Expanding Connected Care

Goal Leader(s):
Neil Evans, M.D., Chief Office, VHA Connected Care
Kevin Galpin, M.D., Executive Director, VHA Telehealth Services
Goal Overview

Goal statement

- Expanding connected care options for Veterans, VA will leverage telehealth and digital technologies to enhance the accessibility, capacity, quality, choice and experience of VA health care for Veterans, their families, and their caregivers anywhere in the United States, including its territories, its possessions, the District of Columbia, and Puerto Rico. By September 30, 2023, VA will:
  - Develop new survey questions to assess Veterans’ experience with their access to VA telehealth services and establish baseline data.
  - Increase use of TeleUrgent Care and targeted TeleSpecialty Care Services by over 5%.
  - Increase use of patient generated health data by over 5%.

Problem to Be Solved

- It is unclear if Veterans are consistently given the option to obtain their care through telehealth or receive their care from VA health care professionals through telehealth when eligible for community care.
- VA is missing an efficient, enterprise solution to routinely use health care data generated from patient devices (i.e., digital watches, personal health care devices) in the achievement of individual health care goals.

What Success Looks Like

- VA will be organized so Veterans always have the option to obtain their care from trusted, VA health care professionals using telehealth and Veterans will be consistently made aware of those options.
- VA will have an efficient, enterprise solution to routinely obtain and incorporate patient generated health data (i.e., digital watches, personal health care devices) to support achievement of individual health care goals.
## Goal Targets

<table>
<thead>
<tr>
<th>Achievement statement</th>
<th>Key indicator(s)</th>
<th>Quantify progress</th>
<th>Frequency</th>
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<tbody>
<tr>
<td><strong>05/31/22</strong></td>
<td>Develop a tele-emergency dept: when a Veteran calls the help desk and gets referred, they have option to do tele-visit with ER provider. Technology solution will be completed/piloted in 2022.</td>
<td>Completion of technology solution</td>
<td>Quarterly</td>
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<td><strong>09/30/22</strong></td>
<td>Complete the development of and vet new survey questions</td>
<td>Completion of development of new survey questions</td>
<td>Quarterly</td>
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<tr>
<td><strong>09/30/23</strong></td>
<td>Collect data with newly-developed survey questions and establish baselines and targets.</td>
<td>Baselines and targets established</td>
<td>Quarterly</td>
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<td><strong>09/30/23</strong></td>
<td>Increase use of TeleUrgent Care and targeted TeleSpecialty Care by over 5%.</td>
<td>% Growth of Service Encounters over Equivalent (i.e., Q1 compared to Q1) FY21 Baseline</td>
<td>Quarterly</td>
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<td><strong>09/30/23</strong></td>
<td>Increase use of patient generated health data by over 5% (year over year).</td>
<td>% Growth of VA Health Care Professionals Viewing Patient Generated Health Data.</td>
<td>Quarterly</td>
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## Goal Team

<table>
<thead>
<tr>
<th>Office of Connected Care</th>
<th>Integrated Veteran Care Leads</th>
<th>Veteran Experience Office Leads</th>
<th>Specialty Care Services and Specialty Leads</th>
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<tbody>
<tr>
<td>Kevin Galpin (Executive Director VHA Telehealth Services)</td>
<td>Susan Kirsh (Acting Deputy Under Secretary for Health for Access)</td>
<td>Evan Albert, (Director of Measurement and Data Analytics)</td>
<td>Ajay Dhawan (Chief Officer for Specialty Care Services)</td>
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<tr>
<td>Leonie Heyworth (Deputy Director, VHA Telehealth Services for Clinical Modalities)</td>
<td>Maria Bouchard (Clinical Consultant)</td>
<td>Daniel Ostrow, (Implementation Team Lead, Enterprise Measurement and Design Directorate)</td>
<td>Maggie Chartier (Acting Director of Clinical Operations)</td>
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<tr>
<td>Ellen Edmonson (Deputy Director, VHA Telehealth Services for Operations and Quality)</td>
<td>Jeffrey Lowe (Chief Innovation and Technology Officer)</td>
<td>Martina Malek, (Deputy Director, Patient Experience Directorate)</td>
<td>Dennis Oh and Martin Weinstock (National Co-Leads for TeleDermatology)</td>
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<tr>
<td>Sara Derycke (National Asynchronous Telehealth Lead)</td>
<td>Lisa Arfons, (Deputy Executive Director Office of Veterans Access to Care/Access Office (15ACC))</td>
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<td>Sharyl Martini, Glenn Graham (National Leads for TeleStroke)</td>
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<tr>
<td>John Murphy (Clinical Lead for Connected Health)</td>
<td>Donald Koenig (Advisor to the Undersecretary for Health for Integrated Veteran Care, Executive Director of VA Pittsburgh Healthcare System)</td>
<td></td>
<td>Kathleen Sarmiento (National Lead for TeleSleep)</td>
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<tr>
<td>Terry Newton (Director of Clinical Analytics)</td>
<td>Julianne Flynn, (Acting Undersecretary for Health for Community, Chief of Staff of Staff VA San Antonio)</td>
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<td>Timothy Elcyzyn, April Maa (National Leads for TeleEye Care)</td>
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<td></td>
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<td>Chad Kessler (National Program Director, Emergency Medicine)</td>
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Goal Strategies

