VHA Telehealth Services

Clinical Video Telehealth into the Home Operations Manual Supplement

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Acknowledgement

We wish to acknowledge in the table below the many contributions of the subject matter experts who have provided their technical expertise in order to make this manual possible.

Name	Office

Document Version History

Responsible Office

The development and maintenance of this document is the responsibility of the Veterans Health Administration (VHA), Telehealth Services. Proposed changes to this document should be submitted to Rhonda.Johnston@va.gov.

Document Revision	Effective Date	Description

1. Background

The purpose of this supplement is to provide standard clinical guidance to implement, and monitor the delivery of care to veterans via telehealth technology using Clinical Video Telehealth (CVT) into the Home. The supplement identifies the resources and programs used during this process. They are intended to be used in parallel with the Clinic Based Telehealth Operations Manual from VHA Telehealth Services and as appropriate, the Home Telehealth Operations Manual. They complement existing VHA clinical and administrative directives and guidelines (as outlined in the Clinic Based Telehealth Operations Manual). Sufficient detail is provided for readers to gain an understanding of the complex components of managing Clinical Video Telehealth into the Home programs. This document also contains links to additional training, tools and resources which will supplement other requirements to ensure individuals are competent and able to successfully implement and manage CVT into the Home programs within their scope of practice and authorization.

2. CVT into the Home System Integration

While CVT into the Home has many potential and exciting uses, this supplement focuses on the delivery of commonly occurring and high frequency patient encounters between a clinical care site and the patient's home. The most common use will be between the patient home and a VAMC, Community Based Outpatient Clinic (CBOC), contract clinic or a provider who teleworks from home. The following services can use CVT into the Home to increase access to their patients such as Home Based Primary Care, Mental Health and other Specialty Services.

Services considering using Clinical Video Telehealth (CVT) into the Home should contact their VISN Telehealth Manager/ Lead and/or the Facility Telehealth Coordinator to assist in creating the planning team. Using shared resources and experiences from other disciplines is extremely helpful for any telehealth program. Each VISN has a telehealth infrastructure to support all telehealth operations. (For example: VISN Telehealth Leadership, Clinical Application Coordinators, Bio-medical Engineers, Office of Information & Technology (OI&T), Facility Telehealth Coordinators and Telehealth Clinical Technician)

CVT into the Home is one part of the telehealth continuum and must be integrated into an overall telehealth organizational matrix. In order to effectively plan, deploy and operate telehealth programs, a basic infrastructure and oversight committee should be in place at the VISN and VAMC levels. Important discussions about this infrastructure are contained in the Clinic Based Telehealth Operations Manual and the Home Telehealth Operations Manual. The general strategy for implementing CVT into the Home within the VISN Telehealth infrastructure uses the guidance from the CVT into the Home Deployment Checklist. The Facility Telehealth Coordinator(s) for both the provider and patient sides of the encounter play a key role in the success of this process. Key steps include:

- Standardize organizational, clinical, technical and business infrastructure at VISN, VAMC and program levels.
- Assess programs to identify service needs and complete the CVT into the Home needs assessment. The needs assessment addresses safety and cost-effectively (cost/benefit and sustainability are key).
- Identify continuous quality improvement processes that optimize telehealth operations.
- Integrate with existing programs and processes at the local & VISN level, as well as functional communication among VISN and station systems.
- Provide oversight of the program planning, and Oversight Committee to provide interdisciplinary input and guidance.
- Assure that a Service Level Agreement is completed between the Clinical Services, VISN Leadership, Facility Telehealth Coordinators, Biomedical Engineering Departments and the Office of Information & Technology (OI&T).

**Further guidance and tools to assist with Service Line Approval, Team Selection, Oversight Committees, Service Level Agreements, Clinical Protocol Guidelines and the Clinical Pathway can be found in the Clinic Based Telehealth Operations Manual.

3. CVT into the Home Services

In conducting the CVT into the Home needs assessment, the following factors should be evaluated to determine what types of CVT into the Home will be offered. The following information (Table 1) is provided to help programs provide examples of how the modality can be used.

Table 1 provides a list of requirements and describes some of the appropriate business processes and operations when using CVT in to the Home.

