

**Inside this issue:**

Message from the THSL Chief	1
TH Vision, Mission, Value Statement	2
Connected Consistent Patient Experience	3
IRIS Reimbursement	4
European Regional Command Successes	4
Northern Regional Command Successes	5-6
Pacific Regional Command Successes	7-10
Western Regional Medical Command Successes:	10-11
Southern Regional Medical Command Successes	12
Contact Information	13



## A Message from the Telehealth Service Line Chief

Welcome to the first issue of Army Telehealth Connections! On behalf of the Telehealth (TH) Service Line, I am excited about our progress in Army TH and thrilled that you've taken the time to check in with us about our future plans.

TH has a long history in the Army. In modern times, it can be traced back to the early 1990's when we pioneered our first portable TH system in Somalia. Since then, Army Medicine has built an integrated global system of TH care. Today, Army TH provides clinical services across the largest geographic area of any TH system in the world -- 18 time zones, 30 countries and territories, and over 30 clinical specialties. Services span garrison settings and combat zones. Throughout this issue, you'll see progress in pushing our MEDCOM TH system forward.

Given the value of TH to the Army, 2015 is the beginning of our TH expansion plan through the Connected, Consistent Patient

Experience (CCPE). The CCPE builds upon Army Medicine's successes in Tele-Behavioral Health and enables us to deepen capabilities into other specialties in support of our Soldiers, their Families, and Retirees. Phase 1 of the CCPE began on 1OCT14 with new TH incentives for all specialties. You'll find out more about the CCPE in this issue.

All of our past success and future plans revolve around one core value -- connecting health globally to increase access, readiness, quality, and patient safety. In Army Medicine, our conversation on connecting health globally is well underway. But the evolution towards providing quality care across distance continues. Join us in this conversation. We're confident that TH will strengthen the health of our Nation by improving the health of our Army.

— Colleen Rye, Ph.D.  
Chief, Telehealth Service Line

## Army Telehealth Service Line: Vision, Mission, and Value

### VISION

To place standardized use of telehealth into the toolkit of every clinician in Army Medicine in support of combat casualty care; readiness and health of the Force; a ready and deployable medical force; the health of families and retirees; enhancing medical diplomacy; and expanding boundaries with combatant commands.

### MISSION

To accelerate and integrate the standardized adoption of telehealth by creating consistency, clarity, relevancy, and accountability

### VALUE STATEMENT

“Connecting Health Globally to Increase Access, Readiness, Quality, and Patient Safety”


 The logo for mCare is displayed in a stylized, white, 3D font against a blue background with a starburst effect. The letter 'a' in 'Care' contains a yellow star.

mCare (“Mobile Health Care Environment”) is a cell phone based bi-directional messaging system developed by the US Army Medical Research and Materiel Command’s (USA MRMC) Telemedicine and Advanced Technology Research Center (TATRC). mCare was developed by modifying commercial off-the-shelf technologies. The objective was to create a HIPAA-compliant messaging system that would operate on wounded warriors’ existing mobile devices (cell

phones), in a manner uniquely distinct from text messaging or email. mCare was designed to run on multiple cell phone platforms (smart phones, non-smart phones) and major (Tier 1) US wireless carriers. mCare interactions were designed to be simple 1-button/character clicks. Preliminary results of a Clinical Outcomes Study suggest: mCare was perceived as a good interface for communication, reduced length of stay, promoted proactive patient use over time and

improved patient’s view of case management services. Focus group results reveal that this group reported that mCare assisted them in attending appointments and tracking outpatient recovery.

The next phase will include follow-on research efforts that are in the planning stages with the newest version of the system, which is known as the Mobile Health Care Environment - Research (MHCE-R). Feasibility studies for pain, goal management and biosensor integration will commence fall 2014.



