



Q&A Executive Viewpoint

A conversation with

JACK GALVIN



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Associate Deputy Assistant Secretary, Office of Information and Technology, IT Operations and Services, Department of Veterans Affairs

A technology leader talks about what the pandemic taught the VA about telehealth, telework and the ability to innovate quickly

How did the VA expand access to telehealth during the pandemic?

Pre-pandemic, we had a pretty robust telehealth program and the technology to support it. We were handling about 2,400 or so video connections between providers and veterans on any given day. But during the pandemic, that increased by about 1,700%. Now we have around 40,000 clinical video encounters a day.

Obviously, one of the first things we had to do was expand our capacity. We did that with our existing solution, and we also introduced a scalable option in the cloud. It's very quick to expand if we need to, and it certainly helped us stay ahead of the unprecedented demand that we experienced.

Telehealth helped us maintain that continuity of care and connection between our veterans and our providers. Some 3.8 million video encounters were performed during fiscal year 2020. All that interaction allowed veterans, as well as providers who couldn't travel in, to respect social distancing protocols while at the same time allowing us to maintain our mission to provide care to our veterans.

How did the VA support an increase in telework during the pandemic?

Before COVID-19, we had a pretty large implementation of telework, somewhere between 40,000 and 50,000 daily participants, but obviously that increased enormously with the pandemic. Now we support upwards of 100,000 to 120,000 on a daily basis. As with telehealth, we expanded what we had and introduced scalable options in the cloud as well.

We also looked at alternatives like

being able to allow secure access when employees are using their own devices. We've introduced some solutions and augmented the ones we already had to allow that. However, we did acquire over 200,000 laptops so that we would be ready to outfit those who needed one to connect remotely.

As it pertains to productivity and engagement, we went all in on collaborative tools like Microsoft Teams and Cisco Webex. I think we were one of the largest single implementations of Teams, with almost 500,000 desktops. People have really taken to it, much like they've taken to telework and telehealth.

What advice do you have for other agencies?

We certainly learned that it's important to have scalable options. And it's very important to be in sync with those you serve, to understand what they need and then have the ability to pivot quickly on the infrastructure side. Nothing stifles innovation quicker than not being able to scale a good idea. And certainly the VA is huge. It's all about scale.

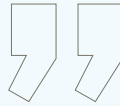
The currency of the day is speed — the speed to deliver new functionality or a new experience to veterans or to providers to help them provide care more quickly. We really need to make IT an enabler so that we're able to quickly say, "Yes, we can do that."

My advice is to focus on scalable platforms and getting technical debt under control so you're always ready, and to recognize that the purpose of IT is to add value, not for IT's sake but for whatever business you're in.

This interview continues at Carah.io/CX-Galvin.



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of a military and then a veteran service person. Providers have access to all the pertinent information they need to provide care. Veterans don't have to scramble with paper retrieval or deal with gaps in records from many different sources.

From an IT perspective, it simplifies our ability to support and sustain a single standard solution, and it helps us facilitate innovation. We can deploy a solution one time and basically replicate it across the environment rather than having to check all the variations in a hundred or so databases to ensure that the change works.

It will also allow seamless interaction and interoperability between the VA and the Defense Department, so it's quite a substantial game changer for us.

How did the VA support an increase in telework during the pandemic while ensuring that employees remained productive and engaged?

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We also looked at alternatives like being able to allow secure access when employees are using their own devices. We've introduced some solutions and augmented the ones we already had to allow that. However, we did acquire over 200,000 laptops so that we would be ready to outfit those who needed one to connect remotely.

As it pertains to productivity and engagement, we went all in on collaborative tools like Microsoft Teams and Cisco Webex. It's hard to imagine a world in which you wouldn't use those tools today, but I can tell you that a year ago, they were foreign to us. They were there, but we used them sporadically.

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What are the VA's long-term plans for incorporating telehealth and telework into daily operations?

We do not expect to return to pre-pandemic levels on either front. Telehealth in particular has become an adopted framework and an acceptable practice that has been well received by our veteran community and our provider teams. Telework certainly has become a natural and productive means to participate without necessarily being physically present somewhere. Much of what we do with various teams across the country is virtual anyway.

What we want to focus on now is enhancing the experience, with options like allowing employees to use their own devices and familiar interfaces but they're only a few clicks away from making a secure connection.

In terms of telehealth, the Veterans Health Administration is looking into options such as setting up a virtual waiting room that could deliver specific content to veterans pertaining to their visit or their specific case or even just relaying important information about benefits in general.

We plan to focus on our unified

communications platform so that we can deliver that standard experience. That way, if a veteran calls or texts about needing services and the provider says, "I'd really like to see you," we can pivot quickly to a video session on the same platform. Another area we're exploring is on-demand video so that if a veteran says, "Hey, I really need a video session," we have providers who can quickly connect via video to a veteran in need.

What lessons have you learned that could help other agencies in their efforts to transform the customer experience?

We certainly learned that it's important to have scalable options. And it's very important to be in sync with those you serve, to understand what they need and then have the ability to pivot quickly on the infrastructure side. Nothing stifles innovation quicker than not being able to scale a good idea. And certainly the VA is huge. It's all about scale.

The currency of the day is speed — the speed to deliver new functionality or a new experience to a veteran or to a provider to help them provide care more quickly. We really need to make IT an enabler so that we're able to quickly say, "Yes, we can do that." We're continuously ready, and we're managing our technical debt in such a way that it's never too far from being ready to pivot to any modernization, like an electronic health record.

My advice is to focus on scalable platforms and getting technical debt under control so you're always ready, and to recognize that the purpose of IT is to add value, not for IT's sake but for whatever business you're in. ■