EXPANSION OF TELEHEALTH SERVICES INTO THE HOME AND OTHER NON-VA SETTINGS

1. The purpose of this notice is to communicate goals and actions required to deliver care to Veterans in their preferred locations, including in their homes, when clinically appropriate using VA Video Connect (VVC). VVC allows Veterans to have an outpatient telehealth visit with their provider via a smartphone, tablet, or computer.

2. VA’s goal is to ensure that 20 percent of Patient Aligned Care Team (PACT) and 20 percent of outpatient Mental Health providers are capable of delivering telehealth services into the home, to a Veteran’s mobile device, or other locations by the end of fiscal year (FY) 2018, 45 percent by the end of second quarter (Q2) FY 2019, 75 percent by the conclusion of FY 2019, and 100 percent by the conclusion of FY 2020. PACT providers include Primary Care Providers, Registered Nurses, Licensed Practical Nurses and the Extended PACT team staff including Pharmacy, Primary Care Mental Health Integration, Social Work and Nutrition. Furthermore, VA’s goal is for all care providers who deliver ambulatory care, including Specialty Care providers, to be capable of providing services into the home, to a Veteran’s mobile device, or other locations through telehealth by the end of FY 2021. Any VA outpatient appointment is a potential candidate for telehealth services if it does not require a hands-on physical exam or services.

3. To support these goals, VA has published a final rule that will be effective on June 11, 2018, that clarifies that VA health care providers may exercise their authority to provide health care through the use of telehealth, notwithstanding any State laws, rules, licensure, registration, or certification requirements to the contrary when the VA provider and VA beneficiary are located in the United States, Territories and possessions of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. See Title 38 Code of Federal Regulations section 17.417. Similarly, the President has signed into law a provision creating a new section 1730C in title 38, United States Code, that establishes the same authority. Furthermore, VA Central Office is working on assessing and modernizing intranet infrastructure; enhancing the VVC application; and integrating VVC scheduling options for future visits to existing scheduling applications used by front line schedulers.

4. In light of the end state goals identified in Paragraph 2 and with awareness that additional support/tools are coming as identified in Paragraph 3, VA facilities should take the actions outlined in Appendices A, B, and C, to ensure their facility and providers are capable of offering services into the home, to a Veteran’s mobile device, or other locations through telehealth when clinically appropriate and preferred by Veterans. As one of the key requirements in Appendix A, each VISN is to ensure a VISN and VA medical facility scheduling point of contact is selected for coordination purposes and a scheduling trainer is identified per facility and entered in a SharePoint...

5. A kick off call for the Expansion of Telehealth Services into the Home and other Non-VA Settings initiative will be held June 25th, 2018 at 3:30 p.m. EST. It is recommended that VISN and VA medical facility telehealth staff, executive and service line leadership, and scheduling leadership attend. A second, kick off call for the VVC Scheduling POCs will be held June 27th, 2018 at 3:30 p.m. EST. Designated VISN and VA medical facility VVC POCs and facility trainers are expected to attend. Meeting details for both calls are provided below:

b. Slides/Video: Lync/Skype: Join Skype Meeting

6. All inquiries concerning this action should be addressed to the Executive Director, Telehealth (10A7D) at VHA10P8Actions-Telehealth@va.gov.

7. This VHA notice will be archived as of June 30, 2019. However, the information will remain in effect.

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Executive in Charge

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ACTIONS FOR ESTABLISHING AND CERTIFYING TELEHEALTH CAPABLE HEALTHCARE PROVIDERS

1. Identify a VISN scheduling point of contact (POC), a VA medical facility scheduling POC, and a facility scheduling trainer who will support and implement VVC scheduling. Once identified, enter the POC’s information in the SharePoint tool at the link below by June 20\textsuperscript{th}, 2018. \textbf{NOTE 1:} Since this affects scheduling in most clinics, it is recommended that VISN and VA medical facility POCs are scheduling managers. \textbf{NOTE 2:} The trainer role will function as the facility subject matter expert for VVC scheduling and provide training support beyond what is offered nationally to the clinic schedulers. It is recommended that the scheduling trainer role be filled by a currently designated facility scheduling trainer. Link: https://vaww.infoshare.va.gov/sites/telehealth/Lists/leads/vvc-schd.aspx

2. Prioritize providers who will become telehealth capable to meet the defined 20 percent, 45 percent, 75 percent, and 100 percent targets. When prioritizing, consider provider enthusiasm, service value to Veterans, and internet bandwidth capacity at the provider location. \textbf{NOTE:} A tool to help assess the bandwidth at outpatient clinics has been developed and is available at the following link http://vaww.telehealth.va.gov/pgm/vvc/expansion/.

