

# VETERANS HEALTH ADMINISTRATION: TELEHEALTH CVAMC

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# VA TELEHEALTH IN WYOMING: PART OF VETERANS INTEGRATED SERVICE NETWORK 19 (VISN 19).

- Cheyenne VAMC
  - Outreach clinics: Rawlins (PCTOC), Sidney (Outreach), Fort Collins and Loveland (CBOCS)
  - Mobile Medical Unit Clinics: Laramie, Torrington, Wheatland, Sterling (non-VA site)
- Sheridan VA Medical Center
  - Outreach clinics: Casper, Gillette, Rock Springs and Riverton (CBOCS). Cody (contract Non-VA site), Afton (Outreach), Evanston and Worland PCTOC.

# VETERANS SERVED VIA TELEHEALTH FY18

- Cheyenne VA
  - 5,217 Uniques: 22.23%
  - 16,405 encounters
  - 6020 TeleMental Health Encounters
- Sheridan VA
  - 3,403 Uniques: 27.46%
  - 10,338 Encounters
  - 4,417 TeleMental Health Encounters



# CVAMC: TELEHEALTH DEPARTMENT

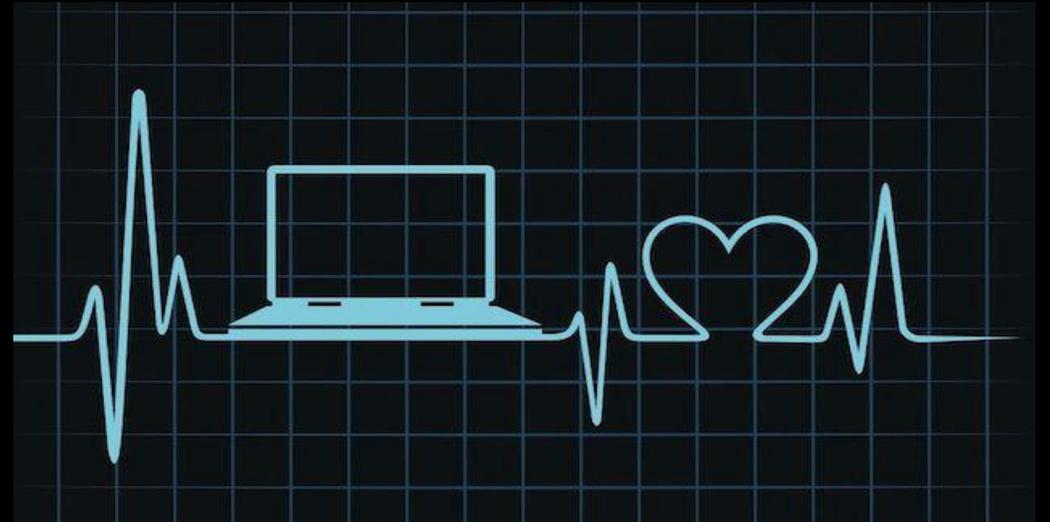
- Facility Telehealth Coordinator: oversight of the program's requirements and guidelines; develops new programs; change agent; and manages telehealth equipment.
- Telehealth Clinical Technicians (TCTs): Assist with appointments: present, act as providers hands; equipment maintenance, marketing, reports.
  - 2 TCTs required at main facility
  - 2 Mental Health TCTs at main facility
  - TCT at each CBOC (Loveland and Fort Collins)
- Care Coordination Home Telehealth
  - 7 RNs: Telework

# BENEFITS OF TELEHEALTH

- Improves access to care by changing the location where health care services are routinely provided. Within each VA
- Opens up specialty services that aren't offered at local facility clinics: VA to VA
- Decreases travel time, prevents dangerous travel (bad weather, veterans who find it difficult to travel). Decreases travel costs.
- In some instances, saves the patient leave from work time.
- Helps with space problems at facilities.
- Helps with provider retention/recruitment.

# PROGRAMS

- National Programs (HUB) used by CVAMC
  - Denver: TeleDerm
  - Salt Lake City: Mental Health, Genomics
  - Connecticut: PseudoSeizure
- Facility:
  - Clinical Video Telehealth (CVT)
  - Store Forward (SFT)
  - VA Video Connect (VVC)
  - Care Coordinaton Home Telehealth



# PROGRAMS

- CVT (Clinical Video Telehealth): Synchronous
- SFT (Store Forward Telehealth): Asynchronous
- Care Coordination Home Telehealth
- VA Video Connect



# CVT: SYNCHRONOUS TELEHEALTH AVAILABLE AT CVAMC

- Intra and Interfacility
  - Primary care
  - PT/OT/Speech Therapy/Audiology (intra VA)
  - Mental Health Services (intra VA and HUB)
  - TeleGynecology
  - Specialty Services:
    - Pre-op services (Anesthesia)
    - Orthopedic follow-ups and General Surgery Follow ups
    - Endocrinology, Nephrology
    - Patient Education: TeleMove, Diabetic Education, Nutrition
    - TeleAmputee
    - Rheumatology
    - Pulmonology
    - Genomics (HUB)



# SFT (STORE FORWARD TELEHEALTH: ASYNCHRONOUS TELEHEALTH

- TeleDerm—offered by Cheyenne
- TeleRetinal Imaging—offered by Cheyenne
  - Limited to Diabetics
- TeleDentistry—Exploring as a new avenue.



