

**VETERANS & SENIORS COMMITTEE**

**of the**

**SUFFOLK COUNTY LEGISLATURE**

**MINUTES**

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on July 25, 2011.

**MEMBERS PRESENT:**

Leg. Steven H. Stern, Chairman  
Leg. Sarah Anker, Vice Chair  
Leg. Vivian Vilorio-Fisher  
Leg. Edward P. Romaine  
Leg. Lou D'Amaro

**ALSO IN ATTENDANCE:**

Renee Ortiz, Chief Deputy Clerk  
Eric A. Kopp, County Executive's Office  
Tom Ronayne, Director of Veterans Service Agency  
Paul Perillie, Aide to Majority Leader  
Deborah Harris, Aide to Leg. Stern  
Dot Kerrigan, AME Legislative Representative  
William Shilling, Aide to Leg. Anker  
Tom Ryan, Aide to Leg. Vilorio-Fisher  
Justin Littell, Aide to Leg. D'Amaro  
Louise B. Burns, N.P. Lead Telehealth Coordinator VAMC Northport  
Brandi M. Carney, LCSW, Caregiver Support Coordinator, Northport VA Medical Center  
JoAnne Anderson, RN, MSN, FNP, East End Health Care Coordinator, Northport VAMC  
Laura Halloran, Budget Review Office  
Kara Hahn, Communications Director, PO's Office  
And all other interested parties

**VERBATIM MINUTES TAKEN BY:**

Diana Flesher, Court Stenographer

## **THE MEETING WAS CALLED TO ORDER AT 11:37 AM**

### **CHAIRMAN STERN:**

Welcome everybody to the Committee on Veterans and Seniors. I ask everybody to please rise and join us in the Pledge of Allegiance led by our Deputy Presiding Officer Vivian Vilorio-Fisher.

### **SALUTATION**

I ask everybody to remain standing and join us in a moment of silence as we keep our veterans who are fighting for our freedoms overseas in our thoughts and prayers.

### **MOMENT OF SILENCE OBSERVED**

Thank you. Hi, welcome everybody. Director?

### **DIRECTOR RONAYNE:**

Good morning, Mr. Chairman, members, Deputy Presiding Officer. Thank you for the invitation to again appear before you. And I hope that you are thus far enjoying your summers.

### **CHAIRMAN STERN:**

So far so good.

### **DIRECTOR RONAYNE:**

I really haven't got a great deal to report on today. I think largely I wanted to make everybody aware, as I know the Chairman is, we were able to spend a moment together at an event this past Friday, which was an annual event that has been taking place in Babylon. It's known as Babylon to the Beaches. And it's a Wounded Warrior project bike ride that the Wounded Warriors are encouraged to participate in as are other members of the military, veterans and members of the community. But I should make it clear that for the purposes of this event, when we refer to our Wounded Warriors, these are our most severely injured, most severely wounded troops. They are almost -- to a man and woman -- we had women riding this year. Amputees. Some single amputees, some double. I believe there was one triple amputee, both legs and an arm. And it's just truly, truly -- it's absolutely inspiring to watch these individuals.

I mean we had a morning where it was in excess of 100 degrees. And these individuals, with all of their hardships and their obvious physical disabilities, are riding bicycles that have quite literally been built around the soldiers. In many cases the bicycles are propelled by hand cranks, using their prothesis. And the ride was 22 miles. If you can just imagine the weather, the temperatures that we had on this Friday past, riding a bicycle or doing anything for 22 miles. And to a person -- they completed the ride. They completed the ride. We had other folks, you know, try valiantly and were not able to quite make it to the end quite understandably given the weather. But it was really just a remarkable thing.

I attend every year. And it's always -- you know, you leave there just truly inspired and in awe of what these folks are doing, obviously post-injury, post-wound. It's also -- the event also serves as a very effective fundraiser. Last year a little bit over \$100,000 was raised. This year the check that was presented at the opening ceremony was for \$130,000. And I spoke with the organizers on Saturday morning at Sag Harbor where we had a second ride take place. And the organizers had told me that the amount of money raised for the Babylon ride had increased substantially from the time that the check had been presented on Friday morning. So this is money we all donate. This is certainly money that is going to a wonderful cause and helping people who truly, truly need the help.

On Saturday, as I said, we had a continuation of the ride, the Wounded Warrior Project/Soldier Ride. And this ride began out of Sag Harbor. It is an annual event now that is done in honor and memory of Lance Corporal Jordan Haerter from Sag Harbor, who was killed three years ago. And it, too, was a very successful event. The weather was, again, very hot; but it was an extremely well-attended event, both by the public coming out to see the opening ceremony and the kickoff, spectators and greeters along the route and the riders themselves. The ride -- although I'm not sure, I thought we were going to Montauk, though I could be mistaken, we rode from Sag Harbor to Amagansett, which was plenty. It was quite a ride.

