



DEFENSE HEALTH AGENCY
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March 27, 2020

MEMORANDUM FOR Central North Carolina Market, Defense Health Agency
Coastal Mississippi Market, Defense Health Agency
Jacksonville Market, Defense Health Agency
National Capital Region Market, Defense Health Agency
Direct Support Organization Army
Direct Support Organization Navy
Direct Support Organization Air Force

SUBJECT: Tiered Telehealth Health Care Support for COVID-19

This memorandum establishes guidance for the use of Telehealth (TH) Information Technology (IT) tools in support of the clinical care required for patients across the spectrum of COVID-19 illness, from potentially exposed, asymptomatic individuals to those critically ill in our Intensive Care Units (ICU). TH tools are most effective when they support well-developed, well-trained clinical workflows in delivery of efficient, high quality, safe patient care. Optimal use will maximize use of limited resources, bringing expertise to bear regardless of setting, from hospitals, to temporary facilities, to outpatient clinics, and into our patients' homes. Defense Health Agency (DHA) Markets will distribute this guidance to their Military Medical Treatment Facilities (MTFs). Direct Support Organizations will distribute this guidance to all other MTFs within the Continental U.S. (CONUS), Alaska, Hawaii, and Puerto Rico.

The foundation of TH care required for COVID-19 is built on existing tools, including telephone care, the Nurse Advice Line (NAL), and secure messaging (Attachment 1; Tier 1). These tools are readily available, well understood by our patients and do not rely on more complicated IT systems to deliver care and advice to patients effectively.

Based on this foundation, there are four progressively higher tiers of COVID-19 care, the next tier being Basic Video Care (Tier 2). First, all currently existing modes of video care will be sustained, such as care delivered via Adobe Connect. New on-network video systems, or expansion of existing systems, must be approved by the Deputy Assistant Director-Information Operations. As the COVID-19 response necessitates an immediate need, the CMS Cisco system will be expanded from the six current locations for use across the whole of the Military Health System (MHS). Work is in progress to activate this system and provide the training required to facilitate immediate use. This system has the mandatory cybersecurity protections and, while there will be a learning curve for our clinical teams, this is the enduring video care solution for the MHS. Augmenting these tools are commercial technologies, such as Apple Facetime, Google Duo, and Microsoft Skype. On March 17, 2020, the Department of Health and Human Services declared that Covered Entities may use these remote communication technologies during COVID-19, waiving penalties and sanctions, while stating Health Insurance Portability and Accountability Act of 1996 Privacy rules remain in effect. Use of these technologies is

optional, there is no training, and MTF Commanders/Directors must weigh the risk/benefit of their use with the value to their COVID-19 care strategy.

Tier 3 ensures that the MHS deep expertise in Pulmonary/Critical Care and Infectious Disease is available enterprise-wide, at medical centers and outpatient clinics, for consultation in the care particularly for complex or severely ill patients. This service supports MTFs both participating and not participating in the Virtual Critical Care Program. Every clinician in our system must have 24/7 access to experts in this evolving field.

Tier 4 will provide TH support to temporary facilities, leveraging both Virtual Health Carts and Joint video capabilities. The plan to provide TH support for temporary facilities is in development.

Finally, Tier 5 is the current approach to tele-ICU, a 3 hub and 8 spoke model. Tele- ICU covers 13 percent of MHS' total ICU beds, at present, with plans to add an additional 7 MTFs (spokes) over the next 6 months, bringing coverage to almost 29 percent. This remote capability ensures 24/7 care by board-certified intensivists and Critical Care nurses, assisting Critical Care nurses and technicians on-site. Our strategy will inevitably change, considering geographic areas of greatest need, and agility in bringing critical care expertise to the bedside, whenever and wherever needed, ensuring great outcomes regardless of a patient's location.

This TH strategy for COVID-19 integrates, matures and promulgates best clinical practices, supported by a spectrum of communication technologies, simple and complex, to ensure the best possible care is delivered anytime, anywhere to our 9.5 MHS beneficiaries. While I expect it is not perfect, it is a starting point, builds on Department of Defense leadership in virtual health care, and is an opportunity to deliver the safe, high quality care our patients so richly deserve. My point-of-contact for this memorandum is Dr. Paul R. Cordts, at (703) 681-8003 or paul.r.cordts.civ@mail.mil.



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Enclosures:
As stated