Table 1: CVT Selection and Clinical Application

Criteria	Examples
Selection Considerations	1. Improve access to patients to assist with the 5 virtual visit criteria found in HBPC guidance. 2. Utilize when treatment planning requires medical/mental health diagnosis, treatment and/ or intervention. 3. May have some limitations when connected peripheral measurement devices. 4. Peripheral exam devices may be used if the Veteran/caregiver understands how to utilize these devices effectively to self-report findings 5. Care provided may be of short duration or provided intermittently to supplement or replace face-to-face visits. 6. Any trained and competent provider can use the CVT modality on a regular or intermittent basis with any Veteran. 7. Veteran Patients have proven to be very capable to use their CVT into

Criteria	Examples
	the Home devices with minimal to no support at the patient side with good outcomes.
Clinical Application Examples	1. To make a diagnosis and provide treatment by a medical/Mental Health (MH) provider to replace face-to-face visits. 2. Provide medical/MH follow up and/or therapeutic intervention in addition to face to face visits. 3. Observe the Veteran in their home to assess for any physical or mental health issues and or treatment plan changes. 4. Provide speech therapy. 5. Provide Home Based Primary Care. 6. Provide Veteran education and reinforcement of education between home visits. 7. Assist Veterans with polypharmacy issues, medication adherence and management and to reconcile medications between home visits. 8. Provide rehabilitation follow up and/or observe safety issues in the home etc. 9. Provide additional emotional support to the Veteran and/or caregiver between home visits. 10. Assess Veteran/caregiver satisfaction. 11. Provide a social/financial assessment and follow up.

4. Clinical Video Telehealth in the Home Appointment Types

CVT into the Home programs should consider the level of screening/diagnostic services that they will provide. It may be helpful to define services by the following categories:

- Follow-up Care – Ongoing care of patients already seen by this CVT into the Home Service.
- Teletriage or screening –A teleprovider uses telehealth to evaluate the patient to identify whether it is necessary for the Veteran to travel to the provider site and/or to coordinate care for a face-to-face visit. The tele-provider can identify radiologic or laboratory studies needed to ensure the most effective use of the face-to-face visit.
- New Patient Consult – First time evaluation by a VHA tele-provider for diagnostic and management services.

Scheduling will be discussed later on in this document.

4.1 Episodic vs. Chronic Care

The team will decide if there is a need for the Teleprovider to assume ongoing care of patient or whether treatment recommendations will be carried out by a referring provider. In some cases based on clinical judgment, Telehealth may provide an acute follow-up or out-patient encounter using CVT into the Home. In other situations, continuing care for chronic problems may be arranged, particularly for those patients that have had an in-person evaluation at the remote VAMC or in their home through Home Based Primary Care as an example. Some conditions, such as chronic care and medication management may be well suited for CVT into the Home.

5. Enrollment Criteria

While most patients can be seen, the following information is intended to assist local programs in evaluating suitability based on general patient factors. Decisions regarding the specific restrictions must be decided on a local level. Specific specialty such a Home Based Primary Care will need to create enrollment criteria specific to their programs.

The CVT into the Home visit can facilitate optimal efficiency by strict patient scheduling. Therefore, the CVT into the Home encounter is challenged to be able to provide urgent or emergent care, including, in most cases, same-day care.

CVT into the Home is not suitable for all Veterans. Selecting an appropriate patient is a critical component to this program and requires careful consideration. When evaluating suitable Veterans for this program, there are three main factors to consider: Technology, Psychiatric/ Medical Treatment and suitable-for-home care.

If accessing Veteran in their home via personal computer and webcam, the Veteran's personal computer must meet the minimum technical requirements. In addition, the following are initial admission criteria:

- Veterans with established health diagnosis.
- Veteran is willing to participate in Telehealth Services and will not reject telehealth informed consent process.
- Veteran acknowledges and accepts limits of confidentiality.
- Veteran has adequate sensory abilities to participate.
- Veteran is able to enlist support from a local Telehealth Clinical Technician.

6. Documenting the Agreements

A Memorandum of Understanding (MOU) is a confirmation of agreed upon high-level terms that set forth the basic guidelines under which the two facilities will work together to accomplish their goals. As a reminder, a MOU is only needed between two different facilities. Usually Home Based Primary Care and CVT into the Home, as an example, provide care within a facility into the Veteran's home and therefore will not be involved in the MOU process. However, if the care is an intra-facility event the MOU will be needed. Check with your FTC to see of one is already in place between the facilities in question.