## Connected Consistent Patient Experience (CCPE)

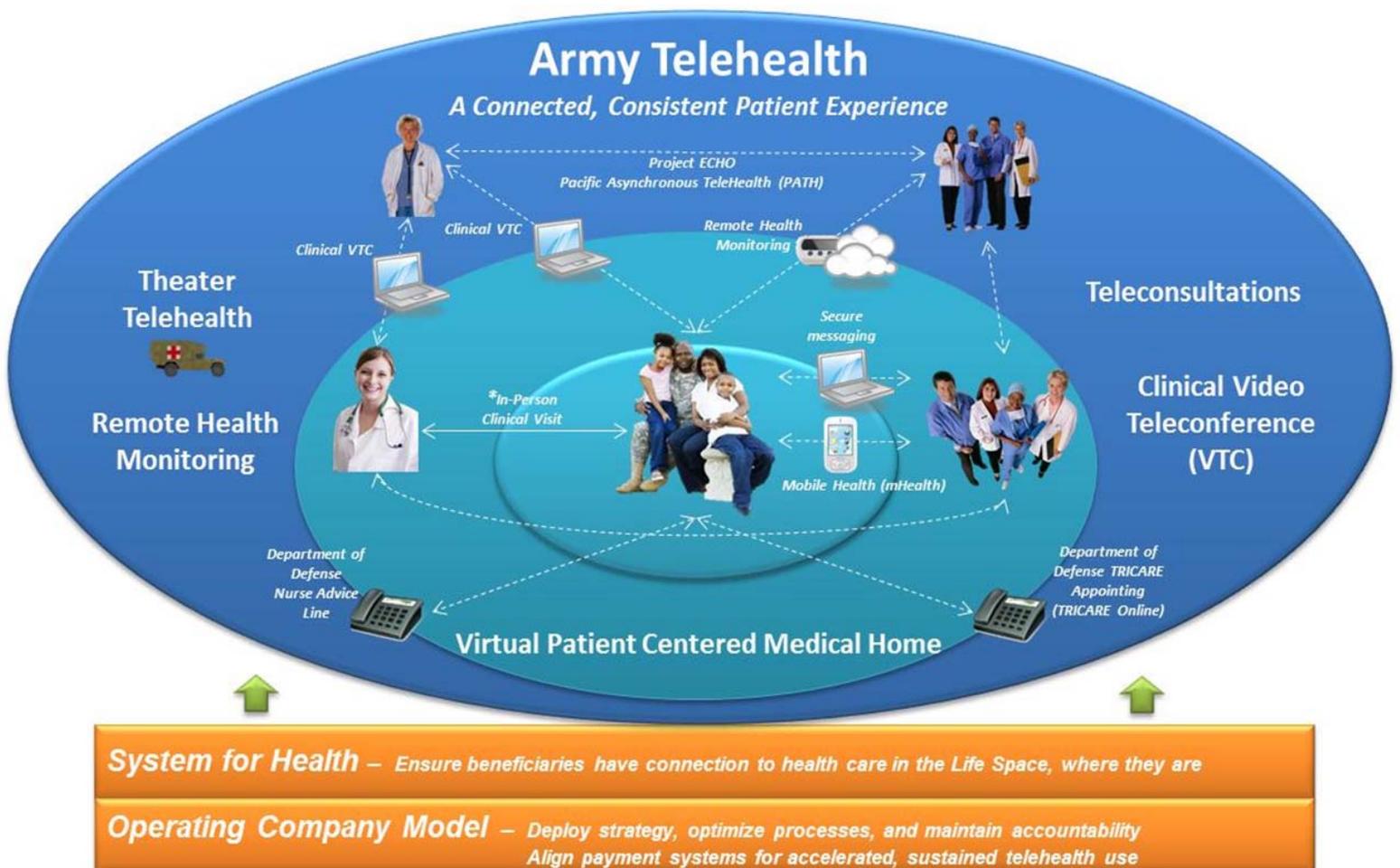
Army Medicine is expanding TH to create a Connected, Consistent Patient Experience (CCPE). The CCPE is our vision for TH and will create a 360° care continuum around patients using advanced TH modalities. The CCPE will build on Army Medicine’s successes in Tele-Behavioral Health (TBH) and enable us to deepen our capability into other specialties.

The CCPE is a three-year expansion plan; the concept includes current and planned capabilities. Core elements include:

- (1) Establish a Virtual Patient-Centered Medical Home;
- (2) Optimize provider-provider teleconsultations;
- (3) Expand clinical video-teleconferencing systems to new specialties; (4) Pilot remote health monitoring;
- (5) Enhance the TH Operating Company Model; and (6) Mature Army Theater TH .

