

Reaching Out to Rural Veterans

Using Tele-Education to Enhance Self-Management Skills

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VA Health Care

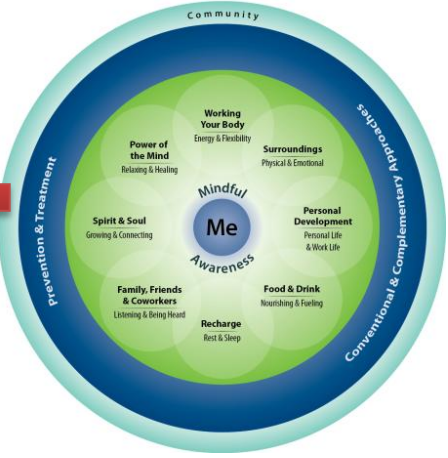
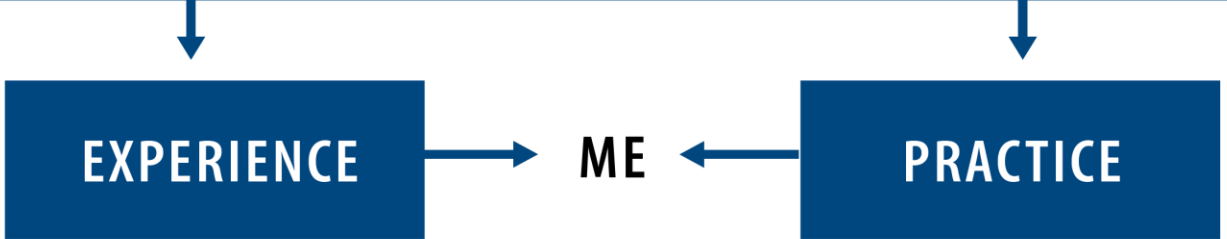
We are leaders in the country in:

- Quality and Safety
- Innovations and Advancements
- Health care that extends far beyond the treatment of disease

Where are we headed?

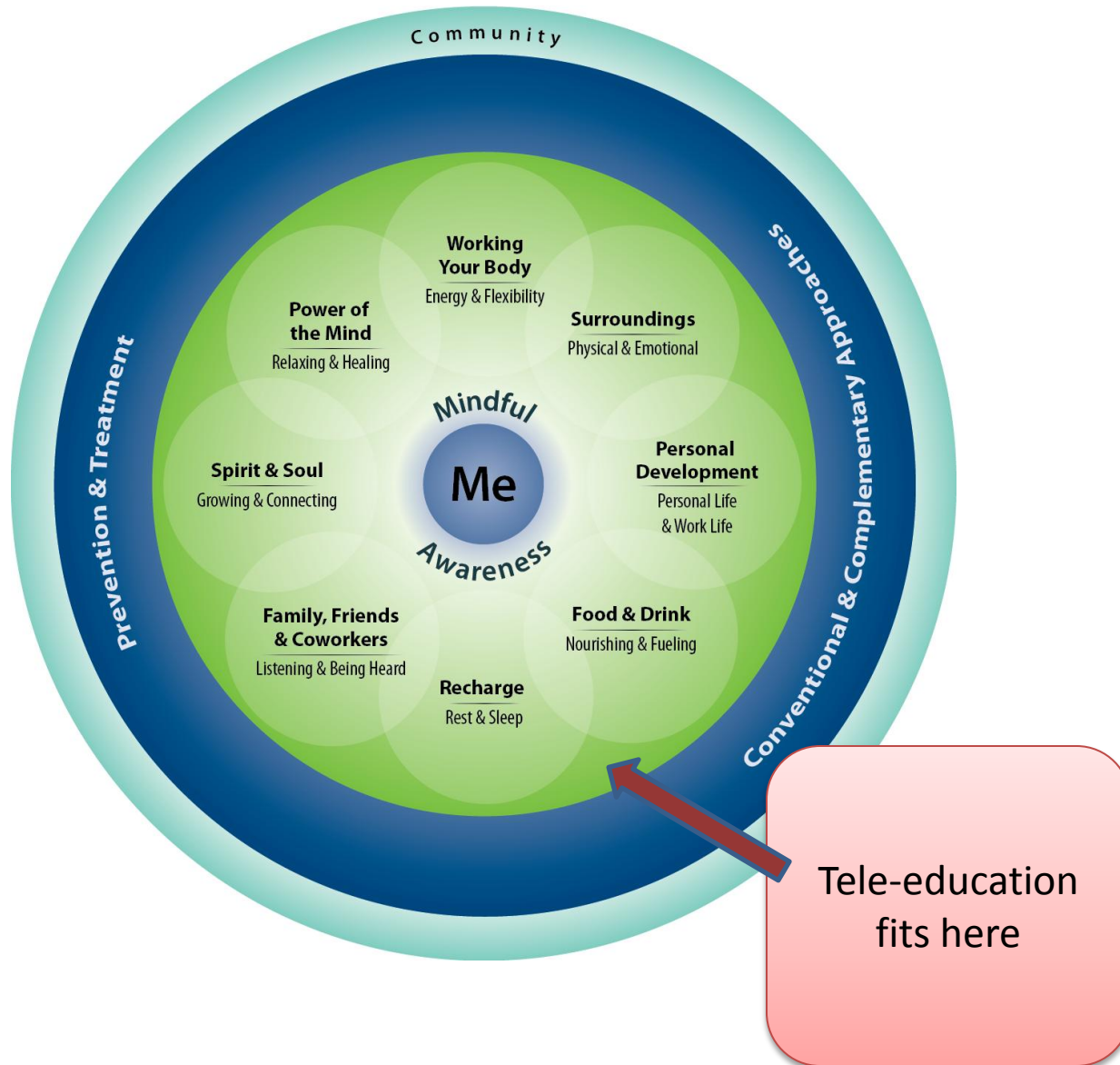
- We are guided by the needs of our Veterans and of our Country to design and deliver the future of health care today

