



November 14, 2017

Congressional Committees

### Department of Defense: Telehealth Use in Fiscal Year 2016

The Department of Defense (DOD) provides health care services to 9.4 million active duty servicemembers and other beneficiaries domestically and overseas through its military hospitals, military service clinics, and a civilian network of providers. In some cases, DOD uses telehealth to help provide these services, defining telehealth as the use of telecommunication and information technologies to provide health assessments, treatments, consultations, and other services across distances. Unlike traditional in-person visits, for example, physicians and other providers of telehealth are in one location while patients are in a different location. As an example of telehealth, DOD physicians located in the United States use two-way video to provide health assessments to servicemembers stationed overseas.

In 2015, DOD developed a plan to expand the use of telehealth across the Army, Navy, Air Force, and in the National Capital Region and has begun implementing parts of this plan.<sup>1</sup> According to DOD, this expansion is intended to help ensure the health of servicemembers by providing access to care for a wider range of conditions and at duty locations and in areas where servicemembers may be injured.

The National Defense Authorization Act for Fiscal Year 2017 includes a provision for us to examine several issues related to DOD's delivery of health care, such as access to care.<sup>2</sup> In this report, we describe DOD's use of telehealth for active duty servicemembers and other beneficiaries.<sup>3</sup>

To describe DOD's use of telehealth for active duty servicemembers and other beneficiaries, we reviewed DOD telehealth data for fiscal year 2016.<sup>4</sup> Specifically, we reviewed DOD data on the volume of telehealth encounters by the category of telehealth encounter (e.g., real time), the

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<sup>1</sup>Department of Defense, Military Health System Telehealth Working Group, *Military Health System Telehealth Goals, Objectives, and Implementation Plan* (December 2015). The National Capital Region comprises the District of Columbia and surrounding counties and cities in the states of Maryland and Virginia. Military treatment facilities located within the National Capital Region provide care to beneficiaries across the three military services.

<sup>2</sup>Pub. L. No. 114-328, § 751, 130 Stat. 2000, 2244-2245 (2016). The Act also requires DOD to expand the use of telehealth throughout the Military Health System by June 23, 2018.

<sup>3</sup>Beneficiaries include active duty personnel and their dependents, medically eligible Reserve and National Guard personnel and their dependents, and retirees and their dependents and survivors.

<sup>4</sup>Fiscal year 2016 data are the most recently available DOD telehealth data. DOD's telehealth data are located in the Military Health System Mart, which is a subset of the Military Health System Data Repository (MDR). MDR is a centralized data repository that receives and archives data from DOD's military hospitals and clinics and from DOD's civilian network of providers.

component of DOD's health care system through which DOD provides the services (i.e., military treatment facilities or networks of civilian providers), the type of beneficiary receiving telehealth services (e.g., active duty servicemembers or dependents), and the military service providing telehealth services (based on enrollment status).<sup>5</sup> We also reviewed—for active duty servicemembers—DOD data on the type of clinical service provided through telehealth and the geographic location of providers. In addition, we interviewed officials from DOD and each of the military services, as well as telehealth professionals from the American Telemedicine Association, the Center for Connected Health Policy, and the Kaiser Permanente Medical Group. We reviewed relevant documents, including DOD telehealth policies and reports describing DOD's telehealth services, DOD plans to implement additional services using telehealth, and reports on the use of telehealth at other federal agencies. We also reviewed DOD data on telehealth use in fiscal years 2014 and 2015, which we summarize in enclosure I.

To assess the reliability of the DOD data, we reviewed relevant DOD documents and interviewed DOD officials to understand, for example, the coding of the data and any issues associated with its accuracy. During the course of our data reliability assessment, DOD officials told us that telehealth encounters are underreported and, as a result, the number of reported encounters is likely to be lower than the actual number. These officials stated that underreporting can occur, for example, when a provider does not add certain coding information required to indicate that a service was provided through telehealth.<sup>6</sup> In an internal audit, the Army found that about 30 percent of telehealth encounters were underreported in fiscal year 2016.<sup>7</sup> We note this potential underreporting as a limitation in reporting our results, but we otherwise determined on the basis of our data reliability assessment that the data were sufficiently reliable for the purposes of our reporting objective.<sup>8</sup>

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<sup>5</sup>Not all of DOD's telehealth service encounters are included in our review. For example, secure messaging (i.e., patients communicating with providers using secure email) data are not captured in the MDR, and teleradiology (i.e., a provider electronically sending a radiological image, such as an x-ray, to another provider to interpret) are not coded as telehealth encounters. Although components of remote patient monitoring (e.g., mobile applications with self-monitoring information) are captured in the MDR as telehealth encounters, the number of these encounters is minimal and as a result, we did not include them. Additionally, we did not include telephone encounters.

