STATEMENT OF

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NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

"Exploring the Implementation and Future of the Veterans Choice Program"

WASHINGTON, D.C. May 12, 2015

Chairman Isakson, Ranking Member Blumenthal and members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I thank you for the opportunity to present the VFW's thoughts on the current state of the Veterans Choice Program.

More than a year ago, whistleblowers in Phoenix, Arizona, exposed rampant wrong-doing at their local Department of Veterans Affairs (VA) hospital through which veterans were alleged to have died waiting for care, while VA employees manipulated waiting lists and hid the truth. In the months that followed, similar problems were exposed across the country, and the ensuing crisis forced the Secretary of Veterans Affairs and many top Veterans Health Administration (VHA) deputies to resign.

As the crisis unfolded, the VFW intervened by offering direct assistance to veterans receiving VA health care; publishing a detailed report, *"Hurry up and Wait,"* which made 11 recommendations on ways to improve VA's health care system; working with Congress to pass significant reforms; and working directly with VA to implement reforms.

In August 2014, Congress passed and the President signed into law the *Veterans Access, Choice, and Accountability Act of 2014* (VACAA) with the support and insight of the VFW. This critical law commissioned the Veterans Choice Program, which now offers critical non-VA health care options to veterans who are unable to receive VA health care appointments in a timely manner (30-dayers) or who live more than 40 miles from the nearest VA medical facility (40-milers).

In an effort to gauge veterans' experiences and evaluate how the program was performing, the VFW commissioned a series of surveys and compiled an initial report on how the program performed during the first three months of its implementation. The VFW's initial report included six specific recommendations regarding participation, wait time standard, geographic eligibility, and non-VA care issues that needed to be addressed. Fortunately, the Veterans Choice Program has been a top priority for VA and Congress. As a result, several issues that accompanied the roll-out have been resolved.

The VFW continues to play an integral part in identifying new issues the Veterans Choice Program faces and recommending reasonable solutions to such issues. Yesterday, we published the second report on the implementation of the Veterans Choice Program. All our reports can be found on our VA Health Care Watch Website, www.vfw.org/VAWatch. Our second Veterans Choice Program report found that the implementation of the program has improved. However, more works remains. The second report includes 12 recommendations regarding several issues that must be addressed to ensure the program accomplishes its intended goal of improving access to high quality health care for America's veterans.

Participation Gap

The VFW's initial report identified a gap between the number of veterans who were eligible for the Veterans Choice Program and those afforded the opportunity to receive non-VA care. Our report found that VA has made progress in addressing this gap. However VA must continue to improve its processes and training to ensure all veterans who are eligible for the Veterans Choice Program are given the opportunity to receive timely access to health care in their communities.

Thirty-eight percent of second survey participants who believed they were eligible for the program were offered the opportunity to receive non-VA care. This is a 12 percent increase from our initial survey. Yet, the VFW continues to hear from veterans who report that the schedulers they speak to are unaware of the program or are unsure how it works.

For 30-dayers, participation continues to hinge on VA schedulers informing veterans that they are eligible for the program. The lack of system wide training for schedulers and frontline staff has led to a reliance on local facility driven training, which VA admits has resulted in inconsistent training. To mitigate this issue, VA has developed system wide training for all VHA staff, which it intends to implement later this month. VA will also conduct specialized training for scheduling staff to ensure they are familiar with the Veterans Choice Program's business processes and know how to properly serve eligible veterans.

The VFW applauds such efforts, but we are concerned that training will not have the desired outcome if VA fails to implement proper quality assurance processes. For example, the program's contractors, Health Net and TriWest, monitor their call center representatives to ensure they provide accurate information about the program. Doing so allows them to identify call center representatives who need remedial training. They also utilize quality assurance mechanisms to improve training to ensure veterans receive high quality customer service. VA can benefit from adopting similar processes to ensure VA staff provide high quality customer service and adhere to training objectives.

The VFW acknowledges that the participation gap will not be eliminated with training alone. Regardless of how well VA trains its staff, human error will lead to veterans not being properly informed of their opportunity to receive health care in their communities. To address this issue, VA implemented the Veterans Choice Program Outreach Campaign to contact more than 100,000 veterans who were initially eligible for the Veterans Choice Program as 30-dayers. The program concluded in February and resulted in VA staff transferring approximately 30 percent of the veterans it contacted to the Veterans Choice Program call centers. VA would benefit from implementing an automated letter or robocall system that would continue the work of the Veterans Choice Program Outreach Campaign.

