

Care Coordination Telehealth Policy

1. **Purpose:** To establish policy, responsibility, and procedures for the VISN 23 Telehealth Programs.
2. **Policy:** The VISN 23 Telehealth Program utilizes a seamless interdisciplinary approach to coordinating care across all settings, episodes of illness and at the appropriate level of care. There are three discrete programs in the CCT continuum of care. The first is Care Coordination/Home Telehealth (CCHT). This involves a process of needs identification and service coordination designed to maximize function and independence while also recognizing an individual's right to self-determination. The fundamental components of CCHT are screening, assessment, care planning, implementation, monitoring and evaluation.

The second sub-program is Clinical Video Telehealth (CVT). This involves real time videoconferencing technologies, with supportive peripheral devices, to provide care and consultation between clinics and hospitals, and hospitals and other hospitals. VISN 23 Telehealth Program will collaborate with the VISN Technology staff (Biomedical Engineering and OI&T) to establish and maintain an adequate Information Systems Technology infrastructure, bandwidth, maintenance, and technical support to fully maintain the CVT program and ensure smooth and efficient patient encounters among all network CVT sites.

The third sub-program is Care Coordination Store & Forward (CCSF). Care coordination here involves telehealth technologies that acquire and store clinical information (e.g. data, image, sound, video) that is then forwarded to (or retrieved by) another site for clinical evaluation. The CCSF program will provide improved access to care using continuous quality improvement.

3. Definitions:

A. **Care Coordination** is the wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to improve the health of designated individuals and populations with the specific intent of providing the right care in the right place at the right time.

B. **Home Telehealth** is the use of electronic communication devices to assist in the delivery of health care services to the patient's residence. It is a "package of care" that can involve a range of health care interventions whose delivery is mediated via a number of different innovative information technologies.

C. **Real time or interactive videoconferencing** refers to the use of videoconferencing technology to enable health care professionals and patients to conduct interviews, perform audiovisual assessments, facilitate team functions, and enhance delivery of care.

D. **Store-and-forward** involves sending digitized images, video or audio clips, and other patient data over a distance to a consultant for review and comment.

E. **Telehealth** is the electronic provision of health care and information services for the direct benefit of patients and their families. Telehealth Technologies are 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. These data are sent via telecommunications networks to a remote site where they are received, reviewed and assessed by clinicians. Telehealth technologies enable a range

of healthcare services to be provided that cross the usual constraining boundaries of geographic distance, time, and social and/or cultural borders.

4. Responsibilities:

A. The **Network Director** has overall responsibility for assuring Network compliance with the VISN 23 CCT Program Policy.

B. The **Network Chief Medical Officer** has VISN-level programmatic authority and oversight responsibility for the VISN 23 CCT Program.

C. The **VISN 23 Telehealth Program Manager** has responsibility for planning, coordination, communication and implementation of the VISN 23 Telehealth Program activities in a timely, consistent, and comprehensive manner. The VISN Telehealth Program Manager will collaborate with VISN Leadership, Service Line Directors, Facility Directors and staff to successfully implement the VISN 23 CCT Program.

D. The **VISN 23 Care Coordination Home Telehealth Manager** has responsibility for planning, coordinating, communicating, and implementing the VISN 23 Care Coordination Home Telehealth program. The VISN CCHT Program Manager will work under the direction of the VISN 23 Telehealth Program Manager and collaborate with the VISN Leadership, Service Line Directors, Facility Directors and staff to successfully implement the VISN 23 CCHT Program.

E. The **VISN Information Security Officer** will assure data is transmitted in accordance with VHA regulations and policies.

F. The **VISN Prosthetics Representative** has responsibility for collaborating with the CCHT Program Manager in establishing VISN policies and procedures for the procurement, inventory, distribution, retrieval, disinfection, and maintenance of home telehealth equipment within the VISN per local and VISN policies. This representative has responsibility for developing and deploying a VISN budget for telehealth home equipment as part of the VISN 23 Prosthetics FY budget proposal.

G. The **VISN Biomedical Engineer** has responsibility for coordination and compliance with Telehealth equipment specifications and maintenance strategies.

