

Earl Tso, MD, FACP

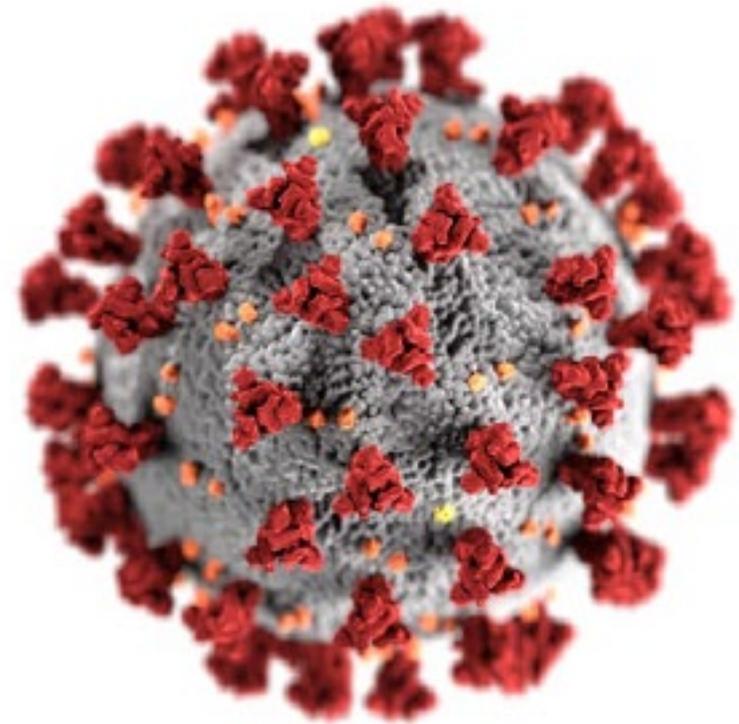
Medical Director, VA Los Angeles Ambulatory Care Center; Clinical Associate Professor of Medicine, USC Keck School of Medicine



Earl Tso, MD, FACP is the Medical Director at the VA Los Angeles Ambulatory Care Center and a Clinical Associate Professor of Medicine at the USC Keck School of Medicine. He is also a board-certified internist, and an HIV specialist at the Rand Schrader Clinic at LAC/USC Medical Center. Recently, he has helped lead multiple performance improvement projects and systems redesign, including bringing HIV rapid testing to at-risk populations, and reducing inappropriate usage as the clinical champion for a CDC-funded antibiotic stewardship program. He was recognized for his work at the VA in receiving an Award for Excellence in patient care and was nominated for the Federal Executive Board Special Presidential Award. After earning his medical degree from USC Keck School of Medicine, he completed an Internal Medicine residency at USC, and then spent a year as chief resident. His current teaching responsibilities include being the Internal Medicine residency program coordinator at the VA along with mentoring trainees from different disciplines and different stages of their careers, from high school to the postgraduate level. He has been a strong advocate for continuing education and professional development, including being the program planner and coordinator for Grand Rounds and other educational conferences.

VA Telehealth during the COVID-19 Pandemic

Earl Tso, MD, Medical Director, Los Angeles



Financial Disclosures

None



COVID-19 Infection

- First identified in Wuhan, China 2019
- Declared a Pandemic by WHO and a Public Health Emergency by the US government
- The virus SARS-CoV-2 has not previously been seen in humans and is thought to originate from bats
- The illness caused by this virus, Coronavirus Disease 2019, or COVID-19, has reached almost all countries
- Spread through respiratory droplets and contact
- Persons infected may be most contagious 2-3 days prior to becoming symptomatic
- Current evidence shows infectivity higher than influenza and higher rates of hospitalization and death



COVID-19 Infection

- Clinical picture ranges from asymptomatic or very mild to severe
- Symptoms usually occur 2-14 days after infection
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Muscle aches
 - Headache
 - Sore Throat
 - Loss of taste or smell



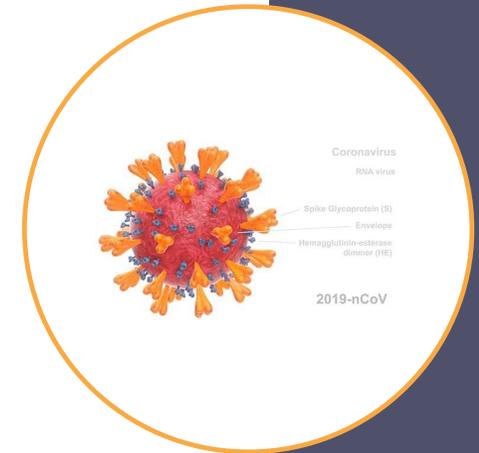
COVID-19 Infection

- Severe COVID-19 illness or death is more likely in:
 - Elderly (Age \geq 65)
 - Nursing home or long-term care patients
 - Males
 - Smokers
 - Chronic illnesses such as
 - Asthma
 - COPD
 - Diabetes
 - Heart Disease
 - Immunocompromised
 - Obesity
 - Chronic Kidney Disease



COVID-19 Treatment

- No treatment specifically approved for COVID-19
- Treatment is mainly symptomatic and supportive
- Most patients with mild disease can recover at home
- COVID-19 Testing was initially very limited, differed by location, organization
- Negative test – represent status at single point in time
 - Possible false negatives?



