

# Good Connections: Using Telehealth in Emergencies and Beyond



*the E* **X** *CHANGE*

**ASPR**  
ADMINISTRATION FOR STRATEGIC  
PREPAREDNESS AND RESPONSE



**TRACIE**  
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# FOREWORD

When disaster strikes, every minute matters! During public health emergencies, healthcare providers are often forced to make critical decisions under immense pressure while balancing limited resources and rapidly evolving circumstances. Meanwhile, patients dealing with acute injury, managing chronic illness or seeking specialty care continue to depend on access to quality healthcare services.

Telehealth has emerged as a powerful tool for meeting these challenges. Once viewed primarily as a convenience that allowed patients to consult with providers from home, virtual care is now recognized as a critical component of healthcare delivery and emergency response. Advances in technology, interoperability, and connectivity have expanded telehealth's capabilities far beyond routine office visits. Today, telehealth enables healthcare organizations to overcome geographic barriers and provide patients with quality care otherwise unavailable to them.

The value of telehealth becomes especially apparent during times of patient surge. Hospitals facing an influx of patients from hurricanes, wildfires, disease outbreaks, or other incidents can leverage virtual care to improve patient triage, maintain access to care, and rapidly connect clinicians with specialty expertise not available locally. Access to specialty care (burn, pediatric, behavioral health, etc.) is limited in many communities and becomes even more scarce during emergencies. Through initiatives such as [ASPR's Disaster Telemedicine Program](#), expertise is brought directly to the point of care – reducing unnecessary transfers, helping patients receive appropriate care closer to home, and strengthening healthcare system resilience.

In this issue of *The Exchange*, I encourage you to explore the innovative ways organizations across the country are putting telehealth into practice. You will read about efforts to build a digital care network that serves rural communities in Georgia, New York's expansion of virtual urgent care services, pediatric telehealth programs in California, and MedStar Health's Institute for Innovation which is helping shape the future of virtual healthcare delivery. Together, these stories illustrate how telehealth is enhancing emergency preparedness while expanding access to everyday care.

[ASPR TRACIE](#) is committed to capturing and sharing lessons learned from the field. Our resources are developed in collaboration with healthcare professionals, emergency managers, public health practitioners, and other subject matter experts whose experiences help strengthen preparedness nationwide. Please [feel free to share](#) your own promising practices, innovative approaches, and requests for technical assistance so that others can benefit from your insights.



[Mark P. O'Neill](#)  
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# ASPR'S DISASTER TELEMEDICINE PROGRAM

CDR Dina Passman, US Public Health Service, HHS/ASPR/CFR/Office of Strategic Partnerships

Public health and medical emergencies increasingly stem from various incidents that significantly disrupt and degrade everyday healthcare operations. Telemedicine applications for disaster response can support populations impacted by hurricanes, floods, tornados, building collapses, and more. Fortunately, ASPR now has a solution that can flex and scale as requirements arise and evolve, in any setting from hospital to home, rural communities to bustling cities.

The ASPR Disaster Telemedicine Program (ASPR DT) is an all-hazards capability to rapidly deploy virtual healthcare personnel and medical experts during disaster and public health emergencies. For large-scale emergencies or simultaneous events impacting multiple regions, ASPR DT operates as a strategic force multiplier, delivering timely, efficient, resource-conserving support for disaster response, particularly in hard-to-reach or austere environments. In coordination with federal, state, local, tribal, territorial, and international partners, ASPR DT can fill critical gaps when other solutions do not exist or require augmentation.

The DT program can leverage:

- An extensive cadre of medical specialists representing 28 medical specialties.
- Live language interpretation services interpreters in over 250 languages, including American Sign Language.
- Health Information Exchange and Electronic Medical Record integration.
- Electronic or e-prescribing.
- Data analytics dashboards that can be customized to provide regional and national decision-makers with access to extensive up-to-date operational data in real-time.

ASPR supplements field access to these capabilities by incorporating rugged tablets with high-definition audio and video devices, integrated Bluetooth-enabled diagnostic equipment (e.g., stethoscope, EKG, ultrasound, vitals monitor, and close-up examination camera), as well as failover cellular and satellite communication equipment.

