

INNOVATION AND TECHNOLOGY TRACK

Rapid Care, Remote Reach: Disaster MRC Telehealth Strike Team Model



Introduction by:
Liz Saitz
Palmetto Care Connections



Stephanie Payne, MBA, LSSGB
Emory University

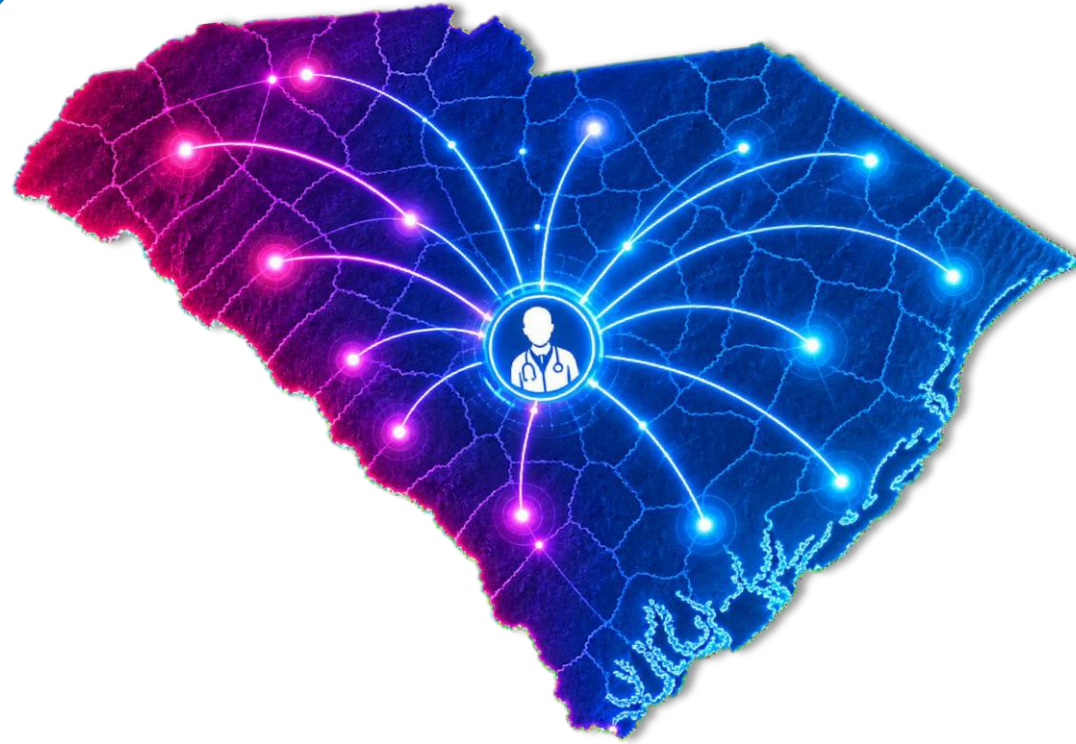
**SEPTEMBER 1
2:15PM-3:00PM**



Suleima Salgado, MBA
Southeastern Telehealth Resource Center

REGENCY BALLROOM H

Rapid Care. Remote Reach.



