

# DAY ONE PROJECT

Providing High-Quality Telehealth  
Care for Veterans

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## Summary

While the Veterans Health Administration (VHA) provides telehealth services across the country, current services neglect to respond to the access challenges that constrain veterans, particularly in rural areas. Of the nearly 5 million veterans who live in rural areas, 45% lack access to reliable broadband internet and smart technology. In the absence of available or reliable internet, veterans are often forced to access telehealth services in person at VA Clinical Resource Hubs (CRHs). However, these facilities are limited in number and are typically located far from rural communities. To address digital inequities and constraints posed by infrastructure and geography, the VHA needs to create more ways for veterans to access and fully utilize telehealth. We propose that the VHA partner with federal agencies like the United States Postal Service (USPS) or United States Department of Agriculture (USDA), leveraging their infrastructure to develop telehealth hubs. We further suggest that the VHA develop and lead a federal taskforce to build critical technology infrastructure that will facilitate expansion and use of telehealth for veterans. These interventions will be vital for ensuring that veterans in rural communities have greater access to care and can not only survive but thrive.

## Challenge and Opportunity

The Veterans Health Administration (VHA) has, like many other healthcare organizations, increasingly shifted to telehealth over the past decade as the prioritized medium for care. This shift is due to cost of healthcare, continuous emergence of new technologies, increased internet access, and the growing potential for telehealth to reach the most underserved, neglected populations. The latter includes over 4.7 million rural veterans, who constitute 25% of the national veteran population. Rural veterans generally require more healthcare support but often experience healthcare-provider shortages, long journeys to reach healthcare facilities, and limited options for transportation to and from healthcare facilities. These factors make it difficult for rural veterans to access quality in-person healthcare services in a timely manner. Telehealth therefore has great potential to improve health outcomes for rural veterans.

But existing obstacles prevent telehealth from reaching this potential. At least 45% of rural veterans lack access to reliable broadband internet and smart technology. Additionally, more than 50% of rural veterans are over the age of 65, an age group in which discomfort with the use of technology is frequently reported. Given that approximately 2.3 million veterans living in rural areas lack access to internet and a significant proportion likely find smart technology challenging and uncomfortable to use, the ongoing shift to telehealth services has been far from seamless and has aggravated disparities in healthcare access.

Consider Clinical Video Telehealth (CVT), the most used and most interpersonal form of telehealth offered by the VHA. CVT consists of real-time video conferencing that links patients, situated in their home or at a Clinical Resource Hub (CRH), to providers in different locations. There are currently less than 1,000 CRHs nationwide from which telehealth services can be

conducted. Of these, only a few are conveniently located for rural communities—meaning that access to telehealth is hampered by the same geographical obstacles that compelled the evolution of telehealth in the first place.

These conditions, especially in light of the additional strain imposed on healthcare systems by COVID-19, call for immediate action to make telehealth accessible to all veterans. The next administration should implement both short- and long-term solutions to address challenges imposed by both digital inequities and geographic restrictions with regard to healthcare for rural veterans.

## Plan of Action

We propose two policy interventions to address the challenges outlined above, to be implemented concurrently. First, the VHA should partner with other federal agencies to develop telehealth hubs. Second, the VHA should spearhead a federal task force on building telehealth-related technology infrastructure.

### **Intervention 1: Telehealth hubs**

The VHA should develop a network of telehealth hubs, building on the network of CRHs that provides some (albeit limited) access to telehealth for veterans who cannot easily access it at home. To achieve this goal, the VHA should: (1) form partnerships with relevant government agencies, (2) establish a formal oversight structure for the telehealth hub network, and (3) launch a pilot in one or two high-need areas to test proof of concept.

*Partnership Development.* Existing government agencies have the capacity to address several key challenges associated with VHA telehealth. Agencies best positioned to help the VHA improve telehealth service delivery are those that already maintain multiple touch points with rural communities that are home to veterans. These agencies include the U.S. Department of Agriculture (USDA) and U.S. Postal Service (USPS).

The USDA, and more specifically its Office of the Under Secretary for Rural Development, already operates a telecommunications financing program for rural communities. This program provides grant funding to state and local governments to acquire assets like broadband facilities, computer and network hardware, and other digital infrastructure that can be used to improve distance learning and telemedicine services. This program could be enhanced to consolidate funded assets into functional telehealth hubs, leveraging existing resources in an organized manner to benefit veterans.

