

1 VA TELEHEALTH DURING AND BEYOND COVID-19:
2 CHALLENGES AND OPPORTUNITIES IN RURAL AMERICA

3 - - -

4 WEDNESDAY, JULY 29, 2020

5 United States Senate,
6 Committee on Veterans' Affairs,
7 Washington, D.C.

8 The committee met, pursuant to notice, at 2:03 p.m., in
9 Room SD-G50, Dirksen Senate Office Building, Hon. Jerry
10 Moran, Chairman of the Committee, presiding.

11 Present: Senators Moran, Boozman, Cassidy, Loeffler,
12 Tester, Hirono, and Sinema.

13 OPENING STATEMENT OF CHAIRMAN MORAN

14 Chairman Moran. Good afternoon, everyone. The
15 committee will come to order.

16 We are here today in this hearing to discuss the
17 Department of Veterans Affairs' use of telehealth as a
18 modality to deliver care to veterans, especially those in
19 parts of America that are rural, highly rural, or Tribal
20 lands.

21 For my entire time that I have been a Member of
22 Congress, I have been a proponent of telehealth as a way to
23 deliver care to veterans and, in fact, to all patients,
24 particularly those in Kansas, and especially those who live
25 in rural areas. It has great potential.

1 Currently, we see these capabilities being utilized for
2 an even greater share of veterans due to the pandemic of
3 COVID-19.

4 COVID-19 has unexpectedly accelerated the process of
5 expanding the VA's use of telehealth. In recent years, the
6 VA had advanced its capabilities, but in the spring of this
7 year, as the country and the VA prepared for the anticipated
8 spread of the novel coronavirus, telehealth was often the
9 only safe option to provide care.

10 The consolidation of resources at VA medical centers,
11 postponing non-urgent in-person care, and restrictions
12 placed on referrals to Community Care fueled a more
13 widespread use of telemedicine.

14 As we continue to move toward a new normal, it is
15 essential that the VA optimize the use of telehealth
16 delivery where it works best, build on the lessons learned
17 where it can be enhanced, and recognize the limits of its
18 utilization.

19 Telehealth has great promise, and the unexpected
20 expansion of telehealth has yielded great knowledge in the
21 last few months. There are many times where it is practical
22 for a veteran to see their provider through VA Video Connect
23 or even through just a conversation by phone. While this
24 flexible and time-saving modality can be great in many ways,
25 we know telehealth cannot entirely replace the need for

1 face-to-face medical appointments. This is true as it
2 relates to access to care in the community, and the VA must
3 ensure the full implementation of the MISSION Act to
4 increase access to Community Care is pursued.

5 The limitations of telehealth are also amplified for
6 those living in rural America or Indian Country. VA Video
7 Connect only works when you have a broadband connection at a
8 certain speed. In many parts of our country, that reliable
9 broadband service simply is not an option.

10 I am disappointed the VA chose not to participate in a
11 recent listening session led by this committee with key
12 stakeholders from across the medical community,
13 telecommunications industry, VSOs, and other Federal
14 agencies.

15 As of 2019, rural veterans make up approximately one-
16 third of VHA enrollees and are, on the average, older than
17 their urban veteran peers, tend to experience higher degrees
18 of financial instability, and often live with a greater
19 number of complex medical health needs and co-morbidities.

20 Many veterans in rural America and Indian Country live
21 prohibitively far from VA facilities, which underscores both
22 the need for innovative solutions on how to reach them and
23 the importance of access to Community Care.

24 For rural and tribal veterans, the geographic barriers
25 to VA care often go hand-in-hand with poor or nonexistent

1 connectivity to broadband necessary for high-quality care
2 via telehealth. I applaud the VA's outside-the-box thinking
3 with regard to creative partnerships with the private sector
4 and VSO community and the distribution of wireless devices
5 to isolated veterans.

6 Additionally, I am interested in learning from our
7 witnesses today, the progress the Department has made on
8 forming agreements with telecommunications companies to
9 provide subsidized short-term internet access to rural
10 veterans. This was a provision I was proud to champion in
11 the CARES Act in an effort to better serve the mental health
12 care needs of rural veterans, especially during a time of
13 social isolation during COVID-19, and look forward to
14 hearing the progress the VA has made on this front.

15 It is also important to note, in addition to
16 skyrocketing numbers of telehealth appointments, the VA has
17 also been called on to fulfill its Fourth Mission across 46
18 States, including my home State of Kansas, as well as the
19 District of Columbia, Puerto Rico, and the Navajo Nation.

20 As we look forward to both the near-term needs and
21 long-term goals, the VA should make certain that the
22 innovation of telehealth is utilized in the most efficient
23 and appropriate way.

24 I look forward to hearing from all of our witnesses
25 today on these challenges and opportunities and how we can

1 work together to best leverage this modality to address
2 long-standing access to care issues.

3 I understand that it has not been easy to adjust how
4 the VA delivers care, especially at the rapid pace the
5 COVID-19 pandemic has required. I thank the VA for its
6 work, and I thank them for being here today.

7 And I want to yield now to my colleague, Senator
8 Tester, who may be in the Indian Affairs Committee, where I
9 am also supposed to be.

10 Senator Tester?

11 OPENING STATEMENT OF SENATOR TESTER

12 Senator Tester. No. I have got a few minutes before
13 either one of us have to get there, but I want to thank you,
14 Mr. Chairman, for holding this hearing.

15 Chairman Moran. Jon, we need greater volume.

16 Senator Tester. Good God. That is always a problem,
17 but I will work on it.

18 I want to thank you, Mr. Chairman.

19 Chairman Moran. I am glad we raised the volume and
20 allow you to say that. I have never asked you to speak
21 louder to me before.

22 Senator Tester. Can you hear me now? I feel like an
23 internet provider.

24 Chairman Moran. I can hear you now.

25 Senator Tester. You can hear me?

1 Chairman Moran. Yes.

2 Senator Tester. Good deal.

3 Well, I will say it for the third time. I want to
4 thank you, Mr. Chairman, and I also want to thank our
5 witnesses for being here today.

6 VA's recent efforts to expand telehealth options
7 deserve a lot of praise. The Department has prioritized the
8 health and well-being of its patients while working to keep
9 its workforce safe, and for that, you need to be commended.

10 However, a 75 percent increase in daily telehealth
11 appointments as of May has not been without its challenges.
12 Today's hearing is going to offer us an opportunity to take
13 stock of where the VA is now and to discuss further steps
14 that can be made to improve the care provided to veterans.

15 I want to hear directly from the VA, the Nation's
16 largest integrated health care system, about the challenges
17 that it is facing and what it is doing to address them.

18 In Montana, many vets, especially those in highly rural
19 areas, are accustomed to virtual appointments, but we need
20 to remember that not all veterans have access to smart
21 telephone technology or reliable internet access. To
22 address these technological shortcomings, I know the VA has
23 conducted nearly 6 million more telephone appointments with
24 veterans compared to the same period last year. What more
25 can we be doing to make these visits more valuable for the

1 patients and the providers, and how are providers coping
2 with a change in practice? We need to ensure that VA staff
3 is supported and have the tools that they need to adequately
4 care for our vets.

5 We especially need management to work with employees in
6 good faith to hear what the folks on the ground think about
7 virtual or telephone care and what suggestions they have for
8 improvement. That effort by the VA leadership will pay off
9 greatly, particularly when the health care system is
10 experiencing increased demand and has a staff at risk of
11 burning out as the coronavirus pandemic continues to rate.

12 As VA begins to reopen certain service lines in some
13 facilities, it will be important to monitor the shift from
14 telehealth appointments to in-person appointments. Many
15 veterans may still feel uncomfortable seeing their providers
16 face-to-face and will want to continue to utilize telehealth
17 services. We need to make sure that that opportunity and
18 the resources for that ongoing care are available.

19 And as hotspots and surges move from one location to
20 another, VA's ability to expand and retract its telehealth
21 capabilities will be critical. Therefore, it will be
22 important to monitor whether the CARES Act funding is
23 adequate to meet ongoing telehealth demand or if the
24 successor COVID packages will need to include additional
25 emergency funding to provide these services to veterans, and

1 we will need a good accounting of where the appropriated
2 funds are being spent in order to make informed decisions on
3 a path forward.

