

>> This program is funded by the VA New York/New Jersey Healthcare Network. Welcome to VA Healthcare Advantage. I'm John Mazzulla, your host today. I'm a VA employee and an Air Force veteran. VA Healthcare Advantage is sponsored by the VA New York/New Jersey Healthcare Network, a network of eight VA medical centers, and 34 VA healthcare clinics located on Long Island, New York City, Westchester and Dutchess County, the Hudson Valley and in New Jersey. VA Healthcare Advantage is aired to bring VA healthcare and health-related topics to the one million area military veterans, their families, and the general public. Our guest today is Dr. Cathy Cruise. Dr. Cruise is the director of care coordination for the VA New York/New Jersey Healthcare Network. Welcome, Dr. Cruise. Thank you for being on the show.

>> Thank you, John. It's a pleasure to be here.

>> I'm sure that our listeners are wondering what care coordination is. What is it?

>> Care coordination is the process by which we provide care to veterans in their home and in community clinics to increase access to services for veterans. We want to be able to provide the right care to the patients at the right time and at the right place.

>> And I can see where that can improve access, and what that really means is that patients can access medical care or healthcare a lot sooner than they otherwise might if number one, we didn't have community clinics all over the place and also if we didn't have this new concept called TeleHealth.

>> Exactly. TeleHealth is a huge component of care coordination. TeleHealth is the process by which we use technology to bring care to patients in locations that are more convenient for them. There's three forms of TeleHealth that we use. One, delivering care to the home. One, delivering it to community based clinics, and one in which we take images of patient's retinas and transmit them to a location where they can be read by an expert.

>> Okay. Well, let's start at the first, the first example you mentioned is having this technology available in the patient's home. First of all, what sort of technology is it? Is it a phone? What is it?

>> Well, it's very interesting, John. The devices actually work over phone lines.

>> Okay.

>> They're now actually becoming able to work over cable and internet lines as well. The devices are very simple in-home messaging devices that are very small-like, almost like an answering machine. Patients provide information over these devices about their health conditions. For example, congestive heart failure, diabetes, and they receive patient education over the same device.

>> Okay. Give us a real specific example. Like would a patient, like, or a patient's family member monitor the patient's blood pressure for example and then go to this device and send that information?

>> That's exactly right. The most common conditions we use TeleHealth for are congestive heart failure, diabetes, hypertension, and chronic obstructive pulmonary disease. We also use it for a number of mental health disorders, including depression.

>> Okay.

>> We have the ability to connect the devices to blood pressure monitors, scales, and blood glucose monitors.

>> Uh-huh. So would a patient for example, say, okay, well, it's 9:00 and I have to go to my scale, and then hook up this device to the scale?

>> Yes, exactly. The device is set to have a flashing light so that every morning, the device lets the patient know that the patient needs to respond.

>> Hmm-mm.

>> The patient goes to the device, answers the questions that are asked of the patient, and based on those responses can receive information from the device, giving the patient advice on what to do for their condition as well as extra health information that will benefit the patient long term.

>> Is there somebody on the other end of that device, either in the community clinic or at the VA medical center that's actually looking at the device and saying, well, good morning, Mr. Jones. It's time for your blood pressure check.

>> Yes.

>> Really?

>> We have staff that are called care coordinators, licensed staff that are on the other end. It's not a real-time device in the sense that when the patient responds, the staff doesn't see the response at that moment.

>> Okay.

>> The responses are sent at a later time and viewed by the staff. It's designed to be more of a long term monitoring system, a more frequent way to monitor patients than if they simply came to clinic every, you know, month or every several months.

>> Uh-huh.

>> The staff though, when they receive the responses, do act upon them and the responses are separated into different categories based on the severity and the impact on the clinical condition into high alert, medium, and low alert.

>> Hmm-mm.

>> This allows the care coordinator to look at the responses and to act most quickly on the ones that are high alert and to fully monitor all of the responses. It also allows the care coordinator to monitor many patients at one time very efficiently.

>> Hmm-mm. Give us an example, if you can, about how this device or how a device like this has helped somebody, let's say who was not doing well and being at home.

>> Okay. One really great example is a patient that we recently had on our TeleHealth program with congestive heart failure.

