

# TATRC Establishes its Virtual Health Support Office (VHSO) to Support Army Medicine

When the Army's Surgeon General decided to implement the Army's Virtual Health Business Plan in 2016, the Surgeon General's Virtual Health Office quickly reached out to TATRC to help accomplish several of the Plan's objectives. This was not a surprise as TATRC is recognized worldwide as Virtual Health (VH) Subject Matter Experts (SME) because they have long been involved in the successful delivery of virtual health (aka "telehealth") research and operational solutions. In the 1990s, TATRC developed and deployed the Special Medical Response Capabilities Set (SMRC). TATRC developed and deployed the AKO asynchronous email teleconsultation program in 2004, and the CENTCOM Theater tele-Behavioral Health initiative in 2010, and both remain active today. Furthermore, TATRC led the successful expansion of telehealth throughout the Army's fixed facilities from 2010-2015, increasing both the number of telehealth sites from a few to over ninety, and the number of telehealth encounters by over 300%. This telehealth expansion spanned 18 time zones in 30 different countries and encompassed over 30 diverse clinical specialties. TATRC's newly assigned mission will focus on virtual health capabilities mainly in the operational (deployed) environments.

On January 1, 2017 TATRC established the Army's Virtual Health Support Office (VHSO) and reassigned Dr. Francis McVeigh to lead the VHSO Team to accomplish this mission. Dr. McVeigh is the former TATRC Chief Scientist who before serving as Chief Scientist, led the 2010-2015 Army Telehealth Expansion Initiative. He is supported full time by two Senior Project Officers, Ms. Tabitha Waldrop and Dr. Rob Baumgardner, and part time by Mr. Larry Markins as well as other SMEs throughout the Army.

One of the first actions of the VHSO Team was to quickly establish strong working relationships with the Office of the Surgeon General's Virtual Health Office staff, as well as, with key virtual health leaders and innovators throughout the Army Medical Command. Next, the VHSO Team began gathering information by interviewing key individuals. Additionally, Dr. McVeigh participated in two separate tiger team site visits: first to Germany (RHC-Europe) and then to the CENTCOM Area of Operations (Qatar and Kuwait). During these site visits, the tiger team met with countless individuals (medical, IT, Signal, commanders and their staffs); obtained information of ongoing and planned virtual health initiatives; discovered challenges to virtual health implementation; and identified areas that could benefit from virtual health. In FY18, the VHSO staff is projected to increase six-fold.

The term virtual health (VH) in the Joint Health Services Support Enterprise, (JHSSE), is equivalent to the term telehealth. Both terms refer to the use of telecommunications and information technologies to connect people to health care and health care systems across a distance. Technically defined in the JHSSE, virtual health is the use of telecommunications and information technologies needed to provide health assessment, treatment, diagnosis, intervention, consultation, supervision, education and/or information across distances.

The Army's Virtual Health Business Plan states that, "all of the Army's past successes and future plans in virtual health revolve around one core concept: connecting people and Soldiers to health care globally to increase readiness, access, quality, and patient safety. Using virtual health leverages the best Army

Medicine across the world that can be brought to the patient whether they are deployed or in garrison."

Other sayings that you may have heard expressing this strategic concept are: "Anywhere, at Any time" and "Virtual when possible and Live as needed."

The plan also states that an existing Army Medical Center will be designated as a Virtual Medical Center which can serve as a coordinating entity for VH and a catcher's mitt for teleconsultations. The Virtual Medical Center concept developed by the OTSG VH staff, will

have clinicians and staff that specialize in delivering healthcare remotely to patients wherever the patients are in the world. This selection should be announced in the coming months.

Although the VHSO's main focus is assessing and recommending VH capabilities for the operational environment, the overall comprehensive Plan summarized in the above paragraph spans Roles I-IV. Therefore, the VHSO will address both the VH environments' capabilities, as well as, the interoperability capabilities required to connect the operational and garrison VH environments.

TATRC was specifically asked to accomplish one of the four overall Army's Virtual Health Business Plan's goals, Goal 1: Deliver Telehealth Solutions to support Mission Readiness and Operational Medical Capabilities. The sub goals are as follows: Objective 1-1: Enhance and mature a single asynchronous teleconsultations capability (garrison and operational); Objective 1-2: Stand up a global system of synchronous teleconsultations capabilities (garrison and operational); and Objective 1-3: Examine synchronous provider-patient care in operational environments.