The USPS maintains over 31,000 post offices across the country. In many rural communities, the post office is a community hub from which many local residents access essential services. Given that they are typically located close to underserved, rural communities and are frequently utilized by community residents, post offices could be excellent places to co-locate full-service telehealth

hubs equipped with technology and broadband internet. This approach would require significant government investment to succeed given the USPS' recent funding constraints.

*Governance and Oversight.* A committee should be established to monitor and supervise efforts to improve telehealth access for rural veterans. The VHA has consistently allocated a sizable budget to its telehealth services over the past decade. The current budget for the VHA's telehealth programming is approximately \$1.3 billion,<sup>1</sup> a \$200 million increase from the year prior. The 2021 VHA budget report cited an interest in allocating part of the annual telehealth budget<sup>2</sup> to expand CVT beyond traditional CRHs. The agency's inclination to use locations that are not traditional healthcare settings to expand telehealth access is one that should be quickly acted upon. A dedicated project team should be established to direct day-to-day activities of the expansion. A dedicated oversight committee—comprised of representatives from across the VHA as well as other relevant federal agencies—should be established to help this expansion proceed rapidly and efficiently. The oversight committee should be tasked with tracking progress of the expansion, reviewing mid-term and end-term outputs, and connecting the project team with relevant stakeholders and funding opportunities to ensure long-term sustainability.

It will also be important to develop a governance framework for telehealth expansion. Pilot activities should be designed and implemented out of the VA Innovation Center, which falls under the umbrella of the VHA Office of Enterprise Integration. The VA Innovation Center is tasked with developing and piloting innovative payment and care models for healthcare services. The Center will be able to apply insights and best practices from its experiences with other pilots to guide successful telehealth expansion. Moreover, the VA Innovation Center is well positioned to support a flexible product-development process thanks to its agility and role as an incubator. Assuming successful completion of pilots, the VHA may decide to incorporate telehealth hubs as a permanent component of its telehealth program. If so, the telehealth hub program should be further developed and managed by a new and independent VHA office.

*Establishment and Pilot.* If VHA's budget requests for telehealth services are fulfilled, there will likely be sufficient funding available for the development of a pilot telehealth-hub program in partnership with USDA and/or USPS. We anticipate that design and delivery of such a pilot will cost approximately \$1 million. Costs of scaling the program will depend on the particulars of the regions being served, including factors such as population density and population health needs. We recommend that the initial pilot run from 6–12 months in a region that has been particularly challenged by broadband access. This would provide ample data on telehealth-hub usage and other key indicators such as patient and doctor satisfaction, opportunities for improvement, and persistent challenges. These data can support program monitoring, evaluation, and redesign, paving the way for successful large-scale deployment of telehealth and telehealth hubs in rural communities.

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<sup>1</sup> U.S. Department of Veterans Affairs (2020). FY 2021 Budget Submission: Medical Program and Information Technology Programs. Volume 2 of 4.

<sup>2</sup> U.S. Department of Veterans Affairs (2020). FY 2021 Budget Submission.

## Intervention 2: Federal Task Force on Telehealth and Technology Infrastructure

The VHA should also establish a four-year federal task force on telehealth and technology. The task force's objective would be to develop and implement a long-term plan to make telehealth care more accessible for veterans and other Americans in rural areas. Specifically, the task force's plan should be designed to achieve (1) 10% expansion of broadband internet in high-need areas that have historically faced barriers in accessing healthcare services and now, (2) expanded telehealth services to support rural veterans statewide by 2022, and (3) an ultimate expansion of telehealth services to 10 states by 2024. The task force should be led by the VHA and include representatives of relevant agencies such as USDA, the USPS, and the Federal Communications Commission (FCC). The latter is an important stakeholder because of its broader mandate to regulate communications technology at a national level. Other task force members should represent relevant nongovernmental organizations (NGOs) and industry leaders, including tech companies.