CCPE will help Army Medicine by:

- Expanding our influence in the Life Space
- Enhancing patient safety, access, quality, and readiness
- Leveraging scarce medical capacity



\* Telehealth to Home not permitted per Department of Defense Manual 6025.13 unless Assistant Secretary of Defense (Health Affairs) Waiver is obtained (holding meetings with Health Affairs).

## Telehealth is Now an IRIS Reimbursement

–In FY15, MEDCOM facilities will receive \$20 at the provider site and \$25 at the patient site for all TH encounters, regardless of specialty, and for both provider-patient encounters and provider-provider teleconsultations.

–This payment is in addition to the RVU values that facilities already receive for use of TH. It offsets resource use costs associated with developing TH.

–Commanders can use FY15 incentive dollars to develop additional TH capabilities.

–To receive the incentive, Commanders should ensure that telehealth encounters are coded correctly. Commanders should also ensure TH standards are in place. A MEDCOM All-Specialty TH SOP is available from the OTSG TH Service Line.



## European Regional Medical Command Successes:

### Telehealth: Changing the Face of Army Medicine in Europe



Comprehensive Specialty Care. In order to decrease the need for patient medical travel, telehealth efforts bridge geographical distances between specialty care at Landstuhl Regional Medical Center (LRMC) and outlying areas. High-quality, synchronous patient care is provided via video-conferencing technology with use of advanced medical devices, such as otoscopes, stethoscopes, and general exam cameras. Telehealth promotes patient-centered care and reduces Medical TDY

The US Army European Medical Region has made excellent progress with efforts taking telehealth into Comprehensive

costs plus time away from work. Although, not all travel can be completely omitted, it can be minimized. For example, tele-surgical patients can complete their consultations with specialty surgical providers via telehealth while in the comfort of their local AHC, needing only to travel for their scheduled procedure.

US Army European Medical Region hired four full-time dedicated LRMC Telehealth Nurse Care Coordinators to present patients and coordinate specialty care. Through these initiatives, telehealth is becoming an excellent resource for delivery of quality patient care.



## Northern Regional Medical Command Successes:

### DID YOU KNOW?

NRMC Telehealth Services (THS) launched a Customer Satisfaction Survey program September 2014. Their program was designed in order to evaluate customers' experience with THS and with their ultimate goal to better serve those customers. Customer feedback is an extremely effective tool in gauging not only the quality of care they strive to provide but the efficiency of services provided. A sample survey is provided in Figure 1.

Also, NRMC THS has redesigned its SOP in keeping with the OTSG Telehealth Service Line (THSL) policy guidance. Their SOP is available and will be provided upon request. The NRMC THS Training team provides a copy of the SOP with every site visit.

NRMC THS supported the multi-regional screening project after the assault on Ft Hood 2 April 2014 with Tele-Behavioral Health support. The 'All Hands on Deck' approach and administrative team coordination with Ft Hood resulted in ultimate success of this mission.



Northern Regional Medical Command (NRMC)  
TeleHealth Patient Satisfaction  
Patient Satisfaction Evaluation Survey



Date: \_\_\_\_\_  
Dear patient,  
We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Female: \_\_\_\_\_ Male: \_\_\_\_\_  
Active Duty: \_\_\_\_\_ Temporary Disability retired List (TDRL): \_\_\_\_\_  
Retired: \_\_\_\_\_ TRICARE Reserve Select: \_\_\_\_\_  
Active Duty Family Member: \_\_\_\_\_ Other: \_\_\_\_\_

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Your Appointment:</b>					
The efficiency of the check-in process	5	4	3	2	1
Cleanliness of the consult room	5	4	3	2	1
Availability of appointments	5	4	3	2	1
How likely are you to use this mode of treatment again	5	4	3	2	1
<b>Our communication with you:</b>					
Adequately informed of what to expect	5	4	3	2	1
Satisfaction with customer service	5	4	3	2	1
Explanation of pros and cons of Telehealth	5	4	3	2	1
	5	4	3	2	1
<b>The Staff - Provider:</b>					
Provider: (Physician, Therapist)					
Did you feel comfortable with your provider?	5	4	3	2	1
Did your provider answer your questions?	5	4	3	2	1
Comfort with receiving care through Telehealth	5	4	3	2	1
Satisfaction with care received	5	4	3	2	1
	YES	NO			
Do you have any unanswered questions?					
Have you ever been seen by a Telehealth provider?					

