Telehealth
FY 2020, Q1 – Q2 Update

Goal Leader:
Bruce Jones, Acting Deputy Director, Telehealth Services

Deputy Goal Leads:
Scott Ballard
Storm Morgan

Overview

Goal Statement:

Improve Veterans' access to quality healthcare using digital care delivery methods. By Sept 30, 2021, the Department of Veterans Affairs will:

- Ensure minimum 95% (compared to FY2019 baseline of 63%, 62%, and 0% respectively) or more VHA outpatient Primary Care and Mental Health providers and 50% or more VHA outpatient Ambulatory/Specialty Care providers have provided care to Veterans using VA Video Connect;
- Ensure 18% (compared to FY2019 baseline of 16%) of the Veterans who received care in VA in FY2019, either assigned to a PCMM panel OR have a 'checked out' encounter in the past 24 months OR have a future pending appointment, will have sent at least one Secure Message;
- Achieve a 25% increase from the FY2019 baseline of 5,009 unique patients enrolled in VA's text messaging app;
- Demonstrate a 50% increase to 98 in the use of dedicated medical advice and enhanced triage support from Clinical Contact Centers (CCC) assisted by Licensed Independent Practitioners (LIP) to achieve clinically meaningful first contact resolution as compared to FY2020 baseline of 65;
- Ensure at least 1% of the total incoming CCC Registered Nurse (RN) patient contacts dealing with acute episodic health concerns will include care from LIPs using virtual care modalities (telephone or video); and
- Ensure all LIPs supporting CCC will have completed at least one VA Video Connect (VVC) encounter by the end of FY2021.

Overview

Telehealth Challenges

- Many Veterans and their Caregivers still have difficulty accessing VA care, especially in rural and remote areas, even with 150 VA Medical Centers and 800 VA Clinics.

Clinical Contact Centers (CCC) Challenges

- Lack of aggregate data of total incoming call volume and call types
- Lack of robust metrics
- Inconsistent methodology for differentiating clinical versus nonclinical calls
- Lack of standardized methodology to capture CCC RN to LIP referral
- Inconsistent workload and productivity tracking for resource allocation
- Geographically variable pharmacy formularies and contracts
- Clinical/triage decision support tools not optimized for identifying virtual care opportunities
- Technology challenges for CCC professionals and Veterans, families and caregivers (i.e., VA Video Connect)
- Inconsistent operating procedures, business rules, and training as they relate to CCC processes across VISNs/Enterprise

Overview

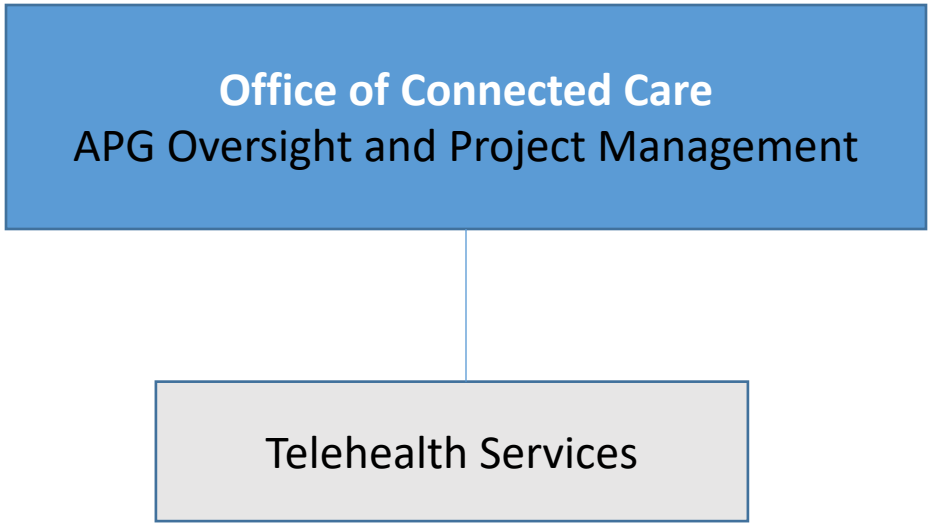
Telehealth Opportunities

- Using Digital Care delivery methods VA can be the most convenient, accessible, patient-centric, healthcare system.
- VA Clinicians will be trained and capable to offer digital care delivery to enhance the accessibility of VA healthcare care for Veterans, their family members, and/or their caregivers

CCC Opportunities

- Increased clinically meaningful first contact resolution
- Improved access to care for Veterans within VHA
- Improved continuity of care within VHA
- Improved Veteran and caregiver trust, satisfaction, enhanced VHA loyalty and flexible healthcare options
- Reduced or eliminated Veteran travel time and expense
- Improved Primary Care access and reduced wait times for appointments
- Improved clinic appointment availability for higher-acuity patients
- Reduced exposure to communicable diseases
- Improved resource utilization by reducing non-emergent ED visits, as well as unscheduled and scheduled Primary Care visits
- Improved VA staff satisfaction
- Increased level of trust and confidence between Primary Care, CCC staff and virtual care providers

Leadership and Implementation Team: Telehealth APG



Additional contributing offices:

