



Tony Cárdenas
Congress of the United States
29th District, California

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Chairman Dan Benishek
U.S. House Committee on Veterans' Affairs
Subcommittee on Health
335 Cannon House Office Building
Washington, D.C. 20515

Ranking Member Julia Brownley
U.S. House Committee on Veterans' Affairs
Subcommittee on Health
335 Cannon House Office Building
Washington, D.C. 20515

Chairman Benishek & Ranking Member Brownley,

Thank you for holding a hearing on August 9, 2016 regarding telemedicine in the VA Medical system. As you know, telemedicine is an innovative mechanism for providing healthcare, particularly in areas that are remote from VA facilities. Telemedicine can provide routine, non-institutional, targeted care for veterans using remote monitoring devices to transmit biometric data to care coordinators. Care can also be provided in the form of live video communication with care providers. Telemedicine importantly can improve the management of chronic disease and allows our maturing veterans to age at home.

This technology allows diagnosis at home and at local Community-Based Outpatient Clinics (CBOCs) so that our veterans do not need to drive 2 to 3 hours while they are ill or in pain. A study by the VA, Dartmouth-Hitchcock Medical Center, and Dartmouth College found that between 2005 and 2013, the use of telemedicine saved veterans an average of 142 minutes and 145 miles per healthcare visit.

While telemedicine is an important tool for care, it has limitations. On behalf of the veterans in my district, I write to the U.S. House Committee on Veterans' Affairs Health Subcommittee to ensure that these issues are addressed.

In the case of mental health diagnosis and care, some veterans feel more comfortable opening up with a screen or audio rather than in person, which makes telemedicine beneficial. Other veterans, particularly mature veterans, have the opposite reaction. In monitoring disorders like PTSD and depression, how does telemedicine account for the nuanced signs that caregivers pick up from in-person observations, particularly given the varying level of comfort with the technology?

Younger veterans are much more likely to use and have a better experience with telemedicine, while mature veterans have less faith in the new technology. In order to address the issue, the VA must provide education and outreach to veterans about the benefits of using telemedicine. The VA must also provide thorough trainings in device usage and navigation.

The most troubling aspect that has been brought to my attention is the lack of communication between the telemedicine providers, the primary care providers and the veteran. Many veterans

have experienced communication breakdowns after the telemedicine provider made some type of diagnosis. The onus was then on the veteran to pursue the issue before receiving care. This is unacceptable. The VA must take steps to improve communication between the care providers involved so that our veterans receive excellent care and are not left out in the void.

I applaud the VA for promoting innovative solutions to provide greater access to care. By addressing the challenges, I believe we can ensure that our veterans, who have sacrificed so much for our country, receive outstanding healthcare. I appreciate the Committee's consideration of these important matters.

Sincerely,


TONY CÁRDENAS
Member of Congress