



OFFICE OF CONNECTED CARE PRESENTS:
TELEHEALTH SERVICES
REMOTE PATIENT MONITORING-HOME TELEHEALTH
RPM-HT

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VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Connected Care

Remote Patient Monitoring-Home Telehealth RPM-HT

- Purpose

The VHA Office of Connected Care provides training and oversight to all telehealth programs i.e. Telehealth, MyHealthVet, Mobile, and Communications. The Office of Telehealth Services provides operational guidance and training to ensure the safe delivery of care using technology related to Synchronous (real time Clinical Video Telehealth, formerly known as CVT), Asynchronous (Store and Forward, formally known as SFT), and Remote Patient Monitoring-Home Telehealth (RPM-HT). This program will focus on RPM-HT to ensure VA clinical staff know about and can utilize program services and better serve our Veterans.

- Objectives

- Describe basic elements of the RPM-HT Program
- Explain the role of the Care Coordinator
- Verbalize how RPM-HT impacts Veterans' care and access to care
- Discuss the benefits of the integration of RPM-HT services into PACT and other Specialty Programs i.e. Mental Health, MOVE etc.

What is RPM-HT

- Specialized Case Management Program in which Veterans are enrolled
 - Uses technology to deliver and augment care
- “At the Right Time, at the Right Place”



History

- “In 1998 Dr. Roswell, V 8 Director implemented a plan for developing a model of innovative practice that incorporated technology. The service line was built on the framework of “Care Coordination”, a process that follows and provides for the Veteran regardless of physical setting or particular health care episode. The concept was based on case management but applied to “virtually any setting”. It was not linked to a service or location and provided a continuum of care to the veteran.” (Telemedicine Newsletter Volume 1, Issue 2)
- Pilots rolled out in 2000

Our History

Pilot Program VISN 8 2000

- From day 1 the original task force's aim was to improve quality, access, and reduce cost of care for Veterans who are high utilizers of services.
- What role might technology play?



Newsletter 8/27/2001

“Telemedicine Trailblazer”

Ms. Rita Kobb

Nurse Practitioner, Extended Care

Lake City, VAMC, Florida

By Claudia Zink

Inside this issue:

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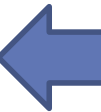
What does it take to be great at telemedicine? To find the answers look to the people who are doing great things. In this article, we talk with **Rita Kobb, NP, from VISN 8** to learn some of her secrets for success!

What are your current telemedicine projects and how have you been involved?

Our telemedicine “projects” are actually part



lected a few of those proposals as submitted, and gave others feedback to revise this or that before we could provide support. In that first round, we funded eight distinct projects across the network. Those eight projects became the basis of our service line that incorporates a new care coordination process combined with innovative technology. From these first projects, we set out to determine



Pilots led to National Rollout

VISN 8 saw remarkable outcomes

- Reductions in admissions
- Reductions in bed days of care
- High provider and patient satisfaction



Replicated outcome studies including research has shown Case Management along with daily monitoring (via technology) and patient education decreases cost between 20 – 50%

National Rollout

- With the success of the VISN 8 pilots, funding was secured to role out a National Telehealth service line in 2003, then called Community Care Coordination Service (CCCS), later changed to Community Care Home Telehealth (CCHT) and now

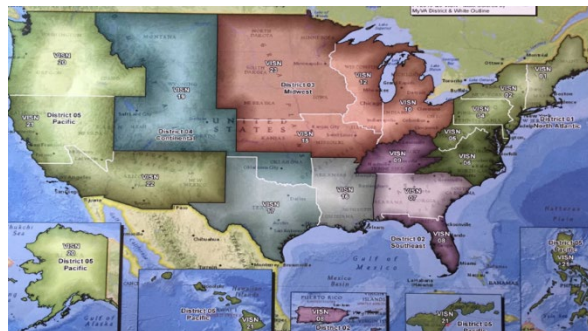
RPM-Home Telehealth

How Many Are Served?

