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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
JUNE 23, 2020**

Chairwoman Brownley, Chairwoman Lee, Ranking Members Dunn and Banks and Members of the Subcommittees:

Thank you for inviting DAV (Disabled American Veterans) to testify on the topic of “VA Telehealth During the COVID-19 Pandemic: Expansion and Impact.” DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the important issues under consideration by the Subcommittees.

In early February, the Department of Veterans Affairs (VA) informed veterans service organizations that it was monitoring the novel coronavirus and starting initial preparations to keep veterans safe and activating procedures for disaster preparedness. By mid-March, the pandemic began to affect life in the United States and the VA was required to make a significant shift in the delivery of health care to its more than nine million enrolled veterans. As public health experts recommended social distancing, self-isolation and quarantine measures, VA notified enrolled veterans it would be cancelling elective surgeries and temporarily curtailing access to its medical centers and community-based outpatient clinics in an attempt to slow the spread of the novel coronavirus while increasing its virtual telehealth capabilities for veterans’ routine medical care needs. Virtual options such as VA Video Connect (VVC) were already in place to allow veterans to quickly and easily meet with VA health care providers through live video on any computer, tablet or mobile device with an internet connection.

VA has been a leader in telehealth, leveraging telehealth technologies to enhance the accessibility, capacity, and quality of VA health care for veterans, their families, and their caregivers across the country, which made the necessary transition to these services during the pandemic easier. In fact, VA achieved more than 1.3 million video telehealth visits in FY 2019, a 26 percent increase in video telehealth visits

over the prior year.¹ These services make health care available to veterans in their communities, homes or anywhere they have their mobile phone or tablet. For established patients with more complex care needs, VA provides medical equipment for use at home and/or wearable technology to help monitor vital signs of veterans. Home-based technology may include devices that monitor blood pressure, temperature, weight, heart rhythm and pulse rate.

Another VA health care tool that ensured enrolled veterans continued access to care during this public health crisis is the My HealthVet patient portal. The use of the My HealthVet platform helped veterans send secure messages to their health care team to ask non-urgent health questions or ask to set up a video telehealth appointment. This service also allowed veterans the ability to get prescription refills without having to leave the comfort of their homes and to get the services they needed while being able to maintain physical distancing. My HealthVet also allowed physicians the ability to maintain contact with their veteran patients while reducing the number of face-to-face encounters with patients during the public health crisis. In the future VA should consider offering training and support to elderly and disabled veterans or their caregivers to teach them capabilities within the portal and how to make the most effective use of this important health care tool.

According to VA, in 2019, My HealthVet was able to process over 148 million prescriptions for veterans, send over 86 million secure messages, enable 37 million health data downloads and provide 30,000 scheduling transactions per month.² Since March 1, 2020, 213,000 secure messages were exchanged and 407,000 prescription refill requests were placed through MyHealthVet for the time period ending May 30, 2020.³

During this public health emergency VA has been able to continue veterans' access to mental health care through tele-mental health (TMH) services. According to VA, prior to the COVID-19 pandemic, approximately 85% of mental health encounters involved face-to-face care with the remaining 15% of care provided through virtual modalities. Since the pandemic began, veterans have received 80% of their mental health care via telehealth, telephone and secure messaging. VA recently testified that in April, VHA providers completed over 970,000 telephone appointments with veterans (a 486% increase over February) and over 217,000 telehealth video appointments (639% increase over February).⁴

¹ Statement of Secretary Robert Wilkie to Senate Veterans Affairs Committee. June 3, 2020. P. 11.

² Department of Veterans Affairs. FY 2021 Budget Submission. Volume II: Medical Programs and Information Technology Programs. P. 151.

³ Department of Veterans Affairs COVID-19 Pandemic Response, Weekly Report for June 2-8, 2020.

⁴ Statement of Richard Stone, Executive In Charge, Veterans Health Administration to House Veterans Affairs Committee, June 11, 2020.

The global health crisis due to the COVID-19 pandemic forced VA to move quickly with expanding its telehealth services. During the worst period of the pandemic, Congress approved an additional \$19.6 billion in supplemental funding provided in the Coronavirus Aid, Relief and Economic Security (CARES) Act to address the needs of veterans. The CARES Act set aside \$2.2 billion for IT in order to increase telework capacity and other telehealth needs. Due to this supplemental funding, VA had the ability to ship out more than 16,000 laptops and 7,500 iPhones to veterans in need.⁵ Additionally, between March 29 and May 27, 16,202 new hires in the Veterans Health Administration (VHA) were on-boarded to provide increased critical care amid the pandemic.⁶ The release of this additional IT equipment and VA's quick transition to virtual services has helped many veterans get needed health care services without interruption.

