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New Legislation to Waive co-Payments for Veteran Telehealth Visits

Senator Chuck Grassley (Iowa) and Senator Mark Begich (Alaska) introduced legislation last month to waive co-payments for Veterans for telehealth and telemedicine visits. The VA has shown that telehealth programs have demonstrated reduced hospital admissions and clinic and emergency room visits. "Telemedicine can help rural residents access health care services that otherwise might be out of reach. This legislation is designed to make sure veterans are able to take advantage of telehealth's valuable, cost-effective services," Grassley said.

"Based on the fact that telehealth services continue to improve, and that telehealth reduces overall costs for the VA, our bill is a win-win for veterans and taxpayers."

The proposed legislation would waive copayments, which can be as high as \$50 per visit, for telehealth appointments. Grassley further commented that "Waiving the payments would lessen the burden on veterans and encourage more veterans to take advantage of telehealth programs, improving their ability to manage health issues and have a better quality of life."

HEALTHY Vets Bill Reintroduced

Congressman Steve Pearce, R-NM, has reintroduced his HEALTHY Vets bill (H.R. 575), a bill he said he originally introduced in 2004 and 2005. The HEALTHY acronym stands for Help Establish Access to Local Timely Healthcare for Your Vets and is aimed at improving healthcare access for Veterans by allowing access to local non VA healthcare facilities. The VA currently requires veterans to drive to VA hospitals for treatment. Under this proposed legislation, the VA would contract with local hospitals and doctors on a case-by-case basis to provide medical services, including primary care, for those veterans who live far away from VA medical facilities.



Amanda Howard

Telehealth Reduces Mortality Rates, Length of Stay for ICU Patients

A study finds that telehealth services can be beneficial for intensive care unit (ICU) patients. Researchers found that ICU telemedicine lowered patient mortality rates and decreased their length of stay in the hospital. The study was conducted at the University of Massachusetts Memorial Medical Center and published in the *Journal of the American Medical Association*. A telehealth program was implemented at seven ICUs at the center over the course of a year. Health care professionals working remotely monitored 6,290 patients in the ICUs.

Specific findings included: Hospital mortality rates dropped from 13.6% to 11.8%; Patients' average length of hospital stay dropped from 13.3 days to 9.8 days; ICU mortality rates dropped from 10.7% to 8.6%; and Patients' average length of stay in the ICU dropped from 6.4 days to 4.5 days.

However, the questions remain as to: Whether telehealth can improve care in rural and remote settings; and whether patients would benefit as much if facilities hired additional on-site staff as they would under more expensive electronic ICUs. Read more: <http://www.ihealthbeat.org/articles/2011/5/17/telehealth-reduces-mortality-rates-length-of-stay-for-icu-patients.aspx>



VA/ORH MAKES PROGRESS WITH HEALTH INFORMATION EXCHANGE (HIE)!

The Utah Health Information Network (UHIN) and the VA have begun a pilot project in the Moab, UT region to test secure sharing of medical information. This HIE is an exciting outcome of one of ORH's 2009 Individually Funded initiatives, granted to the Chief Health Information Office.

This is the fifth in a series of nationwide pilot programs to expand services to Veterans through access to the Nationwide Health Information Network (NHIN). It is the first pilot with the explicit mission of extending services to rural areas, and among the first to enable the electronic exchange of VA patient data between VA and non-VA clinicians across the state. The clinical HIE (c-HIE) Gateway will enable a bi-directional exchange of documents between the cHIE and NHIN partners in the area, including the VA. This allows authorized providers, hospitals and other authorized users a way to share, view and query the cHIE to

view documents from VA-participating physicians located in the rural communities.

The exchange of information uses established NHIN protocols to ensure security and safety of information. The VA will monitor this pilot closely to assure that Veterans' privacy, security and safety is the highest priority, while determining whether to expand the pilot to other rural areas.

"Seven out of ten Veterans receive some portion of their health care from private sector hospitals and clinics, such as those served by UHIN" (Dr. Tim Cromwell, director of Standards and Interoperability for the Veterans Health Administration).

STUDY EXAMINES VA HEALTH CARE

A study published in the journal *Medical Care*, synthesized the results of three dozen other studies that compared VA health care with care provided by non-VA providers. It concluded that the VA does performed well on many measures of medical care, including process measures - whether a certain test was ordered. It also found that when looking at outcome

data, the VA had little impact on the key question of whether the patient lived or died.



Amanda Howard

FEDERAL HOMELESS VETERAN FORUM

More than 400 participants from across the country participated in a two-day national forum on ending homelessness among Veterans by strengthening preventative measures and collaboration among government and private-sector organizations (12/7-8/10, Arlington VA).

Participants worked together to plan how to increase access to stable and affordable housing; expand economic security;

improve health care; and change the nation's system for dealing with homelessness.

The ORH continues its work and collaboration with other VHA offices to address the issue of homelessness, including the FY09 ORH funded project supporting the MHICM Enhanced-Range program that provides outreach and case management to chronically mentally ill, homeless Veterans.

USING HEALTH IT: EIGHT QUALITY IMPROVEMENT STORIES

A paper produced for, and released by, AHRQ reviews eight examples of Information Technology projects completed under AHRQ's Transforming Healthcare Quality through Information Technology (THQIT) program (*Using Health IT: Eight Quality Improvement Stories*, [PDF File](#)). Results from the Eight Cases showed that grantees experienced improved efficiencies in health care delivery, improved quality of care, and increased access to care as a result of their health IT projects. Many of the projects (six of the eight) emphasized health IT applications to improve care for vulnerable populations, such as minority and low-income groups, the elderly, children, and rural communities. For example, under one project (3), rural residents gained access to high-quality specialty care through telemedicine. Low-income residents overcame barriers to receiving care through a shared continuity-of-care record in another (5). In one project's nursing homes, the needs and health status of the elderly were better documented through an electronic health record (EHR) (2).