The VFW's second Veterans Choice Program report also found a decrease in patient satisfaction among veterans who received non-VA care through the Veterans Choice Program. Feedback from veterans shows that the primary reason for the decline in satisfaction has been a direct result of their inability to find viable private sector health care options. Many veterans have reported that they chose to keep their VA appointments because they were unable to find private sector providers closer than their VA medical facilities, or their appointments at VA were earlier than what they were able to obtain in the private sector.

Health Net and TriWest have candidly acknowledged that scheduling veterans within 30 days is unattainable in certain instances. The reasons differ case by case, but are generally associated with a lack of availability in the private sector or a delay in receiving the VA medical documentation needed to schedule an appointment. For example, TriWest reports that in many communities wait times for a new dermatology patient are often 60 or even 90 days out. This indicates that health care in the private sector is not widely available for all specialties, especially when veterans seek veteran-specific care that does not exist in the private sector, such as spinal cord injury and disorder care, polytrauma treatment and services, and specialized mental health care. For example, a veteran from Elko, Nevada, who is eligible for the Veterans Choice Program as a 40-miler told us she wanted to explore mental health care options in her community, but was unable to find a mental health care provider able to treat veterans, so she decided it was best to continue receiving telemental health care from VA.

The VFW is concerned that local facilities may also contribute to the delay or inability to schedule non-VA care appointments through the Veterans Choice Program. Our report found that some local VA medical facilities were slow to provide the medical documentation needed to schedule appointments through the program. We also found that some VA medical facilities were slow to process requests for follow-up treatment through the program. For example, a veteran in Fredericksburg, Virginia, was authorized to receive back surgery through the program, but his appointment was delayed because the Richmond VA Medical Center had not sent the medical documentation his private sector doctor needed to schedule his surgery. After receiving surgery, the veteran was prescribed postoperative physical therapy. Unfortunately, he was unable to schedule his physical therapy appointments until the Richmond VA Medical Center approved the treatment. It took nearly a month for his non-VA physical therapy to be approved.

Furthermore, the VFW is concerned with the lack of private sector providers opting to participate in the program. Due to reimbursement rates and requirements to return medical documentation, some private sector providers have been reluctant to participate in the Veterans Choice Program network when they have a preexisting agreement with a VA medical facility. Such agreements often allow for higher reimbursement rates or do not require the non-VA provider to return medical documentation. The VFW is concerned that the reliance on local agreements has limited Health Net's and TriWest's ability to build capacity by expanding their Choice networks. VA must issues clear directives on how to properly utilize purchase care programs and authorities to ensure local medical facilities do not prevent the Veterans Choice Program's contractors from expanding their networks to better serve veterans.

Wait Time Standard

The VFW's initial report highlighted several flaws in the way VA calculates wait times. Unfortunately, our second report found that this flawed metric is still being used. VA's wait time standard still requires veterans to wait unreasonably long and remains susceptible to data manipulation.

VA's current wait time standard requires a veteran to wait at least 30 days beyond the date a veteran's provider deems clinically necessary, or clinically indicated date, before being considered eligible for the Veterans Choice Program. This means that a veteran who is told by his or her VA doctor that he or she needs to be seen within 60 days is only eligible for the Veterans Choice Program if he or she is scheduled for an appointment that is more than 90 days out, or more than 30 days after the doctor's recommendation. The VFW remains concerned that veterans' health may be at risk if they are not offered the ability to receive care within the timeframe their VA providers deem necessary, regardless of whether the care is received through a VA medical facility or the Veterans Choice Program.

Furthermore, VA's wait time standard is not aligned with the realities of waiting for a VA health care appointment. Forty-five percent of the 1,464 survey respondents who have scheduled an appointment since November 5, 2014 reported waiting more than 30 days for their appointment. Yet, VA data on more than 70.8 million pending appointments between November 1, 2014 and April 15, 2015 shows that fewer than seven percent of such appointments were scheduled beyond 30 days of a veteran's preferred date.

VA's preferred date metric is a figure determined subjectively by VA schedulers when veterans call to make an appointment. The VFW has long disputed the validity of this figure, which we outlined in detail in our initial report. Our second Veterans Choice Program report found that veterans who perceive they wait longer than 30 days for care, regardless of how long VA says they wait, are more likely to be dissatisfied than veterans who perceive that VA has offered them care in a timely manner. Patient satisfaction is fundamental to the delivery of health care. Ultimately, satisfaction is based on how long veterans perceive they wait, not how VA estimates wait times. VA must take veterans' perceptions into account when establishing standards to measure how long veterans wait for their care.