And I'll tell you we have guests here today from the Northport Department of Veteran Affairs Medical Center. They had their mobile Health Unit parked at the Sag Harbor event, at the finish line in Amagansett. And they were doing a bang-up job of delivering services and making folks in attendance aware of what is available through VA, providing enrollment, providing information. And that mobile unit is really just a treasure to have out here in Suffolk County. It's been very active recently. Thank you to the team who runs this effort, especially JoAnne Anderson. And, you know, it's really a very valuable asset for us, both on the north and south forks now that we've opened the clinic in Riverhead, providing awareness, information, enrollment and so forth to our veterans, which is all very new to the East End of Long Island. So it's long overdue and very welcomed.

Again, the Sag Harbor ride was also very well-attended; slightly smaller, but nonetheless equally impressive. Saturday being a busy day we had -- when we finished the ride in Amagansett I was able to go home and change clothes and head into Bellmore in Nassau County for a fundraiser, which on the surface you may not think very much of in terms of veterans. But there's an organization known as the Feal Good Foundation run by a gentleman John Feal, which advocates and provides services to 911 First Responders with varying needs, most of us with some sort of illnesses or disabilities and so forth. John does a tremendous job.

The reason that I -- over the past several years become very active with John in his organization is veterans are disproportionately represented in the uniform services. When we come home from service, it's a very -- it's much more than the population at large who will be drawn to service as either a police, fire, EMS. And the other large draw for military veterans are the construction trades and construction management. All of these populations are very significantly represented in the Feal Good Foundation's core population, the folks that they're rendering assistance to.

And for my small part I try to ensure that the veterans in that population, beyond their needs as 9/11 first responders, have access to their veteran specific needs and benefits. And that is why we participate in those programs. And that also was very successful. They were able to fill a theatre to standing room only capacity and very well-attended. Successful in terms of the funds raised. And we hope that there will be many more.

I'll touch briefly, but I won't get too in depth because I believe that the Northport folks are going to want to touch on this. But the Riverhead CBOC has been -- the Riverhead VA clinic has been by all accounts a booming success. The veterans are slowly becoming more aware of it through advertisement, local media and word of mouth. The veterans are beginning to use it more and more. And as a bi-product of the veterans coming in to use the VA clinic, they are finding our offices, which many of them had not previously been aware of. As I think you're all aware, when the VA facility was being constructed, we also moved our offices from the west end of the County Center Office building down by the Health Department over to the wing where the VA facility is now located.

And we literally share a common wall. We are on one side of the wall; the VA facility is on the other. So the proximity of our services to the VA and vica versa is proving to be a good choice. We're seeing a lot of clients come in. Not all have been coming in for benefits and claims prosecution or processing, but also for just general information; coming in as walk-ins. The Veterans Photo Identification Program is showing a significant uptick because of the veterans coming in and

obtaining their Suffolk County Veteran resident ID cards that are issued in both Hauppauge and Riverhead. And we're happy about that.

And just one more note very quickly on Northport. As I've been reporting, we are working with Northport. We have a team meeting this afternoon at Northport at 2:30 to help them plan for and produce the first Stand Down -- Homeless Veteran Stand Down or Veterans in Need Stand Down, that will be held on the campus of the VA facility. That Stand Down will take place in conjunction with the traveling Vietnam Wall visiting the Northport VA facility. It's going to be a very busy time. There's a lot going on in Northport all the time. To have a Stand Down and the wall taking place at the same time is going to be something to behold. Logistically --

**D.P.O. VILORIA-FISHER:**

When is that happening?

**DIRECTOR RONAYNE:**

October. October 28th, 29th and 30th. The Stand Down will be for one day. That will be on Friday the 28th. The Vietnam Wall will be there for three days; the 28th, 29th and 30th. And I would encourage you all -- I've been given permission by VA to extend an open invitation to each of you, to please join us and attend the -- not only the opening ceremony, but just see for yourselves what the overall programs are both at the Stand Downs -- at the Stand Down and at the traveling wall, which is really quite spectacular. I know the Chairman has visited the wall when it visited Huntington. And it's really quite something. It's a three quarter scale replica of the wall in Washington, DC. And everybody takes something away from it. So I would encourage all of you, if you're at all able to try to join us there, even if only for the opening ceremony.

**D.P.O. VILORIA-FISHER:**

Hi. You mentioned Mr. Feal. And he was there yesterday at the film showing of Nine Eleven.

**DIRECTOR RONAYNE:**

Yes.

**D.P.O. VILORIA-FISHER:**

Dr. Benjamin --

**DIRECTOR RONAYNE:**

Dr. Luft, yes.

