



Home Interdisciplinary TeleRehabilitation Team (HITT)

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Home Interdisciplinary TeleRehabilitation Team (HITT)

Funding by: Office of Rural Health, VACO (project number: ID N43-FY15Q1-S1-P01510)
 Facilitated by: Rehabilitation and Prosthetics Services Program Office, VACO
 Collaboration with: University of Pittsburgh, Rehabilitation Engineering & Assistive Technology
 Alignment with: The Blue Print for Excellence
 Pilot Site: Des Moines VAMC

Revised: 3/10/16



Agenda
(2 virtual presentations, Adobe Connect, recorded for future reference)



Part I – March 17, 2016 at 3:00 p.m. EST

Agenda includes:

- Welcome and Introductions
- Background and Inter-Professional Collaboration
- Telehealth Technology options for CVT into the home (CVTHm)
- Workload capture
- Steps 1 – 8, including a pre-flight checklist
- The Des Moines Experience
- Discussion, Questions and Answers

Part II – March 31, 2016 at 3:00 p.m. EST

Agenda includes:

- Home Evaluation utilizing Telehealth Technology
- Rehabilitation Team: Case Presentations
- Discussion, Questions and Answers

Discuss possible Patient Diagnosis/Etiology:

NOTE: When initiating a program keep it simple, start small.

- Ortho conditions (Example: Physical Therapy, easy population to begin)
- Parkinson's (Example: Speech Pathology, long evidence based treatment protocols)

Other examples:

- Pre-op education, acute, chronic, osteoarthritis, RA
- Balance/Falls
- CVA
- COPD
- Mental Health (chronic pain, PTSD, depression)
- Obesity (MOVE, Be Active and MOVE!)
- Hip Pain
- Low Back Pain (*home compliance with correct exercises*)

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Discuss possible reasons for Referral:

(Focus on transition and continuum of care)

- Transition from an admission to home and at least one rehabilitation clinician will see Pt. prior to discharge:
 - Acute care
 - CLC
 - Respite
- Pt. at home and seen in CBOC and/or observed during CVT
- Pt. start rehab at CBOC and transition to home for f/u or compliance and reassessment of DME or AT equipment
- Pt. at home and new consult submitted for a home eval
- Pt. enrolled HBPC PACT
- Paired with non-VA care
- Medical Foster home – restorative care

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Review or Prepare:

(Rehabilitation Providers and Facility Telehealth Coordinators)

- Review Privileging or Scope of Practice
- Review State Licensure
- Review Competencies
 - Telehealth Equipment
 - Discipline Specific
 - DME Equipment and Cleaning (RME SOP)
 - Communication strategies for the telehealth visit
- Service Agreements
- Memorandum of Understanding (between facilities)
- Telehealth Conditions of Participation

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Telehealth Clinic Set-Up: There are two options....

Staff Supported by HBPC (VERA)

HBPC Primary Stop Code: 174
Clinical Video Telehealth into the Home
Secondary Stop Code: 179
Add a discipline specific 4 Character Code: if your local facility would like to sort per discipline

Example: Des Moines

- Des TH HBPC CVT BL PRO OT = 174179
- After Care via Telehealth = 174440 + 4 char code (No co-pay if only issuing or reviewing equipment and no intervention included)

Rehabilitation Services Staff

Speech Pathology: 204
CVT into the Home: 179
Example: 204179

Note: The Rehabilitation Productivity Cube sorts data by Person Class Code.

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Reserving the Government Vehicle and Planning Schedules

Vehicle

GPS for the provider

Scheduling

Determine who will be responsible for scheduling and contacting the patient (example: Des Moines Telepresenter)

System in place for last minute cancellations

System in place if the veteran is not at home.

Group appointments per location

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Establish Emergency Procedures:

- Provider telephone numbers
- Telepresenter telephone numbers
- OPC/CBOC telephone numbers
- Medical Emergency procedures
- Crisis procedures
- Patient/Family contact information

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“What do I want to accomplish during the telerehabilitation visit?”