The VFW and our Independent Budget (IB) partners have continued to call for VA to develop reasonable wait time standards based on acuity of care and specialty. Arbitrary system-wide deadlines do not fully account for the difference between the types and acuity of care veterans receive from VA. Waiting too long for health care can be the difference between life and death for veterans with urgent medical conditions. For example, a veteran with severe post-traumatic stress disorder should not be required to wait 30 days for treatment.

As part of the 12 independent assessments being conducted by the MITRE Corporation, et al., which were mandated by section 201 of VACAA, the Institute of Medicine (IOM) is currently evaluating if VA's wait time standard is an appropriate system wide access standard. The VFW will monitor IOM's work to ensure its recommendations serve the best interest of veterans.

Geographic Eligibility

On March 24, 2015, VA announced the most significant change that has occurred since the Veterans Choice Program was created. VA listened to the concerns of countless veterans and changed the way it calculated distance for the Veterans Choice Program from straight-line distance to driving distance. The change went into effect on April 24, 2015 and gave nearly 300,000 additional veterans the opportunity to choose whether to receive their health care through private sector providers or travel to a VA medical facility. The VFW applauds VA for taking the initiative and fixing an issue that confused veterans and caused frustration.

However, this change did not address another significant flaw in eligibility for the Veterans Choice Program. The VFW continues to hear from veterans who report that their local Community-Based Outpatient Clinics are unable to provide them the care they need, so VA requires them to travel long distances to a VA medical center. In order to properly account for the travel burden veterans face when accessing VA health care, geographic eligibility for the Veterans Choice Program should be based on the calculated distance to facilities that provide the care they need, not facilities that are unable to serve them.

The 40 mile standard was based on eligibility for TRICARE Prime. However, there is a distinct difference between the military population and the veteran population. According to VA's Office of Rural Health, youths from sparsely populated areas are more likely to join the military than those from urban areas. During their service, they are likely to live near military installations, which often have military treatment facilities. However, when they leave military service, 36 percent of veterans who enroll in the VA health care system return to rural areas. Although VA has made an attempt to expand capacity to deliver care where veterans live, it has not been able to, nor should it in some instances, expand its facilities to cover all veterans. Thus, using the same standard to measure distance that service members and their families travel to military treatment facilities to measure distance traveled by veterans to VA medical facilities, does not properly account for the diversity of the veteran population.

Feedback we have received from veterans indicates that a commute time standard based on population density (urban, rural, highly-rural) would more appropriately reflect the travel burden veterans face when accessing VA health care. However, the VFW recognizes that any established standard will be imperfect. Thus, VA must have the authority to make clinically based exceptions. Regardless, a study must be commissioned to determine the most appropriate geographic eligibility standard for health care furnished by the VA health care system. IOM is currently evaluating the way VA calculates wait times, yet no one has been asked to evaluate whether the 40-mile standard is appropriate.

While changes are made to the Veterans Choice Program, VA must fully utilize all of its purchased care programs and authorities, such as the Patient-Centered Community Care Program, to ensure veterans have timely access to high quality care. The VFW continues to believe that veterans should be afforded the opportunity to obtain care closer to home if VA care is not readily available, especially when veterans have an urgent medical need.

VA's Purchased Care Model

The Veterans Choice Program was intended to address the inconsistent use of VA's decentralized non-VA care programs and evaluate whether national standards for access to non-VA care would improve access. The VFW is committed to ensuring such standards serve the best interest of veterans who rely on VA for their health care needs. Fortunately, the Veterans Choice Program is succeeding in improving access to care for thousands of veterans. The problem remains that many veterans who are eligible for the program have yet to be given the opportunity to receive non-VA care.

As the future of the Veterans Choice Program and VA's purchased care model are evaluated, the VFW believes it is important to recognize that the quality of care veterans receive from VA is significantly better than what is available in the private sector. In fact, studies conducted by the

RAND Corporation and other independent entities have consistently concluded that the VA health care system delivers higher quality health care than private sector hospitals.[1] Additionally, independent studies have also found that delivering VA health care services through private sector providers is more costly.[2]

Moreover, many of VA's capabilities cannot be readily duplicated or properly supplemented by private sector health care systems – especially for issues like combat-related mental health conditions, blast injuries, or service-related toxic exposures. With this in mind, the VFW believes that VA must continue to serve as the initial touch point and guarantor of care for all enrolled veterans. As advocates for the creation and continued improvement of the VA health care system, the VFW understands that enrollment in the VA health care system is not mandatory. Yet, more than 9 million veterans have chosen to enroll and 6.5 million of them choose to rely on VA for their care, despite 75 percent of them having other forms of health care coverage. Additionally, veterans who have chosen to utilize their earned VA health care benefits are by and large satisfied with the care they receive.