In response to the pandemic, the VA's Office of Information and Technology rapidly scaled telehealth platforms to stay ahead of business and user demand, adding hardware, cloud storage and increased bandwidth to ensure better system performance. VA reported a near tenfold increase (1,026 percent) in VVC visits, from nearly 10,500 the first week of March, to 104,387 visits in the first week of May.⁷ To further increase access to telehealth services, VA established multiple innovative agreements for "Anywhere to Anywhere" connected care programs with Walmart, Philips, T-Mobile, Sprint, TracPhone, SafeLink, and Verizon. These partnerships give rural veterans and those who may need help with Internet service more options to connect with VA health care providers locally through video telehealth.

Providing outreach to veterans during the pandemic is essential to keeping veterans informed about how to access VA care and what to do if they believe they are ill due to the coronavirus. As Americans were asked to stay home to reduce the spread of the virus and businesses closed there was a brief period of uncertainty about the status of operations in VA medical facilities and how veterans should attain care for COVID-19-related symptoms and non-COVID-related care. Since that initial period, VA has released four batches of text messages, resulting in 32.2 million total texts with COVID-related news and resources, including information on how to access virtual mental health services.⁸ Along with the batches of text messages, VA published 36 news releases and released email messages to veterans that contained information about options for accessing VA care, signs and symptoms of the virus, when to seek care and how to best protect themselves from COVID-19 infection. The email messages encouraged veterans to register and use My HealthVet to access routine care remotely from home and to sign up for video conferencing. Promotion of the

⁵ Brandi Vincent, Staff Correspondent. Nextgov.com. June 3, 2020.

⁶ Statement of Richard Stone, Executive In Charge, Veterans Health Administration to House Veterans Affairs Committee, June 11, 2020.

⁷ Statement of Secretary Robert Wilkie to Senate Veterans Affairs Committee. June 3, 2020.

⁸ US Department of Veterans Affairs COVID-19 Pandemic Response, Weekly Report for June 2-8, 2020

availability for assistance from National call centers, including the Veterans Crisis Line (800)273-8255; the Homeless Veterans Call Center (877) 4AID-VET; and the Women Veterans Call line (855) VAWOMEN should be included in all communications and easily accessible from VA's landing page.

The VHA recently proposed a three-phased reopening plan, which calls for medical centers resuming elective surgeries and other in-person appointments during phase one. During this phase we believe VA should make a concerted effort to reconnect and ensure that the needs of particularly vulnerable veterans—those with severe chronic conditions, significant mental health challenges, homeless veterans, women and others, are addressed.

Other postponed appointments and services will resume in phase two. At this time, VA should utilize care managers and coordinators to outreach to veterans and assist them in rescheduling appointments that were canceled during the shutdown. Because there will undoubtedly be a backlog for appointments, it should also utilize community partners to ensure that the wait times do not become excessive. At this time, it is DAV's expectation that VA will promote the policies it will enforce to ensure the safety of its patients and staff and clearly articulate protocol for temperature checks, social distancing, and use of masks at all facilities. VA should also continue to aid the federal government's public health efforts to promote safe hygiene practices such as handwashing, using face masks and social distancing.

In resuming normal operations VA must be mindful that telehealth may not supplant face-to-face visits or treatment. VA should identify opportunities to expand the use of telehealth without harming patient care outcomes. It can do so by advancing use of Telehealth/Connected Care technologies, integrating advance analytics into its products, and incorporating these solutions into VA's new electronic health record platform. The proposed Telehealth/Connected Care budget will support VA's lead in providing enterprise-level virtual health care and ensure veterans, especially those living in rural areas, can access health care when and where they need it.

Additionally, as the VA phases back to their new normal, consideration should be given to analyzing how telehealth has impacted health care outcomes for veterans. Veterans who use telehealth often express high levels of satisfaction because in many cases it circumvents the need to travel great distances. VA has also shared survey data that indicates that veterans' trust in VA has increased to 80% of all respondents in May 2020. While we believe that some of this increase in trust reflects the gratitude veterans and others in our society have for our health care professionals during the pandemic, it is still welcome news.⁹

⁹ VA News Release. "Veterans Trust In VA at All Time High". June 5, 2020.

In conclusion, the COVID-19 pandemic has tested the VA and private health care systems in ways that could not have been imagined. However, given that VA was already a leader in leveraging telehealth technologies made the necessary transition to these critical services easier. The additional \$2.2 billion resources provided by Congress as a set aside in the CARES Act, allowed VA to quickly ramp up its telehealth services to meet the immediate health care needs of veterans while keeping veterans safe and at lower risk for contracting the virus. It also gave some reprieve to health care providers during the early days of rapid spread of the virus. Most importantly, it demonstrated the VA was able to carry out its primary mission of carrying for our nation's veterans despite significant and ongoing challenges. It has also provided an opportunity for VA to reevaluate its care delivery model and possible expansion of these services in the future. With the help of community partnerships supporting the "Anywhere to Anywhere" telehealth initiative, VA will have the ability to offer even more veterans access to these services. Older veterans and veterans living in rural communities will greatly benefit from these new access points for care.

Chairwoman Lee, Chairwoman Brownley, again thank you for holding this hearing today. This concludes my statement and I am pleased to answer any questions you may have.