4 I want to again thank the Chairman, and I want to thank
5 the VA team for being here and being a part of this
6 conversation. I look forward to this hearing.

7 Chairman Moran. Senator Tester, thank you very much.

8 We are going to take a pause. So we will stand in
9 recess just for a moment while we fix one of our own
10 technical glitches so we can hear our witnesses who are
11 appearing virtually.

12 [Recess.]

13 Chairman Moran. So the committee will resume its work.

14 Thank you, Senator Tester, for your comments, and let
15 me now introduce the witnesses from the Department of
16 Veterans Affairs.

17 Dr. Kameron Matthews is the Assistant Under Secretary
18 for Health for Community Care, Veterans Health
19 Administration. Dr. Kevin Galpin is the executive director
20 of Telehealth Services, Office of Connected Care, Veterans
21 Health Administration; Dr. Thomas Klobucar, executive
22 director, Office of Rural Health, Veterans Health
23 Administration; and Mr. Eddie Pool, the executive director,
24 Solutions Delivery, IT Operations and Services, Office of
25 Information and Technology, Department of Veterans Affairs.

1 I thank you all for being here in person or virtually
2 by connectivity, and we are grateful for your presence.

3 Dr. Matthews, I understand you are speaking for the
4 group of VA witnesses today instead of individual statements
5 from each of our witnesses. As such, you are now recognized
6 for 5 minutes to delivery your testimony.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 STATEMENT OF KAMERON MATTHEWS, MD, ASSISTANT
2 UNDERSECRETARY FOR HEALTH FOR COMMUNITY CARE,
3 VETERANS HEALTH ADMINISTRATION; ACCOMPANIED BY
4 KEVIN GALPIN, MD, EXECUTIVE DIRECTOR OF TELEHEALTH
5 SERVICES, VETERANS HEALTH ADMINISTRATION; THOMAS
6 KLOBUCAR, PhD, EXECUTIVE DIRECTOR, OFFICE OF RURAL
7 HEALTH, VETERANS HEALTH ADMINISTRATION; AND EDDIE
8 POOL, EXECUTIVE DIRECTOR, SOLUTION DELIVERY, IT
9 OPERATIONS AND SERVICES, OFFICE OF INFORMATION AND
10 TECHNOLOGY, U.S. DEPARTMENT OF VETERANS AFFAIRS

11 Dr. Matthews. Thank you so much, sir.

12 Good afternoon, Chairman Moran, Ranking Member Tester,
13 and distinguished members of the committee. I appreciate
14 the opportunity to discuss VA's telehealth activities during
15 the COVID-19 pandemic.

16 I am accompanied today by Dr. Kevin Galpin, executive
17 director of Telehealth Services in the Offices of Connected
18 Care; Dr. Thomas Klobucar, executive director of the Office
19 of Rural Health; and Mr. Eddie Pool, executive director,
20 Office of Information and Technology.

21 This is a transformational time in U.S. health care,
22 accelerated by the unprecedented challenge of the COVID-19
23 pandemic. VA is proud to be leading the response to COVID-
24 19 beside our Federal partners. As a result of early
25 proactive planning and the unmatched dedication and

1 resilience of the VA workforce, we are continuing to deliver
2 excellence for the more than 9 million veterans who entrust
3 us with their care.

4 In addition, we consider it a privilege to be the
5 backstop to the Nation's health care system, serving veteran
6 and civilian Americans in 46 States and the District of
7 Columbia through our Fourth Mission, providing testing and
8 supplies, and deploying more than 1,000 personnel in support
9 of community facilities in areas of the Nation most severely
10 affected by COVID-19.

11 VA has been open throughout the pandemic for all in-
12 person care where clinical urgency rises above the risk of
13 COVID-19, and we are now expanding in-person services at
14 more than 100 sites.

15 We are grateful for the opportunity today to discuss a
16 key area where VA's early and proactive commitment to
17 innovation and health care delivery is paying significant
18 dividends for those we serve; that is, telehealth. VA has
19 long been recognized as a national leader in telehealth, and
20 together with our strategic partners, we are rapidly
21 advancing our vision to leverage telehealth to enhance the
22 accessibility, capacity, quality, and experience of VA
23 health care for veterans, their family members, and their
24 caregivers anywhere in the country.

25 Continued expansion and deep integration of telehealth

1 into clinical and technical operations is an essential
2 element of our strategy. Telehealth can make it easy and
3 enjoyable for veterans to partner with VA in optimizing
4 health, and it can enhance the delivery of health care,
5 enabling expert consultation, facilitating remote management
6 of acute and chronic conditions, and enhancing coordination
7 of care.

8 VA's early investment in virtual technologies,
9 including our patient portal, My HealtheVet, provided a
10 solid foundation for VA's agile and effective response to
11 COVID-19. More than 60 percent of primary care and mental
12 health providers had already used video telehealth prior to
13 the pandemic, and VA delivered more than 2 million episodes
14 of care through telehealth in fiscal year 2019, with
15 approximately a third of the veterans served living in rural
16 areas.

17 In a matter of weeks, at the beginning of this
18 pandemic, that solid foundation enabled us to increase video
19 telehealth delivery to veterans' homes by more than 1,000
20 percent. We have delivered more than 9 million additional
21 virtual care interactions this year over last year, and the
22 numbers continue to grow.

23 Achieving this progress required strong cross-
24 functional partnerships. The Veterans Health Administration
25 and the Office of Information and Technology have worked

1 closely at all levels of the organization to address and
2 stay ahead of the anticipated increase in demand for virtual
3 care. Our IT colleagues strengthen and enhance the existing
4 environment and are continuously monitoring and optimizing
5 its performance. New and enhanced capabilities improve
6 telehealth visit performance and quality, and new scalable
7 options expanded access, tripling the concurrent use of
8 capacity of VA's video telehealth platform and enabling care
9 delivery in a location of a veteran's choosing, such as at
10 home.

11 Importantly, amidst the collective stress of this time,
12 this capacity has allowed VA to provide over 1.5 million
13 telemental health visits to more than 400,000 veterans so
14 far this year. We want each veteran to know that VA is here
15 for them, that we will meet them where they are, and that we
16 believe in their resilience.

17 Expanded capacity has also advanced our other critical
18 operations, including the tele-Intensive Care Unit program,
19 which brings remote monitoring and consultation to augment
20 care teams at the bedside of critically ill patients, and
21 meaningfully, the benefits of added technical capacity are
22 not just clinical. This also enables personal connectedness
23 for veterans residing in community living centers or even
24 hospitalized to connect with loved ones.

25 VA has continued to work with Tribes and Indian Health

1 Service to develop standardized processes to ensure that
2 veterans who require care among the various health care
3 systems receive one coordinated approach in getting the
4 services they need in the environment they choose. VA is
5 planning a Tribal Consultation later this summer with the
6 Tribes to deploy the approved plan.

7 VA appreciates the continued support of Congress
8 regarding telehealth, including through the recent
9 Coronavirus Aid Relief and Economic Security Act, which
10 provided the supplemental funding needed for VA to invest in
11 enhancing and expanding our systems and technology.

12 Recent legislation such as the MISSION Act, which
13 authorized Anywhere to Anywhere telehealth, has also been
14 pivotal to that advancement.

15 VA is committed to providing excellence for each
16 veteran in our care, even and especially during these
17 unprecedented times. We will continue to lead the way
18 forward, and we are grateful for your continued support, as
19 it is essential to provide care for veterans and their
20 families.

21 This concludes my testimony. My colleagues and I are
22 prepared to answer any questions that you may have.

23 [The prepared statement of Dr. Matthews follows:]

24

25

1 Chairman Moran. Doctor, thank you very, very much, and
2 thank you to your colleagues for joining you.

3 I want to ask my question to Dr. Galpin, at least my
4 initial question.

5 Could you detail for the committee the amount of CARES
6 Act funding that has been spent to date on the total
7 allocated for VA telehealth services?

