

Access speaker bios here: <https://asprtracie.hhs.gov/documents/mrc-speaker-series-bio--telehealth-strike-team.pdf>

Access the recording here: <https://attendee.gotowebinar.com/recording/7276721243537716992>

Access other recordings here:
<https://files.asprtracie.hhs.gov/documents/aspr-tracie-mrc-voices-from-the-field-speaker-series-summary.pdf>



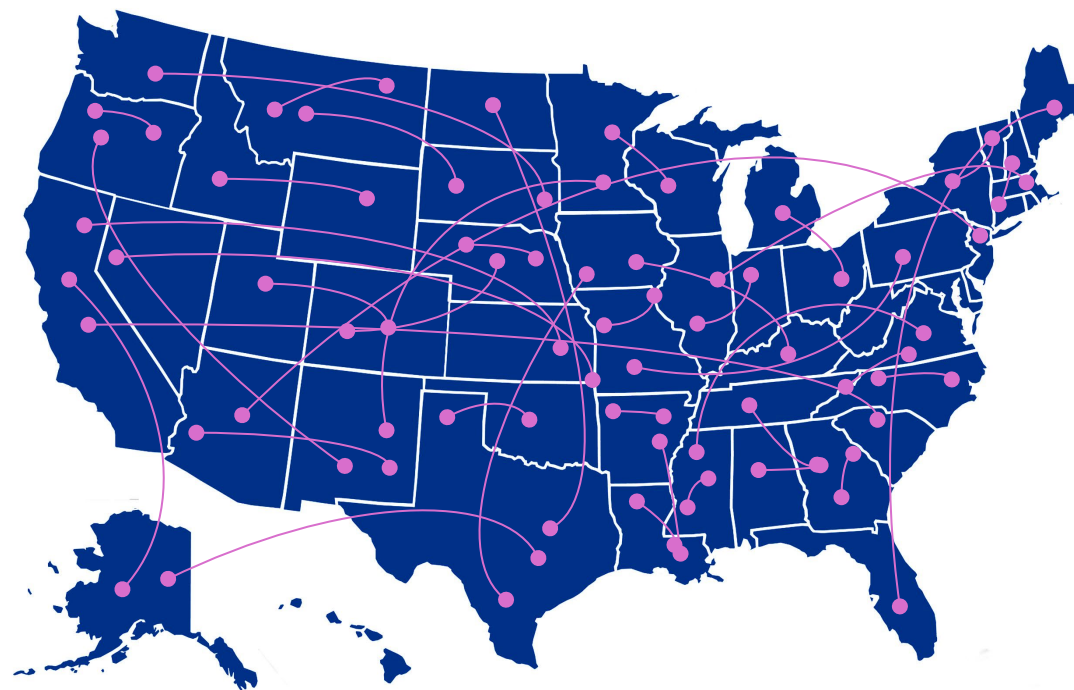
T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

*medical
reserve
corps*



Medical Reserve Corps (MRC) Voices from the Field (Speaker Series)

Mobilizing Volunteers. Connecting Care.



Disaster MRC Telehealth Strike Team Model 1.0

Presenters



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Southern Regional Disaster Response System HHS Region 4
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Southeastern Telehealth Resource Center
Chief Executive Officer | Global Partnership for Telehealth
Telehealth Strike Team Lead and Board Member,
Medical Reserve Corp - Georgia East Metro (MRC-GEM)

