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Message from the Chief

"Genius is one percent inspiration, ninety-nine percent perspiration."
– Thomas A. Edison

In Army Medicine, we believe that Telehealth (TH) is the future of health care. The idea of "connecting health globally" (our core value) has the potential to increase the readiness of our Forces, improve access to care, and enhance quality and patient safety. Yet this potential is only made possible through the hard work of our Army TH team across the world. The genius of TH is the result of the team's efforts day in and day out to dream -- but also to plan, resource, manage, and sustain TH programs.

In this issue, you'll find out more about the hard work of our global team and the exciting progress they are making to realize the potential of TH. One example is teleconsultations. Creating a seamless global teleconsultations platform that optimizes and integrates current systems is a key aspect of our three year TH expansion plan under the

Connected Consistent Patient Experience (CCPE). Our vision is that, from battlefield to bedside, providers will be able to access specialty expertise from the next available provider in the world, across all time zones. In this issue, you'll learn more about successes in our current teleconsultations systems that are building towards that vision.

Another example is payment innovation. Our program using fiscal incentives to promote use of TH is an innovative payment model among TH programs in the nation, and our experience should inform a national conversation. Our MTFs have been hard at work expanding TH under the new incentive model, and you'll find a sneak peek of our best performing MTFs in our story on "IRIS" incentives.

All-in-all, Army TH is working hard to build the future of health care for our partners in health. Join us as we work together to change the face of medicine. Serving to Heal...Honored to Serve.

-- Colleen Rye, Ph.D.



First Quarter Telehealth IRIS Incentives Awarded to MTF Commanders

The results are in! First quarter TH incentives from the Integrated Resourcing and Incentive System (IRIS) have been awarded to MTF Commanders (see Table 1). The results are excellent; over \$511 K were awarded in the first quarter alone. Translated from dollars to visits, this is a 18% and 23% increase from the same time periods in FY13 and FY14, respectively.

The FY15 IRIS incentives for TH are phase 1 of the Connected, Consistent Patient Experience (CCPE), Army TH’s three-year expansion plan. In FY15, Army Medicine facilities receive \$20 at the provider site and \$25 at the patient site for all provider-patient visits and provider-provider consultations using TH. This payment is in addition to the Relative Value Units (RVU) values that

facilities already receive. IRIS incentives offset the resource costs associated with developing TH and give Commanders the flexibility to build TH in areas most needed for their population. MTF Commanders can use the FY15 incentive dollars to develop additional TH capabilities in advance of FY16 Performance Planning targets for minimum TH capabilities.

Let’s watch, quarter to quarter, to see how the MTFs perform!



MTFs with Top 20% of Telehealth Workload

Medical Treatment Facility	Encounter or Teleconsultation From		1QFY15 Incentive*
	Patient Site	Provider Site	
Tripler Army Medical Center	2,363	2,492	\$108,915
San Antonio Military Medical Center	22	4,023	\$81,010
Kimbrough Ambulatory Care Center	1,262	1,453	\$60,610
Darnall Army Community Hospital	2,328	0	\$58,200
Guthrie Ambulatory Health Care Center	1,003	0	\$25,075
Brian Allgood Army Community Hospital	875	66	\$23,195

*Date range for 1st quarter IRIS is August 2014 to October 2014

Army TH at Wharton Business School Conference



Dr. Colleen Rye (fourth from left) speaks on Army TH successes at the Wharton Health Care Business Conference. In its 21st year, the Conference was held at the Union League of Philadelphia.

On February 20, 2015, Dr. Colleen Rye (Chief of the Army TH Service Line) served on a panel entitled “Decentralization of Care” at the Wharton Health Care Business Conference (WHCBC). As an invited speaker, Dr. Rye spoke alongside fellow alumni and industry leaders on the increasing national trend towards moving health care to patients’ locations (versus the traditional model of asking patients to come to health care facilities). In her remarks, Dr. Rye highlighted Army TH’s successes and future expansion plans. Dr. Rye also answered multiple questions about how Army Medicine has accomplished its current global TH implementation in several areas such as telebehavioral health. Finally, Dr. Rye described key elements of Army Medicine’s three-year TH expansion plan, the Connected, Consistent Patient Experience (CCPE). Mr. Dave Putnam from the Army TH Service Line also attended the

conference to identify civilian industry best practices and enhance Army TH collaborative relationships.

In its 21st year, the annual WHCBC is a leading national conference for health care leaders, academics, and students. This year’s conference, entitled “Disruption Amidst Uncertainty – Adapting and Innovating for the Future”, was held at the Union League of Philadelphia. It brought together alumni and other national health care thought leaders that are improving patients’ lives and transforming the health care industry through development and use of disruptive innovation.