**Fig. 1**  
**NRMC THS Patient Satisfaction Survey**

## Leveraging TH to Recapture Purchased Care

In support of the MHS Quadruple Aim, NRMCTelehealth has positioned itself to assist Medical Treatment Facilities in their mission to reduce per capita costs. By utilizing providers from facilities with higher capacity, NRMCTH has the technology and expertise to connect those providers to patients who seek care in remote areas. In April 2014 patients from Carlisle Barracks were connected to providers at Ft Knox in a pilot to test the capability of using multiple TH cells in one region. The pilot proved successful and fourteen providers from Ft Knox were soon credentialed to see patients at multiple facilities across NRMCT’s footprint.

As this model proved to be successful, providers from multiple locations have since been connected to distant patient sites for asynchronous encounters. The goal has been to expand the regional TH footprint with limited resources while simultaneously reducing costs in purchased care for facilities with limited capacity. NRMCTH has also looked at leveraging this same methodology to support backfill requests.

“NORTHERN REGION DESIGNS NEW TELEHEALTH BUSINESS MODEL TO IMPROVE RELIABILITY AND QUALITY”



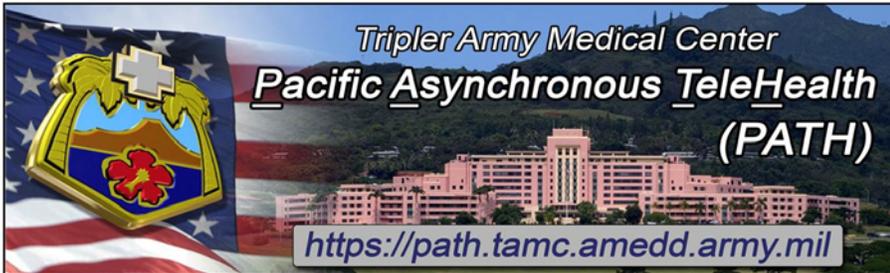
## Dependable, Achievable, Replicable Telehealth (DART)

Designed to standardize operational management of a regional TH program, NRMCT released a new business model in 2014. Dubbed “The DART Model,” NRMCT’s goal is to improve patient care and quality through standard practices. The backbone of the model includes policies for referral management, scheduling, exclusion criteria, emergency management procedures, care coordination and access to care. A team from NRMCTH Hub traveled throughout the region and utilized DCO to conduct training

sessions for all providers and support staff who utilize TH as a delivery system. Over the course of the past 6 months, the TH Hub has seen an increase in patient satisfaction, better utilization and improved communication between the TH Hub and NRMCTMTFs.



## Pacific Regional Medical Command Successes:



Pacific Asynchronous Tele-Health (PATH) is a web-based, asynchronous (store & forward), HIPAA-compliant platform used for provider-to-provider teleconsultation in the Pacific Region. It is hosted at Tripler Army Medical Center and enables remote providers to seek medical consultation on their patients from the myriad of sub-specialists at Tripler.

## Teleconsultation in the Future

Owing to the successes with PATH in the Pacific Region, the Telehealth Service Line (THSL) at OTSG has asked Dr (COL) C Becket Mahnke, Medical Director for PATH, to co-chair an interdisciplinary development team to validate functional requirements for a provider-to-provider teleconsultation capability for the enterprise. PATH is a pillar in the core clinical capabilities of Army Telehealth offering over 50 Pediatric, Medical and Surgical sub-specialties to over 30 different sites across 5 time zones and all military services in the Pacific.

PATH currently processes over 3,000 cases a year and recently partnered with Portsmouth Naval Medical Center to provide tele-consultation services to Navy Medicine East via the Health Experts onLine at Portsmouth (HELP) system. Optimizing provider-to-provider consultations is one of 6 concepts in the THSL Connected Consistent Patient Experience 3-year expansion plan.

