

VA



U.S. Department
of Veterans Affairs

The Future of Telehealth in the VA

VA State of the Art in Rural Health
Sept 12, 2016

Office of Connected Care
Telehealth Services Acting Deputy John Peters



Agenda

- VA Telehealth Current
- VA Telehealth Future
- Q&A John.Peters@va.gov

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VA Telehealth CURRENT



Scope of VA Telehealth Services

- 12 percent (677,000) of Veteran patients enrolled in VA care accessed care through Telehealth (45 % lived in rural areas).
- 2.14 million Telehealth encounters in FY 2015



Home Telehealth
156,000 Veterans



Video Telehealth
282,000 Veterans



Store & Forward Telehealth
298,000 Veterans

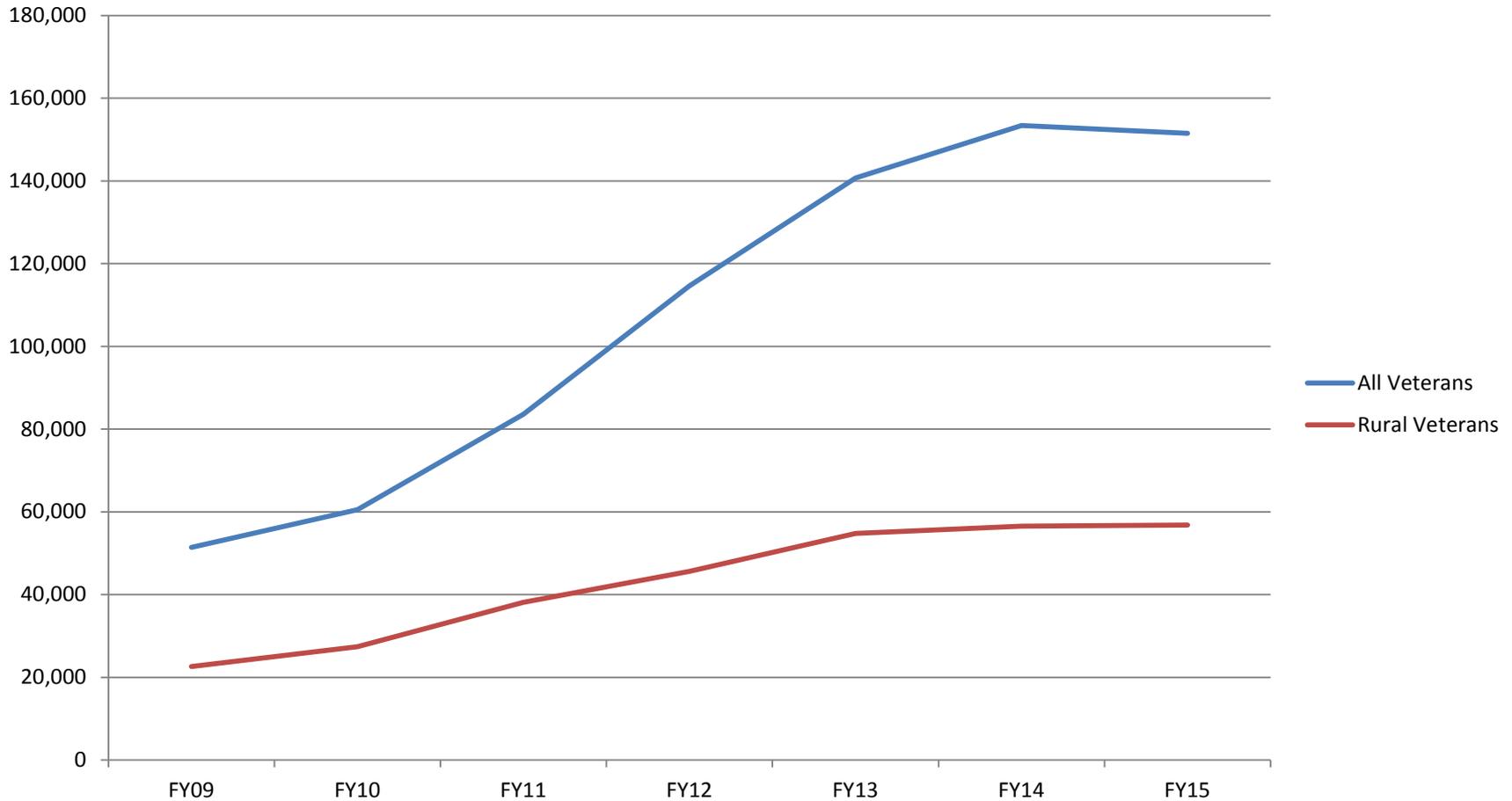
- ***Reduction in bed days of care – 58 %***
- ***Reduction in hospital admissions – 35 %***
- ***Patient Satisfaction 89%***

- ***Clinical Video TeleMental Health Reduction Acute Psychiatric bed days of care - 28%***
- ***Patient Satisfaction 94%***