Committed to Innovation: The AAMTI Program



“The enterprise that does not innovate, ages and declines, and in a period of rapid change such as the present, the decline will be fast” - Peter Drucker

The MEDCOM has many unique missions that differentiate it from the civilian medical sector. Some of these are the rapid mobilization of military medical personnel, the provision of emergency care on the battlefield, and the provision of rehabilitation to Soldiers recovering from multiple, devastating injuries. Soldier-specific medical missions such as these are added to the day-to-day requirements of providing care to Families, Retirees, and Civilians. The imperative to meet military mission requirements while providing quality care requires the demonstration and adoption of innovative solutions.

The Army Surgeon General (TSG), through the Telemedicine and Advanced Technology Research Center (TATRC), provides a special Defense Health Program (DHP) Operations and Maintenance (O&M) fund to enable technology proofs of concept/demonstrations throughout the MEDCOM. TATRC created the AAMTI to solicit and fund these

projects. AAMTI is an important enabler of TH capabilities in Army TH.

AAMTI projects demonstrate primarily

commercial and emerging technologies and systems. These small-scale proofs of concept and technology demonstrations can augment existing, larger investments, or provide data to support future technology and/or systems development planning and investment. The projects (<\$250K) offer the potential of a high return on investment (ROI) particularly when compared to larger, more expensive research projects. Being an intramural program, AAMTI projects enable the Army enterprise to control for environment, study design, metrics identification, reporting criteria, etc. Ultimately, AAMTI proofs of concept/demonstrations can inform important acquisition decisions by providing input from disparate stakeholders and end-users in Army medical environments.

The AAMTI is an annual program with a two-tiered submission (pre-proposal and full proposal) and evaluation process; it is open to Army Medical Department (AMEDD) personnel only. Collaboration with industry, academia, and other military services is permitted

and encouraged. However, the submitter must be employed in the AMEDD, and the funding must go to an AMEDD facility or command for execution. Pre-proposals may be submitted by any AMEDD employee (one who is employed at, or through, an AMEDD facility / activity) who is Active Duty, Government Civilian, or Intergovernmental Personnel Act (IPA). Full proposal submission is by invitation only.

Through its “bottom-up” approach to technology demonstration, the AAMTI reaches out to those on the front lines of Army Medicine to identify and demonstrate technologies and systems that support and advance TSG’s vision while informing important acquisition decisions. AAMTI-funded personnel in the TH realm have become senior leaders and innovators. Through them, the influence of the AAMTI extends across a wide-range of important TH endeavors, from support of efforts in the European Regional Medical Command (ERMC), to Pacific Asynchronous Telehealth (PATH) in the Pacific Regional Medical Command (PRMC), and the Madigan Army Medical Center (MAMC) Dashboard at MAMC (among many others).

The FY16 AAMTI is currently open for pre-proposal submissions until 3 June 2015. The submission system and detailed program documentation can be found at www.tatrc.org.

Powered by mCare: Remote Home Monitoring Pilot in Diabetes

The Telemedicine and Advanced Technology Research Center (TATRC) is hard at work planning for an upcoming research project to monitor the vitals of patients with diabetes in their homes through their personal cell phones. This research project will be done in partnership with leaders from Patient Centered Medical Home (PCMH) and an extramural partner, the Clemson University Department of Public Health Services. The research effort is funded by the Joint Program Committee (JPC- 1).

This research endeavor is unique because patients with diabetes will use home monitoring devices from a variety of credentialed manufacturers, including activity monitors, weight scales, blood pressure cuffs and glucometers that all transmit data automatically to a secure mobile health system. Patients will never have to record the readings from these devices manually. This eliminates many opportunities for data errors.

Patients will be able to track their own data through mCare, a secure application on their mobile phone. In