The Telehealth Service Agreement (TSA) is usually an agreement between 2 or more clinical sites defining the specific services that bind both parties. An example for CVT into the Home may occur when the provider is stationed at one facility and the patient is enroleed at another. Also, CVT into the Home will requires a TSA for intrafcility. This type of TSA is between Telehealth Services and the Clinical Servicesl. The TSA notifies the administration of the services being provided through telehealth to Veterans in their homes. The TSA also contains information regarding contact information for support and clinical staff, emergency numbers and patient contact information. The TSA should include details regarding specific support required from the patient and provider such as: scheduling, technology, emergency procedures, Telepresenter, Telehealth Clinical Technician and other staff. The TSA describes the CVT into the Home services to be provided, and their frequency; identification of the persons or categories of persons who are to provide the services; the schedule or frequency of sessions of supervision or monitoring required, if any; and describes a plan for contingency action, for example, the action to be taken by the licensee, client, and responsible persons. Specific attention should also be paid to issues regarding information/laboratory studies/diagnostics needed prior to the CVT into the Home appointment. This may already be in effect through normal standardized processes such as the plan of care used in Home Based Primary Care which would suffice for the TSA. Refer to the Clinic Based Operations Manual for a Sample Agreement from the VHA Telehealth Services.

7. Clinical Guidance

When preparing for a CVT into the Home visit and examination, please refer to the Telehealth Clinical Protocol Development Tool. This tool guides the specialty in identifying the variations in clinical practice (if any) when providing patient care with the use of telehealth technologies.

Note: Home Based Primary Care has already established their home clinical protocols in their plan of care.

Telehealth Clinical Protocols are tools and processes that assist in identifying variables between telehealth and traditional face-to-face healthcare. The goal of all clinical care is to provide the right care at the right time and place while assuring patient safety and quality outcomes. The tool assists in exploring all areas of clinical assessment, diagnostic testing, support service, interdisciplinary support and implementation of the care, and follow up. The Telehealth Clinical

Protocol process identifies the variations in clinical practice when providing care with the use of telehealth technologies. Once identified, solutions to variations are recommended by the provider panel of experts for the telehealth service. The technology algorithm is developed from the solutions, and the necessary skills for the Telehealth Clinical Technician, and /or Telepresenter identified. Areas to be addressed include, but are not limited to, the VA Provider Site requirements:

- Additions to distribution mail groups (provider group/scheduler group)
- Webcam
- MOVI/JABBER account
- Provider/Scheduler Training
- Patient Consent link
- Information Sheet link

8. Staffing and Responsibilities

Once a facility has identified an interested provider, the local Facility Telehealth Coordinator should submit provider's name and contact information to the VISN Lead Telehealth Coordinator. This information should be found in The Telehealth Service Agreement.

While in its current configuration this program does not require additional staffing at the local facility level, there are several staffing scenarios to consider when creating an infrastructure for the program:

- *Tele-Provider*: The Teleprovider will be responsible for all clinical processes (patient visit, orders, documentation et.al.). They will ensure the appropriate party installs their JABBER and patient appointments are scheduled.
- *Facility Telehealth Coordinator*: The Facility Telehealth Coordinator may assist the provider in maintaining quality control and/or provide any needed programmatic support. They may also serve as the liaison between VISN and local facility.
- *Telehealth Clinical Technician:* In some cases, the facility will have a Telehealth Clinical Technician (TCT). In such cases, the TCT should provide support and assist OI&T with the JABBER/JABBER installation and any relevant technical matters.

9. CVT into the Home Clinical Pathway

CVT into the Home encounters can be generated to the veteran home in several ways, from the patient's home to a facility or health care system (Intra facility), between facilities or health care

systems (Inter-facility,) or to a provider's home if a telework agreement is in place. The Veteran must be enrolled in a VA facility, preferably the closest facility to the Veteran's home.

9.1 Clinic Set up and Workload Capture

Separate CVT into the Home clinics need to be established in VistA Appointment Management. Work with your Facility Telehealth Coordinator and follow the Clinic Based Telehealth Operations Manual for Telehealth Clinic Set-Up. Some examples of the *Primary Stop Codes* mimic the ones used for face-to-face care:

- 349- Sleep Medicine
- 420-Pain Clinic
- HBPC Clinic Stops including 170-177, 156 and 157
- Home Treatment Services (non-HBPC) – 118
- Others as appropriate

Secondary Stop Codes will be used according to the Telehealth requirements. In situations where another stop code is currently used in the secondary position for workload credit purposes (for example in multi-disciplinary treatment teams,) work with your facility Decision Support Services (DSS) staff to map the clinic to the appropriate location in the DSS system. The secondary stop code used to capture workload identifies the care or activity provided. *In all cases* use of CVT into the Home requires the use of secondary stop code 179**.**

Table 2: Secondary Stop Code

179	S	Real Time Clinical Video Care to Home	Records workload using real-time videoconferencing as a means to replicate aspects of face-to-face assessment and care delivery to patients in their homes. Assessment and care may include: health/social evaluations, wound management, exercise plans, patient appearance, monitoring patient self-care, medication management, monitoring vital signs, including pain, etc. These Telehealth encounters must be electronically documented in CPRS, fully meeting criteria for a provider encounter. Use provider work-unit as the primary stop code, i.e. 171179 – HBPC Nurse, 323179 Home Tele-Primary Care, and 502179 Home Telemental Health.

