

Thanks for your participation in the 6/2/20 version of ***COVID in 20: We're in this Together: DoD joins VHA in a COVID-19 Discussion***. Thanks especially to our colleagues 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 Ms. Regina (Gina) M. Julian, MHA, MBA, FACHE, Defense Health Agency/HCO, Ch, Healthcare Optimization Division and Edward (Ed) Simmer, Captain USN DHA Tricare HP for answering the following questions.

**Q: Is anybody collecting patient data and provider satisfaction with the new normal?**

A: Yes, DHA has a comprehensive effort to measure outcomes related to the COVID-19 related changes. We have identified 42 strategic questions and are collecting data focused on these. One of our goals with this work is to determine which of the changes we should make permanent.

**Q: I would like to know more about provider to provider networking "New reality".**

A: In purchased care, this will allow our direct care providers to consult with civilian experts in the field often at a center-of-excellence, especially for complex patients or patients who are not responding well to usual treatment. Our intent is that the direct care team would participate, with the patient present (although it can also be done without the patient present in some cases) and this would both help the patient and serve as a learning opportunity for the care team. It can also work in the reverse, with civilian providers who are working with a TRICARE patient consulting with a military expert where we have expertise, for example for burn care. This can and should be extended to the VHA as well, where there are certainly experts our patients could benefit from and our military experts could serve as consultants as well.

**Q: How much more popular will telehealth be going forwards, as an expedient alternative?**

A: Many providers and patients who were reluctant to try telehealth prior to the crisis have now had the opportunity to try it and based on the preliminary and anecdotal feedback we have received so far; we anticipate that it will much more widely accepted and practiced in the future. That said, not all care is appropriate for telehealth, and many patients will still want or need in-person care, so we are working to identify where the new balance point is. It will certainly be more toward the telehealth side than in the past.

**Q/comment: Veterans have been very understanding and are appreciative of the initiative we have taken to stay in touch.**

**Q/comment: I was in DoD from 1980-2007. I have been at the VA since 2007. So much to say about what I have seen, heard, experienced in both public and private settings.**

A: We would love to hear more about your experiences and lessons learned.

**Q/comment: All VA Facilities are in the TRICARE Network.**

A: Yes – all VHA facilities are in the TRICARE Network, and we greatly appreciate the partnership we have with you. We look forward to continuing growing the relationship as we move forward.

**Q/comment: The telehealth appointments also help the care providers, especially family.**

A: Very much so – for example, TRICARE is now covering applied behavior analysis family guidance and training by telehealth for children with autism. This support for parents has proven to be very popular and has helped families continue treatment plans even when in-person services are not available.