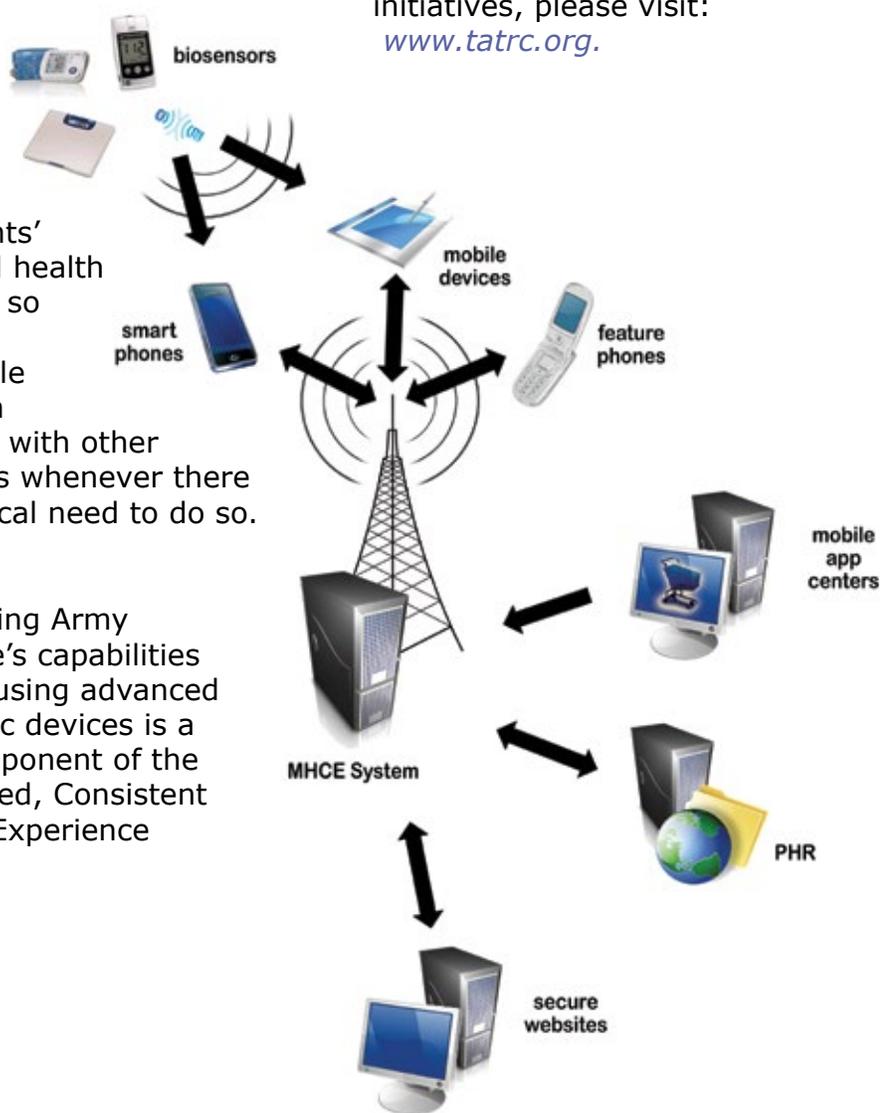
addition, data from these devices will be transmitted back to the underlying secure system and made available to patients' assigned PCMH case manager and primary care physician through a secure web portal interface. This interface will aggregate each patient's information and show trends about their health in a meaningful way to their care team. Data will also be securely recorded

in patients' personal health records, so that it is accessible for them to share with other clinicians whenever there is a clinical need to do so.

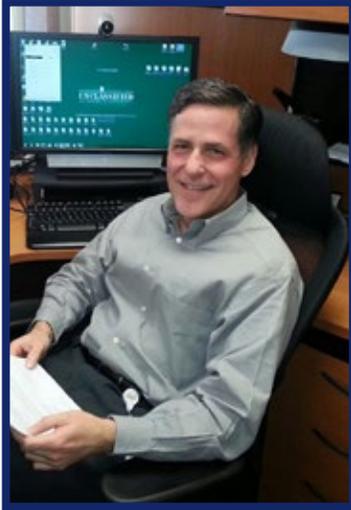
Developing Army Medicine's capabilities in RHM using advanced biometric devices is a key component of the Connected, Consistent Patient Experience

(CCPE) three-year expansion plan for Army TH. From a technology perspective, this research allows the TATRC Mobile Health Innovation Center team to achieve an important milestone for mCare – providing interoperability with a variety of devices and health information systems in a secure, encrypted fashion.

For more information on TATRC and its many projects and initiatives, please visit: www.tatrc.org.



MEDCOM/IMCOM Collaboration to Launch Army Substance Abuse Program TH Pilot



LTC (R) Paul Rivera,
THSL Deputy Chief

A collaborative effort between U.S. Army Medical Command (MEDCOM) and U.S. Army Installation Management Command (IMCOM) has resulted in the successful launch of the telehealth (TH) pilot program for the Army Substance Abuse Program (ASAP) at Fort Wainwright, AK (FWA). MEDCOM's TH Service Line, (THSL) U.S. Army Medical Information Technology Center, and IMCOM conducted a joint site assessment 29 September through 1 October 2014. The pilot began on 31 October 2014, augmenting patient care at FWA with ASAP counselors from Joint Base Lewis McChord and Fort Carson, Colorado. To achieve this pilot capability, THSL developed a set of

interdisciplinary tasks required to establish the pilot program that allowed for the pilot's success. Multi-disciplinary teleconferences are ongoing to develop, vet, and review progress related to the pilot program.

