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Kent Dicks, CEO of Life365

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Transforming Veteran Care: The Role of Digital Health and AI in Addressing Staffing Shortages

Technology is going to play an important role in filling gaps caused by staffing shortages, expert says

Pietje Kobus Sept. 2, 2025 9 min read

Key Highlights

- Staffing shortages in the VA and rural areas are leading to increased reliance on digital health solutions like RPM and telehealth.
- AI and data analytics are crucial for early intervention, chronic disease management, and personalized patient engagement.
- Virtual-first approaches and wearable technologies are reducing long wait times and improving care accessibility for veterans.
- Expansion of telehealth faces challenges such as broadband access, cost, and reimbursement policies, but technological adoption is rapidly increasing.
- Future healthcare will likely see major system consolidations, increased risk-based models, and a shift towards integrated, payer-provider organizations.

Last month, *Healthcare Innovation* reported on the Office of Inspector General's (OIG) review of the Veterans Health Administration's (VHA) staffing shortages for the 2025 fiscal year. Stakeholders expressed concerns that staffing shortages are decreasing veterans' access to quality care.

Meanwhile, in June, during a House Energy Committee hearing, Health and Human Services Secretary RFK Jr. discussed wearables, data, and rural areas. Previously, *Healthcare Innovation* reported on the Centers for Medicare & Medicaid Services (CMS) announcement that the White House, in partnership with tech leaders, is committed to building a patient-centric healthcare ecosystem.

What does one thing have to do with the other, one might ask? *Healthcare Innovation* recently spoke with Kent Dicks, CEO of Life365, a virtual care and data engagement company. Life365 is helping the VA scale remote patient monitoring (RPM) to address veterans who are delaying care, partly due to staffing shortages. Dicks believes that establishing an infrastructure to allow digital health to scale to homes will help address staffing shortages.

Could you provide some background on yourself?

I've been in digital health for the last 20 years...and have predominantly been focused on a mission to connect people remotely through virtual-first and remote patient monitoring (RPM) to help address community-based care, support veterans living in rural areas, and address staffing shortages. We know that technology is going to play an important role in filling some of these gaps going forward.

What are some of the current challenges veterans face when seeking care?

The one thing that we see, which is not just endemic to the VA, but in general, is that we're getting older. One thing we're also seeing is that the number of people over 65 who have one or more chronic diseases has gone from 50 percent to almost 80 percent. The prevalence of chronic disease, which comes with cost, is escalating, but ever since COVID, we've been on a decline from losing caregivers. Estimates show up from anywhere from 800,000 to 2 million that will be lost cumulatively by 2027. You've got this escalating population at the VA with veterans getting older...and we're going to be approaching a $6 trillion spend here, probably in the next couple years.

Veterans typically live in rural areas. Healthcare providers are leaving the rural areas. The biggest thing that is going to help in a lot of this is using technology to start linking people up to provide that gap between the care coordinators and the need for access to care by the veterans. Technology is going to be used, especially in value-based initiatives. Artificial intelligence (AI) and analytics--and those systems need to be able to have data, reliable data, on a regular basis, to provide earlier insights, earlier interventions, and to be able to understand who needs to have care in a prioritized manner.

Looking at the staffing shortages, are there specific areas that are more challenging than others?

It's endemic across all parts of the healthcare industry. But the area that I look at the most is chronic care management. People who are living with diabetes, hypertension, COPD, obesity, and congestive heart failure are the top chronic diseases that we go after on a regular basis. Those are the ones that lead, especially in our older population, to larger spending.

We've got to start connecting people with artificial intelligence systems, machine learning systems, early on to start looking at trends, to be able to intervene sooner, instead of waiting until the patient becomes more costly.

I'm typically going after the chronic care management side of it. The shortage at the VA, in particular, is increasingly problematic to me, because we need to fill that gap.

Because we're losing doctors, they can't review every single piece of data that's coming through and, consequently, struggle to assess what's going on with the patient on a regular basis. We want to utilize virtual technology as the first line of contact with patients to encourage them to return to compliance. It may be as simple as using agentic AI or conversational AI and say*: I see your blood pressure is going up right now--Did you renew your medication? Do you need help renewing your medication?* And maybe that's enough. All it takes is trying to nudge them to get their blood pressure under control.