Programs now exist in all VISNs, all Medical Centers, and many CBOCs

Approximately 71,000 are currently enrolled, over 200,000 served to date

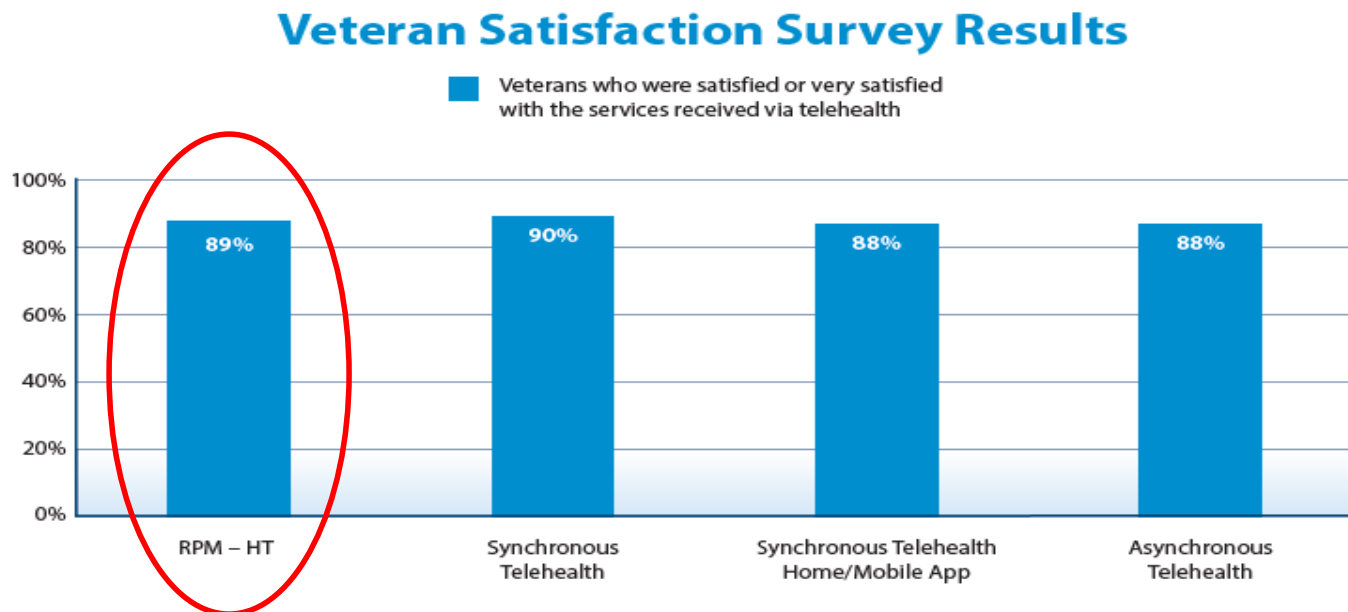
RPM-HT remains the only case management program with daily (M-F) monitoring of Veterans and easy access for just in time care



RMP-HT Still Works

- 2019 HT Annual Report
 - Veterans enrolled in RPM-HT had a 53% decrease in VA Bed days of Care, 33% decrease in VA hospital admissions

Our Impact: Veteran Satisfaction



So, who does RPM-HT serve?



Who to refer to RPM-HT..Veterans with:

- Frequent hospital admissions
- Unscheduled clinic visits
- Non-adherence resulting in Crisis Team or ER visits
- Out of range clinical values i.e. high A1C for Diabetics
- Difficulty managing symptoms i.e. Depression, PTSD
- Difficulty managing medications or medical-specialty out-patient treatments
- Difficulty keeping appointments
- Distance as a barrier
- Difficulty understanding their condition, needs more than routine out-patient care
- The Provider expresses special clinical needs

RPM-HT Goals Through Case Management

- Identify and take care of problems early
- Learn and practice healthy living skills, improved self management
- Live in the appropriate and least restrictive environment
- Take medications as prescribed, refill timely, have accurate understanding
- Keep/make appropriate appointments
- Maintain a stable residence and financial stability
- Abstain from excessive use of alcohol, no illicit drugs
- To use or help expand their support system
- Use free time wisely
- Maximize community and VA resources
- Engage in on-going education regarding their condition
- Reinforce positive healthy coping – big key in suicide prevention
- Plan, manage and cope with disasters

How and Where do we do this?

Staff

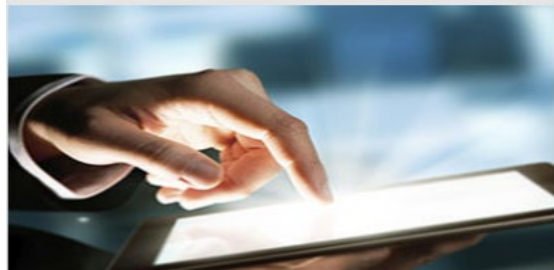
- From Offices
- From Home
- Using phones
- Messaging via My HealtheVet
- Messaging via program technology
- Home self management via technology hardware and soft ware.