To learn more about how ASPR DT can support your jurisdiction through the ESF-8 process during Stafford Act Declarations, check out [this recent blog](#) or email the team at [asprdt@hhs.gov](mailto:asprdt@hhs.gov).

# WELCOME TO ISSUE 22!

The [last issue of \*The Exchange\*](#) focused on sheltering, standing up, and repopulating healthcare facilities after disasters and contained articles on hospitals that sheltered in place during Hurricane Helene, statewide teams that established emergency medical facilities, and a healthcare system navigating long-term recovery after a catastrophic fire. In this issue, we shift our focus to the many ways lessons learned during the pandemic have been incorporated into the provision of virtual healthcare in a variety of settings, from New York City and Washington, DC, to rural Georgia and northern California, with a focus on providing virtual pediatric care. We hope that the lessons learned and various strategies highlighted in these articles can help our readers prepare for future incidents.

In January 2026, ASPR TRACIE and ASPR's [Office of Medical Reserve Corps \(OMRC\)](#) announced their collaboration to create a one-stop knowledge center for MRC units and volunteers to publicly house existing MRC-specific local, state, regional, and national information/resources. Be on the lookout for related announcements and feel free to [reach out](#) if you need technical assistance or have a resource to share.

Please also refer to our [Hurricanes Resource Page](#), our webinar [Play to Win: Health Care and Public Health Preparedness for Mass Gatherings](#), our updated [Virtual Medical Care](#) and [Rural Disaster Health](#) Topic Collections, our new resource page on [Clinical Resources for Emergency Shortages of Treatments and Supplies](#), our updated [Opioids: Frequently Asked Questions](#) document, and the new [Pediatrics](#) chapter in [Healthcare Readiness and Response: An Online Guidebook](#).

Your feedback is what makes us successful—please [contact us](#) with your comments, questions, technical assistance needs, and resources to share. We look forward to our continued collaboration.

Wishing you a safe, healthy summer!

Rachel Lehman, Acting Director, ASPR TRACIE

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# AT A GLANCE

## 4 [Keeping Patients with Confidence: Using Telehealth to Treat Patients in Rural Georgia](#)

*Matthew Lyon, MD, the Associate Dean and Experiential Learning Director at the MCG Center for Ultrasound Education, and Director, Center for Digital Health, at the Medical College of Georgia at Augusta University, discusses the development and expansion of the Digital Care Network, which began in 2019 and now connects about a third of rural hospitals in Georgia, linking specialists to primary care physicians, enabling more patients to remain at their local hospitals, and reducing unnecessary transfers.*

## 5 [Virtual ExpressCare: Providing All New Yorkers Access to Virtual Urgent Care](#)

*Virtual ExpressCare (VEC) offers 24/7/365 access to urgent care for all New Yorkers to take care of their physical, mental, emotional, or other health needs. It addresses gaps in access to healthcare while bridging the digital divide faced by vulnerable New Yorkers in accessing telehealth-based services. In this article, Dr. Felicia Hercules, the urgent care Medical Director, and Afsheen Mazhar, the Executive Director of VEC, share more about how the program and its partnership with the Fire Department of York have provided residents quality care for a variety of health conditions.*

## 6 [Bridging the Gap: Telemedicine and Pediatric Preparedness and Response](#)

*Dr. James Marcin (Vice Chair for Pediatric Clinical Research, Director, University of California Davis Center for Health and Technology, and Professor, Department of Pediatrics) shares how this academic health system uses telemedicine to overcome geographic and distance challenges associated with accessing children's hospitals. Citing examples from everyday readiness and disaster response, Dr. Marcin highlights patient experience, related federal initiatives, and future directions.*

## 7 [The Evolution of Telehealth at MedStar Health](#)

*As one of the largest hospitals in the U.S., MedStar Washington Hospital Center (located in the heart of the District of Columbia) has been using telehealth services since implementing a telestroke model in 2010. ASPR TRACIE met with Ethan Booker, MD, FACEP, chief medical officer for Telehealth at MedStar Health, vice president of the Care Innovation Lab within the MedStar Institute for Innovation, and an emergency physician, to learn how their telehealth services have evolved over the years to meet the diverse needs of the community the system serves.*



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HEALTHCARE EMERGENCY PREPAREDNESS  
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## Keeping Patients with Confidence: Using Telehealth to Treat Patients in Rural Georgia