Paul Rivera (Deputy Chief THSL, G-3/5/7, Headquarters MEDCOM) had the following comment in regard to the joint effort: "Supporting the Tele-ASAP initiative at FWA and working with the IMCOM team has been especially rewarding for me. The opportunity to assist Soldiers in accessing ASAP services really showcases the ability of TH to use telecommunications technologies to connect people to health care across distance."

The pilot program will conclude on 30 April 2015. Monthly after action reports are being completed to assist with identifying best practices and lessons learned. Patients and providers have expressed a high level of satisfaction with the pilot program. TH capability

shows great promise for the ASAP as it can be used to provide coverage for ASAPs with staff shortages while providing patients with continuity of care and evidence-based care.

Says Pamela Budda (Chief, ASAP, HQ IMCOM): "We are thrilled with the results of our Tele-ASAP pilot initiative at FWA. The successful pilot created the tremendous opportunity to expand the service throughout the IMCOM and increase our capability to provide ASAP services to Soldiers in remote and isolated locations. Our partnership with Dr. Rye and the MEDCOM THSL staff generated the positive energy and synergy required to implement Tele-ASAP to ensure all Soldiers have access to ASAP treatment."



Global Dental Teleconsultations with NATO Partners Downrange

“To date, 100% of dental teleconsultations have been answered in less than twenty-four hours.”

Dental teleconsultations are being successfully used downrange with our international NATO partners. Using TH, providers in Afghanistan and other parts of the world are able to consult with oral and maxillofacial surgeons in our fixed garrison facilities. Oftentimes, they get a response within minutes. Using our Army Garrison-Theater Teleconsultations program, our NATO partners are able to communicate basically worldwide with U.S. assets regarding Service Member care in theatres of operations.

A recent example illustrates the power of Army Teleconsultations for our deployed Forces. An Australian Dental officer was caring for a U.S.

Army Soldier, who injured his jaw after slipping and hitting the side of his head and face on a military vehicle in Kabul, Afghanistan. As a result of the injury, it appeared that the Soldier had developed Temporomandibular Joint Disorder (TMJ) issues. To obtain expertise in how to treat the U.S. Army Soldier, the Australian provider used the Army’s teleconsultations program to obtain assistance from the Oral and Maxillofacial Surgery (OMS) Department located at Fort Bliss, Texas. Within 32 minutes, this consult received a prompt and comprehensive response by the OMS Chair and Residency Program Director at Fort Bliss DENTAC-WBAMC. In almost real-time, the Australian provider received the specialty expertise required to treat the U.S. Soldier – even though the specialty expertise was almost 8,000 miles away.

Starting in November 2008, the dental program became part of the Army Garrison-Theater Teleconsultations program, providing reach back for deployed dentists. The dental program joined a list of now over 30 specialties included in the program. The service

offers links to general dentistry as well as most specialties of dentistry to include OMS, oral and maxillofacial pathology, periodontics, endodontics, prosthodontics, and pediatric dentistry. Approximately 39 of the last 67 dental consults were related to trauma, oral-facial infections, or pathology. The majority have been received from Afghanistan, Iraq, and Kuwait.

Since 2008, COL Karen Keith, OMS Consultant to The Surgeon General, and COL David Fallah have been involved with teleconsultations services for providers in the field. They have received some very interesting and potentially life-threatening teleconsultations for which critical assistance was provided. To date, 100% of dental teleconsultations have been answered in less than twenty-four hours.

Mr. Chuck Lappan remains an instrumental and much needed link amongst the consulting services. He continues to ensure timely and constant contact between the providers in the theatre of operations and those in garrison settings. This enables specialty support for immediate patient care -- regardless of the location.



Europe Regional Medical Command Success: TH Nurse Care Coordinator Orientation Program

Beginning in early 2014, the ERMC Telehealth (TH) Office and the Landstuhl Regional Medical Center (LRMC) TH Program Office began expanding TH services utilizing the medical cart infrastructure in European Regional Medical Command's (ERMC) Army Health Clinics (AHCs). These efforts are moving ERMC TH into a more comprehensive 'Specialty Care Era'. The need for this expansion is great. LRMC is a surgical and medical specialty care hub located

in Southern Rheinland-Pfalz, Germany. 10 Army AHCs reside anywhere from 2 to 10 hours away from Landstuhl, making LRMC an ideal incubator for the expansion of TH Services in Europe.