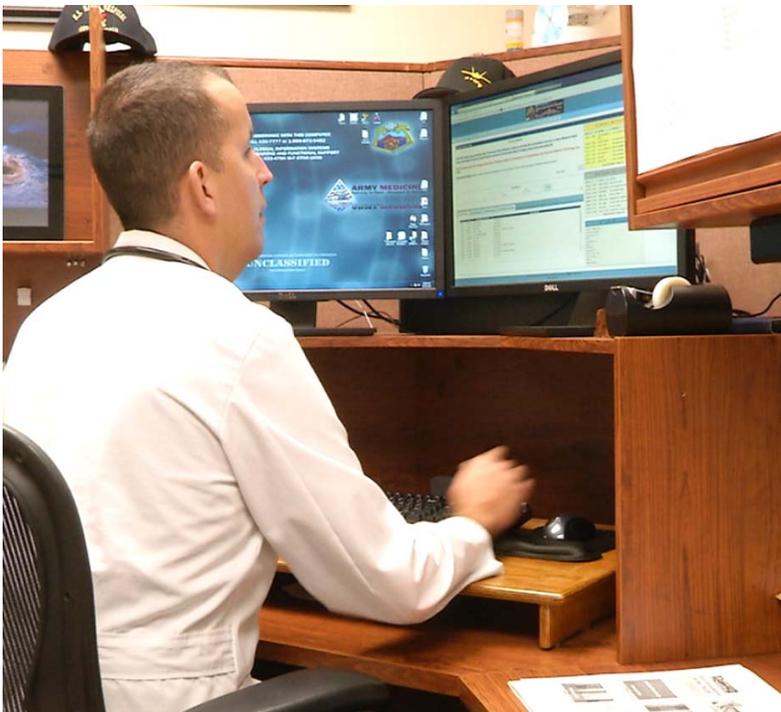


## Testimonial from Dr (LCDR) Quoc Nguyen:

" As a general pediatrician, I used PATH from Yokosuka, Japan and this is an indispensable tool for patient care. Especially when operating in a "forward deployed", OCONUS environment at a smaller MTF where there is not ease of access to subspecialists.

From "simple" questions with almost "immediate" responses from subspecialists, to the recommendations for the work-up of complex patients, with the ability of facilitating MEDEVACs; this is a system with proven benefits for outstanding patient care!

Currently, I am now using the HELP Telemedicine system based out of NMC Portsmouth from my current location at USNH Sigonella, Italy and continue to find it an important



*Dr Mahnke answers teleconsultation from pediatrician in Okinawa regarding an abnormal electrocardiogram.*

**"HAVING THE INPUT OF THE SPECIALISTS WE NEEDED TO TAILOR HER EVALUATION, MANAGEMENT, AND ULTIMATE TREATMENT ALLOWED FOR SMOOTH, TIMELY, AND ACCURATE CARE" DR. NGUYEN**

part of my clinical practice in accessing subspecialty input in a timely, and organized manner. I highly recommend the use of this excellent telemedicine service!"

Dr. Nguyen isn't the only provider who is sold on the benefits of PATH. Dr (CDR) Andrea Donalty on a patient diagnosed with lupus: "I utilized PATH for many cases over my three year tour (in Okinawa), as did all of my pediatric colleagues there...She (patient) was quite ill and needed transfer to TAMC... having the input of the specialists we needed to tailor her evaluation, management, and ultimate treatment allowed for smooth, timely, and accurate care for her.

Her mother actually contacted me about six months ago and forwarded a picture from her local newspaper in which this young lady was featured as a graduating high school student with an excellent academic record and sports background. I know much of her success in her diagnosis and treatment was due to the ability to consult with our pediatric subspecialty colleagues at TAMC via PATH." Dr Donalty is now stationed in Europe and utilizing the HELP telemedicine system as well.

**"Simply put, PATH has been an indispensable lifeline for the Soldiers, Civilians, and Family members requiring care or medical opinions from Tripler. It is the cornerstone of our patient referral outside of Japan." COL Michael Brumage, DCCS**

**Please email all "Good News" stories and testimonials to:**

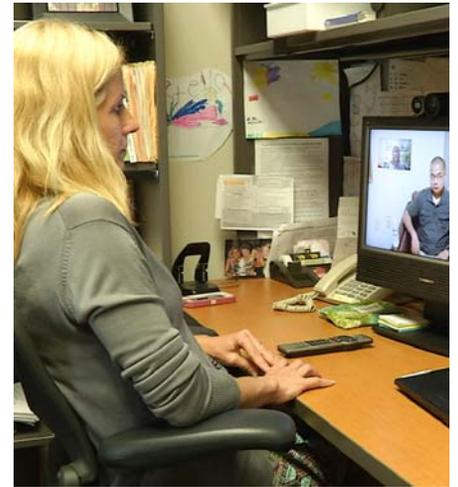
## Pacific Regional Medical Command TBH in Action