ELEMENTS OF PERSONALIZED, PROACTIVE, PATIENT-DRIVEN CARE



INTEGRITY • COMMITMENT • ADVOCACY • RESPECT • EXCELLENCE

Components of Proactive Health and Well-being

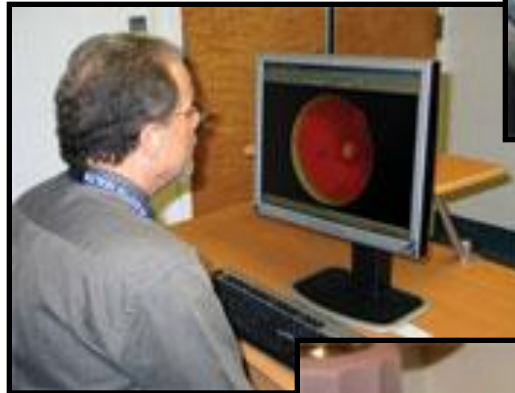


Tele-health

Clinical Video Telehealth



Store and Forward
Telehealth



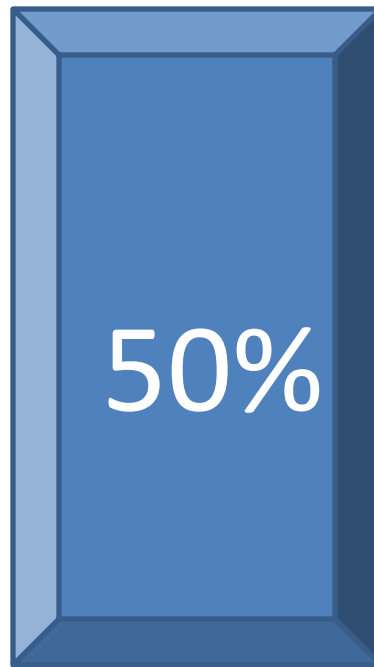
Home Telehealth



Telehealth Targets*



FY 2012



FY 2013



FY 2014

* Percentage of SAVAHCS Veterans "touched" by Telehealth Determined by VA National Office of Telehealth Services

