



The Use of Telemedicine For VA Disability and Rating Evaluations

Alan H. Dinesman, MD
Medical Officer
Office of Disability and Medical Assessment (DMA)
Veterans Health Administration, VACO 10NC8

Current Status

Useful for Veterans:

- residing in rural areas
- who are elderly
- with difficulty traveling distances
- without access to larger facilities
- requiring specialty examinations

May 2011: VBA and VHA Memorandum signed signifying that telemental health examinations are adequate for rating purpose for mental health exams

2013 Pilot and Expansion

The Office of Disability and Medical Assessment (DMA) led a workgroup of the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and the Board of Veterans Appeal (BVA) employees addressed which Disability Benefits Questionnaires (DBQs) would be most suitable for conducting:

1. medically complete and
2. legally defensible telehealth examinations.
3. VBA and BVA participants specified that any DBQ evaluations requiring any hands-on manipulation of an examinee's joints was unacceptable to be conducted using a telehealth examination. They reasoned that the examiner on the distal viewing end could not verify laxity, loss of range of motion, etc., and therefore could not legally sign the examination report.

2013 Pilot and Expansion

- The clinicians and technicians conducted a series of testing the video-technology to ensure the exams could be performed successfully. Video-conferences were scheduled between technicians and examiners at the West Haven, CT and Lincoln, NE VA Medical Centers.
- Other workgroup members listened in as a walk-through of the telehealth examinations were successfully conducted.
- All decisions to move forward and accept the examinations as medically and legally complete were made by consensus.
- A series of protocols was developed to ensure consistency across the enterprise and the success of the program.

2013 Pilot and Expansion

Sixteen of eighty total DBQs found mutually agreeable for using telehealth technology

1. Ischemic Heart Disease
2. Hypertension
3. Heart Conditions
4. *Ear (including Vestibular and Infectious) – See Note 1 below
5. Loss of Sense of Smell and/or Taste
6. Sinusitis, Rhinitis, and other Conditions of the Nose, Throat, Larynx, and Pharynx
7. Endocrine Diseases (Other than Thyroid, Parathyroid, or Diabetes)
8. Esophageal Conditions
9. Kidney Conditions
10. Prostate Cancer
11. Urinary Tract
12. Sleep Apnea
13. Hairy Cell and Other B-Cell Leukemias
14. *Tuberculosis – See Note 2 below
15. Narcolepsy
16. Respiratory Conditions (Other than TB)

***Note 1:** *If vertigo is claimed or noted, the examination cannot be conducted via telehealth as it involves touching the claimant to tilt his/her head.*

***Note 2:** *Only pulmonary tuberculosis (TB). Other types of TB would require an in-person examination.*

2013 Pilot and Expansion

- Veterans provided ability to opt out of receiving Telehealth exams:
 - If determined during telehealth examinations an in-person examination was needed: an in-person examination schedule and documented with no detriment to Veteran
 - If examinee wanted to stop telehealth examination at any time for any reason, the Veteran was rescheduled for an in-person C&P examination and not documented as a failure to report.
 - Evaluations requiring medical judgment such as manipulating an examinee's joints or hands would not be acceptable for telehealth examinations
 - The C&P telehealth examination report identified the telehealth technician's name and qualifications
 - VHA captured workload credit for C&P telehealth examinations at both the patient site and provider site by the using the stop codes assigned for telehealth

2013 Pilot and Expansion - Experience

- Proof of concept - Limited number of cases
- No unexpected difficulties (challenges to be discussed later)
- Draft C&P Telehealth Directive written, not completed. Salient points:
 - C&P department uses the local facility existing telehealth infrastructure and follows VHA Clinic Based Telehealth Operations Manual's (CBT Ops Manual) and the CBT Ops Manual's Telemental Health Supplement
 - Examiner / Veteran driven - VBA request will not specify either telehealth examination or in- person examination.
 - Conducted where the equipment is secure fully inspected, tested, and certified compliant and the privacy of the examinee is ensured.
 - Telehealth examinations will be scheduled based upon the availability of the telehealth suite at the individual facilities.
 - When scheduling the examination appointment, explain to the claimant the option for a telehealth examination, and the similarities and differences between the types of examinations.
 - Must ensure that the examinee understands and is comfortable with the process and informed consent obtained and documented.

2013 Pilot and Expansion – **Suggestions for Further Study**

- Guidance on informing the claimant of: the option of having a telehealth examination as opposed to in-person examination and documenting the election;
- Coordinating the availability of the telehealth technician as well as scheduling the claimant for the telehealth C&P examination;
- Greeting the claimant upon arrival for the telehealth examination, to include a reminder of how this C&P examination will be conducted;
- Setting-up for the telehealth examination; equipment needs (IT, V-tel, and peripheral devices);
- Testing the equipment on both ends 24 hours prior to the scheduled examination;
- Use of stop codes to capture workload credit for both the patient site and provider site; and
- Duties, responsibilities, and instructions for the clinician and telehealth technician conducting the telehealth examination.

Future Challenges

- 1. Technology**
- 2. Examination Procedures**
- 3. Examination Providers**
- 4. Examination Scheduling**

Future Challenges

Technology

- Home versus commercial / medical location
- Appropriate bandwidth/connectivity at remote sites to conduct examinations
- Cost, updates, upkeep, certification
- Special medicolegal requirements - documentation:
 - Document joint motion – goniometry
 - Document emotion / reaction with ROM, palpation
 - Document physical findings – e.g. crepitus, laxity
 - Audiometry
 - Optometry: Visual fields, Goldmann Bowl
- Dealing with equipment failure during the C&P telehealth examination
- Workload capture – both sides? Current DSS?

Future Challenges

Examination Procedures

- Requirement for individual on the distal viewing end to verify variables with possible voluntary examinee input such as joint laxity, loss of range of motion.
- Legality of distant examiner signing off on above examination report.
- Legal documentation acceptance – VBA, BVA, Courts
- Validation of appropriateness of examination technique and process

Future Challenges

Examination Providers

- Clinicians will require training to conduct Telehealth exams and use of equipment.
- All telehealth clinic technicians (TCTs) are required to receive specialized training using telehealth technology
- What examinations require a person physically present on the examinee side.
- What level of training / education will be necessary for that person.
- Handling and liabilities of emergencies or unexpected events (especially off VA medical center property).
- Ensuring clinicians in conjunction with video-teleconferencing equipment, links, and peripheral devices work properly to document non-verbal cues, mannerisms, and manifestations displayed by the examinee in a manner on par with an in-person examination.
- Increased need for resources if medical personnel necessary on both sides of exam.

Future Challenges

Examination Scheduling

- Current VA scheduling application is being updated.
- Clinicians and technicians will have to coordinate the scheduling of exams and resources.
- Coordinating availability of the telehealth technician with scheduling the telehealth examination

Thank you!

Questions

