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Report to Congressional Committees

August 2024

VETERANS HEALTH CARE

VA's Video Telehealth Access Program Would Benefit from Performance Goals and Measures

GAO-24-106743

GAO Highlights

Highlights of GAO-24-106743, a report to congressional committees

August 2024

VETERANS HEALTH CARE

VA's Video Telehealth Access Program Would Benefit from Performance Goals and Measures

Why GAO Did This Study

VHA telehealth services have expanded significantly in recent years, including during the COVID-19 pandemic. Such services include programs designed to help veterans who may lack broadband or internet-connected devices, such as rural veterans, have video telehealth visits with VHA providers.

The Consolidated Appropriations Act, 2023, includes a provision for GAO to study VHA's telehealth services. This report addresses, among other things, (1) VHA's actions to help address barriers to accessing VHA video telehealth; and (2) VHA's efforts to assess the quality of its telehealth services.

GAO reviewed VHA data, such as telehealth performance and use data for fiscal years 2022 and 2023 (the most recent complete years of data); and interviewed officials from VHA's Office of Connected Care and other relevant VA offices, four VA medical centers and their regional networks selected for variation in telehealth use, rurality, and geography, and four veterans service organizations.

What GAO Recommends

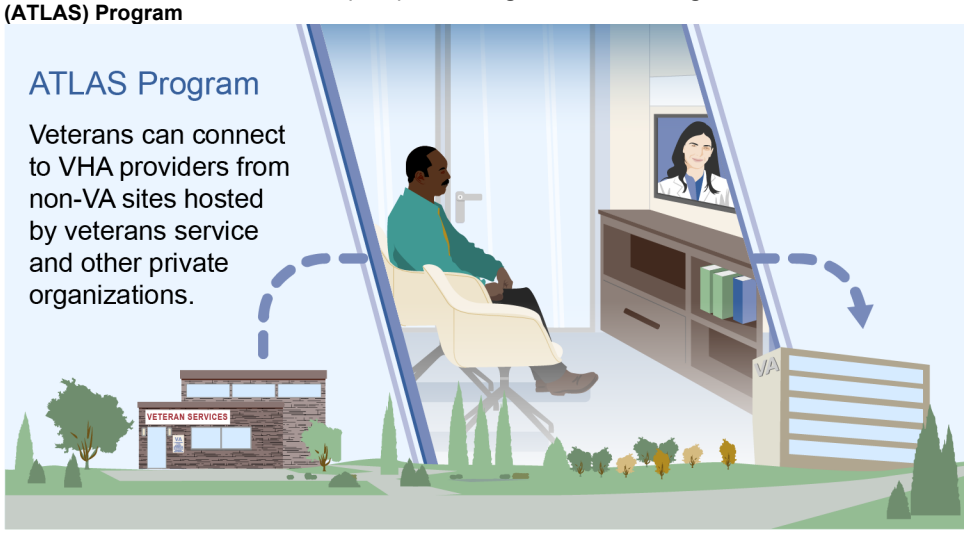
GAO is making two recommendations for VHA to 1) develop performance goals and related measures for the ATLAS program that reflect leading practices and 2) use these goals and measures to assess the effectiveness and efficiency of the ATLAS program on an ongoing basis. VA concurred with both recommendations and identified planned actions to address them.

View GAO-24-106743. For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov.

What GAO Found

The Veterans Health Administration (VHA) has programs to help address veterans' barriers to accessing telehealth. These programs include the Accessing Telehealth at Local Area Stations (ATLAS) Pilot Program. Through ATLAS, VHA partners with non-Department of Veterans Affairs (VA) organizations, including veterans service organizations, to provide private locations with the technology for veterans to have video visits with VHA providers. GAO found that 14 of 24 ATLAS sites active at the time had no veteran visits in fiscal years 2022 and 2023. For the sites that did have visits, VA medical center officials said they helped those veterans who lacked broadband access telehealth and avoid barriers such as long travel distances to VA medical centers.

Veterans Health Administration's (VHA) Accessing Telehealth through Local Area Stations (ATLAS) Program



Source: GAO analysis of Veterans Affairs documents; GAO (illustrations). | GAO-24-106743

VHA officials described changes they are making to the ATLAS Program, including transitioning it from a pilot program to a grant program. However, VHA has not measured ATLAS Program effectiveness on an ongoing basis, due to a lack of performance goals and related measures. Setting goals and measures—consistent with GAO's leading practices for measuring performance—and using them to assess effectiveness and efficiency on an ongoing basis would help VHA determine whether it should make changes to the program. Such changes could include adjusting its strategies to address low ATLAS site usage.

VHA has established processes to monitor elements of the quality of its broader telehealth services, such as safety and timeliness, on a regular basis. For example, VHA has standards and measures related to these elements and meets quarterly with its regional networks to discuss their performance. VHA also has efforts underway to develop measures to assess veterans' health outcomes via telehealth compared to in-person care. Officials from selected medical centers and regional networks said that these processes and VHA's collaborative approach have helped improve telehealth quality.

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Abbreviations

ATLAS	Accessing Telehealth through Local Area Stations
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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August 1, 2024

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), has provided care to veterans through telehealth—that is, the use of telecommunications technologies to deliver health care remotely—since the late 1950s.[1] Since then, VHA has significantly expanded its telehealth services for eligible veterans, including during the COVID-19 pandemic. Veterans' use of telehealth also greatly increased during the pandemic, a trend seen across both federal and commercial sectors, according to our prior work and work by others.[2] Within VHA, the percentage of eligible veterans accessing care via telehealth reached 40 percent in 2021.[3] While some veterans have now returned to in-person

[1]38 C.F.R. § 17.417(a)(4). VA telehealth is defined as the use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration.

[2]See, for example, GAO, M*edicare Telehealth: Actions Needed to Strengthen Oversight and Help Providers Educate Patients on Privacy and Security Risks,* GAO-22-104454 (Washington, D.C.: Sept. 26, 2022); GAO, *Medicaid: CMS Should Assess Effect of Increased Telehealth Use on Beneficiaries' Quality of Care,* GAO-22-104700 (Washington, D.C.: Mar. 31, 2022); Lisa M. Koonin, Brooke Hoots, Clarisse A. Tsang, Zanie Leroy, Kevin Farris, Brandon Jolly, Peter Antall, Bridget McCabe, Cynthia B.R. Zelis, Ian Tong, and Aaron M. Harris, "Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic—United States, January-March 2020," *Morbidity and Mortality Weekly Report*, vol. 69, no. 43 (2020): 1595-1599.

[3]Department of Veterans Affairs, *FY 2024 Annual Performance Plan & FY 2022 Report.* (Washington, D.C.: Sept. 30, 2022).

care, telehealth use continues to exceed pre-pandemic levels. In fiscal year 2023, VHA provided telehealth to more than 2.4 million veterans.

We previously reported that the COVID-19 pandemic underscored a "digital divide" between those who have access to broadband internet and those who do not.[4] We also noted that this gap is more prevalent among individuals who live in rural areas. About one-third of the more than 9 million veterans enrolled in VHA live in rural areas and, according to VHA's Office of Rural Health, a substantial portion of rural veterans earn less than $35,000 annually and do not access the internet at home.[5]

VHA telehealth services, overseen by VHA's Office of Connected Care, facilitate live, two-way communication between providers and veterans in real time. To access these services, veterans connect remotely with VHA health care providers from their homes, VA medical centers and outpatient clinics, or other locations via VHA's desktop and mobile video telehealth app. While VHA also provides other types of telehealth services, for the purpose of this report, we are focusing on VHA's real-time telehealth services.[6]

The Consolidated Appropriations Act, 2023 included a provision for us to report on VHA telehealth services.[7] In this report, we

1. examine the actions VHA has taken to help address veterans' barriers to accessing VHA telehealth services;
2. describe veterans' level of satisfaction with VHA telehealth services; and
3. describe VHA's efforts to assess the quality of its telehealth services.

[4]The term digital divide refers to the gap between individuals who have broadband access and those who do not; this gap is perpetuated by additional factors that affect access, such as affordability, availability of devices, and digital skills. GAO, *Broadband: National Strategy Needed to Guide Federal Efforts to Reduce Digital Divide,* GAO-22-104611 (Washington, D.C.: May 31, 2022).

[5]See GAO, *VA Health Care: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals,* GAO-23-105855 (Washington, D.C.: May 4, 2023).

[6]Examples of other VHA telehealth services include the secure transfer of email messages and diagnostic images, as well as remote patient monitoring—which refers to the use of wearable and other devices to collect and send data from veterans in their homes to their health care teams.

[7]Pub. L. No. 117-328, § 153, 136 Stat. 4459, 5405 (2022).

To examine the actions VHA has taken to help veterans address barriers to accessing VHA's telehealth services, we reviewed relevant legislation and VHA documents that identify and describe efforts to address such barriers.[8] We also reviewed documentation pertaining to VHA's two telehealth access programs, the Digital Divide Consult and Accessing Telehealth through Local Area Stations (ATLAS) programs, and reviewed VHA data on veterans' use of these programs for fiscal years 2022 and 2023 (the most recent complete years of data available at the time of our review).[9] We interviewed officials from VHA's Office of Connected Care and four selected VA regional networks, known as Veterans Integrated Service Networks (VISN), and one VA medical center from each regional network, to obtain their perspectives on actions VHA has taken to help address veterans telehealth barriers and opportunities for improvement.[10] We selected these medical centers and VISNs to reflect variation in telehealth use, rurality, geography, and affiliation with ATLAS Program sites. (See app. I for a list of selected medical centers and VISNs.)

We also interviewed representatives from four veterans service organizations, including two that host ATLAS sites affiliated with our selected medical centers, and two national offices. We selected these organizations to help reflect representation of diverse veteran populations (i.e., age, disability status).[11] The information we obtained from these medical centers, VISNs, and veterans service organizations provides illustrative examples and is not generalizable to all medical centers,

[8]For example, we reviewed relevant sections of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, the CARES Act, and the Consolidated Appropriations Act, 2023. We also reviewed the August 2022 VA Congressionally Mandated Report, *Assessment of Barriers Face by Veterans in Accessing Telehealth Services*, the OCC *Operating Plan 2023 to 2027*, and VHA's May 2022 ATLAS pilot assessment.

[9]Under the Digital Divide Consult program, which VHA established in 2020, the agency loans internet-connected tablets to eligible veterans who may otherwise lack such a device. VHA established the ATLAS Program as a pilot in fiscal year 2019, partnering with non-VA entities to provide private spaces where veterans who do not have broadband, including those residing in rural areas, can have video telehealth visits with VHA providers.

[10]Specifically, we interviewed the medical centers' leadership teams, officials responsible for overseeing and managing telehealth services, clinicians who provide telehealth services directly to veterans, social workers who help veterans obtain VA-issued tablets under the Digital Divide Consult program, and staff who schedule telehealth visits.

[11]We interviewed representatives from the national offices of the American Legion, Veterans of Foreign Wars, and Disabled Veterans of America. We also interviewed representatives from a local Veterans of Foreign Wars station and a county veterans service office, both of which host ATLAS sites affiliated with our selected medical centers.

VISNs, or veterans service organizations. We also assessed the extent to which VHA had or used performance goals and measures that align with leading practices for performance management to assess the effectiveness of the ATLAS Program.[12]

To describe veterans' level of satisfaction with VHA telehealth services, we reviewed data from VA's video telehealth satisfaction surveys for fiscal years 2022 and 2023 (the most recent complete years of data available at the time of our review). We also reviewed VA and VHA reports on and assessments of the ATLAS Program to identify any veteran feedback on that program.[13] In addition, we interviewed officials from VHA's Office of Connected Care, the Veterans Experience Office, and the four selected medical centers, associated VISNs, and four veterans service organizations described above to obtain their perspectives on veterans' satisfaction with telehealth.