Veterans

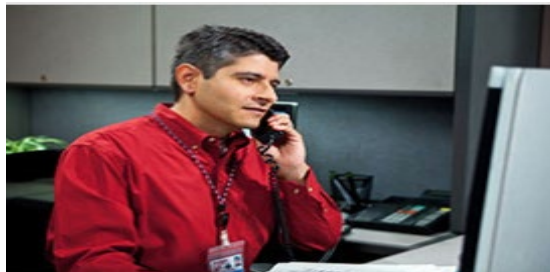
- From Home
- From Cell phones (anywhere)
- Drop in visits
- On vacation
- From hospitals
- Messaging via My HealtheVet
- Messages via their devices
- Daily sessions from messaging devices

How does technology fit in?

- It provides daily sessions to Veterans which have symptom monitoring, symptom/vital sign reporting, and education



- Care Coordinators have internet based soft ware from each vendor which stratifies Veteran responses by high (red) , medium (yellow) and low (green).



Technology continued

- Care Coordinators review responses daily and call the Veterans' as clinically indicated.
- Use of technology extends VA care and case management into non VA settings
- BINGO!! Proactive, preventive, “Just in Time Care!”
- AND ITS FREE!



Technology Today

BYOT

Bring your own technology



Technologies: “In Home Messaging Devices, (IHMD)”

- **In Home Messaging Devices** with cellular modem capabilities, now anyone can connect. These are the Cadillac of devices presently. They are plug and play devices and functions vary from vendor to vendor but all provide daily messaging.



Technologies: “Interactive Voice Response IVR”



Technologies: Net Response or Browser

- For Veterans wanting to get their sessions via their own devices

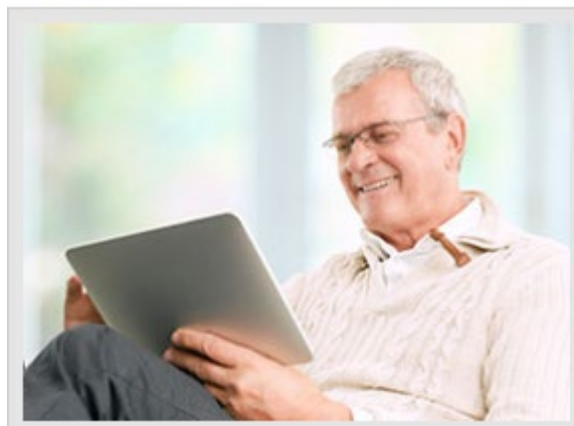


- No more barriers to access RPM-HT and the care it gives
- They get their sessions via password into their own devices' software

DMPs: Disease Management Protocols

This is a term coined by Telehealth Services to refer to the sessions Veterans are given via their platforms, its

“What’s In The Box”...



How DMPs were developed

DMPs

CORE

SMEs

CPGs

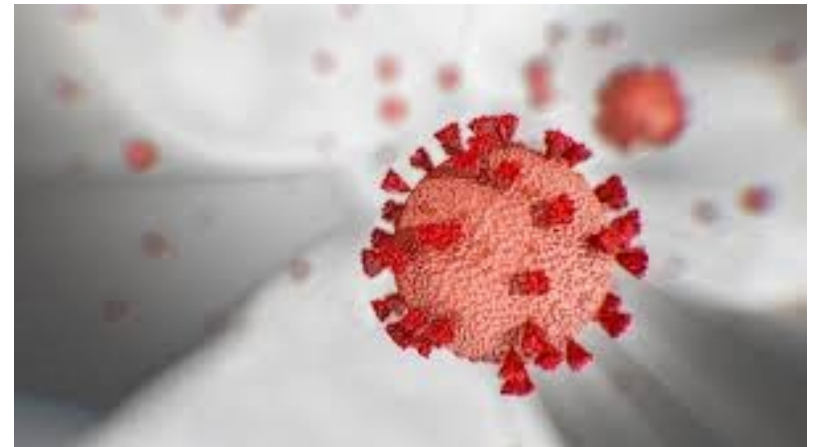
- Diabetes
- COPD
- Hypertension
- Heart Failure
- Depression