The VFW believes that veterans should continue to request a VA appointment prior to becoming eligible for non-VA care. This will ensure that VA upholds its obligation as the guarantor and coordinator of care for enrolled veterans, which includes ensuring the care veterans receive from non-VA providers meets department and industry safety and quality standards. Doing so allows VA to provide a continuum of care that is unmatched by any private sector health care system.

Moving forward, the lessons learned from this important program should be incorporated into a single, system-wide, non-VA care program with veteran-centric and clinically driven access standards, which will afford veterans the option to receive care from private sector health care providers when VA is unable to meet such standards. Such a program must also include a reliable case management mechanism to ensure veterans receive proper and timely care and a robust quality assurance mechanism to ensure system wide directives and standards are met.

Non-VA care must supplement the care veterans receive at VA medical facilities, not replace it. Ideally, VA would have the capacity to provide timely access to direct care for all the veterans it serves. We know, however, that VA medical facilities continue to operate at 119 percent capacity, and may never have the resources needed to build enough capacity to provide direct care to the growing number of veterans who rely on VA for their health care needs.

VA must continue to expand capacity based on staffing models for each health care specialty and patient density thresholds. However, the VFW recognizes that in the 21st century, VA cannot rely on building new facilities alone. When thresholds are exceeded, VA must use leasing and sharing agreements with other health care systems, such as military treatment facilities, Indian Health Service facilities, federally-qualified health centers, and affiliated hospitals when possible and purchase care when it cannot.

To ensure the VA health care system provides veterans the timely access to high quality health care they have earned and deserve, VA must conduct recurring assessments and future years

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[1] "Socialized or Not, We Can Learn from the VA," Arthur L.Kellermannhttp, RAND Corporation. August 8, 2012, www.rand.org/blog/2012/08/socialized-or-not-we-can-learn-from-the-va.html.

[2] "Comparing the Costs of the Veterans' Health Care System with Private-Sector Costs," Congressional Budget Office. December 10, 2014, https://www.cbo.gov/publication/49763.

planning to quickly address access, safety, and utilization gaps. The VFW recognizes that these improvements will not happen overnight, but veterans cannot be allowed to suffer in the meantime. Non-VA care must continue to serve as a reliable bridge between full access to direct care and where we are now.

The VFW is committed to working with Congress, VA, our veterans service organization partners and other stakeholders to continue monitoring changes to the Veterans Choice Program and VA's purchased care model; evaluate what is working; identify shortcomings; and work toward reasonable solutions.

A copy of the VFW's second Veterans Choice Program report has been sent to the Committee and I kindly request it be included in the record.

Mr. Chairman, this concludes my testimony. I am prepared to take any questions you or the Committee members may have.

Veterans Choice Program

Second Report

Compiled by the Veterans of Foreign Wars of the U.S.

May 11, 2015

VFW
VETERANS OF FOREIGN WARS
NO ONE DOES MORE FOR VETERANS.

BACKGROUND:

More than a year ago, whistleblowers in Phoenix, Ariz., exposed rampant wrong-doing at their local Department of Veterans Affairs (VA) hospital through which veterans were alleged to have died waiting for care, while VA employees manipulated waiting lists and hid the truth. In the months that followed, similar problems were exposed across the country, and the ensuing crisis forced the Secretary of Veterans Affairs and many top Veterans Health Administration deputies to resign.

As the crisis unfolded, the Veterans of Foreign Wars of the United States (VFW) intervened by offering direct assistance to veterans receiving VA health care; publishing a detailed report, *"Hurry up and Wait,"* which made 11 recommendations on ways to improve VA's health care system; working with Congress to pass significant VA health care reforms; and working directly with VA to implement reforms.

In August 2014, Congress passed and the President signed into law the *Veterans Access, Choice, and Accountability Act of 2014* (VACAA) with the support and insight of the VFW. This critical law commissioned the Veterans Choice Program, which now offers critical non-VA health care options to veterans who are unable to receive VA health care appointments in a timely manner (30-dayers) or who live more than 40 miles from the nearest VA medical facility (40-milers).