- ***Patient Satisfaction 96%***



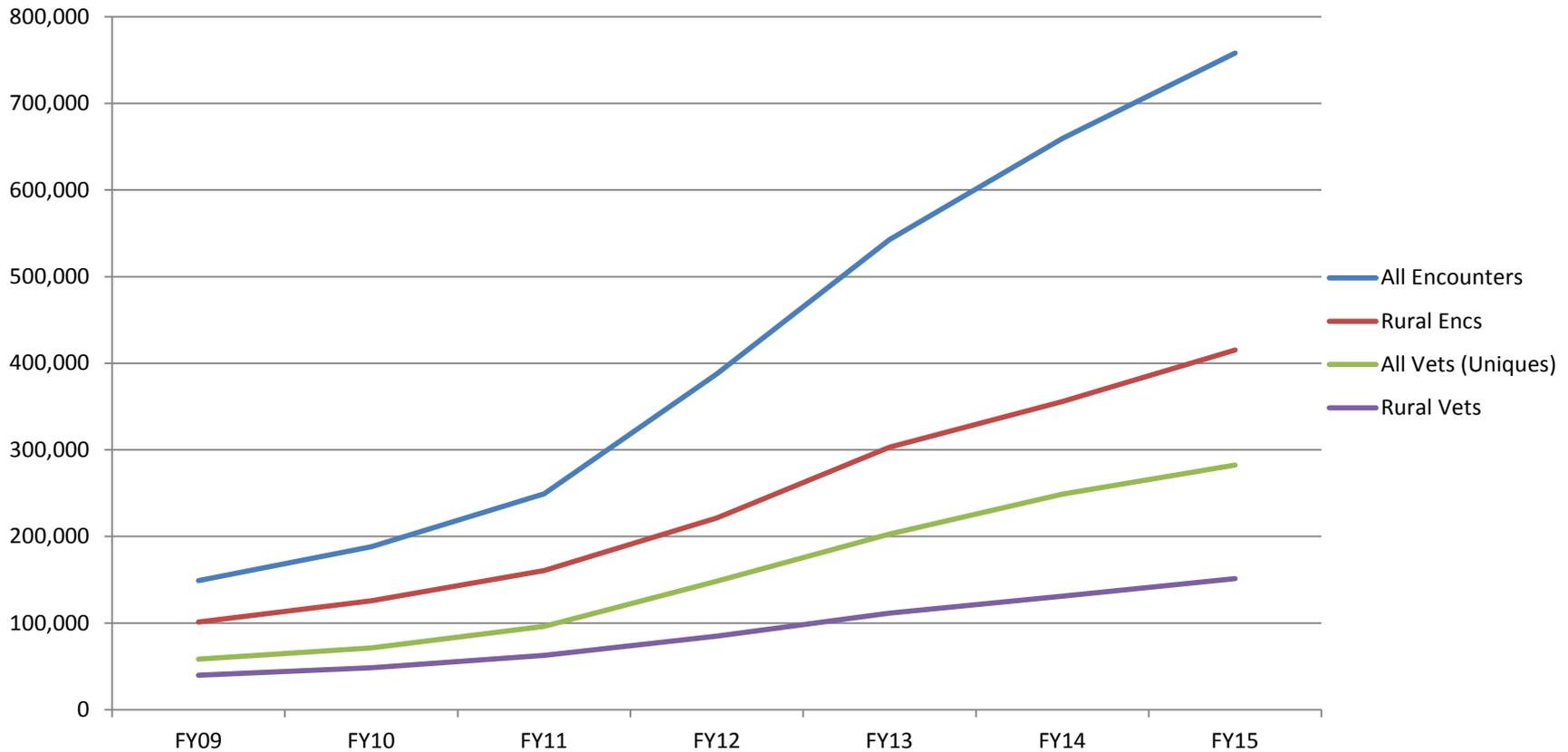
Home Telehealth Growth



**“Rural” = Highly Rural + Rural + (beginning in FY15) Insular Island