VHA DMPs

- TeleMove/Weight Management
- Dementia
- Palliative Care
- Cirrhosis
- Multiple Sclerosis
- Chronic Kidney Disease
- PTSD
- Substance Use Disorder
- Tobacco Cessation
- Bipolar Disorder
- Psychosis
- Stable and Able (newly housed)

COVID and RPM-HT

- Quick deployment of services just for COVID
 - New monitoring standards, 7 days a week
 - New disease management protocols just for acute, infectious illness
- Over 18,000 Uniques served



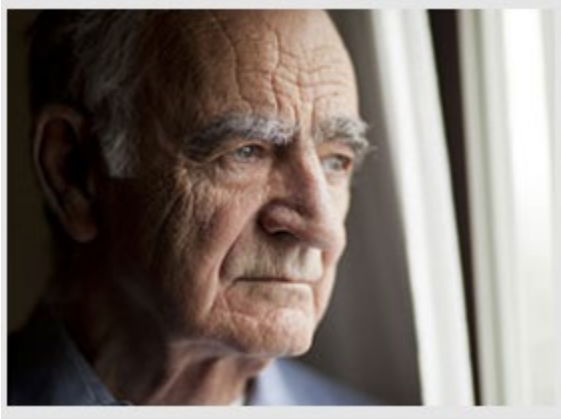
The Veterans Experience

- “Depression is a medical illness not a character defect. It is a major cause of disability worldwide. It affects 3-5% of all of us.
- Depression is a major reason people feel bad and also a reason for having a problem getting things done.
- Depression can lead to bad health. Depression can certainly change your routine. What once was simple can become a burden. The good news is that depression can be treated and people get better”



Depression DMP continued

- “We know that making changes in what we do and think can help us feel better. Each day work on identifying positive goals for yourself as well as positive thinking. Everyday we are called to make choices, the choices we make can have positive and negative outcomes. Take time to evaluate the choices you make.”



Depression DMP cont.

- *Weekly we ask about different symptoms i.e.*
 - “We hope you have been setting goals for yourself. We want to know how you have been doing.
 - In the past week have you had unusual problems with falling asleep.
 - *If yes, it is flagged yellow and instructs them* “You have identified an unusual problem falling asleep. Think about what has been going on. Has your routine changed? Are you taking a new medication? Maybe you are under more stress or worrying about something what keeps you from falling asleep, or maybe you slept during the day and aren’t really tired. Call your Care Coordinator if you need to talk about this or get extra help.”



Branching Logic

- To keep the Veteran engaged DMPs use branching logic which allows multiple answers and responses i.e.

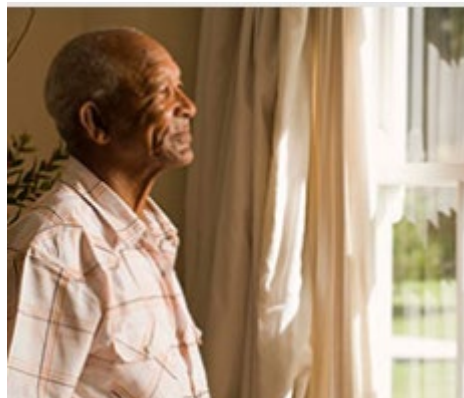
“Have you missed any of your medicine over the past two weeks?”

