



Clinical Informatics: Telehealth

September 2011

Volume 3 Issue 1

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.

CVT (Clinical Video Telehealth) 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.

SFT (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.

HT (Home Telehealth) Uses messaging and monitoring devices in a patients home to manage their care. This prevents or delays an elderly veteran needing to leave their home and move into long-term institutional care unnecessarily. It also reduces hospital admissions, clinic and emergency room visits.

VISN 7 Telehealth Quarterly

VISN 7 Telehealth Vision:

Provide timely, effective, Patient-Centered Care through the responsible application of existing and innovative technologies and processes that enhance both the quality of care and the environment of care for our Veterans, their families, and their Care Givers.



VISN 7 Telehealth Program Managers



Ms. Margarita Bell assumed the duties of Home Telehealth Program Manager at the VA Southeast Network (VISN7) in December 2010. For the last 20 years she has served in various clinical staff and leadership roles at the Atlanta VA Medical Center. Most recently, she served in the role of Chief, Utilization Management. In her current role, she is ultimately responsible for oversight of the Home Telehealth programs at the eight medical centers in VISN 7 and serves as the liaison between the Network and Central Office. Ms. Bell possesses more than 30 years of diversified nursing experience characterized by increasingly responsible positions in leadership and management, clinical nursing, and program development. She received a Bachelor of Science in Nursing from Southeastern Louisiana University in 1979, and a Masters in Health Administration from the University of Phoenix in 2006.



Mr. Daryl Johnson joined the Clinical Informatics Telehealth Team at the beginning of this year. He is the Program Manager for Clinical Video and Store and Forward Telehealth. Daryl comes to us from Department of Defense, where he is a 23 year decorated Retired Officer who served in the Military Intelligence Corps. After retirement, he continued to work for the military as a civilian in the capacity of Intelligence Organizational Integrator, transforming the intelligence community while at war. Daryl brings experience in Video Technology where he was an integral part of the vast web based and video technology that began sweeping the Military Intelligence Corps. A Veteran himself, he is committed to transforming new models of care to support older generation veterans as well as today's modern Veteran.

CVT Programs

Atlanta: SCI Wound

Augusta: Infectious Disease/HIV; SCI Wound; HEP-C Education Class; Polytrauma Telehealth Network - level II site

Pending: Substance Abuse Treatment Group Therapy between two divisions; SCI Physical Therapy/Seating; HBPC; Amputee Telerehab with Athens CBOC; Televascular

Birmingham: Telemental Health; Suicide Prevention

Pending: C&P

CAVHCS: Telemental Health, SCI Wound; Telecardiology

Charleston: Speech Pathology; Telemental Health; Diabetic Group Teaching Class Tele-health Clinic

Pending: Tele-health Access for Homeless Vets; Tele-Audiology Clinic

Columbia: Dietetics; Telemental Health; HBPC; Telepain

Pending: Telemed Pain Group Education

Dublin: Infectious Disease/HIV; Telemental Health; Teleneuropsychology; HEP-C Education Class; SCI Wound; Teledietetics; Telemed Anticoagulation

Pending: Telemental Health C&P; Telemed Pain Group Education; CVT MOVE; Telemedicine Diabetic Group Education Pharmacy; Telemedicine Diabetic Group Education Dietetics; Telemedicine Smoking Cessation; Televascular

Tuscaloosa: Pending SCI Wound, Mobile Clinic



SFT Programs

Atlanta: Teleretinal Screening

Augusta: Teleretinal Screening

Birmingham: Teleretinal Screening; Teledermatology

CAVHCS: Teledermatology

Charleston: Teledermatology; Teleretinal Screening

Columbia: Teleretinal Screening

Dublin: Teledermatology; Teleretinal Screening

Tuscaloosa: pending Teleretinal Screening



HT Programs

Atlanta: Diabetes; CHF; DM/CHF;

Pending: HTN; COPD; Co-Morbid

Augusta: Diabetes; HTN; CHF; Depression; PTSD; Co-Morbid

Pending: COPD

Birmingham: CHF; COPD; Diabetes; HTN; Dementia; TeleMove; PTSD; Palliative Care; Co-Morbidity; Depression

CAVHCS: HTN; CHF; COPD; Depression; Diabetes (Co-Morbid CHF/HTN)

Charleston: CHF; COPD; Diabetes; HTN; Depression; TeleMove; Substance Abuse

Columbia: CHF; COPD; Diabetes (Co-Morbid CHF/PTSD); HTN; Depression; PTSD; TeleMove

Dublin: Diabetes; CHF; COPD; HTN

Tuscaloosa: CHF; Diabetes (Co-Morbid Depression/PTSD); Depression; PTSD; Advanced Illness and Palliative Care; TeleMove

Pending: HTN; COPD





We are videos.
WATCH US!!