Presenter disclosures

Stephanie Payne, MBA, LSSGB

No disclosures to report

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Suleima Salgado, MBA

No disclosures to report

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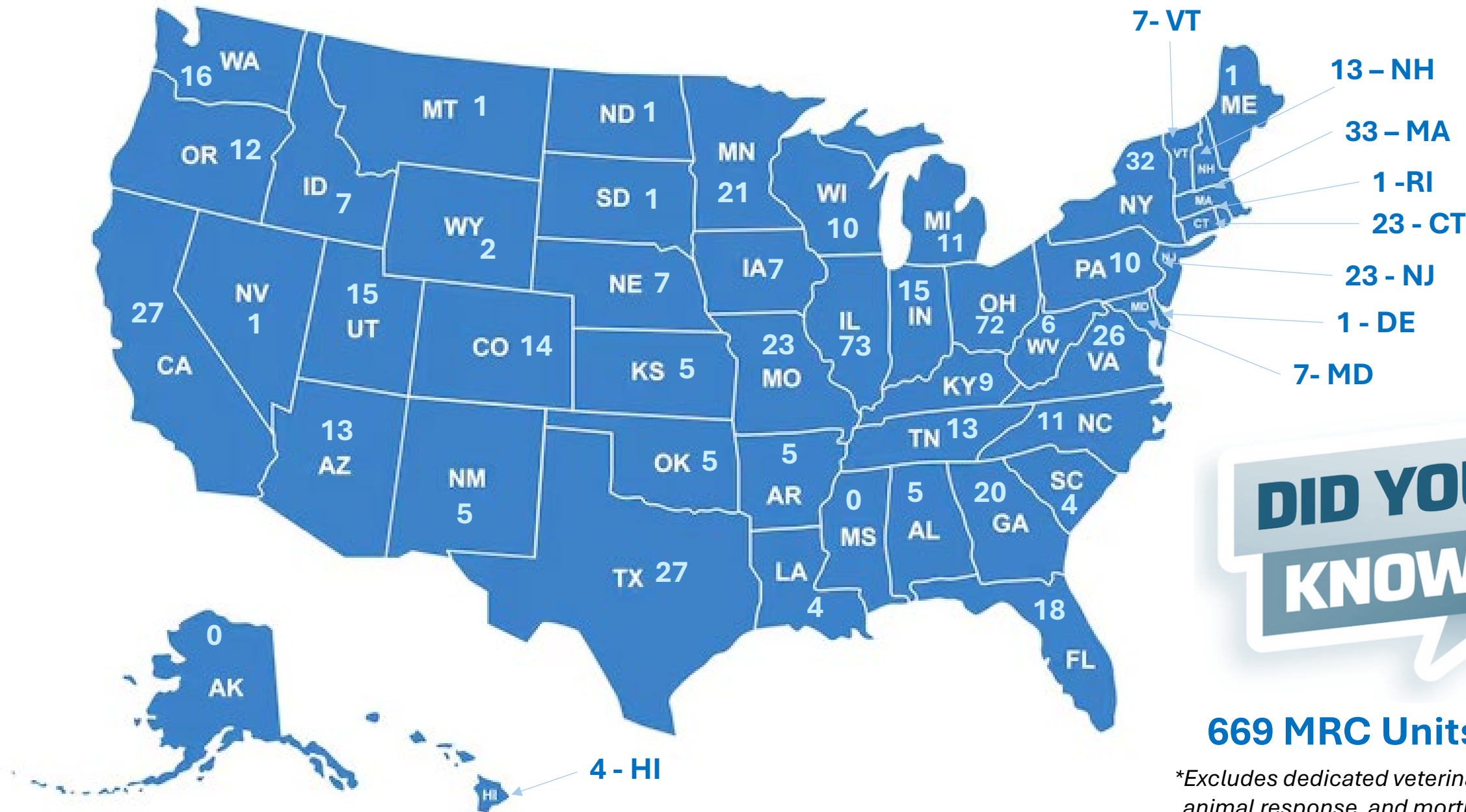