# CARE COORDINATION HOME TELEHEALTH

- Care and case management for Veterans in post-acute care settings, high-risk Veterans with chronic disease or Veterans at risk for placement in long-term care.
- Uses health informatics, disease management and technologies such as messaging, in-home and mobile monitoring.
- Goal: Home Telehealth is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency room visits

# PERIPHERALS:

- Weight scales
- Glucometers
- Blood pressure monitors
- Pulse oximeters
- Pedometers

# CARE COORDINATION HOME TELEHEALTH:



# CARE COORDINATION HOME TELEHEALTH:

Primary DMP	COC	Transmitted	Session	Type	Questions <sup>▲</sup>	2Way	Weight	BP	HR	Glu	SpO2	FE
VHA-Wt Mgmt	HP/DP	10/19 04:58 (MST)	30 of 82				297.7					
HTN	CCM	10/19 07:44 (MST)	38 of 60				298.0	128/78	55		-	
CHF	NIC	10/19 04:25 (MST)	39 of 60				162.0	145/70	52		94	
VHA-Hep C	NIC	10/19 01:27 (MST)	8 of 29				223.9	124/81	78		92	
HTN	CCM	10/19 05:27 (MST)	40 of 60				171.1	118/70	62			
HTN	HP/DP	10/19 05:58 (MST)	54 of 60				284.9	128/65	80	98 (2)		
HTN	NICLR	10/19 06:25 (MST)	50 of 60				192.0	143/75	91	145	93	
HTN	NIC	10/19 06:29 (MST)	49 of 60					140/69	76			
DM	CCM	10/19 06:43 (MST)	59 of 60					135/68	65	145 (2)		
HTN	CCM	10/19 06:44 (MST)	48 of 60					125/86	64			
VHA-Wt Mgmt	HP/DP	10/19 07:41 (MST)	77 of 82				309.4	123/75	73		98	
DM	NIC	10/19 06:34 (MST)	41 of 60		-			129/65	59	-		

# ANYWHERE TO ANYWHERE LEGISLATION

- The Office of Management & Budget published direct final rules for Department of Veteran Affairs' Authority of Health Care Providers To Practice Telehealth (also known as **Anywhere to Anywhere** Regulation) in the Federal Register on May 11, 2018. In summary, the regulation, effective June 11, 2018, explicitly authorizes VA providers using telehealth to care for Veterans irrespective of VA provider or Veteran location.



# ANYWHERE TO ANYWHERE: CREDENTIALING AND PRIVILEGING

- VA practitioners must follow VA rules and policies for clinical practice, irrespective of their State practice acts. The teleworking physician or psychologist must be credentialed and privileged in accordance with VHA Handbook 11 00.19, Credentialing and Privileging, which specifies that clinical privileges must be facility-specific, provider-specific, and within available resources. The teleworking physician's or psychologist's clinical privileges should include the alternative work site as an approved health care setting, as well as identify the off-site clinical and/or telehealth services that the physician or psychologist is authorized to provide.

# VVC: VA VIDEO CONNECT

- Part of Anywhere to Anywhere
- Utilizes patient's home device for patient care (Smart phone, web cam, tablets)
- No Co-Pay!
- Requires internet or wi-fi
- Limitations:
  - Uses up data plans
  - Bandwidth challenges on provider side
  - Bandwidth challenges on patient side.



# MOBILE MEDICAL UNITS



# CHALLENGES FOR VA TELEHEALTH

1. Technology failure
2. Rurality: Western states have own unique problems
3. Bandwidth
4. Cost of equipment: US Made
  - Contracted equipment--Trade Act Agreement Compliant: As noted above, GSA FSS contracts typically include a TAA Certification which requires the offeror to certify that "each end product . . . is a U.S.-made [or designated country] product."
5. Capability of the User
6. Provider Buy In
7. Staffing
8. Keeping up with the pace of tech advancement.

# CHALLENGES: BANDWIDTH



# AREAS TO EXPAND FOR CHEYENNE

- Whole Health:
  - Mindfulness, Meditation, Yoga, TaiChi
- TeleDentistry: Store Forward program
- Therapeutic Recreation
- Women's Care
- Oncology
- Infectious Disease
- ENT
- Home Based Primary Care
- Sleep Clinic
- TeleStroke
- TeleICU



# FUTURE: TELEHEALTH IN NON-VA SITES OF CARE

- Veteran Facilities: VFW, American Legion
- Home Based Primary Care
- Veterans Homes/Nursing Homes
- Libraries
- Colleges
- Homeless--Volunteers of America
- Walmart
- Fairs/Festivals
- Ideas?

**2018** LOADING...



**Looking ahead**

# CHALLENGES: OF NON-VA CARE

- Finding Space and Contracting
- Staffing: VA Employees vs Volunteers
- Equipment: purchasing and maintenance
- Bandwidth
- Scheduling



# PROGRAM SUSTAINABILITY:

- Home Telehealth: Prove value to local facility.
- CVT: Technology advances through smart phones and other home equipment.
- Increase variable uses for *Mobile Medical Units*.
- Increase Non-VA sites of care.
- Staying 5 steps ahead.

# FINALLY, IT ALL COMES DOWN TO CUSTOMER SERVICE.

- <https://www.youtube.com/watch?v=pQHx-SjgQvQ>