VHA Support Service Center
VSSC

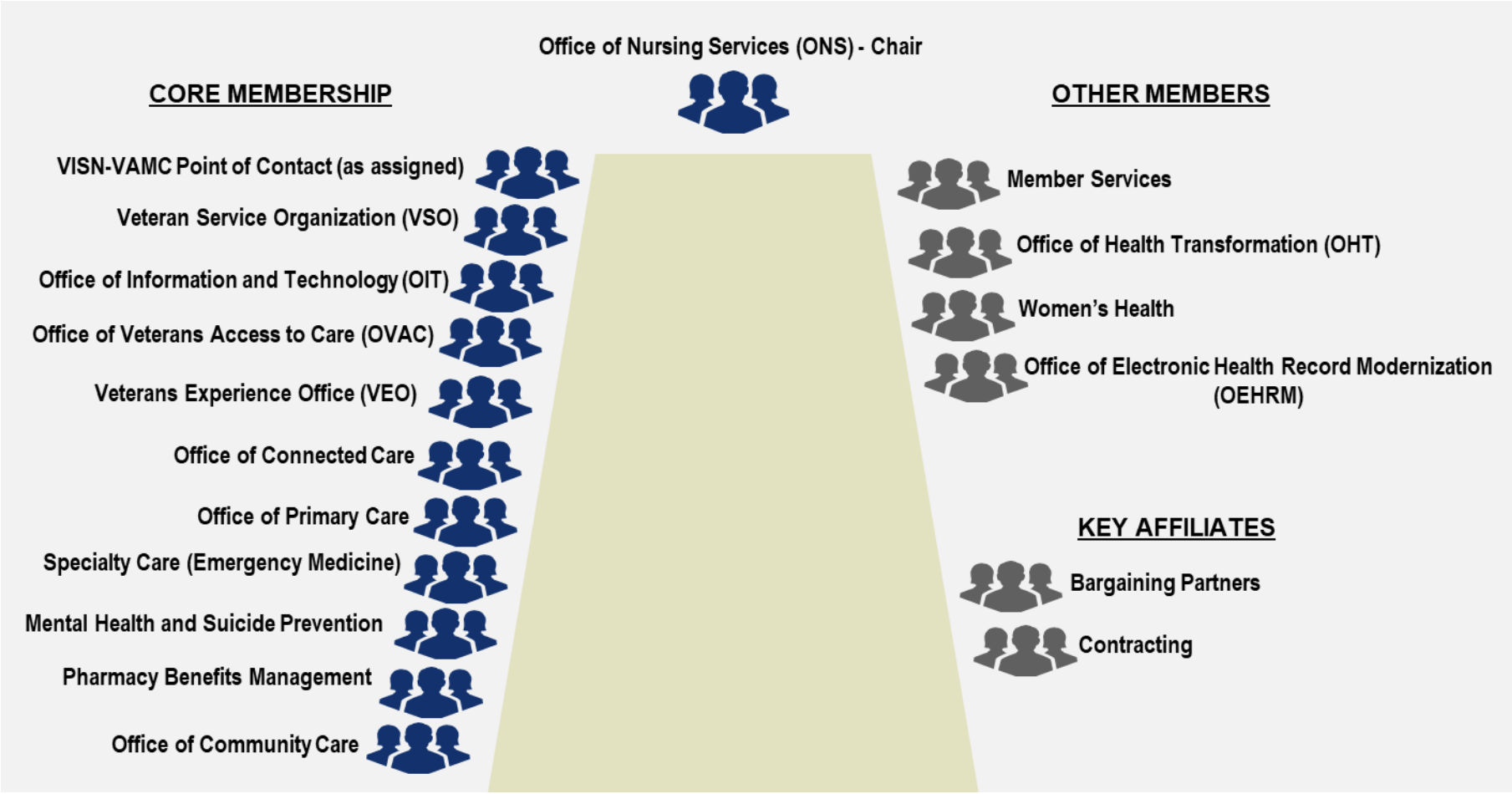
App Implementation

Office of Nursing Service

My HealtheVet

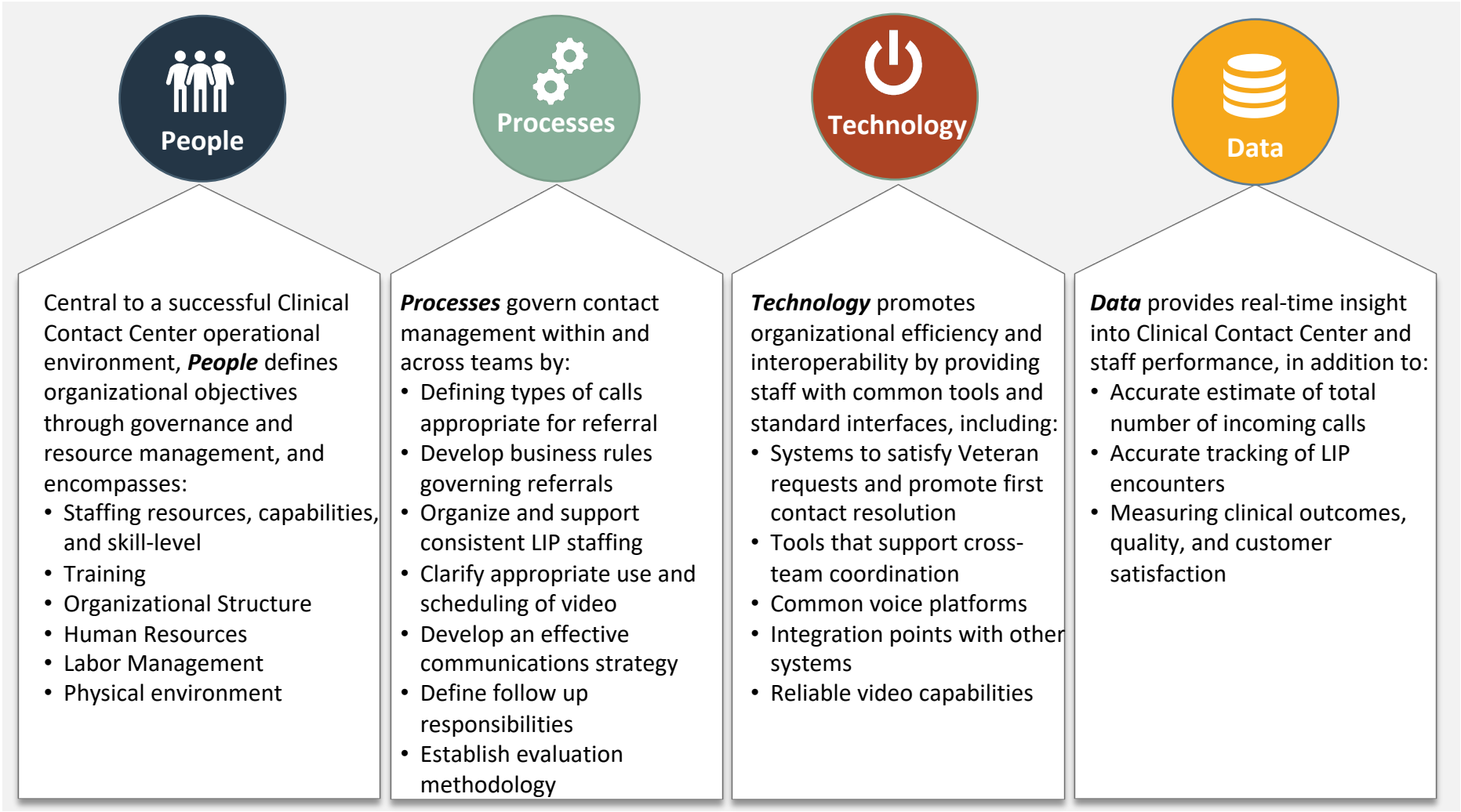
Leadership and Implementation Team

Clinical Contact Center Governance Board



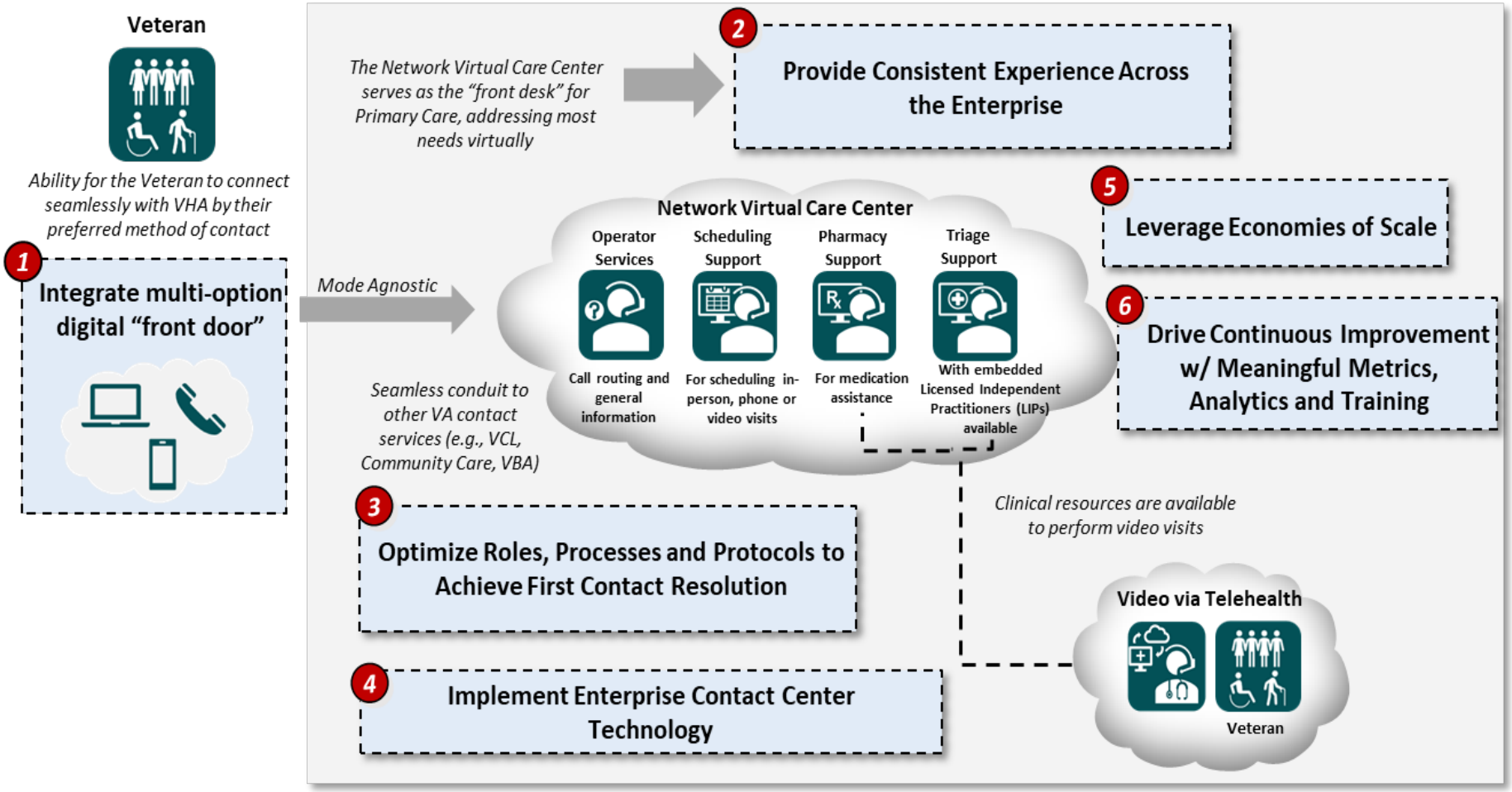
Goal Structure and Strategies

People, processes, technology and data are the focus areas guiding the Clinical Contact Center Implementation Teams efforts, ensuring an effective and holistic approach to achieving the goal



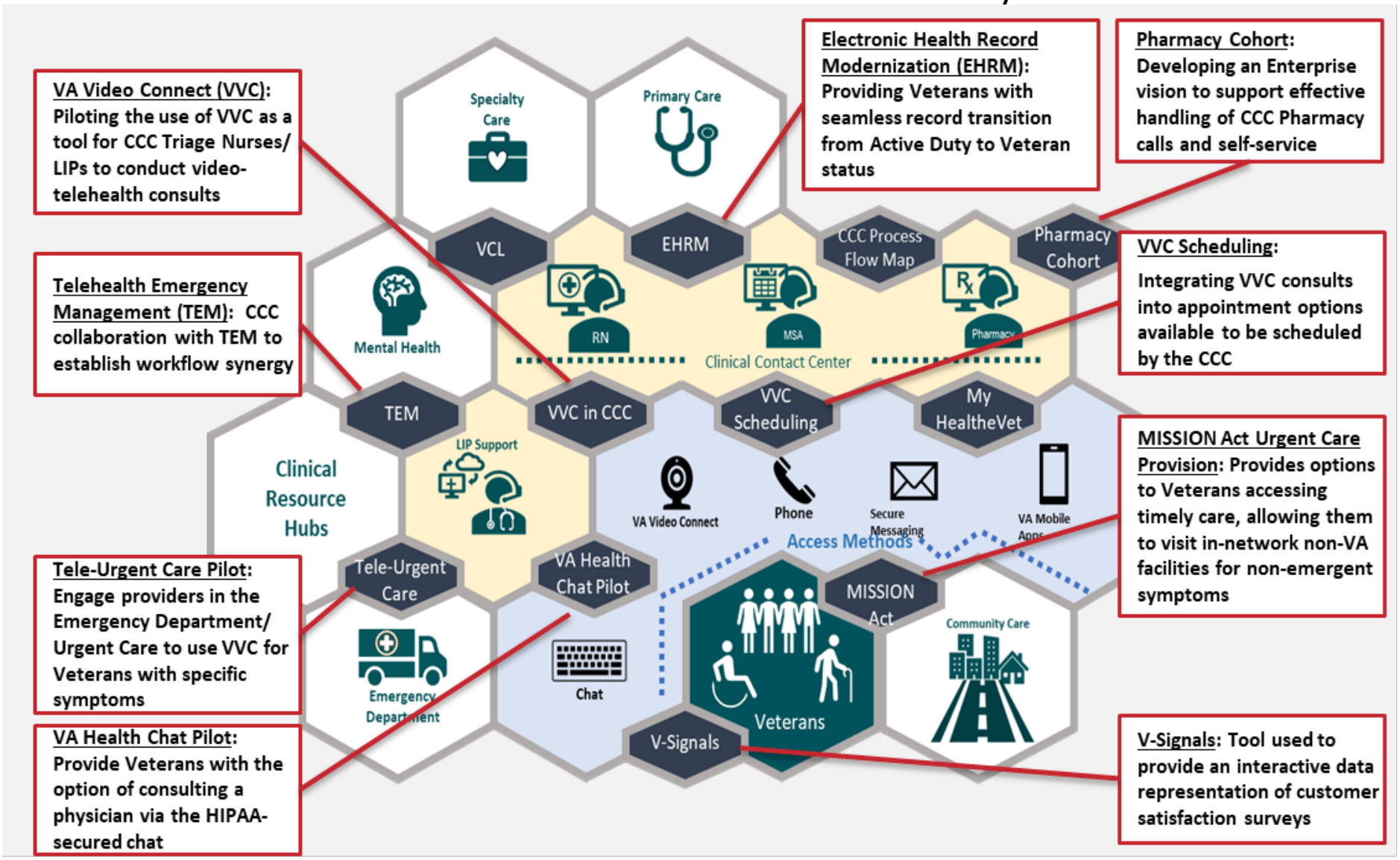
Goal Structure and Strategies

The ideal future state of Clinical Contact Centers serves as the foundation for delivering clinically meaningful first contact resolution and an improved Veteran and employee experience



Goal Structure and Strategies

Clinical Contact Center Modernization Ecosystem



VA Video Connect (VVC): Piloting the use of VVC as a tool for CCC Triage Nurses/ LIPs to conduct video-telehealth consults

Telehealth Emergency Management (TEM): CCC collaboration with TEM to establish workflow synergy

Tele-Urgent Care Pilot: Engage providers in the Emergency Department/ Urgent Care to use VVC for Veterans with specific symptoms

VA Health Chat Pilot: Provide Veterans with the option of consulting a physician via the HIPAA-secured chat

Electronic Health Record Modernization (EHRM): Providing Veterans with seamless record transition from Active Duty to Veteran status

Pharmacy Cohort: Developing an Enterprise vision to support effective handling of CCC Pharmacy calls and self-service