LEARNING OBJECTIVES

- 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.**



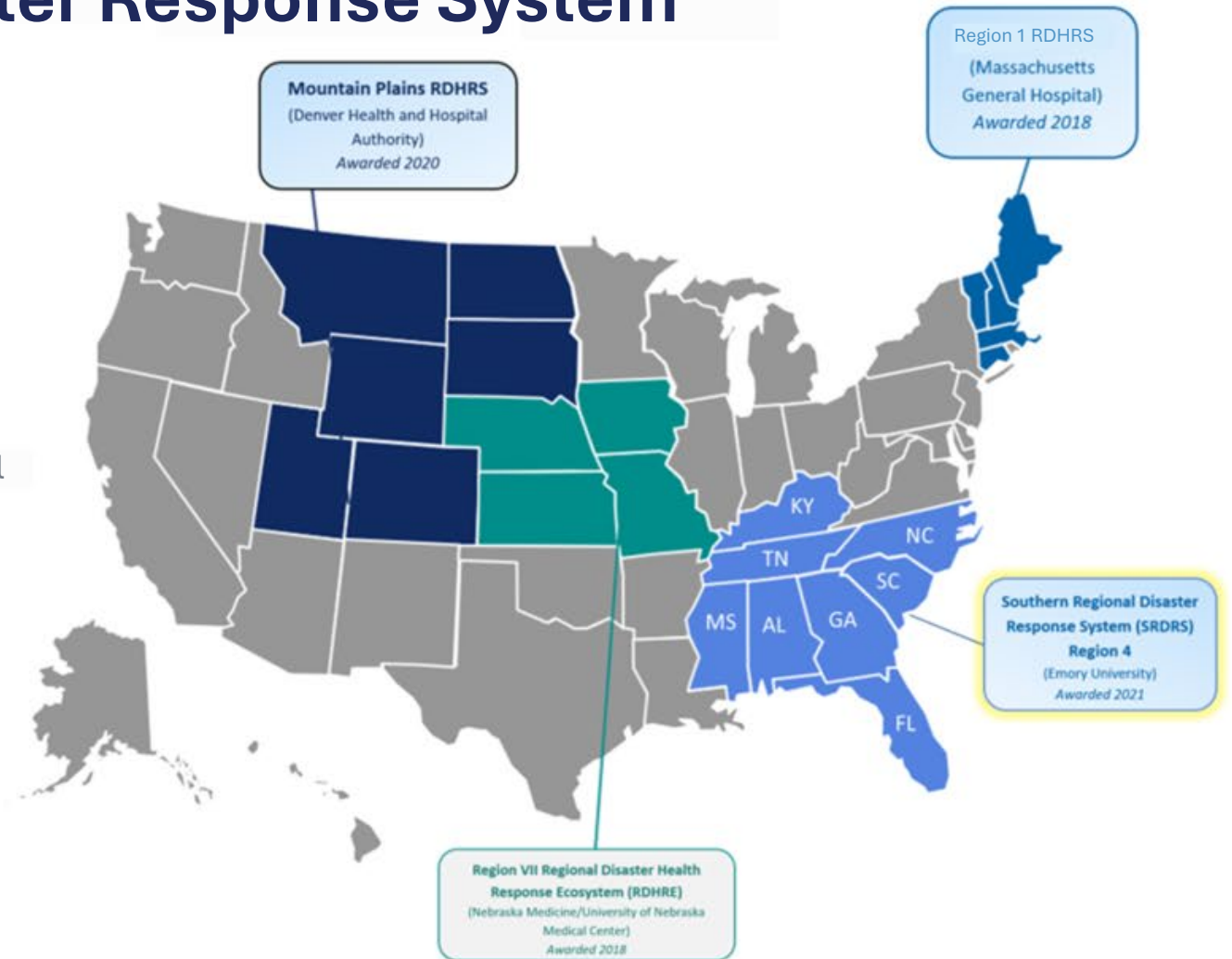
**DID YOU
KNOW**

669 MRC Units*

**Excludes dedicated veterinary, animal response, and mortuary units.*

Southern Regional Disaster Response System

- ASPR award — HHS Region 4
- Mitigate health system surge during crisis
- Engage clinical and health system operational expertise
- Build disaster readiness on a foundation of daily use cases
- Complement, never duplicate, existing frameworks



Eight states, one response community

Southern Regional Disaster Response System

HHS Region 4

SRDRS PARTNERSHIPS

AL

Alabama

MS

Mississippi

GA

Georgia

NC

North Carolina

FL

Florida

SC

South Carolina

KY

Kentucky

TN

Tennessee

WHO SRDRS WORKS WITH*

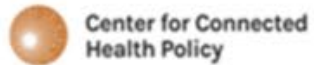
- Hospitals & health systems
- Healthcare coalitions
- EMS organizations
- Hospital associations
- Primary care, FQHCs, rural clinics, AHECs
- Departments of public health
- Rural health associations
- Community health center associations
- Primary care associations
- Telehealth associations
- National Telehealth Centers of Excellence
- National Telehealth Resource Centers
- Poison control centers
- Specialty care centers
- RITN, REAC/TS, etc.
- Emergency preparedness & response leaders
- Community partners
- Tribal nations and tribal organizations

* Partner list is not all inclusive.