CDC Guidance on Testing

PRIORITY 1

Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system

- Hospitalized patients
- Symptomatic healthcare workers

PRIORITY 2

Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

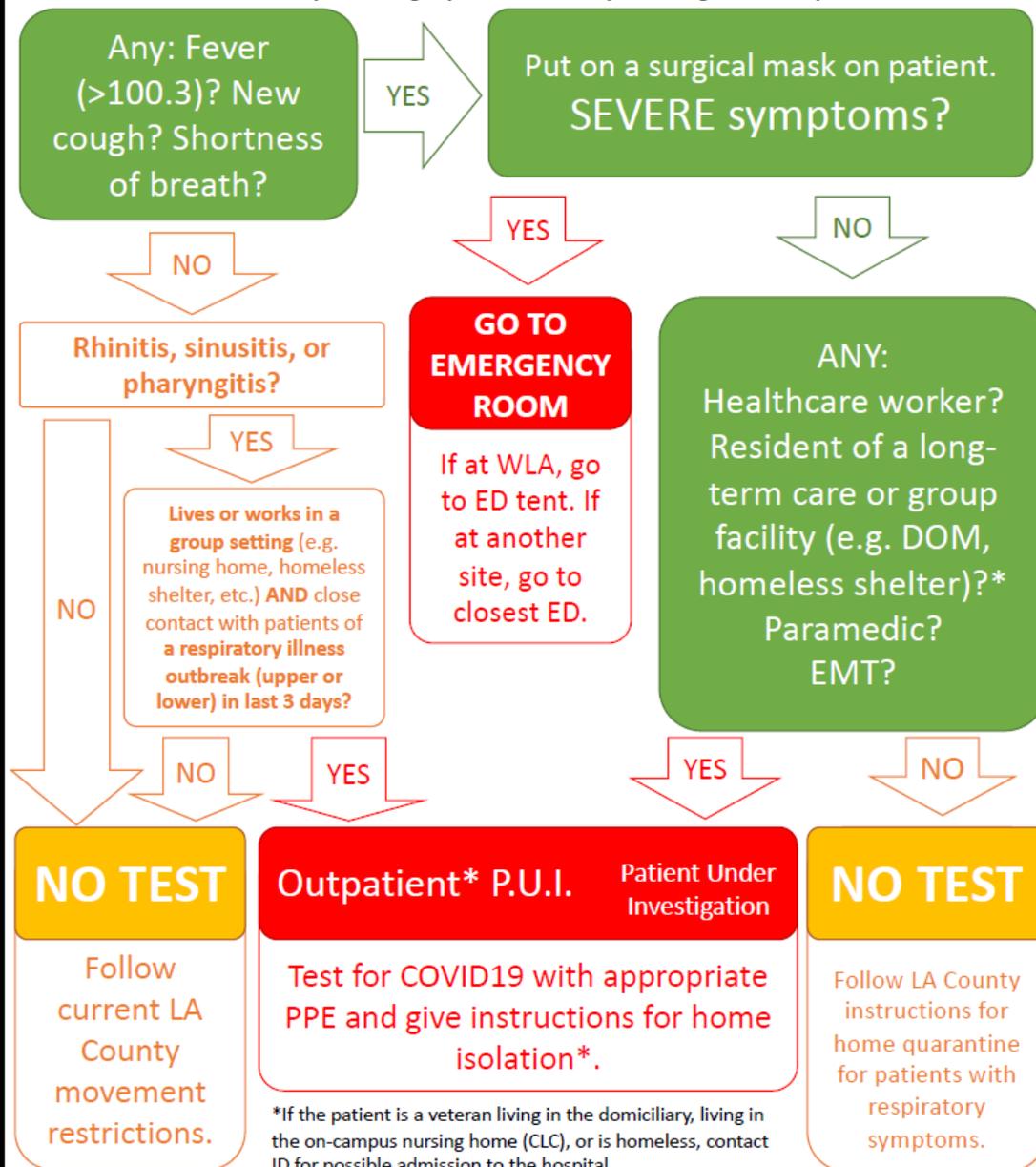
•NON-PRIORITY

- Individuals without symptoms

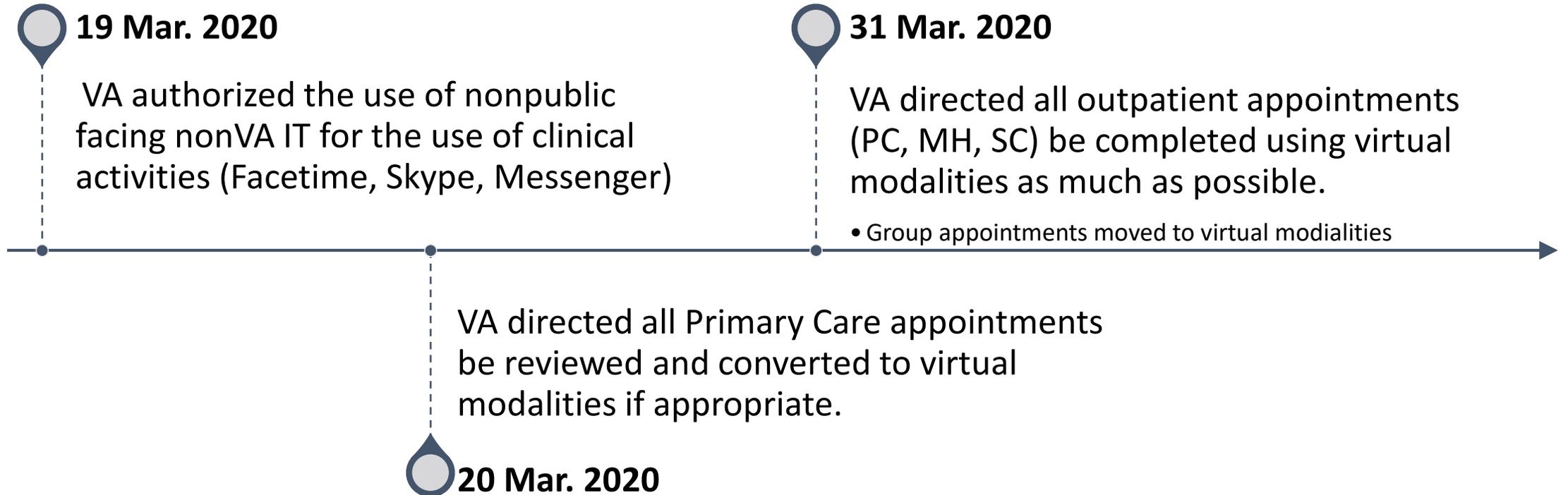
COVID-19

OUTPATIENT TRIAGE FOR GLA

We are currently not testing any ASYMPTOMATIC patients regardless of exposure



VA Telehealth



VA COVID-19 Response Plan

- March 27, 2020, the VA released its full COVID-19 Response Plan

Goals:

- Maximize virtual care and telework
- Most outpatient care will be provided through telemedicine
- Protect Veterans and staff from acquiring COVID-19 infection
- Provide care for those with COVID-19 infection along with continuity of care for non-infected Veterans
- Leverage technology, communications as well as dedicated staff and space to care for COVID-19 patients
- Provide proper space – preferably two zones (standard and COVID-19) for patient care
- Prepare for surges in healthcare demand

VA COVID-19 Response Plan

- Mitigate critical shortages of healthcare resources (PPE, hospital beds, mechanical ventilators, morgue capacity)
- Pandemic could last 18 months or longer and could include multiple waves across the country
- Prepare for a reduced healthcare workforce – up to 40%, due to illness, quarantine, family care, fear of infection
- Public health measures such as closing schools, quarantining household contacts increase absenteeism
- Staff at home may be able to perform some of their duties via telework and telehealth
- Support local community healthcare

CARES ACT and Telehealth

- Coronavirus Aid, Relief and Economic Security Act or CARES Act, signed into law March 27, 2020
- \$2.2 trillion in economic relief to Americans and has language critical to ensuring the safety of Veterans
- \$17.2 billion for the Veterans Health Administration to meet the evolving needs of the pandemic
- Provided additional resources for telehealth for Veterans seeking in-home care
- Enhanced support for tele-mental health services

CARES ACT and Telehealth

- CARES Act provided \$375 million in new funding for telecommunications-related programs across the government
- COVID-19 Telehealth Program
 - \$200 million open to eligible healthcare providers, whether located in rural or non-rural areas, and will provide eligible healthcare providers support to purchase telecommunications, information services, and connected devices to provide “connected care services” in response to COVID-19.
- Connected Care Pilot Program
 - \$100 million, three-year pilot had been in the works since last summer and will draw its funding from the federal Universal Service Fund (USF) rather than funds appropriated under the CARES Act. One of the main goals of the pilot is to give the FCC data on how to best structure a funding program for devices and services directly used by patients rather than solely by healthcare facilities themselves

Why Telehealth?