VVC Scheduling: Integrating VVC consults into appointment options available to be scheduled by the CCC

MISSION Act Urgent Care Provision: Provides options to Veterans accessing timely care, allowing them to visit in-network non-VA facilities for non-emergent symptoms

V-Signals: Tool used to provide an interactive data representation of customer satisfaction surveys

Summary of Progress for FY2020 Q1 and Q2

Key Achievements and Milestones

- ONS hosted a lockdown meeting focused on revision and renewal of the 2013 Telephone Access Directive, to ensure the updated directive is reflective of the current environment as well as anticipated future state beyond operational metrics to include performance, quality and clinical outcomes
- Developed CCC Toolkit resources supporting the CCC vision, providing standardized functional statements for CCC Providers (LIPs) and Nurses and an ideal standard CCC process workflow
- Established CCC Affiliated Provider (LIP) Peer Group, a forum focused on sharing CCC Provider resources, best practices, challenges and solutions
- In response to the COVID-19 impacts, CCCs met the significant increase in call volume and need for virtual care by expanding Veteran access to CCC Providers (LIPs) either by realigning resources, adding new resources, extending hours or overtime, and creating a contract for overflow nurse calls
- VISNs 4, 8 and 23 increased CCC-provider affiliated virtual urgent care encounters by 191% from February to March (688 to 2005) to meet COVID demand
- Release of several DUSHOM memorandums to further highlight the importance of utilizing virtual care to increase Veterans access to care, including:

  - Virtual Care in Outpatient Care Contingency Planning
  - Surveillance and Virtual Resource Utilization Planning
  - ED and Urgent Care Clinic Telehealth Preparedness
  - Protecting Veterans and VA Workforce by Leveraging
  - Video Telehealth from VA Clinics and Home

- As of FY 2020 Q2, enterprise-wide APRN Full Practice Authority implementation is 96% complete

Risk and Mitigations

- The CCC APGs are on target for accomplishing the milestones for FY 2020. There is some uncertainty around the approach for quantifying symptomatic call volume and Provider workload (i.e., TRM Migration). ONS continues active engagement with the VISNs, VAMCs to ensure that communication and coordination efforts remain solid

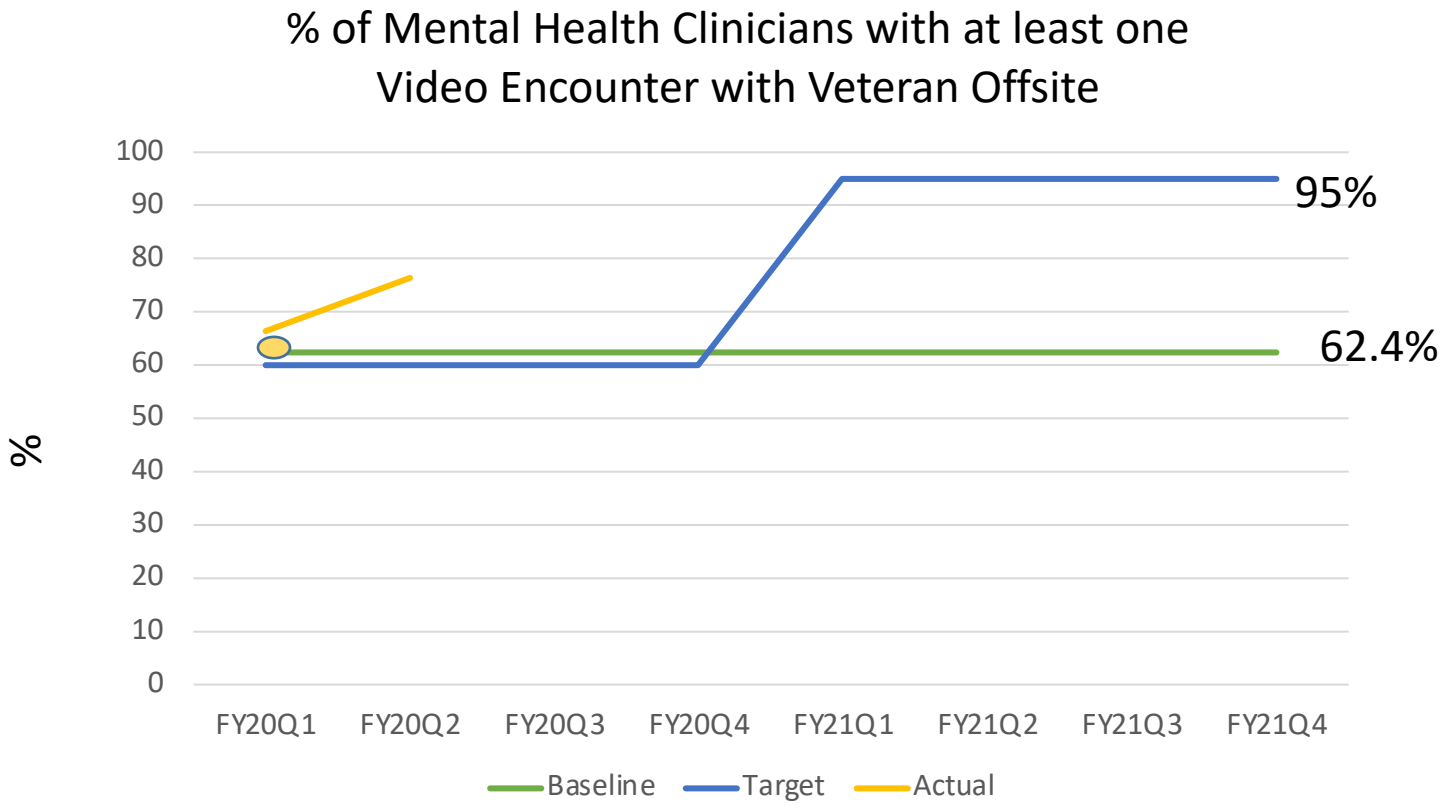
Key Milestones

Milestone Summary					
Key Milestone	**Milestone Due Date**	**Milestone Status**	**Change from last quarter**	**Owner**	**Comments**
Develop business rules for denominator for overall report	Q1, FY2020	Complete			
Develop business rules for denominator for overall report	Q1, FY2020	Complete			
Establish standardized LIP processes/business rules	Q2, FY 2020	Complete			
Establish communications and education to support new processes (e.g., CCC LIP peer group)	Q3, FY 2020	On-Track			
Enterprise-wide APRN FPA* implementation	Q4, FY 2020	On-Track			
Establish and implement metrics for benchmarking and evaluation	Q4, FY 2020				This milestone has dependencies with the enterprise Electronic Health Record (EHR) implementation
Complete Telecare Record Manager (TRM) migration	Q4, FY 2020				This milestone has vendor dependencies for data collection and VISN/VAMC dependence on use of TRM platform
Initiate quarterly report on progress to goal	Q1, FY 2021				

**See attached pdf. 10312019 - Implementation Guidance for VHA Directive 1350 Advanced Practice Registered Nurse Full Practice Authority FPA*