Rural Veterans/Families

Identified Desire for Face to Face Education

Request Classes at Variable Locations

Request Classes at Variable Times

Request Chronic Disease Self-Management Education



Rural Providers/Staff

Identified Need for Patient Education

Time Constraints for Real-Time Education

Limited Resources for Educational Reinforcement

Request Chronic Disease Self-Management Education

The Values of Veterans

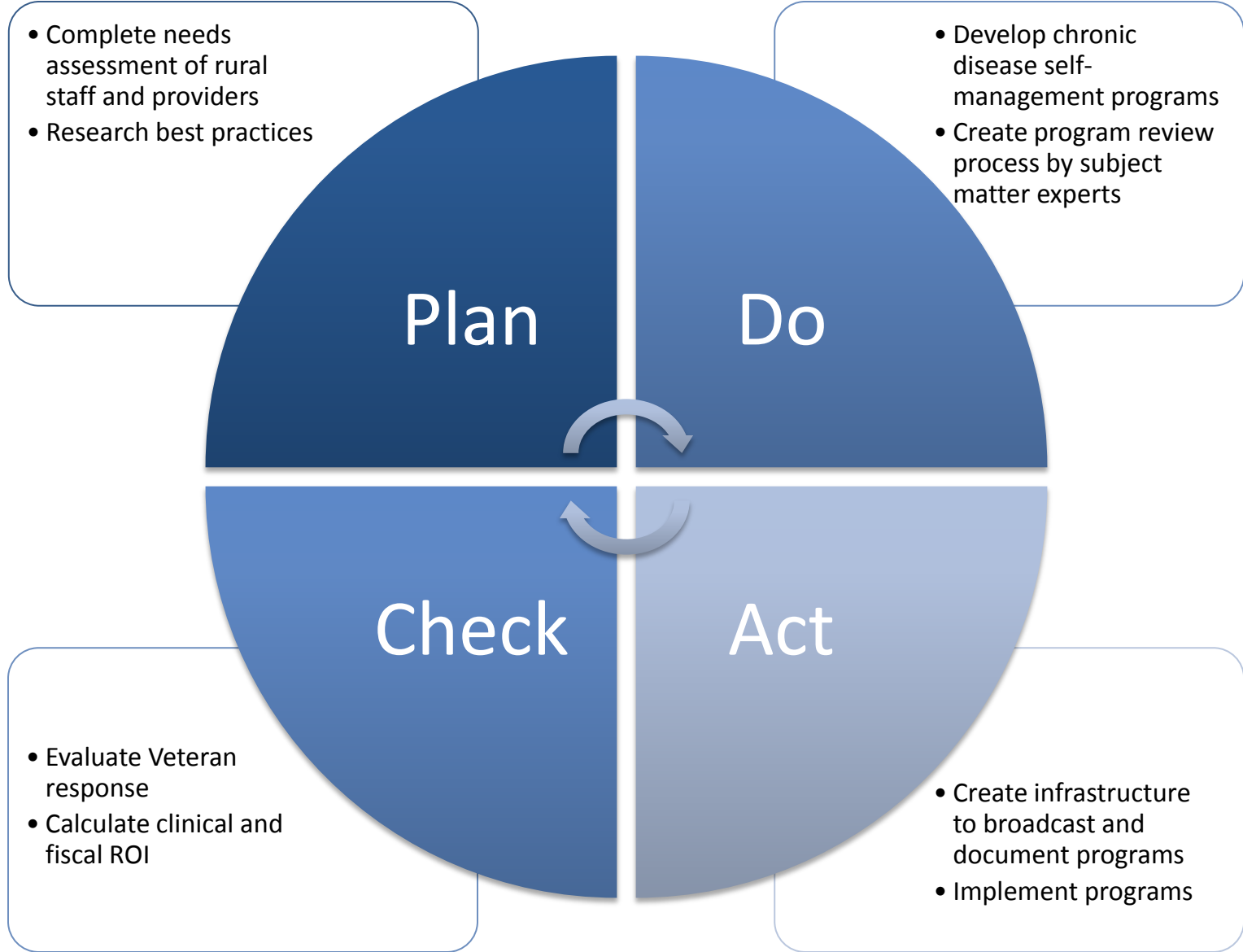
MISSION: You commit to goals and outcomes with tremendous self-discipline and self-sacrifice.