Disaster MRC Telehealth Strike Team Model 1.0

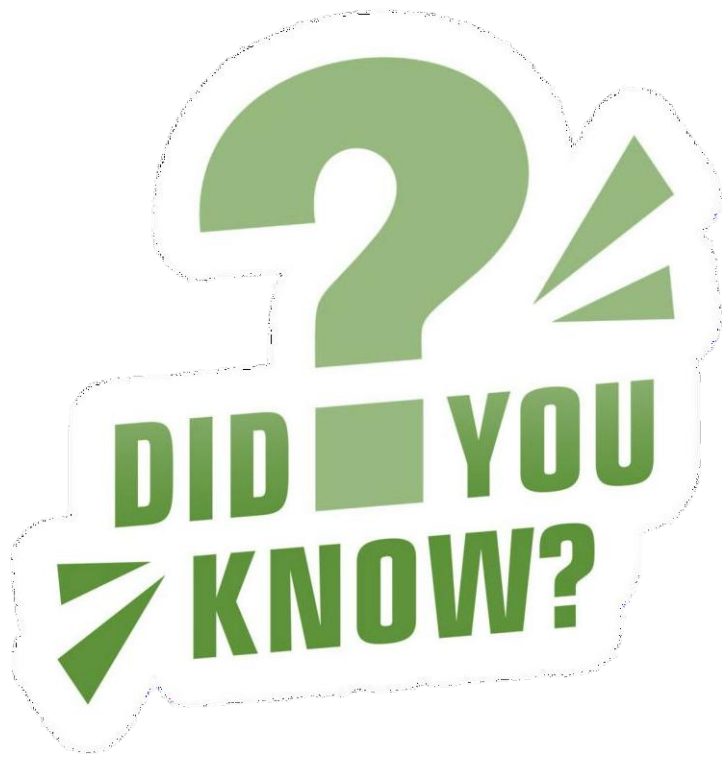


LEARNING OBJECTIVES

1. Identify two use cases for a Disaster MRC Telehealth Strike Team.
2. Describe how a Disaster MRC Telehealth Strike Team expands disaster healthcare response capabilities.

At the end of the session, you will also be able to:

- Understand the purpose of integrating deployable telehealth assets into MRC Units.
- Identify how Disaster MRC Telehealth Strike Teams can support rural communities and vulnerable populations during emergencies and disaster incidents.



Visit ASPR's website here to find active Medical Reserve Corps (MRC) Units:

<https://experience.arcgis.com/experience/b6e7f63818804808beaad6de1afbd512>

✓ **South Carolina has**

- 4 Medical Reserve Corps (MRC) Units
- 1 Veterinary Reserve Corps (VRC) Unit

✓ **South Carolina's MRC Units are located**

- 1 – Columbia, SC (Midlands MRC)
 - phillist@dph.sc.gov
- 1 – Greenville, SC (Upstate MRC)
 - woodm@dph.sc.gov
- 1 – North Charleston, SC (Lowcountry MRC)
 - roysd@dhec.sc.gov
- 1 – Sumter, SC (Pee Dee MRC)
 - latourrj@dph.sc.gov

✓ **South Carolina's VRC Unit is located**

- 1 – Columbia, SC (SC Veterinary Reserve Corps)
 - marie.queen@scav.org

MRC GEM

medical
reserve
corps



thank you!

This model draws inspiration from the Medical Reserve Corp – East Metro Health District (MRC-GEM) Telehealth Strike Team, and we sincerely appreciate MRC-GEM's support in shaping this approach for Region 4 MRCs.



info@mrcgem.com



<https://mrcgem.com/contact-us/#gsc.tab=0>



<https://www.linkedin.com/company/mrcgem/>

HRSA Funded Telehealth Resource Centers (TRC)

www.telehealthresourcecenter.org

NATIONAL CENTERS



THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



Mountain Plains RDHRS
(Denver Health and Hospital
Authority)
Awarded 2020

Region 1 RDHRS
(Massachusetts
General Hospital)
Awarded 2018

Southern Regional Disaster Health Response System

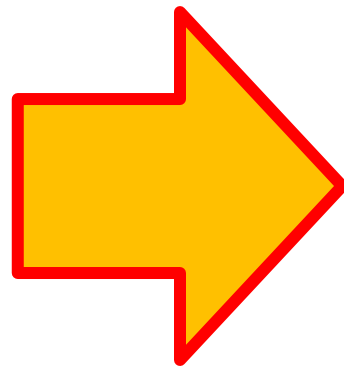
- **ASPR award - HHS Region 4**
- **Mitigate health system surge during crisis**
- **Engage clinical and health system operational expertise**
- **Build disaster readiness on foundation of daily use cases**
- **Complement existing frameworks**

**Southern Regional Disaster
Response System (SRDRS)**
Region 4
(Emory University)
Awarded 2021

**Region VII Regional Disaster Health
Response Ecosystem (RDHRE)**
(Nebraska Medicine/University of Nebraska
Medical Center)
Awarded 2018

