

Thanks all for your participation in the 4/23/20 version of COVID in 20. Thanks especially to our colleagues from National Telehealth for sharing their experience and wisdom with us.

We value your time, so we want to make sure to keep to the 20-minute timeframe. This will limit our ability to answer all questions on the call, so here are answers to questions posed during the COVID in 20. A special thanks to Dr. Leonie Heyworth, NP Maria Bouchard and teams for answering these.

General Question:

Could there be more deaths related to COVID but not labeled as such? This happens with flu.

Yes, this is possible. If someone is not recognized as having COVID-19, then their cause of death would not be recorded as such. Due to a shortage of testing supplies, and to the lack of effective treatment for COVID-19 (making testing of limited benefit) many people with COVID-19 do not get testing.

Questions on Telehealth 'post-COVID':

Dr. Heyworth and Ms. Bouchard - how do you think the future of telehealth care delivery will change during and after COVID-19?

Will the VA be able to continue the "New NORMAL" of Telehealth for a long-term duration? Will this change what F2F health care will look like?

Do you expect the surge of Veterans coming back into the facilities post-COVID or will they prefer continuation of telehealth?

It's an interesting question. I think the COVID pandemic will allow us to learn what conditions can best or even preferentially managed virtually, and what conditions or patients prefer in-person care. We will also learn a lot from providers and Veterans who may have initially been apprehensive about using the technology, and what experiences were delightful, compelling or challenging for them.

From the IT perspective, I can say we have used the COVID pandemic to reinforce our systems and optimize reliability of our video platform which will serve us well post-COVID and into the future.

Questions on satisfaction:

Will Veteran satisfaction surveys such as V-Signals include assessment of Veteran experience with virtual care modalities?

Yes, existing surveys of telehealth use V-Signals. The satisfaction scores I referenced were from V-Signals data.

It might also be interesting to include some AES survey questions regarding the delivery of telehealth care from the practitioner/clinician end... there was such a quick ramp up for the care delivery that it would be interesting to hear what worked well and where there might be opportunities for improvement particularly if this becomes a more widespread as a standard of care delivery. What can we learn to make this a win-win for both Veterans and staff?

The OCC Quality team is developing a post pandemic debrief. They will be working with the Veteran Experience Office on specific survey pandemic questions for the Provider and Veteran Telehealth Surveys.

OIT questions:

Is there any work being done by OIT to allow audio and video for VVC through the CAG?

This is a question that IT Video Engineering posed to Citrix. Since technical changes would not be quick or easy, we opted to allow VA providers to access VVC through a personal device/non-VA email in order to telework.

Operational questions:

Can MSAs be trained to set up VVC as this would save time for the clinicians.

Absolutely! We encourage Schedulers' use of Virtual Care Manager to schedule. Check out the Telehealth website for Schedulers:

<https://vaww.telehealth.va.gov/pgm/vvc/schedulers/index.asp>

There are weekly Schedulers' Office Hours: Per the National Telehealth Training Calendar, VCM Scheduler Office Hours are held Wednesday afternoons at 3pm Eastern time through the end of May 2020.

Please join the Office of Connected Care Quality and Training Division for these weekly office hours instructing schedulers on using Virtual Care Manager. These office hours will be conducted through Friday, May 29. Please enter the session through TMS Course ID 4553697 to record participation in the forums.

Is there any prospect for getting peripherals out to patients for VVC encounters? That is one current gap of VVC compared with CVT to a cart.

Yes! These can be ordered as a part of the Tablet Consult in CPRS.

The graphic you showed earlier indicated a growth in video visits to "home or off-site". You also mentioned using iPads in the ICU for the provider to speak with the pt. without going into the room. That kind of visit is NOT included in your graphic of 18k visits last week - is that correct?

Correct. The VVC visits graph showed daily volume of VVC to home/offsite.

Do you have a link to support the more contacts now than before?

Need to have the staff to help make that happen. Have we noticed a difference in PC vs MH uptake of VVC?

During the COVID pandemic, total daily video to home encounters increased from 1868 in early March to over 18,000 in mid-April 2020. As of 4/14/20, 80% of VA Mental Health outpatient providers, 75% of VA Primary Care providers, and 30% of outpatient Specialty care providers have done at least one video visit to a Veterans' home or off-site, increases of over 10% since early March.

Are providers allowed to use the tele or phone platform through Doximity?

Doximity Audio (not Video) is approved.

See OIT's website for further information about alternative use of technology:

<https://vaww.oit.va.gov/covid-19-response-collaboration-tools-approved-for-telehealth-and-administrative-meetings/>

I work on the COVIDIT email triage team...rough survey input being sought here. Would there be any benefit to announcing to all of VA's Direct Message partners seeking the to send all VA veteran pt COVID test results to a central DM inbox for re-direction to the vet's VAMC?

It sounds like these Veterans could certainly benefit from learning about the virtual options available to them!

<https://www.mobile.va.gov/app/va-video-connect>

Telehealth in different sites/disciplines:

Are there "Urgent care" VVC clinics anywhere?

There are multiple established Tele Urgent Care VVC clinics across the country. Development was initially built at local facility levels. Strong VISN wide program at VISN 21 and VISN 4 are well established. All 141 ED and UCCs will be telehealth capable by end of FY20. Due to COVID telehealth offering was fast tracked. Most ED/UCCs offer some form of telehealth now in the current state. There are also several areas where urgent care services are offered through clinical resource hubs and clinical contact centers.

https://vaww.infoshare.va.gov/sites/specialtycare/COVID19/Clinical%20Strong%20Practices/CSP_Tele-Urgent%20Care_04.21.20_FINAL.pptx

Any tips of using telehealth in the ICU?

Best site for information about the "C5" Tele-Critical Care initiative can be found here, including an email distribution list to support any Tele-ICU questions:

<https://vaww.telehealth.va.gov/clinic/tcrtcl/index.asp>