PLAN: You wouldn't fight a war or go into battle without one.

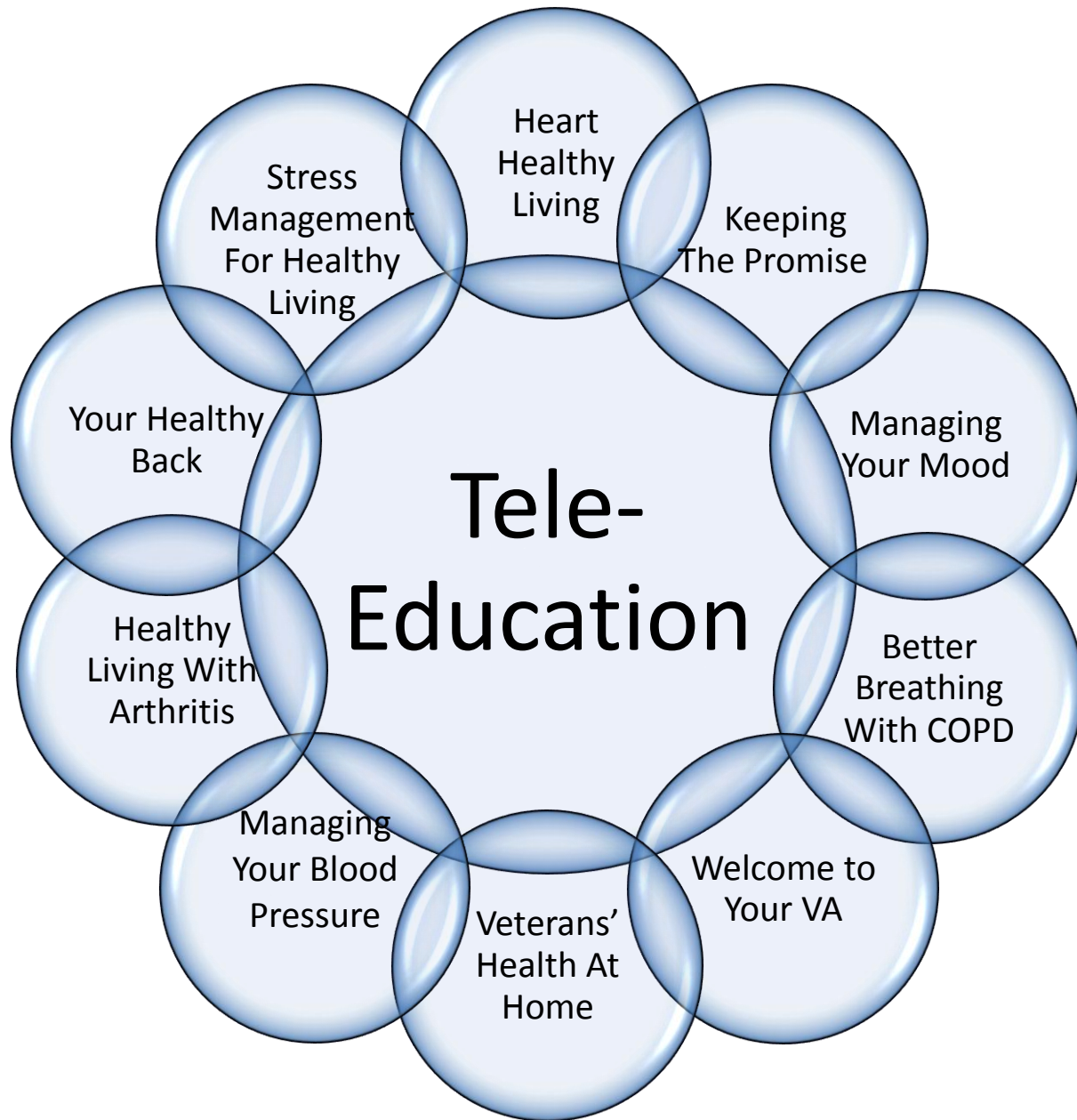
TRAINING: You wouldn't send your troops in without training and skill building.