>> Which is?

>> Congestive heart failure is a condition of the heart in which the heart does not pump as strongly as it could and patients have to be very careful with their diet. In this particular case, the patient had eaten a great deal of salt and that caused

his weight to go up and that caused his heart not to function as well. This was picked up on the TeleHealth device because the patient input his weight each day. The care coordinator on the other side saw the weight going up, and realized there was a problem, and the patient potentially needed an adjustment in medication.

>> Right.

>> So he was able to contact the patient and bring the patient into clinic where they were able to adjust the medication and that prevented the patient from running into a crisis where he would have needed to be brought to the ER emergently, or admitted to the hospital.

>> Right. Well, that's a good example. And the staff that are monitoring these devices or the information, are they typically nurses or technicians?

>> No. They're all licensed staff. The most common care coordinators that we have are nurses or nurse practitioners, also social workers are often care coordinators. The staff undergo a very extensive training process actually to be a care coordinator in which they go through training at the national level, training at our VISN 3 network level, and also training, very specific training, on each of the TeleHealth devices that we use.

>> Well, that begs the question, how many different devices are there, Dr. Cruise?

>> There are many. We have actually five vendors that we use for the home TeleHealth program. Four of those are for the in-home messaging devices. And one is for a video phone in which we can call the patient and then see the patient on the screen. The four devices that we use for messaging devices each have unique features. One is very basic with four blue buttons. One has a touch screen. One is able to send specific messages at specific times. Each one in other words has very specific features that allow us to pick the right device to meet the patient's needs.

>> Hmm-mm. And the patients' needs, that's based on their condition that you're concerned about?

>> All of the devices can be used for any condition, but some devices are better for certain conditions and better for certain patients. Some patients will prefer a touch screen, for example,

because they like to be more interactive. Other patients will prefer a device where they can hear responses spoken to them.

>> Right.

>> Really, a lot goes into deciding which device to use.

>> Right. Are patients, has it been your experience or the staff's experience, are patients generally accepting of devices like this?

>> Yes, patients are generally very, very receptive to it. Once the patients see how simple the devices are to use, they generally are very appreciative of them. The devices provide a way of communicating and staying in touch with the VA and that's one of the things that patients like the most about them. Once they realize that they're simple, they're not scary, and that they will allow the patient to have an on-going communication with the staff at the VA, they seem to love the devices in the program.

>> Right. Now prior to a patient getting the device and going home, is there training? Do they receive training from the nurse who's the care coordinator for that individual?

>> Yes. They do. There is a training and there's a full assessment process in which the patient is examined and interviewed and we determine which type of device would be best for the patient, and then there's a training process to teach the patient how to use the device.

>> Uh-huh. Dr. Cruise, do you know how many folks are on TeleHealth across the network?

>> Absolutely. Currently, we have about 1500 patients on our home TeleHealth program right now.

>> Right. And this is relatively new.

>> This has been in existence since 2005.

>> Okay. Okay.

>> And each year, the numbers grow exponentially. I would say by about 30 percent each year.

>> I see. Now, Dr. Cruise, you had mentioned two or three or four diagnoses or disabilities or illnesses that folks might have. Could we go into a little bit more detail on that and what is important to be monitored? For example, you did talk about congestive heart failure, which is the inability for the heart to pump blood as effectively as it used to. But what about some other conditions that folks might have?

>> Sure. One of the other most common conditions is diabetes. And diabetes as you know, is an impairment in the ability of a person's body to metabolize the blood sugar. And diabetes is very amenable to the home TeleHealth program because patients are able to check their blood sugar levels, and either input the information about their level into the device themselves, or connect a blood glucose meter directly to the device and have the information transmitted automatically.

>> Uh-huh.

>> We've had very good outcomes with patients with diabetes in which the hemoglobin A1C level, which is an indicator of the overall blood sugar level over a three month period, has decreased in a large percentage of the patients who are on TeleHealth for diabetes.

>> Now, that would be because their level, their blood sugar would be monitored more closely, more frequently, and that they would be able to find-tune the amount of insulin they're taking and that is the good outcome, right?