- Yes

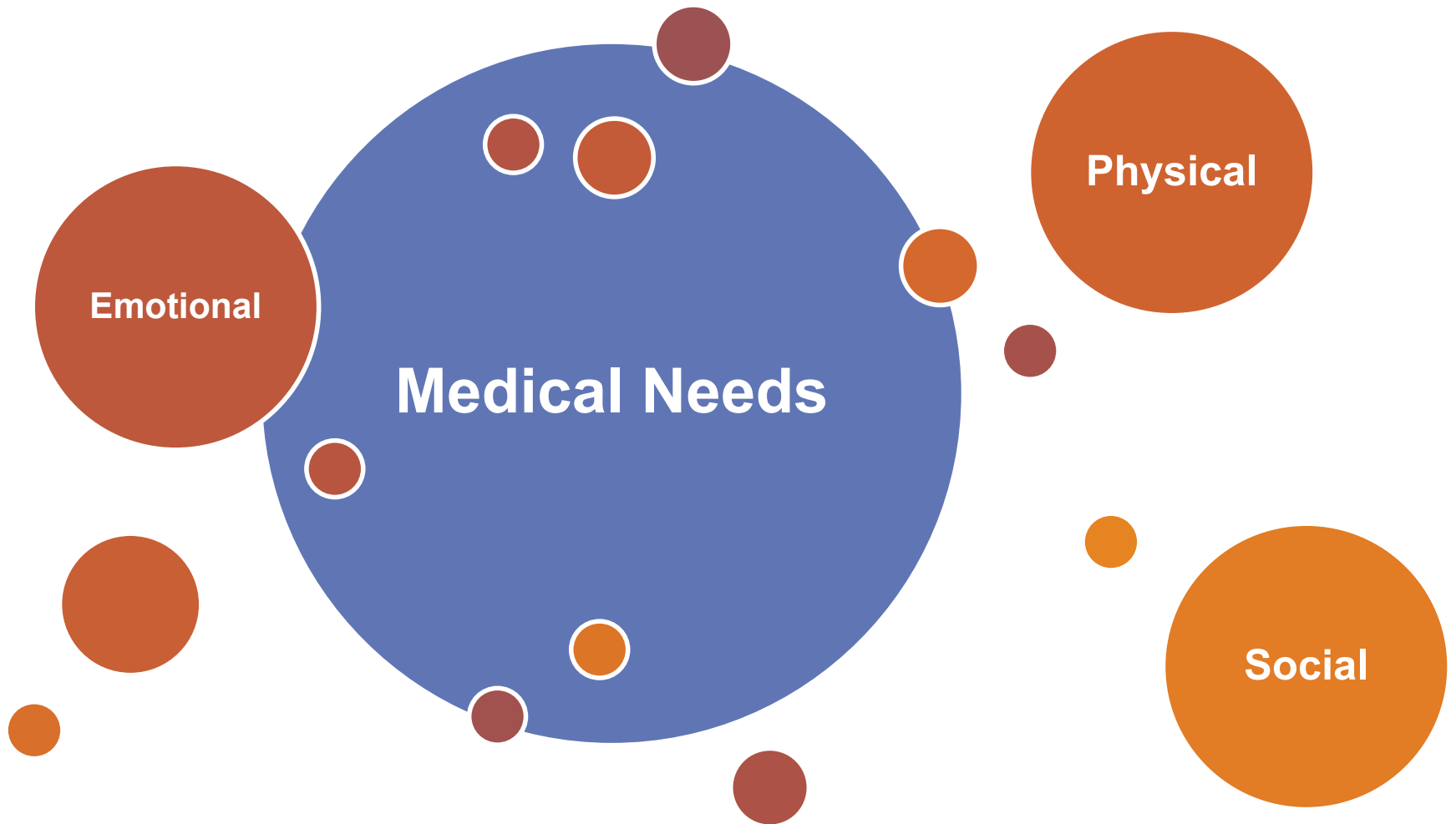


Branching Logic

- Ok, we want to know why you missed your medicine’
 - I forgot, *yellow* “this happens to all of us once and a while. If you find this happening often, contact your Care Coordinator for ways to keep up with your medicine
 - I ran out, *red* “Call your Care Coordinator to discuss this. You can also get help with concerns about medicine by calling the Pharmacy or VA Tel Care Help line.”
 - I stopped taking one or more of my medicines, *red* “Please call your Care Coordinator to discuss problems with your medicine”.



