

HOME TELEHEALTH EQUIPMENT MANAGEMENT PROCEDURES

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook standardizes various equipment management aspects of the Care Coordination Home Telehealth (CCHT) program relating to the patient, care coordinators, prosthetic representatives and other program leads.
- 2. SUMMARY OF MAJOR CHANGES.** This is a new Handbook providing procedures for standardizing home telehealth equipment management.
- 3. RELATED ISSUES.** VHA Handbooks 1173.01 through VHA Handbook 1173.16.
- 4. FOLLOW-UP RESPONSIBILITY.** The Office of Prosthetics and Clinical Logistics (10FP) is responsible for the contents of this Handbook. Questions can be referred to (202) 254-0440.
- 5. RESCISSIONS.** None.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of March 2013.

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1. PURPOSE

This Veterans Health Administration (VHA) Handbook standardizes various equipment management aspects of the Care Coordination Home Telehealth (CCHT) program relating to the patient, care coordinators, prosthetic representatives and other program leads.

2. BACKGROUND

a. In Fiscal Year (FY) 2003, the newly created Office of Care Coordination Services (OCCS) was charged with implementing a CCHT program in each of the 21 Veterans Integrated Service Networks (VISNs). During the subsequent 2 years, each VISN was allocated \$1 million to implement a CCHT program which has been accomplished.

b. The VHA Prosthetic Clinical Management Program (PCMP) created Clinical Practice Recommendations (CPRs) for ordering Care Coordination and Telehealth Devices for veteran patients that were approved by the Under Secretary for Health on March 9, 2004. The CPRs covered the clinical aspects of CCHT technology and prescribed criteria for eligible veteran patients; but it only covered home telehealth equipment procurement in a general way. As the CCHT program continues to expand, there is a need to standardize the way VISNs procure and utilize this equipment. Such uniformity allows both the Prosthetic and Sensory Aids Service (PSAS) and the OCCS to collaboratively obtain accurate data on the number and dollar value of the CCHT devices purchased and issued to veterans, and remaining balances at each VA facility.

3. DEFINITION OF THE CARE COORDINATOR

The Care Coordinator is a professional at the facility-level who coordinates care for a panel of patients throughout the continuum of care to ensure that care is timely, appropriate, of high quality and cost effective. The Care Coordinator works closely with primary care providers, other health care professionals and team members, clinics, internal or external services, and community agencies. The Care Coordinator provides professional assessment, coordination and planning of multiple health care services; acts on behalf of the veteran to ensure that necessary clinical services are provided and that progress is being made. In addition, the Care Coordinator provides ongoing evaluation of care management services. ***NOTE:** Collaboration between PSAS and OCCS programs is essential for effective and efficient management of home telehealth equipment. The PSAS staff works in conjunction with the Care Coordinators to ensure proper procurement and inventory management of the home telehealth equipment.*

4. SCOPE

It is VHA policy to standardize the issuance, installation, and the retrieval or refurbishment of home telehealth equipment.

5. RESPONSIBILITY OF THE OFFICE OF CARE COORDINATION SERVICE (OCCS)

The OCCS has a VHA Internal Accreditation Program for CCHT at the VISN level called “Conditions of Participation,” established to ensure a consistent quality of clinical, technical and business processes for CCHT throughout VHA. A section of the VISN-level compliance review for CCHT’s Conditions of Participation, undertaken by a designated OCCS Quality Manager, relates to Home Telehealth Equipment Management requirements and specifies that:

- a. The CCHT program and PSAS implement a systematic telehealth technology and equipment tracking process;
- b. The CCHT program and PSAS ensure that all CCHT equipment is consistently tracked through the Prosthetics Inventory Package (PIP); and
- c. The CCHT program consistently track trends and report equipment and vendor problems through facility, VISN, and OCCS processes.

6. RESPONSIBILITY OF THE VISN PROSTHETIC MANAGER

The VISN Prosthetic Manager, in conjunction with the VISN CCHT Lead, is responsible for establishing VISN policies and procedures for the procurement, inventory, assignment, distribution, retrieval, and disinfection of CCHT equipment within the VISN.

7. RESPONSIBILITY OF THE VISN CCHT LEAD

The VISN CCHT Lead is responsible for coordinating, organizing, integrating and evaluating home telehealth equipment processes at the VISN level, on a regular basis, to identify and respond to issues. The VISN CCHT Lead works with key staff at both the VISN and facility levels in the implementation of pertinent home telehealth equipment guidelines to ensure compliance with all regulations, policies, and procedures established both locally and by OCCS.