**Note: The HBPC patient class workload requires at least 10 *qualified* home days of care (also referred to as visits) in a fiscal year. Days of care/visits are counted by the day, regardless of whether more than one provider provides care during a single day. For example, multiple providers in one day would count as a single day of care for the HBPC patient class. Furthermore, of the required 10 qualified visits, five of these visits may be completed by Telehealth Real Time Video Care that is documented as DSS Clinic Stop 179 as a secondary clinic stop. Further guidance can be found within the HBPC CVT into the Home Guidance.

10. Scheduling

Scheduling has been identified as the single most powerful predictor of success in Clinical Video Telehealth. Because Clinical Video Telehealth encounters are synchronous events, the scheduling aspects of the clinical pathway have heightened importance. The CVT clinical pathway, developed by the Clinical Video Telehealth VISN Leads, provides specific guidance for scheduling telehealth clinics.

CVT into the Home entails scheduling the patient using Video Anywhere Scheduler, the provider using VistA/ CPRS, and equipment that is usually dedicated to one provider and housed on their desktop.(Complete the CVT into the Home-Provider course in My Telehealth to learn how to use 'VideoAnywhere Scheduler'.) There are some providers that have to share equipment, in this case there may be arrangements detailing the availability of the technology. This will need to be considered when scheduling.

The scheduling of CVT into the Home visits is more complicated than the scheduling of traditional in-person medical visits. However, at a minimum, the scheduling system for visits should not differ from the system already in place for in-person visits in terms of telephone access number, personnel, etc. Scheduling CVT into the Home requires coordination of numerous resources:

- The patient (VideoAnywhere Scheduler)
- The provider (VistA)
- Rooms on the provider side, if different than their office
- Technology for both the Veteran and the Provider
- Bandwidth for both sides to assure connectivity and function
- Telepresenter or Telehealth Clinical Technician, (if required in the patient home for support and exam)

HBPC scheduling example includes:

- Coordinating the provider's availability with the Veteran and HBPC Staff schedules.
- Blocking the provider's non-CVT grid at the time of the Vtel appointment
- Scheduling the CVT patient side appointments

The scheduling systems and processes noted above are suggestions to assure all aspects of the visit are coordinated and resources allocated. Specific information regarding the need for pre, intra and post appointment laboratory/diagnostic studies, and medications should be spelled out as much as possible. Facilities should consider whether these services will be available at, or near the patient's home or at the VA site nearest to the patient's home. If they will require the Veteran to travel to the Teleprovider's service location, consider using Teletriage as a way to pre-plan the visit and maximize the scheduling of that trip.

10.1 CPT & ICD Codes

For CPT & ICD Codes refer to the Clinic Based Telehealth Operations Manual regarding the use of Telehealth Modifiers. In all other ways, Clinical Video Telehealth should be coded in the same manner as face-to-face care.

11. Telehealth Technology

Once you have completed the governance infrastructure, it is time to select the appropriate technology. In some instances veterans will provide their own technology. However if technology is owned and managed by the VA, supporting technology deployment to the home from a VA entity will need to be nationally approved and SPD supported locally. This includes inventory, tracking and cleaning guidance to adhere to Joint Commission Care Standards and assure safe effective care. This guidance can be found on the Office of Telehealth Master Document Library.

An example of the basic patient and provider side equipment that is foundational to CVT into the Home is usually constructed with a provider desk top system. This is as simple as a video camera using JABBER software. The software allows you many functions such as presenter mode for sharing information with your patient. You can also have a very complex desk top system side that includes a monitor with a codec and a camera integrated with the monitor. This system has many functions including presentation mode and pan-tilt-zoom. Other considerations include group and/or clinical peripheral devices. Technology and Peripheral specification and functions are found in the Clinic Based Telehealth Operations Manual.

11.1 JABBER

The provider and/or Telehealth Clinical Technician should be trained to work with OI&T during the installation process of the JABBER software on the patient's home computer. There are several makes and models of consumer based Web Cam (HD and non-HD) has found good results across varying brands. For a provider with little or no computer technology experience it is recommended that a designated Telehealth Clinical Technician (TCT) serve as point of contact for technology trouble-shooting for patients and providers. The TCT will use the local OI&T support and the VHA Telehealth Technology National Help Desk at 1-866-651-3180.