From the staff at PRMC's Tele-Behavioral Health (TBH) hub in Honolulu, HI:

"Oddly enough, I kept thinking, 'How do you provide behavioral health over a VTC?' I didn't really buy into it myself until I got to see what happens and the relationships that are built. One of the benefits is that, regardless of the miles we are going across, we're still going to be able to reach out to a Soldier and talk to them and work with them. They can benefit from that treatment from thousands of miles away."

"What we're trying to do is bridge the gap in services they are currently experiencing and provide them with care so they don't have to travel. They don't always have the access to care there the Soldiers might need in order to get their evaluations done or to engage in treatment." And that is what PRMC does on a regular basis to reach Soldiers in distant locations in the Pacific where they may not have enough providers to meet the needs of the patients.

TBH has also been a great tool to enable Soldiers in the Warrior Transition Battalion to return to their home stations in the Pacific at a quicker pace and still get follow up behavioral health services when needed.



*Dr Mench is one of 9 psychologists at the PRMC TBH hub who provide therapy and/or evaluation for patients at 16 different locations.*



*Dr (LT) Sherry Gracey, TBH Clinical Director, providing tele-consultation to a provider via VTC.*

## Serving Patients Globally

Since October 2011, PRMC has been providing TBH services to Japan and recently added child & adolescent services. The ability to provide both therapy and medication management via VTC to Camp Zama, Japan has assisted in averting the need to hospitalize patients on several occasions.

CPT Peter Dell, Chief, Behavioral Health Services at Camp Zama: "TBH is our only link to Army psychiatry services for both adults and children. Having the services available have been a force multiplier and helped us to continue to provide quality care."

VTC is also ideally suited to connect either from Camp Zama or PRMC to sites in Okinawa with small Army populations to provide ongoing care or administrative evaluations for Soldiers. CPT Dell: "For the smaller Army units stationed in Okinawa, reaching back to Army providers is key to ensure that evaluations are in line with Army regulations and process."

## Why TBH in the Pacific?

Recruiting providers can be a challenge in the US, so imagine how the process may be complicated when you are talking about staffing clinics on foreign soil. Add to that issues with uniformed staff who are rotating every year or two and the concomitant underlaps that occur. That is reality for our US Army clinics on the Korean peninsula.

This is why TBH is a critical tool for ensuring our Soldiers in distant assignments get the care they need for themselves and their families. With this goal in mind, the PRMC TBH hub adjusted hours and focused more providers on the hours that overlap with the time zone that is 19 hours ahead of Hawaii time. There are currently TH suites at Camps Casey,

Walker and Carroll in Korea and plans to start services at Camp Humphreys in the near future.

**“TBH IS A CRITICAL TOOL FOR ENSURING OUR SOLDIERS IN DISTANT ASSIGNMENTS GET THE CARE THEY NEED”**

## Western Regional Medical Command Successes:

### Tele-Behavioral Health

On 21 November 2014, the Madigan Army Medical Center tele-behavioral health team briefed MG Tempel, the Commanding General of Western Regional Medical Command, on the success of the expansion of tele-behavioral health across the Western Region. The MAMC tele-behavioral health program supports six military treatment facilities in three time zones. The coordinated efforts of the MAMC tele-behavioral health staff and the MTF counterparts has developed a responsive, standardized, and fully integrated telehealth program that operates as a routine component of the system of health.



There are several current successes of the MAMC tele-behavioral health program. These include the core staff working as an integrated team, establishment of standardized processes and procedures, support staff and equipment. There is also a robust communications campaign, and exploration of collaborative efforts with Universities in the local area. The tele-behavioral health team is currently expanding services to Puget Sound Naval facilities and expanding child psychiatry capabilities within the Western Region.

