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

June 2026

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. Virtual ExpressCare addresses gaps in access to healthcare while bridging the digital divide faced by vulnerable New Yorkers in accessing telehealth-based services.

ASPR TRACIE met with Dr. Felicia Hercules, the urgent care Medical Director and Afsheen Mazhar, the Executive Director of VEC to learn more about how the program and its partnership with the Fire Department of York (FDNY) have ensured residents quality care for a variety of health conditions.

■ John Hick, MD, ASPR TRACIE Senior Editor (JH)

Please describe your roles as they pertain to Virtual ExpressCare.

■ Felicia Hercules, MD (FH)

I am an emergency medicine physician by training and the medical director of VEC's urgent care service. Part of my day job involves medically running this 24/7 service, staffing it appropriately, and ensuring we are using the right clinical protocols. We work directly with many New York City (NYC) agencies like the FDNY, and we connect patients to services within our NYC Health + Hospitals network. VEC is available to patients throughout the state.

■ Afsheen Mazhar (AM)

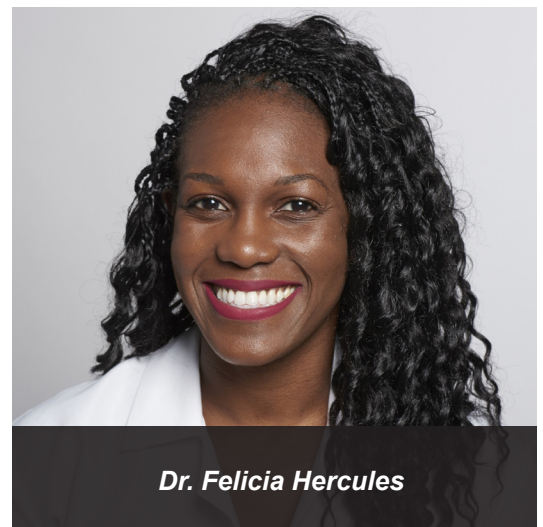
I have been working at NYC Health + Hospitals (HHC) since 1998 in various operation roles prior to serving as the Executive Director role of Virtual ExpressCare. My role includes overseeing the operations of the three services we provide: urgent care, behavioral health, and reproductive health. This includes billing, platform management, and day-to-day management of operations.

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](#)



Dr. Felicia Hercules



TRACIE

■ JH

How did Virtual ExpressCare come about?

■ FH

In 2019, NYC Health and Hospitals began opening physical urgent care centers to treat low-acuity patients and reduce overcrowding in their Emergency Departments (EDs). While a virtual care option was already being discussed, the 2020 COVID-19 pandemic, of which New York City was the epicenter, allowed for its rapid adoption. With EDs overwhelmed and patients hesitant to visit hospitals in person, VEC quickly emerged to bridge the gap by providing safe, remote telehealth services.

During the pandemic, VEC developed a statewide protocol to screen and treat patients with COVID therapeutics. Leadership shared this successful protocol with ASPR, leading to its replication in other health systems.

Simultaneously, the Centers for Medicare & Medicaid Services (CMS) introduced the Emergency Triage, Treat, and Transport (ET3) Model, which allowed flexibility to conduct medical triage prior to EMS transport. VEC leveraged the ET3 model to create a triage partnership with the FDNY.

■ AM

We already had the background and structure in place with our in-person urgent care facilities, and FDNY also had an existing partnership with ET3. The pandemic presented the need for virtual urgent care service for New Yorkers as EDs were overwhelmed and patients didn't want to go to them. VEC bridged that gap and provided telehealth services.

■ JH

What is the interface for Virtual ExpressCare? Is it app-based, or is a link sent to a patient?

■ AM

Virtual ExpressCare can be accessed by dialing 631-EXP-CARE and through our website: <https://expresscare.nyc/>.

■ JH

How has your patient volume fluctuated over the years?