- [VA Telehealth; Real-Time Access to Patient Care](#) CVT
- [Home Telehealth; My Life, My Health, My Choice](#) HT
- [Adding Years to Life - Care Coordination and Telehealth](#) HT

T21 Initiative and its Impact on Home Telehealth

The Veteran Health Administration (VHA) has always held patient care at its core. Home Telehealth was initiated to help continue VHA's commitment to the veteran by bridging the gap between the VA clinical setting and the veteran's home. The ability to provide quality care and case management was being compromised due to the physical separation of the veteran from the facility. Telehealth provides clinical care in circumstances where distance separates those receiving services and those providing services. The essence of Home Telehealth is the ongoing assessment, monitoring, and case management of patients in their residential environment and providing the appropriate information to providers to enable "just in time" care. The ability to move these efforts into the 21st century has been fueled by the T21 initiative. Secretary Eric K. Shinseki has worked diligently to fulfill President Obama's vision to transform the Department of Veteran Affairs into a high-performing 21st century organization that focuses on serving the veteran, family, and the caregiver to the best of its ability. The transformational changes take place by focusing on the sixteen (16) major crosscutting initiatives which include improving the quality of health care while reducing cost and transforming health care delivery through health informatics. The T21 Initiative will transform the VA into a 21st century model that is able to anticipate and meet the ever-changing needs of the veteran. Virtual Medicine Telehealth is one (1) of the major initiatives of the T21. The funding from the initiative allows an increase in the size and scope of telehealth usage in the VA to expand access to care and offer more timely care to patients. It also allows for the national expansion of HT by 50%, CVT by 50%, and CCSF by 30% extending into TeleMove and Interactive Voice Response (IVR) as well. Over the next 5 years, the goals and strategies for Home Telehealth will be guided by T21 propelling the program into a 21st century model that persistently focuses on the veteran care while providing the "right care in the right place at the right time".

http://vawww.telehealth.va.gov/news/newsletter/2011/071511-Newsletter_Vol10Iss03.pdf
http://www.va.gov/VA_2011-2015_Strategic_Plan_Refresh_wv.pdf

Is Telehealth the best choice?

"While telehealth implementation can have many benefits, it is critical to keep in mind that what is best for the patient needs to be kept at the forefront. Telehealth should only be used where it is appropriate and will provide the best option for the patient." OTS

Informed Consent



Credentialing and Privileging

Teleconsultation. The practitioner providing only teleconsultation services must be appointed, credentialed, and privileged at the site at which the practitioner is physically located when providing teleconsultation services.

Telemedicine. When telemedicine services are being provided by the practitioner who directs, diagnoses, or otherwise provides clinical treatment (i.e., teleradiology, teledermatology, etc.) to a patient using a telemedicine link, the practitioner must be appointed, credentialed, and privileged at the facility which receives the telemedicine services (patient site), as well as at the site providing the services.



Some states do not allow telemedicine and/or teleconsultation across state lines, unless the provider is licensed in the state where the patient is physically located.

Telemedicine involves the use of technology and is therefore a modality for the delivery of existing clinical practices. As such, there are no separate or distinct privileges for telemedicine. When considering the granting of privileges at the facility where the practitioner is physically based, the general privileging process needs to include the appropriateness of using telemedicine to deliver services and this site is considered a separate site of care in the establishment of privileges. Any consideration concerning the appropriate utilization of telemedicine equipment by the practitioner needs to be considered as part of the privileging process by the facility where the practitioner is physically located.

Some states do not allow telemedicine and/or teleconsultation across state lines, unless the provider is licensed in the state where the patient is physically located. In these states, the clinical indemnity coverage of contract practitioners may be void, even if they are credentialed and privileged by VA. Prior to the commencement of services by the contract practitioners providing telemedicine and/or teleconsultation or remotely monitoring physiology data from veteran patients, the State regulatory agency in the state in which the practitioner is physically located as well as the state where the patient is physically located, must be consulted. When dealing with Federal entities, additional licenses that authorize the provision of telemedicine and/or teleconsultation services in the relevant states may not be required. The opinion of the Regional Counsel needs to be sought in these matters.

- [VHA Credentialing & Privileging Handbook](#). See paragraph 5.N for credentialing and privileging for telehealth.

