# Telemedicine could help with the VA's doc shortage

Virtual care must be the VA's next great innovation, says Kent Dicks, CEO of Life365, who says telehealth should scale to meet the agency's needs and bring better care to veterans.

Global    Telehealth

By Bill Siwicki, *Managing Editor* | January 5, 2026 | 12:38 PM



Life365 CEO Kent Dicks

Photo: Life365

The Department of Veterans Affairs has long been a healthcare pioneer, from electronic health records to integrated care. But today, with most facilities facing physician shortages and the largest wave of aging veterans needing more support than ever, the system is straining.

Kent Dicks, CEO of Life365, a vendor of a cloud-based and AI-powered virtual care system, argues that the VA's next great innovation must be scaling virtual care: remote monitoring, telehealth and connected platforms that bring care to veterans instead of forcing them to travel for hours.

The payoff, he says, would be fewer ER visits, stronger family support, and dignified, accessible care.

*Healthcare IT News* spoke with Dicks to discuss the potential of telemedicine to help cure some of the VA's healthcare issues.

**Q. With most VA facilities facing physician shortages, how can virtual care realistically scale without adding burden to already stretched clinicians?**

**A.** With physician shortages now affecting the vast majority of VA facilities, the only realistic path to scale is not by asking clinicians to do more but by using technology to fundamentally change how care is delivered.

The federal government, including the VA, now has explicit authorization to deploy AI across agencies. As the veteran population continues to age, particularly in rural and underserved areas, AI-enabled virtual care will become essential.

Connected technologies in the home generate continuous, real-world data that can fuel intelligent systems designed to monitor large populations of veterans simultaneously. These AI-driven surveillance systems are not about replacing clinicians, they are about prioritization.

They continuously analyze trends, detect early deterioration and surface only those veterans who truly require clinical intervention. This is especially critical for rural veterans, many of whom live hours away from their care teams and often delay care until conditions worsen and require emergency or inpatient services.

A virtual-first front-end powered by AI can enable care teams to nudge veterans into compliance, reinforce healthy behaviors and personalize engagement at scale – without increasing clinician workload. By filtering noise and escalating only what matters, technology enables clinicians to focus their time where it has the greatest impact.

**Q. What does "bringing care to veterans" actually look like in practice, especially for aging veterans in rural or underserved areas?**

**A.** Today, many VA care teams *deploy connected technologies* – such as scales, blood pressure cuffs, pulse oximeters and glucometers – only in the late stages of chronic disease, when costs are highest and outcomes hardest to change.

This is not because the technology lacks value, but because of the friction involved in deploying devices, onboarding veterans and sustaining engagement – especially for already overburdened teams.

As a result, connected care is often introduced in the final months of a veteran's life, far too late to meaningfully alter disease progression or reduce costs.

Bringing care to veterans must start much earlier. Connected technologies should be deployed proactively – well before conditions become severe – and ideally as early as a veteran's time as an active service member through the Defense Health Agency (TRICARE/TriWest). That continuity of care should follow them seamlessly into the VA system as they age.

This approach enables a shift from reactive care to proactive, preemptive, predictive, personalized and prioritized care. When technology reduces friction and engagement happens earlier, virtual care becomes a lifelong support system rather than a last resort.

**Q. You've said virtual care must be the VA's next great innovation. What concrete outcomes should policymakers and the public expect if the VA fully commits to remote monitoring and connected care?**

**A.** The VA serves approximately 18 million veterans, many of whom are older, managing multiple chronic conditions, and facing reduced access to care due to clinician attrition, early retirement and hiring challenges. Under these constraints, it is difficult to justify maintaining legacy remote care models when newer, more scalable approaches exist.

A full commitment to virtual care would drive several concrete outcomes.

First, the VA can modernize its technology foundation by moving away from wired phone lines and cumbersome mobile apps toward cellular-enabled devices and satellite connectivity where needed, including rural and frontier areas. This alone dramatically improves scalability and lowers operational friction.

Second, care must begin earlier – ideally during active service – with connected technologies following veterans throughout their lifetime. Early intervention consistently yields better outcomes and lower total cost of care.

Third, emerging technologies such as voice biomarkers, AI-enabled sensors (including disposable form factors), and passive facial and behavioral data capture can feed *a virtual-first model* that continuously monitors veterans and nudges them toward compliance without requiring constant clinician involvement.

Finally, empowering veterans with tools for self-management and engagement reduces dependence on VA care teams while enabling families to participate more actively in care. The result is better outcomes for veterans, lower burden on clinicians, and a more sustainable care model for the VA.
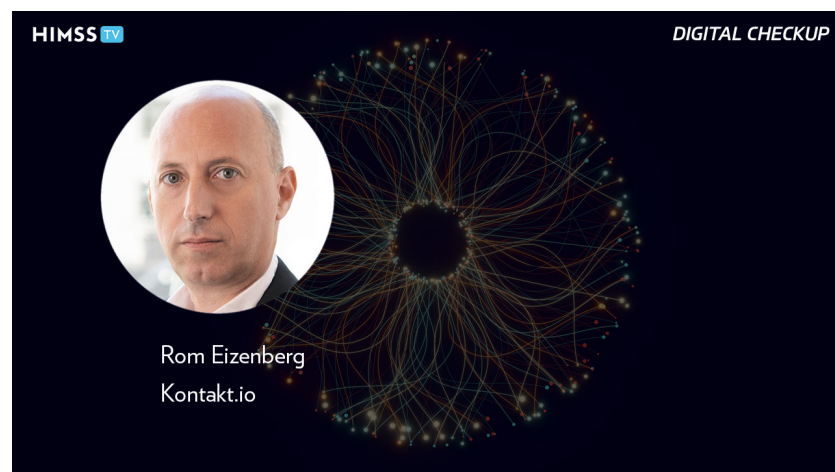
Virtual care, when done right, is not incremental improvement – it is a structural transformation of how care is delivered on a national scale.

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