

Military Health System Stakeholders and Partners,

More updates on COVID-19:

1) Leveraging telehealth technology: The Defense Health Agency released guidance on Telehealth Information Technology tools for the clinical care of COVID-19 patients. This guidance builds on existing tools - telehealth care, the Nurse Advice Line, and secure messaging - and extends availability for use to four progressive tiers of COVID-19 care:

- Basic Video Care

- Virtual consultation from Pulmonary/Critical Care and Infectious Disease experts,

- Virtual Health Carts and Joint video capabilities, and

- Tele-ICU for remote capability of board-certified intensivists and Critical Care nurses.

View the full guidance here: [www.health.mil/ITtelehealthtools](http://www.health.mil/ITtelehealthtools)

Note that TRICARE covers applied behavior health, physical therapy, occupational therapy, most medical care, psychotherapy and more by telehealth when medically necessary.

To that end, the number of visits we are providing in direct care at our MTFs has not changed, compared to February 2020 – and that is largely because we are delivering more care virtually. On 30 MAR, in primary care, 35.4% of all appointments were accomplished virtually, up from 6.7% overall in February 2020 (+ 429%); in specialty care, 5.6% of all appointments were accomplished virtually, up from 0.1% overall in February 2020 (+ 3,701%). We expect this guidance to facilitate our MTFs in providing even more care virtually.

2) Nurse Advice Line: As of 30 March 2020, the average time for a RN to answer the phone was 3 seconds, down 25 seconds over the weekend and down from an average high of 77 minutes on 19 March 2020. The average call abandonment rate (when callers hang up) was 4.3%, down from 67% on 19 March 2020. Almost 40% of all calls are handled successfully by the RNs using self-care advice and 48% of callers are sent to the MTF for care. Only 13% of callers have had to be sent to the network for care.

Over the past year, the Nurse Advice Line (NAL) has received approximately 2,000 calls per day on average. Volume started to grow the week of 9 March 2020 and spiked the week of 16 March 2020, hitting an all-time high of 10,427 calls in a 24-hour period or over 400% above normal. While no call center could absorb that increase in volume in just a few days without a negative impact, DHA worked with the vendor to respond to the demand signal and took the following actions: the NAL hired more RNs and these hiring actions were enhanced by HHS' decision to allow any nurse to provide advice, regardless of whether they are licensed in the state in which the patient is located; streamlining the queue to obligate resources to COVID-19 and Upper Respiratory Illness rather than other issues; adding the TRICARE.mil coronavirus information page to the recording to satisfy patients who just wanted information; relieving the NAL of the requirement to have the RN stay on the line for a warm hand-off to the appointing clerk; stopping the chat and video NAL features, which are under-utilized and to reallocated RN resources to telephone calls; and overall, the MTFs making more 10-minute virtual appointments

available with providers.

3) COVID Triage and Appointing: The Defense Health Agency is taking several steps for education, triage and appointing during COVID-19.

--First, DHA developed a webpage to provide extensive, patient-friendly and evidence-based guidance on COVID-19, including answers to patients' frequent questions.

--Second, DHA and the Services established processes to provide RN advice to supplement the with triage by MTF RNs, available by telephone, telephone consult or secure messaging, in which a patient may send an email to their healthcare team and get an answer within 24 hours or earlier. As a result, secure messaging in March 2020 is up over 2,900% compared to the same time last year. DHA guidance also encouraged large MTFs and markets develop their own hotlines to provide RN triage and then schedule the patients with virtual appointments or, if clinically required, in-person visits.

--Finally, DHA's guidance encouraged providers to scrub templates and convert any routine or follow-up needs to virtual telephone visits and also to re-configure templates to make at least 60% of appointments available (or more if needed) to address beneficiaries' acute needs in person or preferably virtually. Currently, most virtual care is done by the phone, which like in industry at large, is still preferred by over 86% of patients; however, DHA recently approved the use of Facetime, Google Duo and Skype for our providers to enhance their visual assessment ability to render the beset diagnosis and care plan. As discussed above, DHA is rapidly deploying other telehealth assets to facilitate more virtual care in the coming weeks.

As a reminder, the Military Health System has established [[www.tricare.mil/coronavirus](http://www.tricare.mil/coronavirus)] as the primary information resource for MHS beneficiaries. We will update this regularly as new information comes available. We also maintain up-to-date information about our Military Health System policies at [<https://Health.mil/Coronavirus>] .