The program became operational on November 5, 2014, meaning VA and its partners had three months to stand up an expansive network of private sector health care providers who meet the program's requirements and are willing to treat veterans. As a result of the complexity of the program and the short implementation requirement, the VFW knew issues would arise.

In an effort to gauge veterans experiences and evaluate how the program was performing, the VFW commissioned a series of surveys and compiled an initial report on how the program performed during the first three months of its implementation. The VFW's initial report included six specific recommendations regarding participation, wait time standard, geographic eligibility, and non-VA care issues that needed to be addressed. Fortunately, the Veterans Choice Program has remained a top priority for VA and Congress. As a result, several issues that accompanied the roll-out have been addressed.

The VFW continues to play an integral part in identifying issues the Veterans Choice Program faces and recommending reasonable solutions to such issues. In an effort to ensure the program serves the best interest of America's veterans, the VFW has continued to publicize our national veterans' help line, 1-800-VFW-1899, and our VA Health Care Watch webpage, www.vfw.org/VAWatch, where veterans can learn about the program and share their experiences.

The following report includes highlights and data trends that the VFW has identified over the first six months of the Veterans Choice Program's implementation. It includes analysis of what has changed since our initial report and new trends the VFW has identified.

FINDINGS:

The VFW's initial Veterans Choice Program survey was conducted from December 5, 2014, to February 5, 2015, and received 2,511 responses. The second survey was conducted from February 6, 2015, to April 6, 2015, and received 2,155 responses. They were both identical and logic-based, meaning the questions participants were prompted to answer were based on their initial responses. Additionally, the VFW has received more than 160 Veterans Choice Program specific inquiries from veterans via the VFW's health care helpline, general email inbox, and the Action Corps Grassroots Network. Below is a summary of the results from the second survey with comparisons to the initial survey:[1]

- 45 percent of the 877 survey participants who attempted to schedule an appointment after November 5, 2014, reported waiting more than 30 days for a VA appointment – an increase of 10 percent from the initial survey (35 percent of 746).

- 35 percent of the 1,151 survey participants who believed they were eligible for the Veterans Choice Program were offered the option to receive non-VA care –an increase of 16 percent from the initial survey (19 percent of 1,069).

- 46 percent of the 390 survey participants who were offered the choice to receive non-VA care reported that they chose to continue receiving VA care, which was not significantly different from the initial survey (47 percent of 198).

- 50 percent of the 307 survey participants who reported living more than 40 miles from a VA medical facility and were given the option to receive non-VA care chose to continue receiving VA care, which was not significantly different from the initial survey (50 percent of 166).

- 31 percent of the 74 survey participants who reported waiting longer than 30 days for VA care and were given the option to receive non-VA care chose to continue receiving VA care, which was not significantly different from the initial survey (38 percent of 21).

- 75 percent of 1,658 survey participants reported that they were satisfied with their VA health care experience –a decrease of five percent from the initial survey (80 percent of 2,002).

- 90 percent of the 397 survey participants who reported waiting less than 30 days for VA care were satisfied with their VA health care experience which is not significantly different from the initial survey (92 percent of 413).

- 47 percent of the 196 survey participants who chose non-VA care reported that they were satisfied with the Veterans Choice Program –a decrease of 10 percent from the initial survey (57 percent of 97).

- 19 percent of the 201 survey participants who chose non-VA care reported waiting longer than 30 days for non-VA care appointments – an increase of 10 percent from the initial survey (9 percent of 99).

[1] Enrollment in the VA health care system is a prerequisite for eligibility under the Veterans Choice Program. Findings have been controlled for enrollment.

ANALYSIS:

Results from our second Veterans Choice Program survey indicate that the implementation of the program has improved. However, several issues must be addressed to ensure the program accomplishes its intended goal of improving access to timely and high quality non-VA health care options when VA health care is not readily available.

Participation Gap

The VFW's initial report identified a gap between the number of veterans who were eligible for the Veterans Choice Program and those afforded the opportunity to receive non-VA care. Our second survey indicates that VA has made significant progress in addressing the participation gap. However, VA must continue to improve its processes and training to ensure all veterans who are eligible for the Veterans Choice Program are given the opportunity to receive timely access to health care in their communities.

Thirty-eight percent of second survey participants who believed they were eligible for the program were offered the opportunity to receive non-VA care. This is a 12 percent increase from our initial survey. Although VA has made progress, VA medical facilities must continue to properly train their frontline staff to ensure veterans who are eligible to receive care outside of VA are afforded the option to do so. The VFW continues to hear from veterans who report that the schedulers they speak to are unaware of the program or are unsure how it works. For example, a veteran from Washington, DC, had his primary care appointment canceled by VA and was given a replacement appointment that was more than 30-days from his preferred date. The veteran asked if he was eligible for the Veterans Choice Program, but was told by the scheduler that she had "no familiarity with that program."