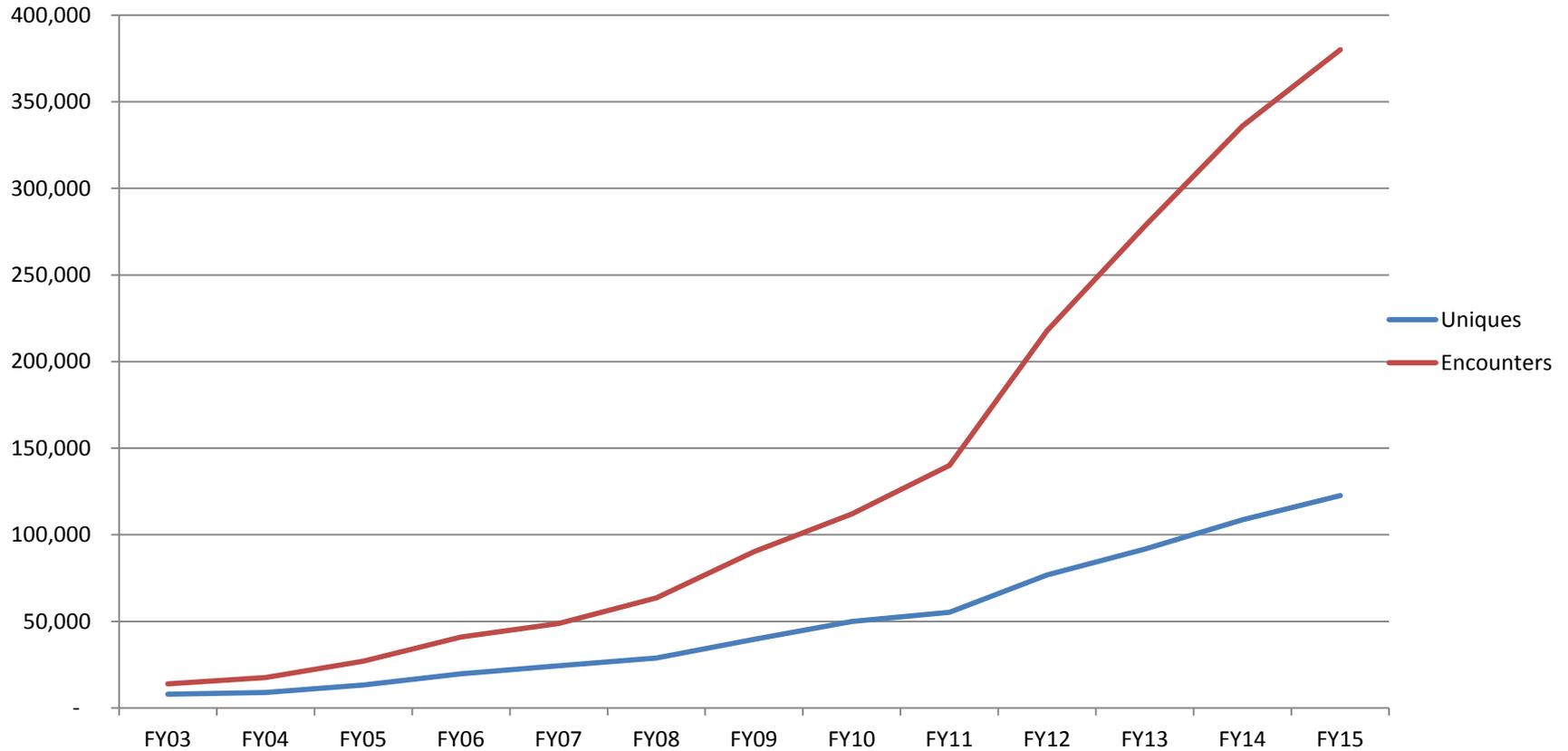
Clinical Video Telehealth Growth



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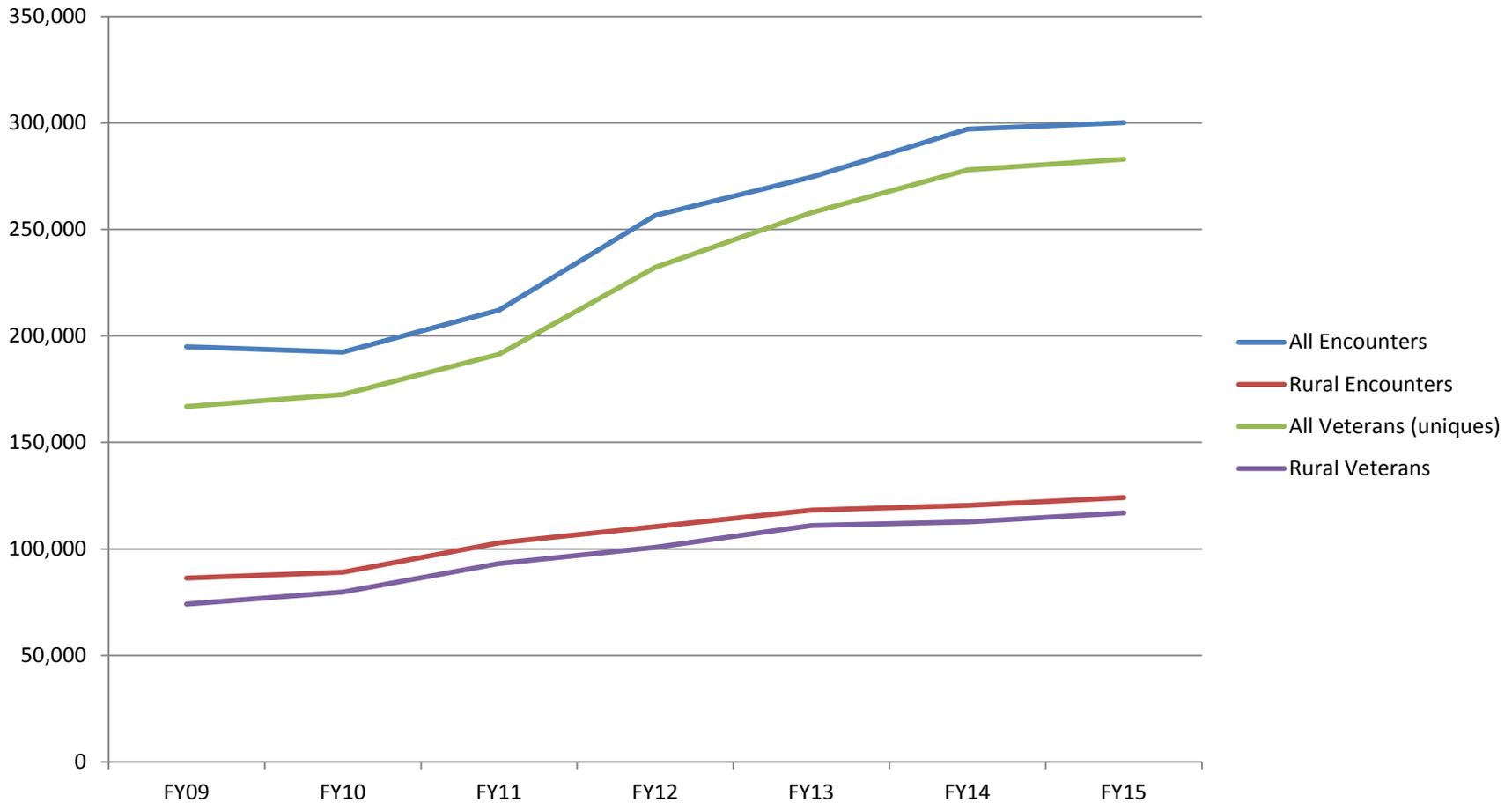