HRSA Funded Telehealth Resource Centers (TRC)

www.telehealthresourcecenter.org

NATIONAL CENTERS



THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



Services the TRCs Provide

As a Telehealth Resource Center (TRC), we support healthcare organizations, networks, schools, and providers in implementing effective telehealth programs, at no-cost.

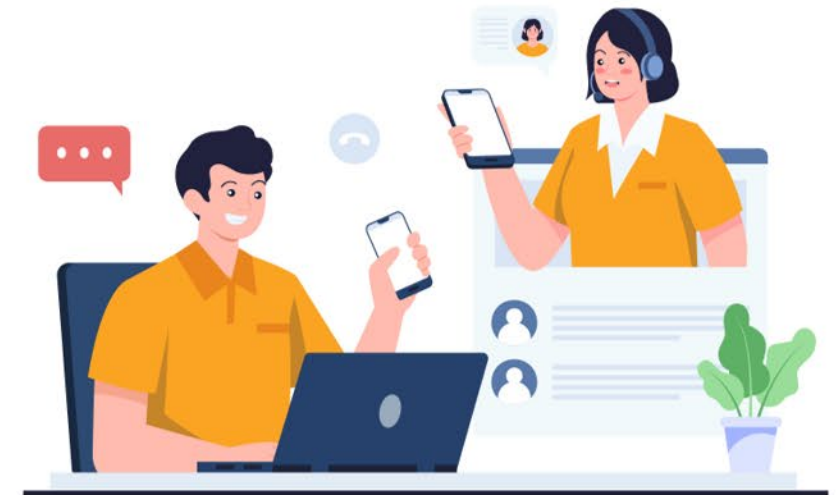
We serve as your go-to hub for:

Technical Assistance & Equipment Expertise

Training and Education

Program Development Support

- Policy Updates
- Business Model Guidance
- And Much More!



Thank You, MRC-GEM

Inspiration. Partnership. Service.



The Disaster MRC Telehealth Strike Team Model 1.0 draws inspiration from the Medical Reserve Corps-East Metro Health District (MRC-GEM) Telehealth Strike Team.

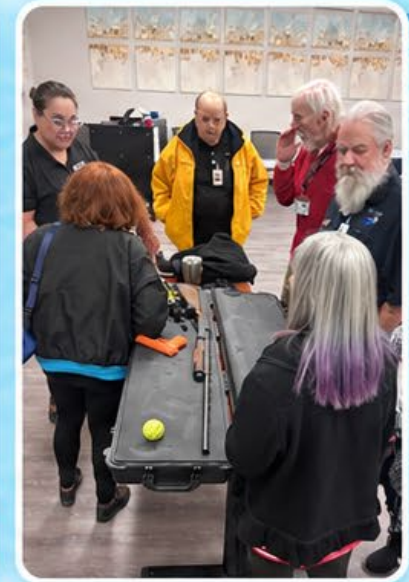
We sincerely appreciate MRC-GEM's support in shaping this approach for Region 4 MRCs.



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mrcgem.com/contact-us/#gsc.tab=0

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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.