- Maintain social distancing
- Sorting of patients before they come in
- Minimize risk of infections to patients and staff
 - Prevent overcrowding in ER, Urgent Care centers, waiting rooms
- Ability to care for patients who are self-isolating/under quarantine
- Able to follow up patients closely after discharge
- Maximize workforce potential
- Able to provide gap coverage as staff are reassigned to inpatient services
- Can repurpose clinical space
- Less PPE use



Why Telehealth?

- Patient-centered
 - Convenient for patient, caregiver
 - Reduced transportation
 - Accessible
 - Supports delivering the right care → right place → right time
 - Helps coordinate care across the continuum
 - Patient and caretaker education
 - Focuses on patient self-management and shared decision making

Why Telehealth?



More older patients with greater longevity

Better primary and secondary prevention

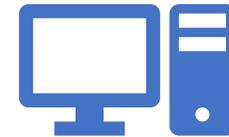
Increasing rates of chronic disease



Higher expectations in healthcare

More treatments that need to be monitored

More monitoring can be performed



Advances in technology

Incorporates new modalities of care

Improved information and telecommunications

Better data record keeping

Why Telehealth

- Results oriented
 - Improved health outcomes
 - Reduced utilization of health care resources
 - Reduced ER use
 - Reduced hospitalizations
 - Reduced length of stay
 - Able to capture routine activity and outcomes data
- Reduced costs (bricks and mortar)
 - Infrastructure – building, parking, staffing
 - Lower environmental impact

VA Telehealth Modalities



Telephone Care



Secure Messaging
– MyHealtheVet



VA Video Connect



Annie App for
Veterans



Care Coordination
Home TeleHealth



Telephone Care

- Telephone visits
 - Easiest way to provide virtual care
 - Lowest technology requirement - no special infrastructure or equipment required
 - For patients unable to perform Video Visits (lack smartphone, high speed internet)
 - Able to rapidly scale up
 - During COVID-19 pandemic, most face-to-face visits were converted to telephone visits



Telephone Care – Call Centers

- Veterans are asked to “call first” before coming to the VA when they have symptoms of a cold or flu
- VA Call Centers have scripted language and workflows to assess fever/symptoms and will perform a warm handoff to trained clinical staff (RN, NP) for additional triage over the telephone
- Veterans with confirmed symptoms will be asked to remain at home with virtual follow-up or come to a VA facility for additional care.
- Those Veterans triaged with suspected COVID-19 infection who require urgent or emergent care are directed to a separate COVID evaluation area in the medical center



Telephone Care

- Telephone Care Outreach
 - Screening for COVID infection
 - Proactive wellness virtual visit to high-risk patients (CHF, DM, COPD, Asthma)
 - Reach out to patients to inquire about their needs
 - Reinforce coronavirus precautions
 - Help divert calls from Call Centers and ER visits
 - Review of medication refills
 - 48 hours post discharge contact
 - Unmet Social determinants of health
 - Financial impact, food insecurity, transportation, isolation
 - Wellness virtual visit for Veterans at risk for
 - Mental Health disorders
 - Substance abuse



Telephone Care

- Wellness checks on High Risk Patients
 - Heart Failure
 - Medication Reconciliation
 - Review of daily weights, accurate measurement
 - COPD
 - Inhaler review
 - Diabetes
 - Outreach to all patients with A1c > 9 %
 - Medication changes, referrals to dietician, health coach, PharmD
 - HTN
 - Enhance use of home BP monitors
 - Educate on use of Video Visits



Primary Care Almanac CPRS PACT & PCP Providers' Menu Data updated through: 2020-03-31

VSSC HELP DESK



Primary Care Almanac Data Update: Definite Diabetes Definition Now in Use

Authoritative Source Data Definition Document:
<https://go.usa.gov/xny9E>



New Reports Now Available in User Acceptance Testing (UAT)

Primary Care Almanac Reports

- Cardiovascular Risk Report
- Colorectal Cancer: +FOBT to Follow-up Colonoscopy
- Diabetes Patients - Primary Care Provider Level Summary
- Diabetic Patients - List by Metric Choice
- ER / Urgent Care Visit Count by Provider
- Hypertension Patients - Primary Care Provider Level Summary
- Hypertension Greater Than 140/90 Report
- IHD Patients Report for LDL >= 100 or LDL Not Done
- Provider Panel Overview

Medication Reports

- Diabetic Medication Possession Ratio Outlier Report
- Hypertension Medication Possession Ratio Outlier Report
- Ischemic Heart Disease Medication Possession Ratio Outlier Report
- Medication Renewal Alert Report
- OTRR PCP Panel List - Your PACT Panel
- OTRR - Choose Panel by Providers, Prescribers & Teams
- OTRR for Clinical Pharmacists, Analysts & Pain Prgm Coordinators
- OTRR Patient Lookup by SSN

New Reports - Web Version Only

- Immunizations by PACT
- Chronic Kidney Disease Patient Report

CAN & PCAS



- PCAS (Patient Care Assessment System)
- CAN Score (Care Assessment Needs) - Team Panel
- CAN Score - Individual Patient Lookup by SSN

