

Forged in the VA

How the Lessons of a \$1 Billion Contract Created the Platform for What Comes Next

From *CONVERGENCE: Connecting the Healthcare Enterprise to Home*
Kent E. Dicks

What the VA Asked For

In 2023, the Department of Veterans Affairs awarded a \$1.03 billion, eight-year contract for Remote Patient Monitoring and Home Telehealth services. The award was divided among four companies: Accenture/Cognosante, Valor Healthcare, Medtronic, and Dr. Kumo. Life365 served as the lead subcontractor to Valor Healthcare, responsible for designing and delivering the RPM platform.

The RFP specified what the VA wanted: a traditional Remote Patient Monitoring system. Static Disease Management Protocols — long, structured questionnaires that patients answered on a schedule. Integration with ten Bluetooth and hardwired medical devices. A tablet-based application for the veteran's home. This was the state of the art as the VA understood it, and it was what every RPM vendor in the industry was built to deliver.

Life365 built exactly what the VA asked for. But we also built one thing the VA did not ask for, and that no other vendor included: voice.

The Life365 application captured Disease Management Protocol responses via voice — the veteran spoke their answers instead of tapping a screen. On the surface, this was a usability feature. For an aging veteran population with limited dexterity, poor eyesight, or general resistance to touchscreen interfaces, voice was simply easier. But beneath the surface, it was something far more significant. Every voice interaction generated a recording. And every recording was a dataset that could be analyzed for biomarkers — subtle changes in tone, pitch, cadence, and variability that correlate with depression, anxiety, PTSD, cognitive decline, and heart failure.

No other vendor on the \$1 billion contract had this capability embedded in their platform. None of them were thinking about voice as a data pipeline. Life365 was already building the next generation while delivering the current one.

What the VA Taught Us

Five years of working inside the VA's Remote Patient Monitoring program — the largest deployment of its kind in the country — taught Life365 lessons that cannot be learned from a textbook, a conference presentation, or a requirements document. These are operational lessons, learned at scale, under the most demanding conditions in American healthcare.

Lesson 1: The current model does not scale. Across all four vendors, the VA RPM program scaled to approximately 70,000 veterans at its peak — down from 150,000 during the COVID-19 pandemic surge. Out of 9 million veterans who touch the VA system each year, 70,000 represents less than 1%. The VA's own estimates indicate that 700,000 to 2 million veterans could benefit from some form of connected care. The current model — hardware-based RPM kits deployed to the sickest veterans for four to six months of reactive monitoring — cannot close that gap. The cost per patient is too high, the clinical resources required to manage the program are too scarce, and the deployment logistics are too complex.

Lesson 2: RPM is deployed too late. Traditional Remote Patient Monitoring is deployed reactively — after a veteran has become a high-cost utilizer, after the hospitalizations have started, after the disease state has progressed to the point where monitoring is a last resort before institutional care. By the time the RPM kit arrives at the veteran's home, the opportunity for proactive intervention has already passed. The system is monitoring the decline, not preventing it.

Lesson 3: Care coordinators are the bottleneck. The VA's declining RPM enrollment — from 150,000 to 70,000 — is not driven by lack of veteran need. It is driven by a shrinking base of care coordinators who do not have time to deploy and manage RPM solutions alongside their existing clinical responsibilities. Every veteran enrolled in RPM requires setup, training,

troubleshooting, protocol management, alert triage, and clinical follow-up. The workforce math makes it impossible to scale the current model without either hiring thousands of additional coordinators — who do not exist — or fundamentally changing what the platform requires from human beings.

Lesson 4: Premises-based infrastructure cannot keep up. The VA's initial infrastructure requirements assumed on-premises deployment — servers, networks, and security configurations managed within VA facilities. Life365 recognized early that this model could not accommodate the pace of change required by evolving AI capabilities, new device integrations, and continuous security compliance. We implemented automation to transition from premises-based installation to AWS GovCloud, and built automated security hardening through STIGs — Security Technical Implementation Guides — to ensure environments remained in continuous compliance without manual intervention. This was not a convenience. It was a survival requirement. A platform that depends on manual security updates and premises-based deployment cannot evolve at the speed the market now demands.

Lesson 5: The next generation is not more RPM. It is beyond RPM. The most important lesson was the simplest: the future of veteran care is not a better version of what exists. It is a fundamentally different architecture — one that can scale to millions of veterans using lightweight, deviceless, software-driven tools that provide proactive surveillance and early insights at a fraction of the cost of traditional hardware-based monitoring.

VetConnect First: Beyond RPM

Every lesson from the VA program pointed in the same direction. The platform needed to Shift Left — away from reactive monitoring of the sickest veterans and toward proactive surveillance of the hundreds of thousands who have not yet become high-cost utilizers but are trending that way.

