

**Regional Coordinating Council (RCC) Meeting Notes**  
**Sept. 25, 2014**  
**2:00 pm**

**Attending:**

Tara Styer and Aaron Langmayer- TTD  
Judy Weber- TRPA  
Graham Dollarhide: Jump Around Carson (JAC)  
John Pillsbury- Department of Rehabilitation  
Betsy Glass- Barton Community Health Center  
Robert Yang-VA Sierra Nevada  
Patricia Beck-Weaver- VA Sierra Nevada  
Jackie Johnson- VA Sierra Nevada  
John Melrose- Placer County Veterans Service Officer  
Lance Poinsett- El Dorado County Veterans Services Representative  
Deirdre Slater- EDC Education Coordinator For Child Development Programs & Services

**Tara:** Greeting and introductions. RCC meeting notes are posted on the TTD website for review.

The public comment period for the Coordinated Human Services Transportation Plan is open until October 11, 2014. The Plan includes an assessment of available resources, unmet needs, goals and strategies to meet needs, and a means to share and coordinate services and resources.

**Judy:** Placer County is having the unmet needs workshop on October 2, 2014 in Tahoe City at the Arts Center at 1:00.

**Tara:** The agenda has been slightly reorganized to include routine updates for both specialized transportation programs: North Tahoe/Truckee Transport (NTTT) and the proposed South Lake Tahoe Specialized Transportation Service.

TTD partnered with the Town of Truckee to develop the NTTT program. The program started on 7/31/14 and it provides interregional and out of area transportation to eastern Placer and Nevada county residents. Monthly transportation is provided to Reno, Grass Valley/ Nevada City, and Auburn/Roseville/Sacramento. There is a match requirement of \$5,556 for this program. There have been requests for transportation to South Lake Tahoe to see medical specialists. A trip to SLT has been scheduled for October 29, 2014.

The proposed South Lake Tahoe Specialized Transportation Service received \$6,000 from Barton Health Foundation. These funds may be used as match funding towards a federal source or directly for operations. TTD will apply for Caltrans and NDOT funding to help support this program. TTD has partnered with the Tahoe Basin Senior Citizens Center Inc. (TBSCC) to apply for foundation grants that restrict eligibility to non-profits.

Several RCC members requested that a meeting be dedicated to Veterans. The Veterans Transportation Network no longer provides service from SLT to the Reno VA hospital. It is important to look at alternative approaches.

**Patti:** (refer to prezi link)

Presentation discusses connected health for rural veterans. Secure messaging allows veterans to communicate with their providers (safe and secure). The VA blue button allows veterans to download information. The veteran's health library has health-related videos and all information is evidence-based. A printout is generated that the veteran can take to their physicians to discuss medications, diet, etc. The open notes feature provides access to all of the veteran's medical notes.

Non-veterans may also have My Healthe Vet account; although, health information will not come from the VA. Studies show that patients appreciate having contact with providers. There is also a patient advocate secure message option with response within three days. Veterans who see providers outside of the VA can take a list of their medications to other providers to ensure they have a complete medical history.

Research shows that secure messaging helps individuals to self-manage and understand their own health. The program also helps with coordination of care. Information is available at any time. Caregivers are encouraged to access the library.

The majority of veterans are not elderly. Health assessments have been shown to improve health behaviors and promote behavior change.

My Healthe Vet website: <https://www.myhealth.va.gov/index.html>

**Robert:** (refer to PowerPoint)

Telehealth and Healthe Vet are connected under the scope of virtual care. Telehealth is video and telecommunications for medical appointments (similar to skype). It is available at all Sierra Nevada clinics and the Reno hospital.

Reduces drive time for follow-up and other brief visits; improves efficiency and convenience for the patients.

VA Model: Right Time, Right Care, Right Place.

Three modalities of Telehealth: 1) clinical video telehealth (CVT) - real time, synchronous. CVT is overseen by Rocky Mountain Telehealth Training Center in Colorado.

Central office in DC, but each modality has a separate training center to take initiative.

Telehealth can also be used to connect with larger facility (e.g. Palo Alto) for pre or post operations.

Robert discussed equipment commonly used.

Transportable Exam Station (TES) - portable exams with wireless connectivity.

Cisco Jabber is used by patient and provider. Patient can be in their home for the visit if they have computer, webcam, and broadband.