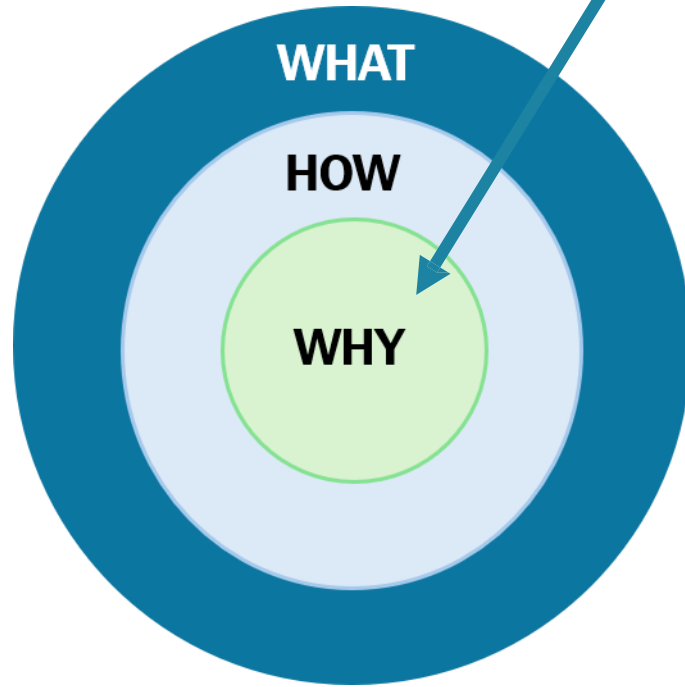


ARE YOU Ready?



- ✓ Both feet on the ground
- ✓ Take a deep breath
- ✓ Clear your mind

Starting with the “Why”



During disaster incidents, local and state communities may experience impacts to their healthcare infrastructure including

- ✓ Medical surge
- ✓ Healthcare workforce shortages
- ✓ Delayed triage
- ✓ Infrastructure disruptions
- ✓ Gap access impacts (rural, vulnerable, and isolated populations)

Disaster MRC Telehealth Strike Team Model 1.0

- ✓ Embeds with MRC's operational unit & local/state disaster frameworks
- ✓ Provides rapid, remote, clinical support during disaster incidents
- ✓ Activated when conditions exceed local capacity or restrict access to healthcare services
- ✓ Disaster telehealth physicians come from local and state partnerships/support.
- ✓ MRC volunteers can be clinical or non-clinical to support this model.
- ✓ MRC Telehealth Strike Team provides deployable telehealth equipment that connects patients with telehealth physician.
 - MRC volunteer does not provide clinical support with this model.

Disaster MRC Telehealth Strike Team: Deployable Telehealth Backpack



Auto Blood Pressure Cuff



Pulse Oximeter



Glucometer Kit



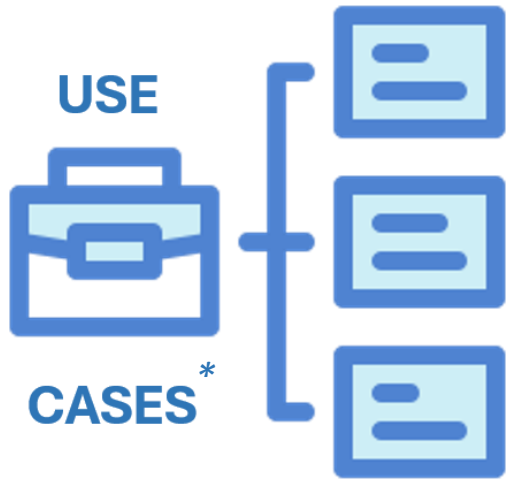
Thermometer



Gloves



Stop the Bleed Kit(s)



- Support at disaster shelters and/or isolation or quarantine shelters
- Temporary medical surge support
- Rural or infrastructure-limited response areas (FQHCs, Rural Clinics, Critical Access hospitals, etc.)
- Access to additional triage assistance for lower-acuity (non-emergency) medical concerns
- Access to specialty consultations locally
- Prescription refills and medication continuity
- Behavioral health and crisis support
- Support for vulnerable populations (e.g., elderly, disabilities).
- Specialized strike teams (e.g., pediatric, LTC facilities)

**List is not all inclusive*

Disaster Telehealth Policy Research

- Malpractice, Liability, and Cross-State Protection for Disaster Virtual Care (DVC)
- Licensure & Scope of Practice in Disaster Virtual Care
- Privacy, Data Sharing, & Consent in Disaster Virtual Care
- Reimbursement for Disaster Virtual Care Providers



What Comes With the Model?