■ FH

In the peak of the pandemic, we received approximately 600 or more calls per day. At that time, many healthcare agencies were also able to provide a large number of providers to staff our virtual services due to the decrease in in-person visits. Now that COVID care is integrated into our standard practice, we see a wide range of urgent care concerns in both adult and pediatric patients. Our current volume averages 200-250 patients daily with seasonal increases.

■ JH

Do you activate virtual providers when you have an increase in demand?



Dr. Afsheen Mazhar

Through Virtual ExpressCare, healthcare is universally accessible by both phone and video in 200+ languages, including American Sign Language, and without the need for a smartphone or high-speed internet access.

The service launched the nation's first hybrid COVID-19 treatment and prescription telehealth program and connects patients to other in-person services and further treatment options, all without having to go to the Emergency Department (ED). Virtual ExpressCare also transitions patients into longitudinal primary care and behavioral health services to improve long-term health. The program serves over 100,000 patients a year, with a 95% average patient satisfaction rate.



■ FH

Yes, we recently surged providers during the nursing strike in New York. Together with FDNY, our program helped triage patients virtually, limiting unnecessary ED visits and navigating patients to the care they needed. We went from seeing 200 patients to 800 in one month, which we could do with our flexible providers, many of whom were happy to work extra hours and care for community members.

■ JH

Tell us more about your relationship with FDNY. Are your exchanges determined by certain call categories, or do they route certain calls to you versus sending an ambulance, for example?

■ FH

The relationship has existed since the inception of the program and has evolved as the technology improved. This program serves both patients and FDNY. FDNY call takers offer telehealth options to patients whose concerns fit specific criteria. Let's use the example of a patient calling EMS for dental pain. Calls transferred to our service are answered directly by a VEC provider in less than 60 seconds. We receive a handoff from EMS and introduce ourselves. With the patient's permission, our providers can convert the audio call to video and assess the patient's concerns. Depending on the assessment and the patient, there are three options for disposition: treat virtually and refer to clinics, offer alternative transportation to an HHC ED, or re-activate EMS. Patient safety is of the utmost importance, and all decisions are made with the patient's collaboration. VEC providers can also communicate with FDNY to increase the acuity level for concerning cases. VEC is able to connect patients with the services they need, provide the option of alternative transportation for stable ambulatory patients, and share concern for those needing a more immediate ambulance with FDNY.

■ JH

What is the process to get a patient from Virtual ExpressCare to the emergency department or other provider?

■ FH

Patients calling our service needing primary care are given clinic referrals and information to schedule appointments. For those who already receive care within the HHC system, VEC providers are also able to contact their primary provider to share any concerns and assist with an earlier appointment time. If a VEC provider recommends emergency care, those patients are advised to go to the ER. If there is concern the patient may be unable to do this on their own, VEC has the ability to call emergency services on the patient's behalf.

■ JH

How do you prepare for a known emergency, like a snowstorm or hurricane? How do you prepare for a power outage?

■ FH

For a snowstorm, we staff up beforehand because we know people will be unable to travel to their appointments and clinics may be closed. We also monitor and staff up during the respiratory season as necessary. Thankfully we have not experienced a full power outage. This would be a challenge as phone and internet services are crucial for our service to function.

■ AM

We do have downtime procedures in place. If a patient has an electronic health record (EHR) on file, for example, we can still interact with and process them through the patient portal.

■ JH

What does the future look like for you as far as artificial intelligence and other technology?

■ AM

Our EHR software program is integrating AI which will benefit our service.



■ FH

AI will be able to summarize EHR data from a patient's last few primary care visits, which is very helpful for VEC providers in understanding their medical history. Many patients have complicated medical histories posing a challenge during their one time visit to VEC. AI can help prevent errors and ensure a clear understanding of what each patient needs.

■ JH

Please describe the nature of the behavioral health services that are offered through Virtual ExpressCare.

■ AM

We have been providing this service for three years BH providers are available 24/7/365 to provide care. We also provide child adolescent consultation service to 3 EDs in the New York City Health + Hospitals system.

■ FH

Our behavioral health program can help patients connect with clinics and can prescribe medication like buprenorphine and others to help with withdrawal symptoms.