>> Yes. That is part of it. I think there's many reasons why the TeleHealth program works and achieves good outcomes. One is the level of accountability for the patients to actually report their glucose levels to somebody on a daily basis.

>> Mm-hmm.

>> And therefore, they would be what? More mindful of what they're eating?

>> Exactly.

>> Ah.

>> And just more conscious themselves of seeing the level each day and knowing that someone else is seeing it and maybe calling them if it's not a good level.

>> Right.

>> And the other is the patient education because the device does give the patient tips on how to better manage the diabetes and their diet and that helps patients, particularly in the long run. So I think there's many aspects of it, and when the levels or responses aren't within a good range, then the care coordinator contacts the patient. So then you have intervention very frequently.

>> Right. Right. Right. Would the nurse then say, gee, Mr. So and So, we need to have you come in for an appointment to see the doctor? Is that something?

>> Sometimes that's it.

>> Right.

>> Sometimes it's as simple as Mr. Smith, have you not eaten an appropriate diet? What did you have? And adjusting the diet that way. Other times, it's please come in so that we can see you and check you and your blood levels. Occasionally, a patient will need to come in through the emergency room or be admitted. But in those cases, it's a controlled way of admitting the patient and following them.

>> Okay. Dr. Cruise, at this point, we're gonna take a quick break. But we'll be right back, and our show on TeleHealth will continue.

>> This is an important message for women veterans. At each VA medical center in New York and New Jersey, a women veterans' program manager is designated to advise and advocate for women veterans. The women veterans' program manager helps coordinate all the healthcare services women veterans may need such as primary care, specialized care for chronic conditions or reproductive health. Women veterans who are interested in receiving care at VA should contact the nearest VA medical center and ask for the women veterans' program manager, or call toll-free 877-222-8387.

>> Hi, welcome back. This is VA Healthcare Advantage. We're talking today with Dr. Cruise. Dr. Cruise, thanks again for being here. But before the break, we talked about the conditions in which TeleHealth devices are being used for. You mentioned

diabetes and congestive heart failure, but there are at least two others that I understand that we use that for.

>> Sure. We're using TeleHealth often with patients with mental health conditions with great success, and we've found that often the communication through the TeleHealth devices has been a good source of support for the patients. I can give you a great example of a patient who was very depressed and noted this when she entered her information into the TeleHealth device. And the TeleHealth device actually gave her advice to clean her house and get outside and do things. Just kind of constructive advice. The woman did this, and then, she called the care coordinator and said, you know, I really love this device. This device helped me today by giving me information about what to do and the patient felt much better without ever having--

>> How would the device know that? This is astonishing. How would a device be able to do that?

>> Because the device asks question based on the condition that the patient has. The device asks the patient conditions. How, for the patient with depression, maybe how that patient was feeling, if you know, there were any new issues. And based on the responses, will provide the patient with information as to what direction to follow as far as clinical care.

>> Uh-huh.

>> The information that's provided to the patients, and the questions that are asked, are developed through a very intricate process where expert clinicians work to put together questions that make the most sense for patients with a given condition.

>> I see.

>> And the process is very, it's a long process. We've just gone through it for a number of new conditions that are going to have dialogues to use.

>> Okay.

>> The process involves putting together questions, having these reviewed out in the field by experts, changing the questions, modifying them, then having the questions entered into a device and then testing numerous times. So, at the end of the process, we're pretty sure that the set of questions that are asked the

patients are very relevant to them with the condition that they're chosen for.

>> Sure. Sure. Boy, that makes a lot of sense. So, in that example, did the nurse call back the patient that day?

>> Absolutely. And was delighted that the program had helped the patient, and the patient was doing much better, and didn't need to come to the hospital, didn't need to come to the ER, didn't need to be admitted, was able to work through the issues at home.

>> Uh-huh. Are there other examples where TeleHealth is used for, you know, mental health issues?

>> Yes. Actually, John, I'd like to bring up some of our other TeleHealth venues that we use.

>> Sure.

>> Home TeleHealth is one example. But specifically with mental health, we use a program known as general TeleHealth, where we connect patients in community outpatient clinics in surrounding areas to expert providers in the medical center main campuses through video conferencing. And this allows patients to receive services when they're at a location close to their home in the community clinic, yet still get the advice from the expert at a distance. It prevents the patient from traveling. And allows them to get the care they need at a location that's convenient for them.