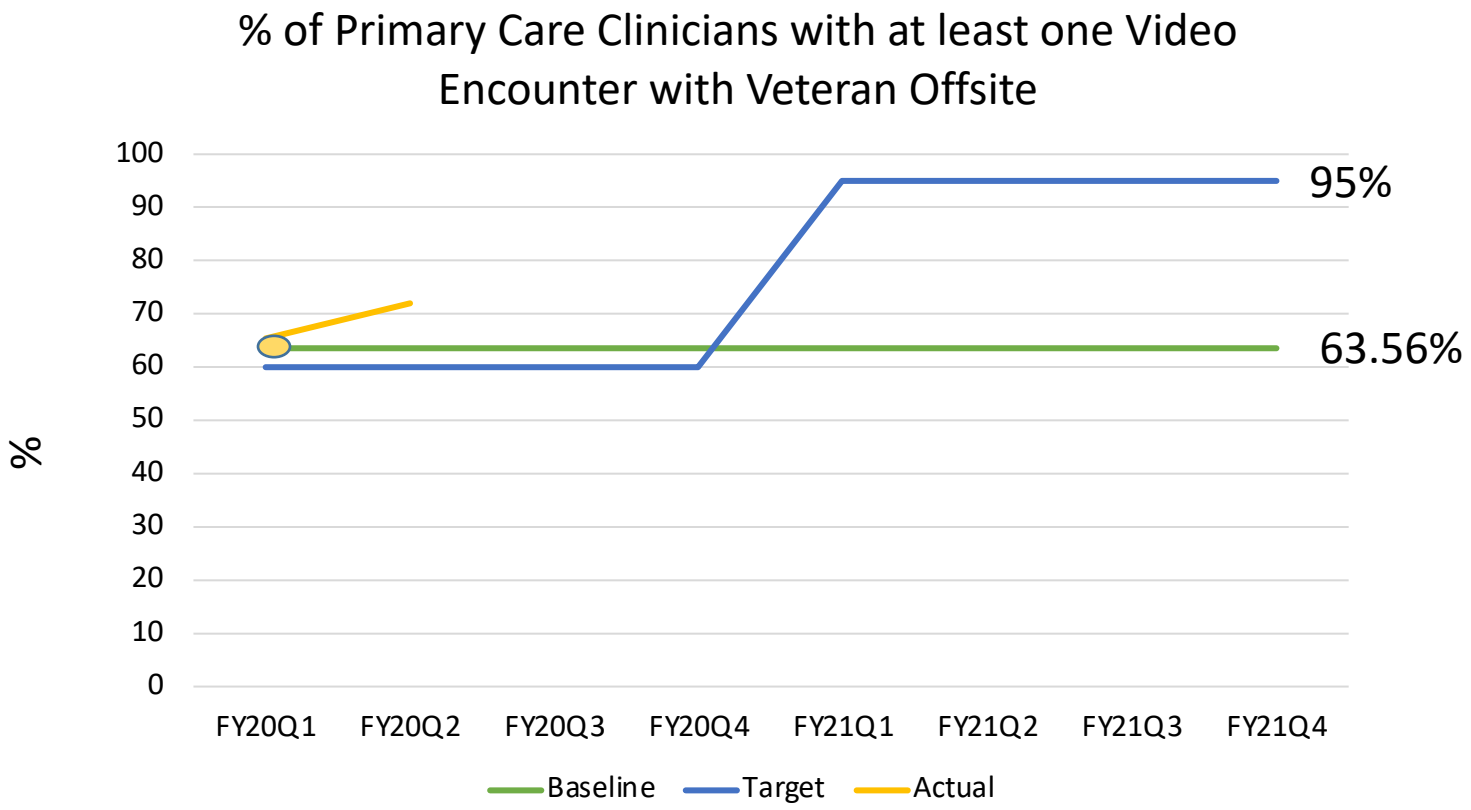
Adobe Acrobat Document

Digital Care Key Indicators



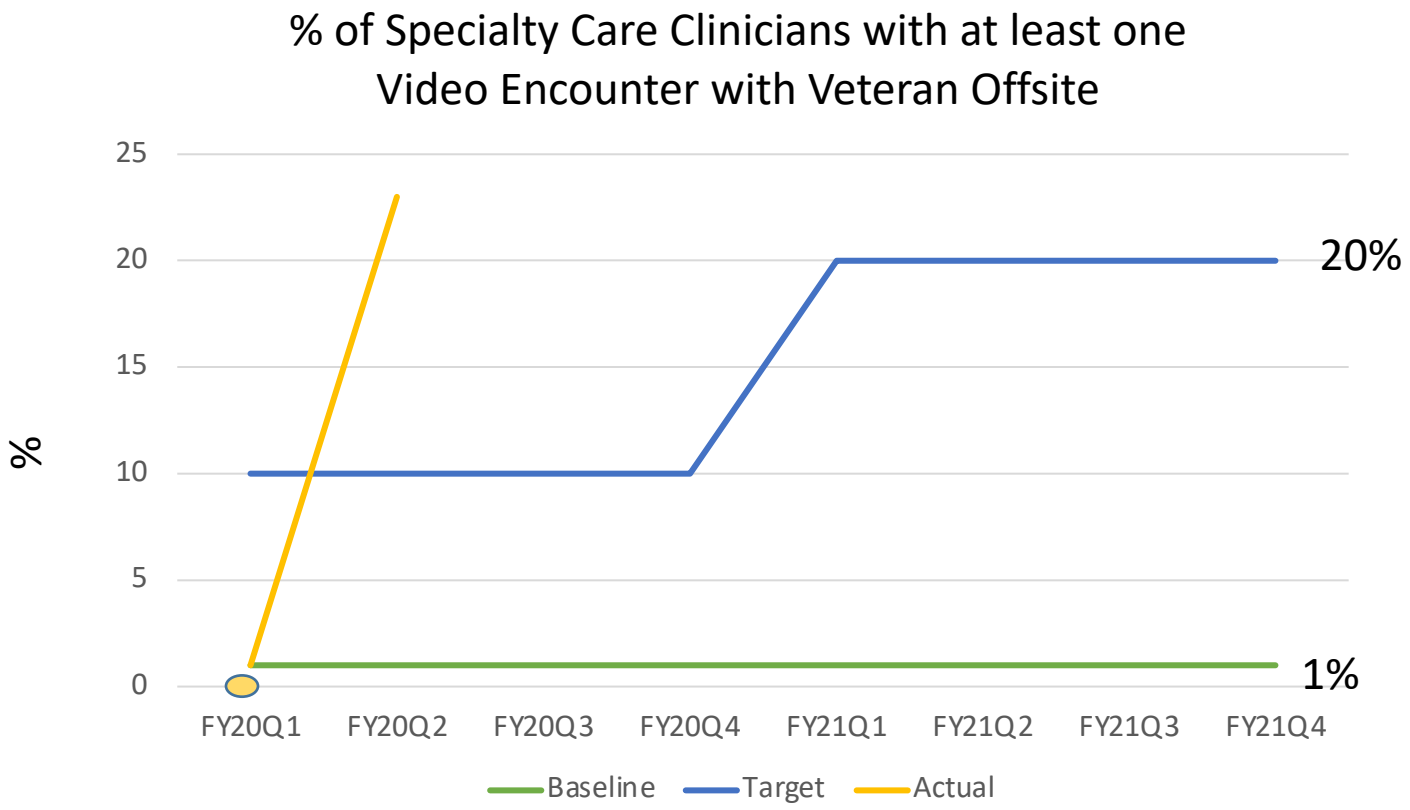
Notes: FY20Q1 result 8,123 providers or 66.5%
FY20Q2 result 9,739 providers or 76.5%

Digital Care Key Indicators



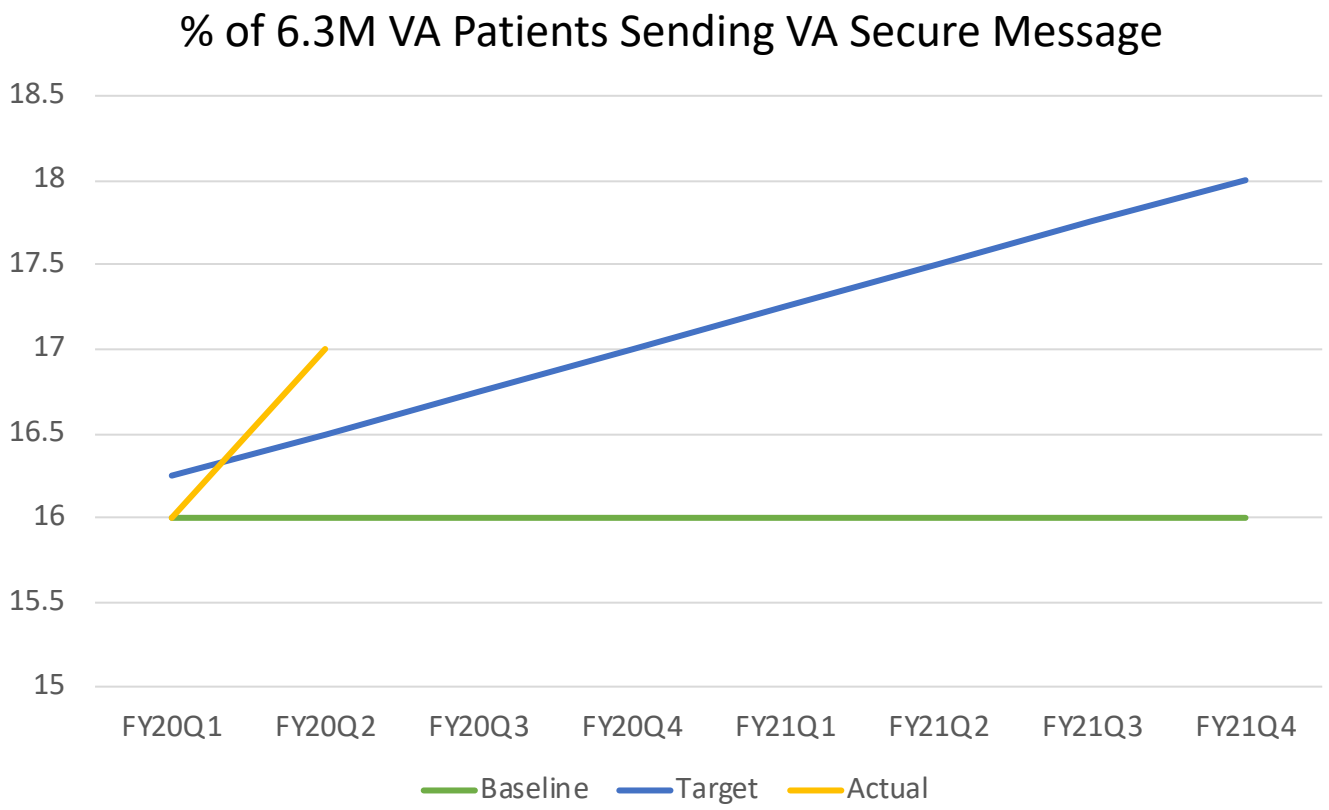
Notes: FY20Q1 result 10,342 providers or 65.4%
FY20Q2 result 11,430 providers or 72%