We used data from the military services (Army, Navy, and the Air Force) as well as data from the National Capital Region. Data from the Navy include data for the Marine Corps. As previously mentioned, the National Capital Region provides care to beneficiaries across all three services in the Washington D.C. area.

<sup>6</sup>Other federal and private health care systems that require an additional telehealth code can also have underreporting. One large private insurer has estimated that their telehealth encounters may be underreported by as much as 25 percent, according to an issue brief prepared by the Center for Connected Health Policy.

<sup>7</sup>Army officials told us they have taken several steps to improve telehealth coding and believe that underreporting has decreased over time as a result. These steps include providing financial incentives for proper coding and training facility staff and leadership about telehealth reporting. For example, in 2015 the Army began paying military treatment facilities for each properly coded telehealth encounter that they reported. Army officials told us that these financial incentives have helped to increase coding accuracy and represent some of the cost associated with providing telehealth services. The Navy, Air Force, and National Capital Region are beginning to take steps to reduce the underreporting of telehealth encounters. For example, the Navy hired an employee in August of 2016 to help ensure accurate reporting of these encounters.

<sup>8</sup>We do not report our summary of DOD telehealth use in fiscal years 2014 and 2015 in the body of the report because these data may not be directly comparable to the data for fiscal year 2016. Based on our interviews with DOD officials about underreporting, we concluded that increases in the number of telehealth encounters between fiscal years 2014 and 2016 may not solely reflect increases in telehealth use. That is, increases may also reflect an increase in the number of encounters that were properly coded as telehealth encounters.

We conducted this performance audit from February 2017 to November 2017 in accordance with generally accepted government 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

DOD’s Military Health System provides telehealth services to active duty servicemembers and other beneficiaries through its direct care component, DOD’s regionally structured health care system. DOD’s direct care component includes approximately 50 military hospitals and 370 clinics that are referred to as military treatment facilities. Through TRICARE, DOD’s purchased care component, DOD also provides telehealth services through networks of civilian providers.

During the time frame of our review (fiscal years 2014 to 2016), DOD’s use of telehealth within its purchased care component was limited to certain services. In comparison, DOD’s direct care component allows for a broad range of telehealth services. In addition, DOD has established limits on where the patient could be located when receiving a telehealth service within DOD’s purchased care component. Within its direct care component, in comparison, patients can receive telehealth services in a wide variety of settings, such as their homes, military treatment facilities in the U.S. and overseas, and other military locations such as armories. (See table 1.)

**Table 1: Telehealth Services Provided by DOD’s Direct and Purchased Care Components and Eligible Patient Locations, as of Fiscal Year 2016**

DOD care component	Description	Does component limit telehealth services?	Health care services provided with telehealth	Eligible patient locations
Direct care	Military hospitals and clinics referred to as military treatment facilities	No	<ul style="list-style-type: none"> <li>Health assessments and diagnoses</li> <li>Treatments and interventions</li> <li>Clinical consultations</li> </ul>	<ul style="list-style-type: none"> <li>Military treatment facilities</li> <li>Patient’s home</li> <li>Department of Veterans Affairs’ medical centers and clinics</li> <li>Installations, armories, or other non-medical fixed DOD locations</li> <li>DOD mobile telehealth platforms</li> <li>Civilian sector hospitals and clinics</li> <li>Contracted provider offices</li> </ul>
Purchased care	Networks of civilian providers	Yes	<ul style="list-style-type: none"> <li>Clinical consultations and office visits</li> <li>Individual psychotherapy and psychiatric diagnostic interview examination</li> <li>Pharmacologic management</li> <li>End-stage renal disease related services when appropriate and medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Where an authorized provider normally offers professional medical or psychological services</li> </ul>

Source: Department of Defense (DOD). | GAO-18-108R

Note: In July 2017, DOD expanded the range of allowable telehealth services and eligible patient locations under its purchased care component.