**D.P.O. VILORIA-FISHER:**

-- Luft's movie. And I wanted to just mention two things about that. Until yesterday, I didn't realize how intimately involved and how much he helped this come forward. But our Presiding Officer was very instrumental in working with Dr. Luft and his project. And vets were very well represented there yesterday at the theatre.

And the second thing is that there's a book that is associated with that. And all of the proceeds are going to the different foundations, I think, including the Feal Good Foundation. So it's a requiem -- Nine Eleven, A Requiem, I think, is the name of the book by Dr. Luft. And as I said all proceeds are going to that foundation. So it was really a very, very moving experience to be there yesterday.

**DIRECTOR RONAYNE:**

I'm glad you were able to attend. I had been invited. For personal reasons, I didn't feel -- I chose not to attend. But I knew that John was going to be there. Dr. Luft, so that everybody understands who he is, runs the World Trade Center Health Registry Program with its affiliation through Stony Brook for our purposes out here. And he does a tremendous job. They have a very important responsibility administering the care to the 9/11 -- surviving 9/11 first responders in our area in

Suffolk County. I happen to be a participant in that program. And, you know, I go at least once a year just to maintain my status in the registry. But Dr. Luft does an outstanding job. And what they produced yesterday at Stony Brook, my understanding going into it was that it was going to be quite an exceptional production. And I'll watch it on my own at some time in the future.

**LEG. ROMAINE:**

I believe Dr. Luft is also a member of our Board of Health.

**D.P.O. VILORIA-FISHER:**

Yes, he is. My only claim to fame is I taught his daughter Spanish.

**CHAIRMAN STERN:**

On a day where most wouldn't even want to be outside to be down in Babylon on the day of the Wounded Warrior Project's ride with so many veterans and so many supporters was really, as you said, Director, really inspirational. It was a special day. It was really great to see. Anything else for the Director? All right. Very good.

**D.P.O. VILORIA-FISHER:**

Thank you.

**CHAIRMAN STERN:**

Tom, thanks so much.

**DIRECTOR RONAYNE:**

Thank you.

**CHAIRMAN STERN:**

Okay. We're pleased to be joined this afternoon by Louise Burns, Brandi Carney and JoAnne Anderson to talk about all the outstanding work that they're doing for our veterans within our communities. Welcome.

**MS. ANDERSON:**

Okay. Good morning. Thank you on behalf of my colleagues here from the Northport VA and the ones back at home who aren't here. It's nice to be invited back. Thank you so much.

The three of us here this morning will give -- I'll give a brief update on the East End Health Care Project. And we'll allow a little bit more time for in-depth discussion, perhaps some questions from two of the great program coordinators we have here. Again, I am the East End Health Care Coordinator for Northport. And my job has been over the past seven, eight months to increase health services for our veterans on Eastern Long Island. And it's been a great challenge and a great opportunity to do that.

Mr. Ronanyne did give an update on the Riverhead CBOC. That's one fifth of the component of my work as an East End Health Care Coordinator. My job is to also increase services regarding Home Base Primary Care Program, a Mobile Outreach Program, increased outreach opportunities, work with the Telehealth Coordinator and make sure telehealth services are increasing for our veterans on the eastern end of Long Island as well. Those are my primary five responsibilities. And all five areas are growing.

We've had 122 new patients enroll in the Riverhead clinic, which is wonderful. I've had 40 new enrollees just in the past two-and-a-half weeks; so very excited about that. We are working with transferring our veterans who wish to do so from Northport to receive their care out at the Riverhead clinic because they live closer to that clinic so we are currently doing that as well.

I've increased the Mobile Unit Program from maybe a sporadic once a month, maybe once every other month program to three days a week. We do actively engage in site locations, enrollment events, informational sessions on the north fork, south fork, Nassau County as well as Suffolk County. So all areas of Long Island we're currently taking reservations for. And it's nice to receive the help. Please do send me your request if you'd like the mobile unit at any of your events. I can provide staff, a nurse practitioner, an RN, an enrollment officer, eligibility officer. And I do have a driver that will work seven days a week. So, I do look forward to your continued support. Thank you.

Regarding our outreach events, I have stepped into a vacancy for our outreach coordinator from Northport. {Marge Mitchel} did relocate to another VA down in Florida so I am stepping into that position as well as temporary collateral duty to working on outreach events for Nassau and Suffolk. So our East End Health Care Program continues to grow. We're bringing program coordinators out to give telehealth video conferencing sessions regarding dementia care, which should start August 15th, group sessions so that we hook up back with some of the great classes that are given in Northport for our families and caregiver support. So now we can give that also in Riverhead and other clinics as well.

So that's my brief presentation. I'm going to pass -- if anyone has any questions, I would entertain them now. Or if you want to do it collectively for us at the end of our presentations, we can do that as well.