TEAM, TRUST, AND SUPPORT: You rely on your team and live or die by your fellow Soldiers, Sailors, Airmen and Marines.





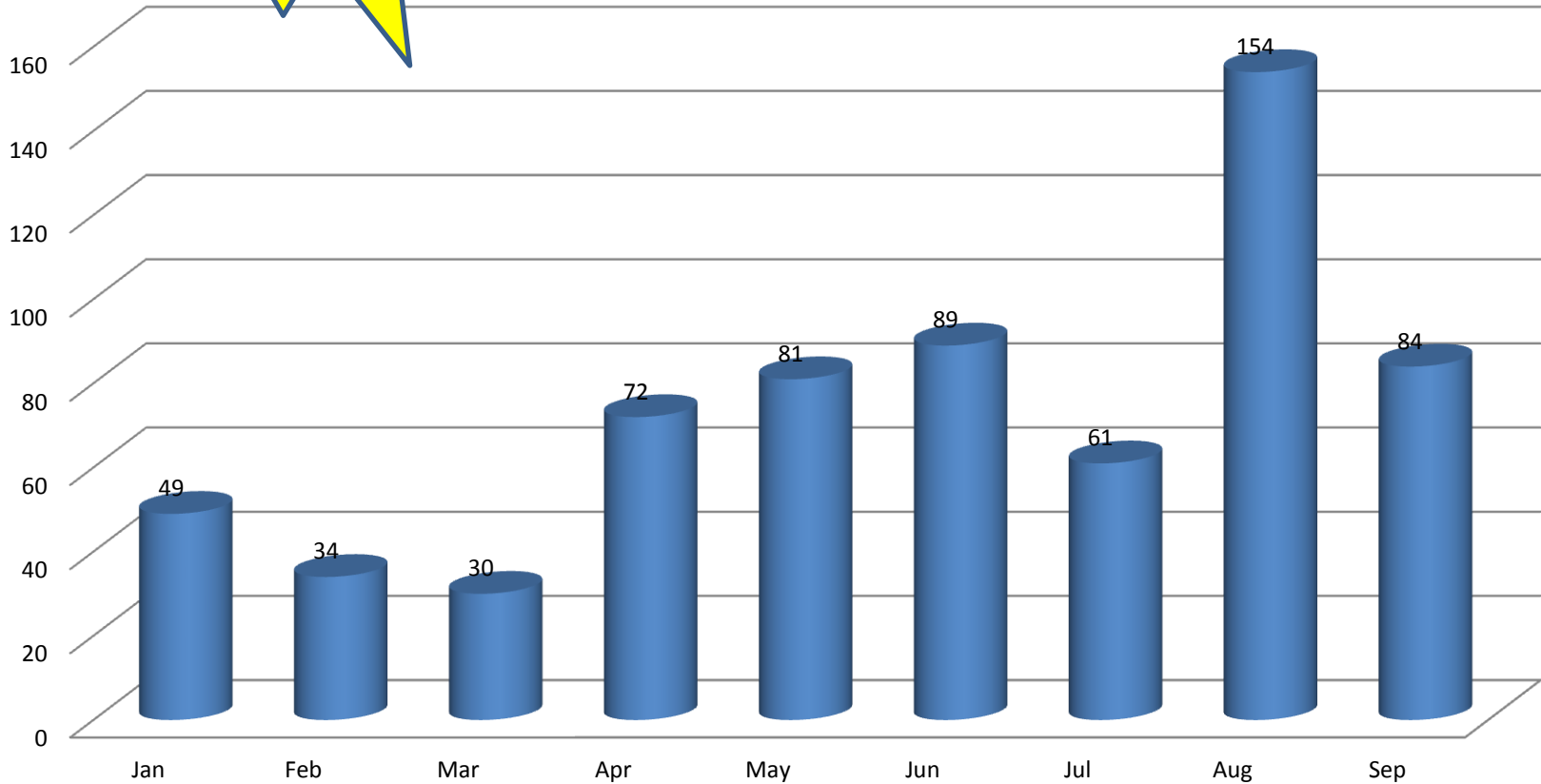
Tele-Education Course Catalog