To describe VHA's efforts to assess the quality of its telehealth services, we reviewed the documents and data that the Office of Connected Care uses in its quality review processes, such as Conditions of Participation Standards, Virtual Care Scorecard measures, and scorecard performance data for fiscal year 2023 (the most recent complete year of data available at the time of our review); and annual reports summarizing telehealth quality for fiscal years 2022 and 2023.[14] We also interviewed officials from VHA's Office of Connected Care, Office of Quality and Patient Safety, and officials at the four selected medical centers and associated VISNs

[12]See, for example, GAO-23-105855; GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, GAO-23-105460 (Washington, D.C.: July 12, 2023); GAO, *Affordable Broadband: FCC Could Improve Performance Goals and Measures, Consumer Outreach, and Fraud Risk Management*, GAO-23-105399 (Washington, D.C.: Jan.18, 2023); and GAO, *Telecommunications: FCC Should Enhance Performance Goals and Measures for Its Program to Support Broadband Service in High-Cost Areas*, GAO-21-24 (Washington, D.C.: Oct. 1, 2020).

[13]Department of Veterans Affairs, Veterans Experience Office, *VA Telehealth 2022 Insight Report: Accessing Telehealth through Local Area Stations (ATLAS)* (Washington, D.C.: 2022); and Department of Veterans Affairs, Veterans Health Administration, *ATLAS Pilot Program: Strategic Assessment Outcomes and Recommendations* (Washington, D.C.: May 2022).

[14]Department of Veterans Affairs, Office of Connected Care, *OCC Conditions of Participation Standards, Criteria, and Evidence (Narrative)*, Updated for Fiscal Year 2023 (Washington, D.C.: July 14, 2023); *Conditions of Participation (COP), Quality Team Report, Fiscal Year 2023 End of Year* (Washington, D.C.: 2023); *Conditions of Participation (COP), Quality Team Report, Fiscal Year 2022 End of Year* (Washington, D.C.: 2022).

described above to obtain their perspectives on VHA's telehealth quality management processes and future plans.

To assess the reliability of data collected for all our objectives, we interviewed relevant VA and VHA officials to obtain information on the steps they take to validate the data and any limitations the data have. We determined that the data were sufficiently reliable for the purposes of our objectives.

We conducted this performance audit from March 2023 to August 2024 in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

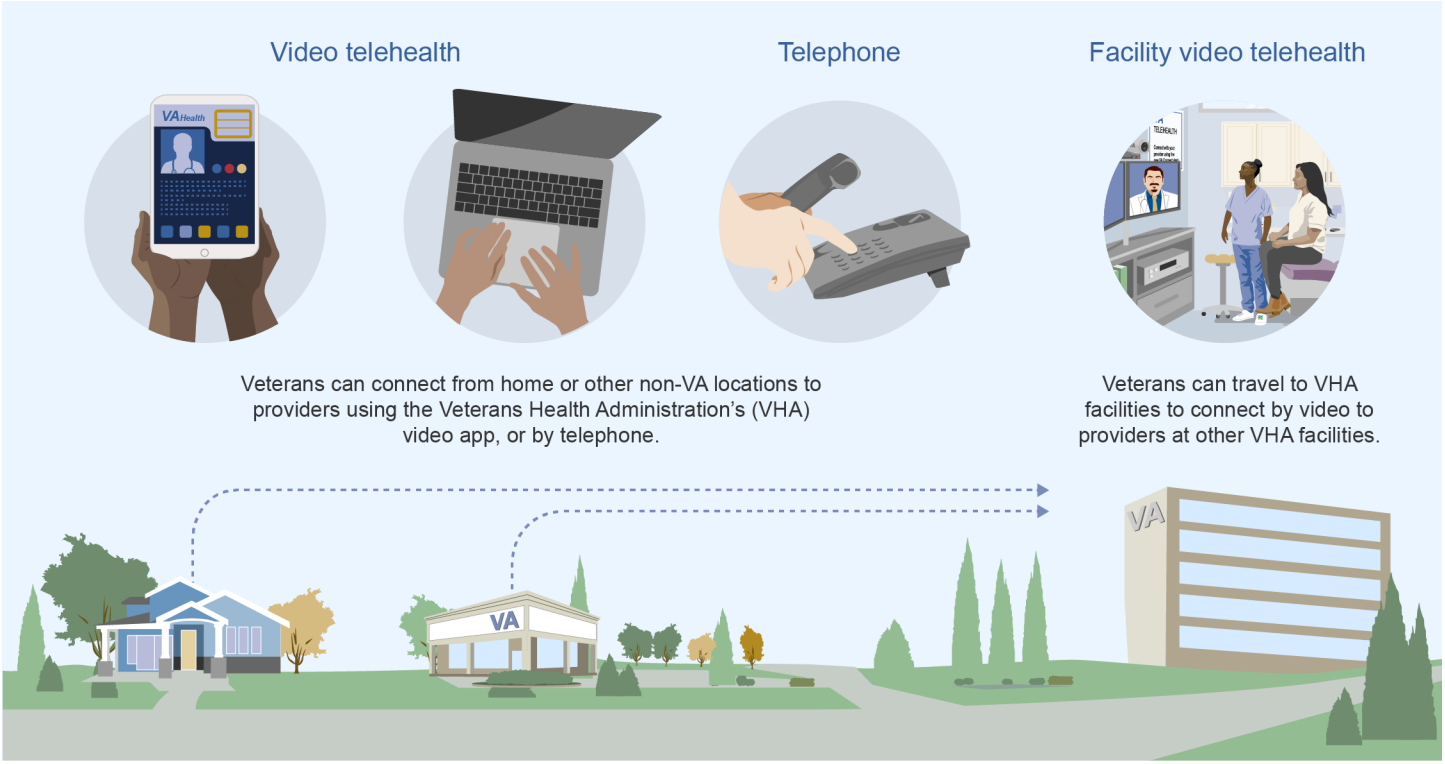
Background

Veterans have several options for connecting remotely to VHA providers when they are unable or prefer not to see them in person (see fig. 1).[15] For example, veterans can connect to VHA providers from their homes or other non-VA locations using VHA's video app or by telephone. Alternatively, they can travel to VHA facilities—including 172 medical centers and over 1,000 outpatient clinics—to connect to providers at other VHA facilities by video.[16] Currently, VHA offers telehealth services across 50 clinical specialties, including primary care, mental health care, pain management, and sleep medicine.

[15]Veterans also have the option to see non-VA community providers if they decline video visits and meet eligibility requirements. VHA officials reported that they referred almost 7 million veterans to community providers in fiscal year 2022 and over 8 million in fiscal year 2023. While community providers also provide some telehealth services to veterans, this report focuses on VHA-provided telehealth.

[16]For the purpose of this report, we refer to video visits where veterans connect from home or other non-VA locations using VHA's video telehealth app, which can be accessed on a desktop or mobile device, as "video telehealth," and to video visits where veterans travel to VHA facilities to connect to VHA providers at other locations as "facility video telehealth." According to VHA data, facility video telehealth represented less than 1 percent of all VHA health care visits in fiscal years 2022 and 2023.

Figure 1: Veterans' Options for Real-Time, Remote Health Care from the Veterans Health Administration



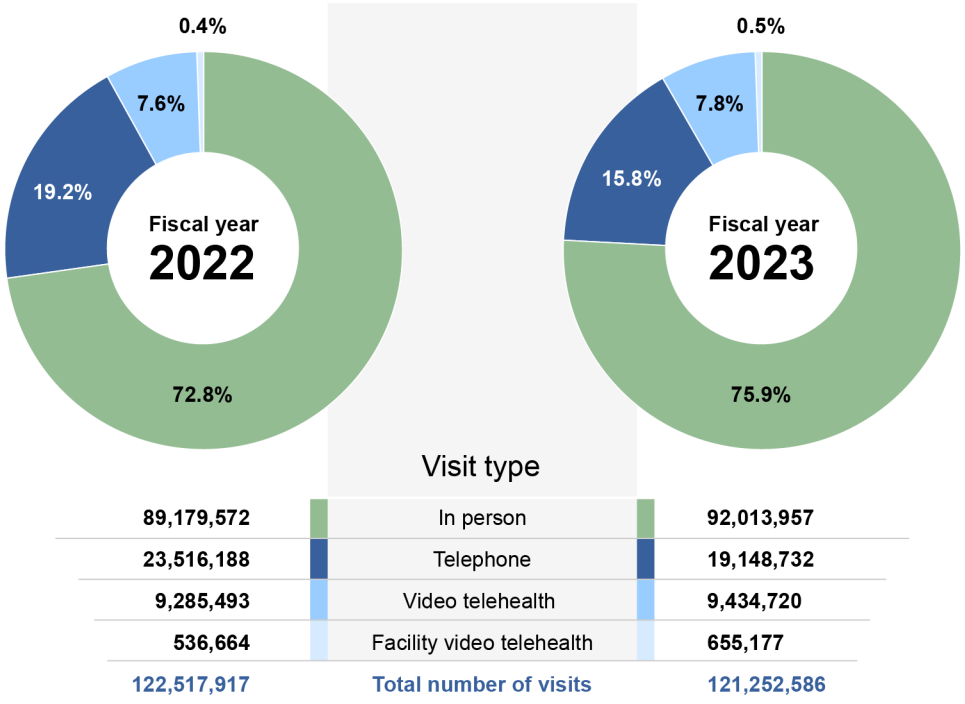
Source: GAO (analysis, illustrations); Veterans Health Administration (information). | GAO-24-106743

During the first several months of the COVID-19 pandemic in 2020, the number of telephone and video visits increased within VHA, while the number of in-person visits decreased, according to VA's Office of Inspector General.[17] As providers adjusted to using video telehealth technology, the number of telephone visits decreased, and the number of

[17]Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Review of Access to Telehealth and Provider Experience in VHA Prior to and During the COVID-19 Pandemic* (Washington, D.C.: Apr. 26, 2023). While VA regulations define telehealth to include the use of telecommunications technologies, VHA officials said that they do not include telephone visits as telehealth for operational or oversight purposes because telephone is not a new technology and therefore does not require educating veterans and providers on its use. The Office of Integrated Veteran Care monitors telephone use as part of its oversight of access to care issues. Telephone visits include veterans' calls to VA Health Connect, a national call center that operates 24 hours a day, 7 days a week to provide veterans with clinical triage and treatment.

video visits continued to rise. VHA data shows that in fiscal years 2022 and 2023, these trends continued. (See fig. 2.)

Figure 2: Number and Percentage of Veterans Health Administration Visits by Type, Fiscal Years 2022 through 2023



Source: Veterans Health Administration. | GAO-24-106743

Note: For the purposes of this report, visits represent any interaction between veterans and VHA providers. For example, a telephone visit captured in this data could reflect a follow-up call about test results or a call to a nurse triage line; similarly, an in-person visit could consist of a veteran presenting at a VA facility for lab work or a flu shot only. VHA identifies telephone, video telehealth, and facility video telehealth visits using codes and other information documented in veterans' medical records; in-person visits are presumed to be in person because they lack codes that would indicate otherwise. Video telehealth refers to veterans connecting from their homes or other non-VA locations using VHA's video telehealth app. Facility video telehealth refers to veterans connecting by video from one VHA facility to providers located at other VHA facilities.

The Office of Connected Care is responsible for supporting the development and maintenance of telehealth services throughout VHA. The office also oversees guidance and training modules for telehealth staff to ensure telehealth services delivered at VA medical centers and outpatient clinics meet requirements for quality, safety, and security.