- Best Practice or Evidence Based Practice
- Frequency (One time, Episodic, or On-going)
 - Teleconsultation (Interview and triage vs. evaluation)
 - Follow-up
 - Rehabilitation
 - Mentoring

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**Speech Pathology example:
Identifying the best practice for delivery of rehabilitation via Telehealth technology**

	Evaluation	Treatment	Education Counseling	TCT In the room
Aphasia	Yes	Yes	Yes	May be necessary for stimuli
Voice	Yes, Screening Yes, Clinical Maybe, endoscopy No, stroboscopy	Yes <i>Note: Lee-Silverman Voice Treatment</i>	Yes	Yes, endoscopy
Cognitive	Yes <i>Note: TBI</i>	Yes	Yes	Not necessary for TBI Yes, dementia
Dysarthria	Yes	Yes <i>Note: Lee-Silverman Voice Treatment</i>	Yes	Oral Motor may need assistance AAC exam may need some assistance
Dysphagia	Yes, Screening Yes, Clinical No, endoscopy No, fluoroscopy	Yes	Yes	Oral Motor and feeding assistance
Head & Neck Cancer Organ Preservation	Yes, Interview	Yes, pre-treatment Yes, during treatment Yes, post-treatment	Yes, pre-treatment Yes, during treatment Yes, post-treatment	Possibly

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TCT Training with Rehabilitation Providers
(Hands-on)

Key to success is having the Telepresenter trained examples include...

- Screening Tools
- Standardized Tests
- Knowledge about wheelchair anti-tippers
- Gate belts
- Reviewing different types of equipment the patient may have in the home or may need to be taken to the home to be issued

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Montreal Cognitive Assessment
 Dr Z. Nasreddine 2003 to 2014, *The Montreal Cognitive Assessment - MoCA*©
http://www.rstcc.pitt.edu/VA_TBI/VATBI.html

VISUOSPATIAL / EXECUTIVE

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POINTS

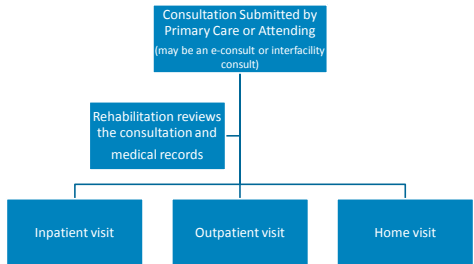
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Initiating the Home Interdisciplinary TeleRehabilitation Project



Step 1. Review the Consultation



Step 2. Determine if the patient is a candidate for Telehealth?

Determine criteria for telehealth into the home/During initial assessment screen:

- Medically stable to remain at home
- Motivated
- Caregiver in the home to assist
- Sensory Impairment (blind or profound hearing loss)
- Ability to follow simple instructions (ability to comprehend instructions)
- Prior rehabilitation
- DME or Assistive Technology Issued
- If possible, show Pt. telehealth technology in advance (Pt. comprehends technology)

YES, Telehealth is an option



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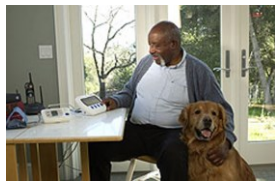
Scope of VA Telehealth Services

- **Home Telehealth (HT)** – Care and case management of chronic conditions and provision of non-institutional care support to patients. Uses in-home and mobile technologies to manage diabetes, chronic heart failure, hypertension, obesity, traumatic brain injury, depression, etc.
- **Clinical Video Telehealth (CVT)** – Real-time video consultation that covers over 45 clinical specialties including: Tele-Intensive Care, TeleMental Health, TeleCardiology, TeleNeurology, TeleSurgery, Women’s Telehealth, Tele-Primary Care, TeleSCI care, TeleAmputation Care, TeleAudiology, TeleSpeech, Remote Nursing Home Consultation, TelePathology, etc.
- **Store and Forward Telehealth (SFT)** – TeleRetinal Imaging, TeleDermatology, TeleWound Care, TeleSpirometry, Tele-Sleep Studies

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Home Telehealth: Care Coordination for Chronic Conditions & Disease Management Protocols



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Example: mTBI Disease Management Protocol
Script developed for mTBI and the patient responds to the questions for a 28 day cycle.