Digital Care Key Indicators



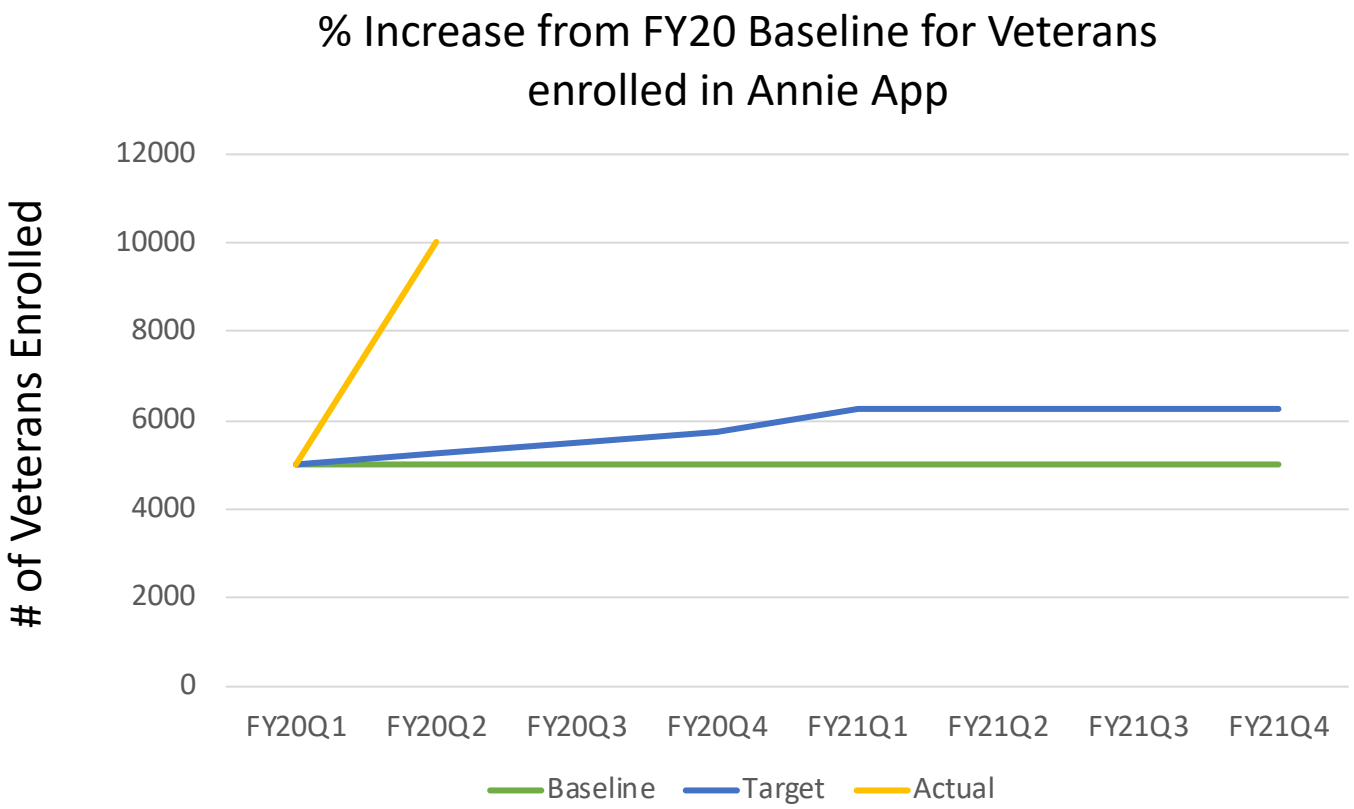
Notes: FY20 Q1 report not developed
FY20 Q2 3,310 providers or 23%

Digital Care Key Indicators



Notes:
FY20Q1 result: ~1M VA Patients or 16% sent a VA Secure Message.
FY20Q2 result: ~1.1M VA Patients or 17% sent a VA Secure Message.