VA's Veterans Experience Office assesses veterans' experiences across VA benefits. This office fields surveys to random samples of veterans

following their visit with VA for various services or benefit programs to gather information on their experiences. The Veterans Experience Office's surveys include those of veterans' experiences with more than 35 health care services, including VHA and community care.

VHA's Programs Have Assisted Veterans in Addressing Barriers to Telehealth, but VHA Does Not Measure ATLAS Program Effectiveness

VHA's Digital Divide Consult and ATLAS Programs Have Assisted Veterans in Accessing Video Telehealth

VHA's two telehealth access programs—the Digital Divide Consult and ATLAS Program—are intended to assist veterans who may lack internet-connected devices or broadband. These programs have helped veterans access VHA telehealth and bridge the digital divide, according to documents we reviewed and officials from the Office of Connected Care and selected medical centers, VISNs, and veterans service organizations.

Digital Divide Consult. In 2020, VHA began loaning internet-connected tablets to eligible veterans.[18] VA medical center social workers conduct eligibility assessments for VA tablet loans, which include assessing whether veterans have broadband service to be able to use the Wi-Fi connected tablets in their homes, and to confirm their interest in getting a tablet, according to the Office of Connected Care and VA social

[18]Through the Digital Divide Consult process, VHA providers or other staff refer veterans to VHA social workers, who help veterans determine whether they are eligible to receive VA-issued tablets or refer them to Federal Communications Commission programs that can help them access affordable internet service. The Office of Connected Care tracks the number of veterans referred to the Federal Communications Commission's two discounted internet services programs, the Affordable Connectivity Program and Lifeline. For example, VHA social workers referred 2,139 veterans to the Affordable Connectivity Program and 1,268 veterans to Lifeline in fiscal year 2023. However, because veterans may apply for one of these subsidies through other non-VA avenues, the number of veterans who participate in the programs may be higher, according to officials.

workers.[19] Officials reported that in fiscal years 2022 and 2023 VHA's obligations for tablet loans were about $37 million and $31 million, respectively.

VHA tracks tablets loaned to veterans through several metrics to assess use, including the number of devices loaned, test calls, and VHA video telehealth visits completed, according to Office of Connected Care officials. VHA also has criteria to assess whether veterans are using their tablets, and a process to retrieve any unused tablets.[20] VHA data for fiscal years 2022 and 2023 show that 66 percent of veterans who were loaned devices completed at least one VA video telehealth visit during the same fiscal year.[21] See table 1 for additional information on tablet loan metrics.

Table 1: Digital Divide Consult Tablet Loan Data, Fiscal Years 2022 through 2023

	Fiscal year 2022	Fiscal year 2023[c]
Number of eligibility assessments[a]	41,862	33,178
Number of veterans shipped devices	36,862	27,299
Percentage of eligible veterans shipped an internet-connected device	88%	82%
Number of video telehealth visits under the program[b]	24,506	17,985
Percentage of veterans who received devices and completed at least one visit	66%	66%

Source: Veterans Health Administration (VHA). | GAO-24-106743

[19]In 2020, the Office of Connected Care also began issuing iPhones or iPads to veterans experiencing homelessness who were enrolled in the Department of Housing and Urban Development-VA Supportive Housing Program. According to VHA, the primary goal of this program is to move veterans and their families out of homelessness and into permanent supportive housing while also providing treatment and other services to improve veterans' quality of life. See Department of Veteran Affairs, Office of Inspector General, *Veterans Health Administration Purchases of Smartphones and Tablets for Veterans' Use during the COVID-19 Pandemic* (Washington D.C.: May 2022).

[20]In November 2023, the Office of Connected Care created a centralized dashboard to streamline the tracking process for tablet loans under the Digital Divide Consult program to help ensure that it can retrieve duplicate or unused devices and redistribute them to eligible veterans. Previously, VA medical centers were responsible for recovering tablets from veterans, but the change to track the loans in a central dashboard made it easier to oversee veterans' use of tablets, according to officials from one medical center.

[21]VHA's Office of Connected Care also provided data on test calls conducted at the national level through the device support and help desk teams. For example, in fiscal year 2023, VHA conducted 23,721 test calls to help veterans troubleshoot any issues.

[a]VA medical center social workers conduct assessments to determine whether veterans are eligible to receive VA-issued tablets. Eligibility criteria include whether veterans have existing devices with working cameras, broadband service, and interest in getting tablets, according to VA social workers we spoke with. VHA providers primarily refer veterans to social workers for such consults.

[b]Video telehealth visits refer to veterans connecting to providers from their homes or non-VA locations using VHA's video app.

[c]Officials at a VA medical center told us that the number of eligibility assessments they have conducted has dropped since 2022 and said it may be because many of the veterans who needed tablets have now received them, thus reducing demand.

Officials from the four selected medical centers and VISNs, as well as representatives from the selected veterans service organizations in our review, told us that tablet loans have helped eligible veterans who did not have internet-connected or other compatible tablets access VHA telehealth. They added that tablets also helped veterans avoid barriers that transportation, affordability challenges, and medical conditions may present. For example:

- **Transportation challenges.** Tablet loans helped enable veterans to have telehealth visits and avoid having to travel long distances to VA facilities for in-person visits, especially for short visits or follow up visits, according to officials from two medical centers. Some veterans may not own cars or live in areas with poor public transportation, which makes traveling for in-person care more difficult, according to officials from two medical centers. Officials from one of these medical centers noted some veterans preferred using their VA-issued tablets to have telehealth visits because their VA facilities are located in areas with heavy traffic or limited parking.
- **Affordability challenges.** Loaning tablets to veterans can help those who may be unable to afford devices with working cameras, such as veterans in lower-income households, according to officials from one VA medical center. They added that some veterans who may have older tablets or phones and cannot afford upgrades benefit from loaned tablets through the program. Tablet loans can also help veterans who are experiencing unstable housing access VHA care, according to officials from another medical center. Internet-connected tablets can also help veterans who may be unable to afford internet plans with the necessary bandwidth to connect to a video telehealth visit, according to officials from one medical center.[22]

[22]The Office of Connected Care has agreements with Verizon and AT&T and plans to enter into a formal agreement with T-Mobile in 2024, to allow veterans to use the VHA's video app on their personal or VA-issued devices without incurring data charges, in accordance with the CARES Act.

- **Medical conditions.** VA-issued tablets with screens larger than veterans' personal phones have also allowed veterans with visual impairments to participate in VA medical centers' blind rehabilitation programs, according to officials from one VISN and three medical centers. Moreover, VA-issued tablets can help veterans who needed additional devices to access evidence-based treatments, such as for suicide prevention or post-traumatic stress disorder, according to officials from all four VA medical centers.

  Tablets can also benefit veterans with chronic conditions, or with limited mobility, according to officials from one VISN. For example, homebound veterans such as those receiving palliative and geriatric care were able to have video telehealth visits with their VHA providers with their caregivers present to provide support, according to social workers from one medical center. Some veterans also received tablets with medical device accessories, such as blood pressure cuffs, which allowed providers to monitor their health conditions more closely, according to officials from two medical centers.

However, officials from one selected medical center located in a rural area noted that tablet loans did not help those veterans who did not have broadband connectivity available at home. Those veterans would not be eligible for a Digital Divide Consult tablet.

ATLAS Program. VHA established the ATLAS Program as a pilot in 2019, partnering with non-VA entities to provide private spaces where veterans who may have limited or no broadband, including those residing in rural areas, can have video telehealth visits with VHA providers. ATLAS sites can connect veterans with VHA providers in various clinical specialties, such as primary care, mental health, and nutrition, according to Office of Connected Care officials (see fig. 3).

Figure 3: Example of an Accessing Telehealth through Local Area Stations (ATLAS) Site

Source: Veterans Health Administration. | GAO-24-106743

Note: Photo depicts a room used in the Department of Veterans Affairs (VA) ATLAS program. This non-VA site has equipment that eligible veterans can use for video telehealth visits with VA providers.

Of the 24 sites that were active in fiscal years 2022 and 2023, 14 had no visits, according to VHA. As of April 2024, Office of Connected Care officials said they are proposing the deactivation of six sites at the request of their affiliated medical centers, given the lack of use—including five Walmart sites that only offered four available appointment times each week. The office has also deactivated another site, bringing the total number of active sites to 17.[23] See table 2 for information on the 24 ATLAS sites active in fiscal years 2022 through 2023.

[23]Of the seven sites that VHA either deactivated or was in the process of deactivating, five had zero visits and the other two had five visits or fewer.

Table 2: Location, Hosts, and Visits for the ATLAS Program Sites, Fiscal Years (FY) 2022 through 2023

Location	Host	FY 2022 visits	FY 2023 visits
Los Banos, CA	Veterans of Foreign Wars	85	129
Emporia, KS	American Legion	17	24
Gowanda, NY	Veterans of Foreign Wars	32	6
Eureka, MT	Veterans of Foreign Wars	9	23
Athens, TX	Veterans of Foreign Wars	2	5
Boone, NC[a]	Walmart	5	0
Waynesburg, PA	Greene County Veterans Service Office	2	1
Wickenburg, AZ	American Legion	1	1
Missoula, MT	University of Montana	0	1
Ocean View, HI[a]	Ocean View Community Health Center	0	1
Springfield, VA	American Legion	0	0
Linesville, PA[a]	Veterans of Foreign Wars	0	0
Greenwood, SC	Greenwood County Veterans Center	0	0
Abbeville, SC	Abbeville County Library	0	0
Bozeman, MT	Montana State University	0	0
Tinian, MP[b]	Tinian Community Health Center	0	0
Saipan, MP[b]	Kagman Community Health Center	0	0
Tinian, MP[b]	Tinian Health Center	0	0
Rota, MP[b]	Rota Health Center	0	0
Saipan, MP[b]	Saipan Community Guidance Center	0	0
Keokuk, IA[a]	Walmart	0	0
Howell, MI[a]	Walmart	0	0
Asheboro, NC[a]	Walmart	0	0
Fond du Lac, WI[a]	Walmart	0	0
Total		**153**	**191**

Source: Veterans Health Administration (VHA). | GAO-24-106743

[a]This table lists the 24 Accessing Telehealth through Local Area Stations (ATLAS) sites that were active in fiscal years 2022 and 2023. As of April 2024, VHA proposed deactivating six of the listed sites, including the five Walmart sites and the Linesville site. VHA also deactivated the Ocean View Community Health Center site, according to VHA officials, bringing the total to 17 active sites.

[b]MP stands for Northern Mariana Islands.

Among the 10 sites that had veteran visits in fiscal years 2022 and 2023, officials we spoke with from selected VA medical centers, VISNs, and veterans service organizations provided examples of how the sites have helped veterans who used them avoid similar telehealth barriers to those

described above.[24] For example, a representative from one veterans service organization told us that veterans with hearing aids have been able to come in and use the site to connect with their VHA providers and address any issues they were having with their hearing aids.

Some veterans have also benefited from having certain visits at ATLAS sites, which prevented them from needing to travel to VHA facilities for short (e.g., 15 minute) in-person visits, according to officials from one medical center and two veterans service organizations that host ATLAS sites. Officials from another medical center located in a rural area that oversees an ATLAS site told us that one benefit of ATLAS has been reducing travel time to receive care, especially during the winter, when driving may be more difficult. For example, one veteran was able to have a telehealth visit with a VHA provider at an ATLAS site and get a prescription on the same day during the winter when local providers were not available for an in-person visit, according to a representative of a veterans service organization that hosts an ATLAS site. In addition, veterans with limited digital proficiency were able to ask questions and receive technical assistance from ATLAS site attendants to begin their visits, according to the representatives of the two veterans service organizations that host ATLAS sites and officials from one VISN. Officials from one medical center noted its ATLAS site is staffed with an attendant who has assisted veterans in unlocking the site and finding their access codes.[25]

Officials from the Office of Connected Care told us they recognize that some veterans may still not be aware of the availability of ATLAS sites, which could contribute to low use.[26] Similarly, officials from two medical centers and three veterans service organizations told us that veterans continue to lack awareness of the availability of ATLAS sites for telehealth visits. A representative from one veterans service organization told us

[24]Veterans who may not be eligible for internet-connected tablet loans, such as those veterans located in areas with no broadband service, can come to ATLAS sites to connect with VHA providers, depending on their location.