DMPs are Holistic, Whole Health



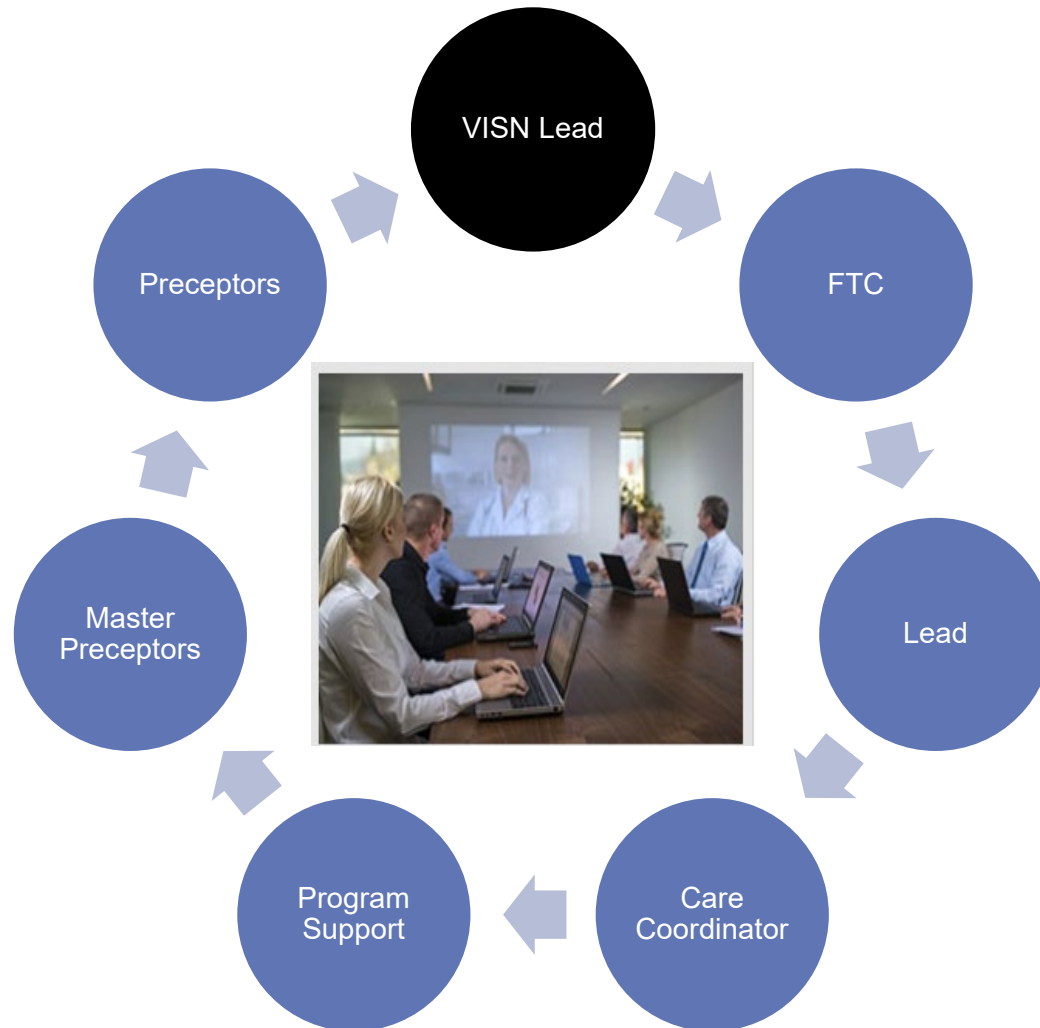
Examples

- “It is important to know what you can do to stay in control of your blood pressure
- Eating a healthy diet that focuses on the following “Five Principle-eat five services of vegetable and fruit every day.
- Healthy Half Plate-at lease half of your plate at mealtime should be vegetables and fruits.” Etc..
- “Have you been unusually above or below your individualized blood pressure goal?”
 - Yes
 - No
 - I don’t know