In July 2017, DOD revised its TRICARE policy to expand the range of health care services that can be provided with telehealth as well as the eligible patient locations in its purchased care component. As a result, DOD currently offers telehealth for similar clinical services and in similar settings through its purchased and direct care components. For example, DOD now allows patients to receive telehealth services in their homes through its direct and purchased care components.<sup>9</sup>

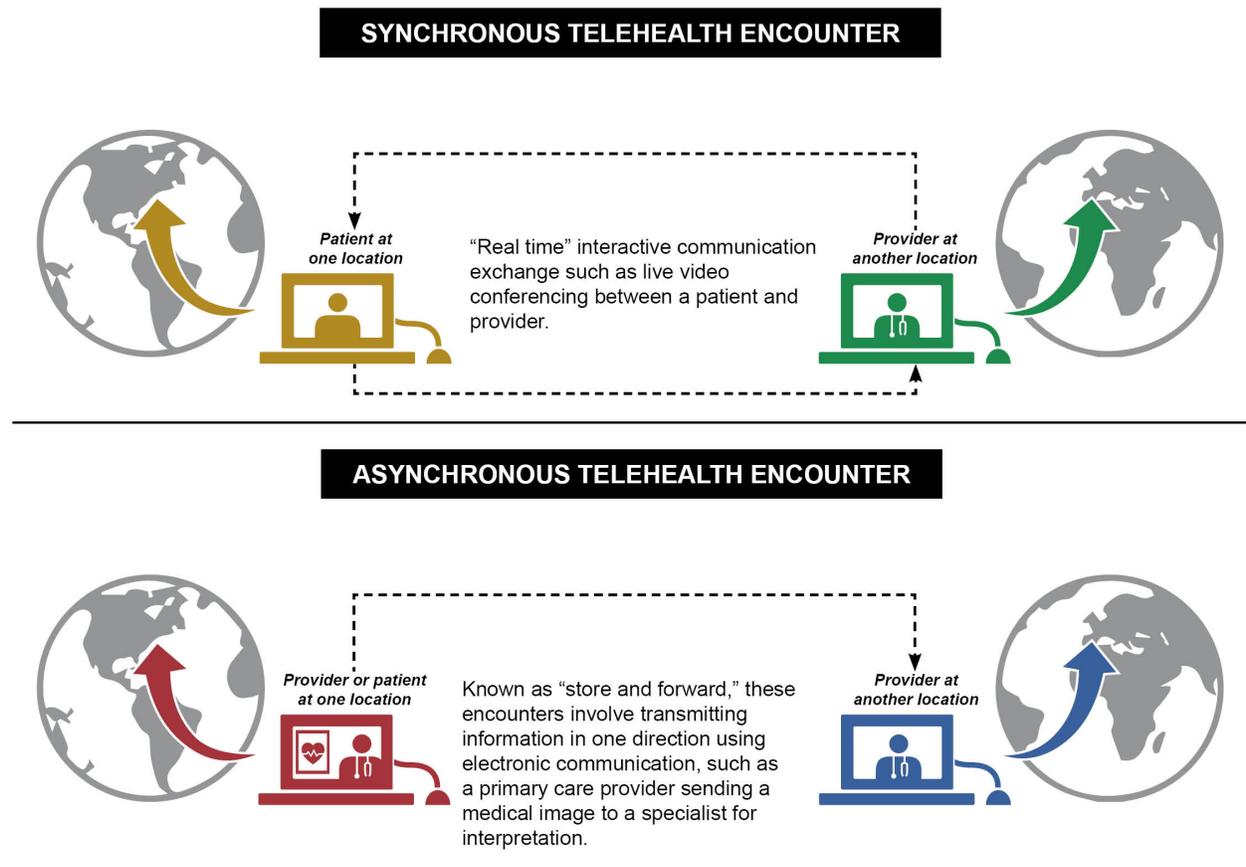
Telehealth services provided by DOD fall into two broad categories: synchronous and asynchronous. (See fig. 1.)