PACT Compass

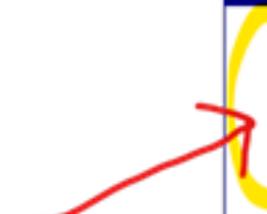


- PACT Compass Team Level Summary
- PACT Team List for Post Discharge Follow Up

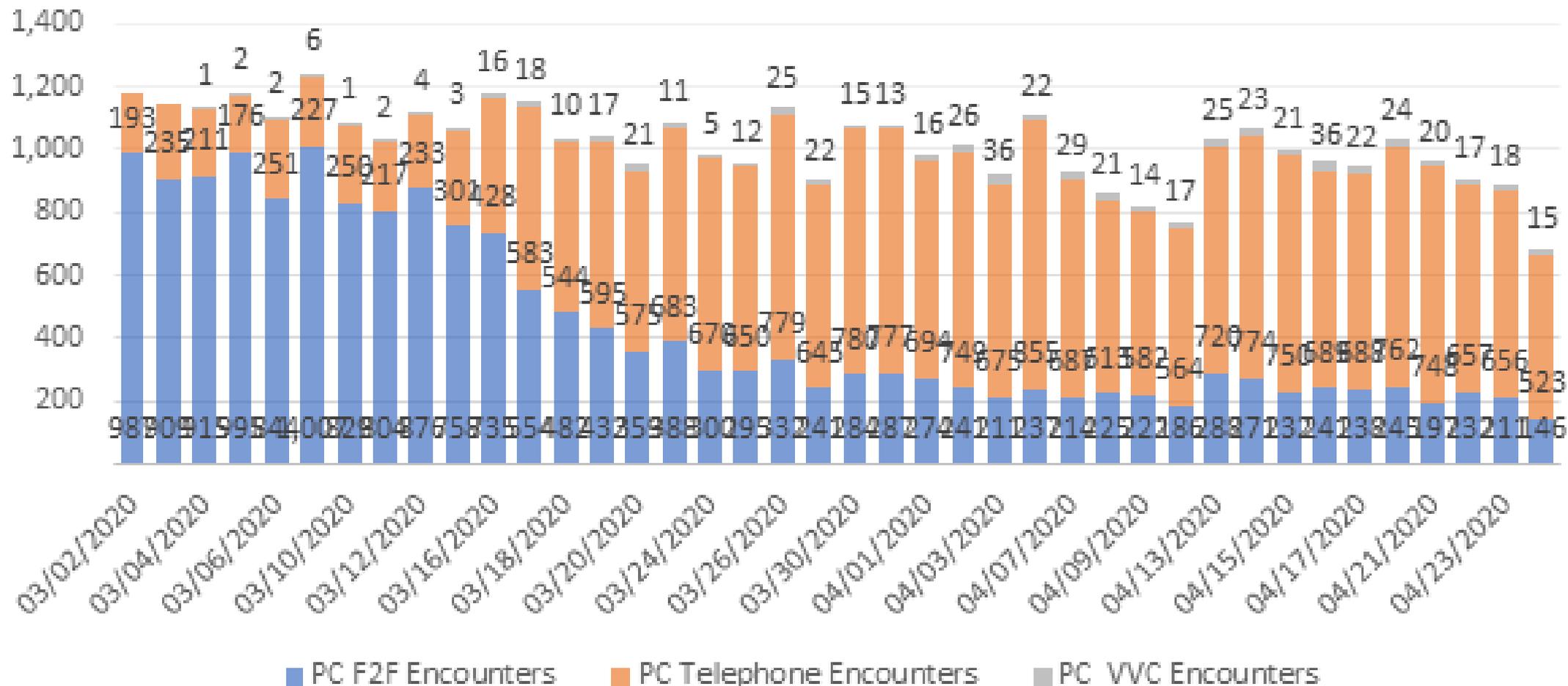
Links to Web Versions of Primary Care Reports



- VSSC PACT Compass
- VSSC PC Almanac Main Menu Web Version
- VSSC PCP Panel Cube - Pyramid
- VSSC Primary Care Reports Page
- VSSC Home Page
- Team Assignments Report
- Active Panel List Report
- PACT Patient Appointments Planning Tool



PC F2F TELEPHONE & VVC





Telephone Care

- Teletuck-in Program
 - Call Center Nurse calls patients at home during off hours who need ongoing assessment, education, reminders, or emotional support
 - Goal is to:
 - Decrease “bounce backs” to Triage or readmissions
 - Care coordination
 - Increase Quality of care
 - Improve Patient Satisfaction
 - Not for urgent medical conditions or severe emotional distress



Secure Messaging – MyHealthVet

- Secure Messaging – Enables timely and secure text-based communications via mobile devices
- Secure Messaging allows patients to:
 - Ask **non-urgent, non-emergency** health related questions
 - Update the VA health care team on health conditions
 - Request VA referrals and medication renewals
 - Manage VA appointments
 - Ask routine administrative questions
 - Ability to send attachments – such as photos, forms



VA Video Connect



- Allows clinical visit with synchronous video and audio of patient and provider/nurse. Additional team members, family members may also participate.



VA Video Connect

- VA Video Connect is an option for performing a patient encounter in the veteran's home.
- The videoconference platform is like the Apple "Facetime" application and allows for an audiovisual exam of the patient and their surroundings.
- Easy to use, requires downloading an app (on Apple devices, not required on Android), then clicking an emailed link before an appointment
- Patients that require a multi-system physical exam are not appropriate for a video conference appointment.



VA Video Connect

- VA Video Connect may be helpful for:
 - 1. Medication dosing follow ups (cholesterol meds, depression, anxiety, etc...)
 - 2. Uncomplicated chronic disease follow-up (DM, HTN, etc) where physiologic or lab data is available (such as with home telehealth patients, pts who had recent lab draws or perform home blood glucose monitoring)
 - 3. Re-establishing lost-to-follow-up patients
 - 4. Frail patients with limited mobility (to assess home situation)
 - 5. Immunocompromised, suspected flu, highly rural or hospice/palliative care patients where travel to clinic is difficult or presents a patient safety risk
 - 6. Dermatologic complaints and wound checks



VA Video Connect

- VA Video Connect may be helpful for:
 - 7. Appointments to follow up on diagnostic studies and discuss the plan of care
 - 8. Appointments to discuss power of attorney, hospice, limitation of care, or advanced directives
 - 9. On-demand/same day requests to triage a new complaint
 - 10. Coordination of care (connecting with a patient during their appointment with a community care provider to facilitate VA-to-Community-provider planning)
 - 11. Post-hospitalization follow-up
 - 12. Wellness checks for patients at high risk
 - 13. Screening and following patients for coronavirus



VA Video Connect

- VA Video Connect is NOT appropriate for:
 - 1. First encounters/establishing rapport/H & P
 - 2. Highly complex patients with multiple chronic diseases and new complaints
 - 3. Any appointment where physical exam is critical
 - 4. Patients that live in low bandwidth areas where a VVC appointment will experience poor connectivity/communication drop-off
 - 5. Patients who prefer to come to the clinic



VA Video Connect



- Protocol for use of VA Video Connect
 - Verbal consent
 - Confirmation of safe and private location
 - Review benefits/risks of Telehealth
 - Emergency Plan
 - Correct location/phone number
 - Patient agrees to stay on the line until emergency services arrive
 - E911 instructions
 - Decorum
 - Should be like a regular visit, fully dressed, no smoking, etc...