Veteran Participation

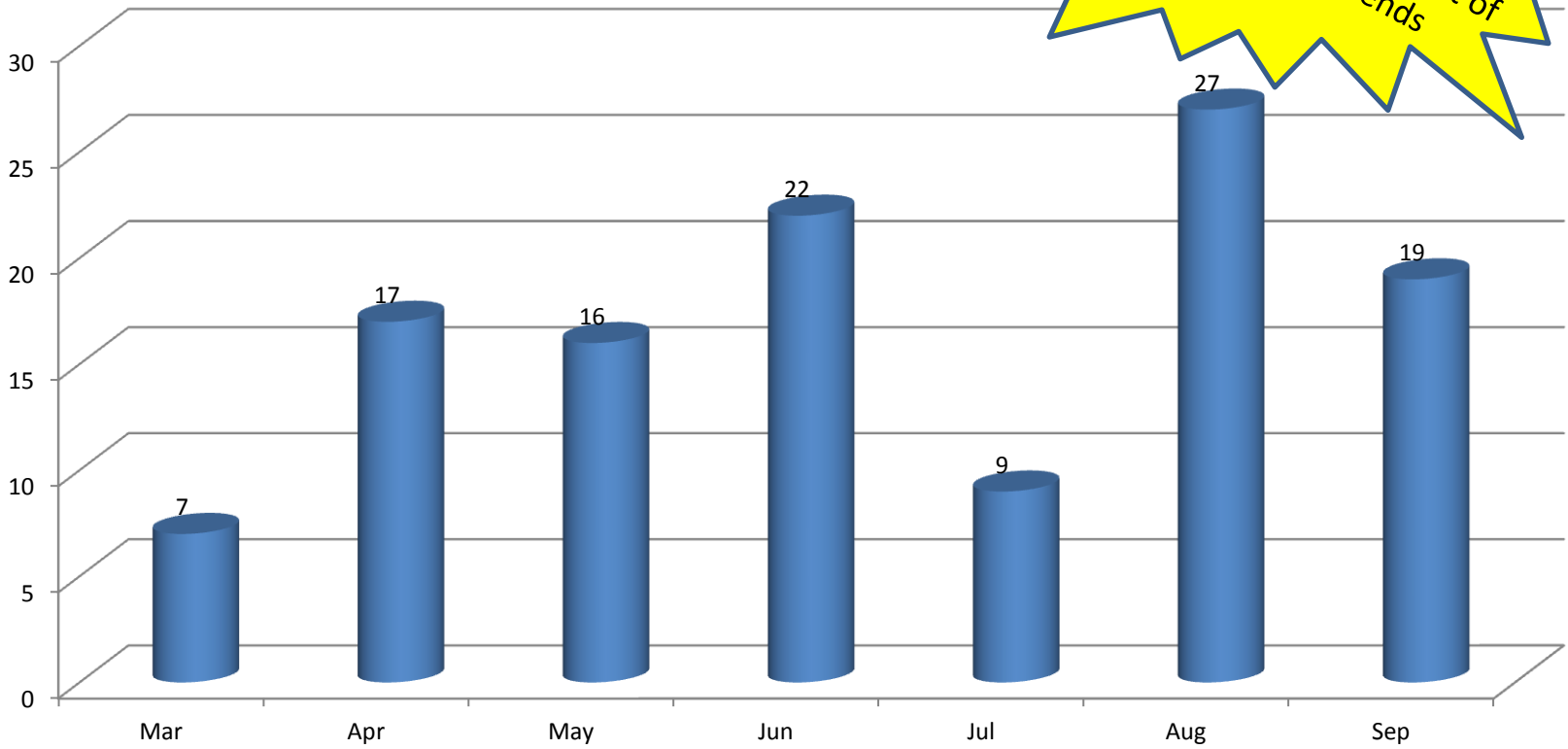
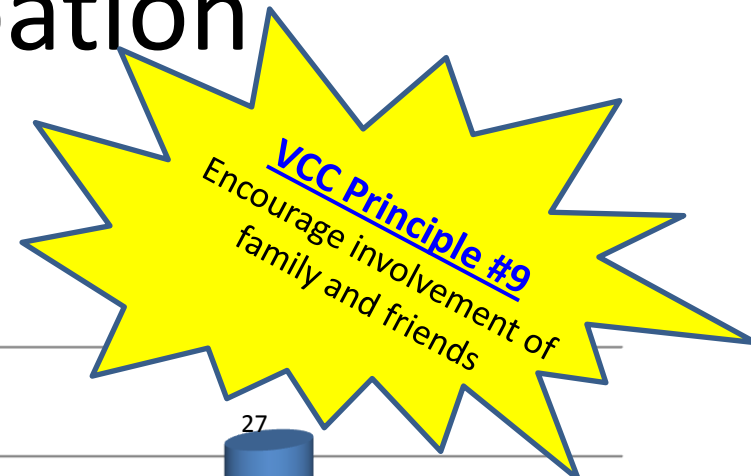
VCC Principle #5
Empower Veterans through
information and education