- Synchronous or “real time” telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. For example, live video conferencing provides face-to-face communication between a provider and a patient.
- Asynchronous or “store and forward” telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. This typically occurs when providers in two different locations exchange health information for consultative services, but it can also include instances when a patient sends health information to a provider.

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<sup>9</sup>Department of Defense, *Telemedicine*, TRICARE Policy Manual, Chapter 7 (revised July 26, 2017).

Figure 1: Example of Synchronous and Asynchronous Telehealth Use in the Department of Defense



Source: GAO analysis of Department of Defense documents. | GAO-18-108R

## DOD's Use of Telehealth in Fiscal Year 2016

### Military Treatment Facilities Provided Most of DOD's Telehealth Services in Real Time

Our analysis of DOD data shows that most of DOD's telehealth service encounters (43,032 of 59,075 encounters, or about 73 percent) were provided to active duty servicemembers and other beneficiaries through its direct care component of military treatment facilities. In addition, most of these encounters (52,109 of 59,075, or about 88 percent) were synchronous or "real time" interactive communications between providers and patients.<sup>10</sup> Further, our analysis shows that the majority of DOD's synchronous encounters (about 53 percent) involved active duty servicemembers, while about 64 percent of DOD's asynchronous encounters involved other DOD beneficiaries, such as dependents and retirees. (See table 2.)

**Table 2: Synchronous and Asynchronous Telehealth Service Encounters, by Beneficiary Category and DOD Care Component, Fiscal Year 2016**

Beneficiary category	DOD direct care		DOD purchased care		Direct and purchased care	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>All telehealth service encounters</b>						
Active duty servicemembers	29,457	68.5	864	5.4	30,321	51.3
Other <sup>a</sup>	13,575	31.5	15,179	94.6	28,754	48.7
<b>Total</b>	<b>43,032</b>	<b>100.0</b>	<b>16,043</b>	<b>100.0</b>	<b>59,075</b>	<b>100.0</b>
<b>Synchronous telehealth service encounters</b>						
Active duty servicemembers	26,957	74.6	861	5.4	27,818	53.4
Other <sup>a</sup>	9,187	25.4	15,104	94.6	24,291	46.6
<b>Total</b>	<b>36,144</b>	<b>100.0</b>	<b>15,965</b>	<b>100.0</b>	<b>52,109</b>	<b>100.0</b>
<b>Asynchronous telehealth service encounters</b>						
Active duty servicemembers	2,500	36.3	3	3.8	2,503	35.9
Other <sup>a</sup>	4,388	63.7	75	96.2	4,463	64.1
<b>Total</b>	<b>6,888</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>6,966</b>	<b>100.0</b>

Source: GAO analysis of Department of Defense (DOD) telehealth data. | GAO-18-108R

Notes: Synchronous or "real time" telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. Asynchronous or "store and forward" telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. Encounter data for this table are based on beneficiary category. Although the number of telehealth encounters in this table is likely to be lower than the actual number because of underreporting, we determined that the data were sufficiently reliable for our purposes.

<sup>a</sup>Other includes dependents, retirees, inactive National Guard and Reservist, and other categories (e.g., civilian officials, military prisoners).

<sup>10</sup>For information on telehealth use for active duty servicemembers and other beneficiaries during fiscal years 2014 and 2015, see the enclosure.

## About One Percent of All Active Duty Servicemembers Received Telehealth Services, and Clinical Services Varied According to the Type of Telehealth Encounter

Our analysis of DOD data shows that relatively few active duty servicemembers—about one percent—received telehealth services in fiscal year 2016. Specifically, of the approximately 1.2 million active duty servicemembers in fiscal year 2016, about 11,000 received at least one synchronous encounter and about 2,000 were involved in at least one asynchronous encounter, such as a consultation for a diagnosis.<sup>11</sup>

The types of clinical services that DOD provided with telehealth varied according to the type of encounter. Of the roughly 30,000 telehealth encounters that DOD provided to active duty servicemembers through its direct care component, mental health care was the most commonly offered type of service provided with synchronous encounters, followed by services for pulmonary disease and outpatient nutrition. In comparison, cardiology, dermatology, and allergy services were the most commonly offered types of service provided with asynchronous encounters. In addition, our analysis shows some differences between the Army and other military services in their use of telehealth to provide clinical services. For example, the Army—but not the other services—commonly offered pulmonary disease services through synchronous telehealth encounters. (See table 3.)