To elaborate further, objective 1-1 will commence when the Defense Business Certification (DBC) Packet is approved. The DBC Packet addresses the development of an asynchronous portal solution and the follow on capability build / acquisition. Once approved and funded, developers will leverage and modify the current Pacific Asynchronous Telehealth Platform (PATH) and incorporate other asynchronous programs such as, the existing tele-email and tele-dermatology into a single platform. The DBC approval decision is expected to be rendered this summer. Once the portal development is completed, the other Services will be given the opportunity to pay their fair share for their providers' involvement. Eventually, the goal is to use the Cerner tele-consultation capabilities when available.

Objective 1-2, consists of evaluating ongoing synchronous pilots / programs, and to eventually provide centralized management support to develop an integrated synchronous consultation capability. Some of the pilots / programs being evaluated are as follows: Regional Health Command-Atlantic - working with the 5th Special Forces Group using the Telemedicine Exam Station; RHC-C - Virtual Critical Care Consultation Service (VC3); and RHC-E - all-specialty provider hotline and support of the Unit-



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ed States Army Africa (USARAF) with the Telehealth in a Bag set. Additionally, some asynchronous programs will be looked at such as, the RHC-P – PATH and the RHC-C – Ask A-Doc/ AKO tele-consultations program.

Lastly, objective 1-3 includes continued involvement of TATRC leading the monthly CENTCOM tele-Behavioral Health telecons, and coordinating the resolution of identified issues and concerns amongst multiple players such as DHA, OTSG, and CENTCOM. Secondly, this objective includes looking at medical-legal questions related to VH such as Joint Commission guidelines when communicating between accredited and non-accredited facilities, Federal Tort Claims Act, liability of medical facility commanders, state medical board guidelines, and the standards of care requirements. The intent is to address the above issues through research studies and pilot programs over the next several years. The answers to these questions will help with the development of policies that can guide individuals involved in VH and others when supporting the Warfighters.

VHSO hit the ground running by launching a series of clinical, administrative and technical interviews and dialogue with all the known Army VH POCs who have developed and/or deployed virtual health demos, pilots and programs, and with those individuals who are actively engaged in related activities. To date, Ms. Waldrop has conducted over a dozen clinical and administrative interviews; has cross-trained with the tele-email and tele-dermatology program leads in order to serve as back up if needed; and provided administrative support to the VC3 demonstration project. Dr. Rob Baumgardner is leading the monthly CENTCOM Tele-Behavioral Health Coordination Telecons and has conducted countless technical interviews and conversations with all known VH demos, pilots and programs' personnel and others who are involved with VH. The collected

administrative, clinical and technical data will be evaluated and culminate in a comprehensive report that will include recommendations on the best ways forward. The final report will be given to the Surgeon General's Virtual Health Office, with the intent that it will serve as a guide for their staff in making informed decisions on which capabilities to leverage and/or build.

Virtual health can prove lifesaving by connecting medics far forward on the battlefields who are not collocated with specialty providers and who are in an environment in which they are expected to hold onto patients longer, a concept known as Prolonged Field Care. Needless to say, the benefits of using VH are not limited to the operational space, as the ability to remotely connect providers to providers, patients to providers, patients and providers to healthcare systems, and the ability to monitor patients with chronic diseases in their homes can also prove extremely beneficial. Civilian hospitals and providers are using VH more and more every day, leaving the DoD lagging behind, which is disappointing, as the DoD has historically led the way in VH. Future virtual health capabilities usage will only be limited by our imagination and what solutions the enterprise purchases; and oh yes ... policies.

Dr. McVeigh, VHSO lead, stated that, "Selecting and deploying the right VH capabilities to medics on point so that they can have bidirectional communication capabilities to and from the virtual medical center, as well as, throughout the enterprise, reduces the medical knowledge disparity levels across Roles I-IV; enhances access, patient safety, and the quality of care; keeps Soldiers in the formation; and thereby increases readiness." He further stated that, "Without a doubt, TATRC has the right people across all of its laboratories to leverage support and assist the VHSO staff in accomplishing their mission." Lastly, he said, "It is an honor to continue to serve the men and women in uniform and their families." 