8 And in addition to that, I have been exploring with the
9 VA for several months now, the issue of the amount of money
10 that was allocated to the VA in the CARES Act, which gave
11 the VA authority to form agreements with telecommunication
12 companies to provide short-term complimentary internet
13 services to rural veterans, and generally, when I have those
14 conversations--let me get an answer to your first question,
15 and then I will follow up with my second one related to that
16 topic.

17 So total amount of money spent compared to what was
18 allocated under the CARES Act?

19 Dr. Galpin. [inaudible] --providers during the
20 pandemic. So far, since March 1st and through July 15th, we
21 have spent over \$69 million on COVID-related requirements,
22 of which \$57.8 million came from the CARES Act funding.

23 We have used that to provide over 30,000 4G-connected
24 iPads to veterans. For providers, we have bought 12,000
25 iPads, 24,000 webcams, 22,000 headsets, 10,000 speakers. We

1 have expanded our help desk. That was a big challenge for
2 us early on. It was just the amount of calls we were
3 getting to the help desk as we expanded. We practically
4 quadrupled the staff there.

5 We are funding some research to make sure we learn from
6 this event, and we are expanding our telecritical care
7 program with that funding as well. So, yeah, that has been
8 critical, but the number, I think you are looking for is
9 just over \$57 million so far.

10 Chairman Moran. \$57 million so far out of the amount
11 that was appropriated which was what?

12 Dr. Galpin. Ours was about \$250 million. It included
13 teleradiology as well, and a large chunk of that was for the
14 telecritical expansion, which we are just about to
15 undertake.

16 Chairman Moran. Thank you very much.

17 The second part of this question is, when I have raised
18 these topics before, I generally hear about iPads and
19 Walmart. What I have not found an answer to is, How did the
20 VA utilize that provision to create agreements with
21 telecommunications company to provide services to rural
22 veterans?

23 Dr. Galpin. Yeah, it is a great question.
24 Fortunately, we have an office, a Strategic Partnership
25 Office, and we have been working really for a while now to

1 develop partnerships with organizations, with internet
2 service providers or cellular providers to try and expand
3 connectivity to veterans in rural communities, wherever they
4 may be.

5 In telehealth, we realized when we were trying
6 launching our Anywhere to Anywhere initiative that that was
7 critical. We could build these fantastic programs, but if a
8 veteran cannot receive it on the other end, it does not make
9 a difference.

10 So we already have partnerships with T-Mobile, with
11 Sprint which is owned by T-Mobile, with Verizon, with
12 SafeLink by TracFone help support veterans. We are using VA
13 Video Connect to make data.

14 As you know, as you mentioned, we have partnerships
15 with Walmart, with veterans service organizations, and with
16 Philips to develop our ATLAS sites in rural communities
17 where veterans do not have internet access or therapeutic
18 environment.

19 We have partnerships with Microsoft. Microsoft is
20 helping us outline the areas in the country using both our
21 data and FCC data when we have a population of veterans that
22 do not have access to internet, and then they are going to
23 help us go and identify additional partnerships to bring in
24 Airband internet into those areas and help with digital
25 scaling.

1 Following the CARES Act, we did actually get some
2 companies from the committee who are interested in
3 partnering with us. We have met with those. A lot of them
4 are interested in helping out with the ATLAS program. I
5 think that seems to be a real strong concept that people
6 want to support.

7 The other area, which is great, is helping us co-
8 promote the FCC Lifeline program. FCC Lifeline is a program
9 a lot of veterans qualify for. We think it may be
10 underutilized in the veteran population, and so we want to
11 make sure veterans get that benefit. It is a subsidy of
12 \$9.25 a month for their internet or phone service, but if
13 they are in Tribal or Native land, they can get up to \$34.25
14 a month.

15 So we are trying to reach out to more partnerships. In
16 the next couple weeks, we are going to be releasing an RFI,
17 Request for Information, to go out publicly to look for
18 other companies that want to partner with us. We feel there
19 is probably more people out there than we have been able to
20 identify so far that would like to help out the scenario.

21 I mean, it is amazing. Honestly, since we started the
22 work with the Partnership Office, many companies are just
23 absolutely ready to say yes when we talk about supporting
24 veterans in the digital divide. It is an issue that people
25 recognize really needs a broad coalition and a lot of

1 support.

2 Chairman Moran. Thank you, Dr. Galpin.

3 Let me ask you. I assume that if I ask my staff to
4 delve deeper into the details of those partnerships, you and
5 your team would be cooperative in providing us that
6 information.

7 Dr. Galpin. Yeah. We would love to collaborate with
8 you and your team on this. Again, this is a big issue and
9 very important to us.

10 Chairman Moran. Thank you for your efforts and your
11 testimony.

12 Let me ask just a question that is worth more than the
13 time I have. But, Dr. Matthews, can you explain how
14 expanded telehealth services will impact access standards
15 for community care?

16 Dr. Matthews. Sure. This was--

17 Chairman Moran. Go ahead.

18 Dr. Matthews. Sorry.

19 Chairman Moran. You anticipated my question.

20 Dr. Matthews. Yeah. This was actually a very early
21 conversation, actually, that I had with Dr. Galpin and
22 others in VA, how could--how should, actually, we approach
23 the eligibility standards.

24 Currently, telehealth, unfortunately, does not impact
25 them, and unfortunately, I mean, in the sense that it

1 actually would take some regulatory change, so we could not
2 do really any quick changes during the pandemic.

3 The idea is that telehealth is offered. If a veteran
4 accepts that care, it will, of course, be coordinated, but
5 otherwise it does not affect their eligibility. Eligibility
6 is only determined by face-to-face services at this point.

7 Chairman Moran. Thank you very much.

8 When you say at this point, you are suggesting there is
9 a change coming?

10 Dr. Matthews. There is always at least
11 reconsideration. I think you would expect us to continue to
12 improve upon how we provide access, and if telehealth--
13 especially in specialty services is available and especially
14 with our quality of care and when, of course, it is
15 clinically appropriate. I think there is always going to be
16 consideration that perhaps telehealth would be a major,
17 meaning primary form of delivery. It could never replace
18 face-to-face 100 percent. That is in no way the concept
19 there, but perhaps initial consultation, follow-up visits,
20 and the like. So it would be actually as the MISSION Act
21 promotes more of an integrated platform with face-to-face
22 care in the community.

23 Chairman Moran. Thank you.

24 Senator Manchin?

25 Senator Manchin. Thank you, Mr. Chairman. I

1 appreciate it very much, and thank you, Doctor, for being
2 here.

3 I have introduced the HOTSPOTS bill, which would expand
4 our Government's ability to purchase and distribute
5 internet-connected devices to libraries and low income in
6 rural areas, and I encourage my Senate colleagues really to
7 look into this. And, hopefully, we get this into the next
8 package we are working on right now for the COVID relief
9 package.

10 So many rural areas, especially rural Appalachia, does
11 not have any connectivity whatsoever, but we have been able
12 to hotwire, basically, a wireline into all rural libraries.
13 This would allow--if a hotspot could be given to a veteran,
14 they would be able to connect for telehealth. Right now,
15 they cannot. All they are doing is audio health.

16 So my question, can you give me a sense of where all
17 these--you spent \$38.9 million, I am understanding, from the
18 CARES Act on telehealth initiatives and equipment for both
19 veterans and providers. You all reported distributing more
20 than 46,000 iPads to veterans and providers for accessing
21 and facilitating telehealth appointments and also reported
22 an additional 22,000 iPads are on order.

23 So my question would be, Can you give me a sense of
24 where all the devices are going? Are they all network-
25 enabled? I want to make sure that, hopefully, my State of

1 West Virginia is getting its fair share, and can you share a
2 report of where they have been distributed?

3 Can anybody speak to that?

4 Dr. Galpin. I can speak to that. I do not have that
5 data with me, but we have--we can get that breakdown for you
6 after the hearing, if we can take that back for the record
7 as to where they are distributed.

8 Senator Manchin. Can you also determine where the VA
9 telehealth infrastructure resources are going and how you
10 are helping veterans with high-speed internet access? That
11 is what we are having problems with. There is no use to
12 have an iPad if you have no connectivity. So I hope you are
13 looking at--

14 Dr. Galpin. Correct.

15 Senator Manchin. --the challenges that we have.
16 Whether it is rural West Virginia, rural Arkansas, rural
17 North Carolina, rural Kansas, wherever it may be, we have
18 got problems, and to get quickly to help these people,
19 HOTSPOTS would be the quickest way we can get them set up to
20 something.