## Child and Family Behavioral Health Systems

The Child and Family Behavioral Health System is providing tele-behavioral health support to adolescents at Ft Riley four days per month. Ft Bliss continues to provide child psychiatry services two days per month to Ft Leonard Wood. William Beaumont Army Medical Center’s school Behavioral Health program is currently serving two of four on post schools. The CAFBHS chief is meeting with outside agencies (the El Paso School District and staff from local partial hospitalization programs) to expand these services. There are on-going efforts to coordinate with their Internal Behavioral Health Consultants in order to establish improved communications and care to beneficiaries. The teleconsultation to primary care component of the CAFBHS program is currently being implemented.



## Tele-Behavioral Health Across Services



The Puget Sound Military Health System (PS MHS) is a multi-service military community with Madigan Army Medical Center, the 62nd Medical Squadron and Naval

Hospitals Bremerton and Oak Harbor. Madigan is a Remote Site that supports numerous MTFs within Western Region as well as the PS MHS.

A successful site visit of the MAMC tele-behavioral health team to Naval Hospital Oak Harbor in early September 2014 has led to an initiative to leverage telehealth

capability to support the growing need of psychiatric prescribers. During the last two weeks of September 2014, there were approximately three telehealth visits. In October 2014, there were approximately 30 appointments of tele-prescriber support to Naval Hospital Oak Harbor. Telehealth enables WRMC to leverage excess capacity to assist all military Services in need of behavioral health.



## Southern Regional Medical Command Successes:

### New Article: Utilization of Telemedicine in the U.S. Military in a Deployed Setting

Southern Regions' own LTC(R) Charles M. Lappan recently published an article in *Military Medicine* with Capt Jane Hwang, Dr. Leonard Sperling, and LTC Jon Meyerle. The article describes a retrospective evaluation of the Army-developed and -run teledermatology consultation program from 2004 to 2012. It focuses on clinical application and outcome measures such as consult volume, response time, and medical evacuation status. Additionally, 658 individual teledermatology cases from 2011 to 2012 were reviewed to assess how health care providers utilized the program.

The study results showed that as high as 98% of the consults were answered within 24 hours; 23% of consults were answered within 1 hour. According to the study, the most common final diagnoses included eczematous dermatitis, contact dermatitis, and evaluation for nonmelanoma skin cancer. The most common medications recommended included topical corticosteroids, oral antibiotics, antihistamines, and emollients.

The most commonly recommended service for further evaluation was biopsy. By using

teleconsultation, 46 dermatologic evacuations were "avoided" (i.e. based on the Consultant's recommendation, the patient was not evacuated). Conversely, 41 dermatologic evacuations were "facilitated" (i.e. based on the Consultant's recommendations, the patient was evacuated).

Overall, the study showed that our telemedicine program has provided valuable dermatology support to providers in remote locations. Our program has helped deliver appropriate and timely consultation for military service members and coalition partners.

You can read the study at:  
<http://dx.doi.org/10.7205/MILMED-D-14-00115>  
Hwang, J. C. Lappan, L. Sperling, and J. Meyerle (2014). Utilization of Telemedicine in the U.S. Military in a Deployed Setting. *Military Medicine*, 179, 11:1347-1353.



## For More Information Contact Your Regional Telehealth POC:

**PRMC:** *suzanne.d.martin.civ@mail.mil*

**WRMC:** *lawrence.a.edwards3.civ@mail.mil;*  
*darcy.l.sowards.civ@mail.mil;*  
*heather.m.kennedy3.civ@mail.mil;*

**SRMC:** *richard.w.demouy.civ@mail.mil;*  
*bruce.e.crow.civ@mail.mil;*

**NRMC:** *jason.h.alexander2.mil@mail.mil;*  
*john.w.sentell.civ@mail.mil*

**ERMC:** *eduardo.m.salvador.civ@mail.mil;*  
*brett.a.freedman.mil@mail.mil;*  
*james.o.white1.civ@mail.mil;*



## The OTSG Telehealth Service Line Team:

**Chief:**

*colleen.b.rye.civ@mail.mil*

**Deputy Chief:**

*paul.r.rivera2.civ@mail.mil*

**Policy Lead:**

*david.r.putnam10.civ@mail.mil*

**Analytics Lead:**

*katherine.e.igyarto2.civ@mail.mil*

**Communications and Evaluation Telehealth Lead:**

*danny.b.jaghab.mil@mail.mil*

**Education and Workforce Telehealth Lead:**

*maria.h.shelton.mil@mail.mil*