**MS. CARNEY:**

Good morning. My name is Brandi Carney. I'm the Caregiver Support Coordinator at Northport. This new program that we have has been open since May 9th. We have been receiving referrals before that time. I'm a social worker at the VA and we've been doing caregiver support coordination for many years. The benefit of this is we now have new Legislature that allows us to really put a lot of focus on the importance of a caregiver, maintaining the wellbeing of a veteran who's living in the community.

So this program is based on two separate areas. We have one area that is based on what we call the Family Caregiver. The Family Caregiver is a caregiver who is caring for a veteran who has a post-9/11 discharge. So it's usually an OEF/OIF veteran who has a serious injury that was incurred in the line of duty. And they require regular caregiving tasks, whether it be bathing, grooming, dressing; even mental health issues that require a lot of attention on a daily basis.

So these caregivers are being given a stipend as well as health care benefits if they qualify for this program; meaning that they have a post-discharge 9/11 and that they have high care needs. We currently have about -- we have three approved veterans on the program right now. We have two in process and three to five pending. This has been a great asset for many of these young families. They're many times in their late 20's, 30's, 40's. They've had to quit their jobs. They're raising their children. And we've been able to give them -- afford them an offer of giving them a stipend monthly to offset any costs of not being able to do the regular things that a young woman or a young man would need to do; instead they're providing care for our veterans at home.

Our focus is to keep our veterans at home because, of course, being at home is usually where most of your needs are best met and you're happiest at home with your own environment and your own meals and your own smells and your family. We prefer to keep these young men that have a lot of caregiving needs at home rather than requiring a higher level of care. We've been very successful in looking at a lot of different benefits so that we're able to see exactly who would qualify for this program.

It's a lengthy process; not lengthy in comparison, but it's pretty intense. It's about a 30-day from beginning to end. We are under very, very monitored time constraints from Washington. They're watching everything that we enter in this tracking program. So we're hoping to move these gentlemen along the continuum and then we provide regular follow-up.

The second portion of the program is for the general caregivers. This is all others. Any veteran is eligible for this portion of the program. This is a program where we're able to provide support, resources, referrals, training in order to keep veterans at home and well cared for. We've seen that this has been very beneficial. It helps with appointment compliance when we involve the caregiver in our treatment. We kind of consider them as part of the treatment team. So when we make them part of the treatment team, appointment compliance increases, med compliance increases, length of stay in the hospital decreases, emergency room visits decrease.

So this is a very worthwhile program. And we feel that it's just going to really explode. We currently have about 75 caregivers on my caseload alone and this is just since May. They receive 30-day followup. We feel that this is really beneficial because since the VA is such a, you know, it's a very big facility with a lot of different practitioners and disciplines, when we make referrals, sometimes we need to make sure that the referrals are being processed correctly and timely. So my job is to really be the care manager in making sure that all of the referrals and all the care needs are being completed within a 30-day time frame. We've been pretty successful in doing so.

And we receive referrals through our caregiver support line, which is an 800 number. I can pass out more information a little bit later. And we're also receiving internal referrals through the VA Medical Center as well as I've received referrals from different outside community agencies who are really excited to have -- finally have Legislature approved that so that we can give these caregivers exactly what they need in order to keep these veterans at home as long as they can, in an environment where it's hopefully less stressful for the caregiver knowing that they have our support. And that if something comes up, it's any easy phone call to me, to ask what's the next step or what's available, what can I do. Sometimes just a small phone call to a caregiver in the community that feels all alone, and you call and make that phone call in 30 days, and Miss Smith is so excited that someone didn't forget about her and that we're concerned; and that if something is needed, we're able to make a timely referral. Any questions?

**CHAIRMAN STERN:**  
Legislator Viloría-Fisher.

**D.P.O. VILORIA-FISHER:**  
Pardon my ignorance but what does OEF/OIF mean?

**MS. CARNEY:**  
I'm sorry about that. Operation Enduring Freedom and Operation Iraqi Freedom. And now there's Operation New Dawn, which is for our returning veterans. No, I'm sorry.

**D.P.O. VILORIA-FISHER:**  
I didn't understand --

**MS. CARNEY:**  
And usually when I discuss, we make a lot of referrals internally as well as externally. So we're referring a lot to our home base primary care team, which is a team of clinicians that go into the home for our homebound veterans; a nurse, a doctor, a social worker, psychologist, dietician. They bring the care to the veteran. We refer a lot to Telehealth. We have a home health aide agency that we contract with, contract Adult Day Health Care Respite. It's pretty --

**D.P.O. VILORIA-FISHER:**

You just answered my second question because I was going to ask, it seems that you're doing wonderful things. It's important to have people at home. And I think it helps with the health literacy of the family to have somebody else involved. It helps to have two people listen to what the instructions are. But also that it's tied in with Telehealth. So you can have that remote care from the home, right? Where they can have a doctor's visit remotely, right? I mean that's how it works, right?

