

TELEHEALTH PROGRAMS (80)

I. PURPOSE: To establish policies, responsibilities, and procedures for VA Butler Healthcare Telehealth Programs.

II. POLICY: To provide innovative healthcare service through establishment of Telehealth programs providing our Veterans with better access to care – providing them with the right care in the right place at the right time.

III. RESPONSIBILITIES: The Telehealth Programs are under the direction of the Associate Director for Patient Care Services (ADPCS).

A. The Director is responsible for ensuring the implementation of the Telehealth Programs by supporting the program services and educational activities.

B. The Chief of Staff (COS) is responsible for the oversight and implementation of the Telehealth Procedures outlined in this policy, as well as providing resources, coordination, and support for the programs. The COS will provide clinical oversight to the overall program, and will delegate authority to provider(s) as necessary.

C. The Facility Telehealth Coordinator is responsible for planning, coordinating, communicating and executing all program elements in a timely, consistent, and comprehensive manner.

D. The Lead Clinical Video Telehealth (CVT), the Home Telehealth (HT), and the Store and Forward (S&F) Coordinators are responsible for daily operations and coordination of care for Veterans enrolled in the programs. The Lead Coordinators will participate on National level conferences, VISN conference calls, and projects in order to provide input into appropriate use of services, resources, cost recovery, and performance improvement activities.

E. The Telehealth Clinical Technicians (TCT) are health technicians responsible for support of the Telehealth program and encounters from the patient site. The TCTs are Telehealth generalists, supporting CVT, HT and S&F activities and typically fill the roles of Tele-presenter and imager. Typical duties include store and forward imaging, supporting real-time Telehealth encounters by establishing connectivity and troubleshooting technical problems, meeting and providing orientation to patients with regard to Telehealth, facilitating Telehealth, patient education activities, scheduling of resources, (space, Veterans Health Information Systems and Technology Architecture (VISTA)), equipment, bandwidth, clinical provider, etc), completing Telehealth clinical encounters, and other clinical and non clinical activities to support Telehealth programs from the patient location.

F. Providers for all Telehealth Programs will receive training and orientation sufficient to enable her/him to satisfactorily perform Telehealth and complete all mandatory training.

G. Information Technology (IT) Support have the responsibility for managing the purchase and inventory of the CVT equipment. Works with individual providers to provide technical

training, offers assistance in the event of equipment failure, and repairs and/or replaces video endpoints as needed.

H. The Telehealth Committee provides facility level oversight of the Telehealth Programs including clinical, business and technical processes. This committee reports to the Medical Executive Committee (MEC). This committee also provides oversight and coordinates local Telehealth programming, provides advice for development of future Telehealth services, and provides direction and advice for sustaining and expanding existing Telehealth modalities.

IV. DEFINITIONS:

A. CVT: A clinical process, which employs the use of Telehealth technologies to provide care and consultation between institutional facilities such as Community Based Outpatient Clinics (CBOCs) VA facility to VA facility, or VA facility to CBOC. Examples of CVT include but are not limited to, TeleMental Health, Smoking Cessation, Speech, Anticoagulation, and Weight Management Program for Veterans (MOVE!).

B. HT: A process whereby the ongoing medical and/or behavioral health symptoms of selected patients are assessed and monitored using home Telehealth technologies in Veterans' homes in order to expedite the application of care interventions. This process also includes TeleMOVE and the Home Based Primary Care (HBPC) Program use of video HT.

C. S&F Telehealth: A Telehealth application in which a trained imager at a referring site takes digital images (TeleDermatology and Tele-Retinal Eye Exams) transmits them through a computer into VISTA Imaging, and submits them with additional patient information on a consult from the ordering provider. These are then digitally sent and interpreted by a consulting provider at a distant site. The results are then sent back electronically to the ordering provider.

D. Telehealth Technologies: Information technology-based tools that collect clinical indices in the form of vital signs, disease management data, still images and live video from an originating site where the patient is located. This data is sent electronically to a remote site where they are received, reviewed, and assessed by clinicians. Telehealth technology enables the range of health care services to be provided that cross the usual constraining boundaries of geographic distance, time, and social and/or cultural borders. This range of health care services includes; but is not limited to vital sign monitoring, disease management, wound care, images, counseling and therapy, and medication compliance management.