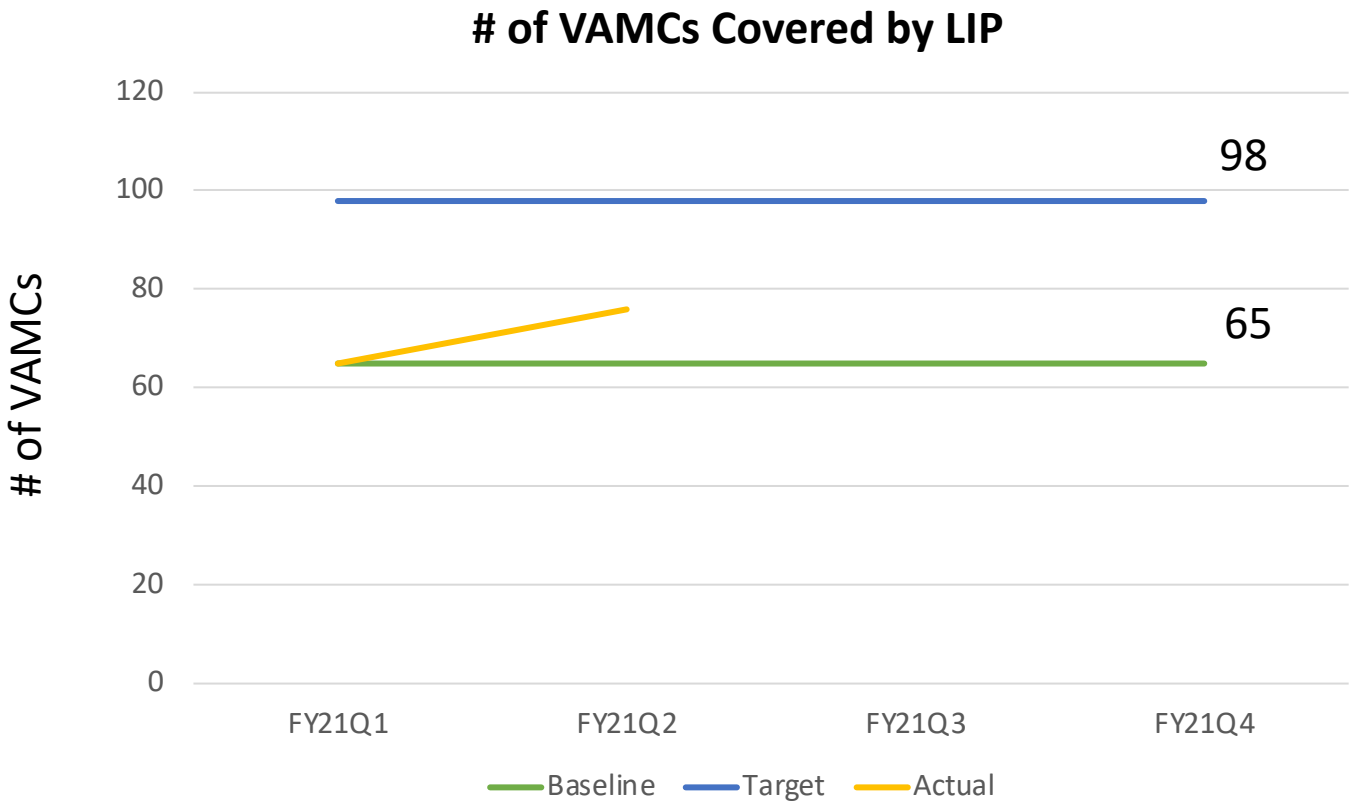
Digital Care Key Indicators



Notes: FY20 Q1 result ~5,009 Veterans Enrolled
FY20 Q2 Results 10,026 Veterans Enrolled

LIP Implementation

The below chart demonstrates progress against the goal of a 50% increase in the use of dedicated medical advice and enhanced triage support from CCCs assisted by LIPs. *Note: Data capture for each reporting period is from the preceding quarter*



Notes: FY20 Q1: 65 VAMCs covered by LIP
FY20 Q2: 76 VAMCs Covered by LIP

LIP Implementation

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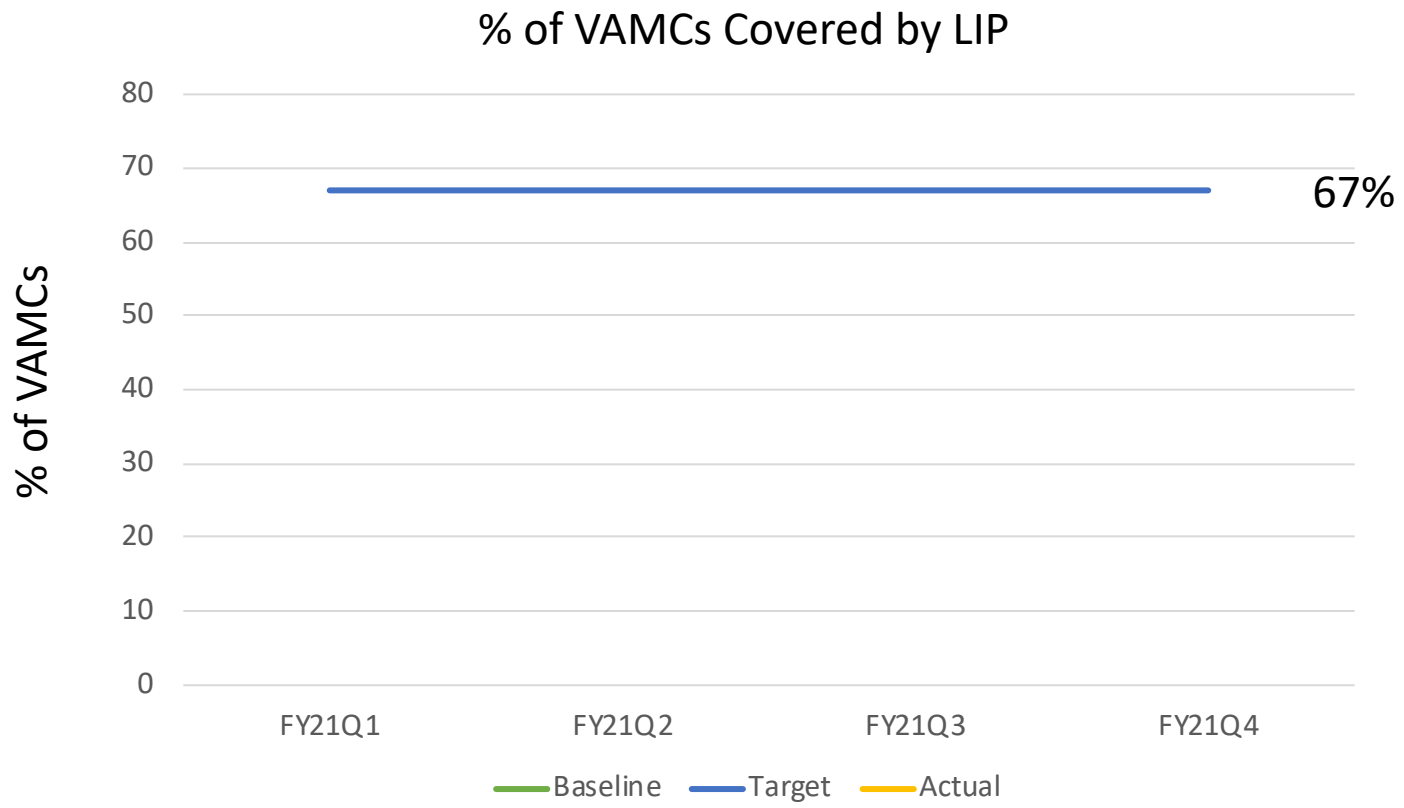
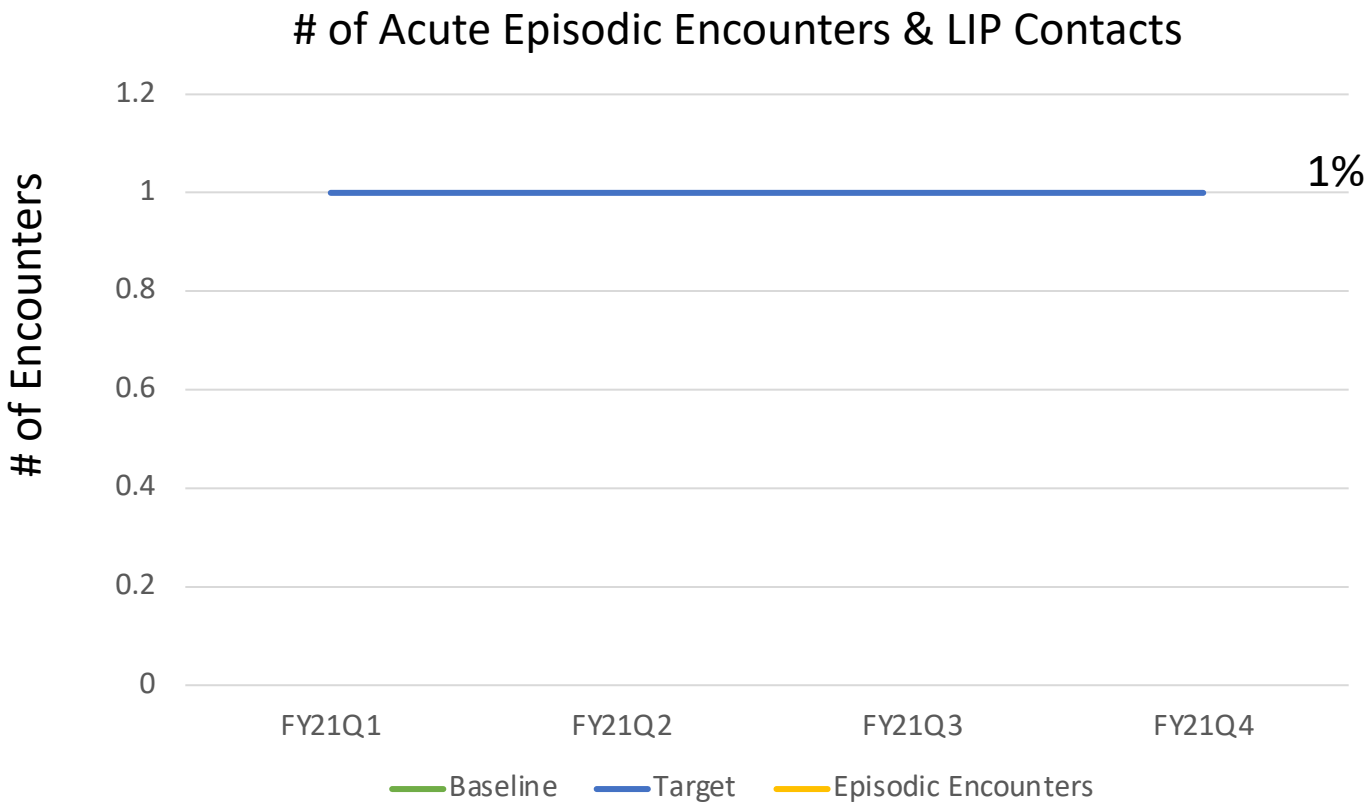