For 30-dayers, participation hinges on frontline staff. When VA schedulers are unable to schedule veterans within VA's wait time standard – 30 days from the time a VA provider deems an appointment clinically necessary (clinically indicated date) or if no such date exists, the date a veteran prefers to be seen – they place such veterans on the Veterans Choice List (VCL) and should inform veterans of their eligibility for the Veterans Choice Program. The VCL is then transferred to the program's third party administrators, or contractors, to verify eligibility for veterans who call the program's call centers seeking non-VA care appointments. The lack of system wide training for schedulers and frontline staff has led to a reliance on local, facility driven training, which VA admits has resulted in inconsistent training and often results in veterans receiving dated or misleading information. To mitigate this issue, VA has developed system wide training for all VHA staff, which it plans to roll out this month. VA will also conduct specialized training for scheduling staff to ensure they are familiar with the Veterans Choice Program's business processes and know how to properly serve eligible veterans.

The VFW believes that such training can be effective only if VA implements quality assurance processes to verify proper use of the VCL and whether frontline staff is properly informing veterans of their ability to receive non-VA care through the program. For example, the program's contractors, Health Net and TriWest, monitor their call center representatives to

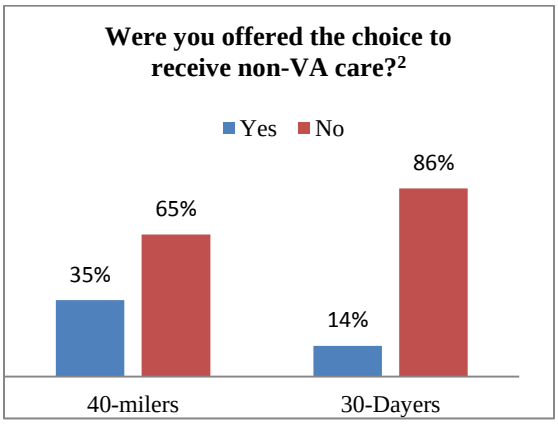
ensure they provide accurate information about the program. Doing so allows them to identify call center representatives who need remedial training. They also utilize quality assurance mechanisms to improve training to make certain veterans receive high-quality customer service. VA can benefit from adopting similar processes to ensure VA staff provide high quality customer service and adheres to training objectives.

The VFW acknowledges that the participation gap will not be eliminated with training alone. Regardless of how well VA trains its frontline staff, human error will lead to veterans not being properly informed of their eligibility for the program or being left off the VCL. To mitigate this issue, VA plans to automate the VCL process. The VFW applauds this initiative.

Currently, 30-dayers rely on VA staff to add their names to the VCL in order to participate in the Veterans Choice Program. On the other hand, veterans who have been designated as 40-milers are automatically eligible for the program and may contact the contractors directly. Results from our survey indicate that 40-milers were 21 percent more likely to be offered the opportunity to receive non-VA care than 30-dayers. This indicates that an automated eligibility process for 30-dayers is likely to lead to more veterans being offered choice.

The VFW is also concerned that veterans on the VCL are not being properly informed of their eligibility. VA's latest patient access data shows that nearly 432,000 appointments had a wait time longer than 30 days. Each of those appointments should have been reflected on the VCL. Yet, only 51,000 non-VA care appointments have been authorized throughout the life of the program.

Chart I



To address this issue, VA implemented the Veterans Choice Program Outreach Campaign to contact more than 100,000 veterans who were initially eligible for the Veterans Choice Program as 30-dayers. The program concluded in February and resulted in VA staff transferring approximately 30 percent of the veterans it contacted to the Veterans Choice Program call centers. VA would benefit from implementing an automated letter or robocall system that would continue the work of the Veterans Choice Program Outreach Campaign.