V. PROCEDURES:

A. General Telehealth Procedures:

1. Telehealth, an adjunct to more traditional health care delivery, promotes remote access, avoids duplication of services, and ensures continuity of care.

2. Telehealth providers must comply with mandatory security requirements including security controls commensurate with risk. All Telehealth devices that use computers, or are networked, are subject to IT tracking requirements for planned acquisitions.

3. An Office of Information and Technology (OI&T) employee will be designated to collaborate with each Telehealth program (CVT, HT, S&F).

B. CVT Procedures:

1. CVT services will only be available if staff is present on site to assist the patient in the event emergency care is needed.

2. When a recommendation is made for CVT services, the referring provider will inform the Veteran as to the purpose and use of the CVT services, and ensure the Veteran is willing to participate in CVT.

3. The designation of the provider at the remote site and the level of support at the originating site will determine the nature of the services that can be safely and appropriately delivered to the Veteran.

4. The CVT provider in consultation with the referring provider will determine whether or not a staff member will be in the room with the Veteran while the Veteran is linked to the practitioner at the distant site from whom he/she is receiving care/consultation.

5. Telehealth providers will use their clinical judgment to determine which Veterans might benefit from CVT.

6. General Exclusions criteria include but are not limited to:

- a. Veterans who reject CVT when offered
- b. Veterans who refuse treatment via CVT after it has begun
- c. Acutely violent Veterans or unstable Veterans
- d. Acutely suicidal Veterans
- e. Veterans in need of hospitalization
- f. Veterans with specific mental health concerns where symptoms might be exacerbated by this form of intervention, i.e., paranoia, delusions regarding technology, etc.

C. HT:

1. Care Coordinators will be available during normal business hours Monday to Friday with the exception of Federal Holidays. During the administrative workweek patients and caregivers can call the Care Coordinators with questions or problems. The Care Coordinators may at that time decide to schedule an audio/video visit or discuss care options with the primary care provider. If there is a patient need to contact a Care Coordinator after hours, during off-tours, weekend, and/or holidays, patients and caregivers will be given clear, written instructions to follow. Staff will at that time determine if an evaluation is indicated. Emergencies are to be referred to 911 as appropriate.

2. Eligibility for the HT Program is directed primarily towards Veterans who have been identified as having complex and/or chronic high-risk diseases and whose care is problematic and costly as evidenced by admissions, ER visits, and multiple primary care visits. The needs of

Veterans residing in rural areas where there is limited access to healthcare options, and high incidence of chronic disease will also be considered for enrollment.

3. Exclusion Criteria include:

a. Patient declines participation. The patient is free to reject this mode of care delivery in favor of conventional health care delivery systems, without fear of any subsequent prejudice to the care the patient will receive.

b. Patient has history of behaviors that may jeopardize the safety of staff or equipment.

c. Patient or caregiver is unwilling or unable to operate Telehealth equipment.

D. S&F Telehealth:

1. TeleDermatology and TeleRetinal Eye Exams occurs between VA Butler Healthcare and the VA Pittsburgh Healthcare System.

2. Standardized training is mandatory for both imagers and readers with the Boston Store and Forward Telehealth Training Center. Annual mandatory competency is required for imagers and readers.

3. Equipment needs for TeleDermatology include a high-resolution digital camera at the patient site. At the provider site the dermatologist should have a monitor sufficient for reviewing images, a computer fully capable of supporting Computerized Patient Record System (CPRS) and VISTA imaging, telereader capability and be Digital Imaging and Communication in Medicine (DICOM) compatible.

4. Equipment needs for TeleRetinal Eye Exams includes a non-mydratic digital retinal camera integrated with a telemedicine platform that is designed to facilitate access to chronic disease management of eye care for patients with diabetes mellitus. The assessment involves the capturing of adequate retinal images and transmitting them via a secure and reliable telecommunications network. These cameras use DICOM connectivity to interface with CPRS and are operated by trained certified imagers, to acquire, transmit, and store digital retinal images. The images are read by a trained optometrist or ophthalmologist readers using VISTA imaging Telereader.

