Virtual Emergency Care as a Patient-Centered, Efficient, Cost-Effective Alternative Modality across Multiple VA Medical Centers

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Introduction

• In early 2021, a network of 8 Veterans Health Administration (VHA) medical centers in Arizona, New Mexico, and California (VISN 22) implemented a TeleEmergency Department (Tele-ED) to offer accessible, convenient, on-demand, and synchronous virtual emergency care to our Veterans.

Objectives

• Resolve high acuity presenting complaints within one hour from call center triage, without the constraints of a physical ED.
• Decrease out-of-network (OON) emergency and urgent care expenditures through the Tele-ED program.

Methods

• A multidisciplinary group of clinicians devised a Telehealth Service Agreement to outline clinician supervision, privileging, funding, staffing, and procedural workflows.
• Protocols were developed to ensure safe patient handoffs between the call center and the Tele-ED, emergency plans for patients in crisis, and handling of patients refusing advice to contact 911.
• A standardized order menu was built into each site’s electronic medical record (EMR).

Discussion

• Early data suggest the program will provide a safe environment for Veterans to access the healthcare system, allow a finer determination of which Veterans are most likely to need in-person care, and reduce COVID transmission opportunities for patients and staff.
• Lower consumption rates for personal protective equipment, decreased OON expenditure, and decreased clinician burnout are additional benefits of this program.
• From a strategic perspective, VISN 22 has developed a patient-centered virtual ED— if the need arises, operations can be rapidly expanded to provide emergency virtual care within VISN 22 for internal and external disasters such as pandemic surges.

Results

• After 12 months of operations, 15,524 Veterans have been evaluated and treated: 58% have had their care resolved by Tele-ED, with a 3.6% rate of unscheduled in-person visits to the VA ED within 72 hours.
• The average visit duration is 49 minutes from call center triage to clinician completion of visit.
• VISN 22 OON UC and ED costs increased by only 25% and 30%, compared to 58% and 32% nationally (FY2020-2021).
• Conservative cost savings are estimated to be $6.95M for the first 12 months of operation. Annual program costs are currently $3.39 million.
• The Tele-ED project is projected to save the VHA and network $3.56 million in the first year—a 200% return on investment.

Results: Tele-ED Impact on Out-of-Network Urgent Care Use

Results: Visits by RN Triage Recommended Follow-Up Intervals and Outcomes From Tele-ED Evaluation

Results: Average Visitation Duration and Unexpected 72-Hour Return Rates

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