

**Congress of the United States**  
**Washington, DC 20515**

September 25, 2020

The Honorable Robert Wilkie  
Secretary of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Wilkie:

Thank you for your steadfast commitment to advancing telehealth technologies within the Department of Veterans Affairs (VA) system to enhance care for our veterans. As the COVID-19 pandemic continues to impact veteran care across the nation, we write to express our support for ensuring the rapid adoption of VA telehealth platforms through VA's tele-Critical Care program and accelerating telehealth accessibility for veterans receiving treatment in VA Medical Centers' (VAMCs) Intensive Care Units (ICUs).

The VA has been a leader in adopting tele-Critical Care coverage for over a decade. However, two-thirds of VAMC ICU beds are still without coverage nationally – and zero beds have tele-Critical Care coverage for our brave veterans in our state of Arizona. We believe this gap in ICU coverage must be closed as part of our government's response to the COVID-19 public health crisis.

Additionally, the VA has more than 40,000 clinical vacancies, putting massive strain on a workforce responsible for delivering care for over 9 million enrolled veterans. VAMCs in rural communities not only lack general clinicians, but they are also lacking intensivists, with specialties veterans need, particularly in ICUs. We can and must do better by our veterans, and we have the opportunity now during this public health crisis to make permanent improvements to veteran care.

In June 2020, the VA authorized the national expansion of its tele-Critical Care program, providing an opportunity for thousands of the sickest VA patients to receive improved care through technology, and to significantly improve their likelihood of exiting the ICU alive and well.

Furthermore, VA tele-Critical Care systems operate on a "Hub-Spoke" model in which a central command center staffed by VA intensivists and critical care nurses, provides care by monitoring individual patients through direct connections to the vital sign monitors and other medical devices in the patient rooms. In addition, there is an audio-high-definition video link within each veteran patient's ICU room permitting the remote intensivist or critical care nurse to engage with a physician, nurse, or veteran in the room.

According to an article in CHEST, the Journal of the American College of Chest Physicians (2014; 145(3))<sup>1</sup>, patients who receive their ICU care from a hospital with tele-ICU capabilities were 26 percent more likely to survive in an ICU setting. These patients also experienced a 30 percent reduction in length-of-stay and were 15 percent more likely to survive hospitalization and be discharged. Moreover, use of the tele-ICU has expanded to include more than 500 of the 1,600 active VA tele-Critical Care beds and 38 VAMCs are currently utilizing the system. By increasing the number of ICU patients that VA critical care teams can manage, tele-Critical Care effectively extends the productivity and reach of intensivists and improves the quality of care for veteran patients.

As Members of the Arizona Congressional delegation, we look forward to working with you to further expedite VA modernization for our veterans in Arizona and across the nation, particularly within the ICU setting. To that end, we respectfully request a timeline as to when our state's VAMC ICU's will be 100 percent covered by tele-Critical Care technology.

Again, thank you for your commitment to transform VA services for our veterans.

Sincerely,



Martha McSally  
United States Senator



Tom O'Halleran  
Member of Congress



Ann Kirkpatrick  
Member of Congress



Paul A. Gosar, D.D.S.  
Member of Congress



Andy Biggs  
Member of Congress



David Schweikert  
Member of Congress



Ruben Gallego  
Member of Congress



Debbie Lesko  
Member of Congress

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<sup>1</sup> Lilly CM, et al. A Multi-center Study of ICU Telemedicine Reengineering of Adult Critical Care. CHEST. 2014; 145(3): 500-7