11.2 JABBER Installation for the Provider

It is recommended that providers have working knowledge of JABBER prior to installing it on a patient's computer. Contact your local OI&T for support to install this working in conjunction your TCT to assist with the process. Training for the TCT can be provided by the CVT National Training Center. This training competency certification must be completed prior to connecting with the patient. The teleprovider must have working knowledge of the technology and software prior to conducting a visit. The training includes an in-depth look at the use of the technology, its applications and troubleshooting.

11.3 Veteran Technology

For optimal quality, it is recommended that the patient's connection be hard wired into their router. If the patient is utilizing WIFI, it is recommended that the patient's computer not be more than fifty feet from the device/ router. If during the session you have multiple dropped connections it may be due to a weak WIFI signal.

Note: Devices are presently being tested and vetted through the national process to assure systems are safe and secure. Other technology will be added to this guidance once nationally approved. As this occurs, updates can be found on the VHA Telehealth Services Web site and added to this document.

12. The CVT into the Home Encounter: The Patient Visit

The structure of a CVT into the Home encounter will vary depending on the nature of the disease, and the specific exam to be performed in the visit. The involvement of the Telepresenter, patient or Telehealth Clinical Technician will also vary. The visit has been conducted without patient and provider side support many times and with good outcomes; however, it is the responsibility of the clinical team to determine what is needed to conduct a safe and effective visit while also assuring quality patient care standards are met.

Typically the encounter is conducted after the patient places the call to the provider and the two have met; however, depending on the complexity of the exam, other components may be added. Additional components may include technology, technician support and perhaps a Telepresenter on the patient side. The Telepresenter or Telehealth Clinical Technician could be available to help perform the exam as needed, in addition to positioning the camera appropriately for certain elements of the exam. This aspect of the manual will be further developed as CVT into the Home advances.

Patients with co-morbid problems have a wide range of deficits and will require a wider range of telehealth resources and services. For most visits using CVT into the Home a review of the history, an interval history, biometric data and a cursory exam may constitute the vist.. In certain situations, some aspects of a CVT into the Home exams may require assistance beyond what a Telehealth Clinical Technician can provide. If this type of exam is needed, it is the responsibility of the individual Teleprovider to determine what is needed and inform the referring clinic. For example, if a quantitative examination of strength or range of motion is required, a provider or technician with training in the specific assessment techniques will need to be available.

Telehealth Clinical Technicians are not required to interpret data of any kind but will assist with the objective examination process. In most cases, the Telepresenter will be a Telehealth Clinical Technician, or licensed practical nurse. In situations where a higher level skill set is required, or interpretation of an exam finding is necessary, then a more highly-trained individual such as a registered nurse, nurse practitioner or physician may serve as the Telepresenter.

13. CVT into the Home Emergency Management Guidance

VHA Telehealth Services is implementing CVT into the Home as a tool to increase Veteran connectedness to services in the continuum of care. It utilizes a range of technologies to enhance Veteran access to care, offer Veterans an opportunity to exercise their preferences for the site of care delivery, participate in shared decision-making, and engage in self-management.

13.1 Purpose

The purpose of this Emergency Management Guidance is to provide clinicians and clinical support staff, who are trained to deliver CVT into the Home, with the additional skills and competencies necessary to routinely deliver telehealth visits with Veterans in their homes using processes and procedures that are safe, appropriate and effective.

The focus of this CVT into the Home Emergency guidance document is to provide staff from a range of clinical areas, including TeleMental Health, Home Based Primary Care, Rehabilitation and other specialty services with access to current best practice in the clinical, technology, and business processes necessary to supplement their clinical judgment when providing CVT into the Home related to emergency procedures.

13.2 Prerequisite Guidance

This manual is intended to be used for clinicians who are already trained in the basic principles of CVT into the Home as delineated in the Clinic Based Telehealth Operations Manual from the VHA Telehealth Services, and as appropriate, any specialty supplements including the CVT into the Home Supplement and/or the Home Telehealth Operations Manual. The documents contain links to additional training, tools and resources which will supplement other requirements to ensure that individuals are competent and able to successfully implement and manage CVT in the Home programs that are within the scope of their practice and authorization.

Note: Initial in-person evaluation is mandated prior to prescribing controlled substances using CVT into the Home. The Ryan Haight Act requires an initial face to face visit prior to prescribing any controlled substances by CVT into the Home. Other medications can be ordered per your local procedures.

13.3 VA Emergency Guidance

This emergency guidance is not all-encompassing but rather focuses on the delivery of commonly occurring and high frequency Veteran encounters between a clinician at a clinical care site and the Veteran at home. The most common use of CVT into the Home will be between the Veteran at home and a clinician at a VHA VAMC, CBOC, contract clinic or a clinician who teleworks from home.