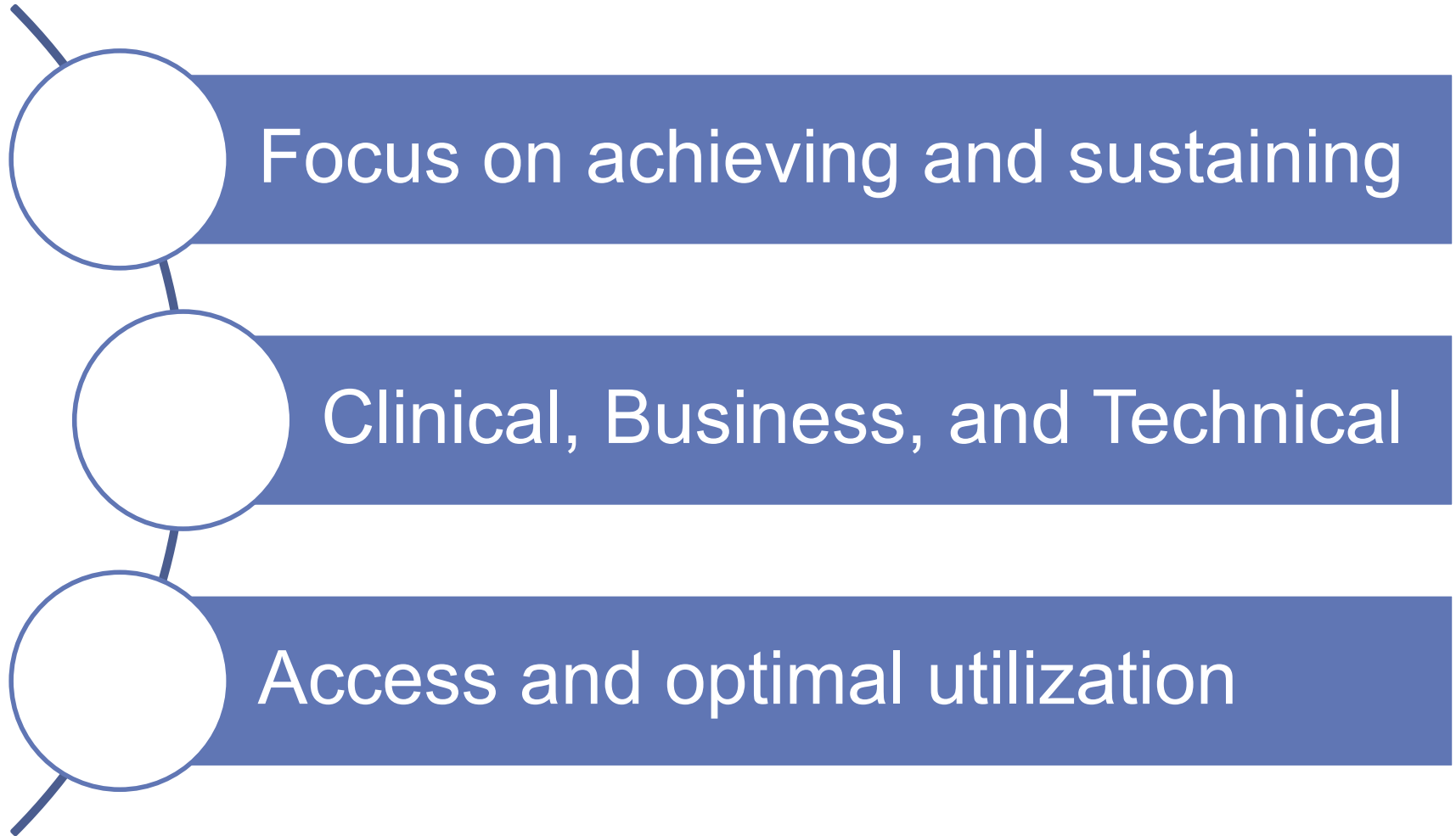
Health Promotion Disease Management

- HT leadership partnered with the office of Health Promotion Disease Management to better meet the needs of our Veterans and developed DMPs for
 - **TeleMove**, Care Coordinators using VHA DMPs for Weight Management have very successfully aided many Veterans in losing weight and improving their health

The RPM-HT TEAM



Quality



What are the other Telehealth Programs?

How are we aligned? Where are we going?

- Telehealth provides clinical services and care using technology. Telehealth currently encompasses 3 modalities which is either Synchronous or Asynchronous
 - 2003 Home Telehealth (HT): Case Management using technology



- 2004 Asynchronous: Store and Forward Telehealth (SFT): performs imaging and forwards to clinical providers for diagnostic or treatment purposes ie TeleDermatology

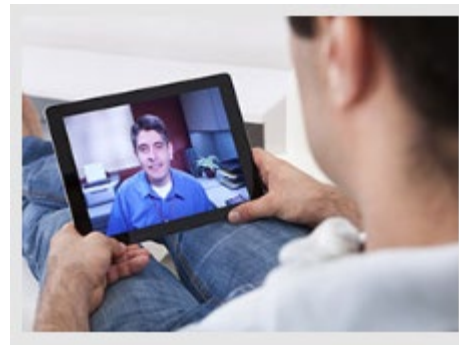


Other Telehealth Programs

- 2006 Synchronous: Formerly Clinical Video Telehealth (CVT): provides direct provider care to Veterans at a distance i.e.. CBOCs via technology, encompasses specialty programs



- 2016 VA Video Connect (VVC) a synchronous modality: provides direct provider care to Veterans at the Veterans location (into the home)



How are we organized?

- **Office of Connected Care**

- Dr. Neil Evens, Chief Consultant



National Telehealth Staff

- Chief Telehealth Consultant, Dr. Kevin Galpin



- RPM-HT Lead, Cathy Buck



- Asynchronous Lead, Sara DeRycke



- Synchronous Lead, Dr. Leonie Heyworth



Quality, Training, Knowledge Management

- Director of Quality & Training Division
- Knowledge Management Team Lead

Rhonda Johnston



- Training Team Director, Rita Kobb



- Quality Lead: Claire Marty



Training Team



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VHA Telehealth Services

LILLIAN GERHART, RN

Where are we going?