Telemental Health Growth





Store & Forward Telehealth Growth



*"Rural" = Highly Rural + Rural + (beginning in FY15) Insular Island

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VA Telehealth FUTURE



Telehealth Future

- **Establish Telehealth access framework**
 - Shift Telehealth paradigm from accessibility to accessibility and capacity
 - Establish the strategic direction needed to effectively leverage Telehealth and the integrated healthcare system



Bottom Line Up Front

The Office of Connected Care is focusing on five Telehealth Access Priorities:

- A. Telehealth Foundations:** Targeted resolution of barriers that impair the efficient, effective, and coordinated delivery of Telehealth clinical services on an enterprise scale or impede service delivery at the local level.
- B. Tele-Primary Care and Mental Health Resource Hubs:** Development of clinical resource hubs for MH and PC to fill service gaps
- C. Tele-Urgent Care:** Initiation and delivery of immediate access Urgent Care services and clinical triage through 24/7 contact centers accessible to Veterans by telephone, websites, and mobile applications.
- D. Tele-Specialty Care Services:** Development and deployment of Tele-specialty networks to deliver urgent specialty services in VA outpatient clinics above and beyond local specialty resources.
- E. Data Driven Tele-Access Management:** Implementation of data driven tools and procedures that identify Veterans' unmet, urgent medical needs and facilitate their connection to available services through any modality, including local facility care, care in the community, or Telemedicine.



Work Stream A: Telehealth Foundations

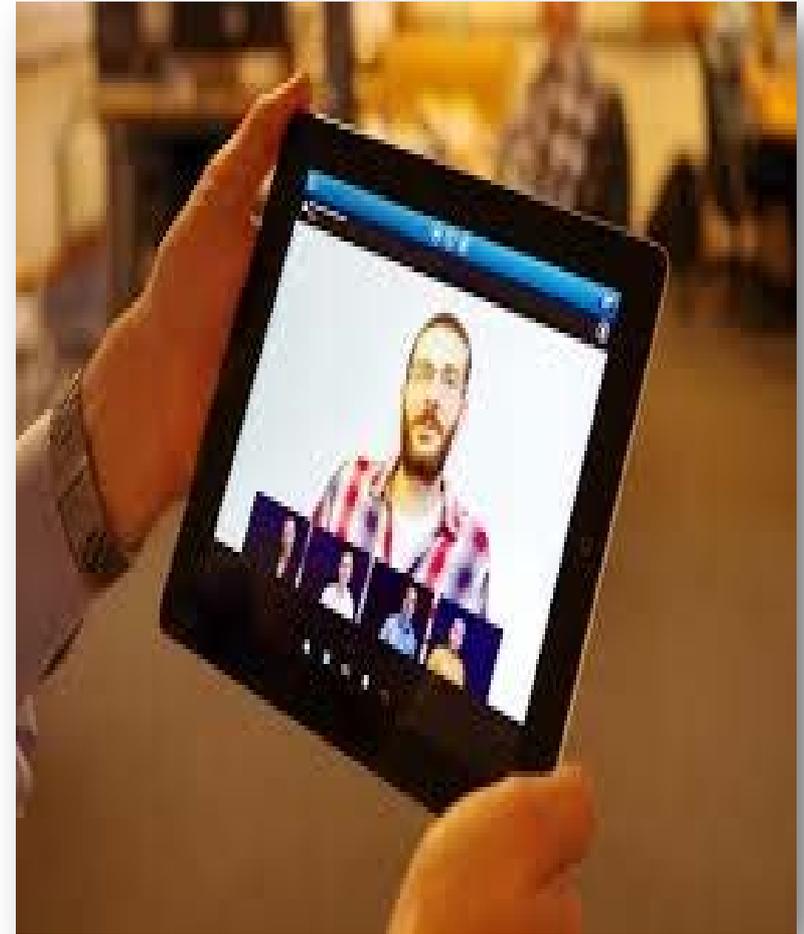
- Targeted resolution of barriers that impair the efficient, effective, and/or coordinated delivery of Telehealth clinical services on an enterprise scale
- Includes focus on telehealth barriers including:
 - State Licensure requirements
 - Credentialing and privileging
 - Space/Telework Telehealth
 - Prescription of controlled substances
 - Field staffing for patient side encounters and telehealth technology management
 - Access to individual facility electronic medical records
 - Web based video conferencing tools
 - Telehealth Scheduling
 - Action oriented data reports and nimble workload capture/DSS codes
 - Contracting
 - IT/Biomedical support



VA VIDEO CONNECT (VVC)

VIRTUAL MEDICAL ROOM (VMR)

- Interoperable - Will work with legacy VA Video Conferencing
- Seamless interface with current Telehealth Management Platform (TMP) to organize and drive business/clinical processes
- VA OIT-vetted
- Secure FIPS 140-2 compliant
- VA customizable native/browser apps
- Simple to use for patients and clinicians
- Uses Web Real-Time Communication (WebRTC)



