

VETERANS'

healthy living



**A Simple Process to
Keep in Touch**

**From Grass Roots to
Implementation**

What is TeleHealth?



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Defining
EXCELLENCE
in the 21st Century



Dear Veterans

A Message from the Network Director

Michael F. Mayo-Smith, M.D., M.P.H.
Network Director



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It's the dog days of summer, and it's hot outside! You may want to beat the heat by spending a little more time indoors, but what is there to do? Catch up on some reading! That's right; it's the perfect time to read up on all the fascinating telehealth programs offered in VISN1.

What is Telehealth? That's a great question, and you will find the answer on page 3. On the same page, you can read about the three unique types of telehealth: Clinical Video Telehealth, Store-and-Forward Telehealth, and Home Telehealth.

A Simple Process to Keep in Touch on page 4 describes just how easy and convenient it is to participate in the IP Video into the Home program. At the bottom of page 4, you will read about how the telehealth program at VAMC Manchester began only a short time ago in the grass roots stage, went into implementation, and is now flourishing.

On page 5, you will read about the new Home Telehealth Dementia Support Program—not aimed at Veterans but to those who are caregivers for Veterans. *Making Life Easier* on the same page explains the TeleRehabilitation Program and how it benefits post-surgery patients.

TeleMOVE! on page 6, discusses the telehealth program that encourages Veterans to make healthy dietary choices for weight management. *TeleMental Health*, at the bottom of the page, explores the work of Dr. Greenhouse in his stimulating group sessions.

TeleDermatology, one of the longest running telehealth programs in VISN 1, is featured on page 7. Also on page 7 is *Time Saving Tool for Diabetics*. In the article, Veterans can read about how TeleRetinal Imaging saves a great deal of time for eye screenings.

Have a safe and happy summer!

Thank you for your service. Now let us serve you!

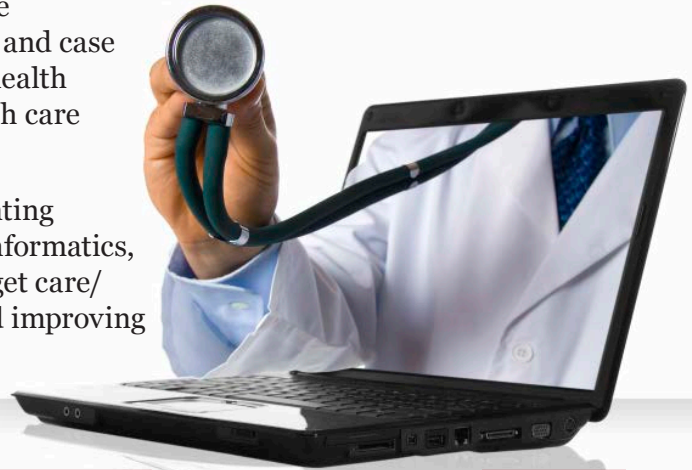
Michael F. Mayo-Smith, M.D., M.P.H.
Network Director

What is Telehealth?

VHA Telehealth Service uses health informatics, disease management, and telehealth technologies to target care and case management to improve access to care, improving the health of veterans. Telehealth changes the location where health care services are routinely provided.

The value VA derives from telehealth is not in implementing telehealth technologies alone, but how VA uses health informatics, disease management and telehealth technologies to target care/case management thereby facilitating access to care and improving the health of veterans.

Information courtesy of <http://www.telehealth.va.gov/>



Telehealth Across VISN 1

It is estimated that roughly 830,000 Veterans across the country will receive the benefits of telehealth during fiscal year 2013. Kathleen Crowley, MSN, RN, VISN 1 Telehealth Director, says Veterans use telehealth because it can decrease their travel and increase their access to healthcare. “It doesn’t mean that care can be provided 100 percent by telehealth, but it’s incorporated into the treatment plan for the patient.”

In VISN 1, there are three unique types of telehealth: Clinical Video Telehealth, Store-and-Forward Telehealth, and Home Telehealth.