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<sup>11</sup>To calculate the percentage of active duty servicemembers who received telehealth services in fiscal year 2016, we divided the number of servicemembers who received at least one or both types of telehealth encounters (about 11,000 to 13,000) by the total number of active duty servicemembers (about 1.2 million). The number of encounters includes those provided through DOD's direct and purchased care components. As stated earlier, because of underreporting, the number of reported encounters is likely to be lower than the actual number.

**Table 3: Top Three Clinical Services Provided to Active Duty Servicemembers, by Military Service and Type of Telehealth Encounter, Fiscal Year 2016**

<b>Military service</b>	<b>Clinical services provided through synchronous telehealth encounters</b>	<b>Clinical services provided through asynchronous telehealth encounters</b>
<b>All military services</b>		
	Mental health	Cardiology
	Pulmonary disease	Dermatology
	Outpatient nutrition	Allergy
<b>Army</b>		
	Mental health	Cardiology
	Pulmonary disease	Dermatology
	Outpatient nutrition	Mental health
<b>All other services<sup>a</sup></b>		
	Mental health	Allergy
	Audiology	Dermatology
	Pain management	Orthopedic

Source: GAO analysis of Department of Defense (DOD) telehealth data. | GAO-18-108R

Notes: Synchronous or “real time” telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. Asynchronous or “store and forward” telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. Further, this table is based on telehealth encounters that DOD provided through its direct care component of military treatment facilities.

<sup>a</sup>We combined the top three types of services for Navy, Air Force, and the National Capital Region because the total number of telehealth encounters for each service was small. The types of clinical services that each military service offers via telehealth vary.

**Most Telehealth Service Encounters among Active Duty Servicemembers Were Provided by Army in Real Time**

Among active duty servicemembers, the Army provided and purchased the largest volume of synchronous or “real time” telehealth service encounters (about 88 percent and 78 percent, respectively), compared to the other military services, through the direct and purchased care components. In comparison, the distribution of asynchronous encounters was more even between the Army and the other three services combined. That is, the use of asynchronous encounters among the Navy, Air Force, and National Capital Region combined comprised almost 58 percent of the asynchronous encounters DOD provided through direct care, compared to the Army, which accounted for about 42 percent of these encounters. (See table 4.)

**Table 4: Synchronous and Asynchronous Telehealth Service Encounters Provided to Active Duty Servicemembers, by Military Service and DOD Care Component, Fiscal Year 2016**

Military service	DOD direct care		DOD purchased care		Direct and purchased care	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>Synchronous telehealth service encounters</b>						
Army	22,706	88.1	697	78.2	23,403	87.8
All other services <sup>a</sup>	3,055	11.9	194	21.8	3,249	12.2
<b>Total</b>	<b>25,761</b>	<b>100.0</b>	<b>891</b>	<b>100.0</b>	<b>26,652</b>	<b>100.0</b>
<b>Asynchronous telehealth service encounters<sup>b</sup></b>						
Army	1,026	42.4	1	100.0	1,027	42.5
All other services <sup>a</sup>	1,392	57.6	0	0.0	1,392	57.5
<b>Total</b>	<b>2,418</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>2,419</b>	<b>100.0</b>
<b>All telehealth service encounters</b>						
<b>Total</b>	<b>28,179</b>	<b>100.0</b>	<b>892</b>	<b>100.0</b>	<b>29,071</b>	<b>100.0</b>

Source: GAO analysis of Department of Defense (DOD) telehealth data. | GAO-18-108R

Notes: Synchronous or “real time” telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. Asynchronous or “store and forward” telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. Although the number of telehealth encounters in this table is likely to be lower than the actual number because of underreporting, we determined that the data were sufficiently reliable for our purposes.

<sup>a</sup>We combined the number of telehealth encounters for Navy, Air Force, and the National Capital Region because the total number of telehealth encounters for each service was small.