[25]When scheduling visits at ATLAS sites, VA issue codes to veterans that they use to begin their virtual visits, according to Office of Connected Care officials.

[26]Officials from one medical center told us that a primary focus of the facility is its ATLAS awareness campaign, which included mass mailings and physician champions, to let veterans know the sites are available to use. In addition, the office of Connected Care officials also told us the office had planned several promotional activities during the rollout of the ATLAS pilot, such as on-site events, but these events were canceled due to the COVID-19 pandemic.

that the ATLAS site the organization hosts has had low numbers of visits in part because many veterans are not aware that the program exists.

To help raise veteran awareness and use of the ATLAS Program, the Office of Connected Care developed and updated promotional materials in fiscal years 2022 and 2023, and makes them available to VHA medical center staff and ATLAS site hosts to help promote the program. For example, in June 2022, the Office of Connected Care published an ATLAS "playbook" to provide a framework to support VISNs and medical centers in implementing and sustaining sites. Office of Connected Care officials told us that, in December 2023, the office updated the ATLAS Promotional Toolkit materials, which were originally published in 2021. The toolkit includes customizable brochures that VA medical centers and their affiliated ATLAS sites can use to advertise the services to veterans, according to Office of Connected Care officials. Further, when setting up a new ATLAS site, Office of Connected Care officials told us they meet with VA medical centers' public affairs officers to help ensure that medical center officials have the knowledge and tools to promote ATLAS and tailor outreach. We discuss the importance of assessing the effectiveness of these types of program activities below.

In addition to the Digital Divide Consult and ATLAS programs, we found that VA has taken other actions in recent years to help address ongoing barriers to video telehealth access for veterans and support their use of VHA's telehealth programs.[27] For example, the Office of Connected Care supported the opening of Virtual Health Resources Centers—which are technology help desks located at certain VA medical centers—to help medical center staff and veterans with limited digital proficiency, including with VA-issued tablets. See appendix II for examples of VA's actions taken since 2022 to address specific ongoing barriers to telehealth that it identified.

[27]Department of Veteran Affairs, *Congressionally Mandated Report: Assessment of Barriers Faced by Veterans in Accessing Telehealth Services* (Washington, D.C.: August 2022). Pub. L. No. 116-171, § 701(d), 134 Stat. 778, 826 (2020). VHA had identified and made efforts to address barriers to telehealth in prior years; for the purposes of this report, we are focusing on improvement efforts beginning with fiscal year 2022.

VHA Is Making Changes to the ATLAS Program to Improve Telehealth Access, Including Transitioning to a Grant Program

According to Office of Connected Care officials, VHA is making changes to the ATLAS Program to help improve telehealth access for veterans. Such changes include incorporating sites at non-VA locations that pre-dated ATLAS into the program so they can take advantage of additional resources and developing a new process for VA medical centers to propose new sites. For example:

- **Sites at non-VA locations.** Prior to the ATLAS Program, veterans could connect to VHA providers from select non-VA locations, such as an assisted living facility, universities, or correctional facilities. The Office of Connected Care inventoried 158 of these non-VA sites and plans to incorporate some sites into ATLAS on a rolling basis, as appropriate. Officials told us that the Office of Connected Care is working with the VISNs to determine which sites may be interested in becoming part of the ATLAS Program. Such sites that opt to do so would then be able to use the ATLAS scheduling system to view visit availability for any active ATLAS site through a zip code search, access the 24/7 Office of Connected Care help desk, and receive training for site attendants. In addition, these sites can use VHA's promotional materials and assistance and be listed on VHA's public ATLAS Program webpage to make it easier for veterans to find sites available near their them.[28] For example, in 2022, VHA incorporated two of these sites, located at University of Montana and Montana State University, into the program. As of April 2024, the office has not added any additional sites, according to Office of Connected Care officials.
- **New ATLAS site selection process.** In June 2023, VHA developed a decision memorandum and assessment guidance for individual VA medical centers to propose new sites. The decision memorandum directs medical centers considering proposing new sites to conduct market analyses to determine local demand and community needs. Further, the assessment guidance provides factors for medical centers to consider, including rurality of location, geographic factors such as toll roads or lack of public transportation, and number of enrolled veterans within a 30-minute drive of location. As of April 2024, one VA medical center had proposed a new ATLAS site and additional data requests were in process, according to Office of Connected Care officials.

In addition to the changes described above, Office of Connected Care officials said that they will transition the ATLAS Program from a pilot

[28]See https://telehealth.va.gov/facility-locator, accessed May 8, 2024.

program to a grant program as part of their implementation of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.[29] This transition may result in opening more ATLAS sites. The act requires VHA to award grants to expand telehealth capabilities for veterans, including, to the extent practicable, those residing in rural, highly rural, or medically underserved areas.[30] Officials from the Office of Connected Care told us that it planned to publish a notice of proposed rulemaking for public comment in fiscal year 2024 and award telehealth grants in fiscal year 2026.[31] The projected time frames for publishing the notice and awarding the grants are dependent on the internal review process, according to officials. As of May 2024, the office had not yet published this rulemaking notice. According to the Office of Connected Care's fiscal year 2024 strategic plan, such grants will be awarded to non-VA entities, including other federal agencies and private organizations, to establish new ATLAS sites. Officials noted that potential grantees will need approval from VA medical centers before applying for such grants.[32]

With the anticipated transition of ATLAS to a grant program, Office of Connected Care officials said they plan to continue raising awareness of the program to help increase veteran use, such as by hosting informational webinars. In addition, officials said they plan to host virtual public forums to address questions and comments, such as those related to the funding opportunity notice.

[29]According to officials from the Office of Connected Care and one veterans service organization, the pilot program has primarily used donated equipment. The grant program is intended to help further support the expansion of telehealth capabilities and infrastructure.

[30]Pub. L. No. 116-171, § 701(a)-(b), 134 Stat. 778, 825 (2020). According to VHA's Office of General Counsel, VHA has generally interpreted its statutory authority to include rulemaking for new agency programs and initiatives.

[31]This planned regulatory action was not included in the Fall 2023 or Spring 2024 Unified Agenda of Regulatory and Deregulatory Actions.

[32]Officials from the Office of Connected Care told us that the office anticipates that interested grantees will work closely with individual VA medical centers to establish and maintain ATLAS sites. In addition, the office expects potential grantees to consult with local facilities to ensure proposed sites are based on various factors, such as distance to VA outpatient clinics. Before moving forward with establishing sites, medical centers would need to approve grantees' proposed locations.

VHA Does Not Measure ATLAS Program Effectiveness on an Ongoing Basis

The Office of Connected Care has identified the overall purpose of the ATLAS Program as "enhancing veterans' accessibility to VA health care, including rural veterans," but it has not measured the success of the program in achieving that purpose on an ongoing basis. Officials described actions to collect information on ATLAS sites, but these actions did not include ongoing measurement of the ATLAS Program's effectiveness. For example:

- The office tracks the number of visits at ATLAS sites and collects qualitative information on veterans' experiences related to their visits, but does not have an expected number of visits to compare these data to, according to Office of Connected Care officials. (Veterans' level of satisfaction with telehealth is discussed later in this report.)
- In 2021, VA "paused" the ATLAS pilot to conduct a strategic assessment. This assessment, published in May 2022, reflected perspectives on ATLAS site implementation and operations from sites' self-assessments, as well as discussions with VISN and VA medical center staff and listening sessions with ATLAS site hosts. The assessment also included lessons learned, such as identifying new sites based on market analyses, needs assessments, and other factors. Following the strategic assessment, Office of Connected Care officials said they issued individual reports with site-specific recommendations to each VA medical center. Officials said they encouraged adoption of lessons learned and recommendations, but implementation was the responsibility of individual VA medical centers and their associated ATLAS sites.[33]
- In April 2024, officials told us that the Office of Connected Care and VHA's Health Services Research & Development Service are planning to conduct a multi-year evaluation of the ATLAS Program.[34] Officials told us the evaluation will examine veteran-centered outcomes like veteran use and experiences, as well as several factors that affect the ATLAS Program, such as sustainability. However, this evaluation will assess a sample of ATLAS sites and provide a snapshot of their effectiveness.

Office of Connected Care officials have taken important steps to gather program information, but they have not developed national-level performance goals and related measures that would allow them to assess

[33]Department of Veterans Affairs, Veterans Health Administration, *ATLAS Pilot Program: Strategic Assessment Outcomes and Recommendations*.

[34]Office of Connected Care officials told us that the estimated fiscal year 2024 funding amount for this evaluation was $497,765.

the effectiveness of the ATLAS Program on an ongoing basis. Rather, Office of Connected Care officials told us that VA medical centers are primarily responsible for developing performance measures individualized to their sites and geographic needs to help assess their effectiveness. For example, the Office of Connected Care's decision memorandum for VA medical centers to propose new ATLAS sites includes sample qualitative and quantitative measures intended to help the medical centers determine appropriate measures to consider for overseeing new sites, such as clinical outcomes and site use. In addition, Office of Connected Care officials told us that VA medical centers are to complete self-assessment forms on their sites, such as general challenges or progress on meeting local site metrics, if any. Officials noted that they review these forms and encourage discussion of the information in the self-assessment at monthly ATLAS office hours. However, Office of Connected Care officials told us that the office does not use the self-assessments to assess effectiveness of the ATLAS sites nationally.

Officials from the two medical centers we spoke with that had ATLAS sites told us they had not developed performance measures for their sites. Officials from one of these medical centers stated that the facility does not have site-specific metrics in place to formally monitor visits or veteran satisfaction in part due to the low number of visits the site has had to date. This medical center plans to monitor the site through metrics such a number of visits after it conducts an awareness campaign to increase site usage. Officials from the other medical center told us that the facility tracks the number of visits but has not identified quantitative metrics to evaluate the site's success, such as targets for use. In addition, a representative from the veterans service organization that hosts of one of these sites noted that the medical center did not have any site-specific metrics or processes to evaluate success.

In our prior work, we identified leading practices for performance management, including three key steps to help organizations measure and assess programs: (1) setting performance goals to identify the results organizations seek to achieve; (2) collecting performance information to measure progress; and (3) and using the information to assess results and inform decisions to ensure further progress towards achieving

goals.[35] Leading practices also state that organizations should set performance goals and measures that are objective, measurable, and quantifiable.[36]

Developing performance goals and related measures for the ATLAS Program would allow the Office of Connected Care to use them to assess ATLAS Program effectiveness as it transitions from a pilot to a grant program. For example, the Office of Connected Care could set goals and related measures to help monitor and address low ATLAS site usage. Because the office already tracks the number of visits at each site, a goal could be to increase video telehealth usage by veterans at those sites over a 5-year period. A related measure could then be a targeted percent increase in completed visits per ATLAS site. Another performance goal and related measure could involve tracking promotional strategies and awareness campaigns to determine how many veterans are reached. The office could then track the program's progress against these performance goals to give officials relevant information to determine whether any changes are needed to improve the effectiveness and efficiency of particular ATLAS sites and the program overall. In addition, national performance goals and related measures would help VA medical centers develop any site-specific metrics consistent with program goals and identify opportunities for improvement, such as seeking tailored assistance from the Office of Connected Care.

