

# Decision Brief: Optimizing Virtual Health in the Military Health System

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Chair, Health Care Delivery Subcommittee  
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# Overview



- Members of the Health Care Delivery Subcommittee
- Tasking
- Subcommittee Activities
- Report Summary
- Proposed Findings and Recommendations



# Members



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# Tasking

On May 2, 2022, the Acting Assistant Secretary of Defense for Health Affairs directed the Defense Health Board (“the Board”) to **review the current state of virtual health (VH) from a strategic and tactical perspective and provide recommendations on optimizing VH decision making and implementation.**



# Tasking: Background

- Targeted use of VH capabilities expanded during the COVID-19 pandemic
- Research suggests VH can enhance Military Health System (MHS) medical force optimization.
- MHS strategic plans will guide future investment and implementation of VH throughout the system



# Tasking: Objectives and Scope

- Review current state of VH from a strategic and tactical perspective.
- Provide recommendations for to guide decision making, strategy and implementation of VH across the MHS.



# Summary of Activities

Meeting Date	Discussion Topics
Mar 30, 2022: DHB Meeting	VH Background in the MHS
Jun 29, 2022: HCD Kickoff Meeting	<ul style="list-style-type: none"> <li>• Update on VH</li> <li>• Digital Health as an enabler of health services delivery</li> </ul>
Jul 13, 2022: HCD Meeting	Optimizing VH from the American Telemedicine Association
Aug 10, 2022: DHB Meeting	The Veterans Health Administration (VHA) Telemedicine Overview
Aug 17, 2022: HCD Meeting	Decision making for telehealth services in the Veterans Health Administration (VHA)
Sep 7, 2022: HCD Meeting	Value-based care and strategic decision making in VH
Oct 5, 2022: HCD Meeting	Operational VH
Oct 19, 2022: HCD Meeting	MHS Video Connect
Nov 2, 2022: HCD Meeting	Report Development: Outline and section discussion



# Summary of Activities (Cont.)

Meeting Date	Discussion Topics
Nov 16, 2022: HCD Meeting	The VHA's VH research priorities
Dec 12, 2022: HCD Meeting	DHA Health Care Operations
Dec 14, 2022: HCD Meeting	Joint Staff Surgeon on the priorities of the Combatant Commands
Jan 11, 2023: HCD Meeting	Report Development: Outline, Chapter 1, Draft Findings and Recommendations
Jan 25, 2023: HCD Meeting	Report Development: Chapters 1-4, Findings and Recommendations
Feb 8, 2023: HCD Meeting	Report Development: Chapter 4, Executive Summary, Findings and Recommendations
Feb 22, 2023: HCD Meeting	Report Development: Final Report
Mar 22, 2023: DHB Meeting	Decisional Brief



# Report Summary

Background

Virtual Health as Force Multiplier

Strategy Optimization

Implementing Virtual Health

Measures and Metrics of Value



# Background



- In 1990s, DoD was the technological innovator for virtual care
- The MHS has failed to keep pace with innovation and technology and currently lags other health care systems in VH capabilities