21 Dr. Galpin. Yeah. Let me provide some feedback on
22 that. I think that was a question about what we are doing.
23 So let me go through the broader list because you are
24 absolutely right. This is a critical issue for us, and it
25 is impossible for us to deliver telehealth services where

1 there is not internet connectivity.

2 There was an FCC report that was released last year
3 that was released last year that said 2.2 million veteran
4 households do not have fixed or mobile broadband internet.

5 Senator Manchin. First of all, if I can correct you on
6 one thing. We have proven the FCC maps are totally
7 incorrect. They are totally incorrect. That is why we are
8 holding up some of their money until they get the maps
9 corrected. So I hope you are not working off of their old
10 maps because they have even agreed they are incorrect.

11 Dr. Galpin. Well, I think irrespective of whether we
12 are looking at the maps, we recognize that this is a
13 problem. I mean, for the reason that you just described,
14 when we talk to our providers and get their satisfaction
15 surveys back--we just had one from one of our VISNs where
16 they interviewed or got feedback from 1,600 providers, and
17 one of the biggest challenges they face is the veteran not
18 have the internet or the equipment on their end. And that
19 is, again, why we launched an initiative to bridge the
20 digital divide for veterans.

21 I can tell you it is something we cannot do alone. I
22 mean, this is a huge issue, and the VA is not going to solve
23 it alone. That is why we need cross-administration,
24 collaboration with Congress, public-private sectors. There
25 is a tremendous amount of work to do.

1 Senator Manchin. Well, I know you have all used
2 solutions. One of your solutions was offering veterans to
3 use store for telehealth options at places like Walmart,
4 VFWs, American Legion halls through the ATLAS technology.
5 The idea is that since a veteran does not have access to
6 broadband at home, their local Walmart, VFW, American Legion
7 would have better broadband.

8 While it sounds promising, you have only opened six
9 ATLAS sites in five States, and unfortunately--

10 Dr. Galpin. That is correct. So--

11 Senator Manchin. So what is the VA's plan to expand
12 these telehealth sites?

13 Dr. Galpin. So the ATLAS program, we think is very
14 promising. Again, that is a public-private partnership that
15 we have been working on.

16 What we have done--and going back to your library
17 concept--we have created a scheduling package, a scheduling
18 system so that we can identify if there is an ATLAS site
19 near a veteran. So we can set up libraries via a set of
20 sites, Walmart sites. Wherever we have a therapeutic
21 environment, internet connection, and veterans in that area,
22 we can establish this.

23 Now, we were beginning to open these sites, and we had
24 a plan to get, I think, 11 prior to COVID. We did
25 temporarily shut them down due to infectious disease

1 concerns. We are now beginning to open them back up. The
2 first one that opened was in Eureka, Montana. The Walmart
3 sites are expected to open up by mid-August, and then we
4 will continue on with the progression.

5 But we agree. I mean, this is a huge issue. We need
6 to get the services out there, and there is a lot of
7 veterans that either do not have the connectivity in their
8 home or the home is not a therapeutic environment. And
9 these type of ATLAS locations that can be in their
10 community, if not their home, would serve both needs.

11 So this is a huge issue for us, and we are on the same
12 page, as we need to solve it.

13 Senator Manchin. Well, let me just say as a State with
14 a high percentage, one of the highest percentages of
15 veterans, and a very patriotic State like all of our States
16 are, but West Virginia has a very high percentage. If you
17 want to try something and see if it works, try West Virginia
18 because if it will work in our hills and mountains and
19 valleys, it will work anywhere.

20 Dr. Galpin. I appreciate that. Thank you.

21 Chairman Moran. Senator Manchin, thank you.

22 I recognize Senator Boozman.

23 Senator Boozman. Thank you, Mr. Chairman, and thank
24 you all for being here with your testimony.

25 I want to give you a pat on the back. I believe in

1 Central Arkansas, the VA there, it is up 1,000 percent, and
2 the Veterans Health Care System of the Ozarks, I think it is
3 up approximately almost 4,400 percent in regard to their
4 ability to do telemedicine. So they truly are leading in
5 the area, and we appreciate your support as we go forward.

6 Senator Manchin was talking about the partnerships and
7 things. Dr. Galpin, in the areas where the partnerships
8 exist, even though there is not that many, are you seeing an
9 increase in veterans using VHA to receive their health care?
10 Is it working in the areas that are actually set up?

11 [No response.]

12 Senator Boozman. Maybe our technology is not working.

13 Chairman Moran. Dr. Galpin, are you there?

14 [No response.]

15 Chairman Moran. Dr. Matthews?

16 Senator Boozman. Yes.

17 Dr. Matthews. I unfortunately cannot speak to numbers.

18 Dr. Galpin. I do not know if anyone is having an
19 issue, but we have not heard the questions or any of the
20 comments in the last few minutes.

21 Mr. Klobucar. I have not either.

22 Chairman Moran. Can you hear now?

23 Mr. Klobucar. I have not heard this time.

24 Chairman Moran. Can you hear now?

25 Senator Boozman. It is the story of my life.

1 Dr. Galpin. Yes.

2 Mr. Klobucar. We got it now. We can hear now.

3 Senator Boozman. Okay. Good enough.

4 What I was saying was that, first of all, we have had a
5 tremendous increase in Arkansas. We are very proud of that.
6 They are doing a great job, and we just appreciate all that
7 is being done in that area.

8 Senator Manchin talked about the partnerships. We
9 would like to have more. In the areas, though, that we are
10 actually doing the partnerships, what are the results? Are
11 we seeing a significant increase in veterans using VHA as a
12 result of that to get their health care?

13 Dr. Galpin. I think I can address that, that question.

14 Senator Boozman. Yes.

15 Dr. Galpin. The partnerships for the past couple years
16 have been focused on getting more video telehealth services
17 out to veterans, and we had a strong program prior to this
18 year. Last year, we did over 2.6 million episodes of
19 telehealth care to over 900,000 veterans.

20 But what you have seen happen this year has been just
21 incredible growth with the pandemic. So already this year--
22 and as we all know, this year is not over yet--we have
23 already done 3.6 million episodes of care to 1.2 million
24 veterans. We have seen our use of Video Connect into the
25 home, which is our platform that does deliver the video

1 telehealth to the veteran. We have seen that grow by about
2 2,000 encounters a day to over, now touching, 32,000
3 encounters a day. It is over 1,000 percent increase.

4 Fortunately, with the public-private partnerships, we
5 have been able to advertise. We have been able to purchase
6 more equipment. So we are seeing the growth out there. We
7 are seeing that veterans are adopting the technology.

8 We had some really nice feedback. The Veterans
9 Experience Office just interviews several veterans, about 43
10 in hour-long interviews. Overwhelmingly like telehealth,
11 they prefer it over telephone because it makes them feel
12 more connected to their providers and more comfortable with
13 the visit.

14 So I think we are getting the word out there. The
15 public-private partnerships have been critical in helping us
16 communicate, to advertise, and again, getting the veterans
17 some of the services that they otherwise might struggle to
18 get.

19 Senator Boozman. Right. So you are truly the industry
20 leader in the sense of doing telehealth and doing a great
21 job. Your numbers are way up.

22 I guess my next question--and you partly addressed it--
23 do we have enough data? Do we have the metrics? Not just
24 the--you know, I like this on-the-phone type approach, but
25 do we have the metrics on telehealth services to know that

1 the quality of care and the outcomes of that care are
2 better, worse, or equivalent to traditional in-person care?

3 Dr. Galpin. Yeah. There has been a good amount of
4 research on this. So when you look at an area that I think
5 is really important to us like telemental health, there is
6 consistent research that shows that the quality of the
7 telemental health visit is equivalent to care in person, and
8 that crosses populations in the studies from civilians to
9 veterans.

10 We also have regular feedback from our veterans. So we
11 do veteran satisfaction surveys to see how their experience
12 is, and that is a little different than the outcome.

