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The Future is Now: How the VA is Leading a Revolution in Virtual Care and Remote Patient Monitoring

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In a bid to increase access to healthcare for veterans, the Veterans Health Administration (VHA) – the country's largest integrated healthcare provider – in 2019 launched the Veterans Community Care Program (VCCP), which enables veterans to obtain care from non-VA healthcare facilities when wait times exceed designated limits.

The program's success, however, has created a challenge: In just five years, VCCP has grown to comprise nearly 40percent of the VA's contractual expenses. If an effective relief valve for overburdened community providers isn't implemented soon, we may be facing a care-access crisis for our veterans. They deserve better.

For older veterans in particular, the need to access care is increasingly urgent. Medical expenses for Americans more than double from ages 70 to 90; as of 2021, approximately one-half of veterans were age 65 or older, while three-quarters were 50 or older.

The good news is that the VA today is proactively confronting this challenge. The federal agency is expanding "Home Telehealth," its successful remote patient management (RPM) program, and deploying advanced technologies to not just react to care needs but predict them. In addition, the VA is simultaneously expanding care access while reducing costs through preventive and proactive action focused on chronic condition management and identifying the earliest signs of an urgent health problem.

Fewer Admissions, Shorter Stays

Tech-enabled RPM and telehealth have been among the most discussed and adopted programs in healthcare since the COVID-19 pandemic forced providers to reimagine and overhaul how they deliver care. Since 2003, under the Home Telehealth program, the VA has used remote care technology and workflows to manage chronic conditions. More than 2.4 million unique veterans – about 40 percent of the patient population – received such virtual care in 2023 alone.

Further, the 132,000 veterans in the VA's Remote Patient Management-Home Telehealth (RPM-HT) program – which adds about 20,000 veterans each year – saw a 41percent reduction in hospital admissions while the length of their stays shortened by roughly 70percent. RPM-HT participants input vital signs (such as temperature, blood glucose levels, blood pressure, and heart rate) and share them with a remote clinician who uses data analytics to flag potential problems and intervene before more critical care is required.

Transforming Care Delivery

This success notwithstanding, the VA faces an older, sicker, highly rural patient population. One-third of veterans who receive care from the VHA live in a rural area, compared to only about one-fifth of all Americans.

At the same time, 42 percent of older veterans report a disability , compared to 33 percent of older non-veterans. Similarly, veterans residing in rural areas are also likely to have more complex medical conditions and are more likely to be diagnosed with diabetes, hypertension and heart conditions than veterans living in urban areas.

Such physical and geographic barriers to receiving in-person care threaten the safety and health of veterans while potentially driving up care costs through more frequent emergency care and hospitalizations. To prevent these unwanted outcomes, the VHA's Office of Connected Care (OCC) in 2021 announced a $1 billion expansion of the RPM/virtual care program.

Toward Prevention and Wellness

Preventive is one of the four "P's" – along with Predictive, Personalized and Participatory – recommended by Leroy Hood, M.D., Ph.D., and Nathan Price, Ph.D., in their book, *The Age of Scientific Wellness*. These two healthcare visionaries describe a care system in which providers have the tools and data to identify early disease indicators before symptoms appear and then deliver precise, individualized treatments to prevent illness from progressing.

Similarly, the OCC RPM/virtual care program expansion leverages real-time data aggregation and analysis supported by emerging AI tools. Rather than trying to distribute hundreds of thousands of health-monitoring devices to veterans around the country, the OCC is investing in small, wearable biosensors and everyday home medical devices, such as blood pressure cuffs and weight scales.

These connected devices supply data that will be combined with information from the VA's electronic health records for automated analytics, some of which could be AI-powered. New tech-enabled workflows will notify clinicians if veterans at home may need support from a live provider or simply an automated digital "nudge" to take their medications, for example, or answer health-related questions.

It is important to emphasize that clinical decisions regarding veterans won't be made by AI. In all cases, expert human clinicians will review, approve, or modify interventions based on their knowledge and experience.

Conclusion

The adoption of innovative technology by the VA to care for a challenging patient population should serve as an example and an inspiration to other healthcare organizations. Even if a non-VA health system lacks the size or experience in delivering remote care as the VA, the same tools are available to them to provide preventive and proactive care to their patients at home.

By following the VA's lead in embracing care transformation, health systems can improve clinical outcomes and care quality while reducing costs and provider burden. Those are worthy – and attainable – goals.

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