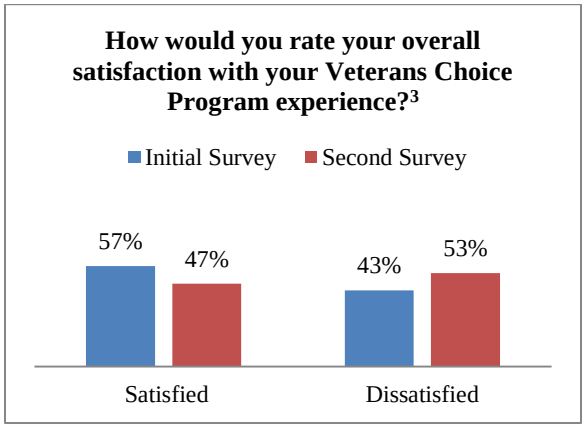
The VFW has learned that several VA medical centers have developed their own processes to ensure 30-dayers are added to the VCL. At the Washington DC VA Medical Center, the medical center's business office reviews appointment from the previous day and verifies that veterans who have an appointment wait time of 30 days or more have been added to the facility's VCL, and informs veterans who were not previously added to the VCL of their eligibility for the program. VA must

[2] This chart shows aggregate data from both surveys. Only participants who reported living more than 40 miles from a VA medical facility, waiting beyond 30 days for a VA appointment, or being unable to schedule a VA appointment were prompted to answer this question. 1,418 survey participants reported living more than 40 miles from the nearest VA medical facility, 652 reported waiting longer than 30 days for their VA appointments.

collect and disseminate such best practices to improve implementation and increase the number of veterans who are afforded the opportunity to receive non-VA care when VA care is not accessible.

The VFW is also concerned with the decrease in patient satisfaction among veterans who received non-VA care through the Veterans Choice Program. As illustrated in chart II, 47 percent of 196 second survey participants who chose to use non-VA care reported they were satisfied with the Veterans Choice Program. This is a 10 percent decrease from the initial survey (57 percent of 97).

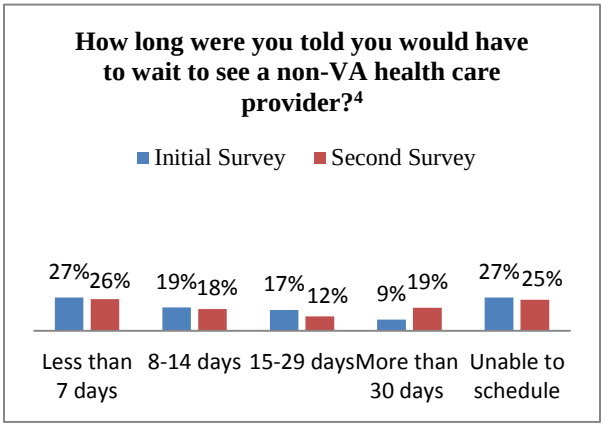
Chart II



Feedback from veterans shows that the primary reason for the decline in satisfaction has been a direct result of their inability to find viable private sector health care options. Many veterans have reported that they chose to keep their VA appointments because they were unable to find private sector providers closer than their VA medical facilities, or their appointments at VA were earlier than what they were able to obtain in their communities. One veteran who contacted the VFW needed to see an urologist in Andalusia, Ala., through the Veterans Choice Program. However, the veteran kept his VA appointment with the Montgomery VA Medical Center because there was no better option in his community.

Health Net and TriWest have candidly acknowledged that scheduling veterans within 30 days is unattainable in certain instances. The reasons differ case by case, but are generally associated with a lack of availability in the private sector or a delay in receiving the VA medical documentation needed to schedule an appointment. For example, TriWest reports that in many communities, wait times for a new dermatology patient are often 60 or even 90 days out.

Chart III



Results from our surveys also indicated that the decline in patient satisfaction may be due in part to the increase in the number of veterans waiting longer than 30 days for non-VA care. Nineteen percent of the 201 second survey participants who chose non-VA care reported waiting more than 30 days for their non-VA appointments. This is a 10

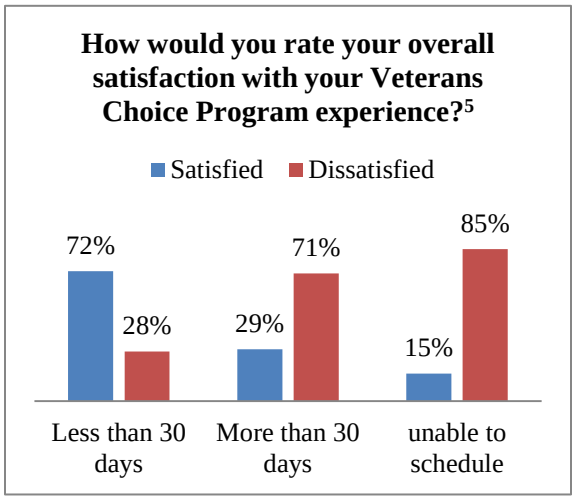
[3] Only veterans who reported choosing non-VA care were prompted to answer this question. 97 participants of the initial survey answered this question. 196 participants of the second survey answered this question.