- VA will use the existing VSignals survey platform and expertise within the Veterans Experience Office to develop and publish survey questions that assess whether VA is routinely offering Veterans the option to:
  - Schedule and conduct their outpatient appointments through video-to-home technology (e.g., VA Video Connect) in accordance with their expectations and preferences.
  - Receive their health care services through VA, by leveraging telehealth within and between VA facilities, before choosing to schedule their care in the community.
  - Invite family members, caregivers, or other members of their support system to participate in video-to-home (e.g., VA Video Connect) telehealth appointments.
  - Receive digital skills training in advance of their video-to-home telehealth appointments using VA Video Connect (e.g., by a VA Video Connect test call).
- VA will increase use of TeleUrgent Care and TeleSpecialty Care Services by expanding availability of targeted specialty care services in community-based outpatient clinics, emergency departments, intensive care units, and through contact centers. VA will strive to:
  - Provide Veterans with consistent access to dermatology assessments, eye care screenings, and sleep disorder screenings across community-based outpatient clinics (>90% VA CBOCs [community-based outpatient clinics]) by leveraging in-person care or asynchronous telehealth.
  - Expand tele-critical care services within VA intensive care units to >60% of VA facilities with intensive care units to support Veteran access to critical care expertise 24/7, regardless of location in the country, and to fortify VA critical care capabilities against unexpected emergencies.
  - Expand tele-stroke services (>50% of VA emergency departments) to support Veterans’ access to stroke specialists and rapid treatment, when presenting to VA with stroke symptoms.
  - Enable access to licensed independent providers through clinical contact centers at > 95% of facilities.
- VA will expand use of Patient Generated Health Data by making the data visible to providers through VA’s Virtual Care Manager.
• In the 1st quarter of FY22, VA realized an increase of **29.21%** in the use of targeted telespecialty and teleurgent care services when compared to the baseline of 1st quarter FY21.

• In the 2nd quarter of FY22, VA realized an increase of **24.17%** in the use of targeted telespecialty and teleurgent care services when compared to the baseline of 2nd quarter FY22.
Use of Patient Generated Health Data

FY22 (New PGHD Program)

- % Growth Oct FY22 to Current = 25%
- % Growth Q1 to Q2 FY22 = 32%
- % Future Growth Curve Expected to Flatten
- Goal is 5% growth year over year through FY23

Number of Unique Provider Views of PGHD

Monthly Totals

Oct Nov Dec Jan Feb Mar Apr May June July Aug Sep
### Milestone Summary

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Milestone Due Date</th>
<th>Milestone Status</th>
<th>Change from last quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a tele-emergency dept: when a Veteran calls the help desk and gets referred, they have option to do tele-visit with ER provider. Technology solution will be completed/piloted in 2022.</td>
<td>Q3, FY22</td>
<td>On-Track</td>
<td></td>
<td></td>
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<tr>
<td>Survey questions developed and vetted</td>
<td>Q4, FY22</td>
<td>On-Track</td>
<td></td>
<td>Office of Connected Care</td>
<td>Barrier: The outpatient VA survey already has the max number of questions. VA received an OMB exemption to expand the survey.</td>
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<td>Increase use of TeleUrgent Care and targeted TeleSpecialty Care Services by over 2.5%</td>
<td>Q4, FY22</td>
<td>Complete</td>
<td></td>
<td>OCC and Specialty Care</td>
<td>NA</td>
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<tr>
<td>Increase in use of patient generated health data by providers by 2.5%.</td>
<td>Q4, FY22</td>
<td>Complete</td>
<td></td>
<td>OCC</td>
<td>Challenges/barriers for PGHD viewing. There have been some technical challenges with conversion to FHIR R4 that are being resolved and currently synching wearable devices is limited to Veterans in the MOVE program. Universal access will be available when VA Health Hub is released which is delayed. This may slow the rate of new Veterans sharing PGHD.</td>
</tr>
<tr>
<td>Collect data with newly-developed survey questions and establish baselines and targets.</td>
<td>Q4, FY23</td>
<td>On-Track</td>
<td></td>
<td>OCC</td>
<td>NA</td>
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• All proposed new survey questions are on track to be in production and collecting baseline data by the conclusion of FY22.
• OMB assisted VA overcome a barrier to survey implementation by authorizing an expansion of the Veteran experience survey for outpatient healthcare visits.
• Regarding expansion of TeleUrgent Care and TeleSpecialty Care:
  • VA has seen dramatic growth in telehealth during the pandemic. This growth may slow following the pandemic.
  • In early FY21, outpatient clinics were in various phases of reopening from reduced operations. This may have suppressed clinic-based telehealth specialty care services. Because FY21 is being used as the baseline, this comparison may show higher growth in early FY22 than later in FY22.
  • VA will be monitoring progress and assessing the current APG goal in ensuing quarterly reviews.
• Regarding expansion of use of patient generated health data:
  • PGHD is a new capability for VA. The initial growth percentages are high, given the relatively low initial baseline (effectively zero at the beginning of Q1).
  • We’ve recalculated the growth % for FY22 2nd quarter to reflect the growth from the end of Q1 through the end of Q2.
  • The 5% target is still felt to be reasonable, when considered over the duration of the APG.
Data sources

For concise metrics:
- VEO office survey data
- VSSC - CVT and SFT data cubes
- Office of Connected Care PGHD reporting metrics

For strategy and milestone tracking:
- VEO office survey data
- Virtual Care Scorecard (VCS)
- VSSC
- Office of Connected Care PGHD reporting

Data is validated by:
- VEO Office
- Office of Connected Care Quality Department and Data Analytics Team for VSC Scorecard and PGHD data
- OVAC review team for IOP
- VSSC department for VSSC reports
- Data Limitations include erroneous encountering documentation for VSSC data.
Contributing Programs
Organizations: VA Veterans’ Experience Office: None
Program Activities: None
President’s Management Agenda: Goal #2 “Delivering Excellent, Equitable, and Secure Federal Services and Customer Experience”
Regulations: None
Tax Expenditures: None
Policies: None
Other Federal Activities: None

Stakeholder / Congressional Consultations
None