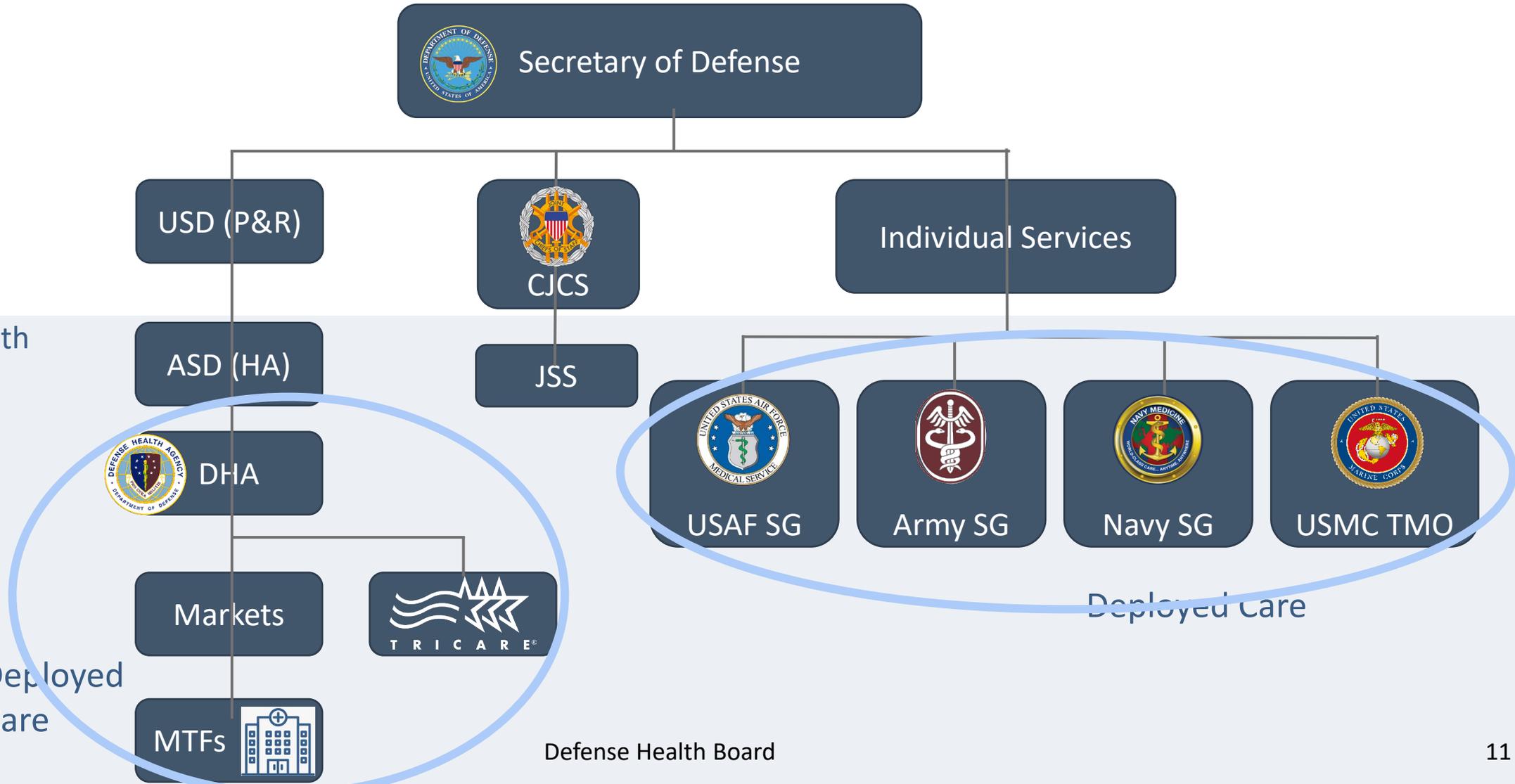


# Background: The Military Health System

The Military Health System

Non-Deployed Care

Deployed Care





# Virtual Health as a Force Multiplier

- VH is uniquely relevant to the global MHS organization
- Significant increase in VH during the Coronavirus (COVID-19) pandemic proved VH worked for MTF care
- There is an opportunity for innovation and reorganization to optimize VH within the MHS

*DHA Mission: Unrelenting pursuit of excellence as we care for our joint force and those we are privileged to serve. **Anytime, Anywhere—Always.***

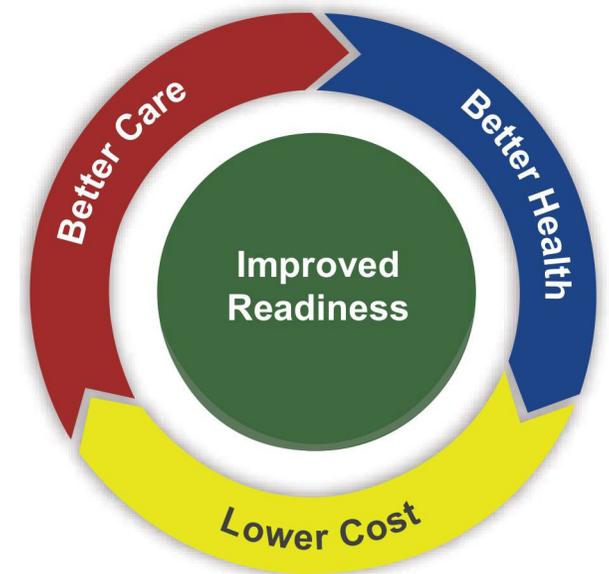
- LTG Crosland,  
Director, DHA



# Strategy Optimization

- Organizational divide between DHA and the Services
- VH operates in silos
  - Non-deployed and deployed
  - DHA, Army, Navy, and Air Force
- Priorities differ
  - Service-specific
  - Non-deployed - Direct Care Network

MHS Quadruple Aim



# Implementing Virtual Health



- VH used in the MHS three ways:
  - Patient-to-Clinician
  - Clinician-to-Clinician
  - Real-Time Patient Monitoring
- Effective implementation and sustainment addresses:
  - People
  - Processes
  - Technology
- Systematic implementation plan

*“Virtual Health is not a win if it makes your life harder or you don't know about it.”*