The VISN has sent down staffing expectations for Telehealth expansion. Below are two positions that will be added to all medical centers or CBOCs.

[VISN 7 position description for a Facility Telehealth Coordinator.](#)

[VISN 7 position description for a Telehealth Clinical Technician.](#)



Proposed Organizational Structure



Network Clinic Based Telehealth

Program Manager/Coordinators



Network Telehealth Committee

Facility Telehealth Coordinator (FTC)

Facility Telehealth Committee

Primary Care Telehealth
Clinical Technicians (TCTs)

Specialty Telehealth
Clinical Technicians (TCTs)

Highlight of the quarter

Internal Accreditation

The Office of Telehealth Services Conditions of Participation (COP) require that all Telehealth programs, regardless of their organizational alignment, implement and integrate elements of quality that relate to clinical, business and technology aspects of the Telehealth programs: Home Telehealth (HT), Clinical Video Telehealth (CVT), and Store-and-Forward Telehealth (SFT).

[Office of Telehealth Services - Core Conditions Of Participation](#) - Applies to all programs

[Home Telehealth - Conditions Of Participation](#)

[Clinical Video Telehealth - Conditions Of Participation](#)

[Store-and-Forward Telehealth, Teledermatology - Conditions Of Participation](#)

[Store-and-Forward Telehealth, Teleretinal Imaging - Conditions of Participation](#)

[VISN 7 Telehealth CVT/SFT Education Requirements](#)

[VISN 7 Telehealth Home Telehealth Education Requirements](#)

A standardized VISN review process has been established and implemented for this aspect of quality management for the Office of Telehealth Services. This review process includes a structured process for VISN and program-level self assessments and a VISN site visit that includes both in-person and remote interviews with key program staff members, tracer methodology and data reviews. These reviews are planned to occur for each VISN approximately every two years.

For more information about Quality, visit the [Office of Quality and Performance](#)

Other helpful resources: [Office of Telehealth Services](#)



Rocky Mountain Telehealth Training

Center (RM TTC): Focuses on the development of training materials to support real-time *Clinical Video Telehealth* (CVT) applications.

Boston Store-and-Forward Telehealth Training Center (BTC):

Focuses on the development of training materials to support *Store-and-Forward Telehealth* (SFT) applications.

Sunshine Telehealth Training Center (STC):

Focuses on the development of training materials to support *Home Telehealth* applications.

CVT Technical Videos

- [How to Make a Call](#)
- [How to End a Call](#)
- [How to Make a Multipoint Call](#)
- [How to control the Camera Remotely](#)
- [How to Add Contacts to the Directory](#)

“Telehealth is about providing the right care in the right place at the right time.”

VISN CVT and SFT Telehealth Coordinators:

Rosa Mungin

(843) 789-6005 ext. 6005
Rosa.Mungin@va.gov

Pertila Westry-smith

(803) 776-4000 ext. 7965
Pertila.Westrysmith@va.gov

Jackie Price

(478) 272-1210 ext. 2544
Jackie.Price@va.gov

Crystal Williford

(706) 733-0188 ext. 3887
Crystal.Williford@va.gov

Facility Telehealth Coordinators

Augusta: V. Teresa Trowell
706-241-4916
Vincencia.Trowell@va.gov

Atlanta: Angela Patton (Acting)
404-321-6111 x4163
Angela.Patton@va.gov

Birmingham: Joyce Kindell (Acting)
205-933-8101 x4955
Joyce.Kindell@va.gov

CAVHCS: Paula Hawley (Acting)
334-272-4670 x4843
Paula.Hawley@va.gov

Dublin: Judy Knight
478-274-5444 x3444
Judy.Knight@va.gov

Tuscaloosa: Lisa Koontz
205-554-3794
Lisa.Koontz@va.gov

Home Telehealth Facility Leads

Atlanta: Angela Patton
404-321-6111 x4163
Angela.Patton@va.gov

Augusta: Susan Lariscy
706-733-0188 x6724
Susan.Lariscy@va.gov

Birmingham: Joyce Kindell
205-933-8101 x4955
Joyce.Kindell@va.gov

CAVHCS: Cynthia Petty
334-272-4670 x4410
Cynthia.Petty@va.gov

Charleston: Maureen Distler
843-367-3676
Maureen.Distler@va.gov

Columbia: Rosabell Booker
803-351-9140
Rosabell.Booker@va.gov

Dublin: Dian Wright
478-272-1210 x2323
Dian.Wright@va.gov

Tuscaloosa: Gina Nix
205-554-3835
Gina.Nix@va.gov