8. RESPONSIBILITY OF THE FACILITY DIRECTOR

The Facility Director, or designee, is responsible for:

- a. Ensuring facility compliance with Home Telehealth Equipment policy and procedures.
- b. Ensuring that prior to usage, all CCHT medical equipment is inspected and that the preventative maintenance requirements are performed for returned and refurbished devices in accordance with facility policy regarding the maintenance of medical equipment. Inspections must be conducted by a facility level designated person.
- c. Designating a fund control point specifically for the purchase of CCHT equipment and supplies.

(1) Fund administrators are to use Accounting Classification Code (ACC) 0100A6000, Cost Center (CC) 8250, and Budget Object Code (BOC) 3131 for all CCHT equipment purchases.

(2) The Health Care Financing Administration's Common Procedures Coding System (HCPCS) codes must be entered on the electronic Prosthetics consult; they are:

- (a) TH 100 Messaging and Measuring Devices.
- (b) TH 102 Monitoring and Measuring Devices.
- (c) TH 103 Telehealth Peripheral Devices.
- (d) TH 104 Video Phones.
- (e) TH 105 Telehealth Accessories, Cables, Surge Protectors, etc.

9. RESPONSIBILITY OF THE PROSTHETICS REPRESENTATIVE

The Prosthetics Representative is responsible for managing the purchase, inventory and storage of home telehealth equipment for patient use.

10. RESPONSIBILITY OF THE FACILITY CARE COORDINATOR

The facility Care Coordinator is responsible for:

a. Prescribing Authority

(1) The Prescribing Authority as outlined in this policy only applies to:

(a) CCHT programs that are designated by the OCCS. This designation is awarded to programs that have met the OCCS Conditions of Participation specified in paragraph 5.

(b) Equipment purchased to deliver routine medical care services to patients and thereby covered by VHA's medical care appropriation. If the home telehealth equipment is being provided to patients solely for research purposes and not for routine medical care, it cannot be prescribed in the manner outlined in this policy.

(2) The Clinical Practice Recommendations for the Care Coordination-Home Telehealth Program contains a memorandum which establishes the Medical Center staff authorized to prescribe home telehealth technologies. *NOTE: The Prescribing Authority can be accessed at <http://vaww.teamshare.va.gov/PCLO/ProstheticsPCMP/Home%20Telehealth%20Devices/CPR-TelehealthDevicesAppendixes.pdf>. A copy of this memorandum is filed in the PSAS at each VA medical center.*

b. Patient Needs Assessment The Care Coordinator assesses the patient upon enrollment and assigns appropriate technology to be used in accordance with the Care Coordination Technology Assignment Algorithm established by OCCS. This algorithm is an update to the algorithm included in the Clinical Practice Recommendations for Care Coordination-Home

Telehealth, Appendix F, dated March 9, 2004, and can be accessed at http://vaww.va.gov/occ/Docs/Technology_Assignment_Algorithm.pdf

c. **Issuing Equipment to a Patient**

(1) The patient must be provided a copy of the set up guide and installation instructions, and an informational pamphlet.

(2) The Care Coordinator enters a prosthetics consult using a locally-developed CCHT Equipment Request to include the serial number of the device issued to the patient and whether the equipment is new or refurbished. If the serial number of the device is not available, it should be annotated when the consult is closed.

(3) The item must be issued from the Prosthetic Inventory Package (PIP) to the appropriate patient, and include entering the serial number and HCPCS code of the device on the patient's VA Form 10-2319, Prosthetics Record of Patient Services.

(4) There are four options to provide the device to the patient:

(a) During the patient's visit to the clinic,

(b) During a home visit by the CCHT staff,

(c). Mailed to the patient's home, or

(d) Through contract with a durable medical equipment (DME) provider to deliver or mail.

d. **Installation of Equipment.** The Care Coordinator is responsible for the coordination of any device installation, until successfully completed.

(1) In-home messaging devices and stand-alone videophone devices are installed either by the Care Coordinator, or designee during a home visit or by the patient. Telemonitors must be installed by the Care Coordinator, or designee.

(2) Patients planning to install the device themselves must be trained by the Care Coordinator, or designee, (using scripted guidelines developed by the Care Coordinator) on how to install, connect, and operate the device. The Care Coordinator must educate the patient on how to use any peripheral device(s), and how to interact with the device(s), to include, as appropriate, the expectations for answering questions and completing and submitting vital sign measurements and other data. The patient must demonstrate competency in the installation and use of equipment, and any peripheral devices, which must be documented by the Care Coordinator in the patient's record.

(3) The Care Coordinator must routinely follow-up with patients who have installed the device themselves, or by a designee, either during a following home visit or by a telephone call.