Requisite to the delivery of a comprehensive TH Care model are qualified, dedicated nurses to present patients to LRMC specialists. Last year, LRMC received approval to hire four full-time TH

Nurse Care Coordinators (TNCCs). The TNCCs' role is to aid in ERMC's TH expansion and support the desired end-state for TH to be seamlessly integrated into routine patient care. Now in place, three TNCCs work at the larger AHCs in Germany, which include Wiesbaden, Stuttgart -Patch, and Vilseck. These TNCCs support patient care through high-quality, synchronous TH appointments between LRMC specialists and their patients. The fourth TNCC

is located at the LRMC TH Program Office and supports TH program development.

In January 2015, the TNCCs successfully completed the first-ever TNCC orientation program at LRMC. The week-long program included activities tailored to the unique roles and responsibilities of the TNCC positions. The TNCCs received a thorough overview of the ERMC TH Program and its role within the Office of the Surgeon General's TH Service



Ms. Erica Taylor, LRMC TH Nurse Director, is using an electronic otoscope during a synchronous TH appointment. Use of the electronic otoscope allows the provider (perhaps located hundreds of miles away) to perform a high-quality tympanic membrane exam during the TH appointment.

Line. They also received education in TH equipment, infection control measures, and patient charting. The TNCCs attended classes and clinics with surgeons and specialty providers whom they routinely see and present patients to via TH. Having the 'virtual' TH team meet face-to-face allowed the 'TH Team' to engage in shared-dialogue and to gain better understanding of each other's needs during TH appointments. Providers gave hands-on skills training to the nurses in order to

become familiar with some of the nuanced physical exam elements. Two providers from the Ear, Nose, and Throat (ENT) Clinic dedicated an entire day to reviewing ear, nose, and throat anatomy and invited the TNCCs to the ENT Clinic to fine-tune ENT assessment skills utilizing the TH cart's otoscope and fiber-optic nasopharyngoscope.

At the end of the week-long program, the TNCCs met with LRMC Commander, COL Judith Lee, and the LRMC TH

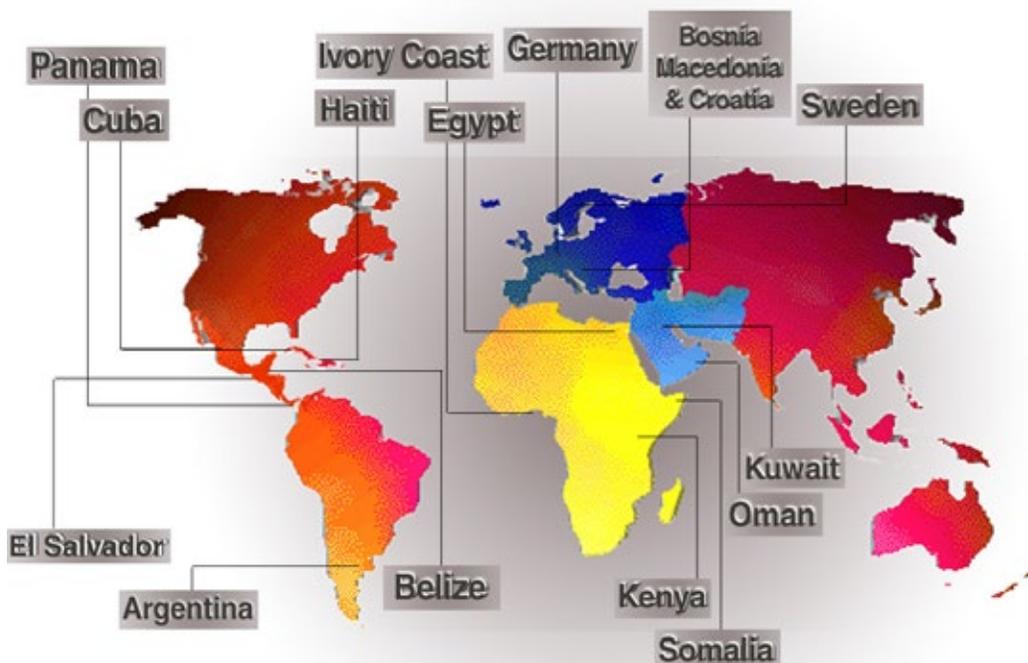
Program Office staff to discuss the week's events and the exciting future of the ERMC's TH Program. TNCCs and LRMC specialists are working to bridge the geographical gap between ERMC's AHCs and LRMC. Completion of the comprehensive TNCC orientation program was a monumental step forward in the expansion and success of ERMC's Tele-Comprehensive Specialty Care efforts.