The task force should focus on further investment in and expansion of existing efforts related to broadband coverage and telehealth access. One key effort is the FCC's Rural Healthcare Program, which works to address long-standing challenges associated with digital inequities in healthcare. The FCC's Rural Healthcare Program (RHP) comprises two subprograms: (1) the Healthcare Connect Fund, which provides funding for high-speed broadband to eligible healthcare providers, and (2) the telecommunications program, through which eligible rural healthcare providers can obtain subsidized rates on telecommunications services. The RHP, which today primarily supports private-sector providers, could be expanded to address needs of government healthcare organizations like the VHA as they further transition to telehealth. Specifically, the Healthcare Connect Fund could expand to support and fund not only eligible rural healthcare providers, but also rural communities with large patient populations that lack access to needed technological resources. In addition, more funding and implementation support could be directed to both the Healthcare Connect Fund and the telecommunications program with the goal of better reaching low-resource, high-need communities.

## Frequently Asked Questions

### **Are telehealth hubs a permanent solution to veterans' telehealth challenges?**

Legislation regarding universal broadband has lagged for over a decade and will require significant political and legislative maneuvering to achieve. Action by executive agencies can complement a legislative solution if and when one is put into place. Creating telehealth hubs—which are highly cost-effective and can yield more accessible care—through the VHA is one promising way for an agency to help serve veterans living in rural communities.

### **Why does the VHA need to partner with other agencies to accomplish the tasks outlined in this memo?**

While the VHA has some touchpoints with rural communities, agencies such as the USPS are more regularly utilized by rural residents. Other agencies, such as USDA, already have experience with issues of telecommunications access relevant to expanding telehealth. Partnering with such agencies will enable the VHA to benefit from knowledge sharing and to deliver telehealth as efficiently and effectively as possible. The VHA does have the capacity to accomplish the tasks outlined in this memo on its own if necessary. The VHA has an established rural health program that, in conjunction with the VA Innovation Center, would be equipped to address the design and deployment of proposed telehealth hubs.

### **How will the proposed telehealth hubs be designed? Will they need support staff?**

The telehealth hubs will be fully self-service and designed to be maximally accessible by all users, including those with disabilities or discomfort using technology. Telehealth hubs have three requirements: (1) private rooms for patients to communicate with providers, (2) digital devices with access to broadband internet, and (3) a landline providing access to tech support for patients encountering challenges. In telehealth hub locations co-located with other facilities (e.g., post offices), telehealth hub budgets should incorporate allocations for inexpensive, short trainings to prepare facility staff to answer basic operational questions if they arise. The pilot telehealth hubs will enable the project team and oversight committee to adapt hub design and staffing plans as necessary.

## Where would the pilot hubs be constructed?

Lack of reliable internet and access to digital technology are pervasive challenges in the United States. However, there are a few states, such as Montana<sup>3</sup> and Idaho,<sup>4</sup> that experience particularly severe technological barriers and are home to a sizable rural veteran population. These states would be excellent places to pilot the proposed telehealth hubs. After the design and establishment of the broader program, the specific pilot area within will be chosen based on existing VHA data.

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<sup>3</sup> Murdo, P. (2020). Broadband Coverage: Availability and Speed in Montana. Economic Affairs Interim Committee. <https://leg.mt.gov/content/Committees/Interim/2019-2020/Economic-Affairs/Committee-Topics/broadband-coverage.pdf>.

<sup>4</sup> Idaho Broadband Task Force (2019). Broadband Access is Imperative for Idaho. [https://commerce.idaho.gov/content/uploads/2019/11/Broadband-Taskforce-Final\\_v3.pdf](https://commerce.idaho.gov/content/uploads/2019/11/Broadband-Taskforce-Final_v3.pdf).

## About the Author



**Satvika Kumar**, a recent graduate of Columbia University, is dedicated to enhancing access to digital public services supporting healthcare, education, and finance. To this end, Satvika leverages her experiences working with a variety of leading institutions, including Credit Suisse, the U.S. Securities and Exchange Commission, and Mayor Eric Garcetti's Office of Economic Policy. She also contributes her experience from founding and leading the Learning Pathways Project, a 501(c)(3) nonprofit organization that builds initiatives to increase educational opportunities in technology for underrepresented demographics.



## About the Day One Project

The Day One Project is dedicated to democratizing the policymaking process by working with new and expert voices across the science and technology community, helping to develop actionable policies that can improve the lives of all Americans, and readying them for Day One of the next presidential term. For more about the Day One Project, visit [dayoneproject.org](http://dayoneproject.org).