			<p>Welcome. We hope you will find this program helpful in managing your recovery. Today you will be asked questions about your progress and receive useful tips about your health. Thank you for partnering with us on your road to recovery.</p>
<small>Please read and press OK to continue</small>			
In the past week have you felt more tired than usual?	Yes	H	
In the past week have you felt more tired than usual?	About the same	M	
In the past week have you felt more tired than usual?	No	L	
<small>Please read and press OK to continue</small>			
<small>If you do not understand why you are feeling so tired, please contact your care coordinator or your team to discuss this.</small>			
In the past week have you had more trouble sleeping than usual?	Yes	H	
In the past week have you had more trouble sleeping than usual?	About the same	M	

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TBIQ12	Have you taken all your prescribed medications this past week?	No	H	
TBIQ12	Have you taken all your prescribed medications this past week?	No prescribed medications	L	
<small>Please read and press OK to continue</small>				<small>It's very important to take your medicines as you and your doctor agreed. Please contact your health care practitioner or care coordinator to discuss any concerns you have about your medicines. Please place this on the next page.</small>
TBIQ13	What is the reason for not taking your medications as prescribed?	Ran out	H	
TBIQ13	What is the reason for not taking your medications as prescribed?	Didn't want to	H	
TBIQ13	What is the reason for not taking your medications as prescribed?	Forgot	H	
TBIQ13	What is the reason for not taking your medications as prescribed?	Do not like side effects	H	
TBIM49	<small>Please read and press OK to continue</small>			<small>Completing your therapy, continuing to exercise, and following your routine are important for getting the most out of your rehab.</small>

CVT to Clinics...

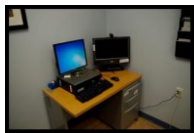


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Recommended for the provider CVT to Clinic or CVT Hm

Provider

- Desk Top EX90 (or Web Cam)
- Document Reader or Fax Machine
- VA Desktop Computer
 - CPRS
 - Microsoft Lync Communicator
 - My Health the Vet
 - Telehealth SharePoint
 - Rehabilitation SharePoint
 - Applications
- Telephone or Cell Phone



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This project utilized 3 different types of telehealth technology supported by Telehealth Service

<http://vawww.telehealth.va.gov/>



- 1) Transportable Exam Station (TES)



- 2) Patient home desktop or laptop connecting with JABBER Software Clinical Video Telehealth into the home (CVTHm)



- 3) Clinical Video Telehealth (CVT) Patient Tablet issued by the Denver Acquisition and Logistics Center (DALC)

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Transportable Exam Station (TES)

Special Note: A Telepresenter takes the TES into the home.

Located at many VISNs (approximately 198 nationally)

Advantages:

- Laptop, mobility and flexibility to move around the home
- Peripherals available (e.g., exam camera, pulse O2)
- Can take still pictures of the home
- VPN Access including CPRS

Challenges:

- Large Case
- Battery life approximately 6 hrs.)
- Connectivity may be inconsistent (example: weath
- Pixilation with rapid movement
- Consider home lighting and shadows



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Patient's Personal Computer

<http://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/cvthome.aspx>

"Jabber Software"

<http://vaww.telehealth.va.gov/>

Attached the CVT Hm Supplement.

Special note #1:

*Cognitive, Communication, and Visual Aids
Rehabilitation is unique –
issuing computer device*

Special Note #2:

Mobile Video Telehealth

A new platform is under pilot phase



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Telehealth : Veterans Computer utilizing Jabber Software

Advantages:

- Computer in the patient's home
- Convenience/available
- MyHealth e-Vet (exercises, instructions)
- Applications



Challenges:

- Pt. has to have a computer/web cam
- Internet connection responsibility of the veteran
- JABBER may not be compatible with some operating system upgrades
- Multistep log-in process for Veteran (new e-mail and password each session)

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CVT Patient Tablet

Patient Training Video: [CVT Patient Tablet-Veteran Orientation](#)

<http://vaww.infoshare.va.gov/sites/telehealth/docs/Forms/cvthome.aspx>

Telehealth Link for CVT Patient Tablet:

