit, which was punctuated by a traditional fish dinner at the legendary Boston No-Name Fish House on the pier. The enthusiasm carried over and 5 preceptors have already trained 11 imagers in their respective VISN's since completing the program.

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CCSF Master Preceptors and instructors

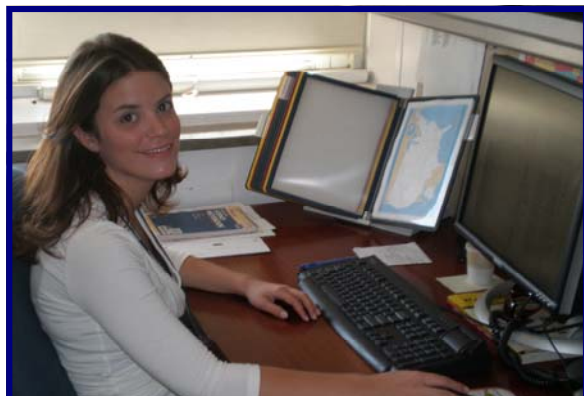
Future Programs

Another Master Preceptor's program is scheduled to begin on November 17th. We will solicit applications beginning in September. Also our training schedule includes an imagers training program on September 16th and 17th in Boston and three readers programs scheduled for September 9th, October 28th and December 9th. Please consult our website or contact Ms. Renee Warstler for registration information.

New Program Assistant

On May 11th we welcomed Renee Warstler to VA Boston as the new Program Assistant for the Store and Forward Training Center programs. Renee brings a unique blend of skills and experience to our programs since she is also a certified teleretinal imager, a position she held at the Louis Stokes DNVA Medical Center in Cleveland Ohio prior to relocating to Boston. Renee first completed the imager's training program in February 2007 and returned to Cleveland, where she was the first imager hired for the Louis Stokes facility. Prior to joining the VA Renee completed a 6 year tour of duty in the Coast Guard. Stationed mostly in the Cleveland area during her tour of duty she did stints in Port Clinton, Marblehead Ohio and Station Cleveland Harbor. Renee was a health services technician. She joined the Stokes VA first in the pathology and laboratory departments before moving over to teleretinal screening. Renee recently participated in her first imagers training program as an instructor and we are delighted that she has crossover skills as both an administrative assistant and a full-fledged teleretinal imager. Being new to Boston Renee has enjoyed many of the things that make Boston a great place to live.

When not working at the Training Center Renee enjoys reading but she is also an outdoor enthusiast, takes pleasure in long walks, and in addition to joining a local softball team, she is passionate about the Indianapolis Colts.



CCSF SF Training Center Program Assistant and Teleretinal Imager Renee Warstler

2008 CCSF MASTER PRECEPTORS

VISN 2 Deborah Diggins—Buffalo, NY

VISN 2 Jennifer Jackson—Bath, NY

VISN 6 Jennifer Strickland—Durham, NC

VISN 8 Cynthia Bailey—Daytona, FL

VISN 8 Eida White—Bay Pines, FL

VISN 9 Doris Easter—Memphis, TN

VISN 9 Stephanie Holloway—Knoxville, TN

VISN 10 Barbara Palumbo—Canton, OH

VISN 18 Jayne Craig—Tucson, AZ

VISN 20 Sharadee Hess—Walla Walla, WA

VISN 20 Elisabeth Macpherson—Portland, OR

VHA TELEHEALTH TRAILBLAZER *Tribute*



It is with deep sadness that we say good-bye, good luck and thanks for a job well done to one of our trailblazers. Sarita Figueroa is leaving Care Coordination, after seven years, to be the Director of Management Support for Clinical Programs under the VISN 8 CMO.

Sarita began her VA career in 1984 and her care coordination journey in August of 2001 as a Health System Specialist working as the Director of Business Operations for the VISN 8 Community Care Coordination Service. She helped build the VISN 8 program into a national model. When asked about care coordination and what it means to her Sarita said, "Seven years ago, I started in the middle of a great vision. While a lot of things were foreign to me because I came from working at another side of the organization, I quickly picked up on the passion of developing the business aspects of a program that I knew would change our veterans' lives."



