DISCLAIMER: The views and opinions expressed in this presentation are those of the authors and do not necessarily represent official policy or position of the Veterans Health Administration
• Proposal for a Telehealth Emergency Management program (TEM) for the Veterans Health Administration (VA)

• VA currently deploys staff physically to the disaster area through their Disaster Emergency Management Personnel System (DEMPS)

• TEM provides a robust virtual deployment disaster response, in conjunction with current existing physical deployment response
• Virtual services include primary care, mental health, clinical pharmacy specialty, registered nursing, and specialty services

• Providers connect virtually with Veterans and staff in the disaster areas

• Virtual connection is by video to an existing VA, designated disaster relief center, Veterans on their personal devices, and by telephone
• TEM providers deliver safe, high quality care (Bashshur et al., 2016; Singh et al., 2015)
  • Providers have appropriate credentials to provide care to the disaster site (Herrold & Hall, 2014)
  • Providers are able to practice across state lines (Authority of Health Care Providers to Practice Telehealth, 2018)
• TEM provides increased care at decreased cost (Di Cerbo et al., 2015)
EXPLANATION OF DEVELOPMENT AND LAUNCHING PROCESS

- Obtained approval and executive sponsorship from Principle Deputy Undersecretary for Health (PDUSH) to proceed with proposal
- Gathered stakeholders from national and Veterans Integrated Service Network (VISN) regional program offices
  - Connected Care, Telemental Health, Teleprimary Care, Emergency Management, Information Technology, and VISN Telehealth Leads
• Weekly meetings

• Current and future state, scope of services

• Developed equipment list and process pathways
• Short Term Plan
  • Develop organizational structure
  • Develop operations manual
    • Standard operating procedures (SOPs), and other documentation
    • Standardized clinic naming nomenclature, and note templates
• Long term plan
  • Transition to TEM committee
  • Meetings bi-weekly to monthly
  • Disaster response drills and reviews
  • Operations manual review and revision
• Annual budget
• Sustainability

• Low costs associated with program

• Representation from national and VISN program offices and leadership
RESOURCES ARE A POSITIVE!

- Limited resources required post-implementation of proposal
- Many stakeholders are salaried
- Large pool of providers and administrative staff across multiple time zones
Increased access
Decreased cost
Decreased stresses on infrastructure at disaster site
Decreased burden of care on providers at disaster site
Documentation to Veteran’s local electronic health record
Ensured quality, value, and safety of care
  Credentialing and privileging by proxy
• Constructed Interprofessional Teams to communicate, coordinate, collaborate, and consult with other health professionals to advance a culture of excellence
  • A new way to think about care
  • Removed silos
  • Pushed boundaries
  • Blueprint for other innovations
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Authority of Health Care Providers to Practice Telehealth, 38 C.F.R. § 17 (2018)


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Any Questions