<http://vaww.infoshare.va.gov/sites/telehelpdesk/CVT%20Patient%20Tablet/SitePages/Home.aspx>



Wireless Medical Devices



General Exam Camera
Stethoscope

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CVT Patient Tablet

Advantages:

- Multiple modes of connectivity; 4G, Wi-Fi, or wired network
- Built in 4 G connection
- Simple to deploy for Veterans and Therapists
- Compatible with JABBER
- Peripherals available – bluetooth and wired; blood pressure meter, weight scale, thermometer, glucometer, pulse oximeter, digital hand held exam camera, stethoscope
- MyHeathe Vet installed
- May add apps (VA and free)

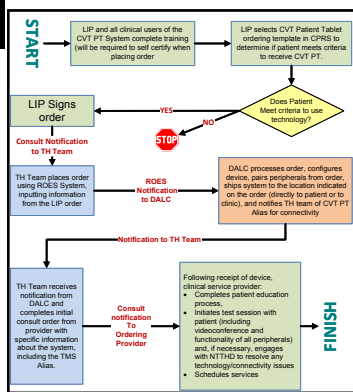
Challenges:

- Limited number of devices available
- Extra steps and training required to order from the DALC
- Carriers and Coverage (Verizon or T-mobile)
https://www.t-mobile.com/coverage-map.html?cid=WMM_TM_NTWRKVRZN_YZWT19GW5173939
- Current version needs to remain plugged into an outlet (not mobile)
- Small screen (visual/dexterity)
- May need a headset (hearing loss)

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Ordering Process Flow Diagram for CVT Patient Tablets

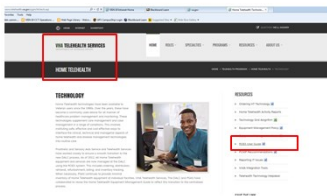


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Denver Acquisition and Logistics Center

ROES User Guide Link

<http://vaww.telehealth.va.gov/pgm/ht/tech.asp>



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CVT Hm: Consider including My Health Vet and Apps
(Tablets and JABBER)



VA App Store:
<http://mobile.va.gov/appstore>



Step 3. Prepare for the Visit

(Pre-Flight Check: Patient specific/ "plan to be flexible")



Telepresenter

- Check telehealth equipment/peripherals
- *Test calls are made prior to the initial visit*
- Confirm telehealth visit with provider/patient
- Review items needed for the visit "kit"
- RME (storage and cleaning equipment)
- Check available connectivity - Wifi use for TES and Tablet if available, Internal 4 G
- Review Connectivity (back up plan)
- Review Emergency Plan
- Review goals of the visit with the provider
- Obtain Verbal Consents

Rehabilitation Clinician

- Private space for CVT visit/may need to demo exercises
- Desk top (EX90) preferred
- Prepare a "kit" for individual patient (handouts, pictures, equipment, test forms, food items)
- Review goal of the visit with telepresenter
- RME (cleaning equipment)
- Check connectivity with TCT
- Confirm back up plan with TCT
- Business cards

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Example: Individualized "Kits"

(Pre-flight)



OT/PT

- Education materials
- Apps or videos to download
- Manhattan Physical Therapy
- Smart Move/Balance
- Metronome (PD gait/speed, VOR)
- Stop watch (holding stretches/time VOR exercises)
- DME items (individualized per patient)
- T-band
- Steps for seated step test
- Goniometer
- Tape Measure

Speech Pathology

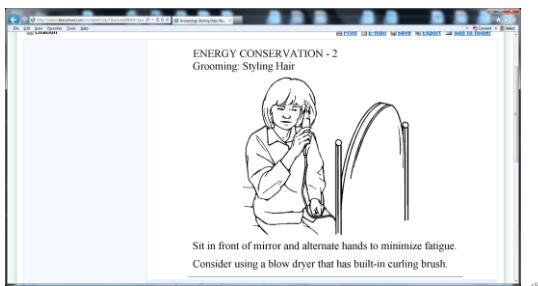
- Education materials
- Apps or videos to download
- Paper, clipboard, and pen
- Test protocol(s)
- Picture Cards
- Sound level meter
- Tongue Depressor
- Spoon
- Cup
- Food items
- Liquid thickener
- Tape Measure

