Successful Telehealth Adoption Needs Funding, Increased Training

VA and HHS has used financial support along with a focus on instruction to encourage remote care.

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Federal leaders at the Departments of Veterans affairs and Health and Human Services have made patient support — both financial and technical — a vital component of its rapid expansion in telehealth services.
Speaking at the ACT-IAC 2020 Health Innovation Day Summit, Dr. Kevin Galpin, executive director of the VA’s Office of Connected Care, explained how the agency has used various forms of outreach and care to ensure veterans most effectively utilize the agency’s newly expanded remote health infrastructure.

While the rapid increase in telehealth services put an initial strain on the agency’s resources, Galpin noted that the outcome has been successful in providing the bandwidth necessary to support this exponential increase in access. This has included an ongoing focus on addressing the rural care gap, particularly through bridging the associated digital divide.

“Since we've scaled up our platform, we've gone from about 2,000 appointments a day through video in the home to sometimes 40,000 to 42,000 per day. But challenges remain around the digital divide. We have a lot of people in this country who just don't have access to the internet or technology. And so we've been working on a lot of programs to try and help in that regard,” Galpin said.

Providers within and outside VA were quick to recognize the need to provide medical coverage that also encompassed telehealth, and reformed existing financial aid programs like Medicaid to ensure they supported remote care as well.

“I think one of the key things that [the Department of Health and Human Services] did quickly, and that we worked on, included expanding reimbursement codes waivers for different types of platforms. Medicare previously did not really allow for any kind of reimbursement of telehealth visits for beneficiaries from their homes," said Dennis Chornenky, White House Presidential Innovation Fellow who also spoke on the panel. "The fact that this was one of the things that was made available to Medicare beneficiaries who could now do telehealth visits from anywhere was a huge step in the right direction."

The VA has also embarked on a program of training both practitioners and patients in how to access and ultimately feel comfortable using remote care services. This includes offering a preliminary call to familiarize patients with the basics of remote care itself.
“We are making sure that every facility has a test call program, so that when a veteran has never done this for the first time, there is a conversation with them," he said. "Prior to their first visit, they would get a meeting with the technician and go over the technology to make sure they're comfortable, so that by the time they get to their first visit, they know what to do."

Galpin and Chornenky recognized this was as significant a hurdle as providing the IT bandwidth necessary to support expanded telehealth infrastructure.

“There's definitely a learning curve for providers and patients. So one of the first things we tried to do when we really wanted to see telehealth get scaled up as much as possible is we needed to address the fact that there was a lot of confusion for both providers as well as patients in terms as to what could now be done,” Chornenky said.

This information gap was met with a push from both VA and HHS to provide resources for patients and clinicians on how to best access and leverage telehealth.

“In order to address that need, we worked to design and launch telehealth.hhs.gov, which is a new website aimed at providers and patients. That was meant to be a single place that somebody could go to and get information on all the new waivers that were taking place, as well as basic information on what are the best practices around telehealth both from the provider as well as the patient side,” Chornenky said.

With the benefits of providing telehealth services to the public, and particularly those who might have difficulty otherwise accessing care in rural areas, Chornenky advised both state and local governments to continue dedicating resources to improving the quality and availability of remote care.

“Going forward, I would personally advocate for greater funding from the federal government, and perhaps state governments, for greater investment in technology and training,” he said.
Editor's note: A previous version of this story incorrectly attributed quotes to Veterans Affairs. This has been corrected.