HOME TELEHEALTH:
The Basics for Trainees
Course Objectives

- Describe how Home Telehealth provides coordinated care to Veterans
- State the inclusion/exclusion criteria for home telehealth care
- Describe the current technologies that can be used to support care through the Home Telehealth program
- List the home telehealth categories of care
Fundamentals of Home Telehealth Care
What is Home Telehealth (HT)?

- A special program of clinical care in which VA clinicians (called care coordinators in this program) use technologies to support self-management of health in a continuous way in coordination with the facility-based health care team.

- Goal – to use technology to enhance patient support to: improve clinical outcomes, reducing complications/hospitalizations/ED visits. High risk patients, including those at risk of requiring residential care, are often enrolled. These programs have been demonstrated to improve outcomes and contain healthcare costs.

- Video and non-video technologies are utilized in HT.
How does Home Telehealth differ from Pact Care?

- Home Telehealth care is provided where, when, and how the patient desires, rather than clinic-based care that is based on a clinic schedule. In home telehealth, care is designed to be provided at the right time to meet the patient’s needs.
- The system uses data collected from patients to identify who needs assistance and when.
- The care coordinator serves as a bridge between the primary care team and the patient.
Common Telehealth Devices

- Telemonitors with peripheral devices
- Telemonitor or Digital Camera
- Telephone Case Management
- Messaging and Measurement Devices
- Cellular Modem or Satellite
- Interactive Voice Response (IVR) using telephone/cellular technologies
Common Diseases/Conditions Managed Using Home Telehealth Services

Cardiac Disease
Dementia
Depression
Diabetes
End of Life
Functional Disabilities
Hypertension

Lung Disease
Mild Traumatic Brain Injury
Obesity
Post Traumatic Stress Disorder
Substance Use Disorders
Wounds
Home Telehealth Program Details:

Inclusion/Exclusion Criteria, Categories of Care and Processes of Care, and Supporting Team Members
Inclusion Criteria for Home Telehealth

- Chronic conditions that make them high risk such that technology and care coordination could improve resource utilization and clinical outcomes
- Have multiple hospital admissions, readmissions, multiple clinic visits; either scheduled or unscheduled, have multiple (> 10) medication prescriptions or frequent emergency room visits
- Home/residential environment is such that daily care and medical problems can be managed there, and access to utilities and safety concerns are addressed for appropriate installation of equipment
- The patient and caregiver’s acceptance of technology in the home/residence
- The patient and caregiver demonstrate competency in using and maintaining the equipment
Exclusions and Termination Criteria for Home Telehealth

- The conditions for which care was initiated have become stable and no longer require frequent contacts
- Treatment goals have been met
- Patient not able to attain treatment goals
- The patient has requested discharge
- The patient is non-adherent with the care coordination plan
- The place of residence does not support the technology (phone and power source not available).
- History of non-adherence or behaviors that might impact on the safety of staff and equipment in the Veteran’s home/residence
Four Categories of Care in Home Telehealth

1. Non-institutionalized Care (NIC) - The goal of this care is to assist patients at risk for requiring residential care to better manage a serious disease process, stay in their home, and avoid institutionalization. This care is specifically funded by Congress, and specific criteria must be reassessed every six months to continue this care.

2. Chronic Care Management (CCM) – The patient does not meet full NIC criteria, but they have a chronic disease and they would benefit from intensive management. Depending on their response, they may be shifted to another category of care or dis-enrolled.

3. Acute Care Management (ACM) – The patient has a short-term (e.g., recent surgery, recent hospitalization) and is expected to continue care only for the acute period (less than six months).
Four Categories of Care in Home Telehealth

4. Health Promotion/Disease Prevention (HP/DP) The patient is working to improve health and/or prevent disease (e.g., managing obesity or pre-diabetes) or:

- The patient’s chronic disease is now stable, but they would benefit from ongoing support.
- Treatment goals have been met in another category but patient and/or provider have requested that patient continue to participate in HT.
- The frequency of data submission by the patient, as scheduled through the Care Coordinator, is less than daily.
- The patient is a habitual non responder or partial responder but still benefits from HT program involvement.

TeleHealth Services has developed powerful data tools to monitor enrollment and other patient information. Your supervisor may wish to share some of the available resources, such as the VSSC THS data cubes which are used with Home Telehealth Care Coordination.
Processes of Care

- Specific administrative processes a trainee may participate include:
  - A formal enrollment process and review of appropriateness of the patient for the program and category of care.
  - At enrollment and periodically thereafter, patients are assessed with regard to the Continuum of Care Form which assesses patient, patient environment, health team factors, and Category of Care enrollment criteria.
  - Patient encounters in Telehealth are coded in unique ways. Your supervisor will advise you on coding practices.
Supporting Roles

PROGRAM SUPPORT ASSISTANT (PSA)
- Patient point of contact
- May enter short notes in CPRS
- May install and troubleshoot equipment
- Maintain calendar
- Statistical information compilation
- Budget
- Team Communication

LICENSED PRACTICAL NURSE (LPN)
- Teaching patients how to set up and use the equipment;
- Troubleshooting equipment;
- Reinforcing patient education about disease process;
- Teaching patient how to use peripheral device; and
- Collecting identified outcome data from medical record.
1. Which of the following criteria should be considered when selecting a patient for enrollment in a home telehealth program?
   A. Have chronic conditions that make them high risk such that technology and care coordination could improve resource utilization and clinical outcomes.
   B. The patient and caregiver do not accept the technology in the home.
   C. The patient has a history of substance abuse and is likely to be non-compliant.
   D. All of the above

2. What is home telehealth?
   A. The delivery of healthcare services at a distance.
   B. The integration of telecommunications systems into the practice of protecting and promoting health.
   C. The use of advanced telecommunications technologies to exchange health information and provide healthcare services across geographic, time, social, and cultural barriers.
   D. All of the above

3. Which of the following criteria should be considered when discharging a patient from a HT program?
   A. The patient has requested discharge.
   B. Treatment goals have not been met.
   C. The patient has a history of alcohol abuse but is not currently using.
   D. All of the above

4. Which of the following are common examples of home telehealth populations?
   A. Chronic diseases like diabetes and HTN
   B. Palliative care
   C. Mental Health
   D. All of the above
   E. B and C only