**MS. CARNEY:**

Yes.

**D.P.O. VILORIA-FISHER:**

Sounds good. Okay. Well you'll explain that to us. Thank you. Sorry for my -- I was just thinking you were talking about the --

**MS. ANDERSON:**

We say them all the time.

**D.P.O. VILORIA-FISHER:**

The case -- the disease or something so I didn't know what that disease was that you were talking about. Sorry. Thanks.

**MS. CARNEY:**

Thank you.

**CHAIRMAN STERN:**

I have a question for you. When you classify someone as high care need, how is that defined? Is that based on services required, level of care? Is it based on hours per day that's necessary? What is the definition?

**MS. CARNEY:**

It's actually all of those. What happens is, is when someone is -- seems that they're clinically or administratively eligible, so now we have a veteran who has a post-9/11 discharge and a line of duty injury, they see their primary care physician, who does a Clinical Eligibility Form. And this Clinical Eligibility Form rates their needs based on bathing, grooming, dressing, ambulation, transfers, any kind of mental health issues.

At the end of that template, there is a score. The higher the score, the higher the need. So I believe the highest score is about 30. And that would mean that that person would require regular care and regular assistance with what we call ADL, Activities of Daily Living, as well as any kind of mental health direction. So we're seeing a lot of our patients with Post Traumatic Stress Disorder. And a lot of their caregivers are very often required to redirect them, refocus them, help manage their medication and make sure they're getting to their appointments. So based on that clinical eligibility template, that dictates how high the level of care that's needed.

**CHAIRMAN STERN:**

And the training that goes on for the caregiver, is that a basic training? Or are there specific elements based on what the specific needs are of the person that they're providing care for? And generally how long does that training portion take?

**MS. CARNEY:**

Okay. So after the clinical eligibility is established, and they do meet the requirements, we go forth and we complete the -- the caregiver completes training. And the training has been -- it's a core curriculum. So it's really a generalized curriculum. This curriculum has been formulated by Easter

Seals. We've contracted with them. There are three different methods. There's a method where it's a face-to-face classroom, which we haven't enough caregivers at this time to fill a class. There's online. And there's also a DVD workbook.

At this time all of our caregivers have opted for the DVD workbook. It's very individual. For the most part I'm seeing it takes about four or five days. It depends on what their other activities are in the home if they have a chance to sit down and complete it. There's a pre and a post-test. After the test is completed, there's 20 questions. And then it's sent back to Easter Seals. Easter Seals then notifies me of the score, if they've passed the training.

Once they pass the training, we move onto a home visit and a team visits them. If there is more individualized training that's required, whether it be post traumatic stress, symptom management training or they may need bowel and bladder training, they may need trach care, then we're able to refer to our different teams and send our community health nurse into the community. Home Based Primary Care would then go in and provide the individualized training for that particular veteran.

**CHAIRMAN STERN:**

And if there's going to be someone who's certified as a caregiver under this program, does that person or that family still have the opportunity to have someone else come in and work with the Aid and Attendance Program? Can they be done together? Are they mutually exclusive?

**MS. CARNEY:**

Yeah, they can receive both benefits. They -- it's -- you know, of course, tax free and you can apply for both benefits at the same time.

**MS. BURNS:**

Good morning. My name is Louise Burns. I'm a nurse practitioner and I run the Telehealth Program at Northport. Just to give you a little definition, Care Coordination is the use of health and phymatics, disease management and telehealth technologies to enhance and extend care and case management, to facilitate access to care and improve the health of designated individuals and populations with the specific intent of providing the right care at the right time and the right place. Now that's a lot of words to be honest with you.

But basically what we do is we have three arms of Telehealth at Northport. We have something called Home Telehealth, which I have brought a demonstration -- I haven't turned them on, but these are the three devices that we currently use in the home. And basically what these devices do is they hook up to a telephone line. And it can be a Cablevision line, a regular old telephone line. These devices download questions on a daily basis to a veteran, or the caregiver can answer. It doesn't necessarily have to be the veteran. But it is for the care of the veteran. So the caregiver or the veteran answers questions about things like diabetes, high blood pressure, chronic obstructive pulmonary disease, congestive heart failure, depression. Those are the five main ones that we do target.