<sup>b</sup>The asynchronous encounters are encounters in which the military services either transmitted or received medical images or information for interpretation.

### Seven Military Treatment Facilities Provided Almost All of DOD’s Telehealth Services to Active Duty Servicemembers

Our analysis of DOD data shows that seven military treatment facilities provided almost all of DOD’s telehealth encounters to active duty servicemembers in fiscal year 2016. Five Army facilities provided about 90 percent of synchronous encounters, and another five facilities across the Army, Navy, and Air Force provided about 97 percent of asynchronous encounters. Our analysis shows that three of the five facilities that provided the largest number of asynchronous encounters (Tripler Army Medical Center, Brooke Army Medical Center, Landstuhl Regional Medical Center) also provided the majority of synchronous encounters. In addition, the seven facilities that provided almost all of DOD’s encounters are located in the United States (Hawaii, Texas, Maryland, Virginia, Georgia, and California) and Germany (Landstuhl). (See table 5.) According to DOD officials, a small number of facilities provided most of DOD’s telehealth encounters in fiscal year 2016 because leaders at these facilities have actively encouraged telehealth use, and four of the seven facilities maintain telebehavioral hubs while two of the facilities maintain portals that support a high volume of synchronous and asynchronous encounters among patients across the United States and overseas.<sup>12</sup> Additionally, DOD officials

<sup>12</sup>The Brooke Army Medical Center, Tripler Army Medical Center, Kimbrough Ambulatory Care Center, and Dwight D. Eisenhower Army Medical Center each maintain a telebehavioral hub consisting of a team of providers and support personnel who offer 24-hour behavioral health services. Additionally, both the Tripler and Brooke Army Medical

explained that these facilities generally have a large number of specialty providers such as pulmonologists who can provide specialty care outside of their facilities through telehealth.

**Table 5: Top Five Military Treatment Facilities Providing Synchronous and Asynchronous Telehealth Service Encounters to Active Duty Servicemembers, Fiscal Year 2016**

Military treatment facility (MTF)	Military service	Location	Number	Percentage of top five MTFs	Percentage of all MTF encounters
<b>Synchronous telehealth service encounters</b>					
Brooke Army Medical Center	Army	San Antonio, Texas	11,073	47.8	43.0
Tripler Army Medical Center	Army	Ft. Shafter, Hawaii	4,151	17.9	16.1
Kimbrough Ambulatory Care Center	Army	Ft. Meade, Maryland	3,717	16.0	14.4
Landstuhl Regional Medical Center	Army	Landstuhl, Germany	2,590	11.2	10.1
Dwight D. Eisenhower Army Medical Center	Army	Ft. Gordon, Georgia	1,639	7.1	6.4
<b>Total</b>			<b>23,170</b>	<b>100.0</b>	<b>89.9</b>
<b>Asynchronous telehealth service encounters<sup>a</sup></b>					
Tripler Army Medical Center	Army	Ft. Shafter, Hawaii	1,004	43.0	41.5
Brooke Army Medical Center	Army	San Antonio, Texas	840	36.0	34.7
Navy Medical Center Portsmouth	Navy	Portsmouth, Virginia	343	14.7	14.2
Landstuhl Regional Medical Center	Army	Landstuhl, Germany	91	3.9	3.8
David Grant Medical Center	Air Force	Travis Air Force Base, California	57	2.4	2.4
<b>Total</b>			<b>2,335</b>	<b>100.0</b>	<b>96.6</b>

Source: GAO analysis of Department of Defense (DOD) telehealth data. | GAO-18-108R

Notes: Synchronous or “real time” telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. Asynchronous or “store and forward” telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. This table includes telehealth service encounters that DOD provided through its direct care component of military treatment facilities. Percentages may not sum to total because of rounding. Although the number of telehealth encounters in this table is likely to be lower than the actual number because of underreporting, we determined that the data were sufficiently reliable for our purposes.

<sup>a</sup>The asynchronous encounters are encounters in which the military services either transmitted or received medical images or information for interpretation.

Centers maintain portals that support the delivery of asynchronous telehealth services. For example, the Brooke Army Medical Center has a tele-dermatology portal that transmits images for dermatology consultations.