13 But, in general, particularly pre-COVID, we saw very
14 high satisfaction scores in telehealth: 96.9 percent in
15 quality this year prior to March 1st, 87.9 in overall
16 satisfaction, 87.3 in trust.

17 Now, we have seen some dips in some of those
18 satisfaction scores since COVID in the 3 to 5 percent range,
19 but we had some action to help out with that going forward
20 that we are excited about.

21 In addition, we just, at one of our VISNs, interviewed
22 providers and asked about the quality there as well, and I
23 think it was about 77.4 of the providers that do telehealth
24 care was equivalent or better quality than delivering care
25 in person with masks, and 81 percent felt that the care was

1 more efficient or equal to delivering care in person with
2 masks. And that actually exceeded the efficiency, exceeded
3 care via telephone.

4 So there are a lot of people that have studied this in
5 the area--particularly in the area of mental health, and
6 they do see that it is equivalent to traditional in-person
7 care.

8 Senator Boozman. Thank you, Dr. Galvin.

9 Thank you, Mr. Chairman.

10 Chairman Moran. Thank you, Senator Boozman.

11 Senator Hirono?

12 Senator Hirono. I was just listening to you, Dr.
13 Galpin, talking about surveying veterans. Have you surveyed
14 any veterans in Hawaii as to how they feel about telehealth?

15 Dr. Galpin. I am fairly positive we have. We
16 distribute surveys after our video visits. I do not have
17 the breakdown here, but we can provide a breakdown. I think
18 it is by VISN facility. So we can certainly get that
19 information to you.

20 Senator Hirono. I would be curious to know, because I
21 remember when the veterans are first given the option of
22 doing remote telemedicine or some fashion of it. And I
23 remember talking with veterans, albeit this was maybe a
24 decade ago, and a number of them were quite resistant. And
25 I think that what you are seeing, what you are telling me is

1 that more of them are becoming used to this form of getting
2 care, and that they consider it to be good, if not adequate.

3 Dr. Galpin. Yeah. Again, I will point to that
4 Veterans Experience Office survey. That the veterans they
5 interviewed, again, it was a small number, and I do not
6 think that survey included anyone in Hawaii, but there was
7 an overwhelming positive response to telehealth. Again,
8 they preferred it over telephone because it made them feel
9 more connected to the providers.

10 In general, I would say that this pandemic has been
11 eye-opening to people, I think providers and veterans alike.
12 I mean, we have had thousands of providers do this for the
13 first time, thousands--hundreds of thousands of veterans do
14 it for their first time, and I think people have recognized
15 the value. And they appreciate the type of services you get
16 through the video modality.

17 Senator Hirono. So Senator Joni Ernst and I really
18 pushed for telehealth across State lines, so providers
19 across State lines could provide those services, and that
20 this provision was included in the MISSION Act.

21 This is for Dr. Matthews. In your testimony, you noted
22 that this authority to go across State lines to provide
23 services is pivotal for telehealth delivery for veterans.

24 So could you provide a little bit more detail on how
25 this kind of authority has extended access to health care,

1 and is there any particular type of health care that
2 particularly benefits from telehealth? And how many
3 providers across State lines have utilized this authority to
4 provide services to people outside of the State in which
5 they practice? Dr. Matthews?

6 Dr. Matthews. Sure. I will definitely need to defer
7 the majority of that question back to Dr. Galpin, but
8 overall, just to note within the Community Care program, we
9 had at the onset of the pandemic in similar timing with CMS,
10 did extend telehealth coverage within our Community Care
11 episodes of care. So while we are also organizing it at
12 massive quantities within the VA, it is available through
13 our Community Care network as well too, including urgent
14 care.

15 But, Dr. Galpin, if you want to speak more about the
16 provider concerns?

17 Dr. Galpin. Yes, absolutely. And I will start out by
18 just saying that the MISSION Act was absolutely critical for
19 allowing us to move forward. That authority, which we call
20 our Anywhere to Anywhere authority, allows us to feel
21 comfortable delivering care on and off Federal property.

22 So when we look at VA Video Connect, irrespective of
23 the State laws, our providers are able to deliver care into
24 a veteran's home. So it allows us to make care more
25 accessible. It allows us to take the care that was being

1 delivered in a community outpatient clinic and do it at that
2 Walmart site, take it to the veteran's home, help them get
3 health care in the community.

4 The other big thing, though, and--oh, go ahead.

5 Senator Hirono. Well, I wanted to know. Do you have a
6 sense of how many providers are doing, providing this kind
7 of care across State lines?

8 Dr. Galpin. I do not have that number specifically.

9 Senator Hirono. Are there participants?

10 Dr. Galpin. I do not have that--

11 Senator Hirono. Do you know whether there are
12 thousands? If you have some idea? But if you do not, we
13 move on because the fact is that it has expanded, telehealth
14 accessibility.

15 So for Dr. Matthews again--I am sorry.

16 Did you want to add something else before I go on to
17 the next question? If not, I am going to the next question.

18 One of the questions I have--I think I am running out
19 of time. So if you do not mind. Citizens of the Freely
20 Associated States--that would be the Republic of Marshall
21 Islands, Federated States of Micronesia, Republic of Palau--
22 they serve in the U.S. military, and do so and retire then
23 like the U.S. citizens, yet the VA cannot provide direct
24 services to these veterans because they are prohibited from
25 doing so in foreign nations, that this includes prohibition

1 against providing telehealth services.

2 So I would like to know. I mean, we need to do a
3 statutory change in order to enable at least telehealth
4 services to be provided to these citizens; is that correct?
5 And have you--

6 Dr. Galpin. Yes.

7 Senator Hirono. --considered the feasibility of making
8 that statutory change so at least telehealth services can be
9 provided?

10 Dr. Galpin. So I can address that. So, yes, it would
11 require statutory change, starting with USC 1724. At
12 present, we are prohibited from providing care
13 internationally, and that is any type of care.

14 We have thousands of veterans who utilize the VA
15 system, who live internationally. They come to a State or
16 to a Territory to get care, but then they return home. And
17 to those veterans, we cannot provide the same type of
18 service that we provide to a veteran in a State. They have
19 to come for care in a State. So it would require--

20 Senator Hirono. Yes, I understand all that.

21 Dr. Galpin. --statutory change.

22 Senator Hirono. Would you support--would the VA
23 support a statutory change to enable this kind of service to
24 be provided?

25 Dr. Galpin. I can tell you that we have certainly

1 looked at it. I really cannot get ahead of the Department's
2 opinion on it. So I think that is something we would have
3 to take back and have a broader discussion with our
4 leadership on.

5 Senator Hirono. Please do that because I think it is
6 what we owe the citizens of these countries to provide them
7 some level of health care.

8 So one more question. I do not know what my time is,
9 Mr. Chairman.

10 Senator Boozman. [Presiding.] It is out.

11 Senator Hirono. Well, there you go.

12 Do you mind if I just ask one more short question, Mr.
13 Chairman?

14 Senator Boozman. One really short one. Thank you.
15 Go ahead.

16 Senator Hirono. This is for Dr. Klobucar about
17 connectivity in Pacific Islands, and while that has
18 improved, many communities in the Pacific--while it has
19 improved, many communities--sorry--in the Pacific Islands
20 still lack sufficient connectivity for telehealth. What is
21 the VA doing to improve internet connectivity for extremely
22 remote and rural island locations like those in the Pacific
23 Islands? Very briefly, are you doing anything to address
24 that concern?

25 Mr. Klobucar. Hi. I am hoping you can hear me.

1 As Dr. Galpin outlined before, we are seeking to work
2 with community partners to make an attempt to do that and
3 also investigating the possibility for local hotspots.

4 Senator Hirono. Uh-huh.

5 Mr. Klobucar. But that work is ongoing, and I do not
6 know, Dr. Galpin, if you can elaborate any more on that.

7 Dr. Galpin. I do not have too much to offer beyond
8 what you said.

9 I think the key is that this really needs a broad
10 leadership coalition. I do not think we can take this on
11 and get to where we need to be for veterans. I think we
12 need to collaborate with Congress, committee, across
13 administration, other Federal agencies to really reach the
14 end zone on this really critical issue.