Tele-Education Encounters
n= 654
Average of 72.6 encounters/month



Family Participation

Family Tele-Education Participants
n= 117
average of 16.7 family participants per month



Veteran Feedback



“All of it was valuable to me, I knew so little coming in.”

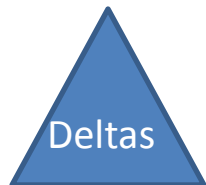
“She talked to me in terms I understood instead of medical terms that confuse me.”

“The better breathing exercises.”

“Description of treatment options, meds, types of meds and how they affect you.”

“What did you take away that will help you manage your condition?”

“What was the most valuable part of the program?”



“More time – more personal interaction.”

“ Closed captions for the slides.”

“The time delay w/ voice. Face to face would be nice to have on a monthly basis.”

“Having the instructor in Yuma.”

“A follow-up individual session to learn more about coping skills.”

“How would you improve the program?”

“What was the least valuable part of the program?”

PRO'S & CONS

Pro's

- Reach more veterans
- More cost effective than veteran or provider travel
- More than one veteran can benefit
- Literature supports outcomes equivalent to face-to-face encounters.

Con's

- Provider doesn't have "total control"-must rely on staff at a remote location.
- Equipment failure or glitches
- Not a good fit for all patients: hard of hearing patient's, vision impaired patient and paranoid patients might not benefit