[35]GAO-23-105460. The Government Performance and Results Act of 1993 (GPRA) created a federal performance planning and reporting framework. Pub. L. No. 103-62, 107 Stat. 285 (1993). The GPRA Modernization Act of 2010 (GPRAMA) amended and significantly expanded the framework to address a number of persistent federal performance challenges, including focusing attention on crosscutting issues and enhancing the use and usefulness of performance information. Pub. L. No. 111-352, 124 Stat. 3866 (2011). In addition, the Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act), created a framework for federal agencies to take a more comprehensive and integrated approach to evidence building, and to enhance the federal government's capacity to undertake those activities. Pub. L. No. 115-435, 132 Stat. 5529 (2019). Several of the Evidence Act's evidence-building requirements are directly tied to performance planning requirements in GPRAMA.

[36]GAO-23-105460, GAO-23-105855, GAO-23-105399, and GAO-21-24.

VA Surveys and Other Assessments Indicate That Veterans Are Generally Satisfied with the VHA Health Care They Receive via Telehealth

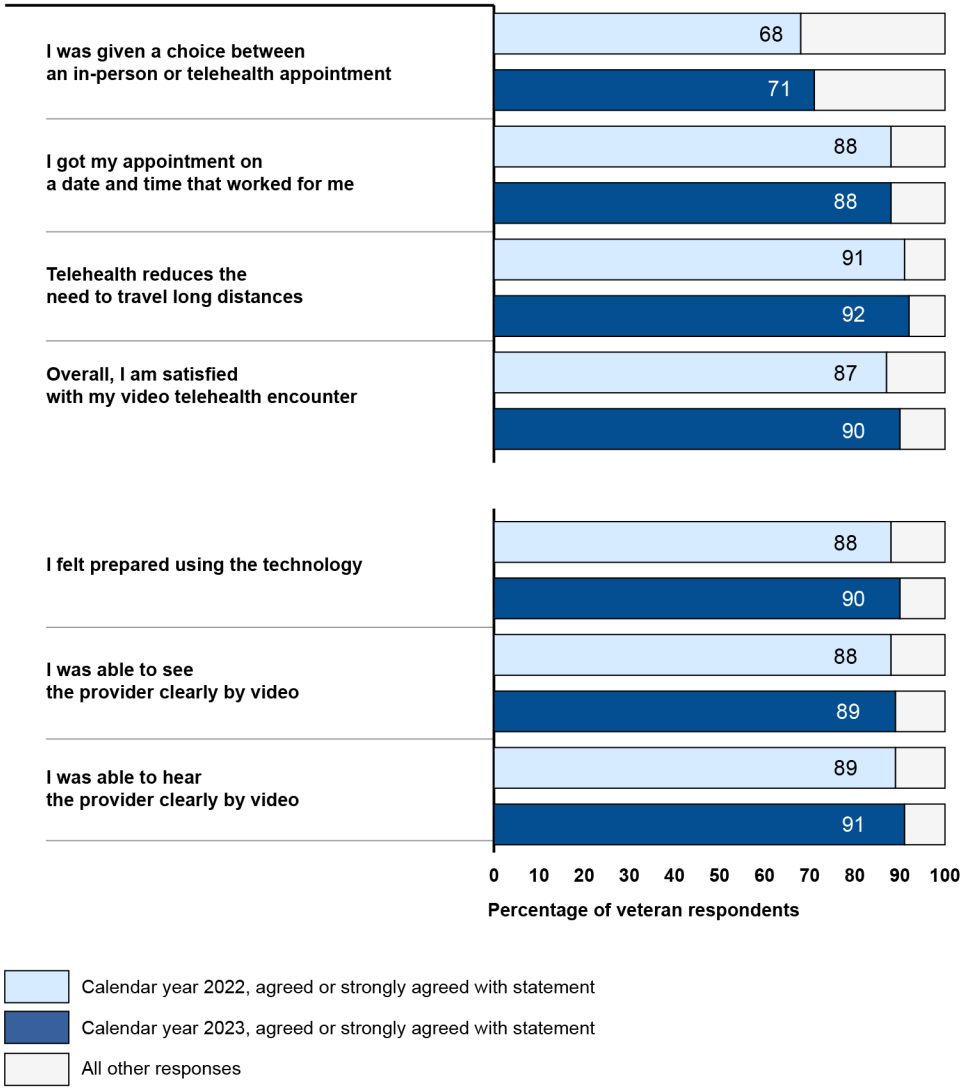
Veterans who have had at least one video telehealth visit were generally satisfied with care provided via video, according to VA surveys and assessments from 2022 and 2023, as well as officials and representatives we spoke with from VHA and all four selected VA medical centers and three of our four selected veterans service organizations.

Data from the Veterans Experience Office's surveys on veterans' experience and satisfaction with video telehealth, including scheduling visits and the visits themselves, generally reflect a high level of veteran satisfaction.[37] For example, data from surveys sent to representative samples of veterans after they completed video visits show that, in calendar year 2023, 90 percent of veterans who responded agreed or strongly agreed that, overall, they were satisfied with their visits.[38] In addition, over 85 percent of veteran respondents agreed or strongly agreed that they would recommend video telehealth to other veterans in both calendar years 2022 and 2023. Officials from the Veterans Experience Office noted that response rates to telehealth surveys—which are about 16 percent—fall within the range of response rates for health care satisfaction surveys generally. These officials told us that they have made some changes to try to increase response rates, such as changing the wording of certain questions or changing the email message that contains the link to the survey. Given this response rate, the extent to which veterans who have had telehealth visits but did not respond to surveys share these views is unknown. (See fig. 4 for veteran survey respondents' satisfaction with selected aspects of video telehealth for calendar years 2022 and 2023.)

[37]VA's Veterans Experience Office captures veteran feedback through surveys on health care, veterans' compensation and pension benefits, and other programs across the department.

[38]The Veterans Experience Office fields several surveys on veterans' experiences with telehealth, including with the scheduling process and visits. Surveys include questions about veterans' satisfaction with various aspects of scheduling and visits on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). In addition to overall satisfaction with telehealth visits, surveys also include questions such as whether veterans were given a choice between having in-person or telehealth visits and whether they could see and hear health care providers clearly. According to Veterans Experience Office officials, surveys are fielded via email to representative samples of veterans selected by statisticians. Veterans are not surveyed more than once in a 30-day period.

Figure 4: Veterans' Satisfaction with Video Telehealth, by Selected Survey Questions, Calendar Years 2022 through 2023



Source: Department of Veterans Affairs. | GAO-24-106743

Note: The Veterans Experience Office fields several surveys on veterans' experiences with video telehealth, including with the scheduling process and visits. Survey questions use a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree. Officials from the Veterans Experience Office noted that response rates to telehealth surveys—which are about 16 percent—fall within the range of response rates for health care satisfaction surveys generally. Given this response rate, the extent to which veterans who have had telehealth visits but did not respond to surveys share these views is unknown.

The Veterans Experience Office also fields a survey specific to ATLAS visits; however, officials noted that their office did not have any results for this survey for fiscal years 2022 and 2023 because the random survey emails sent did not yield any completed surveys. Officials from VHA's Office of Connected Care told us that, in January 2024, the Veterans Experience Office launched a new option for the ATLAS satisfaction survey that allows veterans to provide feedback immediately after their appointments via a survey link that pops up after their visits.[39] Officials noted that some questions in the new ATLAS survey are similar to those in the video telehealth surveys, with additional questions specific to ATLAS.

In 2022, the Veterans Experience Office, in partnership with the Office of Connected Care, released a report on the ATLAS Program.[40] This "insight" report contained perspectives on the ATLAS Program collected from focus groups of 92 veterans, as well as groups of VA medical center staff and ATLAS site hosts. The 2022 insight report includes statements from individual veterans that participated in focus groups on the benefits of, and concerns with, accessing VA telehealth at ATLAS sites. Statements on the benefits of using ATLAS sites generally reflect the following:

- Veterans appreciate that they do not have to make long drives to VHA facilities.[41]
- Veterans like that they do not have to hold smartphone or tablets in front of them for the duration of a visit (as they must do with their personal devices when having a video visit at home).
- Veterans thought that ATLAS locations would be good options for those individuals caring for children or other family members, those in abusive relationships, or those who may want to keep their health information private from household members.

[39]According to Office of Connected Care officials, these links are intended to capture the perspectives of veterans who might not respond to emailed surveys because they lack broadband at home.

[40]Department Veterans Affairs, Veterans Experience Office, *VA Telehealth 2022 Insight Report: Accessing Telehealth through Local Area Stations (ATLAS)*. According to the Veterans Experience Office, it reached out to 471 veterans; 92 ultimately agreed to provide their perspectives.

[41]In its ATLAS insight report, the Veterans Experience Office noted that focus group participants lived an average of 93.5 miles away from their nearest VA health care facility (medical center or community-based outpatient clinics).

Some veterans participating in focus groups for the 2022 ATLAS insight report expressed concerns about the location of certain ATLAS sites. For example, statements expressing concern included that ATLAS sites located in veterans service organization buildings that have bars may not be appropriate for veterans with substance use disorders; in addition, such buildings that allow smoking may exacerbate certain medical conditions.

VHA officials we spoke with, including those at the four selected VA medical centers in our review, generally agreed that veterans were largely satisfied with care provided by video telehealth. For example, officials from two medical centers, including telehealth staff and social workers, told us that veterans appreciate the convenience of video telehealth, especially for bedridden patients and those veterans whose families are involved in their care. In addition, veterans who live longer distances from VHA facilities appreciate that telehealth saves them gas money and from needing to find parking for VA facilities located in metropolitan areas. Officials from two of our selected medical centers and one VISN told us that for veterans who expressed dissatisfaction with VHA telehealth services in their satisfaction survey responses, medical center staff will follow up with these veterans to help address their concerns.

Representatives from selected veterans service organizations we spoke with also provided their perspectives on veterans' satisfaction with telehealth, which they indicated was good. For example, according to a representative of one veterans service organization that hosts an ATLAS site affiliated with one of our selected medical centers, veterans who have used the site have been happy with the care received and the level of privacy they could maintain while using the site. However, representatives from three veterans service organizations, including another ATLAS site host, noted that many veterans were not aware of the availability of ATLAS sites.

VA and VHA officials from all four VA medical centers noted that some veterans will always prefer in-person visits. The Veterans Experience Office previously identified three types of veterans: (1) those who will always prefer in-person visits, (2) those who will always prefer video telehealth, and (3) those for whom visit type depends on visit purpose. Officials from three medical centers and one VISN told us that they try to accommodate veterans' preferences for visit types for which telehealth is an option. However, some veterans may need to have video visits to access specialists who are not available in their areas, according to officials from all four medical centers. For example, officials from one

medical center noted that the medical center partnered with another medical center in the VISN that did not have an allergist to provide allergy care via telehealth to it. For such veterans, in cases where in-person visits are available with providers in the community sooner than telehealth visits with VHA providers, veterans can opt for community visits, provided they meet eligibility criteria for community care.[42]

VHA Has Processes in Place to Monitor the Quality of Its Telehealth Services and Is Developing a Framework to Assess Veterans' Health Outcomes

To support the delivery of high-quality care, VHA has established processes to monitor elements of the quality of its broader telehealth services, such as safety and timeliness, on a regular basis. VHA also has efforts underway to assess telehealth's relationship to veterans' health outcomes. Officials from the Office of Connected Care told us that, because there are no widely accepted measures for assessing outcomes of care delivered by telehealth compared to in-person care, VHA has identified potential measures that are candidates for further evaluation.