But we also do things like Post Traumatic Stress Disorder. We also do -- we have some new dialogues that are for substance abuse disorder, mild TBI so we -- or Traumatic Brain Injury, in case you didn't get that one, sorry -- we have our own language so I keep forgetting that. But anyway, we do develop those. And we -- those questions are answered on a daily basis. And when the care coordinator who gets this information through the 800 number, it dials -- each device has a separate 800 number. It dials that number and downloads it into a computer bank that is outside the VA firewalls within Austin or Hines. And that care coordinator has a password and everything to get into those computer banks. So it is protected. There's no release of patient information. There's strict confidentiality for all our patients. That care coordinator looks for trends and data.

So if she notices that, let's say, a veteran has high blood pressure and that his blood pressure is going up, the first thing she'll do is call that veteran to find out why is your blood pressure going up, especially with this hot weather? Did they start eating salty foods, have they been drinking? If they have congestive heart failure and their weight's going up, are they drinking more water because of the heat element? And she will discuss with him or her what's happening with that blood pressure.

If it's something that she feels that the provider needs to handle, let's say to change a medication, she'll notify the provider about what's been happening with this veteran's blood pressure and ask for the provider's input. But the first thing we do is what every nurse does: Check the medications, make sure they're taking their medications appropriately, find out if they have them. Sometimes they forget to renew their medication so we'll interact with our pharmacy to make sure that medication gets out to a veteran as soon as possible. Same thing with any of the other diagnosis's. We talk to -- we have patients, again, with Post Traumatic Stress Disorder, schizophrenia, bipolar. We do follow any of the mental health diagnosis's. So that's how these devices work.

The good news is that they strictly use telephone lines. So that has always been a little bit of a hindrance. You know, some of our younger guys coming back, they only have cell phones. Even some 70 or 80-year-old guys only have cell phones. So the exciting news that we have right now is we do have a company called Cardicom. And Authentidate is our second company. They're going to be doing something called interactive voice response, where just like when you call the bank and you press one for your balance or two for your check clearance, it'll be similar to that. It's about a two-minute phone call. The veteran will dial an 800 number. They'll put a pin number in, which probably would be like the last four of their social security number. And that would interface with exactly their profile that we're trying to manage.

That veteran will answer questions or put their blood pressure in using the key pad of their cell phone. And that information then, again, would be uploaded and sent to those two devices --

**MS. ORTIZ:**

You're off the mic.

**MS. BURNS:**

Oh, I did? Oh, I'm sorry. Again, it would be uploaded through the 800 number. And that veteran's information could be looked at by a care coordinator who can either be a nurse or a social worker. And we would then interface with that veteran to find out what's going on.

The third possibility that's happening is specifically with this device they are developed -- or have developed a cellular modem that sits underneath a device and -- so that device will only dial out through that cellular modem to an 800 number. So you don't get anybody who can use that cellular modem to make calls to Alaska. But -- only the device can dial out. So, again, we can use the device. And it'd be good for somebody who doesn't have a phone or maybe only has a cell phone. But maybe we want a little bit more intensive management instead of that brief two-minute phone call.

So that's our Home Telehealth Program. Northport is branching out into the other two components. It's going to be under a heading called Clinic Based Telehealth. Clinic Based Telehealth encompasses two things. We have something called Clinical Video Telehealth, where a veteran would be possibly at one of our clinics, most notably our Riverhead clinic we're targeting right now. We can do some groups out there where the provider of the service will be actually at Northport. And the group will be held at our Riverhead clinic. They will be there; so less travel, better satisfaction for the veteran or their caregiver, depending on what type of group they're running. And the educator would be back at Northport. And what they would do is they would be actually sitting in front of a 56-inch television set with a high definition camera. And they can interact between the two places.

So, again, increase patient satisfaction, less traveling. That's mostly the benefits that we've been seeing across the country and the VA for this kind of service.

The other thing that we can do is each of our mobile clinics will also be having something called a primary care cart, where actually we can -- actually do a primary care visit. You can listen to breathe sounds, you can listen to heart sounds, you can look in somebody's ear with an otoscope. And, again, the primary care provider would be back at Northport but the veteran would be at a local clinic, possibly Riverhead or any of the other clinics that will be opening. So it's really exciting that we're going to be doing that. So, again, decrease travel for the veteran, great satisfaction for the most part. I know across the country we've got about an 80 or 90% satisfaction rate across the country for this type of telehealth.

Our third telehealth component that we're doing is something called Store and Forward. Right now it's being used for tele-retinal imaging. The good news about this program is when you go to the eye doctor, they put those drops in your eyes and you can't see for eight hours. These gentlemen or ladies will be able to go to the local clinic. It is a screening right now for diabetic retinopathy. So the camera right now is in our Riverhead clinic. So they'll go to Riverhead. They'll sit in front of the camera. No drops. Picture gets taken with a high definition type camera that's attached to the -- a camera on top of a camera. But this information would be uploaded through their medical record. And right now we have a relationship with an ophthalmologist in the Bronx VA who will read those pictures to see if a veteran has retinopathy or not. It's important that diabetics get their eyes checked because retinopathy can cause blindness. So we're trying to get that early. It doesn't take the place of a face-to-face eye doctor visit, but definitely as a screening. It's a very good -- you know, we can see if there's any early changes.