Life365, in partnership with Canary Speech, developed VetConnect First — a proposal to the VA's Office of Healthcare Innovation and Learning (OHIL) for a next-generation connected care platform that goes beyond traditional RPM. The concept is built on a simple but powerful insight: you do not need a \$200 RPM kit to detect that a veteran is declining. You need 15 seconds of their voice.

Canary Speech's patented vocal biomarker technology analyzes speech patterns — tone, pitch, cadence, variability — to detect depression, anxiety, PTSD, stress, cognitive impairment, and even early indicators of Alzheimer's and Parkinson's disease. The analysis requires as little as 15 seconds of recorded speech. It can process voice from any source: a Disease Management Protocol response captured by the Life365 platform, a telehealth visit, a contact center call, or a standalone voice check-in through a smartphone.

This is deviceless monitoring at population scale. No kit to ship. No Bluetooth pairing. No tablet to configure. No care coordinator to walk the veteran through setup. A veteran speaks. The AI listens. If the voice biomarkers indicate a change — increased stress, declining mood, cognitive shifts — the system flags the veteran for clinical attention. The clinician does not review 70,000 readings. The clinician reviews the veterans who need her.

VetConnect First envisions two phases. Phase I is already underway: the traditional RPM deployment under the Valor Healthcare contract, serving approximately 70,000 veterans in the complex care segment. Phase II is the innovation layer: scaling to 700,000 to 2 million veterans using lightweight, voice-driven, AI-powered surveillance that identifies which veterans need to be escalated to the Phase I level of monitoring — before they become high-cost utilizers. A 10x to 30x increase in connected veterans, at a fraction of the per-patient cost.

The Crucible That Built CloudCare

Every lesson from the VA — the scaling limitations, the late deployment, the care coordinator bottleneck, the infrastructure constraints, the need to move beyond hardware-based RPM — was encoded directly into the architecture of CloudCare.

CloudCare is not a theoretical platform designed in a lab. It is a platform forged in the operational reality of the largest, most complex, most demanding healthcare deployment in the country. Every architectural decision reflects something that broke, something that could not scale, or something that needed to change faster than the old model allowed.

The elastic architecture — the ability to absorb new AI models, new device protocols, new voice biomarker engines, and new regulatory requirements without breaking existing connections — exists because the VA taught us that a static platform cannot survive in an environment where technology changes weekly and compliance requirements change quarterly.

The abstracted AI layer — where models can be swapped, upgraded, or replaced without touching the clinical workflow above or the device layer below — exists because the VA taught us that Canary Speech's voice biomarker capability had to plug into the same platform that managed traditional RPM readings without requiring a parallel system.

The automated cloud migration and continuous STIG compliance — where security hardening runs automatically without manual intervention — exists because the VA taught us that a platform

serving hundreds of thousands of patients cannot depend on human beings to keep it secure. The pace of threats exceeds the pace of human review.

The deviceless scaling capability — where a veteran can be monitored through voice alone, without any hardware deployment — exists because the VA taught us that the hardware model breaks at 70,000 and cannot reach 2 million.

CloudCare is the VA's next-generation platform, built from the lessons of the current generation. It is available today.

The Foundation for What Comes Next

The timing of CloudCare's readiness is not coincidental. It is convergent.

Government agencies across the federal landscape are being refreshed and restructured. The Department of Government Efficiency and related initiatives are driving a fundamental rethinking of how federal services are delivered, how technology infrastructure is procured, and how agencies operate at scale. Large organizations — systems integrators, consulting firms, technology providers — will be called upon to help build out the next generation of government services.

But those large organizations need something to build upon. They need a foundational platform — one that is already built, already tested at scale, already compliant with federal security requirements, already integrated with the cloud infrastructure that government agencies are migrating to, and already designed to absorb the continuous change that AI-driven government services will demand.

CloudCare is that foundational platform.

It was built inside the VA — the most demanding federal healthcare environment in the country. It runs on AWS GovCloud with automated STIG compliance. It integrates with Microsoft Fabric and Cloud for Healthcare. It connects to more than 550 medical devices. It absorbs voice biomarker analysis from Canary Speech. It supports traditional RPM and deviceless monitoring simultaneously. It scales from 70,000 patients to millions without architectural change.

And it is elastic — designed from the ground up to shape-shift as new AI capabilities, new compliance requirements, and new service delivery models emerge on timelines measured in weeks, not years.

The government restructuring that is underway will require trillions of dollars in new technology infrastructure. The agencies that are being rebuilt will need platforms that can accommodate rapid change, continuous compliance, and population-scale service delivery. They will need platforms that were built for the world that is coming, not the world that was.

CloudCare was forged in that world. It is the elastic foundational platform that the next era of government services can build upon. Not because we designed it for that purpose in the abstract. Because we lived through the operational reality that demanded it, and we built the platform that survived.

From CONVERGENCE: Connecting the Healthcare Enterprise to Home

Kent E. Dicks • CEO & Founder, Life365 • www.life365.health