STATEMENT OF
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Good morning, Mr. Chairman, Ranking Member Brownley, and Members of the Committee. Thank you for the opportunity to discuss the efforts that VA has taken to develop telehealth, the services VA provides to Veterans through telehealth, and the expansion of telehealth at VA. I am accompanied today by Dr. Scotte R. Hartronft, Chief of Staff of the VA Greater Los Angeles Healthcare System (GLA).

Through the MyVA transformation, VA is working to rebuild trust with Veterans and the American people, improve service delivery, and set the course for long-term VA excellence, while delivering better access to care. MyVA will empower Veterans and their caregivers to be in control of their care and make interactions with VA a simple and exceptional experience. To empower Veterans, VA is transitioning to a system that is user-friendly and focused on contemporary practices in access to care. Accordingly, the Under Secretary for Health developed the “MyVA Access Declaration,” a set of foundational principles for every VA employee. It represents VA’s pledge to expand access to care for all Veterans seeking VA health services.
VA has substantially increased access to care for Veteran patients using telehealth services and is a recognized pioneer in the practice of telehealth. Since 2002, over two million Veterans have accessed VA care through telehealth services, and Veterans are utilizing more telehealth services from VA than ever before. In fiscal year (FY) 2015, VA conducted 2.14 million telehealth visits, reaching more than 677,000 Veterans. GLA, specifically, increased its outpatient encounters from the prior year by 61,500, including more than 20,000 telehealth visits that reached over 6,200 Veterans.

Leveraging telehealth technologies affords VA a noteworthy opportunity to increase access to care for Veterans, especially for those in rural or underserved areas. It allows Veterans access to VA health providers or services that may otherwise be unobtainable locally. VA is recognized as a world leader in the development and use of telehealth, which is now considered mission critical for effectively delivering quality health care to Veterans. VA remains committed to ensuring that America’s Veterans have access to the health care they have earned through their service, and we will continue to expand telehealth services to meet the growing needs of our Veterans.

**Brief History of Telehealth**

The mission of VA Telehealth Services is to provide the right care in the right place at the right time through the effective, economical, and responsible use of health information and telecommunications technologies. Telehealth leverages health informatics, disease management principles, and communications technologies to deliver care and case management to Veterans. This aspect of telehealth changes the
location where health care services can be provided, making care accessible to Veterans in their local communities and even in their homes.

VA leverages three broad categories of telehealth to deliver services to Veterans in 50 clinical specialties. The first of the three categories, Clinical Video Telehealth, is defined as the use of real-time interactive video conferencing to assess, treat, and provide care to a patient remotely. Typically, Clinical Video Telehealth links a Veteran at a clinic to a provider at a VA medical center in another location. Clinical Video Telehealth allows clinicians to engage patients in the comfort and convenience of their homes and facilitates delivery of a variety of clinical services including primary and specialty care. Clinical Video Telehealth means that instead of having the cost and inconvenience of the Veteran traveling by road, rail, or air to see a provider, the VA provider delivers care through telehealth to the Veteran.

VA Video Connect (VVC) represents the next step for Clinical Video Telehealth and is currently undergoing field testing. VVC provides fast, easy, encrypted, real-time access to VA care. VVC can be used to connect VA providers to a Veteran’s personal mobile device, smartphone, tablet, or computer. It allows for video health care visits, such as telemental health visits, where a hands-on physical examination is not required. It also makes it easier for Veterans to choose where they’d like to receive services, whether that is in their home or any other place the Veteran desires.
The second broad category of telehealth is Home Telehealth. Home Telehealth uses VA-provided devices, along with regular telephone lines, mobile broadband modems, cell phones, or web browsers, to connect a Veteran with a VA provider, most often a registered nurse. Using Home Telehealth technologies, the VA provider can monitor the Veteran’s health status, provide clinical advice, and facilitate patient self-management as an adjunct to traditional face-to-face health care. The goal of VA’s Home Telehealth program is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency room visits for Veterans who are at high-risk due to a chronic disease (e.g. Diabetes). Not every patient is suitable for this type of care; however, for those Veterans who are, Home Telehealth can help them live independently and spend less time on medical visits. Over 85,000 Veterans are regularly using Home Telehealth services. VA found that patients easily learn how to use their Home Telehealth devices and are highly satisfied with the service. Home Telehealth services make it possible for Veterans to become more involved in their medical care and more knowledgeable about their conditions, providing an opportunity to more effectively self-manage their health care needs.