We played around with the camera and they took pictures of our eye. And let me tell you, the picture is very crystal clear. You can see the macular. I mean I know -- I don't know if you know what I'm talking about, but you can see everything; the vessels, the walls of the retina, everything. It's just as good as an eye doctor looking in your eye. So right now we're just screening for retinopathy but they are producing more guidelines for macular degeneration and glaucoma so they're going to be broadening out. They're testing it now.

So we're all pretty excited about these new technologies that we're going to be bringing to the local clinics. My hope is not only to do the tele-mental health but also to bring some of our specialties to the clinic. I spoke with the head of podiatry just last week. And he's very excited to be able to provide this tele-podiatry. So I'm going to be working with him to set up a clinic profile so that, again, the podiatrist would be at Northport, but then the veteran would be seen in the Riverhead clinic. And he would go into one of the rooms with this primary care cart. And there's a high definition camera. And the podiatrist would be able to see any wounds, would be able to see any changes in the skin, would be able to check anything out. The only thing the podiatrist would not be able to do through the camera is clip the veteran's toenails. But I'm sure they'll be coming up with that next. So we're looking forward to that. But we're really excited about bringing this.

So that's where we are right now with our Telehealth Program.

**CHAIRMAN STERN:**

Very exciting; very impressive as well. Sure, Legislator Vilorio-Fisher.

**D.P.O. VILORIA-FISHER:**

I'm a very curious person.

**MS. BURNS:**

Okay.

**D.P.O. VILORIA-FISHER:**

I also serve on the Health Committee. And we had a presentation by a company called American Telecare, I think, it's called. And they -- what they described was a system that was based on using a computer. The patient would have a computer at home and the doctor, the nurse practitioner or whoever it is, the health professional on the other end could see them. And there was a blood pressure sphygmomanometer attached to it so that the actual pressure -- is the VA moving toward something like that as well, do you know, where they can see the patient and take the vitals with the computer-based so that you don't rely --

**MS. BURNS:**

Actually we are going to be using ATI. ATI is their shortened version. But, yes, we are going to be using ATI -- use their clinical video component. That's what you saw. We're going to be doing something called medication reconciliation which is making sure that veterans are taking their medications appropriately between the VA and some of the adult homes that we utilize in the community. So I'm in the process of setting that up.

The process that you are describing is kind of a mixture between our clinical video telehealth and our home telehealth component. These devices all have the ability to attach a blood pressure cuff or -- not so much our glucometer at this point because they don't interface with them, but a blood pressure cuff and a scale can interface with these devices. You cable them in with a cable, like a USB cable to the device. And what happens is that blood pressure gets uploaded right in. I like the ATI unit. It's a very impressive unit.

The only problem is it's an extremely heavy unit. It's about 20 pounds. And for somebody to carry that home, it's a little bit tough. And the only other problem with it is we have to use a plain old telephone system with them at this point. So it's a little bit difficult to get that picture to go across.

**D.P.O. VILORIA-FISHER:**

Computer-based?

**MS. BURNS:**

It's sort of computer-based, yes. It has a computer chip in it. But when you saw the process, they probably used more of a broadband unit, broadband-type signal. Because of confidentiality issues and things being hacked into, the VA is very cautious about that. So we have to use a plain old telephone system, which I know if you ever see any pictures that come over that, they're kind of jumpy, yeah, they're not really that great. So until they open up the broadband issue, we're stuck with the plain old telephone system at this point. But, yeah, they have a pretty impressive device.

**D.P.O. VILORIA-FISHER:**

Just another question for -- and I don't remember this part that clearly, but it was about, you know, following trends in the patient, what was his blood pressure in April and May, etcetera. And I know that a lot of vets, you know, they come home with pain medication. And many of them wind up with dependencies. Would this help to track medications better, this kind of system so the abuse doesn't become a problem to the vet?

**MS. BURNS:**

What we do is, all of the care coordinators are told to do something called medication reconciliation; again, making sure that what the veteran is taking is basically what's in his medical record, that he's not taking anything more or less. Of course, you are talking to someone. So you have to base your responses on what somebody tells you. But do you develop a sixth sense about your veteran. And you can find out if they're kind of dealing on the street or not. You get that idea. But for the most part most of the veterans are very good about answering those questions. And we make them sit there with their medicine bottles in front of them.