■ JH

Tell us more about your partnership with the city's department of public health?

■ FH

VEC partners with the New York Department of Health (DOH) to triage and manage communicable diseases, including meningitis, Ebola, and Mpox.

Previously, the DOH directed patients with high-risk meningitis exposure to emergency rooms or primary care providers for prophylactic treatment. Now, patients can contact VEC 24/7 for a medical assessment and treatment recommendations.

Working with DOH and HHC leadership, VEC established an Ebola screening protocol. Patients under surveillance are instructed to call VEC if any symptoms or concerns arise. Providers conduct virtual screenings and can immediately escalate suspected cases to the DOH and designated receiving hospitals.

Dr. Hercules develops specific response protocols for various threats as they emerge. These standardized procedures are embedded into the EMR to ensure all providers deliver consistent care every time.

■ JH

What other tools—such as wearables, watches, or other sources of patient information—would make providing virtual patient care easier or more efficient?

■ FH

During the pandemic, it seemed like everyone had a pulse oximeter, which helped us evaluate patients more quickly. One thing we have noticed more recently in the virtual environment is the paucity of information. I look forward to being able to access data from patients' wearables.

We are currently partnering with some of our ambulatory care providers who gave wearables to patients with congestive heart failure. Teaching them how to use technology and interpret the data has helped keep patients from having to be seen in person as frequently.

■ JH

What about integrated diagnostics like test kits? If someone calls with symptoms of a respiratory disease, for example, is there any way to get a test kit to their home or prescribe an anti-viral based on a virtual appointment?

■ FH

As at-home tests have become more prevalent, we do prescribe them to patients to have a better idea of the underlying cause of their symptoms. If they test positive, they can call back for a non-billable visit where we can continue to treat them appropriately.



■ JH

Do you have the ability to refer patients to other providers during a virtual appointment?

■ FH

Yes, if a patient is followed in our system, we can easily contact their primary care provider via a chat through the EMR. We also have protocols for specific complaints such as sexual health and dental concerns to ensure our patient receives close follow-up.

■ JH

If you were creating a new telehealth platform, what would your top wishes be?

■ AM

I would love to see the increased utilization VEC in New York and double the number of yearly visits from 75,000 to 150,000.

■ FH

I am so excited about our growth potential, specifically within the population served by New York City Health + Hospitals. Our central platform connects these hospitals and streamlines the process, keeping patients from going to the ED (while connecting them to the resources they need) and ensuring that the most serious cases are seen in a timely manner. Eventually, I would like to expand staffing to meet the increases in demand due to better self-promotion and organic growth.

■ JH

How do patients find out about your services, and what is the experience like from their perspective?

■ FH

We pride ourselves on having many “front doors” where patients can access our service! Patients can find us in many ways including phone calls, the website, MyChart, and DOH referrals to name a few. Many patients also discover the service after an ED visit or when they are unable to secure a timely appointment with their primary care doctor.

To eliminate technological barriers, patients can connect to VEC with a standard telephone. Routine calls are initially routed to an agent, while 911 calls are transferred directly to a provider. If a patient uses a smartphone, an agent can send a text link to upgrade the call to a video visit.

Once we are connected via video, patients will see their provider looking directly at them and occasionally another screen, where they are gathering their available medical information.

We focus on how our providers communicate from the moment they are connected with a caller. They start each visit asking, “How can I help you today?” We let patients know that we will be looking at another screen throughout the visit to gather additional information and take notes. Providers can always escalate a call to myself or one of the other attendings on shift for assistance during a call.

I regularly review our Press Ganey scores to maintain our high standard of care, and we meet monthly to identify challenges and improve our service.

■ AM

New York City Health + Hospitals has the interpreter service available in 200+ languages, including American Sign Language.

■ FH

We have been really privileged to have such a great workforce who loves what they do and the patients they care for. We look forward to the continued evolution of Virtual ExpressCare as it keeps serving communities across the city and state.

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