Please remember to mute your speakers.

Connected Care Discussion Series

For audio, please dial in using VANTS:
1-800-767-1750  pc: 43950#

Thank you for joining. We will begin shortly.
Connected Care for Disaster Preparedness

Presenter:
Leonie Heyworth, M.D.
National Synchronous Lead for Telehealth Services
Overview of the Discussion

• Overview and Introductions
• Connected Care for Disaster Preparedness:
  – Why Now?
  – Telehealth Emergency Management
  – Drills
  – Requirements
• Questions
• Closing Remarks and Survey
• Disasters/emergencies often result in high volume appointment cancellations and increased demand.
• Per VA MISSION Act regulation, appointment wait time standards cannot be adjusted, even during a natural disaster/emergency.
• Virtual care modalities (telephone, video telehealth, mobile applications) can optimize timely continuity of care after a disaster/ emergency.
• Telehealth Emergency Management (TEM): 500+ VA clinicians across 30+ specialties are registered in the Disaster Emergency Management Personnel System (DEMPs) as TEM personnel.
• An integrated process is needed to request and qualify TEM personnel.
Why Now?
Why Now?

• VA Video Connect (VVC), “Anywhere to Anywhere” legislation is here!
• Many providers have done a VVC encounter.
• Veterans are increasingly familiar, and satisfied, with VA telehealth.
• VVC sessions now run, by default, in high definition.
• Release of Virtual Care Manager, a “one stop shop” for video; schedule caregivers, VA staff or groups in one step.
• Coming in early 2020: Virtual Care Manager 2.0, an enhanced workspace to manage virtual care, patient-generated data, and mobile applications.
• VA Video Connect sessions now run, by default, in high definition.
Telehealth Emergency Management
The Telehealth Emergency Management (TEM) Team supported primary care needs via video into Houston CBOCs after Hurricane Harvey.

TEM fully staffed a bilingual telephone outreach effort to 500+ high risk mental health Veterans in Puerto Rico after Hurricane Maria.

Specialty consultation via asynchronous image exchange was trialed between VA and a shelter in Puerto Rico after Hurricane Maria.
Hurricane Harvey 2017 Call Center daily activity at Jackson/Little Rock

- Hurricane Harvey 2017

Number of calls per day

- Harvey landfall
- Flooding

Total Call Volume
Pharmacy Calls
Abandon
Speed of Response
Aug 2017 average
Sept 2017 average
• TEM providers supported the Hampton VAMC call center surge

![Graph showing number of calls per day with peaks during Hurricane Harvey and Florence landfall.]
• Pre-activated TEM providers can provide care wherever the Veteran goes

![Graph showing number of daily cancellations from 1-Oct to 29-Oct 2017 and 2018, with a peak around 11-Oct 2018, labeled "Michael landfall".]
Virtual Only Response

- TEM clinicians support:
  - View alerts
  - Telephone, video care
  - Facilitated exams
  - Review of images asynchronously

- Patients contacting call center (local to disaster, evacuated)

- Walk-in patients with or without a facilitated exam
Virtual vs. Deployed Teams

Virtual Only Response

• TEM clinicians support:
  – View alerts
  – Telephone, video care
  – Facilitated exams
  – Review of images asynchronously

Virtual + Deployed Response

• DEMPS qualified “Strike Team”: 2 telehealth clinicians, 1 OI&T staff
• Bandwidth in austere conditions
• Beyond simulation: on-site drills
On-Call TEM Providers

- TEM has a year-round, on-call provider schedule in partnership with VISN Clinical Resource Hubs

- Tele-primary care, tele-mental health and tele-specialty providers: **project 950+ providers in roster by 2021**
### Virtual Telehealth Volunteers

**Name**: Filter by Name

**Profession**
- Select

**Specialty**
- Select

**Occupational Health**
- Select

**Travel**
- Select

**Supervisor Approval**
- Select

**Training**
- Select

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• Within 24h of VISN requesting TEM via EMCC, TEM providers:
  ✓ Undergo same-day credentialing and privileging (or be eligible for credentialing/privileging-by-proxy)
  ✓ Obtain rapid CPRS access specific to the VA facility in need, with “disaster clinics”, note titles and TEM-specific CHAR4
  ✓ Report available volunteer hours through TEM’s LEAF site

• TEM provider requirements:
  ▪ VA Video Connect training complete, practice/use
  ▪ DEMPS registration (Telehealth deployed vs. virtual) with supervisory approval
The Telehealth Emergency Management (TEM) is a modern, agile and efficient continuity-of-operations solution. Our team provides critical clinical services to impacted Veterans and civilians by leveraging the enterprise-wide capacity of VA staff to rapidly deliver clinical care through telehealth after a disaster or emergency.

Telehealth Emergency Management remote clinical volunteers can engage with call/contact centers operations, outpatient clinics, shelters and mobile units across the VA enterprise or in support of a federal mission. In coordination with the Office of Emergency Management, TEM can physically deploy a small team of skilled tele-presenters and IT staff to a disaster site to facilitate care with remote providers across a variety of clinical specialties.

Learn more or volunteer!

https://vaww.telehealth.va.gov/pgm/tem/index.asp
Drills
Federal Partnerships

TEM drill with HHS/ASPR on the National Mall 7/4/18
Operation Convergent Response 11/2019
Wildfires
• Visit volume peaked between days 3 and 6 after hurricane landfall
• URI, skin conditions notable early; chronic, MSK issues later

Ray et al., 2018
Highly Infectious Exercises

- Regional predictive modelling
- Anticipatory TEM activation attached to CCC
- HHS/ASPR or FEMA drills
QUESTIONS?

Please use the chat feature on the right to submit your questions.
Have an idea you want to share on how we can improve the discussion?

Let us know by providing feedback at this link: https://www.surveymonkey.com/r/LKDGP2C