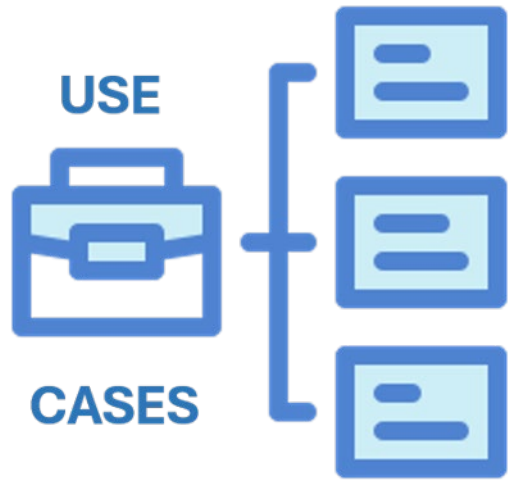
Integration in local and state responses:

- ✓ 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



- 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*

Deployable Telehealth Backpack

Disaster MRC Telehealth Strike Team Model 1.0



CLINICAL SUPPLIES



Automatic blood pressure cuff



Pulse oximeter



Glucometer kit



Thermometer



Gloves



Stop the Bleed kit(s)

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

Disaster MRC Telehealth Strike Team Model 1.0

Access the Completed Model Documents

https://srdrs4.org/_includes/images/sections/telemedicine/mrcinteriorppage.html



Deployment Asset Blueprint Resource

Deploys with the telehealth asset and MRC volunteer

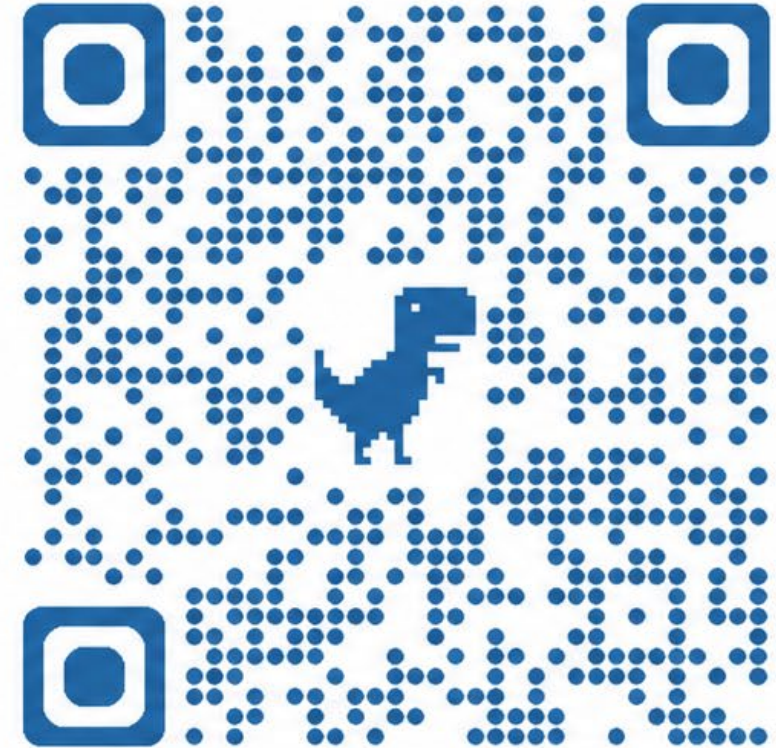


Concept of Operations (CONOPS)

- Telehealth Presenter Job Aid
- Pre & Post Deployment Checklist
- Emergency Contact List Template
- Training Resources
- Funding Source List (Public & Private)



Functional Annex



SCAN TO VIEW THE MODEL DOCUMENTS

Thank You, APP MRC

Partnership..Coordination. Service.



Appalachian State University | Boone, NC

Thank you for partnering with SRDRS and SETRC to test the Disaster MRC Telehealth Strike Team Model 1.0 .

Engaged in every exercise planning meeting

Helped coordinate local partner participation

Participated in model testing and the after-action review.