VA Video Connect

- **Telehealth Capable Workstation**



Webcam

Dual monitors

Speakers

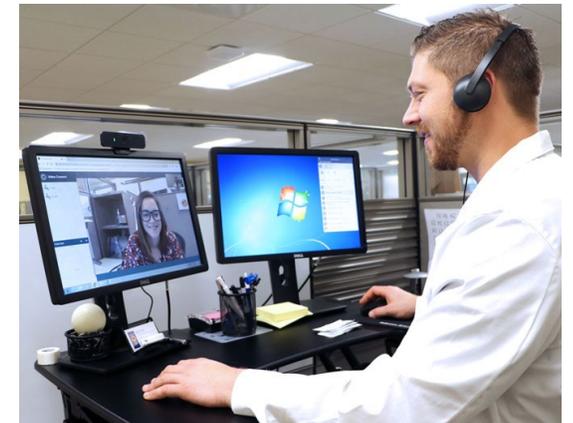
Optional headphones



VA Video Connect

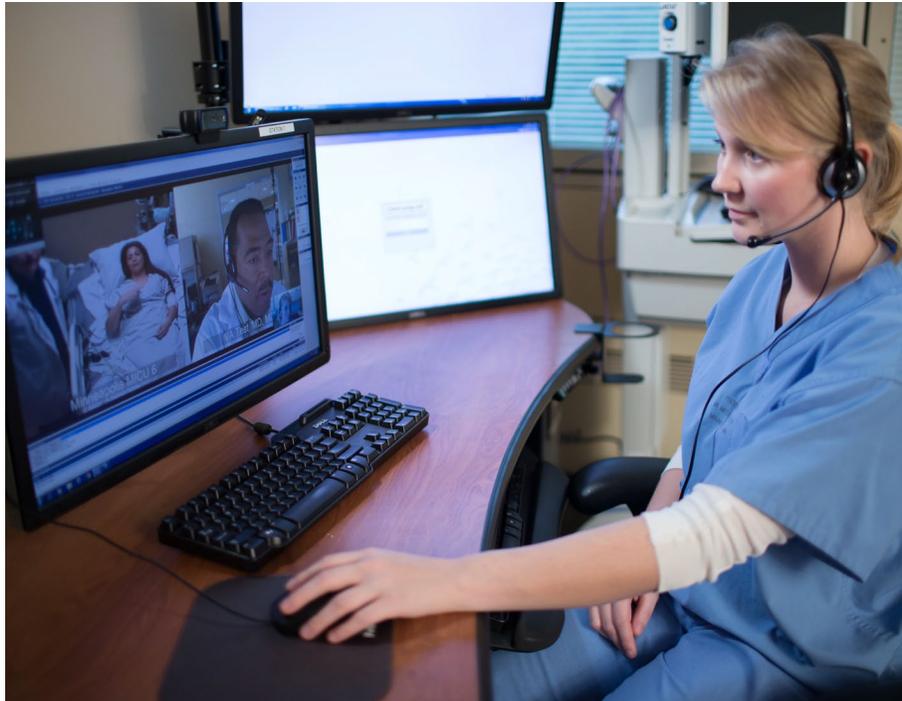
When Video Adds Value over Telephone

- Early assessment of symptoms
- Developing rapport
- Caregiver input
- What COVID-related symptoms can be assessed by a remote exam?
 - Alertness/engagement
 - Appearing comfortable
 - Speaking in full sentences
 - Diaphoresis
 - Shortness of breath “word number dyspnea”, use of accessory muscles
 - Visual cues related to mood
 - Non-verbal signs of pain
 - Vital signs (with VA peripheral equipment or Veteran’s own BP cuff, thermometer etc.)





VA Video Connect



- Inpatient use of Video Connect for patients with COVID-19
 - Ability to have healthcare team have a virtual visit with the patient in isolation
 - Can be used for extended hospital staff, such as social workers, chaplain
 - Can add family members to the video visit
 - Reduce possible exposure
 - Reduce PPE use



VA Video Connect



- What Do Providers Say About VA Video Connect?

“I find that I can provide *the same care with the same therapeutic relationship to veterans in their homes* [by VVC] as I can in the clinic. Another benefit has been *the ability to see a veteran at home with an acute problem during an ad hoc visit and therefore eliminate the need for hospitalization*. Video telemedicine visits have a very short learning curve to become adept at providing medical services this way.”

-- Dr. John Franklin, VA Palliative Care Physician

“The ability to use VVC for the veterans quarantined at Travis Air Force Base for COVID precautions was extremely beneficial. Veterans were able to access a provider in real time to address their symptoms and refill their active medications. As a provider, being able to **see, assess and provide care** for veterans via video was amazing!”

-- Veronica Barrigan, MSN, NP



Annie App for Veterans



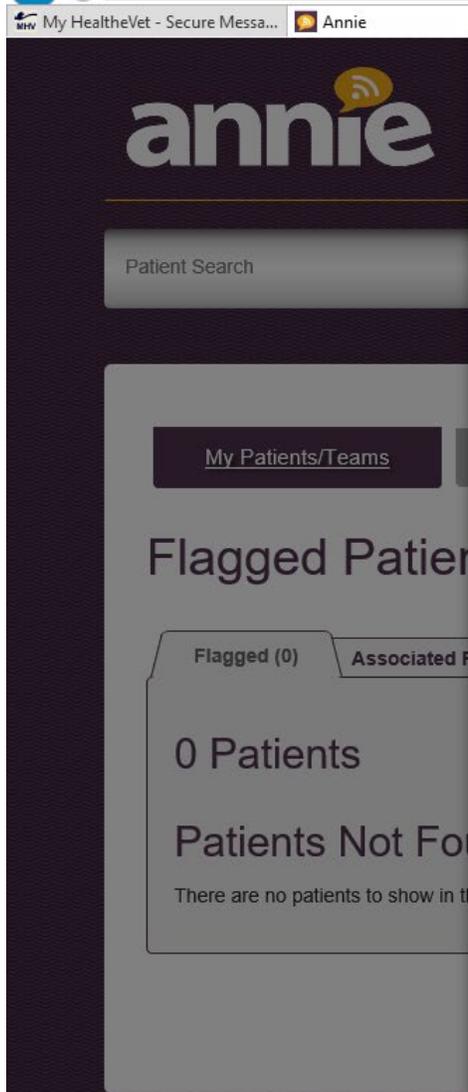
Introducing the
Annie App for Veterans

Annie is a dynamic messaging application that works with your VA care team to provide personalized care instructions and reminders, empowering you to better manage your own care and stay healthy.