(4) The Care Coordinator verifies the correct installation of in-home messaging devices or stand-alone videophones by receipt of patient data. If the device is not transmitting data within 2 workdays after the installation was completed, the Care Coordinator, or designee, must call or visit the patient's home to ensure appropriate installation.

e. **Handling Equipment Failure**

(1) Upon enrollment in the program, the patient is provided with a contact number for the Care Coordinator. The patient is instructed to notify the Care Coordinator, or designee, in the event of any equipment malfunction.

(2) Once notified of an equipment malfunction, the Care Coordinator, or designee, must troubleshoot the device remotely or by a telephone call to the patient. If this proves unsuccessful, the item may be replaced at the discretion of the Care Coordinator, or designee.

(3) If a replacement item is to be issued, the serial number of the non-functional unit must be replaced with the serial number of the new device in the patient record. In accordance with the Safe Medical Devices Act (SMDA), manufacturers and the FDA must be notified if the medical device:

(a) Caused or contributed to a death, serious illness or serious injury; or

(b) Malfunctioned, and there is a probability that if the malfunction were to recur, the device would cause or contribute to a death, serious injury or serious illness.

(4) The Care Coordinator, or designee, must report all unresolved equipment and/or vendor issues related to the National Contracts by using VA Form 0729, Quality Improvement Report (QIR) accessible at <http://vaww.teamshare.va.gov/PCLO/ProstheticsContracts/Quality%20Improvement%20Report%20VA%20Form%200729/Forms/AllItems.aspx>. This form must be forwarded through the VISN CCHT Lead to the Chief of Prosthetics for signature prior to submission to the National Acquisition Center (NAC).

f. **Retrieval and Refurbishment of Equipment**

(1) Patients discharged from the CCHT Program can return equipment to the issuing facility through one of the following mechanisms:

(a) Delivery to the Care Coordinator during a regular visit to the issuing VA facility, or

(b) A patient can package the equipment in the provided shipping box (*NOTE: The shipping box must be disposed as part of the infection control process by the designated person.*) and mail it to the Care Coordinator, or designee, or

(c) The Care Coordinator, or designated person, can pick up the equipment at the patient's home.

(2) The Care Coordinator must document the return of the device and its serial number in the patient's Computerized Patient Record System (CPRS) medical record, inform the Prosthetics office of the return, and ensure that pertinent local safety and maintenance procedures are followed for the device.

(3) The facility Prosthetics Manager, or designee, must ensure that the patient's CPRS record is updated to reflect the return of the device and that the National Prosthetic Patient Database (NPPD) is updated to reflect the return.

(4) The returned equipment must be disinfected and reprogrammed by the designated person(s) following the manufacturer's guidelines and in accordance with VISN policy. All patient data must be permanently deleted from the device.

(5) After disinfecting the equipment and verifying proper function, it is returned to inventory, where it can be re-issued to another patient.

11. PROCUREMENT OF EQUIPMENT

a. Individual Users

(1) Each VISN needs to procure CCHT equipment for individual patients use following VHA Handbook 1730.1, and applicable VA Acquisition Regulations (VAAR) or Federal Acquisition Regulations (FAR). As appropriate, National PCMP Contracts and/or Blanket Purchase Agreements must be utilized. The VISN CCHT Lead collaborates with their counterparts in the VISN office, facility Care Coordinators, and PSAS to decide on the number and type of technology needed to be purchased for inventory.

(2) The CCHT items in the PIP are included in the 30-day inventory rule defined in VHA Handbook 1173.2 and in the monthly PIP reports. Placing equipment in the PIP allows VA Central Office to utilize a national nomenclature to track CCHT dollars expended on devices being held in inventory waiting to be prescribed and issued to patients.

(3) Procurement decisions regarding CCHT equipment are made by each VISN. Each facility Care Coordinator needs to work with the facility PSAS to place an order.

(4) Once the CCHT equipment is procured, the equipment must be entered into the PIP at the purchasing facility.

b. Multiple Users. No procurement of CCHT equipment for the Medical Center is to be procured from PSAS funding.

(1) Prosthetic funding is to be used strictly for individual patient orders. Procurement of equipment purchased for multiple users is at the discretion of the VISN; however, this procurement must be approved by the VISN CCHT Lead, or designee, and is considered Medical Center equipment.

(2) This equipment needs to be purchased and tracked following local purchasing procedures for non-expendable medical equipment.

(3) An example of a device with multiple users would be one being used in an assisted living facility by several patients. This type of device is considered medical center equipment and is not to be included in PIP because it is not assigned to one individual patient; it is not to be purchased with PSAS specific purpose funds.

12. REFERENCES

VHA Prosthetic Clinical Management Program Clinical Practice Recommendations for the Ordering of Care Coordination and Telehealth Devices for Veteran Patients (see <http://vaww.teamshare.va.gov/PCLO/ProstheticsPCMP/Home%20Telehealth%20Devices/CPR-TelehealthDevicesAppendixes.pdf>).