### SUMMARY

*Dr. Matthew Lyon, Director of the Center for Digital Health, at the Medical College of Georgia at Augusta University, discusses the development and expansion of the Digital Care Network, which began in 2019 and now connects about a third of rural hospitals in Georgia, linking specialists to primary care physicians, enabling more patients to remain at their local hospitals, and reducing unnecessary transfers.*

### KEY TAKEAWAYS

- *The proper use of telehealth can decrease unnecessary patient transfers.*
- *Allowing primary care physicians to virtually connect with specialists can facilitate and streamline patient care, particularly in rural areas.*
- *Keeping patients closer to their families while generating revenue for rural hospitals is a win-win.*
- *Accessing real-time patient and bed capacity data remains a challenge.*

### RELATED RESOURCES

- [MCG Center for Digital Health](#)
- [Small and Rural Hospitals Receive Lifeline From Digital Care Network](#)
- ASPR TRACIE's [Virtual Medical Care](#) and [Rural Disaster Health](#) Topic Collections



## Virtual ExpressCare: Providing All New Yorkers Access to Virtual Urgent Care

### SUMMARY

*Virtual ExpressCare (VEC) offers 24/7/365 access to urgent care for all New Yorkers to take care of their physical, mental, emotional, or other health needs. It addresses gaps in access to healthcare while bridging the digital divide faced by vulnerable New Yorkers in accessing telehealth-based services. In this article, Dr. Felicia Hercules, the urgent care Medical Director, and Afsheen Mazhar, the Executive Director of VEC, share more about how the program and its partnership with the Fire Department of York have provided residents quality care for a variety of health conditions.*

### KEY TAKEAWAYS

- *Telehealth can be used to support various challenges (e.g., a pandemic or an employee job action).*
- *Having a good relationship with your local fire/emergency medical services department can ensure a smoother virtual experience for the patient and provider(s).*
- *Providing interpretation services can improve patient comfort and willingness to be seen virtually.*
- *Artificial intelligence can provide telehealth providers with easier access to—and can summarize the information and data contained within—electronic health records and patient portals, saving time and boosting treatment efficacy.*
- *Working with public health during an outbreak provides patients access to virtual treatment while keeping them away from the healthcare setting unless necessary. Patients do not have to commute to the hospital and the chance of spreading disease via public transit and during long waits in crowded emergency rooms decreases.*

### RELATED RESOURCES

- [Virtual ExpressCare](#)
- [Over 25,000 Calls to 911 Redirected to NYC Health + Hospitals' Virtual ExpressCare, Preventing Over 12,000 Unnecessary FDNY Ambulance Transports to Nearby Hospitals\)](#)
- ASPR TRACIE's [Virtual Medical Care](#) Topic Collection



## Bridging the Gap: Telemedicine and Pediatric Preparedness and Response

### SUMMARY

*Dr. James Marcin (Vice Chair for Pediatric Clinical Research, Director, University of California Davis Center for Health and Technology, and Professor, Department of Pediatrics) shares how this academic health system uses telemedicine to overcome geographic and distance challenges associated with accessing children's hospitals. Citing examples from everyday readiness and disaster response, Dr. Marcin highlights patient experience, related federal initiatives, and future directions.*