H. **VISN 23 Medical Center Directors** have responsibility for ensuring the implementation of the CCT procedures outlined in this policy, as well as providing resources, coordination and support for the programs. Responsibilities include:

1. Supporting the presence of a mechanism for the procurement of all telehealth equipment using Department of Veterans Affairs' national contract as a purchasing vehicle.
2. Assuring a mechanism is in place for the terminal decontamination of the equipment after retrieval from the patient's residence.
3. Assuring a mechanism is in place for performing routine preventive maintenance and repair of the home telehealth equipment.

4. Supporting the presence of a mechanism for the management of in-house servers, interfaces, and applications that support the CCT programs.

5. Assuring no sensitive information (including electronic Protected Health Information (ePHI) protected by HIPAA) is disclosed by following the proper VA guidance.

I. VISN 23 Service Line Directors have responsibility for programmatic oversight for these programs within the VISN. Responsibilities include participating in strategic planning for CCT, monitoring progress and compliance of program objectives, and communicating aspects of the program to other staff and VISN leadership.

J. Facility Lead Telehealth Coordinators (38 CCT B-V) have oversight of CCHT activities within the facility inclusive of corresponding CBOC's. They serve as a point of contact for information and act to coordinate activities within the medical center to ensure consistency of care and adherence to the Conditions of Participation.

K. Site Based Providers have the responsibility for collaborating with care coordinators to identify patients appropriate for telehealth and enhancing the care plan to include the CCT technologies.

L. VISN 23 Care Coordinators will follow established procedures to implement the program and provide health care coordination services to Veterans participating in the program. They will provide care and/or services that are based on clinical practice guidelines or established clinical practices (20 CT C-P) Specifically Care Coordinators for Home Telehealth have responsibility for:

1. Collaborating with the Service Line care or other provider/team and other appropriate staff in identifying patients appropriate for telehealth and incorporating use of this technology into the plan of care.
2. Daily operation of the program at the medical center level.
3. Ensuring confidentiality, privacy and security of CCT patient encounters and records. (19 CCT C-P)
4. Supervision of any additional staff assigned to the program.
5. Management, selection, education and training of the patient/caregiver.
6. Selection and deployment of the equipment in conjunction with Biomedical Engineering.
7. Facilitating maximum involvement of patient choice and decision making in all aspects of their health care including enrollment and participation in the CCT program. (13 CCT C-P)
8. Coordinating the patient's care and services with internal and external resources to ensure appropriate continuity throughout the course of the service of care (21 CCT C-P)
8. Participating on various VISN level conferences and projects in order to provide input into appropriate use of services and resources, and performance improvement activities.

M. Local Prosthetics Representatives have responsibility for managing the purchase and inventory of home telehealth equipment for patient use; collaborating with local Telehealth leads to estimate FY equipment needs for budget planning and resolving barriers to program initiatives.

N. VISN 23 Telemental Health Program Assistant has responsibility for performing administrative support for the VISN 23 Telemental Health Program and assisting with any

future proposals/projects that are implemented. Duties will consist of handling data and assisting with coordination of project patients. The position serves as a point of contact for patients, medical center staff, VISN staff, community agencies, and various others who contact this office.

O. Telehealth Program Assistants – have responsibility for supporting particular telehealth programs in specified locations. These duties may include technology set up, troubleshooting, tracking of quality indices and documentation for the Care Coordinators and/or other Telehealth staff. Specific responsibilities will not exceed those determined by the Office of Telehealth Services.

5. **CCT Program Integration & Communication (2CCT C-V)**

A. The **VISN 23 Care Coordination Steering Committee**, a sub-committee of the Clinical Advisory Sub-Council is responsible for leadership and oversight of care coordination services across the continuum and for providing input into strategic planning; program development and implementation; program maintenance, education, research and performance measure improvement. Care Coordination Telehealth will be a permanent agenda reporting item on the Clinical Advisory Sub-Council.

B. Care Coordination Home Telehealth has a monthly **Community of Practice** conference call to communicate and disseminate information regarding local, network and OTS initiatives and news to all CCHT staff. (3CCT C-V). It acts as a vehicle for discussion to maintain and improve standards of care and consistent services throughout the VISN.

C. CCVT – A monthly conference call is held for general telehealth coordinators which focus on maintaining and improving standards of care and consistency within the VISN.