3. Ensure each provider’s primary clinical workstation is VA Video Connect/Telehealth Capable by obtaining and setting up additional necessary equipment as needed. A telehealth capable workstation includes a webcam or video codec; a second monitor or single large monitor for easy access to both the electronic health record as well as the patient video; and should include speakers and/or a headset for clear audio.

4. Establish a VVC VISTA clinic grid for prioritized providers based on instructions in Appendix B.

5. Ensure one clinic scheduler and one back-up scheduler is trained in each primary care and mental health clinic to schedule future (up to 90 days out) VA Video Connect visits in accordance with the instructions in Appendix B and the national training schedule.

6. Once steps 2-5 are complete for an individual provider, ensure the provider completes the one national VA Video Connect training in the Talent Management System (TMS) as well as any VISN or facility training requirements. \textbf{NOTE 1:} A new national training has been released for providers (VA 4279741), and is available through the Talent Management System link: https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ONLINE_CONTENT_STRUCTURE&componentID=4279741&componentTypeID=VA&revisionDate=1498854780000. \textbf{NOTE 2:} It is recommended that providers complete test calls with other telehealth
capable providers or the facility telehealth team as part of their local training.

**NOTE 3:** While a provider is waiting for schedulers to be trained to schedule future video visits in their area (Step 4 above), the providers can conduct on-demand video visits using the available VA Video Connect On-Demand (VOD) tool.

7. As a best practice, it is recommended that each facility establish processes so that Veterans, new to VA Video Connect, can complete a non-clinical test call prior to their first visit to ensure they are prepared and able to effectively use the technology before connecting with their provider. This concept is found in the recommended scheduling pathway in Appendix C.

**NOTE:** The National Telehealth Technology Help Desk (NTTHD) has already established a similar test call service in their operations. Veterans can call the NTTHD and ask for a test call; however, it is recommended that this be used as a back-up service to the facility process in the recommended scheduling pathway.

8. Success in transforming the facility workforce to a telehealth capable workforce will be assessed by:

   a. Self-Assessment: Facilities will certify completion of Steps 2-6 at each target interval end date.

   b. Metrics: Facilities will be tracked at the national level based on the percentage of providers having documented one telehealth into the home encounter (Secondary Stop Code 179) or an assisted telehealth encounter to a non-VA center (Secondary Stop Code 648).
SCHEDULING INSTRUCTIONS

1. Scheduling future VA Video Connect (VVC) telehealth appointments requires the use of both VISTA Scheduling Enhancements (VSE) and Scheduling Manager. VSE is used to assess provider availability and book the visit. Scheduling Manager is used to arrange a virtual meeting space (aka Virtual Medical Room or VMR) and send out Emails with web links, to the provider and patient, so they can enter the Virtual Medical Room at the time of the visit.

   a. In support of telehealth expansion, Primary Care and Mental health clinics, at a minimum, will designate at least one scheduler and one backup scheduler who will be trained to schedule future VVC appointments in VISTA and Scheduling Manager. Identified schedulers are to complete initial VVC Scheduler Training in accordance with local prioritization but no later than August 31st, 2018. Ongoing training will be provided as software updates enhance VVC telehealth scheduling capacity.

   b. Nationally-provided VVC scheduler training will begin the week of July 9, 2018 and will be available through August 31st, 2018. In addition, weekly office hours will be available to address VVC scheduling questions or provide just in time training.

   c. It is expected that as the percentage of providers offering VVC increases, additional scheduling staff will be needed. However, training of additional front-line schedulers beyond what is required to support the first fiscal year (FY 2018) roll out of the telehealth expansion is not recommended.

2. Development of VVC Scheduling Infrastructure to support telehealth expansion is critical to ensuring successful implementation and sustainment at the VA medical facility. Key roles include the VISN and VA medical facility VVC Scheduling POCs, who are responsible for implementing supportive structures that enable front line scheduling staff to schedule and manage video visits, and the facility trainer.

   a. The VISN POC will provide VA medical facility implementation and sustainment support of VVC appointment scheduling and management. They will ensure timeliness standards are met and coordinate VISN-wide VA medical facility efforts.

   b. The VA medical facility POC will oversee scheduling support for video visits at the local level. They will identify specific scheduling staff to be trained per clinic, coordinate training dates/completion with the clinics to ensure staff are trained based on local prioritization but no later than August 31st, 2018, and ensure there are processes to support the Veteran using VVC for the first time (see VA Video Connect Scheduling Pathway, Appendix C).

   c. The VA medical facility Trainer will develop subject matter expertise in the scheduling of VVC appointments to provide support to the frontline schedulers and assess general competency and readiness to schedule VVC appointments. They will
assist the VA medical facility POC in coordinating and ensuring scheduling staff has
completed the national training in accordance with local and national expectations.