Barriers



Points to Consider

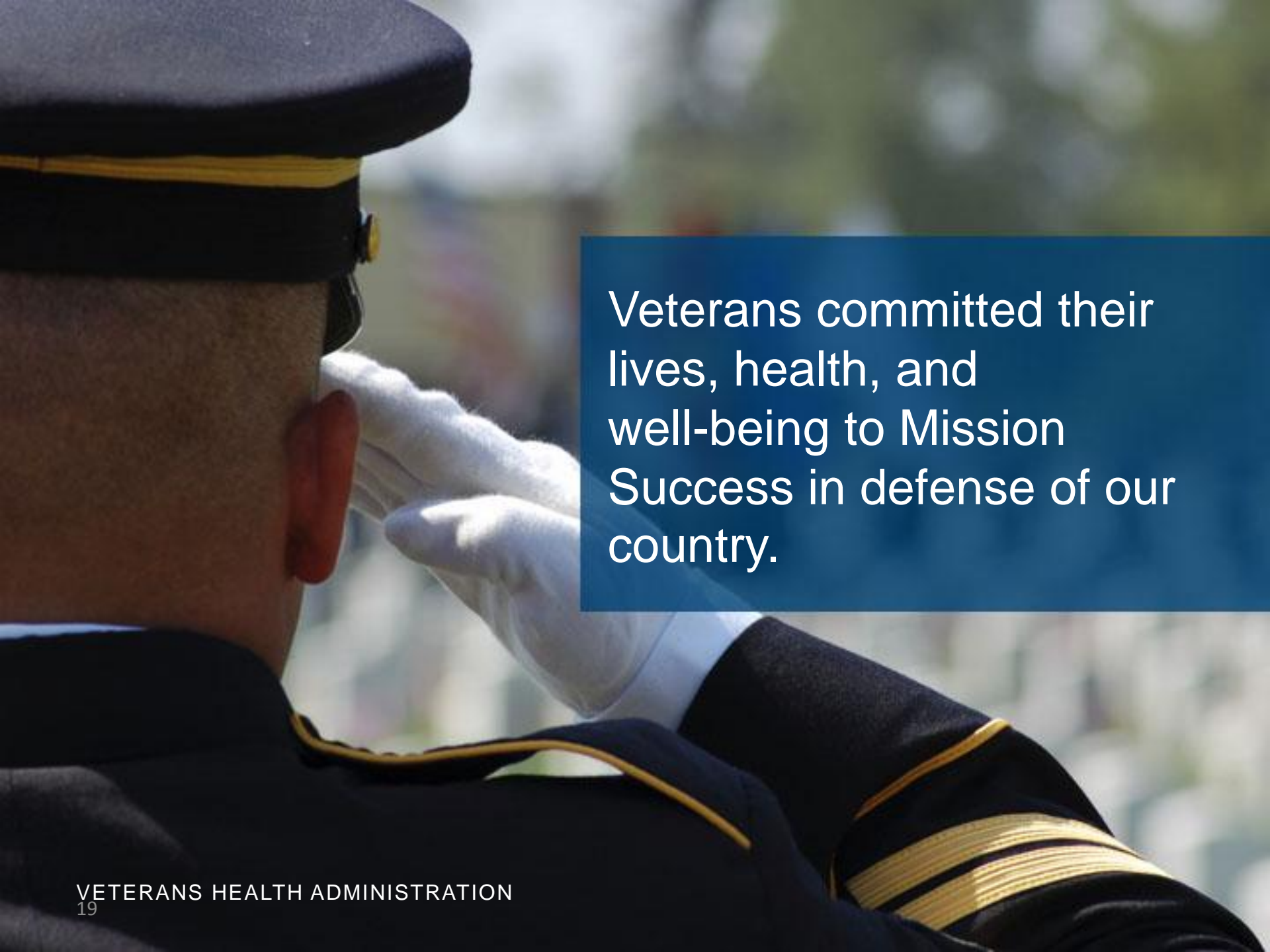
- The more education the patient has regarding the disease process, the more proactive and interactive s/he will likely be when meeting with provider regarding treatment.
- Patient's may feel more comfortable posing questions in a classroom type setting with an educator versus a face to face with the provider.



Tele-education is...

- EMPOWERING
- REWARDING
- JUST THE BEGINNING
- PRICELESS





Veterans committed their
lives, health, and
well-being to Mission
Success in defense of our
country.

Now, we can help them be mission ready for their lives,
optimizing their health in service of what matters to
them.

How Will We Identify Success?
When Veterans achieve
outcomes they never even
imagined.

Questions / Discussion



It is not the *strongest* of the species that survive, nor the most intelligent, but the one most responsive to change.

Contacts

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References

- Teaching by video conference: A commentary on best practice for rule education and health professions. Rural and Remote Health 5:356. Birden, H., Page S.
- A comparison of diabetes education administered through telemedicine versus in person. Diabetes Care. April 2003vol. no 1002-1007. Roberto Izquierdo, M.D., Paul Knudson M.D., Suzanne Meyer, RN, CDE, Robert Ploutz-Snyder, PhD and Ruth Weinstock, MD, PhD
- VHA Office of Patient Centered Care and Cultural Transformation: <http://vaww.infoshare.va.gov/sites/OPCC/default.aspx>
- VA Office of Telehealth Services: <http://www.telehealth.va.gov/>