L2

Low Acuity, Low Intensity 2014

L2

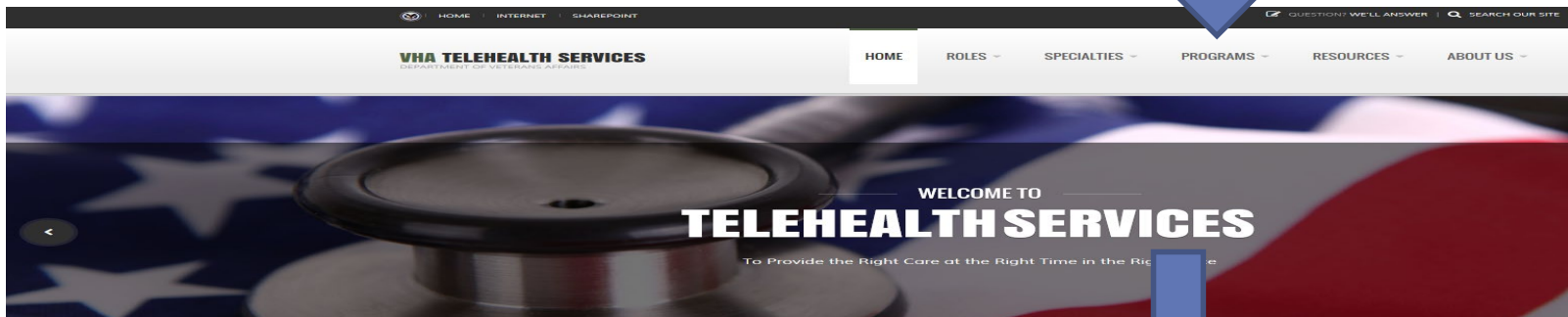
Subset of HT

L2

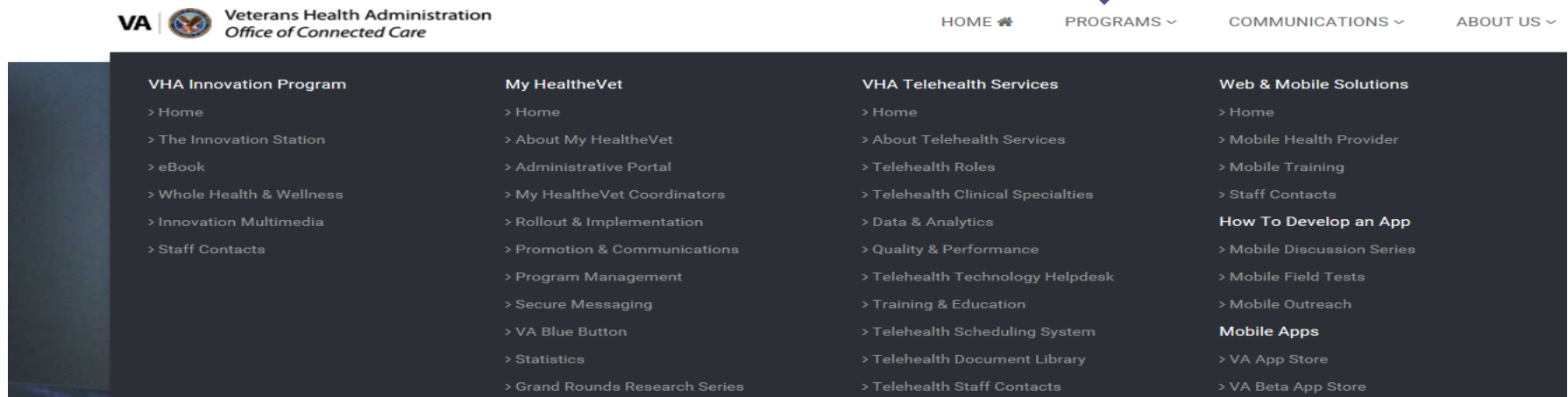
HPDP

Where you can get more information

- <http://vaww.telehealth.va.gov/index.asp>



- <http://vaww.connectedcare.va.gov/>



RPM-HT