Clinical Video Telehealth

Veterans participating in Clinical Video Telehealth travel to the closest clinic with the technology and interact with a provider who was at the medical center. Now, IP Video into the Home is an additional pathway whereby the provider is still stationed at a medical facility, but Veterans in their own homes on their own computers can have practically the same encounter as being at the medical facility.

“Sometimes it is an enormous amount of work for caregivers to get chronically ill patients into a

car or an ambulance and get them to a CBOC,” said Crowley. “Now, depending on the necessity of the visit, Veterans have an option to stay in their own homes.”

Store-and-Forward Telehealth

Store-and-forward telehealth consists of collecting information, such as data, sound, or images, and then forwarding the information to a specialist at another site, where it is retrieved and evaluated. Available programs in VISN 1 include TeleRetinal Imaging, TeleDermatology, TeleEKG, TelePFT, and TeleVascular.

Home Telehealth

Home Telehealth Case Management, the longest running telehealth program in VISN 1, involves equipping Veterans with monitors. “This enables the Veteran to answer health related questions, such as about weight or blood pressure, on a daily basis. The answers are transmitted to the RNCare Coordinator at the medical center via webpage, which helps the Care Coordinator decide whether a patient should remain at home or go to a medical facility,” Crowley explains.

For more information on telehealth services, visit <http://www.telehealth.va.gov>.

A Simple Process to Keep in Touch



As one of the newest telehealth programs in VISN 1, IP Video into the Home is already flourishing. One reason is that VA makes the process simple for the Veterans to participate.

What is the process? First, the clinician identifies Veterans who are likely candidates for

the program. They are usually established patients who have a chronic illness. They include seizure, stroke, and ALS (amyotrophic lateral sclerosis) patients under the care of a neurologist; mental health patients; and Veterans in the Home Based Primary Care (HBPC) Program.

The next step is making sure Veterans' home computers meet the technological criteria with an operating system of XP or higher, a high speed connection, and a webcam. Then an appointment is conveniently scheduled. About 24 hours before the appointment, Veterans receive a unique username and password, as well as a reminder for the session.

Finally, at the predetermined time, both Veteran and clinician securely log in and connect for a virtual face-to-face meeting.

David Cornwall, RN VA Connecticut Facility Telehealth Coordinator, said numerous Veterans are unable to drive and live great distances from facilities. It is extremely beneficial for these patients to have the ability to stay in touch with their clinicians without having to arrange transportation to and from appointments.

If you are interested in more information about the IP Video into the Home program, ask your clinician if this simple process can benefit you, too!

From Grass Roots to Implementation

Michelle C. Michaud, RDH, VHA-CM, Facility Telehealth Coordinator at VAMC Manchester, is excited about the growth of VA's Telehealth Program.

"When I first became involved in telehealth two years ago, the program presented me with a unique opportunity to be involved in providing state-of-the-art care to our Veterans," she says.

"My early involvement with the program, during its initial development phase, provided a way for me to be involved in a grass roots approach to

program development and implementation. Unique to Manchester, my role as Facility Telehealth Coordinator has evolved to include the direct supervision of all modalities of Virtual Medicine including Clinical Video Telehealth (CVT), Store and Forward Telehealth, Home Telehealth, and My HealtheVet programs, therefore providing a comprehensive approach for the development of Telehealth/Virtual Medicine Services at this facility."

Programs available through VAMC Manchester include TeleNutrition, TeleDiabetes Group Education as well

as Individual Diabetes Assessment, TeleMental Health for Medication Management, Evidence Based Practice Therapy for PTSD, TeleOrtho Education (Pre-Surgery), and TeleAmputation Group Support. TeleEndocrinology, TeleSCI and Substance Abuse Therapy (TMH) programs will soon be available for Veterans.

Access to quality, state-of-the-art health care is no longer an idealistic concept for the future. It's taking place in VA today. Don't wait until tomorrow to learn about all the new and exciting programs that are available now!

Caregiver Support

The Home Telehealth Dementia Support Program at the White River Junction Vermont VA facility is fairly new with only a handful of participants, but it has already helped immensely. The program is helping relieve the daily stresses of dementia patient caregivers with an interactive dialogue via the Home Telehealth machine.

