



Tele Urgent Care: the Virtual “House Call” – Meeting Veterans Where They Are

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Objectives

At the conclusion of this satellite broadcast, participants will be able to:

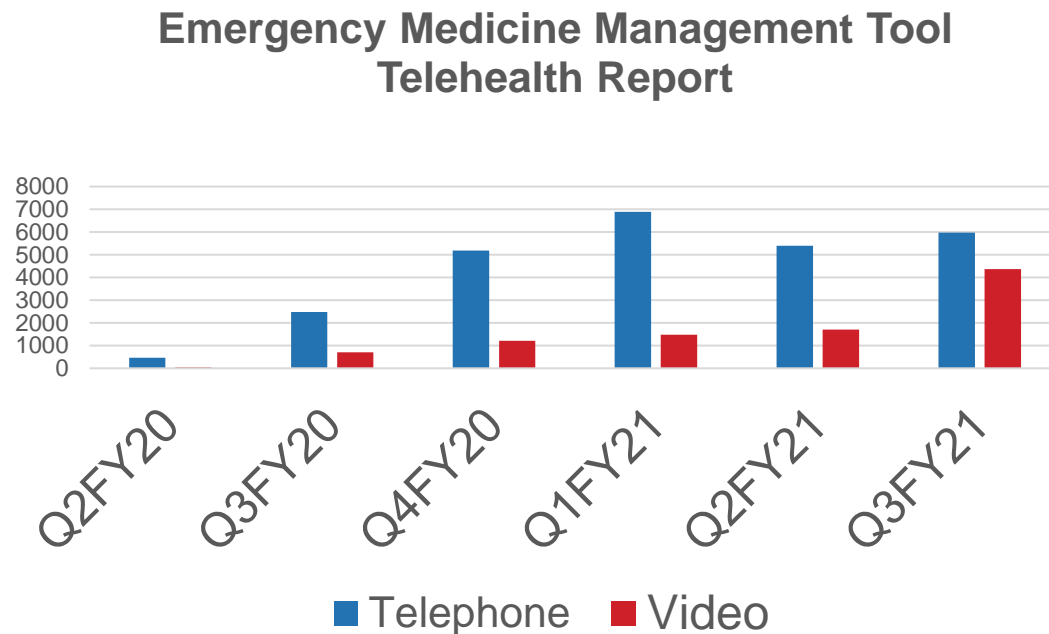
- Describe how technology can efficiently connect Veterans with acute, unscheduled issues with urgent care and emergency department providers depending on the needs and preferences of Veterans.
- Demonstrate how equitable access to and engagement with telehealth is a social determinant of health.

What is Tele-Urgent Care and why is it important?

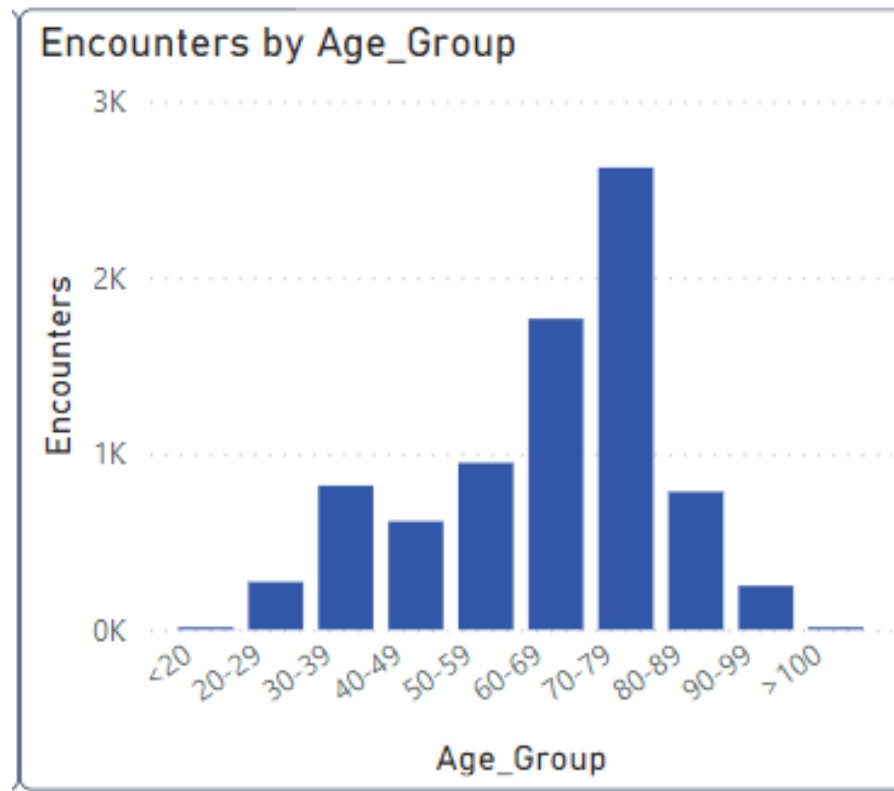
Tele-Urgent Care (UC) is virtual care for Veterans who would otherwise be directed to an Emergency Department (ED) or Urgent Care Clinic. It provides on-demand, unscheduled virtual telephone and video visits.

