

Is it time for the VA to embrace virtual care?

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Is it time for the Department of Veterans Affairs (VA) to fully embrace virtual care?

The VA has long been one of America's great health care innovators. From pioneering electronic health records to building one of the first truly integrated care systems, the VA has often been decades ahead of the private sector.

But today, the system is straining. Nearly 94 percent of VA facilities face physician shortages, and 79 percent lack enough nursing staff. The largest wave of Vietnam Veterans is now entering their late seventies and eighties, many managing heart disease, diabetes, COPD, or PTSD. Some drive for hours for a 10-minute check-in at a VA clinic. Families, particularly in rural areas, are carrying more of the load as access shrinks.

Meanwhile, new policy mandates are adding pressure to deliver more with less. Federal initiatives focused on efficiency and cost reductions, such as the Department of Government Efficiency (DOGE), are reshaping operations. Well-intentioned or not, these efforts risk reducing access when Veterans need more support, not less.

The VA has faced similar moments before. Each time, it responded with new models of care that set the standard for the rest of the country. This is one of those moments. To remain the nation's health care innovator and to keep its promise to Veterans, the VA must now lead with connected, "virtual-first" care that brings the system to Veterans, instead of the other way around.

Consider remote patient monitoring. A blood pressure cuff or glucose meter in the home can send readings directly to a care team. Instead of waiting weeks for an appointment, a Veteran's health can be tracked daily. Nurses can respond with a

phone call or a medication adjustment before a situation turns into an emergency.

Harold, a 78-year-old Vietnam Veteran in rural Arizona, knows this firsthand. When his heart failure began worsening, a remote scale and blood pressure cuff detected early fluid retention. His doctor adjusted his medication, and Harold stayed out of the hospital. The alternative? A preventable admission that could have cost tens of thousands of dollars.

Angela, a 35-year-old Iraq War Veteran, faced a different challenge. Living with PTSD and depression, she often avoided appointments because of anxiety and childcare responsibilities. With virtual counseling, she hasn't missed a session in months. Her eight-year-old recently told his teacher, "Mom smiles more now."

Some worry that technology-driven care will feel impersonal. But for Veterans, efficiency means more dignity, not less. Should an 80-year-old drive three hours for a blood pressure check, when he can rest at home instead? Why should a caregiver lose wages to accompany their loved one when they can log in virtually and still be part of the visit? Should a Veteran end up in the ER when an alert can flag the problem days earlier?

Efficiency, in this context, is not cold. It is profoundly human.

But the VA cannot take this digital leap alone. Technology only delivers results when it is secure, scalable, and integrated into existing systems of care. That requires the right partners. The VA has already shown the power of collaboration through its work with Accenture and Microsoft. Now it needs partners who can extend that foundation: platforms that connect devices, data, doctors, care teams, and families into one seamless experience.

The challenge is not launching more pilots; the VA has had plenty of those. The challenge is scaling proven solutions to reach millions of people. Done right, this is not only compassionate but financially compelling. A recent study at White Plains Hospital confirmed that integrated remote monitoring reduced heart failure readmissions to 2.6 percent, compared to the national average of 23 percent. That kind of result saves money, strengthens families, and keeps Veterans where they want to be, at home.

Our Veterans deserve more than incremental fixes. They deserve a system that is accessible, dignified, and forward-looking. Connected care delivers exactly that. It stretches capacity through technology. It supports families by making them active participants in care. Most importantly, it keeps the promise our nation has made for generations.

Now is the time for the VA and its partners to act decisively, scale virtual care, and truly transform health delivery. Our Veterans deserve nothing less.

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