The U.S. Department of Veterans Affairs (VA) is the largest provider of telehealth services in the country, with more than 2.1 million VA telehealth encounters by Veteran patients, of which 45 percent were rural Veterans.¹

Telehealth is a delivery mode, a tool that Veterans can use to access high-quality clinical care from more convenient locations. Especially for rural Veterans who may face long travel times and health care provider shortages, telehealth often increases access to care that helps achieve better health outcomes.

VA’s Office of Rural Health (ORH) works closely with the Office of Connected Care to provide three major modalities of telehealth: clinical video consultations, in-home telemonitoring programs and provider collaboration.

**Clinical Video Consultations**

The most widely used form of telehealth enables a provider and a patient to connect one-on-one using a secure video link. Veterans can connect with their VA primary care physician or specialist from hundreds of local Community Based Outpatient Clinics or their own homes. The number of VA clinical video telehealth visits has increased more than 440 percent since 2009.¹

Preliminary evidence suggests that newer home-based telehealth services may be even more effective than clinical care delivered in a facility. Veterans with chronic conditions who used telehealth from home saw a 54 percent decrease in days of inpatient care and a 32 percent decrease in hospital admissions.² This model is especially useful for homebound rural Veterans without reliable means of transportation. It also saves money and reduces travel time to and from appointments while connecting the Veteran to the care they need.

ORH supports the growth of telehealth in facilities in and beyond the VA network. The State Veterans Homes Telehealth initiative launched VA telehealth services in state-operated facilities to promote continuity of primary, specialty and mental health care for enrolled Veteran patients who live there.

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**A typical telehealth e-consultation:**

1. A Veteran who lives far away from a VA Medical Center logs in at a closer Community Based Outpatient Clinic instead.
2. A specialist provider in another VA facility logs on simultaneously.
3. A nurse or other care provider on-site takes the Veterans’ vital signs at the local facility clinic.
4. The specialist, shown on a video screen, talks with the patient and directs the on-site provider for any additional examinations. Telehealth equipment allows the doctor in another location to do everything they could as if they were standing in the room with the patient: from listening to a heartbeat to looking in a patient’s ears. For mental health visits, the on-site telehealth technician leaves the room to allow for privacy between the Veteran and the mental health provider.
Home Telemonitoring

Another type of home-based care is home telemonitoring, also called Store and Forward Telehealth. Clinicians and case managers monitor health data from home telemonitoring systems to track a variety of their patients’ conditions, from blood sugar levels to progress in a home-based cardiac rehabilitation program.

Provider Collaboration

Telehealth technology allows providers to collaborate. The National Teleradiology Program provides rural VA facilities with the highest standard of 24-hour diagnostic image interpretation through access to experts who are not usually on staff at rural facilities. The tele-intensive care unit (ICU) connects VA facilities that do not have intensivists on staff with intensivists nationwide via telehealth to provide specialty care to rural Veteran patients.

Emerging Issues

Telehealth is a dynamic and exciting field with emerging potential, but its success depends on the availability of the technology that supports it. Access to the internet, currently limited in many rural communities, is crucial to further expand telehealth. VA is also working to build the telehealth infrastructure in rural communities to enable strong, integrated patient care for rural Veterans.

1 U.S. Department of Veterans Affairs’ Office of Connected Care, September 2016.