VI. MEMORANDUMS OF UNDERSTANDING (MOUs) and TELEHEALTH SERVICE AGREEMENTS (TSAs):

A. In order for telemedicine or tele-consultation to occur between two Joint Commission accredited organizations, a formal agreement (i.e. MOU) needs to be established. This agreement defines that:

1. The facility accepting these telemedicine or tele-consultation services (the site of the patient) has evidence of internal reviews of the practitioners' performance of those privileges

and reports to the distant site (the site of the practitioner delivering the services) any quality of care concerns that are useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum this information includes all adverse outcomes.

2. The facility providing these services will report to the facility receiving the services any quality of care concerns that occur. At a minimum this information includes all adverse outcomes.

B. TSAs specify and govern the clinical, business, and technical details of operation of Telehealth services between two VA facilities and defines the responsibilities and procedures involved in establishing and operating a Telehealth clinic between the involved medical facilities.

VII. PERFORMANCE IMPROVEMENT: The effectiveness of the Telehealth programs will be evaluated on a continuous basis. Local and network monitors will be established based on national performance measures and through longitudinal review and trending of performance. Performance measurements will include utilization review, performance improvement, clinical, business and efficiency measures.

VIII. EMERGENCY PREPAREDNESS:

A. Veterans enrolled in the HT Program in need of emergency assistance will be directed to call 911 or go to the nearest Emergency Department.

B. Veterans participating in the CVT Program in need of medical or mental health emergency assistance will be directed to follow the emergency preparedness plan of the CBOC.

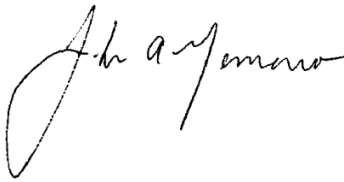
C. Veterans participating in the S&F Program in need of medical or mental health emergency assistance will be directed to follow the emergency preparedness plan of the facility or CBOC.

IX. CONTINGENCY PLANS: Technological Telehealth equipment failures can and do occur. A back-up plan will always be available to ensure Veteran's safety; treatment and care are not jeopardized secondary to equipment failure. The Facility Telehealth Coordinator (FTC), Telehealth Clinical Technician (TCT), and clinical staff are responsible for providing alternative means of completing evaluation as well as appropriate contacts to report problems. It is important that staff at the patient sites coordinate with the specialty provider to offer appropriate interventions for the patient. This may mean determining if parts of the Telehealth visit can be conducted in alternate ways while problems are being resolved. In the case of video or camera malfunction, alternate phone contact can be made until appropriate restoration has occurred. In the HT program all Veterans will be informed of computer service disruptions lasting longer than 24 hours and will be instructed as to the course of treatment and monitoring plan. The HT Program will have a contingency plan in place in the event of a total system shutdown which will include home visits as needed to Veterans at high risk and reminding Veterans to seek immediate medical or mental health assistance if an emergency occurs. After resumption of computer services a note will be placed in CPRS for each Veteran describing contact of Veteran, caregiver, and/or family, and the modified treatment plan during the course of service

disruption. For all programs in case of a disruption of computer services, VISTA Read Only (RO) will be used for necessary Veteran information.

REFERENCES:

VHA Office of Telehealth Conditions of Participation, December 2011
VHA Healthcare VISN 4 Home Telehealth Program Guidance Document, March 2012
VHA Healthcare VISN 4 Clinical Video Telehealth Operators Manual November 2011
VHA Home Telehealth Operations Manual, May 7, 2012
VHA Teledermatology Operations Manual, November 2011
VHA Diabetic Teleretinal Imaging Clinical Application Coordinator's Implementation Guide, March 2011

A handwritten signature in black ink, appearing to read "John A. Gennaro". The signature is fluid and cursive, with a large initial "J" and "G".

JOHN A. GENNARO
Director

(Automatic Review Date: February 13, 2016)