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Example educational materials:
Rehabilitation Reference

<http://web.a.cbs.cohost.com/rtc/search?sid=2dd500e6-26d6-4f93-0817-7226170cc291%40sessionmgr4001&vid=2&hid=4104>



Step 4. Introduction to the telehealth visit

Telepresenter

(arrives 10 – 15 min prior to connection)

- Introductions to the telehealth visit and role
- Assure connection
 - Positioning the equipment for the best view(s)
 - Position the patient for best view(s)
 - Head phones (if hearing loss)
 - Lighting/shadows
- Introduction to the rehabilitation provider

Clinician

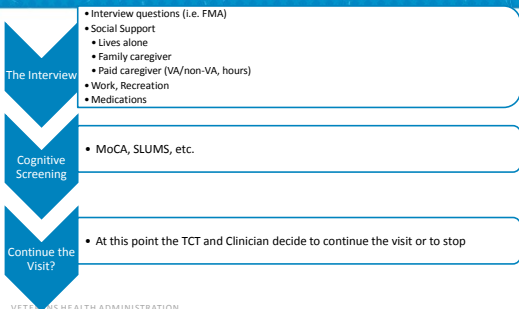
- Establish Connection with telepresenter
- Introduce self (and others in the room)
- Describe role(s)
- Share the goals of the visit
- Assure verbal consent to complete a telehealth visit



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Step 4a. The Interview (Common to all disciplines)
(Details to be presented on March 31, 2016)



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Step 4b. Assessment and Observations (Details to be presented on March 31, 2016)

Home Environment

- Type of home (rent/own)
- Environment outside (front porch, backyard, distance from the road)
- Entrance (surfaces, inclines, steps, handrails, lighting)
- Lay out of rooms (doorways, floor surface, bathroom, shower/tub, toilet, lighting)/ current modifications
- Furniture (chairs/arms on chairs, tipping hazard, furniture layout, clutter)
- Safety (sanitation, clutter, wires, water access hot/cold)
- Telephone access
- Emergency Plan/Fire hazard (exit plan), Tornado, Radio/Flashlight

Physical Skills Assessment

- Physical Assessment and Observations
- (varies per individual and discipline)

Review Current DME

- Observation with current equipment in the home
- Observation with current assistive technology in the home
- Observation with other adaptive devices

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TeleRehabilitation Continued Visit... (Details to be presented on March 31, 2016)

Device Trials

- Telepresenter takes limited equipment for device trial

Review Plan

- Provider reviews recommendations
- Develop patient care plan (HBPC, Rehab only?)
- Next visit (s) – may be 2 - 3 f/u visit or multiple rehabilitation visits (12 – 15 sessions)
- Rehabilitation plan
- Prosthetics/Home modifications
- Referral to other providers as needed

Goal Setting

- Goal Attainment Scale?

Education

- Share pictures, handouts, apps, videos
- Provide forms that patient may need to complete or sign for equipment/home modification

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Step 5. After the Visit

Telepresenter

- Documentation
- Coding
- RME
- Pictures

Clinician

- Documentation
- Coding
- Prosthetics Consults
- Additional Referrals
- Schedule Follow-up visit(s)

Step 6. Follow-up after the device is issued or delivered

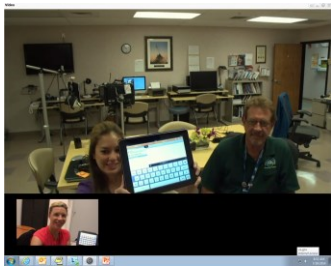
“The right care, at the right place at the right time”
Funding - Rural Health (ORIT) project number 1D N43-FY10-SI-70410



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Step 7. Rehabilitation (therapy)



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Step 8. Monitoring or Reassessment



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OUTCOMES

A Snapshot from Des Moines



Pilot site: Des Moines

VA Central Iowa is located in a rural area. Research shows that rural Veterans have a higher incidence of physical illness and co-morbidities, and lower scores on health related quality of life measures than their urban counterparts.

