TEMPS: Development of a Nationwide Veterans Health Administration Telehealth Disaster Response

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During times of disaster (hurricanes, floods, wildfires, etc.), the Department of Veterans Affairs (VA) physically deploys medical and administrative personnel to assist with the disaster response. Although physical deployment provides definite benefits, it also creates challenges. Decreased space and resources at the disaster site limits the number of staff that can be physically deployed. There is a delay in the VA’s disaster response, as it takes 1-2 weeks to have staff “boots on the ground” and functioning at the designated site. There are the costs of physically deploying staff. Medical personnel who are deployed are not able to care for the Veterans at their home facility during this time, creating a burden on those at home.

A time gap is created during emergencies, wherein large numbers of the population in the impacted areas are not able to access medical or mental health care, or receive prescription medications. Even after personnel are deployed to the disaster site, services are limited by the number of personnel that can be deployed and by the fragile infrastructure. This includes not only the immediate area of the disaster, but surrounding areas as well. These areas are attempting to absorb persons fleeing the disaster and provide services beyond their usual capacity. Thus, the amount of medical personnel that can be deployed to a disaster area is limited.

Purpose: The Veterans Health Administration is the largest health care organization in the United States, providing care to Veterans throughout the U.S. and its territories. With vast personnel and telehealth resources, VA is well positioned to be a leader in providing high quality, comprehensive health care to populations affected by a disaster. By creating a Telehealth Emergency Management Personnel System (TEMPS) to complement the VA physical deployment Disaster Emergency Management Personnel System (DEMPS), the VA has been able to provide access to comprehensive care faster and at less cost. TEMPS has also minimized impact to the home facility and improved Veteran outcomes; all with a high patient and clinician satisfaction rate.

Methods: Using the same process that VA facilities already have in place to request emergency services provided a substantial time save. A TEMPS command center group was created, consisting of interdisciplinary program leads. This group collaborated with local leadership from the disaster area to determine the best telehealth response. TEMPS Command organized the telehealth mobilization effort, ensured virtual provider credentialing and privileging, and assisted with local EHR access within 24 hours. They also managed all aspects of the response, reviewed services provided, monitored costs, and completed an after-action report after the close of the response effort. Drills were held, trainings were completed, and the group continues to hold regular meetings to improve and grow services. Greater than 200 VA employees have signed up to help via Telehealth in an emergency.

Results: Services offered by the TEMPS team include Licensed Independent Practitioners (LIPs) integrating with call center operations for a quick one call response, medication renewals, view alerts, and secure messaging. An interdisciplinary team of LIPs can provide telehealth services, such as teleprimary care, telemental health, and telepharmacy services. RNs provide medication refills, triaging and answering secure messages and calls, and wellness checks to high risk mental health patients, while connecting patients to local resources and VA appointments as needed. Synchronous and asynchronous
specialty consultation is available by e-consult or warm hand-off. Most of these services are performed virtually via phone or by VA Video Connect (VVC) which allows the provider to “see” the Veteran via their phone, tablet, or laptop. A strike-team on the ground also provides a physical location where Veterans can connect virtually with a provider if needed.

**Conclusion:** The use of telehealth for disaster response is new and innovative. The VA is leading the country in providing telehealth services, and now is leading the way with pioneering a TEMPS program to provide an enterprise-wide emergency response. Implications for health care across the country and world are found in this new and exciting VA venture.

**Abstract Summary:**
The recent increase in disasters, both nationally and world-wide, has led the Veterans Health Administration (VHA) to develop an interdisciplinary telehealth emergency management program. This presentation will highlight how utilization of telehealth works to improve response times, and increases access to care for Veterans in disaster areas.

**Content Outline:**
Introduction
In times of disaster, VA emergency response is delayed

Body

- The VA is well equipped to provide a telehealth response to disaster
  - Vast personnel resources
    - DEMPS already in place for physical disaster response
    - DEMPS has multiple drawbacks
  - TEMPS created to provide virtual disaster response
    - Quicker response time, less costs
    - Improved Veteran outcomes
    - High Veteran and provider satisfaction
- TEMPS Command has multiple functions
  - Multidisciplinary team leads TEMPS
    - TEMPS team meets year-round, drills to improve program
  - Variety of synchronous and asynchronous modalities offered
    - Virtual appointments are made through VA Video Connect
    - Small strike force on ground to assist with virtual connections

Conclusion

- Telehealth disaster response is a recent innovation at the VA
  - There are implications nationally and worldwide

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Author Summary: Tonia ODay has been a Registered Nurse for over 17 years. She is currently completing an MSN in Leadership and Management. Toni is passionate about telehealth, believing that it presents an opportunity to provide safe, high quality, comprehensive health care to those in under-served communities.

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