VHA Assesses the Quality of Video Telehealth by Regularly Monitoring Its VISNs

The Office of Connected Care monitors certain aspects of the quality of its video telehealth services provided at VA medical centers and outpatient clinics located in VISNs. In particular, the office monitors the safety, timeliness, and patient-centeredness of care provided via telehealth using two main tools: Conditions of Participation Standards and

[42]Under the Veterans Community Care Program, veterans are eligible for community care when (1) VA does not offer the care or service required by the veteran; (2) the veteran resides in a state without a full service VA medical facility; (3) the veteran would have been eligible under the 40-mile criterion of the Veterans Choice Program before June 6, 2018; (4) VA cannot provide the veteran with care and services that comply with its designated access standards; or (5) the veteran and the veteran's referring clinician agree that it is in the best interest of the veteran to receive care in the community. Further, VA may authorize community care when VA determines that it is not providing certain care that complies with its quality standards. In addition to these criteria, veterans must either be enrolled in VA health care or eligible for VA care without needing to enroll, and in most circumstances, veterans must receive approval from VA prior to obtaining care from a community provider. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395-1404 (2018), codified at 38 U.S.C. §1703(d), (e), and implementing regulations at 38 C.F.R. §§ 17.4000 – 17.4040.

Virtual Care Scorecard measures.[43] See the text box for an example of a standard and associated scorecard measures.

Examples of Office of Connected Care Standards, Criteria, and Measures

Standard: Executive leadership. Telehealth modalities are considered a viable, strategic clinical option and are included in all planning to ensure veterans are offered types of telehealth that include the delivery of safe, effective, and efficient veteran care.

- **Criterion:** Telehealth types are integrated into VHA's regional networks' and facilities' official strategic plan to deliver care.
- **Criterion:** Infrastructure and resources are adequate and available to support the capacity to mobilize safe and effective clinical care.

Virtual Care Scorecard measures relating to the standard:

- **Any telehealth use**. The percentage of veterans who used any telehealth**.**
- **Video telehealth use.** The percentage of veterans who used video telehealth.

Source: Veterans Health Administration (VHA). | GAO-24-106743

- **Conditions of Participation Standards.** The standards address five areas: executive leadership, staffing, veteran-centric care, business acumen, and technology. Each standard includes a set of criteria and examples of evidence VISNs may be required to show for having met the standard. For the staffing area, criteria include, for example, recommended VISN and medical center staffing minimums for telehealth programs and mechanisms for VISNs to conduct audits of their medical centers' scheduling procedures and staff workloads. To document compliance with the standards, each VISN submits an annual self-assessment indicating the implementation status of each standard.
- **Virtual Care Scorecard measures.** These 46 measures, 14 of which are relevant to video telehealth, each fall under one of the five conditions of participation standards. Measures monitor various facets of telehealth, such as access and veteran satisfaction.[44] The Office of Connected Care sets annual benchmarks for selected measures and meets with each VISN quarterly to discuss scorecard performance. Any VISN that fails to meet the benchmark for at least one measure in a given quarter is required to discuss performance in their next quarterly meeting with the Office of Connected Care. (See appendix III for the five standards, examples of criteria required for meeting each standard, and their associated scorecard measures.)

Office of Connected Care officials told us that they summarize VISN performance on the standards and scorecard measures in an annual quality report. Officials said the office uses the report to inform strategic planning and determine whether changes are needed in telehealth policy.

We reviewed the Office of Connected Care's fiscal year 2023 annual quality report and Quarter 4 scorecard and found that the number of

[43]The National Academy of Medicine (formerly known as the Institute of Medicine) has defined six aims of health care quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity; see Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, DC: The National Academies Press, 2001). For Office of Connected Care tools, see Department of Veterans Affairs, Office of Connected Care, *OCC Conditions of Participation Standards, Criteria, and Evidence (Narrative)*; and Department of Veterans Affairs, Office of Connected Care, *Virtual Care Scorecard Data Definitions* (internal document).

[44]Scorecard measures address executive leadership, staffing, veteran-centric care, business acumen, and technology.

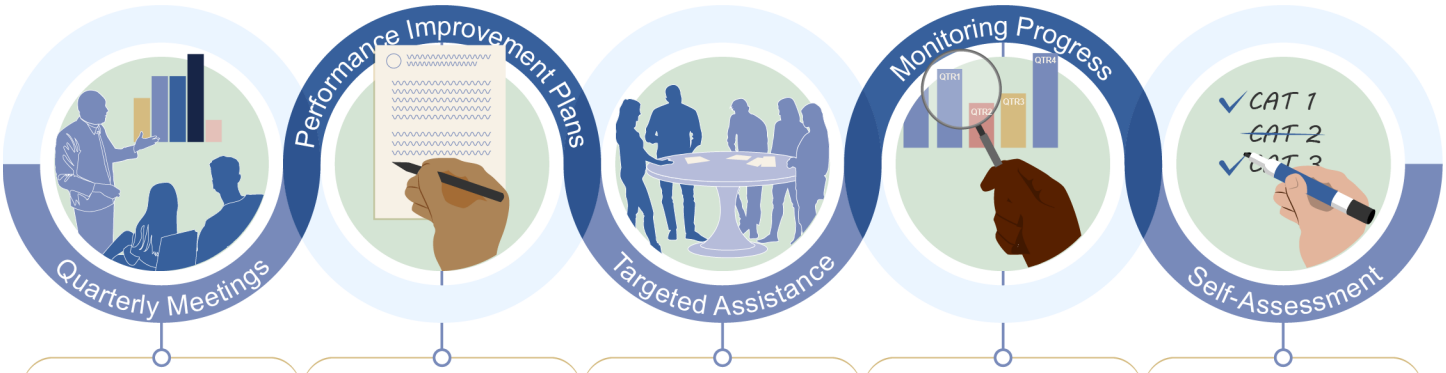
VISNs who met individual standards and benchmarks for scorecard measures varied widely.[45] For example, 17 out of 18 VISNs met criteria for the standard relating to maintaining adequate technology and technical support for veterans, providers, and staff. In contrast, none of the VISNs met the benchmark for a measure assessing whether veterans found it easy to get a telehealth appointment. VISN performance was mixed on a measure assessing whether veterans were given a choice between having a face-to-face or telehealth visit when scheduling an appointment. Seven out of 18 VISNs met the benchmark for this measure; suggested actions for improving performance included developing scripts for appointment schedulers and ensuring veteran preference for appointment type, when available. See appendix III for additional benchmark measure results from fiscal year 2023.

When VISNs do not meet specific standards, the Office of Connected Care requires that they show evidence that they are working toward meeting them, according to officials. Officials also said that the Office of Connected Care provides resources or other assistance to VISNs as needed to help them meet the standards. For example, officials from one medical center said that the office has provided telehealth agreement templates for medical centers to use as models when formalizing arrangements with other medical centers to provide needed specialty care via telehealth to their veterans.

Office of Connected Care officials told us they maintain a collaborative relationship with VISNs to help them meet the quality standards and measure benchmarks for telehealth. For example, the office discusses self-assessments with staff at each VISN, provides regular feedback through quarterly meetings, helps VISNs develop plans to improve performance when they fall short, and offers further assistance as needed to help VISNs ensure their medical centers are providing high-quality video telehealth care. (See fig. 5.)

[45]Department of Veterans Affairs, Office of Connected Care, *Conditions of Participation (COP), Quality Team Report, Fiscal Year 2023*.

Figure 5: Office of Connected Care's Collaborative Approach to Telehealth Quality Management Activities



Source: GAO (analysis, illustrations); Veterans Health Administration (information). | GAO-24-106743

Officials from the four selected VA medical centers or their associated VISNs told us that the Office of Connected Care's quality management processes and collaborative approach help improve veterans' access to and quality of VHA's telehealth services. For example, officials from one VISN told us that the annual self-assessment is useful for identifying areas for improvement, such as ensuring that veterans receive timely follow-up communication after telehealth visits. Officials from one medical center said that reviewing their performance relative to benchmarks regularly helps them track the medical center's progress in relation to the other facilities in their VISN. Officials from another medical center said that the medical center was able to improve performance on a telehealth access measure by opening a Virtual Health Resource Center, which provides in-person technical assistance to veterans and providers, as well as a local help line. This assistance helps more veterans access telehealth services.

Officials from the Office of Connected Care told us that they do not assess care provided by telephone under the telehealth quality management processes described above, citing the fact that VHA does not categorize telephone visits as telehealth. According to officials, VHA's focus is on video telehealth because it is a novel way to deliver health care compared to telephone, and therefore requires additional training and educational resources for both providers and veterans. VHA monitors outcomes for all veteran care—including care provided by telephone, video telehealth, and in person—using the VA MISSION Act of 2018 Quality Standards.[46] These standards assess care across four domains: (1) timely, (2) effective, (3) safe, and (4) veteran-centered care. VHA publicly reports performance rates on these standards by facility, though such rates are not broken down by type of care.[47]

VISN and medical center officials told us that they encourage the use of in-person and video visits over telephone—that is, "eyes over ears"—because observing behavior and living environments is important. Medical center officials stated that they consider telephone visits to be a last resort, reserving these for cases when a veteran is not able to connect by video or come in person. Providers also said that video visits allow them to observe indicators of physical and mental health—such as swelling, facial expression, and even the presence of a caregiver—that cannot be observed via telephone. On the other hand, veterans who are not comfortable with technology, or who live in rural areas lacking broadband access, may find telephone visits easier to access.[48]

[46]VA Standards for Quality, 84 Fed. Reg. 52,932 (Oct. 3, 2019). VA established these standards for quality to satisfy 38 U.S.C. § 1703C, as added by section 104 of the VA MISSION Act of 2018.

[47]VHA officials told us that it would be challenging to separate data from veterans with telephone visits in comparison to in-person or video visits, because most veterans have a mix of visit types across any given time period (for example, veterans have both telephone and in-person visits across a 1-year period). Therefore, the effect of a single telephone visit may be difficult to isolate. Other federal health programs, such as Medicare, began covering telephone (also referred to as audio-only) visits during the COVID-19 pandemic, but to date have not determined how best to assess the quality of care provided by telephone. See, for example, GAO-22-104454.

[48]In addition, to improve veterans' access to providers, in 2020 VHA established VA Health Connect, a national call center staffed 24 hours a day, 7 days a week so that veterans can reach providers by telephone at any time for clinical triage and treatment.

VHA Has Additional Efforts Underway to Assess Veterans' Health Outcomes Associated with Telehealth

The Consolidated Appropriations Act, 2023 required the Office of Connected Care to develop a strategic plan to ensure the effectiveness of VA telehealth and submit a report to Congress by June 2024.[49] The strategic plan the office prepared in response outlines five phases that officials told us they were working through as of March 2024 to evaluate telehealth and its relationship to patient outcomes:

1. Draft a comprehensive evidence synthesis of research literature examining the effectiveness of telehealth in improving patient outcomes.
2. Seek input from VHA clinical program offices about quality and safety indicators that could be applied to telehealth.
3. Initiate a study of strategies to measure the relative effectiveness of telehealth for veterans who receive both telehealth and in-person care.
4. Establish a center to oversee ongoing evaluations of VA telehealth effectiveness.
5. Test measures to determine their applicability for assessing the effectiveness of VHA telehealth and its relationship to patient outcomes.

As of March 2024, the Office of Connected Care had completed phases 1, 2, and 4, and was in the process of addressing phases 3 and 5, according to officials and documentation we reviewed.