- **Access** to VHA emergency and urgent care
 - Decreased time between onset of symptoms and evaluation of acutely-ill patients
 - Reduced “missed opportunities” from failure of patients to receive care due to transportation costs, lost wages, caregiver responsibilities
- **Convenience**
 - Available outside of business hours
- **Quality**
 - Maintain care within VHA vs fragmented community care
 - Better integration of care with VHA primary and specialty care providers
 - Leverage expertise of VHA ED/UC providers to deliver high-quality virtual care
- **Safety**
 - Decreased exposure to high consequence infections for both patients and staff
 - Improved triage of patients to EDs and UCs when in-person care is indicated

National Quarterly Growth of Tele-Urgent Care from FY19 to FY21



VISN 21 Encounters by Age Group



Weekly Tele-Urgent Care visits by modality

trending toward increased video over time

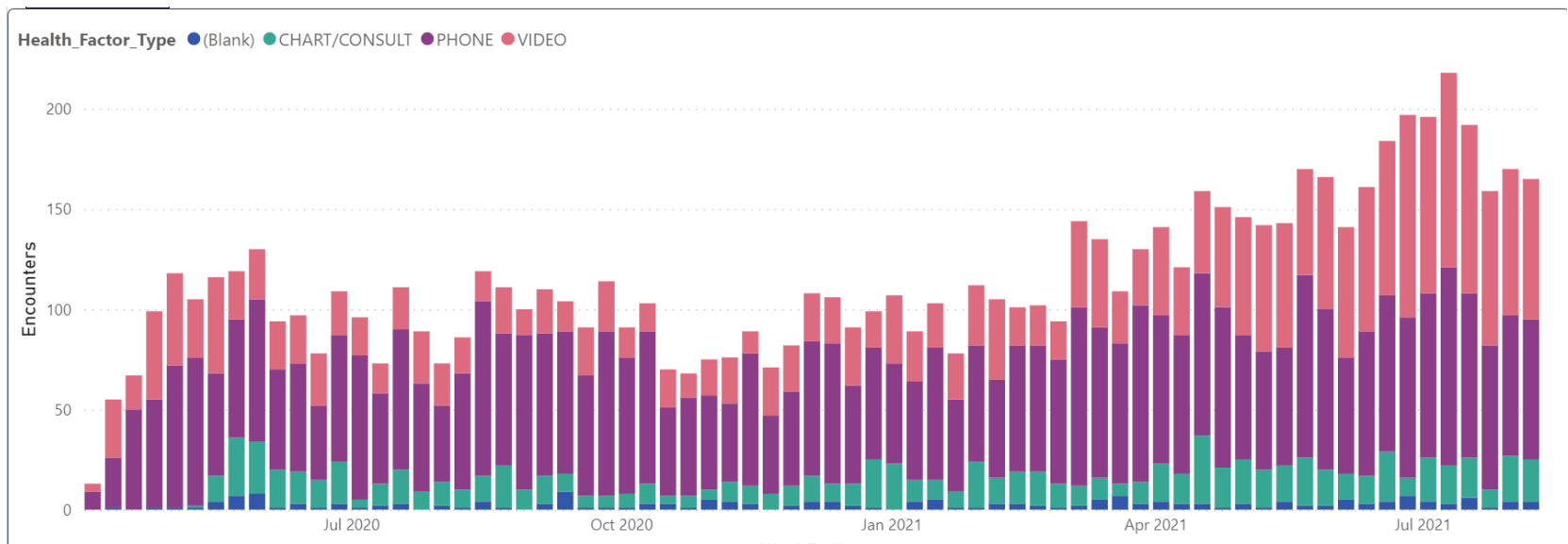


Table. Characteristics of Individuals Who Received Tele-Urgent Care Assessment

	All Modalities; n (%) N=2,510	Tele-Urgent Care Modalities; n (%)		
		Phone Assessment N=1,545	Video Assessment N=624	Chart Review Only N=281
Age, years (\pm SD)	63 (\pm 16.7)	65 (\pm 16.1)	59(\pm 17.6)	65 (\pm 16.2)
Gender				
Male	2,176 (87)	1,332 (86)	527 (84)	259 (92.1)
Reason for Call				
Musculoskeletal	515 (21)	295 (19)	164 (26)	56 (20)
ENT/Respiratory	385 (15)	236 (15)	109 (17)	40 (14)
Skin	293 (12)	110 (7)	164 (26)	19 (7)
Gastrointestinal	264 (11)	196 (13)	39 (6)	29 (10)
Genitourinary	250 (10)	190 (12)	22 (4)	39 (14)
Cardiovascular	255 (10)	190 (12)	35 (6)	30 (11)
Neurologic	146 (6)	92 (6)	39 (6)	15 (5)
Ophthalmologic	57 (2)	24 (2)	24 (4)	9 (3)
Other	281 (11)	208 (13)	28 (4)	45 (16)