- ✓ **Deployment Asset Blueprint Resource**
 - Deploys with the Telehealth Asset and MRC Volunteer
- ✓ **Concept of Operations (CONOPS)**
 - Telehealth Presenter Job Aid
 - Pre & Post Deployment Checklist
 - Emergency Contact List Template
 - Training Resources
 - Funding Source List (Public & Private)
- ✓ **Functional Annex**



Integration in local and state responses:

- ✓ Federally declared disasters
- ✓ State or local declared disasters
- ✓ Emergencies
- ✓ Crises



Potential triggers for activation & deployment:

- ✓ Natural Disasters
- ✓ Public Health Emergencies
- ✓ Shelter & Mass Care Operations
- ✓ Rural & Access-Limited Communities
- ✓ Healthcare System Surge Events

MRC ROLE PARAMETERS* (under Model 1.0)

DOES

- ✓ Set up & operate telehealth equipment
- ✓ Facilitates telehealth visit
- ✓ Device handling under remote clinician direction
- ✓ Basic non-clinical data collection (based on MRC Unit's protocols)

DOES NOT

- ✓ Provide medical advice
- ✓ Perform clinical assessments
- ✓ Make care decisions
- ✓ Administer medications or treatments
- ✓ Access medical records without authorization
- ✓ Act as a medical interpreter without training

Limited Scope Drill: March 6, 2026

Partner Participation



Public Health AmeriCorps

APPALACHIAN STATE UNIVERSITY®
BEAVER COLLEGE OF HEALTH SCIENCES

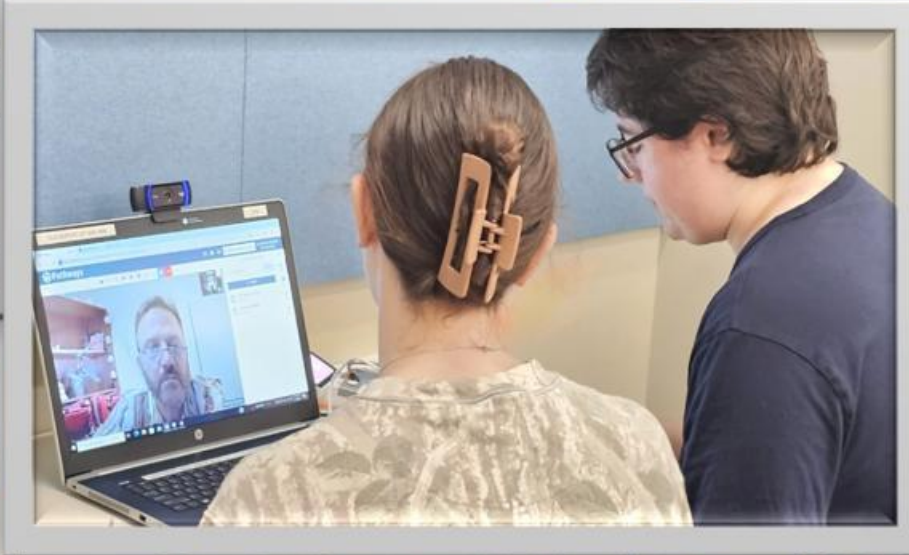


gpth.org



The Power of Connection
August 31, September 1, and September 2, 2026





Patient Scenarios

1. Pediatric, heat related (12 yr. old female) with her father
2. Chronic disease (Type 1 diabetes), heat related, 19 yr female college student
3. Chronic disease (asthma), heat related, 44 yr. old male
4. Infectious disease (measles), Pediatric, heat related, Mom with 4 children ages 8 yr – 3 yr
5. Behavioral health impacted by heat, 20 yr old female college student
6. Fall on stairs, knee and hand pain, 64 yr old female
7. Neurological (passed out, hit head), heat related, 22 yr female college student, Deaf (does not read lips)*
8. Chronic disease (Multiple Sclerosis) impacted by heat, 33 yr old female, Language barrier (Spanish)*