14. Conducting the Encounter

Prior initiating any Veteran into a CVT into the Home program, the clinician should ask the Veteran for the address where the CVT into the Home encounters will occur, and determine the Veteran's local emergency number. Local emergency numbers can be obtained by entering the Veteran's address into the following internet site: http://www.usacops.com or http://psap.networkresourcecenter.org/. If the clinician needs additional professional assistance in handling an acute emergency, the clinician may choose to contact their local medical / telehealth emergency resources (e.g. local ED, local Telehealth staff and/or support staff, local suicide prevention coordinator). If they are unable to obtain necessary professional assistance locally, the clinician may choose to contact the *National Veterans Crisis Line (VCL)* at *1-800-273-8255 (1-800-273-TALK)* for additional assistance. The VCL Responder can assist the clinician in obtaining emergency services. The VCL Responder can also call the Veteran directly to assess for Suicide Risk, engaging emergency services if necessary, and provide referral to Suicide Prevention Coordinator or POC, if appropriate

Prior to initiating any Veteran into a CVT into the Home program, the clinician should obtain detailed contact information from the Veteran with particular attention to who should be contacted in the event of an emergency. If a Veteran has family in the home, then home phone, cell phones and any additional means of contact should be obtained. If there are nearby relatives or individuals that the Veteran deems appropriate for contact (e.g. other relatives, friends, neighbors), their contact information should be documented as well in a readily retrievable place in the medical record.

The Veteran's routine address, local emergency number, and available contacts should all be documented in a readily retrievable place in the medical record (e.g. in the initial CVT into the Home note and/or on the top of each visit note).

During the initial clinical encounter with the Veteran at home, the VA Facility Telehealth Coordinator (FTC) or designee (Telehealth Clinical Technician (TCT)) will be available, on site with the clinician if possible, to assure that the transmission quality of the video and audio is

sufficient for the clinical encounter to proceed. For the first visit, the clinician will call the Veteran by phone together with the FTC/TCT who will walk the Veteran through connecting with the clinician by computer. Alternatively, a 'test call' can be conducted by having the Veteran call the FTC or TCT prior to the call with the clinician, just to ensure the connection process is clear and followed and the transmission quality of the video and audio is sufficient.

At the start of each individual session with any Veteran using CVT into the Home, the clinician should confirm that the Veteran is at their routine address, or document whether the Veteran is at a different address (e.g., at a vacation home). The clinician should list the local emergency number for the Veteran's address and the clinician should ask if there are any other individuals at the Veteran's location and list their contact number. Each progress note can begin with:

> **PROGRESS NOTE**
> Address of Veteran During this Session:
> Emergency Number for that Address:
> Any Other Individuals Present in the Home During This Session:
> Any Relevant Contact Information (e.g. For Any Other Individuals Present in the Home During Session)

In the event of an emergency, the clinician will then be able to refer to the contacts and local emergency numbers for the veteran.

14.1 In the Event of a Technical Disruption

For CVT into the Home services, the clinician, Local TCT, FTC, or other staff may be designated as the Veteran's primary point of contact for technical problems. At the time of the appointment, the clinician should establish telephone contact with the Veteran in the event of a technical disruption.

14.2 Additional Recommendations Regarding Emergency Plan

- Please consult with State Law regarding Police holds for suicide, voluntary, and involuntary commitments.
- Please consult with your local facility policies on responding to emergencies while seeing the Veteran via CVT into the Home. In most cases, each facility has their own policies and procedures. If one does not exist, please contact your local Facility Telehealth Coordinator or designee (TCT).

15. Quality Management – CVT into the Home Outcomes and Evaluation

CVT into the Home programs incorporate continuous performance improvement based on the VA-TAMMCS model (Team, Aim, Map Measure, Change, and Sustain). Inherent in improving is measurement and evaluation of the current state via process and outcomes assessment. Program evaluation planning should be performed in tandem with program development and deployment and should take into account the perspectives of all key stakeholders. This would include the VA system (e.g. Ambulatory and Fiscal Services), staff at both VAMC and CBOC sites (e.g. health technicians, nurses, physicians), and most importantly the patient. Process and outcome measurement can be divided into clinical, business, and technical domains. Examples of potentially important process and outcome measures within these three domains are included in Table 3. Additional quality measures can be identified by your local quality management team.