- **Evidence synthesis (phase 1).** Within this phase, Office of Connected Care staff synthesized 48 research studies, primarily conducted within VHA. This review found evidence that video telehealth is similarly effective to, or more effective than, in-person

[49]Consolidated Appropriations Act, 2023. Pub.L. No. 117-328, div. U, title I. §. 151, 136 Stat. 4459, 5426 (2022). The act directed VA to submit the strategic plan by December 2023. VA officials told us that the required June 2024 report, which is to contain information on how VA implemented the strategic plan, had not been submitted as of July 15, 2024.

care for treating veterans with a variety of clinical conditions.[50] However, the review also found that there were only a limited number of high-quality studies on the effectiveness of video telehealth for other conditions, suggesting a need for further research to guide future VHA telehealth expansion.[51]

- **VHA clinical program office input (phase 2).** Office of Connected Care officials told us that the office solicited input from VHA's Office of Primary Care and Office of Mental Health and Suicide Prevention on measures they currently use to evaluate the quality of in-person care and discussed their potential application for evaluating patient outcomes related to telehealth care. These discussions yielded a short list of measures to be tested in Phase 5.
- **Study of strategies to measure the relationship of telehealth to patient outcomes (phase 3).** Office of Connected Care officials told us that this activity falls under the purview of the new center established in phase 4 (see below). Officials said VHA staff are identifying approaches to measure outcomes given that veterans can have both telehealth and in-person visits in the same time period.
- **Center to oversee evaluations of VHA telehealth effectiveness (phase 4).** VHA established a Telehealth Effectiveness Coordinating Center early in fiscal year 2024. VA Palo Alto's Center for Innovation to Implementation and leadership from VHA's Health Services Research & Development office oversee and manage the new center's activities. According to the strategic plan, the center will

[50]VHA reviewed over 700 studies and selected the 48 studies that met its inclusion criteria, including 24 high-quality randomized controlled trials, quasi-experimental, or controlled cohort studies; 13 systematic reviews; and 11 VHA evaluations of national specialty telehealth programs. In reviewing these 48 studies, VHA found that mental health care delivered via video telehealth to veterans' homes is similarly effective to, or more effective than, in-person care. This review also found that telehealth delivered via facility video telehealth (i.e., where a veteran goes to a VA facility and connects by video to a provider at another VA facility) was similarly or more effective in comparison with in-person care for clinical conditions including post-traumatic stress disorder, depression, diabetes, Hepatitis B, HIV, and neuropsychological conditions.

[51]The results of VHA's review are similar to those from a systematic review of evidence on the use of telehealth during the COVID-19 pandemic published by the Agency for Healthcare Research and Quality in 2023. This review, which was based on 310 research studies and was not limited to veteran populations, found that telehealth produced similar clinical outcomes as compared with in-person care across a variety of conditions, but that more research was necessary to determine suitability of telehealth for specific patient populations such as those with complex clinical conditions. See Elham Hatef et al., *Use of Telehealth During the COVID-19 Era*, 23-EHC005 (Rockville, Md.: January 2023).

partner with VHA evaluation teams and investigators to track ongoing VHA research projects and use results to update future plans.

- **Pilot testing of telehealth effectiveness measures (phase 5).** The Telehealth Effectiveness Coordinating Center plans to complete pilot testing of a subset of measures to explore their feasibility and suitability to compare telehealth and in-person care outcomes in fall 2024, according to Office of Connected Care officials.

Conclusions

Recognizing the challenges that veterans—including those who reside in rural areas—face, VHA has two programs intended to help veterans better access VHA health care through telehealth. One of these, the ATLAS Program, was designed for veterans who have limited or no broadband connectivity at home and may face barriers like long driving distances to attend in-person visits with VHA providers. This program, which provides private spaces in non-VA locations, has the potential to bridge the digital divide for such veterans. In addition, the Office of Connected Care is making changes to the program, including transitioning from a pilot to a grant program.

Although the Office of Connected Care has conducted a point-in-time assessment, it has not regularly measured whether the program is effective. By developing performance goals and measures for the program and using them to assess performance on an ongoing basis, VHA will be better positioned to determine whether the program is meeting its stated purpose or needs to make strategic changes, such as to its promotional activities and awareness campaigns. Doing so would also enable VHA to monitor whether the changes it implements are effective and efficient in helping to achieve program goals. In addition, national performance goals and related measures would help VA medical centers develop any site-specific metrics consistent with program goals and identify opportunities for improvement, such as seeking tailored assistance from the Office of Connected Care.

Recommendations for Executive Action

We are making the following two recommendations to VHA. Specifically:

The Under Secretary of Health should ensure the Office of Connected Care develops performance goals and related measures for the ATLAS Program that are objective, quantifiable, and measurable. (Recommendation 1)

The Under Secretary of Health should ensure the Office of Connected Care uses the information collected for the performance goals and measures to assess program effectiveness and efficiency on an ongoing basis and make any needed improvements. (Recommendation 2)

Agency Comments

We provided a draft of this report to VA for review and comment. In written comments, reproduced in appendix IV, VA concurred with our recommendations and identified steps it plans to take to implement them. Regarding our first recommendation, VA stated that the Office of Connected Care plans to develop performance goals and related measures for the ATLAS program and agrees that national metrics will add value.

Regarding our second recommendation, VA stated that the Office of Connected Care, along with a VHA research office, has initiated a multi-year evaluation of the ATLAS Program to support its monitoring efforts. VA stated this evaluation will assess a sample of ATLAS sites and provide a snapshot of their effectiveness. As we stated in our report, an ongoing assessment of the program, rather than a snapshot, will best enable VHA to assess the effectiveness and efficiency of any changes it implements. VA also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or hundrupa@gao.gov . Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.

Alyssa M. Hundrup
Director, Health Care

Appendix I: Department of Veterans Affairs Veterans Integrated Service Networks and Medical Centers Selected for Interviews

Table 3: Selected VISNs and VA Medical Centers

VISN	VA medical center location	Geographic region	Facility telehealth use percentage[a]	Rural[b]	ATLAS site
19	Fort Harrison, Montana	West	11.42	Yes	Yes
8	Miami, Florida	South	39.98	No	No
4	Pittsburgh, Pennsylvania	Northeast	19.98	No	Yes
12	Iron Mountain, Michigan	Midwest	8.11	Yes	No

Legend: VISN = Veterans Integrated Service Network; VA = Department of Veterans Affairs; ATLAS = Accessing Telehealth through Local Area Stations.

Source: GAO (analysis); VA (data). | GAO-24-106743

[a]Facility telehealth use is the percentage of average use of video telehealth for all veteran visits across the last quarter of fiscal year 2022 and the first quarter of fiscal year 2023.

[b]We used VA's inventory of medical centers, which includes departmental designations of rurality, to select VA medical centers for this report. VHA uses the Rural-Urban Commuting Areas system to define rurality. The Rural-Urban Commuting Areas system takes into account population density as well as how closely a community is linked socio-economically to larger urban centers.

Appendix II: Additional Department of Veterans Affairs Actions to Address Barriers to Veterans' Telehealth Access

Based on our review of VHA documentation, as well as interviews with officials from VHA's Office of Connected Care, we found that VHA has taken actions in recent years to help address ongoing barriers to video telehealth access for veterans. Table 4 provides examples of VA's actions taken since 2022 to address specific ongoing barriers that it identified.

Table 4: Examples of VA and VHA Actions to Address Barriers to Veterans' Telehealth Access, as of April 2024

Barrier	Description	Examples of actions to address barrier
Limited broadband infrastructure	Veterans, such as those in rural areas, may have limited broadband access or lack the internet connectivity necessary to connect to video visits.	The Department of Veterans Affairs (VA) Office of Information & Technology has ongoing bandwidth modernization efforts to improve connectivity at Veterans Health Administration (VHA) clinics to help veterans access video telehealth, according to Office of Connected Care officials. In 2023, the Office of Information & Technology secured a new contract to enable VHA to upgrade bandwidth performance at VHA clinics to support video telehealth and other services, according to officials from the Office of Connected Care and the Office of Information & Technology.
Technological limitations	Veterans may be able to afford limited internet plans only or lack internet-connected devices to connect to VHA providers via VHA's video telehealth app.	In 2024, the Office of Connected Care stated that, in accordance with the CARES Act, it is undergoing the process to renew existing agreements with Verizon and AT&T and formalize its agreement with T-Mobile, to continue to allow veterans to use the VHA's video app without incurring data charges.[a] In addition, VHA is developing a closed captioning solution for its video app to assist veterans who have impaired hearing. VHA is awaiting security review results as of March 2024, according to Office of Connected Care officials.
Limited digital proficiency	Veterans may not have the digital proficiency or skills necessary to navigate video telehealth or use internet-connected devices.	In 2024, the Office of Connected Care increased staffing levels for its 24-hour, 7-day a week national help desk to expand services to assist veterans and providers with navigating VHA's video telehealth app and troubleshoot issues, according to officials. As of April 2024, the Office of Connected Care supported the opening of 44 Virtual Health Resource Centers at individual VHA facilities to provide hands-on support and training to veterans and medical center staff for the video telehealth app and other virtual care tools and programs, according to the Office of Connected Care officials.[b] The office also plans to support the opening of 31 new Virtual Health Resource Centers in the next year, as of April 2024, according to officials. VHA selected some Virtual Health Resource Centers to pilot peer training programs to help veterans access virtual care, as of April 2024, according to Office of Connected Care officials. The Office of Connected Care plans to evaluate the success of the pilot 6 months after the first peer training program begins. As of March 2024, officials told us that the office is still collaborating with the VA Center for Development and Civic Engagement and the Veterans Benefits Administration to establish evaluation metrics for the pilot and anticipates beginning to recruit potential peer trainers.
Scheduling challenges	Veterans may face challenges related to scheduling video telehealth visits or accessing video links to join visits.[c]	The Office of Connected Care launched the Caregiver Connect Campaign in September 2022, which is intended to educate veterans about the option for caregivers and family members to be included in scheduling video visits, according to officials. The Office of Connected Care launched an app for VA-issued devices in 2023, which officials told us was intended to ease the scheduling process and provide a seamless experience accessing the video telehealth app. For example, the app enables veterans to conveniently join visits directly through links accessible on their loaned device.

Source: GAO (analysis); VHA (information). | GAO-24-106743

[a]See CARES Act, Public L. No. 116-136, § 20004, 134 Stat. 281, 585 (2020). The Office of Connected Care initially established the agreements with Verizon and AT&T in 2019 and 2020, respectively. In addition, Office of Connected Care officials told us that these telecommunications agreements to use VHA's video app without incurring data charges apply to veterans using either personal devices or VA-issued tablets.

[b]VHA's Virtual Health Resource Centers are intended support to veterans, their family members and caregivers, and VHA staff with virtual care tools. Centers are located at VA medical centers and staffed with health technology experts who provide hands-on support and training, as well as troubleshooting help and other services for VHA's video telehealth app, VA-issued and personal devices, and other technology tools. The centers are open for phone, video, and in-person consultations.

[c]GAO has ongoing work examining VHA's scheduling systems, including those for video telehealth visits.

Appendix III: Office of Connected Care Conditions of Participation Standards and Virtual Care Scorecard Measures

To support the delivery of high-quality telehealth services, the Veterans Health Administration's (VHA) Office of Connected Care has developed a set of five Conditions of Participation Standards, each with associated criteria and examples of evidence that can be used to meet the criteria. Table 5 provides a description of each standard and examples of criteria and evidence that support each standard. Each regional network of medical centers and outpatient clinics, known as a Veterans Integrated Service Network (VISN), must conduct a self-assessment by reviewing the criteria and examples of evidence it has and then documenting which standards it has met on an annual basis.