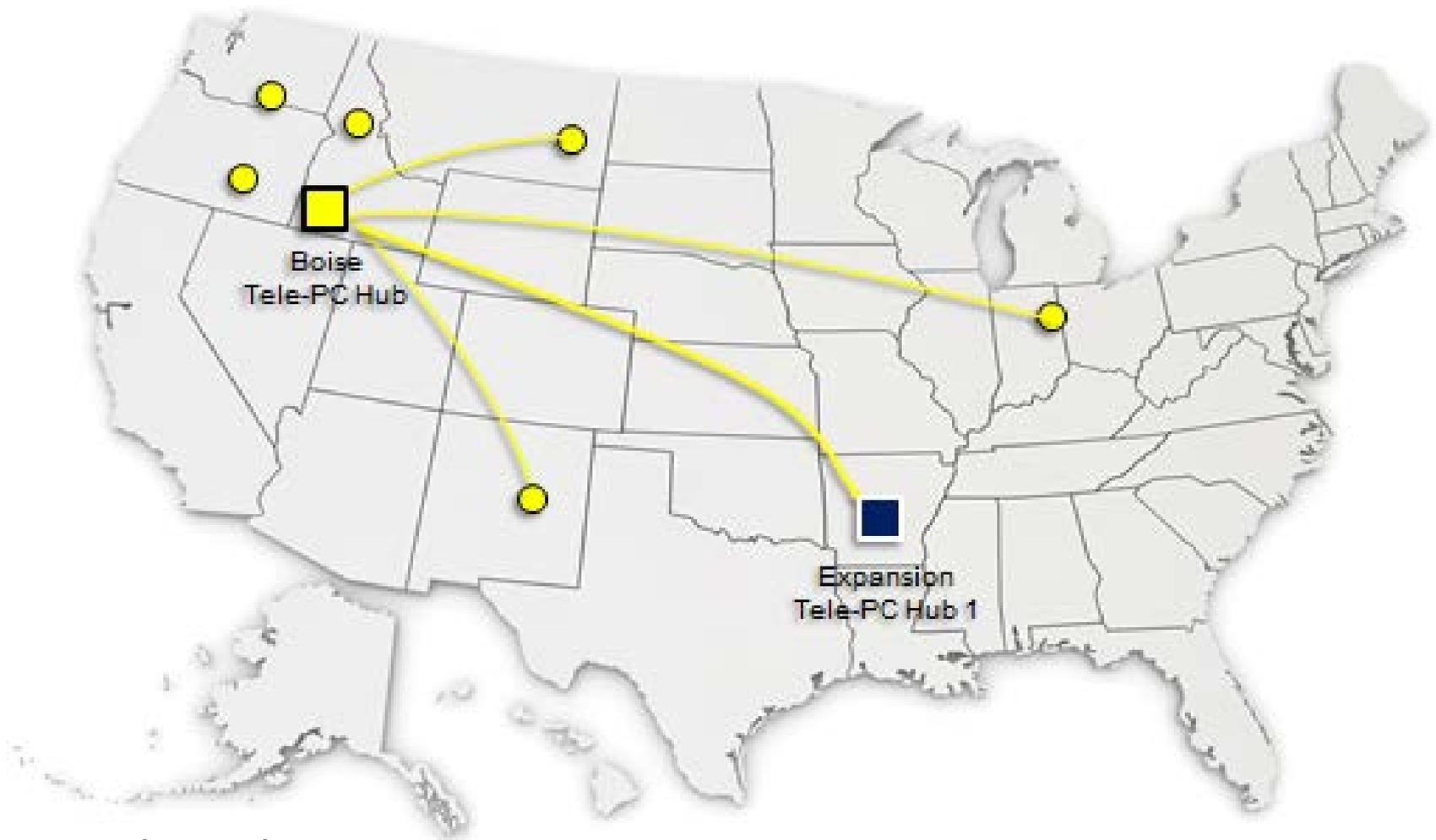


Work Stream B: Tele-PC and MH Clinical Resource Hubs

- Development/deployment and expansion of training, specialty, and clinical resource Hubs for PC and MH
 - Leverages hub/spoke model, experienced Tele-MH/PC centers, and recruitment potential at urban centers to target and rapidly **address/resolve clinical staffing shortages** at access challenged facilities
 - Integrates web based video conferencing services and mobile device applications to effectively/efficiently deliver services at the Veteran's preferred location when possible
 - Provides **synergistic impact on same day Mental Health access** due to combination of TMH providers and inclusion of PCMH providers into Tele-PC model
 - Supports achievement of same day urgent care access by relieving on-site staff from management of the routine workload of vacant provider positions.



