U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

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ORH PROGRAM OVERVIEW

National TeleNeurology Program (NTNP)

Background

The mission of the *National TeleNeurology Program (NTNP)* is to improve access to outpatient neurology care for Veterans residing in rural areas. There is a national shortage of neurologists both in the community and in the Department of Veterans Affairs (VA) Veterans Health Administration (VHA).[1] The NTNP neuro-Patient Aligned Care Team (PACT) model provides a dynamic, flexible and cost-effective way to leverage both telehealth and enhanced provider recruitment incentives (e.g., flexible tours; telework) to build a **national virtual neurology clinic** to serve rural Veterans suffering from neurological illnesses.

Access to specialty care has been shown to improve outcomes, including nursing home placement and other clinical complications. Therefore, programs like this, which improve access, not only result in improved outcomes for Veterans, but likely reduced associated costs, both internally for VHA and in the community.
Since its beginning in 2020, NTNP has been successful at developing, launching, and growing its program and impact on the healthcare rural Veterans receive.

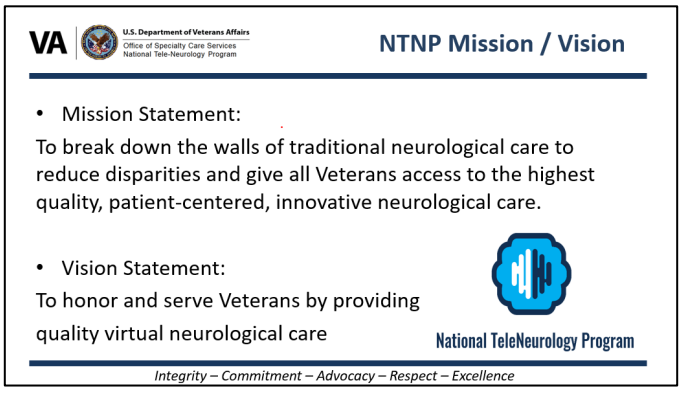
In addition to providing general outpatient neurological care, NTNP has developed additional subspecialty-based programs and initiatives. This program is the first-ever in neurology to develop, deploy, and successfully scale a truly national network to provide sustainable outpatient neurology coverage to rural, underserved regions.

Current program elements and reach include:

- Development of a Neuro-PACT team model that engages neurology providers, nursing, social work, pharmacy, speech-language pathology, neuropsychologists, respiratory therapist and other specialties in caring for Veterans with neurologic conditions.
- Delivery of ongoing TeleNeurology care at 16 VAMCs via Clinical Video Telehealth (CVT) visits at VA Community Based Outpatient Clinics (CBOCs) and via VA Video Connect Telehealth (VVC) visits in Veterans' homes, as well as e-Consult services for 11 Neurology subspecialties to include Neurosurgical services.

Goals

1. Increase access to timely, patient-centered neurological care for enrolled rural Veterans.
2. Develop a national system of multidisciplinary neurology telehealth to offer comprehensive neurological services to rural spoke facilities, their CBOCs, and directly into Veterans' homes.



Methodology

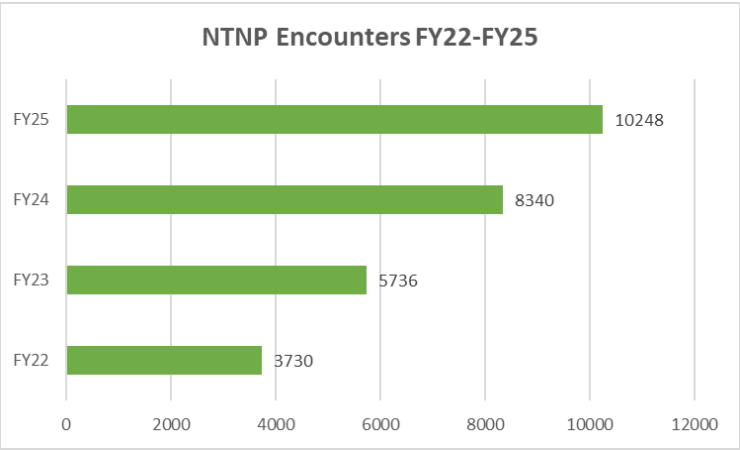
NTNP implementation processes include a checklist for participating facilities, consult and note templates, as well as weekly program facilitation meetings to assist VA Medical Centers in administrative set-up of NTNP services. NTNP consultation is managed by facility Referral Coordination Teams with facility-based scheduling according to Veteran preferences. TeleNeurology consults are conducted via CVT or VVC. NTNP neurologists document the consultation or visit, place orders, and communicate with referring VA providers via standard Computerized Patient Record System (CPRS) and VA communication tools at the patient site.

The NTNP evaluation uses administrative data from the VA Central Data Warehouse to track the volume of NTNP and Community Care Neurology consultations, time to consult completion (wait times), and demographics of Veterans referred. Veterans with a completed NTNP encounter are surveyed by email to monitor Veteran experience including assessment of their overall satisfaction with their TeleNeurology appointment, their likelihood of recommending TeleNeurology to other Veterans, and their assessment of the audio/video quality of their telehealth visit. Provider experience is assessed via email surveys in the first six months of NTNP implementation at each site.

