VA push for telehealth amid coronavirus slowed by balky networks

By Darius Tahir

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The VA should be perfectly positioned to treat patients from afar, keeping both veterans and department employees away from possible exposure to the coronavirus. But in these early days of the pandemic response, many in the department say it's not working out.

VA employees are finding it difficult to use the department's network. Essential services are being disrupted in some locations: In Las Vegas, a number of employees have been called back into the office, despite the risks of spreading the virus, after the surge in remote work strained the network. Uploads of radiological images are taking an hour.

"The impact for that is huge because if a radiologist can't see the film, they can't treat the patient in an emergent/critical period," said Linda Ward-Smith, the union president of the American Federation of Government Employees' Las Vegas local, in an email.

The issues are critical for an agency that both cares for a large, medically complex population — veterans — and is also expected to serve as the backup for the health care system writ large — the VA's so-called fourth mission. Making sure hospital beds are available by treating less urgent patients from afar is essential to preventing the health system from becoming overwhelmed.

The department has long touted its telehealth capabilities; in November, it announced that 900,000 veterans used its telehealth services in fiscal year 2019, a 17 percent increase over the year before. In a Thursday interview with POLITICO, VA Secretary Robert Wilkie called telehealth "the wave of the future," particularly for mental health care, and said the department would be "increasing exponentially our capabilities in that field."

It's unclear precisely how widespread the problems are as the pandemic grows. Multiple unions representing VA employees have reported issues, and some workers have contacted congressional offices as well.

VA employees use the internet for telehealth services, treating patients by video and sharing images and other health information. They also serve an important administrative service: processing veterans' claims to use care outside the VA system.

In the POLITICO interview, Wilkie attributed some of the reported problems to a stress test of the system: The department, he said, had taken out some of its "lines of bandwidth" to see how it would do with a more limited network. Employees who were using the affected lines "went down for a few minutes," Wilkie said, adding, "but that was just part of a nationwide test on the system."

He added that the department so far has "experienced no hiccups when it comes to getting benefits out."

Ideally, the department would be expanding its telehealth services in response to the pandemic, as seeing a patient by video, or monitoring vital signs remotely, can save labor. Telehealth would help the department in "minimizing exposure to patients who they don't want to expose … and freeing up their assets to deal with expected workload," said Kenneth Kizer, a former undersecretary for health in the VA during the Clinton administration.

Beefing up the department's internet infrastructure is a key task in the months ahead. The department this week requested $1.2 billion in supplemental funding to add bandwidth supporting more telehealth visits and telework capabilities.

One House staffer said the department doesn't know how many employees are currently teleworking, though it estimates 75,000. The department thinks it can support approximately double that, if not slightly more, and is hoping to eventually support 300,000 employees of its nearly 400,000-strong workforce working remotely. The VA didn't respond to requests for comment regarding the estimates provided by the staffer.

Jon Bloom, a co-founder of Podimetrics, a telehealth startup using wireless mats to predict the onset of diabetic foot ulcers based on limb temperature, says the department is "way out ahead of anyone I'm aware of in terms of mobilizing telehealth."

Podimetrics, which has worked closely with the department on treating diabetic patients, could allow doctors to address their concerns without bringing them into the hospital — and exposing a high-risk population to the coronavirus. And Bloom said he's been talking with VA officials to deploy telehealth further.

Still, there are operational hiccups. Multiple employees and union groups are reporting turbulence.

"[T]o have tons of providers switching to using an entirely new modality all at once has been chaotic," said one clinician who requested anonymity to speak freely. "It is overwhelming the system, and the few people who actually know how it all works and can answer people's questions."

The clinician said the VA's telehealth software is confusing and may slow things down, especially for older providers and patients who lack smartphones and Wi-Fi.

And employees' desire to work from afar might outweigh the department's capabilities. In Las Vegas, AFGE's Ward-Smith said the chief of mental health had asked to deliver all visits over video — only to be stymied by issues in the department's video connect app.

Many employees, such as those who process claims, would like to work from home to minimize their coronavirus risks, but can't due to network issues. "People are afraid," Ward-Smith said.

It's not just AFGE reporting problems. "There have been major delays with employees accessing the network, and some have even been kicked off," said Lee Blackmon, director of the National Association of Government Employees' federal division. "I was also informed that the VA is considering staggering employees' telework schedules to decrease the number of employees trying to access the network simultaneously."

Reports of problems have reached the congressional level, with multiple staffers confirming they'd heard issues about slow networks interfering with work. Congress has been trying to check in on the department's response generally, asking Wilkie for updates on the number of coronavirus tests processed per day, though the IT issues have as yet gone unmentioned.

Bryan Bender contributed to this report.

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