Northern Regional Medical Command Success: *NRMC Telehealth (TH): Proud of our History*

NRMC TH has evolved to what it is today from its beginnings in 1992 at Walter Reed Army Medical Center (WRAMC) in direct support of United Nations (UN) support efforts in Somalia. Asynchronous and synchronous commercial off-the-shelf terrestrial landlines and satellite technology were the initial mode of consult support to the providers in the field. These UN support efforts went on to provide medical consultation throughout

Europe, the Middle East, Central America, and South America.

NRMC TH then began to direct efforts to the then recently-structured Northern Regional Medical Treatment Facilities by developing, deploying, and sustaining virtual healthcare networks throughout the region. WRAMC TH was staffed with a wide spectrum of sub-specialty healthcare providers readily available to provide clinical consultative support to providers. The distributed medical informatics network provided the necessary platform



for ongoing consultation and medical education.

Fast forward to 2005, and WRAMC developed tele-behavioral health and tele-traumatic brain injury (TBI). These services supported the psychological health and TBI needs of our active duty, retirees, and beneficiaries (pediatric and geriatric). Today, NRMC offers behavioral health for all of those populations with providers well-qualified in the practice of psychiatry, psychology, and social work services. The team of providers, clinical support, and administrative staff are available to support the NRMC region with tele-behavioral health. NRMC has created a network of collaborative partners in the region that increases the availability of care to their patient population and the readiness of their Soldiers.

In 2015 into the future, NRMC TH plans to increase the Army’s utilization of TH applications through increases in appointment access and decreases in purchased care encounters. NRMC TH looks forward to its future successes as it remembers its past successes.



Pacific Regional Medical Command Success:

PATH Increases Access to Specialty Care in Remote and Overseas Duty Stations

In the U.S. our patients become accustomed to having the latest in modern medicine available when confronted with an illness or injury. Just go to the Emergency Room (ER), and the medical team will spring into action to remedy your medical issues. Even if you are at a small military installation, there are civilian facilities that can be accessed for complex specialty care when needed. But what if you are stationed at a remote, overseas duty station?

Imagine a young, healthy service member who arrives at the ER of a military hospital in Okinawa with very unusual signs and symptoms. The hospital is well staffed and has critical care services, but it doesn’t have many

medical and surgical specialists. So when they are faced with unusual medical situations, it can be challenging without ready access to a broad range of specialty care. While the medical team in Okinawa could have sent the patient to a civilian facility, language and cultural barriers may have confounded diagnosis and treatment on what was subsequently determined to be a very rare and interesting diagnosis. Short of medically evacuating the patient back to the U.S., what are the options?

This is a perfect scenario for Pacific Asynchronous Tele-Health (PATH). Under the direction of COL C. Becket Mahnke, a pediatric cardiologist, this provider-to-provider

teleconsultations tool is used by Tripler Army Medical Center (TAMC) specialists to support military healthcare providers in the Pacific Rim.

As an example, a recent consultation request entered by an internist in Okinawa brought several TAMC specialists to the table to assist the primary team without the patient having to be medically evacuated. Through PATH, providers at TAMC were able to review radiologic studies performed at the remote site, so they didn't have to rely solely on radiology reports through the electronic medical record (AHLTA). They also reviewed multiple labs via AHLTA and communicated input on interventions and management with referring providers in a near real-time manner.

According to Dr. Eric Santiago in Okinawa, "The PATH system worked very well as usual in this case with prompt responses from the TAMC specialists. I was able to relay specialist opinions while the patient was still in the hospital, which the patient greatly appreciated. The patient experienced a lot of anxiety in the beginning due to many unknowns, but knowing that we were in communication with specialists at TAMC allayed a lot of that anxiety.