Modality 2- Store and Forwards (S & F) - Asynchronous screening procedures, supplement to comprehensive exams. S & F is overseen by telehealth training center in Boston. Sierra Nevada VA offers Teleretinal imaging and teledermatology.

Modality 3-Home Telehealth: potential to use equipment in the patient's home. It is used to monitor chronic diseases. The patient is also managed by an RN, so it is more comprehensive. It is overseen by the Sunshine Training Center in Lake Center, FL. Patient regularly logs in and transmits information to RN within the patient's record.

The Sierra Nevada VA has several future telehealth projects planned. Community outreach is important to let providers know about the services and for the VA to learn about what is needed in the rural areas.

Q: What does it take to get a Community Based Out-patient Clinic (CBOC) - is it population based?

**Robert:** There is a process of facility planning and contracting and the VA generally aims for centers of mass. The VA is focusing on bringing care closer to home (virtual care) and partnering with other agencies.

Q: Are there currently partnerships in place with rural hospitals?

**Robert:** A partnering hospital is responsible for the infrastructure and equipment. The hospital providing services would be reimbursed through the VA Contracting Services. Contracts, security, and specific program challenges limit partnerships.

**John:** VA has a fantastic health care system, but it is very restricted. It becomes difficult for veterans and partners to gain access to VA hospital system. When local hospitals are used they are compensated at a Medicare rate; referred to as fee basis. Fee basis is controlled by the vizin. Reno is Vizin 21.

Q: How difficult is it to utilize Cisco Jabber?

**Robert:** There are several rules to using the system. For example, the password must be changed every week. The VA helps with the software installation to ensure the program is working.

Q: Are there mobile CBOCs?

**Robert:** VAs in other areas have mobile units. Usually, there is a provider, nurse, and driver with a van or RV with satellite connection. Cheyenne WY has this model. There are some challenges with start-up; hiring a fulltime driver, ownership of the vehicle, etc. This model has been explored in Reno. There is limited connectivity with the satellite connection.

Telehealth is increasing in use. FY 2012 had 5900 visits and encounters. FY 2013 had 8900 visits and encounters. Mental Health and nutrition are most utilized.

**Robert:** There is a crisis line for veterans available anytime, 365 days a year. There are also new billboards in Reno reaching out to veterans.

There are smartphone apps for veterans (links in email); "PTSD Coach." The apps are designed for maintenance, not crisis situations.

**John M:** The hospital portion (VHA) is about 2/3 of the VA. There are also Benefits (VBA) and Cemetery portions. John and Lance are on the Benefits side. They submit claims and review responses with veteran. John communicates with the Vizins, VA hospital administrators, veterans, their family, community, and service providers. The goal is to provide an extra safety net for veterans by coordinating with local providers.

Some coordination challenges exist between VHA and VBA.

**Lance:** Lance has an office in South Lake Tahoe Senior Center which he staffs on Tuesdays. He coordinates directly with veterans. Lance is currently serving many Vietnam era veterans. There are many low income veterans in the area. They may be able to get reimbursed for travel, but it might be a challenge to fund the travel initially.

Lance is also responsible for Alpine County.

**John M:** John is pursuing funding for transportation in Placer County. John advised that providers ask clients/passengers if the "served in the military" rather than asking if they are a veteran.

**Jackie:** Suggests that the VFW might be able to help with transportation.

**Aaron:** Inquires about outreach efforts.

**Robert:** Robert is the outreach coordinator for the Sierra Nevada VA.

**Lance:** There are community outreach events through the American Legion in South Lake Tahoe.

John and Lance offered to present information to Tahoe communities.

**Tara:** Inquires about veterans who reside in the Douglas County portion of the basin.

**Lance:** The Veterans Service Representative has the duty to assist, so Lance provides assistance to any veteran who requests assistance.

**Patti:** Comments that more representation is needed for the Tahoe veterans. Lance is only in South Lake Tahoe once a week and he is also serving Douglas County residents.

**Lance:** Estimates that he has around 100 active cases in South Lake Tahoe.

John states that 10-15% of any population is generally veterans. Lance adds that the percentage is a bit higher in El Dorado County.

**Tara:** The next meeting is scheduled for **November 20<sup>th</sup>**. The fourth Thursday is Thanksgiving, so the meeting is moved to the third Thursday. The meeting will also include the Social Services Transportation Advisory Council (SSTAC) meeting.