- **In FY 20**
 - 533 of 2509 Veterans (21%) were referred by Tele UC provider to ED
- **In FY 21 thus far**
 - 934 of 5572 (17%) were referred to ED

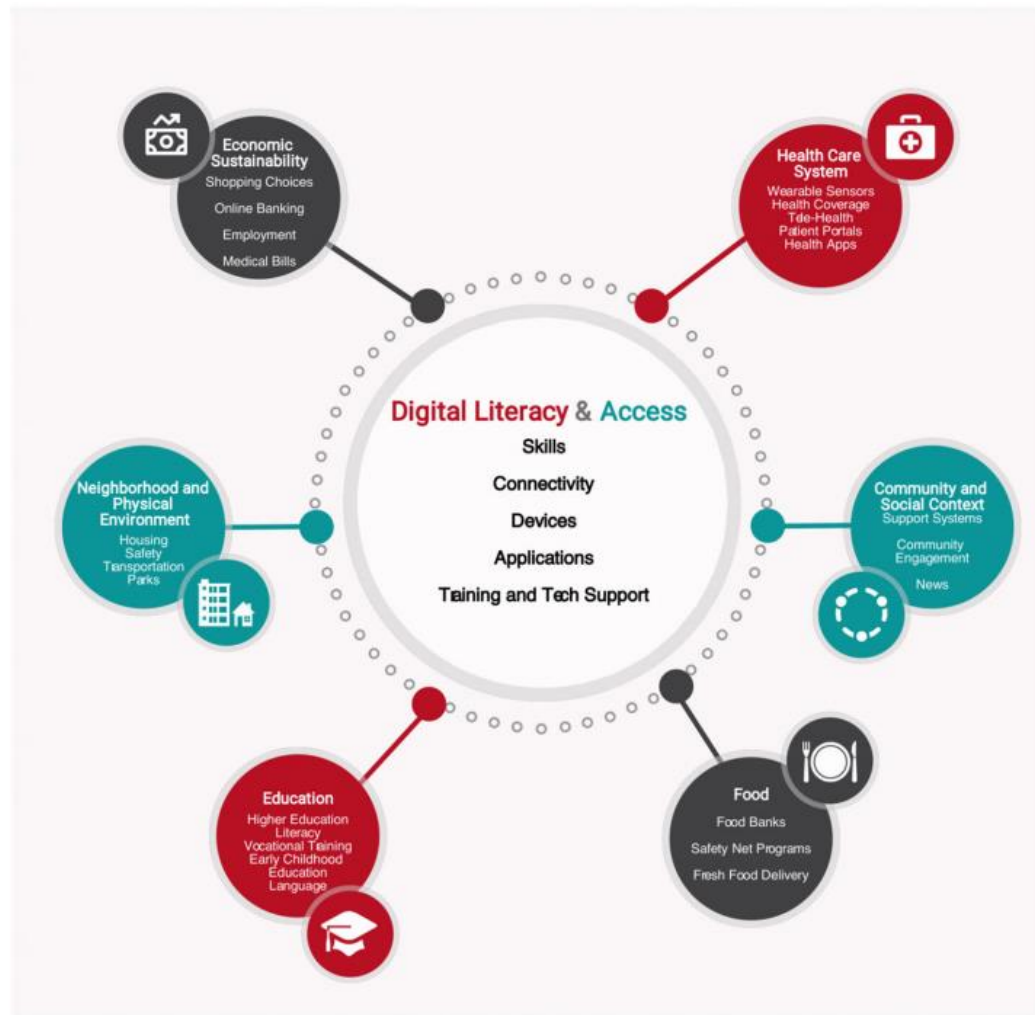


Fig. 1 Digital literacies and social determinants of health. Digital literacy and access, including skills, connectivity, devices and training and technical support, relate to all other domains of social determinants of health.

The VA Pacific Islands Healthcare System includes clinics in Saipan, American Samoa and Guam

Time Zones

Guam Time is 20 hours ahead of HST.

American Samoa is 1 hour behind Hawaii on SST.

Languages Spoken

Languages spoken in Guam/Tinian/Rota –

Chamorro, English, Japanese

Languages spoken in American Samoa – Samoan, English



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Sieck, C.J., Sheon, A., Ancker, J.S. *et al.* Digital inclusion as a social determinant of health. *npj Digit. Med.* 4, 52 (2021). <https://doi.org/10.1038/s41746-021-00413-8>

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