Key barriers to receiving service for Veterans are;

- lack of transportation,
- the distance to VA facilities,
- lack of tele-health services, lack of specialty services,
- inadequate knowledge of VA eligibility and services,
- difficulties in recruitment and retention of health care providers,
- and an increasing need for outpatient services.

Pilot site: Des Moines

Prior to this program being implemented:

- Occupational Therapy was outsourcing over 20 Home Safety Evaluations through the Community Care Program each month.
- Physical Therapy was outsourcing to Community Care for facilitation of post-surgical appointments and consultations. Wait times were extensive and Veterans were required to travel long distances to obtain these services.
- Speech Pathology was unable to provide intensive voice treatment for Veterans unable to travel long distances to the VA.
- Past process has been to initiate Non-VA referrals to initiate home safety evaluations due to drive time, distance, and limited telehealth technology.

Pilot site: Des Moines Staffing and Team

- The interdisciplinary rehabilitation team includes: Physical Therapists, Occupational Therapists, Speech Pathologists, Facility Telehealth Coordinators, and Telehealth Technicians embedded within our Home Base Primary Care Specialty PACT. Additional technical advice came from VACO Leads in Physical, Occupational, and Speech Therapy.
- The providers then collaborated with the Telehealth Medical Support Assistant (MSA) for optimal scheduling to include the Veteran's availability as well as travel time to and from the Veteran's home to ensure minimal to no Overtime costs for the facility.
- The Rural Health Telehealth Clinical Technicians (TCTs) worked in collaboration with the Facility Telehealth Coordinator (FTC) and Nurse Manager (NM) to arrange travel and home visits.

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Pilot site: Des Moines Training

- Under the direction of the FTC and NM, the TCTs were trained on the use of essential Telehealth equipment needed to complete the visits.
- Telehealth training Competencies completed for all staff

Competency	Name	Date	Status
Basic Telehealth Equipment Use			
Advanced Telehealth Equipment Use			
Telehealth Scheduling			
Telehealth Assessment			
Telehealth Intervention			
Telehealth Documentation			
Telehealth Patient Education			
Telehealth Troubleshooting			
Telehealth Safety			

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Pilot site: Des Moines Protocols; Assessment and Interventions

- Examples:
- Therapy standardized and non standardized assessments
 - e.g., home safety evaluation, SLUMS, TUG,
 - Home exercise program
 - e.g., Impairment related (strength, ROM coordination, balance or functional exercises)
 - Veteran and / or Caregiver education
 - e.g. medication management, fall prevention, home safety
 - Adaptive devices for the home
 - e.g. DME; transfer tub bench, grab bars, versa frame
 - Follow up for effectiveness and Appropriate utilization
 - Home modification
 - e.g., HISA, Special Adaptive Housing
 - Live intervention skills training
 - e.g., cognitive, visual perceptual, balance, strengthening

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Pilot site: Des Moines Outcomes

- Occupational Therapy Home Safety Evaluations are now scheduled within 2-3 days
→ Veterans are seen within 2 weeks and photographic images are obtained by the Rural Health TCTs under the direct and live guidance of the trained therapist. In each visit, the TCT is the hands of the therapist. The Veteran and the therapist communicate in real time. Education is provided to the Veteran in their home. The equipment request is presented at the next MMEC meeting resulting in a HISA process less than 4 weeks.
- Physical Therapy is now able to see Veteran's in their homes for post-surgical therapy sessions all across our service area.
- Speech Pathology provides Lee Silverman Voice Therapy (LSVT) with the expansion of two methods provided by Telehealth. The LSVT may take place with the Rural Health TCT or with tablet capability. Veterans are able to receive daily voice therapy without having to commute to the VAMC. This reduces travel costs and increases clinic access.

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Benefits thus far....

- Access to care
- Cost savings including reduced non-VA care and readmission
- Intensity of treatment
- Veterans convenience
- Veteran takes a more active role in care and selection of equipment
- Better approach to selecting the correct equipment
- Communication with other providers

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Challenges thus far...