Cheryl Yelle, RN, Home Telehealth, said, "Sometimes when we ask spouses or caregivers at an appointment how things are going, they put on a happy face because they are in the presence of a loved one. They may say things are going fine when they are not." With the Home Telehealth support program, a caregiver is able to voice an opinion without worry or concern of adding stress to the patient.

The system includes a 28-day dialog that changes daily and asks questions such as "Do you feel like you don't have enough time to yourself?" The machine provides feedback, tips, and educational information about dementia in response to the caregiver's answers. Yelle also provides reinforcement for the caregivers with regular phone calls or makes referrals that help overcome obstacles. One caregiver, commented that the program was helpful and praised Yelle for providing outstanding assistance.

Making Life Easier

A mere year and a half ago, the TeleRehabilitation Program began as a pilot program and has since grown by leaps and bounds. In that short amount of time, it has progressed so that patients can now use their own home computers for a video interaction with specialists for physical rehabilitation.

Initially, therapy for patients focused on total hip or knee replacements. "Often patients would start therapy when in the hospital after surgery, and then they would go home and require home care services to come by for follow up care. Some home care services were contracted outside the VA and made coordinating care difficult,"



said Jason Zullo, Service Line Manager for Sensory and Physical Rehabilitation. Because it is frequently a major endeavor for post-surgical patients to leave their homes during the early weeks after surgery, Mr. Zullo, along with many others, felt that follow-up care would be far more convenient for everyone if patients could receive their therapy at home. The results—the TeleRehabilitation Program—decreases drive time for everyone and increases the number of patients the VA can serve.

Mr. Zullo said that when compared to other VA facilities in the country, the White River Junction Vermont facility is small, but the TeleRehabilitation Program treats the second largest volume of PT patients utilizing virtual care in the nation and the fourth highest for Telehealth Occupational Therapy. The TeleRehabilitation Program at White River Junction has seen over 400 patients and achieved well over 700 virtual visits in this fiscal year.

In 2012, 15.4 million family and friends provided 17.5 billion hours of unpaid care to those with Alzheimer's and other dementias...eighty percent of care provided in the community is provided by unpaid caregivers.

http://www.alz.org/alzheimers_disease_facts_and_figures.asp#quickFacts

TeleMOVE!

With TeleMOVE!, Veterans have the opportunity to participate in an 82-day weight management session from the comfort of their own homes. At the beginning of the session, Veterans receive a monitor, a book, and a scale. They must access their monitor daily and answer questions about their nutrition and physical activity. In return, Veterans will be directed to pertinent educational information according to their input.

Throughout the session, Joan Carter, RN, Care Coordinator TeleMOVE/Telehealth, maintains regular telephone contact with the participating Veterans to offer guidance, assistance, or educational resources.

“Often, we discuss a portion of a food log that they submitted and we target a certain food that they are eating,” she said. “I offer suggestions such as trying brown rice instead of eating white rice or measuring their salad dressing or the cream in their coffee. We work gradually with small alterations that really add up to a healthier lifestyle.”

Veterans have the option to participate in more than one session if they choose. Continuation is based on weight loss, changes in dietary habits, and activity.

A similar weight management program is the TeleMOVE Group, led by dietitians and psychologists who hold meetings every week from medical

facilities and coordinate with different CBOCs across the VISN. Veterans taking part in the group go to the closest CBOC, weigh in, receive information packets, and have interactive sessions that cover a variety of different topics.

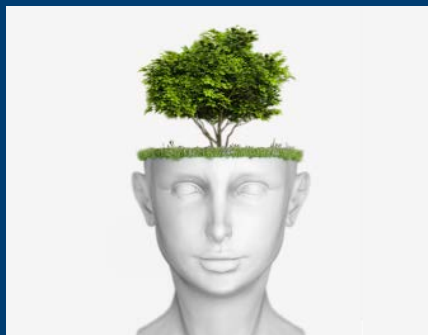


TeleMental Health

With clinical video teleconferencing (CVT), William Greenhouse, PhD, Staff Psychologist, TeleMental Health/PTSD, Bedford VAMC, sees 4-8 Veterans at a CBOC and several in-home patients every working day. In addition, he has three group sessions a week by telehealth and is about to begin a fourth!