Learn more:
mobile.va.gov/app/annie-app-veterans



U.S. Department
of Veterans Affairs



My HealtheVet - Secure Messa... Annie

annie

Patient Search

My Patients/Teams

Flagged Patient

Flagged (0) Associated P

0 Patients

Patients Not Found

There are no patients to show in the

About



VA Annie - v4.2.4

Developed By U.S. Department of Veterans Affairs

Clinical Administrators can use the Annie app to:

- Create protocols and protocol templates

Clinical Staff can use the Annie app to:

- Assign/edit protocols, view messages history and reports for patients, view and edit patient account information

Broadcast Admin can use the Annie app to:

- Create/send broadcast messages

Veterans can use the Annie app to:

- View message history and reports



Lt. Annie G. Fox
1893 - 1987
Chief Nurse Pearl Harbor
First woman receiving Purple Heart

OK



Annie App for Veterans



- Mobile app that sends automated text messages to Veterans to help them stay focused on their self-care.
- This might include health related notifications, reminders, or motivational messages.
- Annie also empowers Veterans to play an active role in their care, by prompting them to provide health data such as weight or blood pressure.
- Thousands of Veterans successfully use Annie to stay healthy and on track in meeting their wellness goals. Anyone with a phone that can send and received text messages can use Annie.



Annie App for Veterans

- Can broadcast messages from the local medical center, for example, “flu shots are available this week...”.
- Patients can easily submit health readings back to Annie
- Messages and patient’s data are stored in the Annie system where clinicians are view as needed
- Veterans can go to an [Annie for Veterans](#) web portal for additional features:
- Clinicians can create and assign care protocols
- Text messaging may have costs depending upon the mobile phone plan
- Veteran receives warning that Text messaging is not secure.
 - Can be read be anyone with access to your phone



Annie App for Veterans

Annie Protocols				
Protocol Name	Name of the Health Message (to text in Annie)	Protocol Description	Protocol Duration	Estimated weekly prompts
Corona Virus Precautions	COVID	This protocol helps Veterans monitor for viral symptoms and assist them with when they should contact care teams or nurse triage lines for additional care. Provides education on precautions to take to help prevent contraction of Coronavirus.	2 months	10
Tobacco Cessation	Tobacco	This protocol sends motivational messages to Veterans who are thinking about quitting, to help create a quit plan and set a quit date.	1 month	9
Weight Management	Weight	This protocol provides daily healthy living reminders to exercise, count calories, and measure weight. It includes daily educational messages for weight management.	1 month	25
Oncology Systems Reporting	Care	This protocol allows Veterans with cancer and blood disorders to rate symptoms on a 0-10 scale at any time, on any day. Veterans receive advice texts based on their symptoms. Symptom reporting is linked to improved survival in cancer patients.	1 Year	5
(Additional Annie Protocols)		There are a number of additional Annie protocols that focus on specific health conditions. To learn more about these protocols, contact your VA health care team and ask if there is one that is the right fit for you.	Depends on the Protocol	Depends on the Protocol



Annie App for Veterans

- My Patients/Teams**
- Patient Search
- Protocols
- Message History
- Reports

Associated Patients

Search:

My Priority	Patient Name ^	Protocol (Status) v	Associations v	Annie Status v
1 2	MOBILEAPPSVETERAN, ONE	Ralph's AWS Test Protocol (Enabled) Bobbie BP Protocol (Draft) Vero AWS Weight Protocol (Draft) Vero Self Subscribe Weight Protocol (Disabled)	Assigner Authorizer Following	Participating
1 2	MOBILEAPPSVETERAN, TWO	Bobbie BP Protocol (Disabled) Bobbies Duplicate protocol test (Disabled) Bobbies Wieght Protocol with Triigers (Disabled) Ralph's test Temperature protocol. (Disabled) Vero AWS Weight Protocol (Disabled)	Bobbies Grand Ole Team	Participating
1 2	MOBILEAPPSVETERAN, THREE	Ralph's AWS Test Protocol (Enabled) Bobbie BP Protocol (Disabled) Bobbies Protocol for Medication reminder (Disabled)	Bobbies Grand Ole Team	Participating



Annie App for Veterans

The screenshot displays the Annie App interface. At the top left is the "annie" logo with a Wi-Fi symbol above the "ie". To the right of the logo are navigation links: "Welcome", "Messages" (highlighted), "Reports", "Schedule", "Account", "About", "Help", and "Log Out". Below the navigation is a "Filter Messages By:" dropdown menu currently set to "All Messages". The main content area shows a message history with three outgoing messages (purple bars) and one incoming message (grey bar). The messages are as follows:

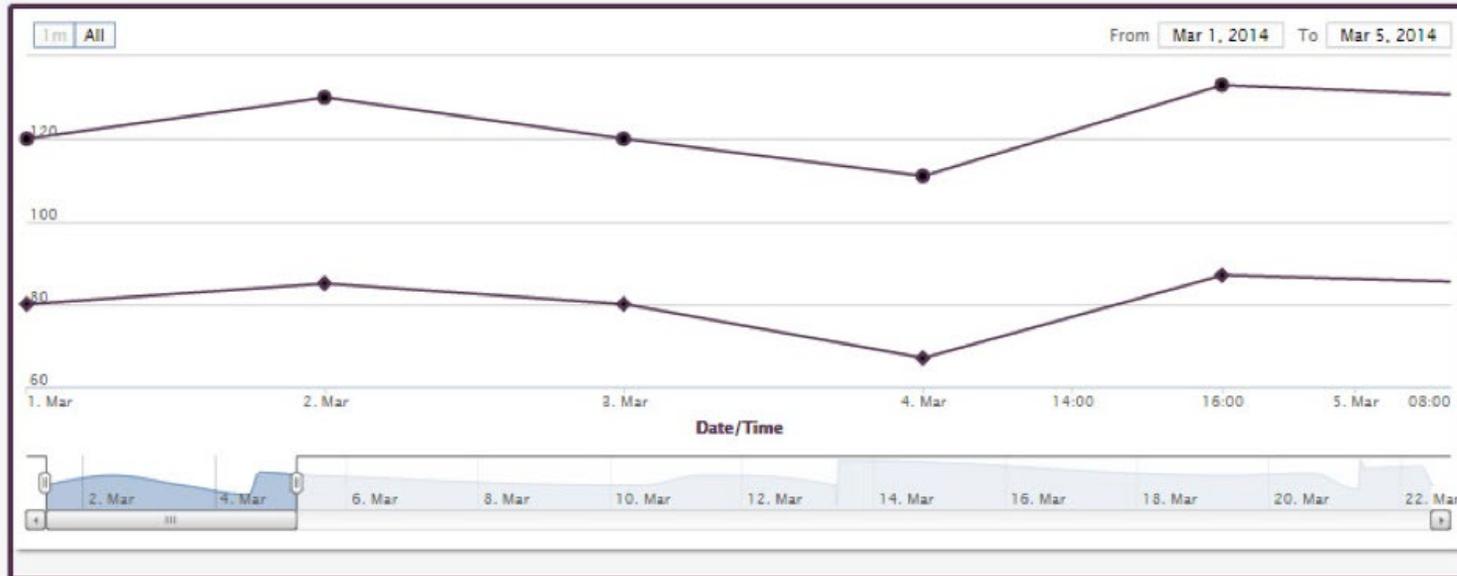
- Outgoing: "This is a reminder to please enter your weight today in the format, WEIGHT 180. Thanks Annie." (09:58:00)
- Separator: "Today"
- Outgoing: "Hi, Please enter you weight for today. Please enter in this form. WEIGHT 100 Thanks Annie" (09:32:00)
- Outgoing: "Do you like the holidays?" (09:31:07)
- Incoming: "Weight 158" (09:35:09)

