UCSF
UC San Francisco Previously Published Works

Title

Helping Veterans Access Sleep Care Virtually: How Patient Support Corps Students Extend the TeleSleep Workforce at VA

Permalink

https://escholarship.org/uc/item/7gv51649

Authors

Belkora, Jeff
Rezayat, T
Sorensen, S
et al.

Publication Date

2026-08-14

eScholarship.org Powered by the California Digital Library
University of California

Helping Veterans Access Sleep Care Virtually:

How Patient Support Corps Students

Extend the TeleSleep Workforce at VA

Authors

J. Belkora (1, 2), T. Rezayat (2), S. Sorensen (2), M. Haines (2), S. Malekzadeh (1), L. Dela Peña (1), D. Reyes (1), S. Casco (1), J. McAffee (2), K. Sarmiento (1, 2)

(1) University of California, San Francisco
(2) Veterans Health Administration

Abstract

Objective: The Veterans Health Administration (VA) uses e-screening surveys to request information from Veterans before appointments, and VA Video Connect (VVC) readiness calls to ensure that Veterans can attend appointments virtually. Providers and staff face challenges in working with Veterans to complete e-screenings and VVC readiness calls. For example, in 2023, VA's Sleep Clinical Resource Hub completed 20% of e-screenings. Team leaders therefore asked UCSF's Patient Support Corps (PSC) to deploy student interns who could help with e-screenings and VVC readiness calls. PSC is a four-year co-op internship where pre-health college students earn academic credit while gaining experience and serving patients. Eighty percent of PSC students are from underrepresented populations, thereby extending the cultural and linguistic competency of the workforce.

Study Design: In March 2024, PSC signed a Trainee Qualifications and Credentials Verification Letter with VA, designating three undergraduate student interns as Health Professions Trainees (HPTs). As HPTs, students gained access to VA clinical systems including the electronic health record and VVC telehealth system. Nurses tasked interns with administering e-screenings by email or by telephone, as well as conducting VVC readiness calls, for veterans undergoing sleep apnea evaluations. We audited program records between 7/23/24 and 2/13/25, to evaluate the reach of intern VVC readiness calls; and also evaluated the reach of intern e-screenings between 1/2/25 and 2/13/25.

Principal Findings: Between 7/23/24 and 2/13/25, VA nurses assigned 90 VVC readiness calls to interns, who reached 66 (73%) of these Veterans. Between 1/2/25 and 2/13/25, interns initiated 313 e-screenings, and Veterans completed 168 (54%), representing an increase in completion rate when compared to 20% in 2023.

Implications: PSC is successfully deploying students to extend the TeleSleep workforce at VA. Student support for Veterans frees up providers and staff to "practice at the top of their training." This implementation serves as a potential proof of concept for other clinical resource hubs or virtual care teams at VA.

Veteran Sleep Journey

- Veterans often experience poor sleep
- Can seek care (free) in Veterans Health Administration (VA)
- Out West, VA delivers sleep care through Clinical Resource Hub
- Clinical Resource Hub schedules Veterans for virtual intake visit

Virtual Intake Visit

- Veteran journey in sleep care starts with virtual intake visit
- Veteran meets with a nurse in video visit
- Nurse assesses Veteran sleep issues
- Nurse maps out next steps in sleep care

Ideal Conditions for Virtual Intake Visit

- Veterans should fill out surveys prior to intake
  - Nurse can then focus visit on assessment and plan
- Veterans should complete readiness call prior to intake
  - This is a rehearsal call
  - Teaches Veteran how to attend the upcoming video intake visit

Low Completion Rates Before Intake Visits

- Veterans often don't fill out surveys in advance
  - Nurses have to administer surveys during visits
  - "We're turning into survey people"
- In practice, Veterans often don't complete readiness calls
  - Increases chance that they "no show" or can't connect

Veterans Need Help Preparing for Intake Visits

- Veterans may not know how to use devices for telehealth
  - E.g. enabling camera for video
- Veterans may struggle to find surveys or appointment links
- Need "digital coaching" for intake visits
  - Digital coaching not best and highest use of provider time

Intervention: Internship Program

- VA partnered with UCSF Patient Support Corps
- Patient Support Corps trains students as navigators
- Students join VA as Health Professions Trainees
- Trainees can extend VA workforce as interns

Interns as VA Health Professions Trainees

L to R: Leila Dela Peña, Sam Malekzadeh, Danielle Reyes, Trista Lenford-Norris

L to R: Trista Lenford-Norris, Leila Dela Peña, Prof. Jeff Belkora, Dr. Kathleen Sarmiento, Sam Malekzadeh

Intern Tasks

1. Administer surveys before intake visits
   - Contact Veterans and prompt/capture survey responses
2. Conduct readiness calls
   - Instruct Veteran on using VA telehealth platform for video visits
3. Document interactions in electronic health record system

Administer Survey 1: Epworth Sleepiness Scale

Veterans rate from 0-3 how likely they will fall asleep doing these activities:

1. Sitting and reading
2. Watching TV
3. Sitting inactive in a public place (e.g. a theater or a meeting)
4. As a passenger in a car for an hour without a break
5. Lying down to rest in the afternoon (when circumstances permit)
6. Sitting and talking to someone
7. Sitting quietly after lunch without alcohol
8. In a car as the driver, while stopped for a few minutes in traffic

Administer Survey 2: Insomnia Severity Index

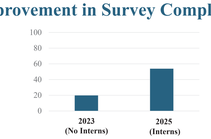
Veterans rate from 0-4:

1. Difficulty falling asleep
2. Difficulty staying asleep
3. Problem with waking up too early
4. How satisfied are you with your current sleeping pattern?
5. How noticeable to others do you think your sleep quality is in terms of impairing your life?
6. How worried/distressed are you about your current sleep problem?
7. Extent you consider your sleeping problem to interfere with your daily functioning

Conduct Readiness Call

- Assist Veteran in setting up and testing device
- Check internet connectivity, enable camera and microphone
- Provide guidance on how to navigate VA software
- Address other technology barriers
- Ensure appointment time is spent efficiently on clinical care

Improvement in Survey Completion Rates



Interns administered 313 surveys
Veterans completed 168 (54%)
during program audit (1/2 to 2/13/25)

Audit of Readiness Calls (7/23/24 to 2/13/25)

90 VVC Calls Attempted
66 Calls Successful (73%)
24 Calls Unsuccessful (27%)

Conclusions

- Patient Support Corps students are productive in VA
- Providers freed up to "practice at the top of their training"
- Proof of concept for other clinical resource hubs in VA

Acknowledgments

Institute for Health Policy Studies Administrative Core: Annie Dinh, Lisa Lingham, Jeannie Wong.

UCSF Human Resources: Rafael Canela.

San Francisco VA Health Care System:

Charmain Allen, Administrative Officer, V21 Clinical Resource Hub
Fatima Bennett, HR Specialist
Nakia Brunner, Supervisory Health System Specialist, V21 Clinical Resource Hub
Michael Casdia, Telecommunication Manager, V21 Clinical Resource Hub
Angelo Delfin, HR Specialist
Rebecca Shunk, Designated Educational Officer