Table 3: Quality Measures

Domains	Process Measures	Outcome Measures
Clinical domain	• # of unique patients with telehealth stop code vs. total for CVT into the Home Service • # of telehealth encounters (Clinical Video, Store and Forward, and Care Coordination) vs. total for CVT into the Home Service	• Patient satisfaction • Provider satisfaction • Clinical quality indicator achievement accomplished via telehealth visit (e.g. patient education)
Business domain	• # of no shows • # visits per FTE or per unit of time	• Travel cost avoided • Travel time avoided • Access to care
Technical domain	• % of dropped calls	• % visits completed successfully

Whenever possible, these measures should be based on data that is electronically available for review and tracking. Potential data sources include DSS and VistA. Clinical Applications Coordinators can be helpful in developing telehealth note templates that include key data points stored as health factors. Storing a template note elements (e.g. a provider satisfaction or technical rating of the visit) as a health factor allows for the development of reminder reports for longitudinal tracking of data. Each program should share data and program experiences as appropriate to assure continuous program improvement.

16. Conditions of Participation

The VHA Telehealth Services has developed Conditions of Participation that each and every telehealth program must comply with. All CVT into the Home services will include all of the Core and Modality specific criteria into their program. The VISN and Facility Telehealth Leadership include the VISN Telehealth Lead and the Facility Telehealth Coordinator. These positions are key to the tele-specialties assurance that they are in compliance with the Conditions and have an aligned Quality Improvement plan and process. This process also includes specific clinical performance measures as noted in the chart above. To also assure that CVT into the Home is in line with the expectations found in the Conditions of Participation, the primary support and information in found in the Clinic Based Telehealth Operations Manual. Staff making home visits would need to report to quality management and depending on the frequency of these home visits may invoke a Joint Commission Home Care Survey. See local quality management guidance from your Veteran Home Care Services.

17. Education and Training

All providers providing CVT into the Home health services should have completed the necessary education and training as outlined by Clinical Video Telehealth (CVT) and their specific specialty through the VHA Telehealth Services. It is further recommended that all providers remain current on training as outlined by a VHA approved National CVT Training Center. An example of the minimum annual telehealth training for providers includes the following courses:

- *Teleprovider Training*
- *Telepresenter Training*
- *CVT into the Home-Provider course*

The VHA Telehealth Services also provides training on Business, Technology, and starting a telehealth program. All of the training is modulated and developed for busy providers and their staff.

Teleproviders should also receive education and ongoing training on suicide risk management and other common and uncommon behavioral emergencies. This training should be made readily accessible by the local facility. This training is outlined by the VHA Telehealth Services' VHA approved National CVT Training Center.

18. Resources

For more information on Telehealth within the VA, go to:

Table 4: Resources Table

Resources:	
Audiology Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/taudo-spp.docx
Bariatric Surgery Map	https://vaww.nso1.med.va.gov/vasqip/maps/Bariatric.aspx
Cardiothoracic Map	https://vaww.nso1.med.va.gov/vasqip/maps/Cardiac.aspx
Center for Disease Control and Prevention (CDC) Guidelines and Recommendations	http://www.cdc.gov/HAI/prevent/prevent_pubs.html
Center for Disease Control and Prevention (CDC) Website	www.cdc.gov
Clinic Based Operations Manual Deployment Checklist	http://vaww.infoshare.va.gov/sites/telehealth/docs/dply-chklst-tmplt.xlsx
Clinic Based Telehealth Operations Manual	http://vaww.infoshare.va.gov/sites/telehealth/docs/cbt-ops-manual.docx
Clinical Guidelines	http://vaww.infoshare.va.gov/sites/telehealth/docs/tsg-blank.docx
Cochlear Map	https://vaww.nso1.med.va.gov/vasqip/maps/Cochlear.aspx
CVT into the Home Deployment Checklist	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvthm-dply-chklst.xlsx
CVT into the Home Needs Assessment	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvthm-na.docx
CVT into the Home Provider Course	http://vaww.infoshare.va.gov/sites/telehealth/cvtntc/docs/my_tele.docx
Home Based Primary Care CVT into the Home Guidance	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvthm-wkld.docx
Home Telehealth Operations Manual	http://vaww.infoshare.va.gov/sites/telehealth/docs/ht-ops-manual.docx
Local Emergency Numbers Sites	http://www.usacops.com http://psap.networkresourcecenter.org/
Memorandum of Understanding for	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvt-cp-mou.docx

