

## **TELEHEALTH PROJECT SUMMARY TEMPLATE**

Please provide information on all major projects in the last ten years (1998-2008) and any planned future projects

SUMMARY WRITER: **Jaclyn Griffin, NP**

PROJECT NAME: **Teledermatology**

ORGANIZATION/AGENCY (and primary contact): **Department of Veteran's Affairs**

FUNDING (source and amount): **N/A**

START UP FUNDS: **N/A; using existing equipment**

REIMBURSEMENT (submitted/not submitted): **N/A**

DURATION (start time and date): **10/07**

PURPOSE/INTENT (100 words maximum):

### **Teledermatology Overview:**

**VHA experience is that teledermatology can result in treatment initiation significantly sooner than patients receiving usual care and avoid the need for a face-to-face dermatology clinic appointment in 18.5% of patients and that Teledermatology is cost-effective in decreasing the time required for patients to reach a point of initial definitive care. (information obtained from the VA Care Coordination Services web page).**

**Initially, veterans in Honolulu were scheduled with a designated MD to complete the Teledermatology template. All veterans at the outlying CBOCs had this template completed by their designated PCP. The designated provider for this service was changed in 7/07. In an effort to increase access to this service, the clinic was updated to streamline the process. We are now using one Teledermatology consult which is completed by one provider. Patients at the outlying CBOCs are interview via real-time VTC and images taken by CBOC Telehealth Coordinators. An interfacility consult is place to the San Francisco VA Medical Center; Dermatology Service. Template and images reviewed by Dr. Dennis Oh and recommendations are forwarded to the patient's PCP.**

MAJOR CRITICAL ACCOMPLISHMENTS:

**Increased access to all veterans**

CRITICAL SUCCESS FACTORS:

**Availability of needed equipment, properly trained staff, appropriate clinic creation to account for work load credits, and standardize process to schedule consultations, evaluate patients, and forward recommendations to PCP.**

CRITICAL BARRIERS (overcome or not):

**Staff attrition at the Hilo CBOC: pending hire of an RN; lack of staffing at American Samoa to support the Telehealth service.**

MAJOR LESSON LEARNED:

**Imperative to have staff dedicated to Telehealth to allow for full implementation and expansion of the service.**

CURRENT STATUS (active, planned, dormant, completed, other?):

**Active: Kona, Maui, Kauai, and Guam CBOC; Dormant: Hilo, CBOC; Planned: American Samoa CBOC**

PARTNERING ORGANIZATIONS:

**San Francisco VAMC Dermatology Service: consultant**

IS THERE A CLINICAL CHAMPION OR A COMMITTEE OVERSEEING THE TELEMEDICINE PROGRAM?

**PIHCS Telehealth Team: Dr. Reese Omizo, Jaclyn Griffin, NP, Myrel Baptiste, MA  
Consultant: Dr. Dennis Oh; San Francisco VAMC**

TECHNOLOGY USED: **Tandberg HCSIII, Sony or Cannon Digital Still Camera**