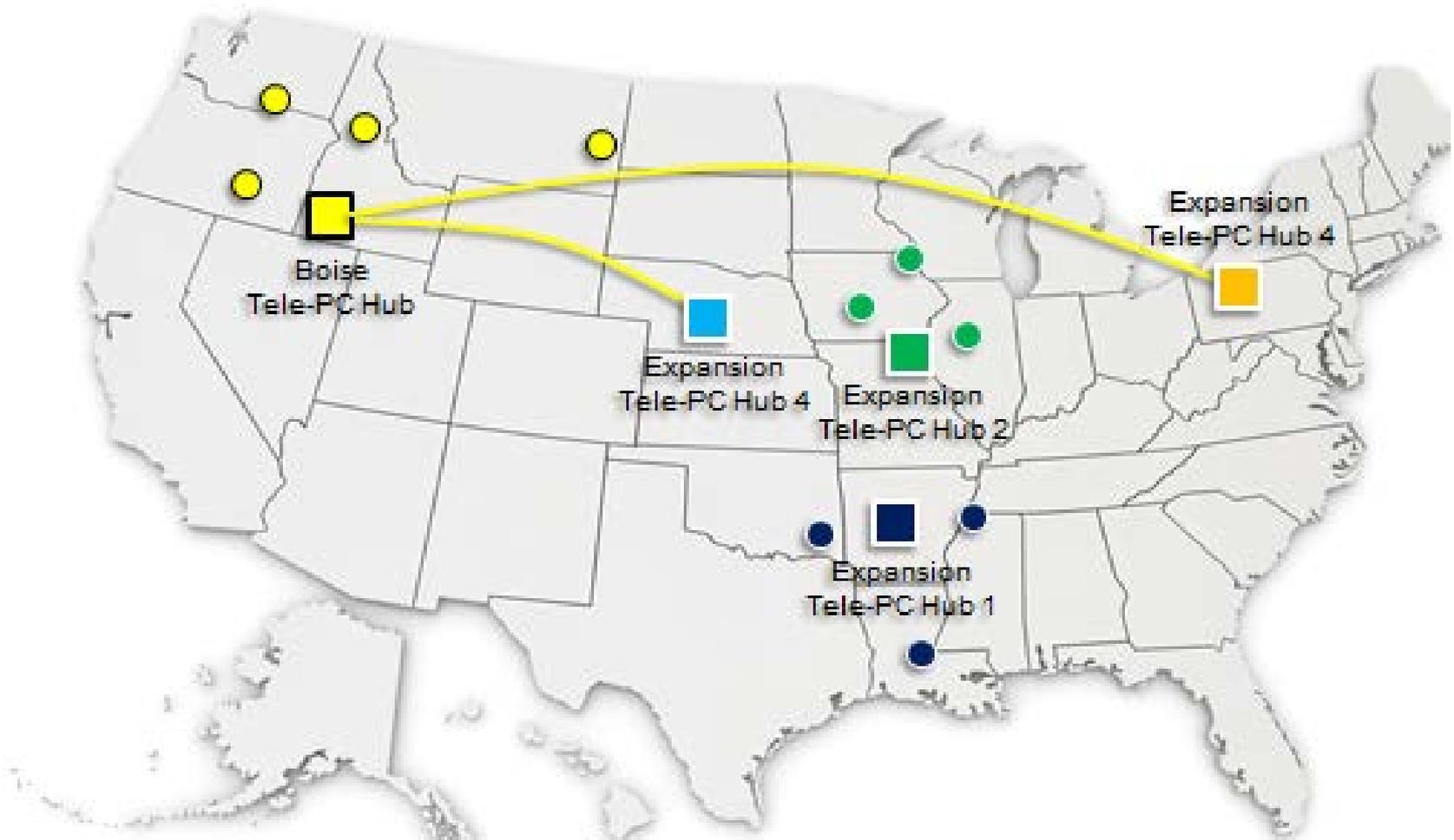
Work Stream B: Tele-Primary Care Hubs



Phase I (2016):
Rapid Deployment and Expansion of Services



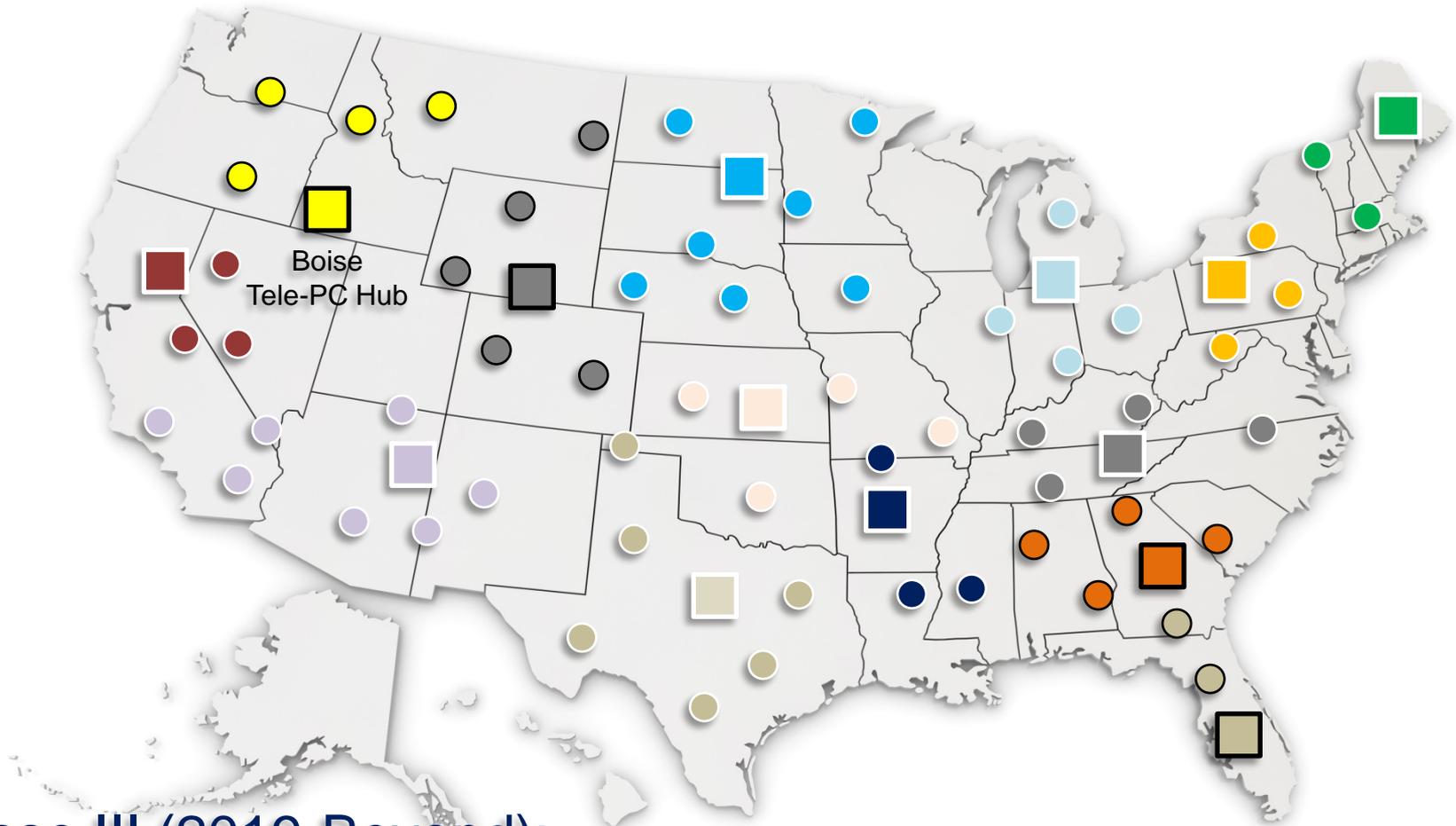
Work Stream B: Tele-Primary Care Hubs



Phase II (2017-2018):
Expansion and Transition



Work Stream B: Tele-Primary Care Hubs



Phase III (2019-Beyond):
Maturation and Sustainment



Tele-PC: 2020 Vision

Facility Level: Telehealth Integration

- Facility Primary Care providers deliver their services both in-person and through Telehealth, including into the home and on mobile devices, based on Veteran preference and/or need.
- Facility Primary Care gap providers use Telehealth to:
 - Cover short term absences (i.e. Sick Leave)
 - Manage same day care needs at remote locations

Network Level: Interim Staffing

- PACT vacancies (PCP, Pharm D, Psychologist, Social Worker) are temporarily filled by Network sponsored Tele-Primary clinical resource hubs to support consistency of the access experience

National Level:

- National network of Tele-Primary Care hubs facilitate policy, standards, training, and dissemination of best Primary Care Practices
- Network of Primary Care Hubs help with load balancing and failover capacity