## Agency Comments

We provided a draft of this report to DOD for review and comment. DOD provided technical comments, which we incorporated as appropriate.

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We are sending copies of this report to appropriate congressional committees, the Secretary of Defense, and the Assistant Secretary for Health Affairs. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or [williamsonr@gao.gov](mailto:williamsonr@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 include Karin Wallestad (Assistant Director), Kenisha Cantrell, Pamela Dooley (Analyst-In-Charge), Krister Friday, Jacquelyn Hamilton, and Courtney Liesener.



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Director, Health Care

Enclosure

## **List of Committees**

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The Honorable Jack Reed  
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United States Senate

The Honorable Mac Thornberry  
Chairman

The Honorable Adam Smith  
Ranking Member  
Committee on Armed Services  
House of Representatives

**Enclosure: DOD Telehealth Use, Fiscal Years 2014 and 2015**

**Table 6: Synchronous and Asynchronous Telehealth Service Encounters, by Beneficiary Category and DOD Care Component, Fiscal Years 2014 and 2015**

Beneficiary category	DOD direct care		DOD purchased care		Direct and purchased care	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>Fiscal year 2014</b>						
<b>All telehealth service encounters</b>						
Active duty servicemembers	25,836	74.8	1,209	14.0	27,045	62.7
Other <sup>a</sup>	8,702	25.2	7,410	86.0	16,112	37.3
<b>Total</b>	<b>34,538</b>	<b>100.0</b>	<b>8,619</b>	<b>100.0</b>	<b>43,157</b>	<b>100.0</b>
<b>Synchronous telehealth service encounters</b>						
Active duty servicemembers	24,346	79.2	1,202	14.0	25,548	65.0
Other <sup>a</sup>	6,394	20.8	7,355	86.0	13,749	35.0
<b>Total</b>	<b>30,740</b>	<b>100.0</b>	<b>8,557</b>	<b>100.0</b>	<b>39,297</b>	<b>100.0</b>
<b>Asynchronous telehealth service encounters</b>						
Active duty servicemembers	1,490	39.2	7	11.3	1,497	38.8
Other <sup>a</sup>	2,308	60.8	55	88.7	2,363	61.2
<b>Total</b>	<b>3,798</b>	<b>100.0</b>	<b>62</b>	<b>100.0</b>	<b>3,860</b>	<b>100.0</b>
<b>Fiscal year 2015</b>						
<b>All telehealth service encounters</b>						
Active duty servicemembers	32,226	72.1	812	7.6	33,038	59.6
Other <sup>a</sup>	12,471	27.9	9,941	92.4	22,412	40.4
<b>Total</b>	<b>44,697</b>	<b>100.0</b>	<b>10,753</b>	<b>100.0</b>	<b>55,450</b>	<b>100.0</b>
<b>Synchronous telehealth service encounters</b>						
Active duty servicemembers	29,862	77.7	810	7.6	30,672	62.5
Other <sup>a</sup>	8,564	22.3	9,852	92.4	18,416	37.5
<b>Total</b>	<b>38,426</b>	<b>100.0</b>	<b>10,662</b>	<b>100.0</b>	<b>49,088</b>	<b>100.0</b>
<b>Asynchronous telehealth service encounters</b>						
Active duty servicemembers	2,364	37.7	2	2.2	2,366	37.2
Other <sup>a</sup>	3,907	62.3	89	97.8	3,996	62.8
<b>Total</b>	<b>6,271</b>	<b>100.0</b>	<b>91</b>	<b>100.0</b>	<b>6,362</b>	<b>100.0</b>

Source: GAO analysis of Department of Defense (DOD) telehealth data. | GAO-18-108R

Notes: Synchronous or “real time” telehealth encounters are characterized by the use of interactive, electronic communication exchange in at least two directions in the same time period. Asynchronous or “store and forward” telehealth encounters involve the transmission of medical images or information in one direction at a time via electronic communication. Encounter data for this table are based on beneficiary category. Although the number of telehealth encounters in this table is likely to be lower than the actual number because of underreporting, we determined that the data were sufficiently reliable for our purposes.

<sup>a</sup>Other includes dependents, retirees, inactive National Guard and Reservist, and other categories (e.g., civilian officials, military prisoners).

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