**Functional & Access Needs*

Hotwash Feedback

“Once we were told how to use the platform, it was easy to use, and easy to see patients. Wasn’t overwhelmed by the use.” - Drill Participant

“The communications between MRC volunteers and telehealth physicians – how the physician would provide detailed instructions for the presenter was great in terms of modeling. Very simple and straightforward instructions were provided. Extremely effective.” - Drill Evaluator

“The camera quality, with the horoscope, what was presented to the physician was clear and easy to use. The image quality was incredible, better than what is used in the emergency department.” - Dr. Brendan Miccio, Emergency Medicine Specialist, PGY-4 EMS Fellowship, Augusta University/Wellstar

“Really brought ideas on what we [Public Health] want to pack for our kits. Impressed on how quickly the volunteers were able to catch on to the platform and the equipment they used.” - Kelly Welsh, RN, Deputy Health Director and Chief Medical Officer for AppHealthCare (Local health department covering Watauga, Ashe, and Alleghany counties in North Carolina).

Drill Survey Data – Part 1 (N = 16)

Kirkpatrick Model: A four-level framework used to evaluate training by measuring participants' reactions, learning, behavior change, and real-world outcomes to determine overall program effectiveness.

Agree

86% Easy to navigate the virtual care platform.

100% Understood role in the MRC Telehealth Strike Team model.

86% Tasks were completed successfully based on the workflow.

92% Know where to find the patient workflow for this disaster virtual care model.

Survey feedback was overwhelmingly positive, with nearly all respondents agreeing and the remaining responses neutral; no disagree or strongly disagree was recorded.

Drill Survey Data – Part 2 (N = 16)

Kirkpatrick Model: A four-level framework used to evaluate training by measuring participants' reactions, learning, behavior change, and real-world outcomes to determine overall program effectiveness.

Agree

- 94% This model could help **reduce medical surge** by supporting patient care during disaster incidents.
- 94% This model could **improve access to care** during disaster incidents.
- 94% I would feel comfortable **using this model in a real-world disaster** with additional training and support.

Survey results showed near-unanimous agreement, with all respondents indicating agreement and one neutrality. There were no disagree or strongly disagree responses recorded.



Disaster MRC Telehealth Strike Team **Model 2.0**

- ✓ Builds off Model 1.0
- ✓ Licensed clinical MRC volunteers intentionally deploy with the deployable telehealth asset
- ✓ Additional workflows, new clinical protocols, additional job aids.
- ✓ Evaluates what a specialized Disaster MRC Telehealth Strike Team looks like (e.g., pediatric, geriatric).

Stephanie Payne, MBA, LSSGB

Project Manager, Disaster Telemedicine & Pediatric Initiatives
Southern Regional Disaster Response System (SRDRS) for HHS Region 4
Emory University School of Medicine | Dept of Emergency Medicine
stephanie.nicole.payne@emory.edu

<https://srdrs4.org/>

srdrs@emory.edu



SRDRS Disaster Virtual Care Survey

Suleima Salgado, MBA

Principal Investigator & Puerto Rico/USVI Telehealth Liaison
Southeastern Telehealth Resource Center

Chief Executive Officer, Georgia Partnership for Telehealth

Board Member

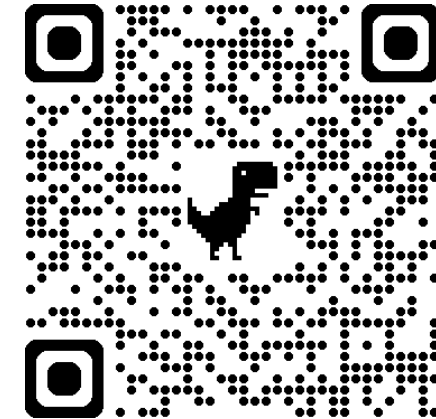
MRC-GEM

suleima.salgado@gpth.org

<https://setrc.us/>

<https://gpth.org/>

<https://mrcgem.com/about/#gsc.tab=0>



Southeastern Telehealth
Resource Center Website



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