

Summary: As the Defense Health Agency (DHA) establishes new operational paradigms to address the global COVID-19 pandemic, ERP is uniquely positioned to provide subject matter expertise (SME). The ERP team now provides management support to the Air Force Medical Services (AFMS) Telehealth Program, enabling continued infrastructure modernization, systems support, and training of legacy and emergent mission critical capabilities.

The challenge: transition AFMSA's massive telehealth infrastructure

With the advent of COVID-19, telehealth became a critical platform for how healthcare is delivered. As with every hospital system in the world, the DoD fully embraced telehealth and rapidly undertook the effort to expand capacity and capability to meet the urgent and escalating needs.

AFMSA is responsible for healthcare delivery to more than 2M Air Force beneficiaries worldwide. ERP directly supports the AFMSA Telehealth Division in enabling more than 44,000 medical professionals to deliver world class healthcare across 76 military treatment facilities (MTFs). Our Telehealth SMEs and analysts directly support the Air Force Chief of

Telehealth, support that enables the AFMS to swiftly, dynamically and collaboratively engage with Defense Health Agency (DHA) and Air Force Telehealth resources to ensure COVID-19 related processes and solutions are interoperable and seamlessly deployed.

ERP's Telehealth SMEs played a key role in support of the NDAA (as mentioned above) including requirement identification, strategic planning, pilot testing, telehealth solution training and telehealth sustainment activities. ERP's efforts toward a new operating paradigm helped the AFMS realize better access to care via new technology efforts; reduced enterprise travel costs for

patients; reduced leakage for out-ofnetwork consultations; and increase in specialty care consultations.

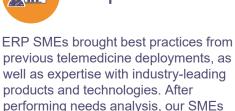
NDAA 2017–2020 Congressional Mandates to be complied with

- · Improve access to care
- Increase use of telehealth capabilities
- · Reduce overall healthcare costs
- · Provide better overall healthcare

The approach: technology/process alignment backed by mature leadership



Expertise



previous telemedicine deployments, as well as expertise with industry-leading products and technologies. After performing needs analysis, our SMEs assisted AFMSA in expanding its capability, by identifying, acquiring and deploying technologies and building out required infrastructure. What's more, we leveraged industry relationships to facilitate and expedite the rollout of capabilities.



Leadership

Under the leadership of our Program Manager, a 16-year telemedicine industry expert, our SMEs and analysts led technical interchange meetings and collaborated across AFMSA and DHA on mission-essential tasks. We led the streamlining and tailoring of workflows to accommodate expanding telemedicine capabilities. We led and collaborated on major certification and accreditation tasks to allow for new equipment and technology to be brought online within DoD and AF networks and environments.



Alignment

Our SMEs worked closely with AFMSA leadership to ensure alignment of new capabilities with division. Air Force, and DoD enterprise requirements. They also ensured that we met mission objectives along with enterprise interoperability, and managed program risks as we expedited delivery of new products and capabilities.

The results: new operating paradigms to improve care across the spectrum

Strategic analysis and planning. We partnered with working groups and various enterprise stakeholders across AFMSA, DHA and DoD organizations such as the Defense Information Systems Agency (DISA) to roll out capabilities and identify technical telehealth solutions. In addition, we provided needs analysis, analysis of alternatives, program management, risk management and strategic advisory assistance support to the Air Force Chief of Telemedicine.

Acquisition and deployment. We supported the expedited acquisition and deployment of next generation telemedicine capabilities across AFMSA, while coordinating working groups and collaborating with MTFs and DHA stakeholders.

Infrastructure. Our team supported the transition from legacy circuits to high bandwidth circuits that could support the requirements for expanding telemedicine capabilities.

Expansion of telemedicine services.

We supported the rapid increase in medical services being delivered via telemedicine platforms. Some of the services being expanded include but are not limited to:

- Tele-Behavioral Health
- Tele-Genetics
- Tele-Transgender
- Tele-Medical Nutrition Therapy
- Virtual Reality, in treatment of PTSD, smoking, etc.

Infrastructures

Air Force Network

Medical Community of Interest (MEDCOI)

Technologies

Video Teleconferencing (VTC)

Desktop VTC

Web Real-time Communications (RTC)

Telemedicine Carts

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