We have partners that specialize in voice biomarkers, and we have partners that utilize AI-driven wearable sensors. We have partners that do facial acquisition. So even just using technology like we're using right now, with the microphone or the camera, they would be able to go through and pick out at least some data points. The more we can utilize technology upfront with larger populations to adopt a virtual-first approach, the better.

I can see veterans waiting in long lines to see their doctors or not being able to see them at all. And we had that problem years ago. And interesting enough, the local fire department here started making visits to veterans' homes to be more

proactive. We now have technology that can be put in the veterans' home...so they don't necessarily have to wait in line. They can do their telehealth visit like this.

It's really important to start giving these tools to family caregivers right away as well. One of the most effective tools we can use is taking that data in those situations and alerting a family caregiver who can help intervene and try to help them get back into compliance, get their medications filled, make sure they take their medication, take their readings on a regular basis, way before they have to see the doctor.

It sounds like remote patient monitoring (RPM) is far more than what we currently understand to be telehealth. Is that correct?

Absolutely. It is much more than just putting devices in homes. You have to do it from an engagement perspective. A lot of RPM companies are just trying to deploy a few devices into the home and bring back readings. But that is way late in the cycle of things. It needs to be more interventional earlier.

What are some challenges associated with the expansion of telehealth?

It really depends on your definition of telehealth. Telemedicine is usually point-to-point between two doctors, and telehealth could involve video.

Maybe people don't have broadband connectivity, but that's getting better. Cost is an issue. Costs have come down considerably. Incentives should be built in, to have these interactions and stay compliant. I personally sit behind four big screens, and I'd rather meet with my doctor like this than to have to get up and go for an exam, then go back for testing, and then go back for the results. The more that we can do that all as one integrated billing program and one integrated platform, the better. My belief is that it will become the natural way for Gen Z, Gen X, and everyone else to visit their doctor. AI is going to be a natural progression from that.

The older population may not have the most up-to-date technology, but I think it's going to garner more and more adoption. As new codes come out for remote

patient monitoring, you can start getting reimbursed for two to 15 days. I believe that in probably the next two to three years, there'll be codes coming out for software as a medical device, and that doctors will be able to get reimbursed for their AI systems, making outbound nudges to patients to get them compliant and monitoring them.

Do you see VA hospitals already embracing this?

This telehealth program, or RPM program, has been at the VA for the last 20 years. They've had several large vendors there to work with it. But the VA has also started an initiative out of the Office of Health Innovation and Learning about using AI and wireless technology.

The administration recently signed three new executive orders on implementing AI throughout the agency, so it must be mandated. That is going to be something incredibly necessary to monitor those larger populations of veterans and people in general, versus having to have a doctor do it or a care team do it. They should be second or third tier; they shouldn't be on the front line.

AI is going to be incredibly important to us. Data is going to be incredibly important to us. Doctors don't need to see more data, but the AI systems are thirsty for it.

How can AI help with the scaling of RPM?

It's interventional. It needs to personalize and choose solutions that are right to engage the individual. Alignment of the right technology to get the right outcome at the right cost is incredibly important. That's what's going to help drive engagement, adherence, and cost reduction. AI will also be there to understand how to engage you properly.

In the "Big Beautiful Bill," I think they allocated close to $500 billion to digital rural health. To me, that looks like they're reshaping how Medicaid is actually applied, that it's not paid through Medicaid in general. It's maybe done through FQHCs instead. Maybe part of the rethinking around the VA is that it is going to be organized and combined with the DoD DHA.

It's rumored that Oracle Health has been awarded a $34 billion government contract...that I believe will be the standardization of the DoD, DHA, and VHA platforms going forward. Also, part of that rumor is that $500 billion has been allocated as part of the "Big Beautiful Bill" to allocate money to states, which I believe takes the place of some Medicaid funds.

What do you expect will happen over the coming years?

We're going to get older, and we're going to get sicker, and we're going to lose more care coordinators. From that, technology is going to have to play a more active role. I believe there will be major consolidation in the health systems. That means we'll probably have 15 or 20 major health systems across the U.S. I think a lot of those health systems will be both payers and providers. I think every single one of them will be at risk from the payer perspective. They'll have their own global purchasing organizations. They'll have their own community-based care. And I believe this is where we're probably headed. We will start distributing the $6 trillion among the 20 health systems, which are responsible for the patients, and that includes transitioning to some form of single-payer system as well.

About the Author

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Pietje Kobus has an international background and experience in content management and editing. She...