

Virtual Health Care: Using Telehealth to Provide Care in VHA

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What is Telehealth?

Also known as virtual care, telehealth uses information and communication technology to deliver health care services. Telehealth includes telemedicine, which uses technology for direct patient care, as well as patient education, patient monitoring, and information sharing services. Telehealth allows care to be accessed at home, in the clinic, and in the hospital.

Telehealth in VHA

Any Veteran who qualifies to receive VHA health care benefits and lives within the U.S. is eligible to utilize VHA telehealth services. In 2018, VHA was the largest U.S. provider of telehealth, providing telehealth services to 782,000 Veterans. In 2019, VHA telehealth expanded further, reaching over 900,000 Veterans. There are multiple VHA telehealth modalities, in addition to digital tools that help Veterans navigate their health care, such as the My HealtheVet online portal and VA Mobile Apps.

In the Home

Home Telehealth (HT)

HT allows a VHA provider to offer a range of virtual daily case management services to Veterans in their homes. This is particularly helpful for managing chronic medical conditions, such as diabetes and hypertension. The VHA provider can view medical data and information from a medical device, such as a heart monitor. In-home telehealth equipment is provided to Veteran patients free of charge.

VA Video Connect (VVC) and Phone Care

VVC is a mobile app that allows Veterans to connect with a VHA provider remotely via live video. The VVC app can be accessed on any mobile device that can connect to the internet and has a camera, speakers, and microphone. Phone care allows a VHA provider and Veteran to speak via phone and does not require any live video interaction. There are efforts underway to further expand VVC use, particularly in specialty care services.

In the Clinic and Hospital

Store-and-Forward Telehealth (SFT)

SFT allows a remote VHA provider to assist another provider while they care for a Veteran patient in-person. SFT aids in allowing the remote provider to access and interpret written medical information, images, sound, and video medical records over a secure network. This modality creates a nation-wide network of VHA providers to care for Veteran patients, particularly across provider specialties.

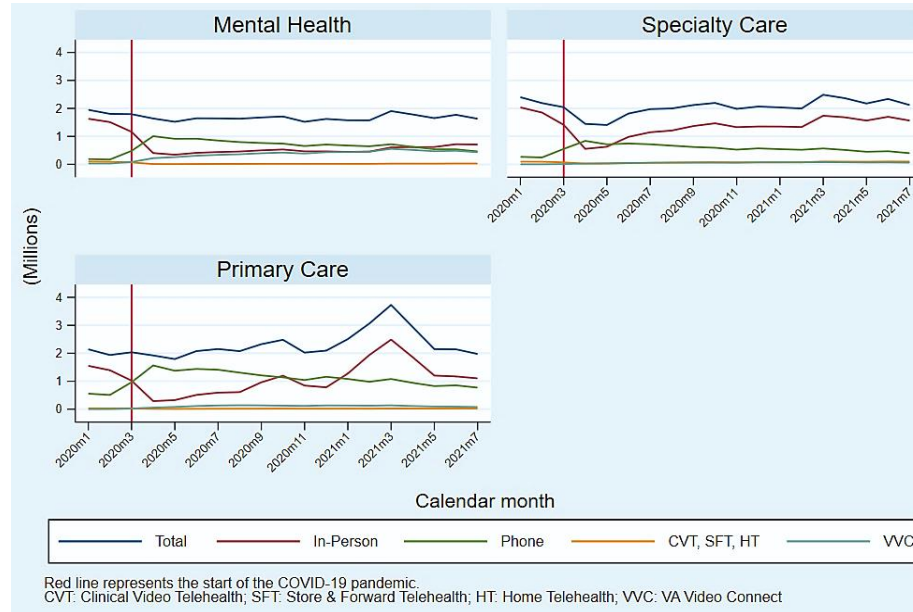
Clinical Video Telehealth (CVT)

CVT allows a VHA provider who is not in the same location as a Veteran patient to view, diagnose, monitor, and treat medical conditions in real-time. CVT enables the provider to engage in direct patient care through live interactive technology while the Veteran is in a VA clinic and the provider is in a different location, such as a home office. VHA has partnered with Walmart to provide underserved Veterans access to CVT in Walmart clinic locations.