Impact on Rural Veteran Health

NTNP was designed to create a virtual outpatient neurology team to provide comprehensive outpatient general neurology and related services to rurally residing Veterans in areas with insufficient neurology support.

Overall, the volume of NTNP physician encounters has increased over time, from 3,730 in fiscal year (FY) 2022 to 10,248 in FY 2025. Of the 10,248 physician appointments in FY 2025, 57% were for rurally residing Veterans and 28% were new patient consultations. If all provider-types are included, there were 12,500+ encounters.

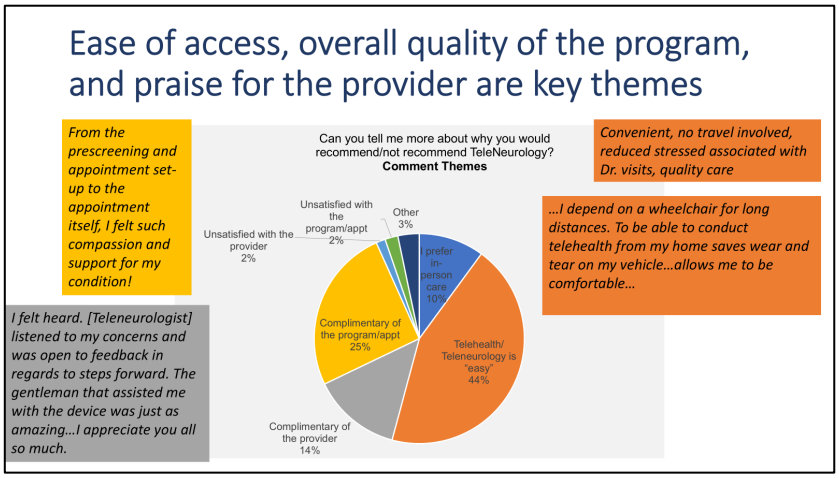


In FY 2025, Veterans in NTNP were seen by a neurologist sooner than those in Community Care Neurology-CCN (median 64 days for NTNP vs. 66 days for Community Care Neurology.

- Facilities that implemented NTNP in FYs 2021-2022 did not have a significant growth in monthly CCN consults following program implementation (mean increase of 4.6 consults per month); similarly resourced VA facilities without NTNP had a significant rise in community consults during the same time.[2]

> ***This is the most convenient way to access care. It is extremely difficult for me to travel…I find it comforting to know that I can speak to a doctor face-to-face with no disruptions.***
>
> ***~ Veteran receiving NTNP care***

- In FY 2025 , 1,925 Veterans completed a survey, rating TeleNeurology care as highly acceptable (average score of 18.7 of possible 21-points); acceptability is not different based on neurologic diagnosis[3] and most Veterans would highly recommend NTNP care to other Veterans.
- Primary reasons given for recommendation ratings included ease of program use and good experience with the program overall and/or the provider.
- Staff and leadership at NTNP facilities report improved access to Neurology care (92%), improved continuity of care for Veterans with neurologic conditions (100%), and wide adoption of NTNP (79%).
- In an evaluation of Veterans receiving outpatient care for stroke, e-consultation implementation led to an increase in stroke care performed in VA versus community care.4 NTNP visits occurred significantly faster (median 37 days) compared to CCN median 82 days) and quality of care on four outpatient-based stroke indicators did not differ between NTNP and CCN.[5]



- NTNP has also established a variety of partnerships, including subspecialty neurological care with providers of the VA's Neurology Centers of Excellence. NTNP works with leaders in WRIISC (War-Related Injury and Illness Study Center), Whole Health, Paralyzed Veterans of America, and the Office of Connected Care.
- NTNP has worked to develop novel care models to increase access, including a pre-visit program, a robust suicide prevention program, nursing headache education, remote blood pressure monitoring, device/technology clinics, Advanced Practice Provider subspecialty clinics, and a Tele-ALS multidisciplinary clinic.
- To date, there have been four NTNP peer-reviewed publications2,3,[6, 7] and 26 presentations at national VHA, neurology, telehealth, implementation, and specialty care meetings and conferences.

Key Takeaways

NTNP has increased access to timely, patient-centered, high-quality comprehensive neurologic care for rurally residing Veterans in VHA.

- Volume of NTNP care has grown by more than 20% in each year of the program.
- Wait time for NTNP visits are significantly lower than wait times for community care.
- Veterans' satisfaction with NTNP is high, and almost all would recommend NTNP care to others.
- Per leadership and staff at NTNP sites, the program has has improved access, continuity of care, and overall care for their Veterans.
- Regularly sharing specialty NTNP consult data and wait times during PACT team meetings may increase the volume of VA specialty telehealth consultations.
- NTNP is committed to expand partnerships and develop innovative care models that bring high-quality comprehensive care from the Nation's experts, directly into Veterans' living rooms – removing many barriers typically faced by rurally-residing Veterans to access care.

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