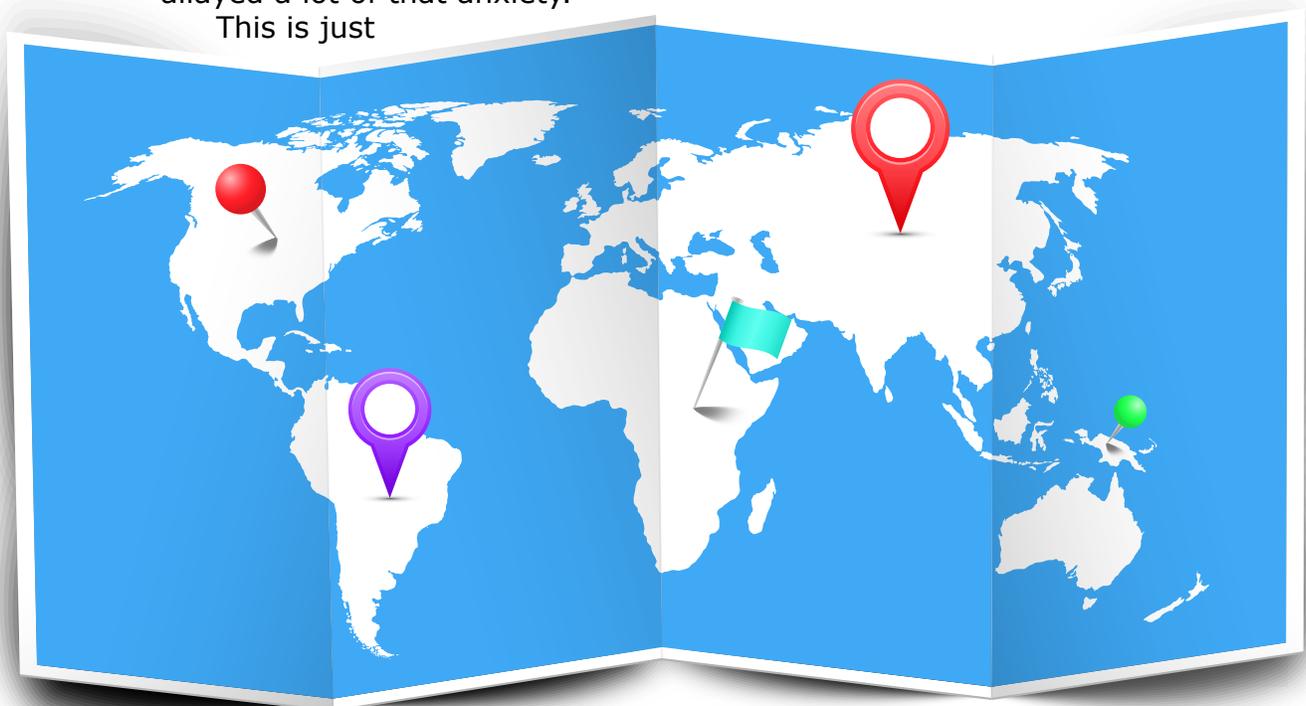
This is just

one of many cases that TAMC has helped us with in the

Pacific. The PATH system is innovative and extremely helpful for us in the outlying hospitals through the Pacific -- truly a gamechanger in how we do our work out here. PATH has served as very nice teaching tool for me personally through my 4 years on Okinawa. Dr. Mahnke and crew should be proud of this program."

"PATH is one of the absolute best programs I have seen. The support is incredible!"

*Robert "Greg" Patterson, MD, FAAFP
Lt Col, USAF, MC
Chief, Medical Staff (SGH)
Yokota Air Base, Japan*



Western Regional Medical Command Success:

Tele-Infectious Disease (TID) Comes to General Leonard Wood Army Community Hospital (GLWACH)



In January and February 2015, TID counseling was conducted for several Active Duty Service Members (ADSMs) and an Active Duty Family Member (ADFM) at GLWACH with COL (Dr.) Morris, Chief of the infectious disease service at Madigan Army Medical Center (MAMC). The use of telehealth eliminated the need for these patients to travel to MAMC

or for COL Morris to travel to GLWACH, saving TDY funding and lost time from work and family. After the encounters, these patients stated they were satisfied with their video session and the care they received.

Tele-Dermatology Helps Bassett Army Community Hospital (BACH) Manage Underlap

BACH at Fort Wainwright Alaska (FWA) will have an underlap in dermatology services from mid-May to mid-August 2015. In order to mitigate and minimize disruption during the underlap, WRMC staff will coordinate synchronous Tele-dermatology support from Madigan and William Beaumont Army Medical Centers and asynchronous support from the Teleconsultation Program at Southern Regional Medical Command (SRMC). BACH will establish a protocol for low acuity patients with dermatology issues to be seen by a primary care provider to ensure patients who need to see a dermatologist face-to-face are able to do so prior to the start of the underlap. For those patients who need an appointment with a dermatologist during the underlap, synchronous tele-dermatology appointments will be scheduled with a dermatologist at Madigan or William Beaumont. For those patients with skin conditions or lesions that need to be

seen by a dermatologist, photographs will be taken in the BACH dermatology clinic, electronically stored, and sent to a dermatologist resident at Brooke Army Medical Center for evaluation and diagnosis. This support will provide the services needed by BACH's patients. It eliminates the need for a dermatologist to be sent TDY to BACH and provides tele-dermatology experience contributing to graduate medical education training.



