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## UCLA telemedicine program helps rebuild wounded warrior's bodies--and lives

Operation Mend's Chris Crisera: Communication puts focus on quality, personalized care  
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By Annette M. Boyle

For the last six years, military personnel who have sustained severe facial and other injuries have had access to some of the nation's best plastic and reconstructive surgeons while receiving ongoing care at home through telemedicine. The program, called Operation Mend, initially focused on secondary facial reconstruction of severely burned soldiers, who often must undergo dozens of surgeries.

"When we're doing a complicated hand or facial surgery, we keep them for a week and then they go home to San Antonio," Chris Crisera (pictured right), co-director of Operation Mend and assistant clinical professor at University of California at Los Angeles Health System told *FierceHealthIT* in a recent interview.

"They are 1,000 or 1,500 miles away from us. If they have issues, they can't easily return for a visit. Instead, they are seen by a nurse practitioner or a surgeon colleague at Brooke who chats with them and gets the story of what's going on."



The program is a partnership between UCLA Health, Brooke Army Medical Center (AMC), a burn and rehab hospital in San Antonio and the Veterans Administration Greater Los Angeles Healthcare System. Recently, the partnership expanded to include Fort Irwin in rural California and may soon connect other Army bases to the health system's specialists.

With physicians at both UCLA and Brooke invested in patients' outcomes, the teams initiated monthly video conferences to stay on top of emerging issues in patient recovery.

"It's important to keep open the lines of communication. We can communicate directly, which allows us to maintain focus on the goal of delivering quality healthcare and build personal relationships," says Crisera.

Today, Operation Mend offers orthopedic reconstruction for severely damaged limbs, mental health services, urologic treatment, otolaryngological care, examination and treatment of reproductive issues, repair of airways and design of new prosthetic ears—all supported by telemedicine.

"Telemedicine is a powerful vehicle to get expert advice in remote areas. It will become an accepted part of medical care internationally and become mainstream in the coming years," says Crisera.

Recent opportunities for UCLA support his view. "Last year, we started to work with colleagues at Fort Irwin in the Mojave Desert to provide assistance with patients with brain injuries, post-traumatic stress disorder and orthopedic problems," he adds.

Soon, UCLA's telemedicine program may play an even larger role in supporting the Department of Defense. "In May, we participated in a huge video conference with leaders of the Western medical command for the Army and fielded questions on where else we might collaborate. Telemedicine is a valuable vehicle to supplement the military medical mission and to get our message out."

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