Limited Functional Exercise | March 6, 2026



SOUTHEASTERN
telehealth
RESOURCE CENTER

With appreciation to our exercise partners



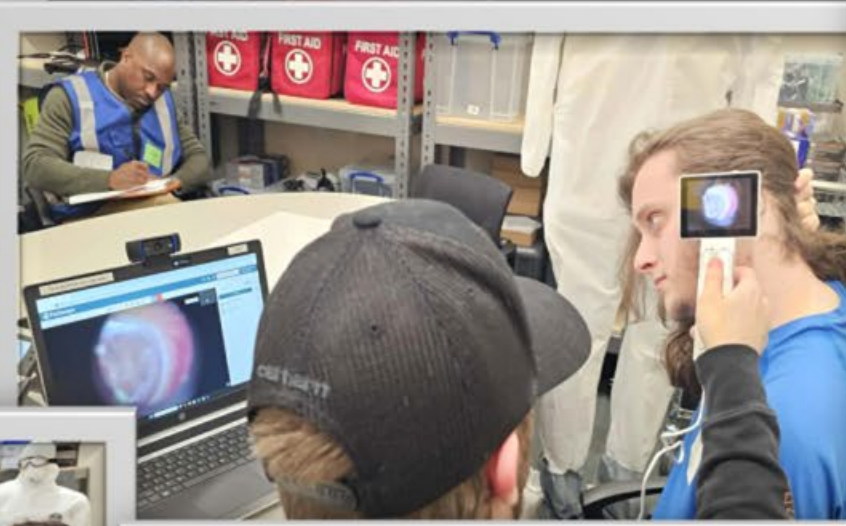
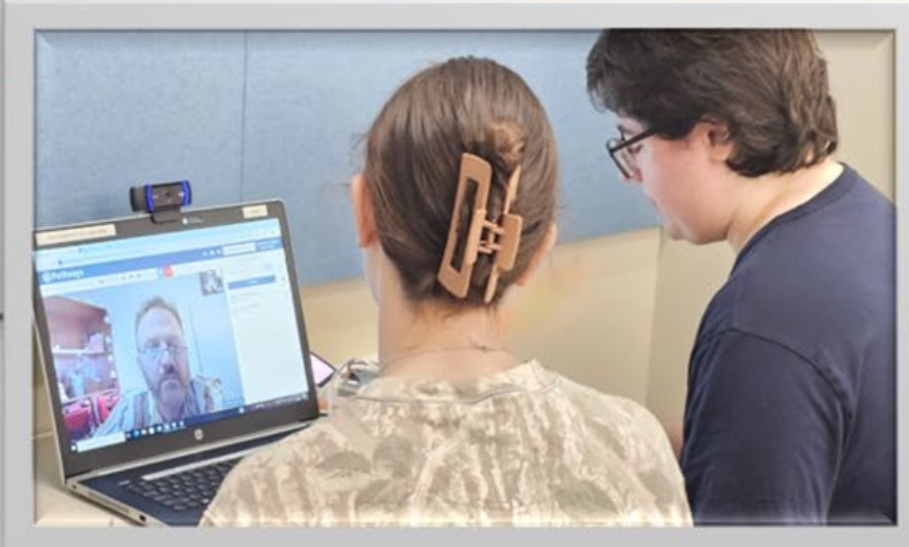
Public Health AmeriCorps

APPALACHIAN STATE UNIVERSITY®
BEAVER COLLEGE OF HEALTH SCIENCES



gpth.org

Thank you for helping put the model into practice.



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)*

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 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



<https://srdrs4.org/resources/education-training.html>

Disaster MRC Telehealth Strike Team Model 2.0

WORK IN PROGRESS



Exploring the Model? Let's Connect.

Disaster MRC Telehealth Strike Team Model 1.0



Technical Assistance

Considering exploring or adopting the model? Technical assistance may be available to support your next steps from the SRDRS and SETRC.



We Want to Hear From You

Tell us if your MRC unit is exploring, adapting, or implementing the model—or encountering barriers along the way.

**Help us track model exploration and implementation
across MRC units nationwide.**



srdrs@emory.edu

Share your progress. Ask about support. Stay connected.

Stephanie Payne, MBA, LSSGB

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<https://setrc.us/>
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Get the Model Resources Today!
Scan the QR Code or Access Weblink Below.



<https://srdrs4.org/includes/images/sections/telemedicine/mrcinteriorppage.html>

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