We don't see them. We're talking to them on the phone. So definitely that helps with medication compliance quite a bit. And a lot of times, you know, if you see something, a trend, like a blood pressure going up or a blood sugar going up, and they'll say, but I still have some of my metoprolol, and you look back at the medical record and you'll be saying, "okay, but where are you getting it from? Because the last time you filled it, it's a 30-day prescription, and the last time you filled it was two months ago. So you're either getting it from the outside or, you know, you're not taking it every day like you're supposed to."

So this is -- by them answering the questions, putting that information out and seeing the trends, you very much can see if they are taking their medications appropriately. And when you show them by taking it on a daily basis that, yes, their blood sugar comes down, their blood pressure comes down, they're usual more compliant about taking whatever they need.

**D.P.O. VILORIA-FISHER:**

I was more concerned with painkiller and addiction.

**MS. BURNS:**

Right. And I understand that. The only other thing that we have is a substance abuse disorder dialogue we can use. And that's predominantly for gentlemen or ladies who have just gotten out of a substance abuse program. We can do some follow-up with that. But the only way we can actually tell is if we look at the medical chart, see the medications they're taking and query them about that.

**D.P.O. VILORIA-FISHER:**

Thank you.

**MS. ANDERSON:**

To just add to what Louise is saying, pain management, across the life cycle of an encounter for pain changes a lot. You can have acute pain following surgery. And you'll have a diagnosis and a treatment plan and medication for that. Your pain can move into a chronic phase. Treating chronic phase is probably one of the trickiest. And that's one of the great things about using some of the home tele-health equipment because to augment pain medication could be perhaps the provider or the telehealth nurse either giving that verbal encounter, trying to go through the signs and symptoms a little bit better so that the correct medication is now being changed. You just don't use the same medication across acute pain and chronic. So it's a wonderful tool. And we're hoping to see some of that substance abuse problem decline.

**CHAIRMAN STERN:**

Legislator Anker.

**LEG. ANKER:**

Hi. What you guys are doing is just a benefit to the veterans, the veterans' families. It's really a wonderful thing. But what Vivian had mentioned, my concern, again, is chronic pain management and the opiates. Is there -- are other ways that you treat chronic pain other than through medication? You don't have to go through the whole scenario, but are there other ways other than just the medication that they're taking?

**MS. ANDERSON:**

Absolutely. Yeah. Probably our mental health support systems at the VA is fabulous. And our dual diagnosis program, which is an in-house program, will target that. Our -- the nurse manager for that program is fabulous in bringing patients in and really trying to -- I guess one of the most difficult pieces in treating chronic pain is trying to get someone to really describe it; and also looking at the other nonclinical indicators of how a person is managing with that pain. So our Northport VA facility is really very much in tune to some of those non-pharmacological interventions; definitely the pain management.

**LEG. ANKER:**

Thank you. That's very good to hear. Thank you.

**CHAIRMAN STERN:**

This is a not only insightful but, of course, exciting to see. When you see legislation, particularly at a national level passed to assist caregivers who are sustaining our veterans, that's encouraging. But when you get to have a conversation about specifically what that now means and how those services are being delivered and how literally, you know, hands on and not so much hands on, but by remote, what a difference it can make in the lives of our veterans and their families within our communities is really very encouraging.

So I want to thank you for being with us today. And, of course, for all of the great work that you do. And to also please along the way anything that we can do to be of assistance to you, please always feel free to let us know. Thanks so much for being with us.

**MS. ANDERSON:**

Thank you.

**MS. BURNS:**

Thank you for inviting us.

**CHAIRMAN STERN:**

Anybody else? Okay, very good.

**MS. BURNS:**

I was just going to add most of us have brochures. If there's any way that you -- I mean I'll drop off a sample of mine and I'm sure Brandi has some cards, whatever. But if there's anything we can send you for your offices for anybody that comes in, please let us know and we'll be more than happy to mail them to you.

**CHAIRMAN STERN:**

Yes, thank you for that. Very good. Director?

**DIRECTOR RONAYNE:**

Not to speak for the VA, I know in the past over a number of years, we have conducted some field trips where we've actually taken the Committee to the VA and walked around there to show you some of these clinics and some of the operations to get to see, you know, firsthand how these facilities operate, how the teams participate and coordinate with their veterans and so forth. I know that some of the management at the VA routinely tell me that you have an open invitation. I'm just wondering if this team would also embrace that and extend an invitation for the Committee to visit the Northport facility in a one-on-one sense, what really goes on up there. I promise it will be educational, informative and impressive.

**CHAIRMAN STERN:**

Very good. We'll get it in the book. Very good. Thank you, Director. Thank you everyone.

**LEG. ROMAINE:**

Motion to adjourn.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRMAN STERN:**  
Sure.

**THE MEETING CONCLUDED AT 12:27 PM  
{ } DENOTES SPELLED PHONETICALLY**