15 So we would look forward to working with you all more
16 on this, again, to get to where we need to be.

17 Senator Hirono. Thank you very much.

18 Thanks, Mr. Chairman.

19 Senator Boozman. Thank you, Senator Hirono.

20 Senator Cassidy?

21 Senator Cassidy. Thank you all.

22 Dr. Galpin, I am interested in the--we have spoken
23 about outcomes. An earlier question was about the outcomes
24 of telemental health, for example, versus those in person.

25 In some institutions, I know there has been a real

1 problem with missed appointments, and I am interested
2 whether compliance has actually improved or not. Is the
3 reason for the noncompliance formally because someone just
4 could not get there on time, but now they have taken care of
5 that with telemental health, or is it just that their life
6 is too disorganized to show up on time for anything? What
7 have you all learned about that?

8 Dr. Galpin. There is probably a good amount of studies
9 on that, that I cannot quite today, but that is something we
10 could find for you and bring back for the record.

11 I was just going to look up--because I know we did a
12 study for our tablet program, and let me just provide some
13 of the data here that I have in my notes. So tablet
14 recipients experienced an increase of 1.94; for
15 psychotherapy encounters, an increase of 1.05; medication
16 management visits, an 18.5 percent increase; and their
17 likelihood of receiving recommended mental health care
18 necessary or continued care in the 20.24 percent increase in
19 their missed opportunity rate in a 6-month period following
20 the receipt of a tablet.

21 Senator Cassidy. I am sorry. So there is an increased
22 missed opportunity rate or a decreased missed opportunity
23 rate?

24 Dr. Galpin. Decrease. I am sorry. I misquoted my own
25 reading here. Decrease, 20.24 percent decrease in their

1 missed opportunity rate in that 6-month period.

2 Senator Cassidy. Now, is there any--

3 Dr. Galpin. So, you know, again, their--

4 Senator Cassidy. It is pretty soon to tell, but I
5 would be curious. Clearly, veteran suicide has been a risk,
6 and we have had different strategies of how to reach people.
7 The ability to reach online might be something which would
8 augment a telephone hotline. Has there been any effort to
9 look at that, or is it too soon? But any kind of
10 implications regarding that issue?

11 Dr. Galpin. Well, I think the one thing we can say is
12 that to help improve and decrease veteran suicide, we need
13 to get the care to the veteran, and so however the veteran
14 wants to get care, I think we need to provide as many
15 options as possible. So, you know, telehealth is a great
16 option--

17 Senator Cassidy. I accept that. I am just wondering
18 if this is--if all--if all avenues of providing care are
19 created equal, and I think that is what we are trying to
20 figure out here is the--empirically, on some of our biggest
21 public health issues, suicide, for example, among veterans,
22 is this something which just sounds good, or is it really
23 going to pan out? But it may just be that it is too soon.

24 Let me ask you as well, and this may be for you or Dr.
25 Klobucar. We have obviously put a lot of money to expand

1 the telehealth mental--the infrastructure. My hope is that
2 that would decrease your unit cost of delivering care. It
3 is a lot cheaper to have somebody in an office looking at a
4 computer screen and going very efficiently one patient to
5 the next than having a big waiting room and having all the
6 attendant costs of clerks and aides, et cetera.

7 So is there any chance that this initial investment
8 will result in cost reduction opportunities after next
9 fiscal year?

10 Mr. Klobucar. Hi. Yes. I cannot really speak to cost
11 reduction, although we can find out what that looks like and
12 get back with you with those data.

13 I think it is important to note and just to briefly
14 refer back to what you said earlier that there are a number
15 of programs that are Web-based programs that provide support
16 for veterans online that are suffering from depression and
17 post-traumatic stress disorder, and we have seen some
18 significant uptake in that area. These are relatively new
19 programs that the VA started in FY19 or FY18. So we expect
20 those to continue to grow, particularly as our younger
21 veterans grow older and our veteran population grows younger
22 over time.

23 So we are making a significant effort with several
24 online programs that we hope will have some advantage in
25 helping those veterans with post-traumatic stress disorder.

1 As far as the numbers and the data and the cost per
2 unit, I will definitely look into that for you and get back.

3 Senator Cassidy. Maybe one last question. Are there
4 any telehealth visits that are not appropriate? I am a
5 physician. So, immediately, I think of the physical exam.
6 You are quite limited what you can do for a physical exam,
7 but are there any visits in which--somebody told me they
8 want to do orthodontia by telehealth. How do you do
9 orthodontia by telehealth?

10 So what is out there that we kind of learned, "Oh, it
11 is better to have the people seen in person"?

12 Dr. Galpin. The way we approach that--and I would say
13 that every specialty could add a telehealth component now.
14 Some specialties can do more of the care through telehealth,
15 so telemental health. One of the reasons why it is so
16 successful is they can do the vast majority of their care by
17 that route. If you look at surgery, they can do pre-visit,
18 post visit, obviously not the surgery itself.

19 So it is less about that we find a specialty or type of
20 care that we cannot delivery through telehealth. It is more
21 about what portion of that care can we deliver through
22 telehealth.

23 Senator Cassidy. And let me ask you--

24 Dr. Galpin. So there is really no absolute--

25 Senator Cassidy. --one more question.

1 Dr. Galpin. --yes or no.

2 Senator Cassidy. Doctor, one more thing, I am a
3 gastroenterologist. I think I knew at one time, the VA
4 required somebody to drive in to be consented. Even if they
5 lived 100 miles away, they would have to drive in, get
6 consented, return home, and then come back from the
7 colonoscopy. It seemed very impractical, as anyone who has
8 taken a colonoscopy prep can imagine.

9 So the question is, Will VA regulations allow people to
10 be consented for a procedure like a colonoscopy remotely by
11 a telehealth visit as opposed to having to drive in?

12 Dr. Galpin. I believe the answer is yes to that, but I
13 need to check back and make sure I am being consistent with
14 the regulation. But, yes, I believe the answer is yes to
15 that.

16 Senator Cassidy. Please let us know that.

17 Okay. Thank you.

18 I yield back. Thank you, Mr. Chairman.

19 Senator Boozman. Thank you.

20 Senator Blumenthal?

21 Senator Blumenthal. Thank you, Mr. Chairman.

22 We have a vote, which I understand has been called. So
23 I am going to try to be brief.

24 I know that the VA has provided some national
25 statistics. Specifically, the telehealth video visits have

1 increased by 1,132 percent since February, rising from about
2 11,000 to 138,700 appointments per week between February and
3 June 2020, which is quite remarkable. Do you have
4 statistics State by State specifically for Connecticut?

5 Dr. Galpin. I do not with me for this hearing. I
6 believe we can get those State by State.

7 Senator Blumenthal. Yeah.

8 Dr. Galpin. I believe we can.

9 Senator Blumenthal. That would be great.

10 Can you tell me--maybe you will have to get back to me
11 about this one too--how well Connecticut is doing, VA in
12 Connecticut is doing in terms of telehealth?

13 Dr. Galpin. Again, I do not have State-specific
14 information with us today.

15 Senator Blumenthal. Okay. Can you tell me what--I
16 know that you answered the question about generally the need
17 to form a coalition to get different groups together to
18 bridge the digital divide. My guess is it affects veterans
19 not only in rural areas, but throughout the country, because
20 it affects our general population throughout the country.
21 It affects school students, the homework gap.

22 I have been a major advocate of extending the Lifeline
23 program, funding it more adequately. Commerce Committees
24 had hearings on this issue.

25 Is the VA working with the FCC on this issue?

1 Dr. Galpin. Yeah. The Lifeline program is actually
2 something that we are very excited about. We have talked to
3 them. We have had FCC representatives at our meeting.

4 One of the things we are going to be doing in the next
5 month is lodging a digital divide consult. So when a
6 provider identifies that a veteran does not have technology
7 or internet access, they can refer that veteran to a social
8 worker.

9 And one of those tools a social worker will have in
10 their tool but is the Lifeline program. They are going to
11 do an assessment, assuming the veteran is interested, to see
12 whether the veteran qualifies and then help them get
13 connected to those benefits. Again, it is \$9.25 a month for
14 veterans, and if you are on Native land or Tribal land, it
15 is \$34.25.