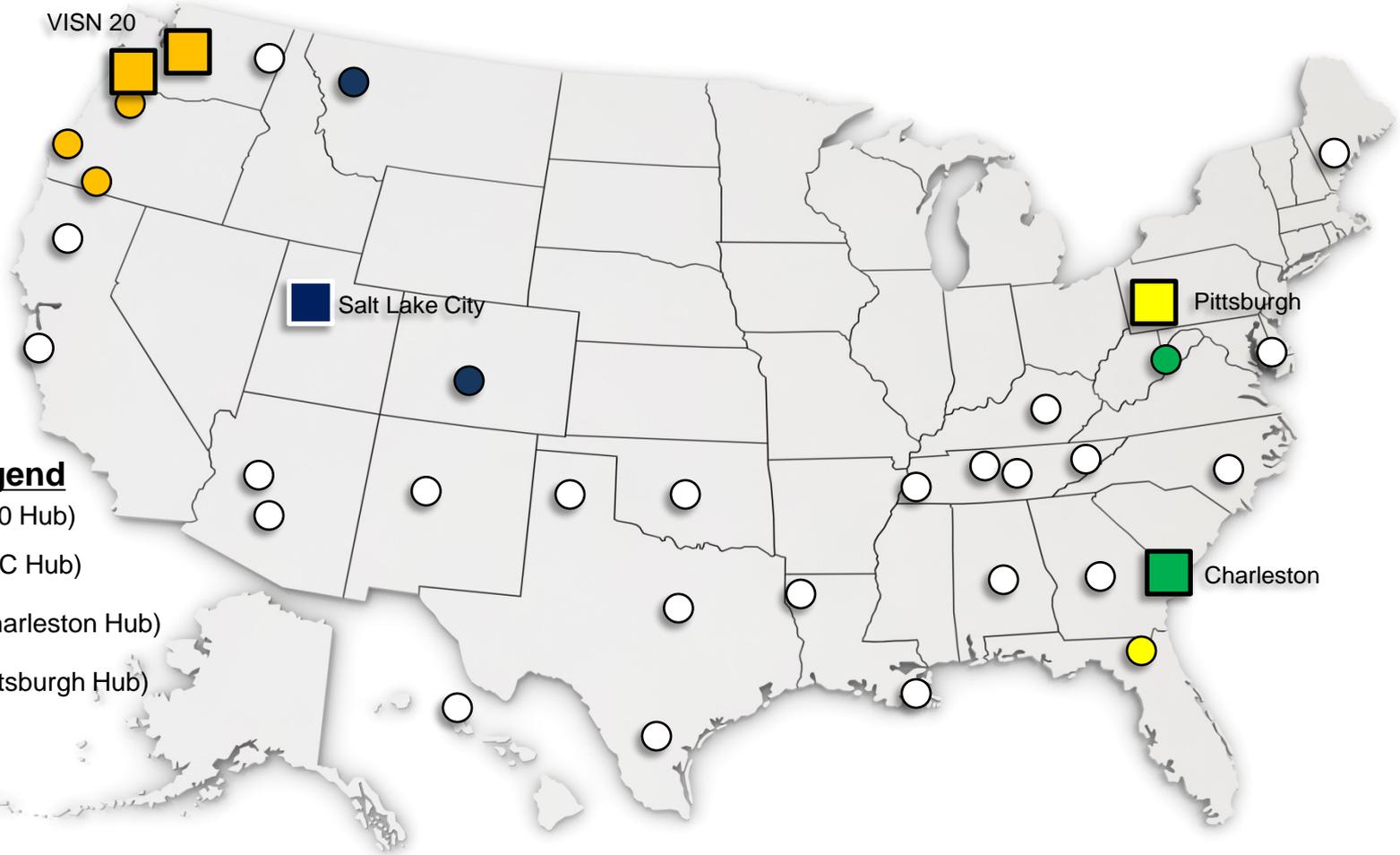
Work Stream B: Tele-Mental Health Hubs

- Four expandable TMH hubs resourced to target and rapidly address/resolve clinical staffing shortages at rural/access challenged facilities
- Initial phase includes, in total, 20 psychiatrists, 24 psychologists, 5 social workers, and 3 advanced practice nurses as clinical resources
- Hub locations and their service areas include:
 - Charleston (VISNs 1-8)
 - Pittsburgh (VISNs 9-15)
 - Salt Lake City (VISNs 16-19, 23)
 - V20 Consortium (VISNs 20-22)
- Established MH specialty hub leveraged for:
 - operational and implementation guidance
 - specialty MH consultation resource with potential for expansion



Current Status: Spoke Sites Online as of 7/6/16

VISN 20



Map Legend

- Online (V20 Hub)
- Online (SLC Hub)
- Online (Charleston Hub)
- Online (Pittsburgh Hub)
- Pending



Tele-Mental Health: 2020 Vision (Specialty Care Model)

Facility Level: Telehealth Integration

- Facility Mental Health Providers deliver their services both in-person and through Telehealth, including into the home and on mobile devices, based on Veteran preference and/or need.
- Facility providers use Telehealth to cover short term absences (i.e. Sick Leave) and urgent and same day care needs at remote locations

Region/Network Level: Interim Staffing

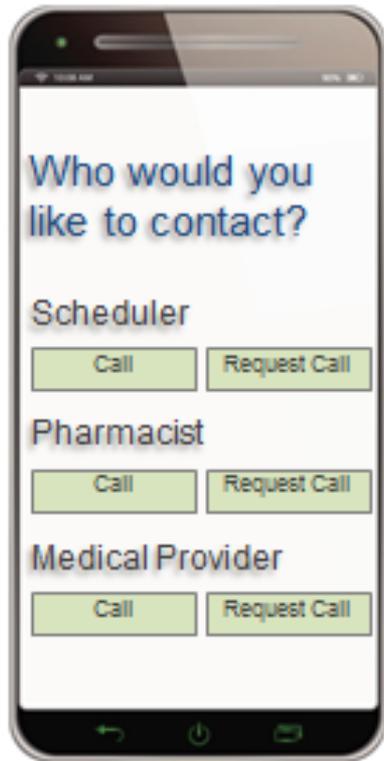
- Facility Mental Health provider vacancies are filled from Tele-Mental Health Resource hubs at the VISN or Regional level.

National Level: Expert Consultation

- National Expert Mental Health consultation is available from the National Telemental health center for complex cases.
- Network of Tele-Mental Health hubs support each other in load balancing and failover capacity.



Work Stream C: Tele-Urgent Care



- Initiation and delivery of immediate Access Urgent Care and triage availability through 24/7 Contact Centers
- Integration of LIPs into contact center operations or workflows for real time medical care (first call resolution) and triage
- Development and deployment of mobile applications (Apps) that allow Veterans to bypass Telephone phone trees and Telephone wait times when accessing contact centers.



Tele-Urgent Care: 2020

Facility Level: Telehealth Integration

- Providers/Gap providers manage same day walk in access at any facility point of care depending on real time demand.
- Urgent care centers accept both walk-in and virtual appointments (Resources integrated with contact centers to balance supply/demand)

Network Level: Contact Centers with Integrated LIPs

- A network of dispersed, virtual, providers are integrated into call center operations to:
 - Complete episodes of care as able during and after business hours based on facility need
 - Assist nursing staff with complex triage decisions

National Level:

- Operational guidelines, nursing triage guidelines, and technology standards are established.
- Failover mechanisms are developed for network level contact centers to increase reliability



Work Stream D: Tele-Specialty Care Services/Urgent Specialty Care

- Establish Tele-specialty resource networks and national expert consultation centers (Ex. Tele-Mental Health Model) to close access gaps and/or enhance quality/safety in the VA healthcare system.
- Establish a standardized, enterprise wide set of core specialty services that Veterans can expect to receive in their community based clinics through in-person or Telehealth care.
- Establish a standardized, enterprise set of specialty services that Veterans can expect to receive in their homes through Telehealth care.



Tele-Specialty Care: 2020

Facility Level:

- Specialty providers utilize virtual technologies to make their services accessible at convenient locations
- Primary Care providers and Veterans have consistent access to real time specialty consultation and services irrespective of facility location

Network Level:

- Specialty resource hubs/networks facilitate the consistent provision of specialty care consultation throughout the network



National Level

- Specialty consult centers deliver national expert level consultation to any area of need in multiple specialties

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Q&A Discussion



Questions

Contact John.Peters@va.gov