- COL Cornfeld, CHIO, Madigan Army Medical Center



# Implementing Virtual Health: People

- Training
- Improve VH experience
- Communication plan





# Implementing Virtual Health: Processes

- Administrative and technical processes are insufficient
- Resulting friction points make VH less desirable than in-person care
  - Privileging
  - Workflows
  - Workload credit
  - Fit between technology solutions and user needs



# Implementing Virtual Health: Technology

A Global MHS requires sophisticated Information Technology infrastructure and support

- VH does not fully integrate with other systems, e.g., MHS GENESIS
- Services use different networks
- Bandwidth challenges in rural, remote, and deployed environments
- Variable security concerns across deployed and non-deployed care



# Process and Outcome Metrics of Value

- Current VH-specific measures
  - Are not collected consistently
  - Have limited impact
  - Do not support a coordinated improvement plan
- Metrics from other Healthcare Systems
  - Inclusion of clinician and patient experience
  - Clinical outcomes, quality, safety
- Relevant to military health and readiness

*“We need to think more broadly and more boldly about what is possible... what can we achieve in 2023 ... no other health enterprise in the world has as much at stake as the MHS in a digital transformation to prepare for our future challenges.”*

- LTG Crosland,  
Director, DHA



# Proposed Findings and Recommendations





# Finding & Recommendation 1

- Finding: The MHS was once on the leading edge of technologically enabled healthcare. Siloed efforts are hampering progress.
- Recommendation: The MHS must establish a state-of-the-art VH system focused on the entire community of users, including Active-duty, Reserve, and Guard Service members, Line Commanders, family members, retirees, and health professionals



# Finding & Recommendation 2

- Finding: Successful MHS VH relies on integration of shared resources to succeed. There is a lack of agreement and coordination among the DHA and the Services.
- Recommendation: MHS leadership should direct DHA and the Service Leads to integrate VH care into both deployed and non-deployed settings with clear clinical priorities and populations.



# Finding & Recommendation 3

- Finding: Beneficiary access to VH in the Purchased Care network is not consistent.
- Recommendation: DHA should recommend that the next TRICARE contracts require clinically appropriate **and interoperable** VH care in the Purchased Care network to optimize beneficiary care.



# Finding & Recommendation 4

- Finding: The MHS lacks a unified VH strategy for both the deployed and non-deployed settings and an organizational structure for leading and managing it.
- Recommendation: The MHS must establish an integrated VH strategy for both deployed and non-deployed settings that meets the MHS's Quadruple Aim, establishes an organizational structure to lead and manage it, and advances equity.



# Finding & Recommendation 5

- Finding: DHA VH responsibilities to Service-led VH programs are not well defined. A robust communication channel between the DHA and the Services is lacking.
- Recommendation:
  - a. DHA VH strategy must support health information interoperability among the Services and external health providers where applicable and enable Service-specific requirements where necessary.
  - b. DHA VH should establish a strong channel of communication and collaboration with the Services' VH programs.



# Finding & Recommendation 6

- Finding: A concise list of high-impact, feasible priority areas amenable to VH interventions at scale has not been identified.
- Recommendation: DHA VH should identify high-impact, feasible priority areas that are amenable to VH interventions to deploy at scale. It is vital to prioritize initiatives on a multi-year plan, e.g., mental health, DNBI, teleradiology, medical needs of beneficiaries overseas, and health disparities that impact readiness.



# Finding & Recommendation 7

- Finding: Current VH capabilities significantly lag leading health care systems. Lessons learned from other health care systems, especially the VA, have not been effectively utilized.
- Recommendation: Optimize the Congressionally mandated DoD/VA Health Executive Council Telehealth Workgroup (HEC TH WG) to identify lessons learned from VA to accelerate VH deployment in the MHS.



# Finding & Recommendation 8

- Finding: DHA is a member of the American Telemedicine Association (ATA). DHA has not used the ATA's self-assessment tool to gauge its use of VH in health care delivery.
- Recommendation: DHA should complete the ATA or other organizational self-assessment tool and repeat self-assessments regularly to identify friction points across user levels, clinical settings or geographic areas, and technology/equipment usage.



# Finding & Recommendation 9

- Finding: DHA VH does not have an organization-wide systematic implementation and sustainment plan for VH programs and initiatives, e.g., MHS Video Connect.
- Recommendation: DHA VH must develop an implementation and sustainment plan and timetable which includes the necessary tools, IT infrastructure, and administrative support. VH leadership, accountability, and transparent continuous improvement efforts are essential.



