

Testimony: House Committee on Veterans' Affairs Subcommittee on Health  
August 9, 2016  
"Technology and Treatment: Telemedicine in the VA Healthcare System"

Thank you, Chairman Benishek and Ranking Member Brownley and members of the subcommittee. I am most appreciative for the opportunity and privilege to testify about telemedicine and in particular the critical role and contribution of the VA telehealth programs.

I am the physician founder and CEO of C3O Telemedicine which is based in Ojai, CA in Ventura County. My company was founded on the principle that no American citizen should be penalized for gaining access to best practice medical care because of geography or no access to certain specialty physicians. To that end, we provide stroke care via telemedicine to over 30 hospitals located in soon to be seven states including CA. Additionally, I recently served on the Board of the American Telemedicine Association (ATA) as it's secretary/treasurer.

In January of 2015, Mr. Carl Blake, Associate Executive Director for Government Relations, Paralyzed Veterans of America testified before this same committee and commented: *"the viability of the VA Healthcare System depends on upon a fully integrated system in which the organization and management of services are interdependent so that veterans get the care they need, when and where they need it, in a user-friendly way to achieve the desired results and provide value for the resources spent."* The VA Telehealth program addresses his comment.

For the past ten years, I have studied many telehealth models and have been most impressed by the VA model as both exemplary and successful. In May, I had the privilege of meeting Dr. David Shulkin, Under Secretary of Health for the VA, at our national meeting. He shared that last year the VA had 2.4M encounters with 677,000 veterans (12% of all vets) using real-time telehealth, home telehealth care, and store and forward telemedicine. Forty-five percent of these encounters were in rural areas. The types of care provided varied from ICU, primary care, outpatient kiosks, sleep apnea and behavioral health. In 2015 home telehealth reduced hospital bed days of care by 58%; hospital admissions by 32%; and Telemental health reduced psych bed days of care by 35%.

Looking at the future, the VA Telehealth Model has a tremendous opportunity to:

- Serve as a national leader as VA telehealth programs continue to evolve.
- Partner with public-private partnerships with companies such as C3O Telemedicine as well as major health and academic systems to meet the current and expanding physician shortage.
- Establish a national medical license which is a significant barrier to telehealth. The VA has a national license, but outside of the VA, companies have to apply to many states costing time, money, and a significant delay up to one year to implement a program that a hospital needed yesterday.
- Push for CMS to expand reimbursement to Metropolitan Statistical Areas (MSA's).

- Evaluate and establish criteria for adequate and accurate technology that can serve our patients.

Thank you again for this opportunity.