Southern Regional Medical Command Success: Army Garrison-Theater Teleconsultations Program for Deployed Providers

The Army Garrison-Theater Teleconsultations Program for Deployed Providers supports deployed healthcare providers using a secure email based system that operates 24 hours a day / 7 days a week / 365 days a year. The program began in April 2004 with dermatology as the test specialty. This was followed by ophthalmology. Soon other specialties joined the program. Currently there are over 30 specialties participating in the program. 20 specialties are organized by email utility accounts in which the consultants receive and answer consultations. Another 12+ specialties are reached through a generic email account managed by referral manager who sends the consultation to the consultant(s).

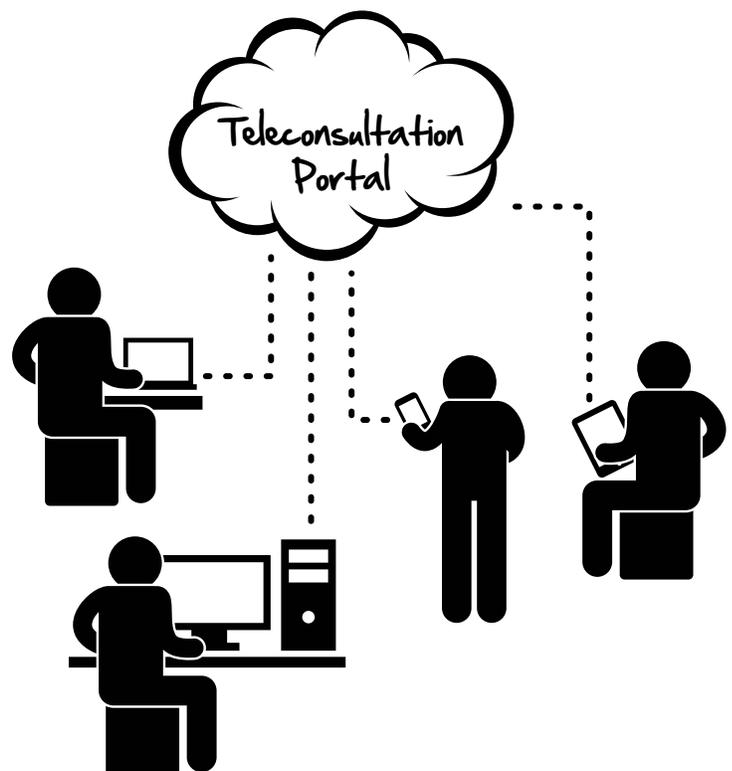
The average reply time from the time a consultation is sent until it is answered is about 5 hours 15 minutes. Many consultations are answered in less than one hour. Over 12,600 consultations have been answered since the program began. Consultations have come from over 65 foreign countries, 74 US Navy ships at sea, and from 3 ships flying under the Canadian flag.

The program is a simple, easy-to-use means in which the deployed provider can obtain expert assistance on a difficult medical condition. The provider may ask for a second opinion to decide if the patient can be managed in the theater; or if the patient requires evacuation to a higher level of care; or the provider has encountered a medical situation and is not sure how best to care for the patient.

The process begins when a deployed provider has a patient with a medical condition for which they would like an expert opinion. The deployed provider sends an email to either one of the 20 specialties which have a unique email address or to the generic teleconsultation

portal. If the problem is relatively simple, the consultant sends a reply to the deployed provider and includes the entire group so the other consultants know the consultation has been answered. If the problem is complex, other members of the specialty will reply to the provider or forward the consultation to other consultants who have more specialized training. If the deployed provider sends the consultation to the generic email box, the referral manager may forward the consultation to a small group of consultants who answer consultations from a specific location or to a single consultant if the consultation is truly unique.

The Army Garrison-Theater Teleconsultations Program remains a go-to resource for the deployed provider in support of our Nation's fighting Forces.



For More Information Contact Your Regional Telehealth POC

PRMC (808) 433-4500

WRMC (253) 967-9751

(210) 355-5272
SRMC (210) 295-2060
(210) 295-2510

(571) 231-5404
NRMC (571) 231-5401

ERMC 496 302 68732

Learn more about Army Telehealth:

<http://armymedicine.mil/Pages/telehealth.aspx>

The Army Telehealth Service Line Collaboration site (CAC-enabled)

<https://amp.amedd.army.mil/com/tsl/SitePages/Home.aspx>

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