Introduction

Health-Care Facility

- VAMHCS serves over 50,000 Veterans
- Three medical centers
- Six community based outpatient clinics (CBOCs)

Clinical pharmacy services

- Outpatient pharmacy
- Primary care and specialty clinics
- Acute care services
- Medicine, surgery, critical care, psychiatry
- Long-term care
- Home-based primary care

Teaching facility affiliated with Pharmacy, Medical, Dental, Nursing, and other allied health professional schools

Background

- 5.6 million veterans enrolled in United States Department of Veterans Affairs (2006)
- Approximately 40% are residents of rural areas
- Limited access to specialty health care services
- Shortage of medical providers
- CBOCs
  - Often located over 100 miles from medical centers or in geographic areas with limited access to health care
  - On-site primary care and limited specialty services
- Fort Howard (FH) CBOC
  - Serves smaller number of veterans
  - On-site primary care and limited specialty services
- FH CBOC
  - VAMHCS serves over 50,000 Veterans

Purpose

- Use Clinical Video Telehealth (CVT) to optimize ambulatory care clinical pharmacy staff at VAMC
- Continue to provide quality AC services at FH CBOC

Development

Interdisciplinary effort

- Associate Chief of Clinical Pharmacy Services
- Ambulatory Care Clinical Pharmacy Specialists
- Facility Telehealth Coordinator and Telehealth staff
- CBOC Nurse Manager and Nursing Staff
- Institutional policies and procedures developed for CVT AC
- Mandatory training provided by VA Telehealth Services on
  - Specialized equipment
  - Patient privacy issues
  - Coding/billing specific to CVT clinics
  - Special considerations - attention to lighting, volume of audio, trouble shooting

Description of the Program

- Clinic flow outline
- Clinic set up
- Standardized documentation created
- Mandatory training provided by VA Telehealth Services on
  - “Cheat sheets” for trouble shooting
  - Electronic note templates with required documentation for
  - CVT
  - Patient warfarin dosing instruction sheets
  - Clinical team - Ambulatory Care Clinical Pharmacy Specialists
  - Facility Telehealth Coordinator and Telehealth staff
  - Clinical pharmacy service director
  - Clinical pharmacist specialists
  - Clinical pharmacy technician
  - Nursing
  - Medical administration service (MAS)
  - Food service
  - Housekeeping
  - Maintenance
  - Security
  -患者 privacy issues
  - Specialized equipment
  - Coding/billing specific to CVT clinics

Experience with the Program

- Adjustments made to improve efficiency
- Telehealth technician certified on POC INR testing
- INR and vitals obtained in exam room resulting in decreased visit time
- Evaluate warfarin therapy
- Guide telehealth technician with physical assessment
- Interview patient
- Reschedule visits
- Assist with physical assessment
- Trouble shoot CVT technology

Experience with the Program (continued)

- Data collection
  - INF 8 months pre and post implementation used to evaluate TTR
  - Previously approved survey utilized to evaluate patient satisfaction
- Of 151 patients screened, 36 met inclusion, 113 excluded
- Results
  - No significant change in TTR
  - SUR VAD 926
  - Additional patient comments indicate overall satisfaction with CVT

Discussion/Conclusion

- Use of innovative technology to deliver AC services
- Improved ambulatory care clinical pharmacy specialist staff utilization
- Allowed continuation of high quality care while maintaining patient satisfaction
- Expansion of CVT pharmacy services
- Therapeutic drug monitoring
- Chronic disease state management
- Patient education services
- Use of CVT increases opportunities beyond the confines of where the clinical pharmacy specialist is physically located

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