16 We would be interested in discussing what you are
17 describing there as potentially an expansion of the benefits
18 for veterans. That is something we would love to
19 collaborate on and work together to discuss.

20 Senator Blumenthal. Do you have an estimate as to what
21 percentage of the veteran population lack connectivity? We
22 hear about telehealth, but does the VA have an estimate on
23 the percentage of its constituency?

24 Dr. Galpin. Yeah. So we have the data that the FCC
25 provided last year in their report. In that report, they

1 talked about 2.2 million veterans of the veteran population
2 they had as 18 million not having access to fixed or mobile
3 internet in their home. About 15 percent of veteran
4 households do not subscribe to it, and there is about
5 364,000 veterans, about 0.2 percent of the veteran
6 population that live in an area where they cannot get fixed
7 or mobile broadband or fixed or mobile internet at
8 sufficient speeds.

9 So it is a large population out there, which is why it
10 is a big concern for us.

11 Senator Blumenthal. And just going back to the line of
12 questions that Senator Cassidy asked, specifically
13 concerning veteran suicide, does telehealth offer potential
14 means of reaching out, providing counseling that so far have
15 not been used as well as they should?

16 Dr. Galpin. Well, I think specifically telehealth is
17 one of the ways that we can make mental health care more
18 accessible. Again, it is a lot about can we get services
19 out to the veterans who need them in a way that they want to
20 receive them.

21 For some veterans, taking time off work is challenging,
22 trying to find child care, to get to appointments, traveling
23 the long distances. So telehealth is one of the ways that
24 we can create quality visits where they can feel connected
25 to their provider, but we can do it in an accessible way so

1 that we are really lowering the activation energy threshold
2 for a veteran to seek help.

3 There is also value in the sense that some veterans,
4 they do not want to get care in their community. They might
5 be concerned about getting care from the mental health
6 provider that they are going to see in a store. This allows
7 them to get care at a distance in a therapeutic environment.

8 So I think it is a huge way that we can get mental
9 health care out to the veterans in a way that they want it.
10 It does not mean it is going to work for everyone. Some
11 people will prefer to come in, in person. Some people are
12 going to prefer telephone, but again, we want to make sure
13 all veterans have that option so they can get the care when
14 they need it and they want it.

15 Senator Blumenthal. Thank you. These topics are very,
16 very important. My time has expired. Thank you for having
17 this hearing, Mr. Chairman.

18 Senator Boozman. Thank you, Senator Blumenthal.

19 Senator Blackburn?

20 [No response.]

21 Senator Boozman. Senator Sinema?

22 [No response.]

23 Senator Boozman. We have got a vote going on. So we
24 may have people who have left and will come back.

25 Senator Loeffler?

1 Senator Loeffler. Hi. Can you hear me?

2 Senator Boozman. Yes, perfectly.

3 Senator Loeffler. Wonderful. Thank you so much, and
4 thank you all for being here for this really important
5 topic.

6 Obviously, the COVID-19 pandemic really demonstrated
7 the value of telehealth across the VA throughout so many
8 areas in the health care system and continues to, and it is
9 vitally important we continue to ensure that veterans regain
10 access to the full spectrum of in-person care. But,
11 obviously, for now, the demand for telehealth will continue
12 to remain high, and that is why it is imperative that
13 residents, fellows, interns, and other VA health care
14 trainees are given the chance to experience the needed
15 ability to provide care vis telehealth during their
16 supervised training instead of having to learn on the job or
17 in person.

18 And that is why I partnered with my Georgia colleague,
19 Representative Buddy Carter, to introduce the VA MISSION
20 Telehealth Clarification Act. It is a basic bill that
21 allows supervised training to utilize telehealth technology
22 throughout the delivery of care, and my version goes a step
23 further by providing additional clarity on the types of
24 qualified VA providers that can actually provide care
25 through telehealth under the law. So it helps expand the

1 VHA's capacity to provide much needed care through its
2 existing workforce. So I want to thank Congressman Carter
3 for his partnership on that.

4 My question really relates to, Dr. Galpin, if you could
5 comment on any of the steps that are being taken by VHA to
6 ensure that providers are trained to provide care, effective
7 care really, through telehealth as well as any limiting
8 factors that we need to be aware of as we start to integrate
9 telehealth more into our delivery of health care to our
10 veterans to go forward.

11 Dr. Galpin. I appreciate that question and certainly
12 appreciate the bill that has been proposed.

13 Regarding your question about how we are working with
14 providers to make them capable of doing telehealth, just to
15 provide some context, last year as part of our Anywhere to
16 Anywhere initiative, we set an objective that by the end of
17 this year, 2020--this is pre-COVID--that all of our primary
18 care clinicians and our mental health clinicians would be
19 capable of offering video to the home.

20 Last year, we got to about 60 percent, and now we are
21 at just about 90 percent in both categories. The goal is
22 always to have all of our ambulatory care providers capable
23 of delivering video to home by the end of the next year.

24 So what we are doing to that, we have national
25 trainings the providers are taking. We are purchasing

1 equipment for them. We are making sure their schedulers are
2 capable of doing it, and so solely--well, not solely
3 anymore, but we are moving toward, again, 100 percent
4 capability there.

5 When you talk about some of the things that we need to
6 do, we still have a lot of work to do on enhancing the
7 experience. We want to make this as simple as possible for
8 both veterans and providers. So we are taking feedback from
9 both groups and making sure we are updating our processes,
10 updating our software to make sure it works for everyone.

11 Some of the challenges, I think, you mentioned, what is
12 hard, what needs to be done, this is an area where I think,
13 again, we need collaboration with Congress. We are still
14 navigating a very complex legal environment, despite the
15 MISSION Act. Even with the MISSION Act, Clarity Act, which
16 would be outstanding in letting us use all of our clinical
17 resources, all of our clinicians to participate in
18 telehealth, there is still a challenging combination of
19 Federal and State laws that limit us in providing
20 comprehensive care to veterans through the modality or are
21 confusing to our providers and so in some ways makes it
22 challenging for them to participate in certain types of care
23 where they would otherwise like to.

24 So I appreciate the question. I hope that I answered
25 it and see if there is a follow-up.

1 Senator Loeffler. That is very helpful. Thank you,
2 Doctor, and obviously, we would be interested to learn about
3 some of the challenges as they relate to Federal laws that
4 would limit your ability to deliver care. So thanks so much
5 for everything.

6 I yield my time.

7 Senator Moran. [Presiding.] If I understand where we
8 are at, at the moment, it is Senator Sinema. Senator
9 Sinema?

10 Senator Sinema. Yes. Thank you, Mr. Chairman and
11 Ranking Member Tester, for holding this hearing. And thank
12 you to all of our witnesses for being here today.

13 Since the start of the pandemic, the CDC and health
14 experts have emphasized the need to social distance, wear
15 face coverings, and wash hands frequently to minimize the
16 spread of the disease. Our daily lives look very different
17 now than they did earlier this year.

18 Increased telework, distance learning, socializing, and
19 telehealth have become more commonplace, but for many,
20 access to broadband and devices still remains a challenge.

21 In Arizona, the VA health system covers a lot of rural
22 areas, and access to telehealth can be a major resource for
23 so many in these areas, but telehealth cannot work without
24 access to broadband.

25 In addition to being a cosponsor of the Access to

1 Broadband Act that was passed by the Commerce Committee a
2 few months ago, I have repeatedly highlighted the importance
3 of expanding broadband services, particularly during this
4 pandemic.

5 So my first question is for Dr. Klobucar. According to
6 the Department of Commerce, 22 percent of American
7 households do not have access to the internet from home, and
8 this issue disproportionately affects Indian Country where
9 53 percent of homes do not have access to broadband
10 networks.

11 As VA expands telehealth services during the pandemic,
12 what is the VA learning about broadband needs in rural and
13 Tribal areas, and are barriers to access due to limitations
14 of broadband a lack of devices or other critical
15 infrastructure needs?

16 Mr. Klobucar. Thank you for that question, Senator
17 Sinema.

18 I think as Dr. Galpin indicated before, this is an area
19 that is a constant challenge for us in VA, especially when
20 we talk about Tribal areas. We have expanded telehealth
21 services into some Tribal facilities across the country, but
22 those opportunities present themselves locally as local VA
23 medical centers look for solutions to deliver care to these
24 Tribal communities.