3. VVC Clinic Grids are to be developed for all providers who will be using VA Video
Connect. The following clinic profile business rules are to be followed when developing
these clinics.

   a. A count VVC Clinic will be built using the service as the primary (e.g., 500 series
      for Mental Health, etc.) and telehealth 179 as secondary stop code. Participating
      providers will offer a minimum of three 15, 20, or 30 minute VVC appointment slots
      weekly.

   b. VVC Clinics grids will be set up using one of the following two options.

      (1) **Designated Virtual Care Time:** VVC Clinics appointments may be offered at
          the same time as telephone clinic appointments so providers can choose either virtual
          care option when considering their patient’s clinical needs and preferences. If this
          option is chosen, it is recommended that schedulers view these clinics “side by side” in
          VISTA Scheduling Graphic User Interface (VS GUI) and manually ensure Video and
          Telephone appointments are not scheduled at the same time. VA Central Office will
          provide training on this process. Further, if this option is chosen, the virtual clinic
          appointments, including both telephone and video, should not be made available for
          direct scheduling in VA Online Scheduling to avoid a provider being inadvertently
donely double booked.

      (2) **Designated VVC Time:** VVC Clinics may be “carved out” by offering them at a
          specific time of the day when no other clinic type (telephone or in-person) appointment
          is available.

   c. The provider’s in-person clinic will be blocked during the designated time for
      virtual care appointments. **NOTE:** This is required, irrespective of whether option (1) or
      (2) is chosen above. It is required so that in-person appointments slots can be made
      available for direct booking by Veterans in VA Online Scheduling without the risk of
      inadvertently double booking the provider.

   d. The Count Clinic Profile for VVC encounters should be configured as follows:

      (1) **Clinic Name:** 3 letter facility designation, modality, service, clinic name
          Example: CHY VVC PACT RED

      (2) **Patient Friendly Name:** 3 letter facility designation, modality, service, provider
          name. Example: CHY VA Video Connect PACT Jones

      **NOTE:** VVC is the preferred modality name for these clinics; however, facilities do not
      need to rename clinics that have used an alternate modality name.

      (a) Stop code: Primary = service, secondary is 179.
(b) Appointment Length: 15, 20, or 30-minute appointment slot(s) may be established but the longer appointment slot options (20 and 30 minutes) are recommended initially.

(c) Set “YES” to Display Clinic Appt. to Patients (enables online appointment cancellation).

(d) VVC clinics offered at the same time as the telephone clinic (side by side scheduling) are to set “NO” to the “allow direct patient scheduling” prompt.

(e) If prohibited clinic, add DEPARTMENT OF DEFENSE, USER as a privileged user.

e. In recognition that intranet bandwidth capacity at VA clinics is a limited resource, scheduled provider video clinic appointment times should be staggered where possible to decrease the number of video calls occurring concurrently. For example, if there will be three VVC capable providers in a clinic, each with an hour set aside for scheduled VA Video Connect appointments, one provider could offer scheduled VVC appointments from 1300-1400, one from 1400-1500, and one from 1500-1600 as opposed to all three providers having scheduled VVC appointment times in the same hour

f. The VVC clinic appointment slots will not be included in the national Clinical Utilization Statistical Summary (CUSS) reports and should not be included in local CUSS reports.

g. A second, non count VVC clinic, is recommended for the primary purpose of scheduling “practice” sessions between non-clinical staff and Veterans who are new to VVC.
**RECOMMENDED VA VIDEO CONNECT SCHEDULING PATHWAY**

1. **Provider (PRO), and Veteran Agree on VA Video Connect (VVC) for future video visit. Patient has video capable smart phone, tablet, or computer. PRO Places a Return To Clinic (RTC) order for Video Appointment.**
   - **First time user of VVC?**
     - **Yes**
       - Team member orient Veteran to VVC and offers assistance with technology, set-up, or demonstration if available in clinic.
     - **No**
       - **Veteran still interested in VVC?**
         - **Yes**
           - Veteran directed to scheduler to schedule appointment and offer practice session.
         - **No**
           - **Staff member alerts provider. RTC order modified by provider for in-person visit**

2. **Veteran still interested in VVC?**
   - **Yes**
     - **Veteran Wants to schedule practice session**
       - **Yes**
         - Scheduler arranges VVC practice session appointment** with non-clinical technician.
       - **No**
         - Veteran encouraged to use test feature through clinic invite email and/or the National Telehealth Technology Help Desk.

3. **Veteran encouraged to use test feature through clinic invite email and/or the National Telehealth Technology Help Desk**
   - **Scheduler schedules VVC appointment* from RTC order**

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*Requires separate clinic grid for VA Video Connect visits.
**Non count clinic for practice session with team member/Telehealth Clinical Technician.