>> So explain this a little bit more. I mean, how would this work? I mean, a physician or a nurse or a social worker or a psychologist would be, what, sitting in front of a camera and looking at a screen, and then the patient's image would be on that screen? Is it like looking at a television?

>> Exactly. It's exactly like that. It's exactly like looking at two televisions. One television that has the patient, and one television that has the provider, and these are large video conferencing machines with very good resolution. A patient would walk into a community clinic, would see a practitioner at that clinic, and then would be connected through the video conferencing system to a provider at a main medical center campus.

>> Hmmm-mm.

>> And right now, we use this system for general mental health services, as well as for post traumatic stress disorder, and for substance abuse in a new program that we're initiating in VISN 3.

>> Is video conferencing used for other conditions like, I don't know, orthopedic or bone problems or physical therapy or things like that?

>> It is. Yes. It is and it has been used for all of those conditions that you mentioned. At this point in our New York/New Jersey area, we don't use it widely for those applications, but we do use it for mental health and we do use it for the applications you mentioned when it benefits the patient.

>> Right. Right. Right.

>> One other area that we are progressing towards is traumatic brain injury and using the video conferencing to further evaluate patients with traumatic brain injury once we know that they have screened positive for mild traumatic brain injury.

>> Why don't you explain a little bit about what traumatic brain injury, just in case some of our listeners aren't aware of that?

>> Okay. A mild traumatic brain injury occurs when a patient may have been exposed to a traumatic event, possibly a blast, a fall, an accident, and they've had some level of altered consciousness at that time. And our job in the VA is to see if patients have possibly experienced some type of traumatic brain injury, and then to give them whatever help we can give them. We want to be there to provide the most support possible.

>> Right. And TB, traumatic brain injury, is really one of the signature injuries from folks in Iraq and Afghanistan right now.

>> It is. And we screen patients when they come back from Iraq and Afghanistan, and when those patients are screened, then we want to further evaluate them and provide necessary services if they've screened positive. We also realize though, that those very same patients are pursuing jobs and education and have families and other commitments that may make it very difficult for them to travel to a main medical center campus. So, we are attempting to bring the services to them in the community clinics that are closest and easiest for them to get to.

>> Okay. Dr. Cruise, we're gonna take another quick break.

>> Hello, I'm Ring Corps veteran Jim Cornell with an important message about enrolling for VA Healthcare. VA has expanded enrolment for VA Healthcare benefits for veterans with higher incomes. If you are not eligible to enrol for VA Healthcare in the past, you may now be eligible. Enrolment for VA Healthcare benefits promotes non-service disabled veterans who are still based on an income threshold. This threshold has now been increased, allowing more veterans to become eligible for enrolment. To determine if you are now eligible to enrol for VA Healthcare benefits, use the VA enrolment calculator online at [www.VA.gov/elig](http://www.VA.gov/elig) or call toll-free 1-877-222-8387. That website is [www.VA.gov/elig](http://www.VA.gov/elig) or call 1-877-222-8387. Enrol now for VA Healthcare, and get the care you earned and deserve.

>> Okay. Welcome back. This is VA Healthcare Advantage. A couple of notes for our listeners. Veterans who have had service in Afghanistan and Iraq, have had their eligibility for VA healthcare extended from two to five years. Please enroll at your nearest VA medical center or facility and receive the VA healthcare you have earned and deserve. Before the break, Dr. Cruise was talking about different conditions in which TeleHealth devices are used. Again, thanks for being here, Dr. Cruise. Why don't we talk about other types of TeleHealth devices that we're using or that are out there?

>> Sure. In addition to providing TeleHealth services to patients in their homes and in the community clinics, we also have a program called Store and Forward TeleHealth. And this is really where we take images of the patient, and we send those to a expert provider at another location at another time to read the image and look at the image and then provide an opinion on that image. And this allows patients to receive early screening measures. One example that we use widely in VISN 3 in our VA centers in New Jersey and in the Bronx is tele-retinal screening. This is a program in which we take a picture of the patient's retina when they come for their primary care visit, and by doing this, we're able to screen for diabetic retinopathy, which is a condition in which there can be deterioration of part of the eye in diabetic patients. By screening for this, when the patient comes for their primary care visit, we're able to often detect it early and provide earlier treatment which allows the patient to receive sooner care than they would otherwise.

