Introduction to Telehealth

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Telehealth and Virtual Medicine
South Central Veterans Healthcare Network (VISN 16)
Objectives

• Understand the broad roles and responsibilities of the VISN 16 Distance Health program including planning, implementation and management of new telehealth programs, management of existing telehealth programs, and training.

• Describe the VISN and Telehealth infrastructure and organization and the support systems that are in place for the facilities.

• Explain transformational initiatives and T21 implementation as set forth by the Office of Healthcare Transformation.

• Define Clinical Video Telehealth (CVT), Store and Forward (SF) and Home Teleheath (HT) and its role in improving access to healthcare for Veterans.

• Introduce the business, technical, training and clinical operations in the telehealth and virtual medicine programs as this relates to the Office of Telehealth Services Conditions of Participation.
VISN 16 Distance Health Program

- Terrie Hawkins, Acting Program Manager
- Kelly Duke, VISN Rural Consultant
- Lisa Eisele, Virtual Medicine and Telehealth Lead
- Dawn Moore, Home Telehealth and SF Lead
- Gary Willett, CVT Technical Coordinator
- Doug Dove, Store & Forward Technical Coordinator
- Melinda Allison, Program Analyst
- Julie Smith, Distance Health Outreach Coordinator
- Bene Aviles, Program Support Assistant
Where does Distance Health fit in VISN 16?

Support
- Training and Guidance for Telehealth Programs
- Conditions of Participation

Collaborate with OIT
- Connectivity & Bandwidth

PLANNING
- Rural Health
- Program Development
- Technologies

ACCESS
- Policies & Directives

CODING
- CLINICAL CONSIDERATIONS
The ‘face’ of telehealth for the medical center and its associated clinics

- Convenes and facilitates the facility telehealth oversight council
- Ensures that all of the structural elements are in place
- Ensures that telehealth processes remain integrated with facility processes
- Drives planning and outcomes measurement processes for telehealth
What is Telehealth?

- Overview of both **clinic-based** and **home-based** Telehealth
- Description of administrative, business and clinical operations in Telehealth
Telehealth Has Three Primary Programs to Serve our Veterans

- **Clinical Video Telehealth (CVT)**
- **Store-and-Forward (S&F)**
- **Home Telehealth (HT)**
Real-time telehealth sessions are live and interactive and often use videoconferencing technologies. Often, special telehealth-enabled instruments are operated by a nurse or technician at the consulting provider’s direction to remotely perform a physical examination.
In *store-and-forward telehealth*, data (such as digital photographs) are taken locally, then stored for a short time before being transferred. The consulting provider then reviews the stored data and makes diagnosis, treatment, and planning recommendations that are electronically transferred or faxed back to the referring provider.
Clinical Video telehealth (CVT) is a clinic-based form of telehealth that also has applications in the home. CVT:

- Is a clinic-based form of telehealth that also has applications in the home
- Provides patient care between clinics and hospitals, and hospitals to other hospitals
- Addresses when the right care can be provided from a hospital or clinic setting
- Focuses on the needs of Veteran
CVT: A Spectrum of Specialty Areas

- Primary Care
- Mental Health
- Women’s Health
- Surgery
- Cardiology
- Pulmonology
- Rehabilitation
- Move
- Endocrinology
- Podiatry
- Wound Care
- Patient Education
Clinical Video Telehealth can dramatically redesign workload

- Provides safe and effective connection with patient/family
- Reduces provider and Veteran travel
- Increases provider availability for patients
- Maximizes provider efficiency
- Allows connection with offsite care team and/or specialty provider for a shared/group medical appointment along with Veteran/family
- Reduces costs for Veterans, family, providers and VA
CVT Patient-End Technology
SF is a **clinic-based** form of telehealth that also has applications in the home. SF:

- Is an appointment that relies on the asynchronous transfer of still or motion images of a patient’s clinical data from one site to another for the purpose of providing a medical opinion or diagnosis.

- Common types of store-and-forward services include radiology, pathology, dermatology, ophthalmology, and wound care.
Store and Forward Telehealth (SFT)

- Uses technologies to acquire and store clinical information (e.g. data, image, sound and video) that is then forwarded to or retrieved by a provider at another location for clinical evaluation.