At the bottom of the screen is a message input field with the placeholder text "Enter Message" and a "Send" button.



Annie App for Veterans

Reports: Blood Pressure



Date/Time	Blood Pressure - Systolic/Diastolic mmHg
03/01/2014 10:00:00	120/80
03/02/2014 10:00:00	130/85
03/03/2014 12:00:00	120/80
03/04/2014 12:00:00	111/67
03/04/2014 16:00:00	133/87

Annie Messages Can Advise You About COVID-19



If COVID-19 is causing you concern, Annie may be able to help. Annie is VA's automated text messaging app that sends health information and reminders to Veterans. Any cellphone with texting capabilities can receive Annie messages.

Annie's **Coronavirus Precautions** protocol messages can help you monitor viral symptoms and know when to contact your VA care team or a nurse triage line for additional care. The messages also provide general wellness tips and education on precautions you can take to help prevent the contraction of the coronavirus.

How To Set Up Annie

Follow these steps to get started. If you already receive Annie messages for other protocols, skip to Step 6.



Step 1: Go to the website.
veteran.mobile.va.gov/annie-vet



Step 2: Log in.
Log in using your My HealthVet Premium, DS Logon Level 2, or ID.me account. Find out how to get a secure login account at mobile.va.gov/login-information.



Step 3: Consent to participate.
Read the consent information. Scroll to the end and select the consent box.



Step 4: Set up your Annie account.
Complete the fields under the **Information Messages, Preferences, and Patient Info** tabs. Select **Submit**, which will take you to a screen saying your registration was a success.



Step 5: Confirm participation.
You will receive a message from Annie asking you to confirm your participation. Reply to the message with the word **Start**.



Step 6: Subscribe.
To subscribe to the Coronavirus Precautions protocol, text Annie (75338) the words **SUB COVID**.



Taking charge of your health — one text at a time.

For detailed instructions, visit Annie online:

mobile.va.gov/annie



U.S. Department
of Veterans Affairs



Annie App for Veterans

- Annie for COVID-19 Precautions
- Used for low and moderate risk Veterans
- **Annie's Coronavirus Precautions protocol messages** can help monitor symptoms and can advise you to contact the VA care team or a nurse triage line. The messages also provide general wellness tips and steps one can take to protect oneself



Annie App for Veterans

Annie App for COVID-19 Precautions

- **Coronavirus for Veterans on Isolation or Quarantine (reviews temperature, cough, and breathing)**
- Welcome Message (Daily for 30 days at 0900)
- “Hi, it's Annie. I'd like to see how you are today by asking about your symptoms.
- First, what is your temperature?
- Reply with TEMP and the number (ex. TEMP 99.6)”
- Reminder Message (after 1 hr. of no response): “Hi, it's Annie again. It's important that we monitor your symptoms daily. What is your temperature today? Reply with TEMP and the number (ex. TEMP 99.6)”
- Low Alert (100.3):
 - “Great! Your temperature is good.”
- High Alert (100.4):
 - “OK, your temperature is elevated.”
- Cough - TEMP <100.4 (Yes/No Template). Triggered by START Daily Message – Temperature Inquiry, Low Alert, 100.3 Fahrenheit
- Service Message: “Do you have a cough today? Reply Cough Yes or Cough No”
- YES response: “I'm sorry to hear that.”
- NO response: “OK good, let's check on your breathing



Annie App for Veterans

Annie App for COVID-19 Precautions

- Motivational/Supportive and Educational Messages (Daily at 1500 for 30 Days)
 - Annie here to remind you to wash your hands often! Wet, lather with soap, and scrub for at least 20 seconds.
 - Hi, it's Annie. Always remember to cover your cough or sneeze with a tissue and throw the tissue away in a lined trashcan.
 - Hi, Annie here. Having to stay at home can get lonely. Try to call a friend or family member to talk each day.
 - Hi, it's Annie. Sometimes when we're sick we focus on how crummy we feel. Challenge yourself to think of one thing you are proud of..



Care Coordination Home TeleHealth



- Connecting Veterans at home with chronic health conditions
- Remote monitoring to a VA Medical Center through a land or cellular phone line
- Newer devices voice interactive response



Care Coordination Home TeleHealth



- Nurses follow symptoms, vital signs, and other data
- Frequent monitoring allows assessment as to whether patients are maintaining their health status, or early warning of deterioration
- Allows the healthcare team to make changes in medications and other therapies and to monitor response
- Remote monitoring may allow some patients to live at home and independently, rather than going to a higher level of care such as a nursing home



Care Coordination Home TeleHealth



• Peripheral Monitoring Devices

- Peak Flow Meter
- Glucose Meter
- Pulse Oximeter
- Blood Pressure Cuff
- Weight Scale
- Pedometer
- Thermometer
- Stethoscope



Care Coordination Home TeleHealth

- **Disease Processes Monitored**
 - Diabetes (poorly controlled A1c > 9/starting insulin)
 - Congestive Heart Failure
 - Hypertension BP >160/90
 - COPD with multiple ER visits/home O2
 - Depression
 - Post-Traumatic Stress Disorder
 - Weight Management (enrolled in MOVE program)
 - Substance Abuse
 - COVID-19 (presumed and confirmed)



Care Coordination Home TeleHealth

- Daily monitoring (M-F)
- The home monitor devices are set up at the patient's home or in some cases the patient's cell phone can be used as a monitor
- The patient enters and views information through a large touch screen display.
- Each day, the monitor asks the patient text-based questions related to their specific disease or condition (Disease Management Protocol).
- Biometric information is recorded
- After each session, the data is sent securely to the Care Coordinator
- The RN Care Coordinator interprets the data, integrates individual clinical judgment, provides interventions as needed, and documents the interaction in the Veteran's health record.