Dr. Greenhouse makes sure his sessions are interesting as well as engaging for the participants by providing many hands-on activities. Mentally challenging activities are introduced in sessions like *Brain and Aging* or *Memory and Attention*. Activities include working

Sudoku puzzles, taking memory tests, or reading stories and remembering specific details. The sessions help to extend the life of the brain or improve attention or memory problems.



Another very hands-on group is called *Create Your Own Adventure*. This group empowers Veterans to take responsibility for the quality of their lives by

understanding that everything they do is a choice. Dr. Greenhouse said, “You can create a positive space in your life. Even if it’s just two hours a week, it’s two more hours than the week before.” During the course of one session, for example, a man chose to swim with dolphins, and two others joined a photography group and are regularly interacting with each other outside the group sessions.

These are just a few examples of the many wonderful TeleMental Health programs available. For more information about programs in your area, talk with your provider and make the choice for a positive change.

TeleDermatology

The TeleDermatology Program was launched many years ago—not for convenience, but because there were so few dermatologists in the rural areas of the VISN. VA Maine Medical Center in Augusta did not have a dermatologist on staff but had a large Veteran population in need of assistance. For a solution, the medical facilities worked together using a surrogate dermatologist model of care with a nurse practitioner directly interacting with patients. She would then transfer medical information to a specialist at Providence VAMC, and a dermatologist would provide direction for the nurse

practitioner’s management plan for the patient. This was complex because in 1997, when the process began, medical records were not electronic.

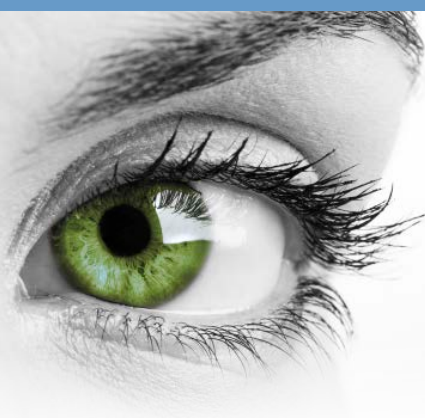


Technology for securely sending medical records electronically has since evolved, making the process more efficient. With advancements in the handling of images, photos of skin

problems are now more easily transferred to a dermatologist at the Providence VAMC for review as well.

Martin Weinstock, MD, Chief of Dermatology, Providence VAMC, said, “The first TeleDermatology program in the VISN was based on the surrogate dermatologist model. Now, there are multiple types of TeleDermatology programs available for Veterans.”

With the advances in technology and the addition of programs, Veterans will find that no matter their location in VISN 1, access to top-notch skin care is now available.



For diabetics, eye screenings are vital, as early detection of abnormalities can prevent serious vision damage and blindness in the worst cases. TeleRetinal Imaging is a telehealth “store-and-forward” process where an imager takes a picture of a patient’s retina at one location and sends the image to a reader, (optometrist or ophthalmologist) stationed at another location. In VISN 1,

Time Saving Tool for Diabetics

there are 16 conveniently located imaging sites. Once the image is taken, it is forwarded to Boston where a reader reviews it within three days.

In the past, patients traveled great lengths for regular eye exams, but with TeleRetinal Imaging, Veterans are able to visit a site close to them for risk assessment. Gerald Selvin, OD, Chief of Optometry, Boston Healthcare System, said that many times patients are not experiencing vision threatening conditions and therefore do not need to be seen by a specialist, so the process saves both patients and eye

doctors a great deal of time by avoiding unnecessary visits. “But there are cases where major retinopathy problems are indicated by the imaging,” he said, “and appointments are scheduled promptly to ensure swift response to needs in such cases.”

Nationwide, the VA began with 100 cameras for TeleRetinal imaging and screened roughly 16,000 Veterans the first year. Now, there are more than 600 cameras strategically located across the country that provide services to more than 250,000 Veterans each year.

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