### KEY TAKEAWAYS

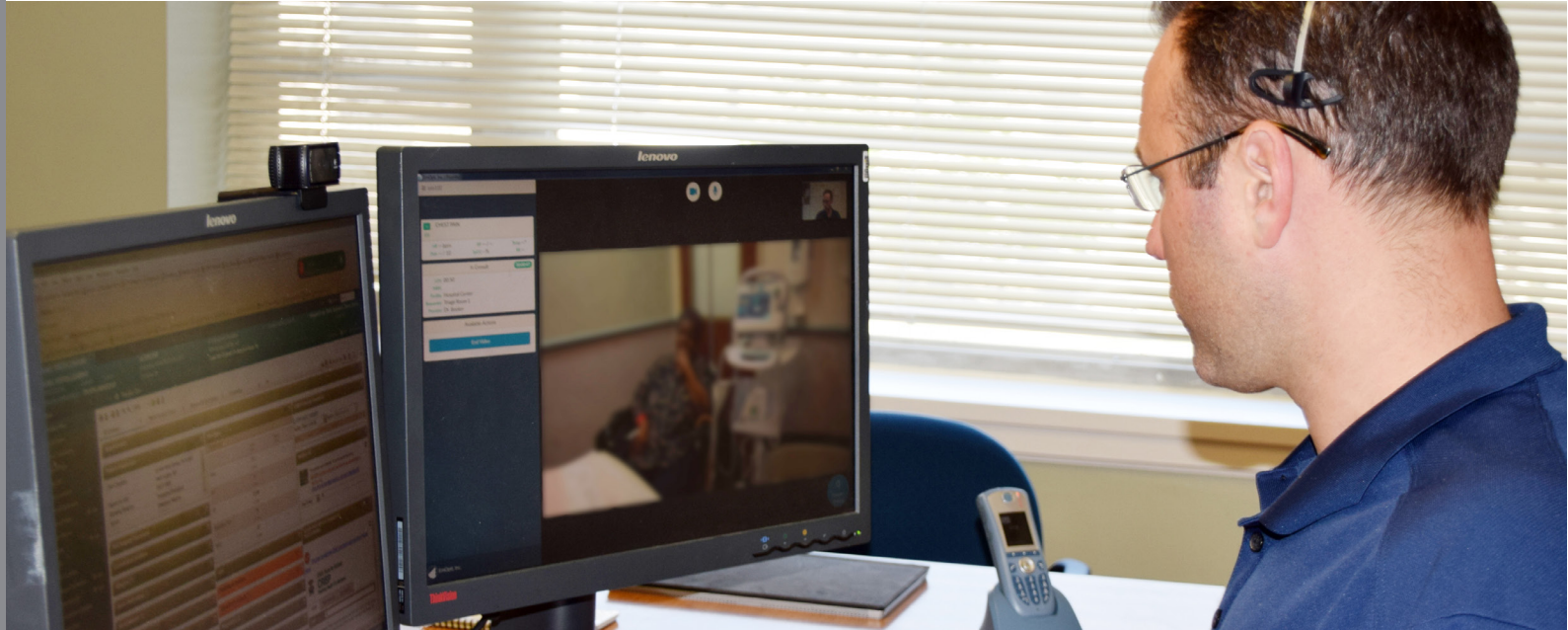
- *Nearly 10% of the U.S. population lives more than 30 minutes from the nearest hospital.*
- *Approximately 16 million children live an hour or so away from a hospital that provides general or advanced pediatric resources.*
- *After a boost in 2020 when telehealth was used to support patients and overwhelmed EDs during the pandemic, it became a standard model of care and is more being integrated into emergency management disaster preparedness and response across the U.S.*
- *Telehealth can ease both patient's and parent's anxiety, strengthen parent-provider relationships, and prepare parents for the transfer process as needed.*

### RELATED RESOURCES

- [Impact of Tele-Emergency Consultations on Pediatric Interfacility Transfers: A Cluster-Randomized Crossover Trial](#)
- [Pediatric Pandemic Network](#)
- [Providing Telenursing Care for Victims: A Simulated Study for Introducing of Possibility Nursing Interventions in Disasters](#)
- [Telehealth for Emergency Preparedness](#)
- [UC Davis Center for Health and Technology](#)
- [Western Regional Alliance Pediatric Emergency Management](#)

### RELATED ASPR TRACIE RESOURCES

- [Lessons Learned from the Pediatric Tripledeemic-Systems, Staff, Space, and Supplies \(ASPR TRACIE Roundtable\)](#)
- [Managing a Pediatric Tripledeemic: Lessons Learned from 2022](#)
- [Pediatric/Children Topic Collection](#)
- [Telehealth in Disaster Preparedness and Response](#)
- [Virtual Medical Care Topic Collection](#)



## The Evolution of Telehealth at MedStar Health

### SUMMARY

MedStar Health is a not-for-profit health system comprised of 10 hospitals (including nine emergency departments) and 300 care sites (e.g., urgent care locations, primary care providers, heart and vascular care providers, and stroke rehabilitation services). As one of the largest hospitals in the U.S., MedStar Washington Hospital Center (located in the heart of the District of Columbia) has been using telehealth services since implementing a telestroke model in 2010. ASPR TRACIE met with Dr. Ethan Booker, chief medical officer for Telehealth at MedStar Health, vice president of the Care Innovation Lab within the MedStar Institute for Innovation, and an emergency physician, to learn how their telehealth services have evolved over the years to meet the diverse needs of the community the system serves.