# Finding & Recommendation 10

- Finding: DHA VH does not have a comprehensive communication plan, which is essential to successful implementation.
- Recommendation: DHA VH must work with DHA Communications to develop a population-appropriate communication plan for clinicians and patients that describes the tools, IT infrastructure, administrative support, training, and timeline for implementation of VH.



# Finding & Recommendation 11

- Finding: Process and technical barriers exist that dis-incentivize user engagement with VH and hinder implementation.
- Recommendation: DHA must work with end users to systematically identify and address the process and technical barriers to VH engagement.



# Finding & Recommendation 12

- Finding: Training and coaching are essential to successful VH implementation. There are good examples of trainings in the MHS, but training is not standardized and disseminated across the enterprise.
- Recommendation: DHA should develop and disseminate standardized, enterprise-wide VH trainings for all users. Trainings should address workflow or technical issues, such as IT infrastructure, that may arise across all clinic staff and for patients.



# Finding & Recommendation 13

- Finding: Administrative infrastructure is insufficient to enable and support VH.
- Recommendation: DHA should ensure administrative systems and personnel for VH are aligned to enable and support a user-centric experience. All **Direct Care** clinicians in the MHS should have privileges to provide care to beneficiaries anywhere.



# Finding & Recommendation 14

- Finding: Clinicians are not routinely provided credit for VH encounters. Additionally, VH visits may not be reimbursed comparably with in-person visits.
- Recommendation: DHA should ensure clinicians get credit for synchronous and asynchronous virtual care at a Relative Value Unit (RVU) rate at least equal to in-person care.



# Finding & Recommendation 15

- Finding: Standardized workflows for common conditions which could incorporate VH are not widely available.
- Recommendation: DHA should:
  - a. Review and incorporate where appropriate the DoD & VA Clinical Practice Guidelines (CPGs) already adapted for VH.
  - b. Implement guidance to establish workflow protocols by specialty and by condition that are amenable to VH.
  - c. Include patient-to-clinician, clinician-to-clinician, and complex, real-time monitoring modalities.



# Finding & Recommendation 16

- Finding: A robust standardized process to identify technology solutions is not consistently applied.
- Recommendation: DHA VH should consistently follow the established rigorous process for developing and selecting technology solutions, for example, for Remote Health Monitoring, to ensure technology solutions meet the needs of users.



# Finding & Recommendation 17

- Finding: Sub-optimal IT infrastructure and lack of sufficient IT support limits incorporation and delivery of VH throughout the MHS.
- Recommendation: DoD must establish an Information Technology **solutions center** ~~Center of Excellence~~, with an enterprise help-desk function, to address issues impacting VH throughout the MHS.
  - a. Coordination
  - b. Standardization
  - c. DoD-specific security concerns
  - d. **Establish interoperability with the VA and other health care systems**



# Finding & Recommendation 18

- Finding: VH technological solutions, resources, and capabilities are different for deployed and non-deployed settings and do not consistently integrate with other relevant systems (e.g., MHS GENESIS), workload capture system. Lack of integration can compromise quality of care, discourage VH engagement, and increase risks to privacy and security.
- Recommendation: DHA must ensure acquisition of enterprise technology solutions and resources that will be used in deployed settings are appropriate, meet user needs and security requirements, and integrate with other major MHS systems (e.g., MHS GENESIS, MHS Video Connect).



# Finding & Recommendation 19

- Finding: The Services currently operate on different networks in deployed settings. Reciprocity (e.g., sharing of information and resources) and bandwidth allocations are problematic issues.
- Recommendation: The MHS must:
  - a. Comply with the Joint All Domain Command and Control Framework and other DoD data standards that govern reciprocity and data sharing.
  - b. Require a standard DoD bandwidth cybersecurity signal package so VH can function consistently on all the networks.
  - c. Prioritize solving connectivity problems.



# Finding & Recommendation 20

- Finding: Process and outcome measures are necessary to drive improvement and demonstrate value. These are not being collected consistently across the Enterprise nor used as part of a coordinated plan for improvement.
- Recommendation: The MHS should develop a plan to consistently collect data across the enterprise to track process and outcome measures for both deployed and non-deployed settings. This needs to be coordinated across the Services and the DHA and used for performance improvement.



# Finding & Recommendation 21

- Finding: Many current DOD VH measures (such as number of VH visits) do not support the improvements needed in process and outcomes.
- Recommendation: In consultation with internal DOD experts (including MHS early adopters), and informed by metrics used by leading health care systems, DHA should select measures that include all the following elements:
  - Clinical outcomes, quality, and safety
  - Clinician experience
  - Patient, family, and caregiver experience
  - Access to care
  - Financial and operational impact
  - Health equity



# Questions