D. CCSF – A monthly conference call including all CCSF staff is held to focus on maintaining and improving standards of care and consistency within the VISN.

E. The CCT program supports and utilizes the principles of Advanced Clinic Access/Systems Redesign and these processes are linked with the efforts of Primary and/or Specialty Care (23 CCT C-P) Telehealth is a mechanism to reconfigure delivery of services to allow us to maximize panel size and develop capacity for patients especially in highly rural areas.

F. The Telehealth Program Manager for the VISN will communicate information regarding the VISN Telehealth programs between VISN staff, Service Line leaders, Facility leaders and local Telehealth program staff. Information regarding programs will also be shared via documents on the VISN drive.

6. **VISN CCT Planning**

A. The VISN Telehealth Managers will plan for CCT program maintenance, growth, and expansion based on assessment of disease specific population data at least annually in conjunction with strategic planning initiatives. (5CCT C-V)

B. The VISN Telehealth Leads will ensure ongoing assessment and plans are implemented for disease management across the continuum of care for patients identified as being at risk based on disease specific population data. (6CCT C-V)

C. All CCT programs will participate in strategic planning within the Network strategic planning processes at least annually for program maintenance, growth and expansion. All three CCT programs will work in partnership in identifying mutual areas of collaboration for telehealth services. (CCT 25 B V)

7. . Procedures

- A. Each CCT program will have an Operations Manual (Toolkit) which details the specific procedures for each program. (7CCT C-V) (See attachments)
- B. Each CCT program will identify and stratify patients by risk levels and ensure that patients are directed to corresponding levels of care and service. Each program will monitor selected outcomes of care and service provided. (4CCT B V)
- C. All aspects of CCT programming provide services and care based on clinical practice guidelines and/or established clinical practices.
- D. Guiding processes, principles and procedures for the business processes of each program will be outlined in the separate Operations Manuals. (24 CCT B V)

8. Resources

A. The Office of Telehealth Services (OTS) provides standardization for each CCT program. Each program nationally has its own Training Center with a wide array of resources.

B. VISN 23 utilizes elements of the Sunshine Training Center's marketing plan to encourage enrollment of potential participants in CCT programs. (10CCT C-P)

C. VISN 23 utilizes the expertise and resources of the Rocky Mountain Training Center and the Boston Training Center to provide guidance for the Clinical Video Telehealth and Store & Forward Programs.

9. Performance Improvement - The effectiveness of the CCT program will be evaluated on a continuous basis. Network benchmarks will be established based on national performance measures and through longitudinal review and trending of performance. Performance measurements will include utilization review, outcome improvements, clinical, and business measures. These methods will focus on measuring aspects of CCT, monitoring performance, evaluating program structure and functions, expanding programs and sustaining CCT work. Specifically, workload reporting systems will be reviewed annually. Performance improvement data will be reported systematically in conjunction with other network reporting processes. (8CCT C-V) (27 CCT B V)

10. References:

- a. Office of Care Coordination Services website reference to External Accreditation in reference to the Joint Commission on Accreditation of Hospitals retrieved 7/09 at: <http://vaww.carecoordination.va.gov/home-telehealth/program-dev/accreditation/>
- b. Office of Care Coordination Orientation Recommendations retrieved 7/09 at:

<http://vaww.carecoordination.va.gov/home-telehealth/>

- c. Office of Care Coordination/Home Telehealth Conditions of Participation February, 2009.
- d. VHA Handbook 1004.1 Informed Consent
- f. VA Prosthetic Clinical Management Program (PCMP): Clinical Practice Recommendations for the Ordering of Care Coordination and Telehealth Devices for Veteran Patients
- h. Quick Reference Guidelines for the Management of Care Coordination/Home Telehealth equipment assigned to patient Sarita Figueroa, MBA; Director Business Operation; VISN 8 CCCS Business Office-Bay Pines, FL
- i. VHA Handbook 1100.9 Credentialing and Privileging, para. 5. n.

*Numerals/Letters in parentheses within the document link to the Conditions of Participation standards as outlined by the Office of Telehealth Services.

11. . **Rescission:** Network Policy V23-CMO-024 dated October 6, 2005

12. **Review Date/Responsibility:** VISN 23 Chief Medical Officer - March 17, 2012

/S/

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