Table 5: Office of Connected Care Conditions of Participation Standards with Examples of Criteria and Evidence, Fiscal Year 2023

Standard	Description	Examples of criteria	Examples of evidence
Executive leadership	Connected Care modalities—types of care available through Connected Care—are considered a viable, strategic clinical option and are included in all planning to ensure all veterans are offered Connected Care modalities that include the delivery of safe, effective, and efficient veteran care.	• Connected Care modalities are integrated into the regional networks' and facilities' official strategic plan to deliver care. • The infrastructure (staffing, technology, training, and space) and resources are adequate and available to support the capacity to mobilize safe and effective clinical care. • The regional network and facility executive leadership, in collaboration with the Quality Management Officer, establish clear expectations for communication, dissemination of information, and the designation of regional network Connected Care or Telehealth Lead(s) and Facility Telehealth Coordinators.	• The regional network and facility Connected Care programs utilize the Office of Connected Care national operational manuals and supplements to set the program's core requirements. • Evidence of data use and program planning, outcome measurement, and development of performance improvement plans. • The regional network and/or facility maintains an organizational chart delineating authority lines for Connected Care staff.
Staff	The regional network and facility executive leadership provide the resources and oversight to ensure Connected Care clinical and administrative staff are qualified, credentialed, trained, appropriately privileged, and sufficient in number to ensure that clinical services can be delivered to veterans using Connected Care.	• Connected Care program staff engage in ongoing professional development and receive training and resource support as needed. • The regional network and facility leadership establishes objective role parameters and measurable workload or staffing assignment parameters based on the veteran population and other program considerations as appropriate for all Connected Care programs.	• Evidence of training records for providers and staff. • Evidence of Connected Care training, competency or skill assessments and performance evaluations that are completed and documented by the local Connected Care program supervisor. • Recommended staffing minimums for Connected Care programs at both the facility and regional network levels.

Standard	Description	Examples of criteria	Examples of evidence
Veteran-centric care	Veterans will experience safe, effective, and efficient care (of their choice) governed by policies, standard operating procedures, and services to support the achievement of positive veteran outcomes using Connected Care modalities.	• The veteran, designated caregiver (and family, as applicable) has a choice in all care and provider choice including delivery methods, VA care, non-VA care, and provider choice of in-person visits or by Connected Care modalities. • Connected Care Leads collaborate with local and regional network Veteran Experience Office staff to address and resolve any Connected Care complaints or grievances that veterans may have. • The facility ensures emergency hand-off procedures are in place to address the management of urgent/emergent medical or mental health issues during any Connected Care visit. • A mechanism is established to regularly audit electronic medical record documentation including consults, orders, verbal consent, treatment plans, progress notes, and encounters to ensure telehealth documentation requirements are being met.	• Veteran verbal consent is documented. • A process or mechanism for handling veteran complaints that occur at the facility and performance improvement plans created (if indicated). • Evidence that urgent medical or mental health emergency handoff procedures are practiced annually, and as needed, to ensure knowledge and understanding of role and responsibility. • Evidence of regular documentation audit and performance improvement plans developed from these audits to address deficiencies.
Business acumen	The regional network and facility require and monitor core clinical processes, business processes (scheduling, coding, workload, consults, etc.), satisfaction, quality, and performance indicators for all Connected Care modalities, and develops appropriate performance improvement plans to optimize veteran care.	• At a minimum, the regional network and facility leadership monitors and evaluates data, including the Virtual Care Scorecard, quarterly, to ensure allocated resources are utilized according to veteran experience, access, and clinical need outcomes. • The facility Connected Care program collaborates with other offices to ensure the appropriate scheduling of appointments, documentation, consult tracking, clinic location coding, and other coding required for both veteran and provider sites of the encounter when appropriate for all Connected Care visits.	• A performance improvement process is utilized to address any data-measure results that are not met and those close to those that are not being met based on the Virtual Care Scorecard and other data reports. • Evidence of a mechanism to audit local scheduling procedures. • Evidence of a mechanism to audit the Connected Care workload to ensure the workload capture is accurate.

Standard	Description	Examples of criteria	Examples of evidence
Technology	There is adequate technology and technical support for veterans, providers, and staff to ensure clinical efficiency and effectiveness when delivering health care.	• The regional network and facility monitor and reconcile technology, equipment, and software usage, including tablet distribution. • The facility follows the nationally vetted guidance for safe and effective utilization of technology, equipment, and software. This includes using software that securely captures and stores data or images for an individual veteran.	• Evidence of regular assessments, tracking or reporting, and follow-up regarding technology, equipment, and software functionality (ensure images and data are not retained within hard drive partitions), bandwidth and connectivity, etc.

Source: GAO (analysis); Veterans Health Administration (information). | GAO-24-106743

Each of the five standards described in table 5 is linked to one or more Virtual Care Scorecard measures, which VHA uses to quantitatively assess VISN performance. Table 6 lists measures applicable to VHA video telehealth (which refers to veterans connecting remotely with VHA providers from their homes or other non-VHA locations), and facility video telehealth—where a veteran may travel to a medical center or other VHA facility to connect remotely with a VHA provider at another location. Performance rates on measures, which VHA generally calculates as percentages, are reported at the VISN level using data on telehealth services and operations as well as survey responses from veterans and providers about their experiences with telehealth. The table also shows the national performance rate for each measure, the benchmark percentage that the Office of Connected Care set as a target for fiscal year 2023, and the number of VISNs (out of a total of 18) who met or exceeded the benchmark in the fourth quarter of that fiscal year.

Table 6: Office of Connected Care Virtual Care Scorecard Measures and Veterans Integrated Service Networks Performance Rates for Veterans Health Administration Video Telehealth, Fiscal Year 2023-Quarter 4

Standard	Measure(s)	National average (percentage)	Benchmark set by VHA (percentage)	Number of VISNs who met or exceeded benchmark[a]
Executive leadership (access)	Percentage of veterans who participated in any type of VHA telehealth (including non-video telehealth)[b]	41.2	35.0	14
	Percentage of veterans who participated in VHA video telehealth or facility video telehealth	34.4	31.0	10
	Percentage of veterans who participated in VHA video telehealth	30.0	24.0	15

Standard	Measure(s)	National average (percentage)	Benchmark set by VHA (percentage)	Number of VISNs who met or exceeded benchmark[a]
Staff (resources)	Percentage of VHA providers with repeated use of video telehealth or facility video telehealth who agreed with the statement "I trust VA leadership to support me in providing video telehealth/facility video telehealth"	66.2	N/A[c]	N/A[c]
Veteran-centric care (satisfaction and quality)	Veteran ease/simplicity of video telehealth combined measure[d]	91.8	88.0	18
	Veteran satisfaction with video telehealth combined measured	91.1	88.0	17
	Veteran satisfaction with facility video telehealth combined measured	88.6	88.0	10
	Percentage of veteran survey respondents who agreed with the following statements:			
	"I trust telehealth as part of my overall VA health care"	86.9	88.0	5
	"It was easy to get my appointment"	82.2	88.0	0
	"I was asked if I wanted help learning how to use VHA's video telehealth app"	45.6	56.0	0
	"I was given the option to invite a family member, caregiver, or other support person to join me in my telehealth video visit"	32.0	45.0	0
	"I felt that my privacy was maintained during my telehealth visit"	31.7	N/A[c]	N/A[c]
Business acumen (safety)	Percentage of medical centers with emergency contact information verified within the last 6 months	New measure - no benchmarks were set and performance was not reported for this period.		
Technology	Percentage of iPads loaned to veterans through the Digital Divide Consult with no subsequent video telehealth visits.[e]	44.0	N/A[c]	N/A[c]

Source: GAO (analysis); Veterans Health Administration (information). | GAO-24-106743

Notes: This table includes measures that apply to Veterans Health Administration (VHA) real real-time video telehealth only; it does not include additional measures that assess access to and quality of non-video telehealth. Real-time options include video telehealth—which refers to veterans connecting remotely with VHA providers from their homes or locations other than Department of Veterans Affairs (VA) sites, and facility video telehealth—where veterans may travel to a medical center or other VA site to connect remotely with VHA providers at another location. For survey measures, veterans and VHA providers are asked to respond to statements using a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). Survey responses of 4 (agree) or 5 (strongly agree) indicate agreement.

[a]Number refers to the total number, out of VHA's 18 regional networks of medical centers and outpatient clinics, which are known as Veterans Integrated Services Networks (VISN), that met or exceeded the benchmark that VHA's Office of Connected Care set for the measure.

[b]VHA provides several types of non-video telehealth, including the secure transmission of messages or diagnostic images between veterans and their providers. Other types of VHA telehealth include remote patient monitoring, which refers to the use of wearable and other devices to collect data from veterans in their homes and send to their health care teams for review.

[c]The Office of Connected Care does not assign a benchmark for every measure. N/A refers to "not applicable" and is used in the table where there is no assigned benchmark, such as for a measure of VHA provider satisfaction.

[d]A combined measure—sometimes called a composite measure—combines two or more individual measures into one measure, resulting in a single summary score. The veteran ease/simplicity of video telehealth combined measure includes the percentage of veterans who agreed with all of the following statements: "I was given a choice between having my appointment in-person at a VA facility or through telehealth;" "It was easy to get my appointment;" and "I felt prepared for my telehealth video visit after I scheduled my appointment." The veteran satisfaction with video telehealth and facility video telehealth measures include the percentage of veterans who agreed with the following two statements: "I would recommend telehealth to other veterans;" and "Overall, I am satisfied with the telehealth visit."

[e]The Digital Divide Consult program loans internet-connected tablets to eligible veterans who lack appropriate devices to allow them to connect to VHA video telehealth.

Appendix IV: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

July 17, 2024

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VETERANS HEALTH CARE: VA's Video Telehealth Access Program Would Benefit from Performance Goals and Measures*** (GAO-24-106743).

The enclosure contains technical comments, and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft *report.*

Sincerely,

Margaret B. Kabat

Margaret B. Kabat, LCSW-C, CCM
Chief of Staff

Enclosure

Enclosure

Department of Veteran Affairs (VA)
Comments to the Government Accountability Office (GAO) Draft Report
Veterans Health Care: VA's Video Telehealth Access Program Would Benefit from Performance Goals and Measures (GAO-24-106743)

Recommendation 1: The Under Secretary for Health should ensure the Office of Connected Care develops performance goals and related measures for the ATLAS Program that are objective, quantifiable, and measurable.

VA Response: Concur. The Office of Connected Care (OCC) will develop performance goals and related measures for assessing the effectiveness of the Veterans Health Administration (VHA) Connected Care's Accessing Telehealth through the Local Area Stations (ATLAS) program. OCC previously recommended that each facility establish local metrics to assess the value of the program considering the unique facility resources and their Veteran needs, and OCC agrees that national metrics will add additional value.

Target Completion Date: March 2025

Recommendation 2: The Under Secretary for Health should ensure the Office of Connected Care uses the information collected for the performance goals and measure to assess program effectiveness and efficiency on an ongoing basis and make any needed improvements.

VA Response: Concur. OCC and VHA's Health Services Office of Research and Development has initiated a multi-year evaluation of the ATLAS program to support ongoing monitoring efforts. This evaluation plans to examine how the ATLAS program has reached and been adopted by Veterans within each site's catchment area; how exposure to ATLAS services has impacted Veteran-centered outcomes such as outpatient utilization, quality of care, patient experience of care, and VA costs; and the potential factors that impact the adoption, implementation, maintenance, and sustainability of the program across VA sites. This evaluation will assess a sample of ATLAS sites using the national infrastructure and provide a snapshot of their effectiveness.

Target Completion Date: September 2025

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Malissa G. Winograd (Assistant Director), Shana R. Deitch (Analyst-in-Charge), Tammy Beltran, Ethiene Salgado-Rodriguez, Shana F. Sandberg, and Cathy Whitmore made key contributions to this report.