### KEY TAKEAWAYS

- Urban EDs are often quite full, and patients arrive expecting to wait for care. When they were seen quickly via teletriage, their care started earlier, and they received medication faster, the value was obvious to them and well received.
- The Connected Primary Care program (where remote nurse practitioners support approximately 350 primary care providers) boosts patient access to care, provides same and next day telehealth visits, staffs remote patient monitoring programs, answers portal messages, and manages a very large volume of medication refill and renewal requests. This contributed to improved productivity, engagement, and patient experience.
- The program can be scaled to meet patient surge needs in a disaster by facilitating virtual patient visits and provider consultations with specialists.

### RELATED MEDSTAR RESOURCES

- [Biocontainment Unit](#)
- [Care Innovation Lab and Telehealth](#)
- [MedStar Health](#)
- [MedStar eVisit – Telehealth](#)
- [MedStar Institute for Innovation](#)
- [National Center for Health Security and Resilience](#)

### OTHER RELATED RESOURCES

- ASPR TRACIE's [Virtual Medical Care](#) Topic Collection
- [Connected Primary Care: Using Nurse Practitioners via Telehealth to Boost Patient Access and Physician Well-Being](#)
- [Preliminary Assessment of a Telehealth Approach to Evaluating, Treating, and Discharging Low-Acuity Patients with Suspected COVID-19](#)



# RECOMMENDED RESOURCES



Since the last issue of *The Exchange* was published in January 2026, ASPR TRACIE released the following new resources (listed alphabetically):

- [ASPR TRACIE-MRC Voices from the Field Speaker Series](#) (Summary)
- [Clinical Resources for Emergency Shortages of Treatments and Supplies](#) (New Resource Page)
- [Clinical Resources for Emergency Shortages of Treatments and Supplies](#) (Topic Collection)
- [Disaster Preparedness and Response Considerations for Freestanding Emergency Departments](#)
- [Emergency Preparedness: Deficiency Analysis & Provider Resources](#)
- [Health Care Coalition Cybersecurity Assessment](#) (PDF)
- [Health Care Coalition Extended Downtime Delivery Impact Assessment](#) (PDF)/Word
- [Healthcare Readiness and Response: An Online Guidebook, New Chapters](#)
  - [Alerting and Communication](#)
  - [Information Management](#)
  - [Pediatrics](#)
- [Play to Win: Health Care and Public Health Preparedness for Mass Gatherings](#) (Webinar)
- [Telehealth in Disaster Preparedness and Response](#) (Speaker Series Recording)

We also updated the following resources:

- [Ebola/VHF Topic Collection](#)
- [Health Care Provider Shortages-Resources and Strategies for Meeting Demand](#)
- [Opioids: Frequently Asked Questions](#)
- [Rural Disaster Health Topic Collection](#)
- [Virtual Medical Care Topic Collection](#)

We encourage you to review our recent requests for technical assistance on [Telehealth Resources](#), [Resources on Lithium-Ion Batteries](#), and [Paper-Based Hospital Record](#). Check out our [summary of responses to select TA requests](#) and [this tutorial](#) for assistance navigating the Assistance Center.

Users can create private groups in our [Information Exchange domain](#), allowing members to share files and information in a password protected area in near real-time (free registration is required). For example, we recently created private groups for MRC Unit Leaders and State Coordinators and members are sharing MRC Good News Stories. [Reach out](#) to learn more!



# ASPR TRACIE

## Your Healthcare Emergency Preparedness Information Gateway

*The Exchange* is produced by the Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Through the pages of *The Exchange*, emergency health professionals share firsthand experiences, information, and resources while examining the disaster medicine, healthcare system preparedness, and public health emergency preparedness issues that are important to the field. To receive *The Exchange*, visit <https://asprtracie.hhs.gov/register> and enter your email address.

ASPR TRACIE was created to meet the information and technical assistance needs of ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. The infographic illustrates ASPR TRACIE's reach since launching in September 2015.



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