Sarita has also served as a key member of the CCS Management Team since before the Office's implementation in 2003, supporting the business operation needs of our field programs. Being part of the national program has been a source of pride and accomplishment for her. "Wow, it was a year of excitement. Transferring a VISN model to a national roll out was like a dream come true and I have been part of that. It is an honor. Today we serve over 34,000 patients with the use of monitoring technology and thousands more providing remote access with teleconferencing. Just amazing!"

One of Sarita's many contributions has been her efforts on coding and workload for CCHT. She has worked tirelessly with other VA experts to create a national infrastructure to support CCHT activities. We have looked to her for guidance in this area and will miss her expertise. We will always remember, "If it's not coded right, it never happened." We all know how passionate Sarita is about coding, workload and other business operations, but how do you quantify this passion to serve veterans? How do you measure her energy and dedication? I think Sarita sums it up best, "I didn't just learn more about healthcare and how technology can transform the way we deliver it, I learned that patient-centered care is the driving wheel. Being part of this system transformation has been a wonderful experience of a lifetime."

Those of us who have worked closely with Sarita thought about what Sarita's legacy has meant to us...

Sunshine Training Center Team..."Sarita has been wonderful to work with. From the very beginning her "can do" attitude and passion to serve our veterans has made her a go-to-person for us.



Linda Foster..."My first major exposure to Sarita was in how her coding structure helped fledgling programs get workload data. Her coding structure has helped us get data for outcomes analysis."

Bob Lane..."I have always considered Sarita to be a great team player; always getting the job done and always keeping our veterans first and foremost."

John Peters..."Sarita would always say, 'If coding isn't correct, the encounter didn't happen', Sarita provided training on coding for CCGT, CCHT and CCSF. Thanks to her, the coding was correct, and VA telehealth happened."

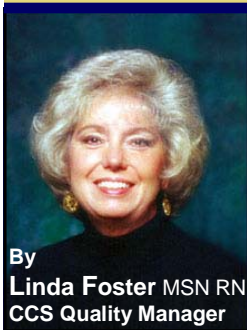
Pat Ryan..."Sarita has been an important foundation of this program. Dr. Darkins, Sarita, Rita and I spent many hours huddled together developing the national program. We did many firsts together both in VISN 8 and in CCS. She is a great professional, leader and a valued friend."

Adam Darkins..."Sarita worked her magic with Prosthetics and the flow of home telehealth devices opened up."

Sarita, Thanks for all you have done. We will miss you and wish you only the best for the future.

VHA's Office of Care Coordination Services Quality & Performance

Patient Safety: Managing Transitions of Care in CCHT



By
Linda Foster MSN RN
CCS Quality Manager

As part of the responsibility of the Care Coordinator, ensuring patient safety requires a number of considerations in the process of care. The Joint Commission has outlined standards for patient safety, some of which are directly applicable to Care Coordination Home Telehealth (CCHT). We have discussed one of those goals related

to medication reconciliation in a previous article. NPSG.02.05.01 also requires the following: *"The organization implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions."** With regard to CCHT, there are some hand-offs and transitions in care that require clear communication and sharing of information in order to optimize quality and ensure safety.

**...there are some hand-offs and transitions in care that require clear communication and sharing of information...
...to optimize quality and ensure safety.**

One of those hand-offs occurs when one Care Coordinator covers the responsibilities of another Care Coordinator, either because of leave, vacancy or in the event of an emergency/disaster. The fact that the VHA has such a powerful electronic medical record, CPRS, helps to ensure that information about patients being cross-covered is readily available. In fact, the implementation of electronic medical records is one of the strategies being promoted by a national group, the National Transitions of Care Coalition (<http://www.ntocc.org/>) to improve transitions of care from safety and quality perspectives. A Care Coordinator who is cross-covering patients with whom he/she is not familiar is also dealing with the data from the home telehealth device itself (which is not in CPRS in most cases) as well as the pattern of responses of individual patients on the home telehealth device. Review of the data trends and patterns of data submission for unfamiliar patients, as well as the daily data submitted by those patients, helps to ensure that more subtle, yet significant, findings are more apparent to the Care Coordinator. In

some cases, the mere absence of daily data from a patient is highly significant. In addition, consider a more structured communication strategy such as SBAR** when coverage cross-coverage of patients is anticipated so that any recent concerns or changes are clearly communicated for selected patients.