- Access to CVT Patient Tablets
- Clinician taking the time to learn the limitations of the technology
- Clinician taking the time to select best practice via telehealth technology.
- Clinician willingness to step out-side their comfort zone
- Learning to communicate with an inter-professional team
- Reliance upon telepresenter to be hands-on

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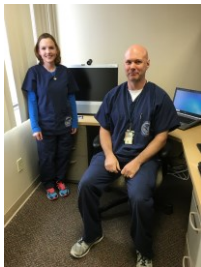
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Pilot site: Des Moines

“Clinical Video Telehealth into the Home for Physical and Occupational Therapy”

Posted on February 9, 2016 by Treva Lutes, Donald Hayes, PT and Kristen Ganfield, OT

<http://vaww.blog.va.gov/CCM/?p=300>

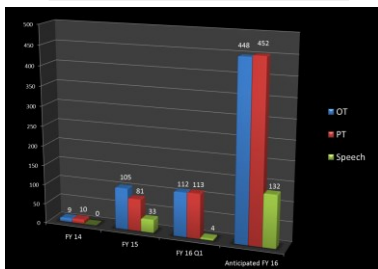


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Pilot site: Des Moines Outcomes

CVT to Home Encounters for OT, PT and ST

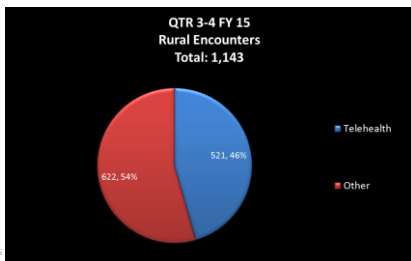


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Pilot site: Des Moines Outcomes

*In the 3rd and 4th QTR FY 15- 238 Rural Veterans were served between the assigned staff. The number of rural encounters equaled 1143, of which 521 were completed via Telehealth.



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Additional VACO Outcome Measures being collected...

Measure (Quality, Access, Cost, Satisfaction, etc.)	Date Source (VSSC, CHAPS, PSSG, OQPS/SHEP, Veteran Comment Cards, etc.)	Office or Individual Responsible	FY 15 QTR 1	FY 15 QTR 2	FY 15 QTR 3	FY 15 QTR 4
Example: Number of Veterans Served	VSSC Rural Health ProCality Report	Program Analyst	No data	monitor	35 rural and highly rural Veterans	40 rural and highly rural Veterans
AT Labs Outcome Monitoring for Assistive Technology	U Pitt and RPS SharePoint	U Pitt and Program Analyst	PY14 Comparisons with AT Lab back-office and national professional organizations	Monitor	Monitor	Improved outcomes on Rehab outcome tools: OUEST, FMA, FCM
Number of Virtual Care visits	Telehealth Data Base and self report	Program Manager	Compare to current CVTiles and OVF visits	Monitor	Monitor	Anticipate increases to average of 4 follow-up visits per patient
Stakeholder input from SHEP or Press Ganey	SHEP Press Ganey Facility Report	Program Analyst	Compare to Mean VA OU group and AHA Region 6	Monitor	Monitor	Greater than or equal to Benchmark of OU and AHA
Total Non-VA Therapy Cost	Non-VA care proximity cube on the VSSC	Program Analyst	PY13 Baseline	Monitor	Monitor	Decrease 10%
Ps 3 Fall Evaluation	External Peer Review Process (EPRP)	Program Analyst	PY14 Baseline	Monitor Locally	Monitor Locally	Monitor Locally and Report to Project Manager
Hc 31- Environmental Safety Assessment	EPRP	Program Analyst	PY14 Baseline	Monitor	Monitor	Monitor Locally and Report to Project Manager

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References, Resources , and Recordings will be available April 2, 2016

Discussion, Questions and Answers



Home Interdisciplinary TeleRehabilitation Team (HITT): Model Case Presentations

March 31, 2016 at 3:00 p.m. EST

Join by Adobe Connect:

<https://pittstcc.adobeconnect.com/nrbhamest/>

Come Meet Joe and his Virtual Care team!!