>> Sure. And find a condition before they might otherwise discover it. So the patient would go to their community-based clinic, for example. There might not be an expert there that could just look in the person's eye, and that's why it's photographed this way through the device?

>> Exactly. Generally, diabetic screening is done through an eye care appointment.

>> Correct.

>> The patient would need to go to a specific eye clinic and have an eye care appointment and this would be done as part of the overall eye exam. While that whole exam is extremely important, by screening the patient at their primary care visit, we may be able to detect a condition sooner and provide treatment earlier than if we waited for the eye care appointment.

>> I see. I see. Is that widely used in our network?

>> At this time, we are using that in four community-based clinics in New Jersey and in the White Plains and Yonkers community-based clinics based out of the Bronx VA.

>> Now do you think that will be rolled out to other facilities in the future?

>> I believe the program is going to grow and grow, both within our network and nationally, because of the widespread benefit to the patients by using the program.

>> Sure. And I know that diabetic neuropathy is an issue of concern for many elderly veterans.

>> Absolutely. And we want to do all we can to detect any conditions as soon as possible and to treat them as soon as possible, and by using this technology, we can do it easily and very efficiently.

>> Right. Right. How about some of the other types of TeleHealth?

>> Of TeleHealth?

>> Yeah.

>> Well, there's a lot that we're gonna see in the future, John. We are starting new programs for amputation in which there'll be a large TeleHealth component using home TeleHealth and video conferencing. We also have a large spinal cord injury TeleHealth initiative that will be rolled out.

>> And what kind of conditions, I mean, what are the issues that, let's say with spinal cord injury, what kind of issues would TeleHealth lend itself to with that group of folks?

>> The spinal cord injuries system within VA revolves around an organized system in which we have spinal cord injury centers that are the hub of the system, and then we have other medical centers which are the spokes of the spinal cord injury network. By connecting all of these through video conferencing, we can provide expert consultation, education, and other types of communication much more efficiently.

>> Sure. In our network, the hub for spinal cord injury is at the Bronx VA. Is that right?

>> Exactly. Exactly. With large components at East Orange and Hudson Valley.

>> Hmmmm-mm.

>> We have been using general TeleHealth connecting our Polytrauma network system of care for several years now.

>> You're gonna have to explain Polytrauma.

>> Polytrauma refers to a condition where patients have multiple severe injuries. The term is mainly being used for patients returning from Iraq and Afghanistan. Our system nationally is set up with four main centers for Polytrauma rehabilitation. And then each network has a network center. Our network center is in the Bronx and each network center is able to connect through video conferencing to its regional center. For us, that would be the Polytrauma center in Richmond. And this communication has allowed consultation for patients who are transferring between centers, for patients who may be in our New York/New Jersey area that require expert consultation from the experts at the regional center and for other sorts of ongoing communication.

>> God, it seems that there's a lot going on with TeleHealth and VA will be able to extend healthcare and assessment and keeping

up with patients a lot in the future. Dr. Cruise, we've got about 30 seconds. What would you like folks to remember, who are listening to this program, about TeleHealth and about this interview?

>> To think positively about using the TeleHealth technology to increase their access to the healthcare services that we provide. We have a huge number of services, and by using the technology we have, we can bring it to them closer to their home.

>> Okay, thank you, Dr. Cruise. Thanks for being on VA Healthcare Advantage. Let us know how you like the program. Call the VA Advantage comment line; toll free at 1-866-214-1847. You may catch me at my desk, and I'd like to ask you some questions about how you like this program, how we might improve it in the future. If you don't get me and you get voicemail, please leave a name and phone number, and I'll call you back. Thank you for listening in on VA Healthcare Advantage. This program is sponsored by the VA New York/New Jersey Healthcare Network, a network of eight medical centers and over 30 healthcare clinics spread out throughout the greater metropolitan New York/New Jersey area. We will see you next week. Thank you.  
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