Care Coordination Home TeleHealth



RN Care Coordinators

- Decide which devices are best suited for each patient
- Trains patient and caregiver
- Help patients set health care goals
- Give feedback, help educate patients about their condition
- Receive data, assess, and risk-stratify each patient daily
- Provide ongoing support to patients and caregivers



Intervention for patients at risk

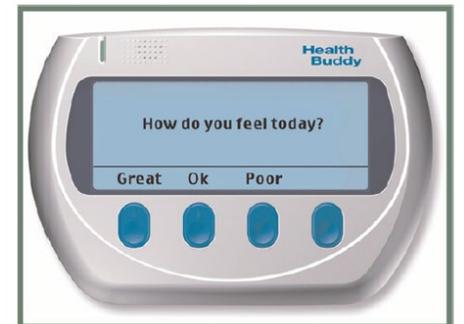
- Inform patient of condition changes
- Help patient self manage their condition
- Arrange treatment changes
- Contact patient's providers as needed
- Make appointments
- NP Care Coordinators may make medication changes (DM, HTN)



Care Coordination Home TeleHealth

- For diabetes, the biometric data includes glucose readings, blood pressures, and weights.
- Disease Management Protocol
 - Veterans also submit responses to automated assessment questions such as:
 - “Do you have any new sores on your feet or legs?”
 - “Are you taking your diabetes medications as ordered?”

The feedback given from the monitor and RN Care Coordinator helps Veterans learn ways to self-manage their care needs





Care Coordination Home TeleHealth

Care Coordination Home TeleHealth for COVID-19

- For Veterans quarantined with probable or confirmed COVID-19
- Veterans can be enrolled at point of care (Emergency Department, clinics, contact centers) to help decrease admissions from COVID-19 by enabling effective monitoring in a Veterans' home
- 21 day acute care disease management protocol
 - Questions, answers, responses, education, and infection that are derived from routine clinical practice meant to replicate aspects of a face-to-face assessment
 - Captures biometric data
- Monitored by RN Care Coordinator with daily telephone or web contact
 - Any non-responders are contacted



Care Coordination Home TeleHealth

Care Coordination Home TeleHealth for COVID-19

- Vital signs monitoring
 - Temperature
- Respiratory Status
 - Pulse Oximeter
- Symptoms
- Reinforce Quarantine
- Infection control education
 - Handwashing
- Guidance on when and how to access medical care



Care Coordination Home TeleHealth

Low Acuity/Low Intensity (L2) Telehealth Program

- Used to treat conditions that are considered low acuity:
 - Tobacco Cessation
 - Weight Management
 - Hypertension
 - Pre-Diabetes
- Patient should be stable enough to focus mainly on lifestyle changes
- Patient agrees to interact 1-2 times/week
- Uses Disease Management Protocol
- Goal is to engage the patient in interactive learning, improve self-management skills, set personalized health/behavior goals, and to establish and maintain healthy behaviors

Protect Yourself From COVID-19

Access VA Care From Home

The U.S. Department of Veterans Affairs is committed to providing high-quality care while keeping Veterans safe from COVID-19. Here are some ways to prevent COVID-19 exposure or transmission by accessing VA care from home:



Video or Telephone Appointments

Rather than going to a VA facility, you can receive care at home with a video or phone appointment. To set up a VA Video Connect or phone appointment, send your provider a secure message on My HealtheVet. To learn more about VA Video Connect, visit mobile.va.gov/app/va-video-connect.



Prescription Refills

Request prescription refills and order and ship medications to your home using My HealtheVet or the Rx Refill mobile app. Download the app at mobile.va.gov/app/rx-refill.



Text Message Reminders

Annie's Coronavirus Precautions protocol sends you automated text messages with information about COVID-19, helps you monitor for symptoms, and can assist you if you need to contact your VA facility for care. Enroll at mobile.va.gov/annie.



Secure Messaging

With My HealtheVet, VA's online patient portal, you can send online secure messages to your VA health care team to ask them nonurgent health questions. Register at myhealth.va.gov.



Home Telehealth

For Veterans recommended for home isolation or quarantine, your provider may use remote monitoring devices to assess your condition while you're at home. Learn more about home telehealth at telehealth.va.gov/type/home.

If you're **experiencing a fever, a cough, or shortness of breath**, contact your VA facility as soon as possible.

Find contact information for your VA facility at va.gov/find-locations.

For the most up-to-date information on COVID-19, please visit:

cdc.gov/coronavirus | va.gov/coronavirus



VA



U.S. Department
of Veterans Affairs

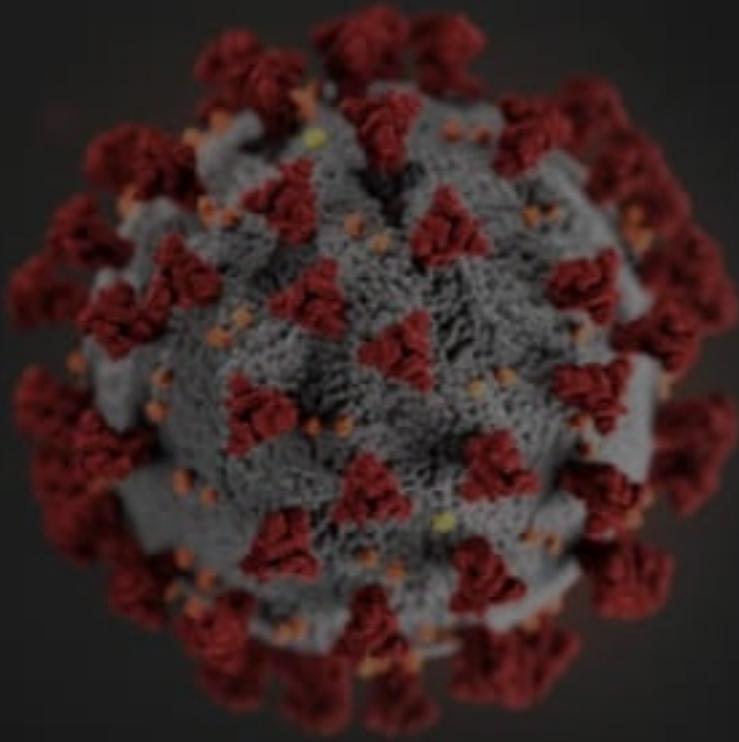
Telehealth during COVID-19

Advantages

- Ability to screen and monitor patients remotely
- Provide routine care for chronic disease
- Reduce exposure of staff and patients
- Facilitates matching resources with demand

Limitations

- Equipment
- Bandwidth
- Ease of use of technology
- Does not eliminate need for in person evaluation (testing)



Questions?