Resources:	
Telehealth Credentialing and Privileging	
National Surgery Office	http://vaww.dushom.va.gov/surgery/index.asp
National CVT Training Center	http://vaww.telehealth.va.gov/about/index.asp
Neurosurgery Map	https://vaww.nso1.med.va.gov/vasqip/maps/Neurosurgery.aspx
Office of Specialty Care Services	http://vaww.medicalsurgical.va.gov/
Ophthalmology Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/treti-spp.docx
Oversight Committee	http://vaww.infoshare.va.gov/sites/telehealth/docs/cmteechrtr.docx
Oversight Infrastructure (VISN Telehealth Program Organizational Matrix)	http://vaww.infoshare.va.gov/sites/telehealth/docs/visn-org-matrix.docx
Patient Aligned Care Team	http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2977
Plastic Surgery Map	https://vaww.nso1.med.va.gov/vasqip/maps/Plastic.aspx
Podiatry Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/tpdty-spp.docx
Sample CVT Into the Home Telehealth Service Agreement	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvthm-sagr.docx
Service Line Approval	http://vaww.infoshare.va.gov/sites/telehealth/docs/coslne-apprvlfrm.docx
Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO)	http://vaww.medicalsurgical.va.gov/TransformationalInitiatives/VA_SCAN_Specialty_Care_Access_Network.asp
Telehealth Clinic Deployment Checklist	http://vaww.infoshare.va.gov/sites/telehealth/docs/dply-chklst-tmplt.xlsx
Telehealth Clinic Set-Up CVT DSS Codes	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvt-dss-codes.xls
Telehealth Clinical Protocol Development Tool	http://vaww.infoshare.va.gov/sites/telehealth/docs/tsg-blank.docx

Resources:	
TeleHealth Needs Assessment	http://vaww.infoshare.va.gov/sites/telehealth/docs/cvt-na.docx
TeleHealth Scheduling System	http://vaww.infoshare.va.gov/sites/telehelpdesk/TSS%20Roll-Out/default.aspx
Telehealth Service Agreement	http://vaww.infoshare.va.gov/sites/telehealth/docs/th-sagr.docx
TeleNutrition Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/tntrn-spp.docx
TelePresenter Training	http://vaww.infoshare.va.gov/sites/telehealth/Lists/trngpln/tpsntr.aspx
TeleProvider Training	http://vaww.infoshare.va.gov/sites/telehealth/Lists/trngpln/tprvdr.aspx
TeleSurgery Clinic Deployment Checklist	http://vaww.infoshare.va.gov/sites/telehealth/docs/tsurg-dply-chklst.xlsx
TeleTransplant Specialist Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/ttnpt-spp.docx
VHA Handbook 1330.01, Health Care Services for Women Veterans	http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2246
VHA Telehealth Services Master Document Library	http://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/cvt.aspx
VHA Telehealth Services Intranet	http://vaww.Telehealth.va.gov/
VHA Telehealth Services SharePoint	http://vaww.infoshare.va.gov/sites/Telehealth/default.aspx
VHA Telehealth Services Website	http://vaww.telehealth.va.gov/index.asp
Women's Health Supplement	http://vaww.infoshare.va.gov/sites/telehealth/docs/twmnh-spp.docx7

Appendix A: Acronyms

Table 3: Table of Acronyms

Acronym Table	
CDC	Center for Disease Control and Prevention
CBT	Clinic Based Telehealth
CAC	Clinical Applications Coordinator
CVT	Clinical Video Telehealth
CBOC	Community Based Outpatient Clinic
CLC	Community Living Center
CPRS	Computerized Patient Record System
COP	Conditions of Participation
DSS	Decision Support Services
FTC	Facility Telehealth Coordinator
HT	Home Telehealth
HBPC	Home-Based Primary Care
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MOU	Memorandum of Understanding
OIT	Office of Information and Technology
PACT	Patient-Aligned Care Team
RN	Registered Nurse
RME	Reusable Medical Equipment
SCAN-ECHO	Specialty Care Access Network - Extension for Community Healthcare Outcomes
SFT	Store-and-Forward Telehealth
TCT	Telehealth Clinical Technician
TSS	Telehealth Scheduling System
TSA	Telehealth Services Agreement
VISN	Veteran Integrated Service Network
VA-TAMMCS	Veterans Affairs - Team, Aim, Map, Measure, Change, and Sustain
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration

Appendix B: Chief Consultants and Directors Endorsement of Supplement Page

Chief Consultants and Directors Endorsement of Clinical Video Telehealth in the Home Supplement

I have reviewed this Clinical Video Telehealth in the Home Supplement and approve of the content, guidance, and processes. I fully endorse the publishing of this Supplement as a VHA standard guide for implementation of Clinical Video Telehealth in the Home.

<e-Signature>	Date
1. NAME	
TITLE	

<e-Signature>	Date
2. NAME	
TITLE	