The Increase in Telehealth Utilization during COVID-19

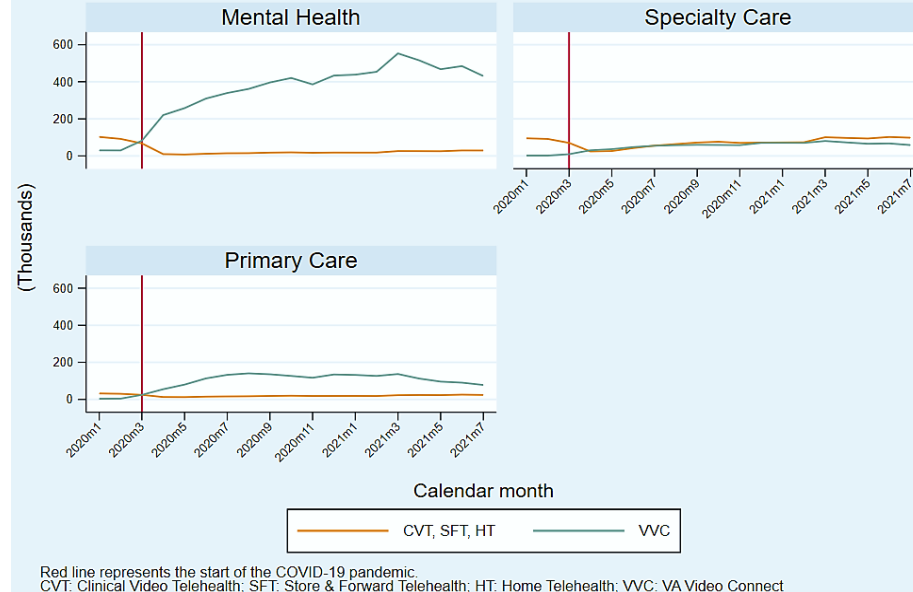
There has been an increase in the use of VHA telehealth services during the COVID-19 pandemic. Due to the surge in telehealth needs, and in alignment with the Office for Civil Rights at the Department of Health and Human Services, VHA clinicians were able to use certain remote, audio, and video communication technology to provide telehealth services to Veterans, a necessary supplement to VHA-specific telehealth modalities. Platforms such as Apple Facetime, Facebook Messenger, Google Hangouts, and Skype were approved for temporary use. HIPAA compliance requirements for telehealth via remote communications were also suspended to allow for services to reach patients.

Figure 1. Encounters by Specialty and Modality



Since the onset of the COVID-19 pandemic in March of 2020, there has been a change in utilization patterns of the various VHA care modalities. Across primary care, specialty care, and mental health care, in-person visits decreased during the beginning months of 2020, while the use of phone care increased (See Figure 1).

Figure 2. Virtual Encounters by Specialty and Modality



Additional analysis shows that while in-person visits began to increase again in primary and specialty care in the second half of 2020, telehealth utilization remained high in mental health care. There is a particular increase in the use of the VVC modality, indicating a potential longer-term shift towards virtual mental health care services (See Figure 2).

Limitations and Opportunities for Further Research

Although telehealth modalities have been used for years before COVID-19, reliance on these services increased significantly during the pandemic. As telehealth utilization continues to evolve over time, questions about its limitations have been raised. For example, logistical challenges, such as a poor broadband, or privacy concerns, such as app security, provide opportunities for further research.

VHA researchers have already begun investigating how to better reach Veterans through telehealth. Future work will focus on the impact of overall increased utilization within VHA on access to care and Veteran health outcomes. Some anticipated limitations and knowledge gaps include:

Logistical Challenges

Patient and Provider Learning Curves

How does the transition process to telehealth impact care?

Operational Limitations

How will services that cannot be provided virtually still be provided if telehealth expands?

Interstate Licensure Barriers

How do interstate practice barriers impact access to telehealth?

Accessibility and Equity

Access Standards

How does telehealth impact existing access to care standards, such as wait times?

The Digital Divide

How will disparities in access to technology and broadband among Veterans be addressed?

Cultural Sensitivity

How are certain cultural and demographic needs addressed when providing telehealth?

Personal Autonomy

Patient and Provider Preferences

How will preferences to certain modalities of care be considered?

Privacy

How are concerns for privacy addressed when operating through a virtual modality?

Future Utilization of Telehealth

How will telehealth utilization change “post COVID-19?”

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This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPR_eC) staff to inform policymakers and Veterans Health Administration (VHA) managers about the evidence regarding important developments in the broader health system and economy. PEPR_eC is a Quality Enhancement Research Initiative-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs. *The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.*