There are other transitions in care that the Care Coordinator should also consider from a safety perspective. Certainly patients being discharged to be followed by CCHT following an inpatient admission of any kind (acute, long term care, domiciliary care, community facility) should be a focus for the Care Coordinator. Ensuring that there is clear communication about the patient's status, including any changes to ordered medications that will need to be implemented by the patient/caregiver, should be a high priority for the Care Coordinator. This requires effective communication strategies on the part of the Care Coordinator, effective use of CPRS to gain information, effective use of data from the home telehealth device, and communication with the patient/caregiver to establish a new baseline for ongoing assessment and evaluation.

In the course of site visits in each network, I have seen many examples of the proactive approaches of Care Coordinators in ensuring effective communications and quality of the care they provide. Constantly looking for potential gaps at transition points helps Care Coordinators give added meaning to the term 'seamless care'!

*The Joint Commission Ambulatory Health Care Accreditation Program, 2009, Chapter: National Patient Safety Goals.

**Institute for Healthcare Improvement

<http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm>

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



Summer Highlights

(Continued from page 4)

HCS, VISN 21, gathered and launched the VISN 21 General Telehealth (GTH) Strategic Planning Committee to assist in the proper and successful implementation of programs, projects, and initiatives in the interest of providing excellent health care to Veterans.

Kris Young, Occupational Therapist, Louis Stokes VAMC, VISN 10, initiated processes to increase the number of therapists participating in General Telehealth services and to promote and establish a rapport with therapists in VISN 10 and surrounding areas.

Monthly Live Meeting Mini-Forums

The Training Center sponsors a mini-forum every month via MS Live Meeting. These sessions enable staff to congregate with colleagues and interact with telehealth experts. Each session is attended by 50 to more than 100 VHA participants.

The June mini-forum was conducted from the CCS Leadership Forum in Minneapolis. Staff who were not able to travel to the conference heard conference presenters, participated in small group sessions and also contributed to the General Telehealth Strategic Plan for 2009 – 2012. This was an opportunity for all those who will be implementing the programs to voice their priorities, concerns and suggestions to the direction of general telehealth in VHA.

Other mini-forum topics in the past few months were:

May 28, 2008: Primary Care Telehealth Outreach Clinics

June 4-6, 2008: CCS Leadership Forum, Minneapolis, MN

July 23, 2008: Telesurgery, Redding, CA
OPC – Start-Up to Sustainability

August 27, 2008 – Introduction to Live Meeting 2007

When the VA upgraded to Live Meeting 2007 in August, the General Telehealth mini-forum presented a training session less than one week after the roll-out.

This session guided users through signing on as meeting organizers and walked through many of the new functions including arranging breakout rooms within a session and using a live webcam. Information and training are available at <http://webmeeting.va.gov/>

Recordings of all previous mini-forum sessions and handouts are available on the RMTTC website: <http://vaww.carecoordination.va.gov/training/rmttc/forums/>

Communities of Practice SharePoint Sites

To support Communities of Practice and Interest, RMTTC creates and helps to maintain SharePoint sites for sharing resources, work documents, tracking projects, meeting minutes, agendas, etc. Access to each site is limited to the group it serves. Currently, the following groups all have a site for their collaboration:

Technology Advisory Group

VHA CCGT VISN Leads

General Telehealth Master Preceptors

Telemental Health Team Site

Telerehabilitation Team Site

Telesurgery Team Site

PCMP Workgroup, Home Telehealth

CCHT Documentation Ad Hoc Committee

American Indian/Alaskan Native Telehealth Team Site

CCHT Team Site

Retinal Imaging-Teleophthalmology Team Site

Teledermatology Team Site

Please contact RMTTC staff to see if your group could benefit from this resource.

Check out other 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



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
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NEXT ISSUE

Coming late November 2008