Notes: No Update until FY21 Q1 for Baseline

LIP Implementation

The below chart demonstrates progress against the goal of at least 1% of total incoming CCC RN call volume dealing with acute episodic health concerns will include care from LIPs using virtual care modalities (telephone or video)



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LIP Implementation

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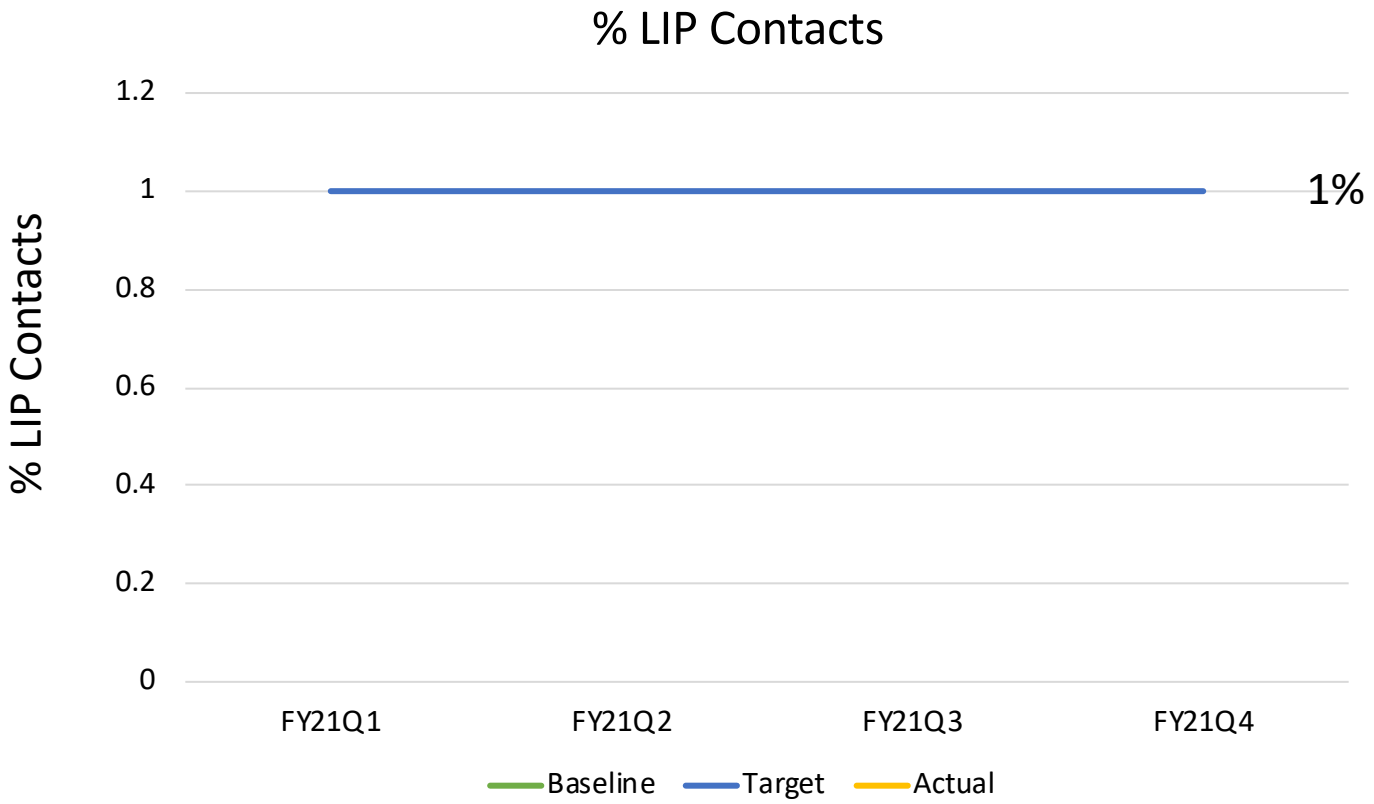

Notes: No update until FY21 Q1 for baseline

Digital Care: Data Accuracy and Reliability

Current state:

The Primary Care VVC Provider data (and Data Definitions) available at VSSC site https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fTelehealth%2fProvToHomeUsingCurrent&rs:Command=Render

The Mental Health VVC Provider data (and Data Definitions) available at VSSC site https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fTelehealth%2fMHProvToHome2&rs:Command=Render

Plan:

The Ambulatory/Specialty Care VVC Provider data (and Data Definitions) is being finalized and not yet available online but will look like those above for PC and MH

LIP Utilization: Data Accuracy, Validity, and Reliability

Current state:

- Data capture methods across the CCC space are inconsistent and rely heavily on self-reporting methods.
- Consequently, data accuracy and reliability is subject to accuracy and reliability issues.

Plan:

- CCC Implementation Team will define, develop, and implement a standardized data capture methodology to measure progress toward the goal of 1% increase in LIP utilization
- Multiple data sources will be used to mitigate inherent reliability and validity constraints

Definitions for Reference

DEFINITIONS	
Acute Episodic	Wherein a patient receives an evaluation and, if clinically indicated, treatment for an episode of illness, injury or exposure
Clinical Contact Center(s)	Clinical Contact Center(s), or CCC, offer a range of virtual modalities, such as telephone, video, and chat
Digital Care Delivery	Includes virtual care delivery methods such as secure messaging, VA Video Connect (VVC), and Annie text messaging app.
First Contact Resolution	First contact resolution, or FCR, aims to connect Veterans with the services they desire, in a seamless process that resolves the issue, during the Veteran's first attempt at contacting Veteran Affairs
LIP	Licensed Independent Practitioner
My HealtheVet	VA's Patient Portal to include digital tools, transactions, services, tracking, and monitoring (e.g., Secure Messaging, Prescription Refill and Tracking, Health Records, Appointments, Veterans Health Library, HealtheLiving Assessment, Self-entered modules, Health Content.
Telehealth	The use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration at a distance.
VVC	VA Video Connect app enables private encrypted video telehealth services between VA staff, Veterans, and Caregivers using computers or mobile devices (e.g., smartphones, tablets, laptops, etc.)