- SFT in VA uses a clinical consult pathway and VistA Imaging in conjunction with TeleReader (provides screening, diagnostic and treatment services).
SFT Benefits:

- Stable platform
- Expanded and improved access to healthcare services
- Diagnostic display
- TeleReader
- Portability
SFT Programs

- Teleretinal Imaging
  - Diabetes and diabetic retinopathy
  - Soon for macular degeneration and glaucoma
- Teledermatology Imaging
  - Diverse pathways
    - Further details in Telederm Operations Manual
- In development
  - Telepathology
  - Telecardiology
• Effort to screen for eye disease associated with diabetes and to preserve vision in patients with Diabetes
• Program goals are to improve access to care while focusing resources
• Satisfy diabetic eye exam reminders
DIGITAL IMAGING CLINICAL ADVANTAGES

- Convenient/No pupil dilation (most pathways)
- Enhanced patient education
- Promote patient adherence
- Enthusiastic patient response to technology
- Images are part of the medical record and allow for close monitoring of changes.
Glaucoma

Age-related macular degeneration
TELEDERMATOLOGY

- Photographs of dermatologic lesions and skin conditions which in turn:
  - Provides timely scheduling for more acute lesions or skin conditions
  - Provides basis for identifying & treating dermatologic needs at a primary care level
STANDARDIZATION OF IMAGING

• Allows teledermatology to provide optimum specialty care services to the Veteran.
• Provides excellence among imagers by providing an acceptable skill level to promote the program.
• Allows experienced imagers to share tips to enhance national program.
• Provides acceptable images to promote ease of reading.
Home Telehealth (HT) is a **home-based** application of telehealth. HT:

- Is a variety of care and case management programs that use HT technologies
- Watch ongoing conditions of selected patients with chronic diseases such as diabetes, congestive heart failure, chronic obstructive pulmonary disease, PTSD, depression, spinal cord injury, etc.
- Promote patient self-management and prevent or delay utilization of emergency care, hospitalization or long-term institutional care resources.
- Improve the health of Veterans with the specific intent of providing the right care in the right place at the right time
Home Telehealth (HT)

- HT is a *Care Coordination* program
  - The focus is comprehensive health promotion and disease management based on *Wagner’s Chronic Disease Model*
  - Activates and engages patients in self management through ongoing education
  - Provides reinforcement of patient’s self-care skills
  - Provides longitudinal care – a continuum of care across settings to reduce risk
  - Provides ongoing Caregiver burden screening and support
• Patient completes HT Session
• Session automatically downloaded
  • Nighttime exchange
  • Instant download available
• Triaged at mainframe (risk stratification)
• Viewed by care coordinator
  • 12-24 hours after completion
  • HT not designed for crisis intervention
• Care coordinator calls patient as needed
  • Patient also calls care coordinator as needed
A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant and includes:

• Supporting the practitioner’s plan of care
• Emphasizing prevention using EBP
• Evaluating the clinical, humanistic and economic outcomes for improving health

(Disease Management Association of America)
• Diabetes
• CHF
• COPD
• HTN
• Weight Management
• Palliative Care
• Mild TBI
• Major Depression
• Substance Use Disorder (SUD)
• Bipolar

• PTSD
• Schizophrenia
• Comorbid monitoring

Developing DMP’s
• SCI
• Dementia
• Chronic Renal Disease
• Triage and educate
• Identify & implement evidence-based interventions (Motivational Interviewing)
• Evaluate and assess for just-in-time care
• Communicate with VA & non-VA providers
• Self-management coaching
• Advocacy & psychosocial support
• Resource linkage
• Typically nurses and social workers
### Responses on Wednesday, July 23, 2003

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Summary

- The Distance Health Program supports Telehealth and Rural health within the network
- The Facility Telehealth Coordinator is the primary POC within the facility for all things related to TH
- Telehealth occurs in two settings and utilizes three modalities
Questions

- For more information on Distance Health and Telehealth within VISN 16, please contact Lisa Eisele at 501-257-3731 or lisa.eisele@va.gov