The third category of telehealth is Store-and-Forward Telehealth, which is the use of technologies to asynchronously acquire and store clinical information (such as data, images, sound, and video) that is then assessed by a provider at another location for clinical evaluation. VA’s national Store- and-Forward Telehealth programs deliver such services as Dermatology and Retinal Screening, where a health care provider can use a photo or a series of photos for diagnosis or triage.
Examples of Telehealth Use

Mental Health

VHA uses information technology and telecommunication modalities to augment care provided by its mental health clinicians to Veterans throughout the United States. VA has found telemental health care to be equally effective, if not more so, than in-person appointments. From 2002 through July 2, 2016, more than 2 million telemental health visits have been provided to over 389,400 unique Veterans. Telemental health is also a way to bring highly specialized care to patients who otherwise would have to travel great distances to receive such care.

VA’s National Telemental Health Center (NTMHC) provides Veterans throughout the country with access to the highest level of clinical experts using telemedicine. The NTMHC clinical national experts (in affective, psychotic, anxiety, and substance use disorders) are located at the VA Boston Healthcare System, the VA Connecticut Healthcare System, the Philadelphia VA Medical Center (VAMC), and the Providence VAMC. The NTMHC has provided access and expert consultation to over 4,600 Veterans for more than 16,500 encounters at over 120 sites throughout the nation. Building on the success of NTMHC, in 2016, VA announced the establishment of four regional Telemental Health Hubs, with mental health providers at these hubs available for facilities in need of mental health resources.
Rehabilitation

Rehabilitation providers leverage video teleconferencing to increase access to specialty rehabilitation care. In FY 2015, over 57,000 rehabilitation encounters occurred using this modality, providing care to over 33,000 unique Veterans. Numerous specialty rehabilitation clinics are offered through telehealth, including, but not limited to, Amputation, Blind Rehabilitation, Physical Therapy, Speech Therapy, and Traumatic Brain Injury. Clinical Video Telehealth allows the rehabilitation provider to be located at a tertiary medical center while the patient is at a Community Based Outpatient Clinic (CBOC), another VAMC, or a non-VA location. Veterans with disabilities, especially in rural areas, benefit greatly from telerehabilitation. Many of these Veterans have mobility issues and/or socioeconomic factors that affect their ability to travel to receive needed care. Telerehabilitation increases access to specialty rehabilitation therapies, which assists in increasing functional gains and social re-integration.

Tele-Intensive Care (Tele-ICU) is a telemedicine program that links Intensive Care Units (ICU) in VA medical centers to a central monitoring hub staffed with intensivist physicians and experienced critical care nurses. Through the use of a camera mounted above each patient’s ICU bed, along with links to the medical record and vital sign monitors, staff in the Tele-ICU hub not only see all of the pertinent medical data on a patient, but they are capable of performing audiovisual exams; discussing treatment plans with patients, nurses, and families; intervening during emergencies; and generally providing specialist-level care and consultation.
**Store-and-Forward Retinal Imaging**

Diabetes can cause problems with the blood vessels in the retina, especially if the diabetes is poorly controlled. A special camera takes pictures of the retina, which are then sent to an eye care specialist for review. A report is returned to the patient's primary care physician, who can provide any required treatment. This investigation does not replace a full eye exam but does mean that those at risk of eye problems from diabetes can be assessed easily and conveniently in a local clinic.

**Telesurgery**

Telesurgical consultation can enhance the diagnosis, the coordination of care, and the triage of surgical patients. The use of telehealth can provide intra-operative consultation, patient and staff education, and pre- and post-operative assessment.

We continually add new telehealth specialties as technology improves, allowing VA to integrate telehealth technologies into more areas of Veteran care. These technologies make it possible for Veterans to come to many of VA's CBOCs and connect to a specialist physician or another practitioner at a distant location.

**Telehealth Potential**

Though advanced compared to other health care systems, VA is still at the beginning of its journey of leveraging its integrated national health care system and remote care opportunities through telehealth technologies. VA would be able to accelerate expansion of clinical services if our clinical and technical capabilities to
deliver health care through virtual technologies were supported by legal authority, unambiguously authorizing healthcare providers to deliver clinical services irrespective of the Veteran’s or the provider’s location.

**Conclusion**

In closing, VA is a leader in providing telehealth services, which remains a critical strategy in ensuring Veterans can access health care when and where they need it. With the support of Congress, we have an opportunity to shape the future and ensure that VA is leveraging cutting-edge technology to provide convenient, accessible, high-quality care to all Veterans.

Mr. Chairman, this concludes my testimony. Thank you for the opportunity to testify before the Committee today. We appreciate your support and look forward to responding to any questions you and Members of the Committee may have.