25 Again, as Dr. Galpin said, this is something we cannot

1 do alone. We do need the support of other agencies such as
2 the U.S. Department of Agriculture Rural Utilities Service,
3 such as the Federal Communications Commission, and others to
4 try to reach into these Tribal lands where internet,
5 broadband access is limited.

6 The President's Broadband Interagency Working Group
7 that formed about 2 and-a-half years ago was an attempt to
8 address some of those problems, and as a result, the NTIA
9 has established some Web resources for local internet
10 providers to help them access Federal funds, but certainly
11 more is needed.

12 We are now with FEMA in Regions 1 and 2 to look for
13 solutions in the region, and they are bringing together
14 partnership with VA with USDA and with other national
15 organizations to try to address some of these burning
16 issues. This is an important issue for us, and it is
17 something that we have been working with partners to try to
18 address for a number of years. And we hope that the
19 pandemic has made it increasingly evident that more needs to
20 be done.

21 Senator Sinema. Thank you.

22 Dr. Matthews, my office is hearing from veterans in
23 Arizona who have been seen via telehealth appointment, and
24 they have concerns that they did not get the same level of
25 care they would have gotten in person. How is the VA

1 addressing these concerns among veterans who might be
2 hesitant or concerned about the care they are receiving
3 virtually, and what processes do you have in place to
4 collect feedback from veterans in these appointments so we
5 can improve the process?

6 Dr. Matthews. Thanks so much for that question. I
7 will definitely defer to Dr. Galpin about the different
8 processes the veterans can use to change their different
9 platform.

10 We have instituted, even during this pandemic, a new
11 Veterans Experience Survey focused on care associated with
12 during this pandemic, and we are collecting that data now
13 regularly. That survey just started July 10th, and we are
14 getting information about their experience, both face-to-
15 face care and telehealth, what their preferences would be
16 for next visit and the like.

17 So we will continue to improve upon how veterans'
18 experiences are actually reflected. A lot of the questions
19 even get down to their technology concerns. Were they able
20 to see their provider clearly? Could they hear them
21 clearly? Do they feel that their privacy concerns were
22 addressed?

23 So we are definitely taking the veteran experience into
24 account, but, Dr. Galpin, if you want to go into some of the
25 processes on how veterans can actually receive this care?

1 Dr. Galpin. Yeah. This is a really important area for
2 us. Improving the veteran's experience, the family members,
3 the caregiver's experience, that is part of our vision for
4 telehealth in the VA.

5 We regularly collect--we have surveys that go out to
6 veterans post their telehealth visit. So we can see the
7 data, what the experience is. We can see that for providers
8 as well, and so this is something that we take very
9 seriously.

10 We are working with the Veterans Experience Office now.
11 They were conducting interviews--I think I mentioned those
12 before--that overwhelmingly veterans like telehealth, and
13 they prefer it over a telephone. But we want to work with
14 them to really map out the entire experience. From the
15 moment that someone talks to them about telehealth and when
16 someone is offering them help with the equipment to ask them
17 do they have the right internet, would they want to do a
18 test call, if things do not work during the appointment,
19 then obviously the experience in the level of care is not
20 going to be good.

21 So our goal is to keep working on these areas,
22 enhancing the processes, integrating the processes, and
23 enhancing the technology so that we do meet expectations,
24 but ultimately, we want this to be a choice for veterans.

25 We are in a really unusual time right now, but if this

1 is a modality that does not work for an individual veteran,
2 we want there to be an option for them to say, "I want in-
3 person care. That works better for me," and that is really
4 the right way to treat the individual, allow them to make
5 their health care choices and to find their preferences.

6 Senator Sinema. Thank you.

7 Mr. Chairman, I have additional questions I will submit
8 for the record. Thank you. I yield back.

9 Senator Moran. Thank you, Senator Sinema.

10 I think Senator Tillis is returning for an additional
11 question, and I have a couple of additional questions. And
12 then we will be close to wrapping up.

13 Let me make certain--that Senator Sinema's question
14 caught my attention, and I want to make certain that the
15 answer is that a veteran who does not feel comfortable, does
16 not want to utilize telehealth is not in any way coerced to
17 do so.

18 Dr. Matthews. Correct, sir.

19 Senator Moran. Thank you.

20 This would be Dr. Klobucar. Would you speak directly
21 to the challenges the Department faces in providing virtual
22 care to veterans in highly rural and frontier areas? What
23 is the update that you would have on the VA Video Connect
24 for a rural Native veteran project?

25 Mr. Klobucar. Yes, sir. The Office of Rural Health's

1 Veterans Rural health Resource Center in Salt Lake City has
2 established a VA Video Connect project, and the goals behind
3 this are to educate providers on delivering mental health
4 care to Tribal nations, culturally sensitive mental health
5 care, and also to deliver training for veterans who may wish
6 to engage in that care.

7 This is an ongoing program. We have trained dozens of
8 providers so far. It is a relatively new program, and it is
9 designed to enhance the VA Video Connect effort as we expand
10 out into more and more Tribal areas. There is ongoing
11 expansion planned for next year and the following years, and
12 we are seeing positive results already.

13 Senator Moran. Thank you.

14 Dr. Galpin, I want to understand about the ATLAS
15 telehealth pods. My understanding was they were closed at
16 the start of the pandemic, and do you have an update on when
17 those pods might be reopened?

18 Dr. Galpin. Yes. The one in Eureka, Montana, has
19 opened. The other ones, the Walmart sites, the plan is to
20 open them in mid-August, and then we have another VSO site
21 that we anticipate or we target for the end of September.

22 As you noted, they were closed down, and we were
23 concerned about infection risk. We have worked with
24 infection control, with Walmart, to make sure that we have
25 new protocols in place. They will maybe feel a little bit

1 different. Hopefully, people will feel safe going to them,
2 and that we do want to then reopen them and expand. But
3 that is the timeline.

4 Senator Moran. Thank you.

5 This is not a filler question while we wait for Senator
6 Tillis question, but I always give--at least I always
7 attempt to give our witnesses an opportunity. Is there
8 anything that you would like to make certain that I and the
9 Committee hears, anything you would like to correct or wish
10 that someone had have asked you that you would now like to
11 answer?

12 Dr. Matthews. Thank you for this opportunity, sir.

13 I think I just want to echo really what our executive
14 in charge, Dr. Stone, almost builds into his message. He
15 builds a video message every day during the pandemic. It is
16 actually something that has caused a great deal of just
17 positive energy throughout VHA, and one of his messages that
18 is regularly shared is just one of great gratitude for our
19 VA staff.

20 What it took for the administration to really respond
21 to the pandemic, particularly in the March-April time frame
22 of converting to a very acute responsive mode, that took a
23 great deal of energy. Even within my own office, the Office
24 of Community Care is administrative completely. We are
25 nowhere near the front line of actually taking care of

1 patients.

2 My own deputy, three of my staff actually volunteer to
3 go to the front line to assist with emergency management,
4 and that is just one office. There were others as well.

5 So I would be remiss if I did not really recognize on
6 the record just unbelievable commitment of the VA staff
7 during this response.

8 Senator Moran. Doctor, you are right and appropriate
9 to do so, and I would be remiss if I did not agree with what
10 you said and express gratitude on behalf of this committee
11 and members of the United States Senate, but most
12 importantly, our veterans for the efforts that were made to
13 care for them during this time, which we wish would end
14 sooner than it has. But we are grateful for those, and many
15 of them are veterans themselves helping other veterans. So
16 please express our gratitude for that circumstance.

17 Let me see if we are going to conclude this meeting,
18 and I am ready to do so, unless you tell me otherwise.
19 Done.

20 I thank our witnesses for being here, and thanks for
21 bringing us some education and enlightenment. We have
22 additional questions that would be submitted for the record.
23 I would ask that the VA respond to those as soon as
24 possible. The committee members should have those questions
25 to the committee within 5 days.

1 With that, our hearing is concluded.

2 [Whereupon, at 3:17 p.m., the committee was adjourned.]

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25