[4] Only participants who reported choosing non-VA care were prompted to answer this question. 97 participants of the initial survey answered this question. 196 participants of the second survey answered it.

percent increase from the initial survey (9 percent of 99).

As illustrated in chart IV, our surveys also found that participants who waited fewer than 30 days for non-VA care were 43 percent more likely to be satisfied with their non-VA care experience than participants who waited more than 30 days. Additionally, only 15 percent of participants who were unable to schedule a non-VA care appointment reported being satisfied with their non-VA care experience.

Chart IV



The VFW is concerned that local facilities may also contribute to the delay or inability to schedule non-VA care appointments through the Veterans Choice Program. Feedback from veterans indicates that non-VA care appointments are being delayed due to local VA medical facilities not providing in a timely manner the medical documentation necessary for non-VA health care providers to complete appointments.

[5] This chart shows aggregated data from both surveys. Only participants who reported choosing non-VA care were prompted to answer this question. 293 survey participants answered this question – 170 of them reported waiting less than 30 days for a non-VA care appointment, 45 reported waiting longer than 30 days, and 78 reported they were unable to schedule an appointment.

Other veterans report that they are unable to schedule follow-up appointments because the local VA medical facility has not approved the follow-up treatment.

For example, a veteran in Fredericksburg, Va., was authorized to receive back surgery through the program, but his appointment was delayed because the Richmond VA Medical Center had not sent needed medical documentation his private sector doctor needed to schedule his surgery. After receiving surgery, the veteran was prescribed postoperative physical therapy. Unfortunately, he was unable to schedule his physical therapy appointments until the Richmond VA Medical Center approved the treatment. It took nearly a month for his non-VA physical therapy to be approved. Local facilities must develop streamlined secondary authorization processes to ensure such scheduling delays do not occur.

The VFW has learned that the delay in transmitting medical documentation is likely to be the result of the requirement for local VA medical facilities to transfer medical consult information to the contractors for every veteran added to the VCL, regardless of whether or not such veteran elects to use the Veterans Choice Program. Given the large disparity between the number of veterans on the VCL and the number of veterans who receive appointments through the program, the majority of the medical information sent to the contractors is not used.

To mitigate this issue, VA and its contractors have begun piloting a process to only send the medical consults of veterans who elect to use the Veterans Choice Program. Once a veteran requests a non-VA care appointment, the contractor will request the medical documentation it needs to schedule the veteran's appointment. Doing so eliminates extraneous documentation

from being sent to the contractors and provides relief to administrators responsible for the collection, transmission, receipt, and processing of this sensitive information. This process, however, is reliant on VA medical facilities having appropriate Non-VA Care Coordination (NVCC) staff to provide timely responses to requests from the program's contractors. If NVCC teams are improperly staffed, veterans will likely continue to face referral backlogs, exacerbating access issues.

Furthermore, the VFW is concerned with the lack of private sector providers opting to participate in the program. Due to reimbursement rates and requirements to return medical documentation, some private sector providers have been reluctant to participate in the Veterans Choice Program network when they have a preexisting agreement with VA medical facilities. Such agreements often allow for higher reimbursement rates or do not require the non-VA provider to return medical documentation. The VFW is concerned that the reliance on local agreements has limited Health Net's and TriWest's ability to build capacity by expanding their Choice networks.

Feedback from veterans shows that receiving non-VA care through the Veterans Choice Program streamlines the prescription process and eliminates the burden of finding their own private sector provider willing to accept payment from VA. It also benefits VA medical facilities by easing the administrative burden on facility NVCC staff and ensuring medical documentation is returned for future care coordination. VA must issues clear directives on how to properly utilize purchase care programs and authorities to ensure local medical facilities do not prevent the Veterans Choice program's contractors from expanding their networks to better serve veterans.

Wait time Standard

Automating the processes VA uses to implement the Veterans Choice Program is a step towards improving participation. The VFW's initial report highlighted several flaws in the way VA calculates wait times. Unfortunately, this calculation remains problematic. VA's wait time standard still requires veterans to wait unreasonably long and remains susceptible to data manipulation.

VA's current wait time standard requires a veteran to wait at least 30 days beyond the clinically indicated date before being considered eligible for the Veterans Choice Program. This means that a veteran who is told by his or her VA doctor that he or she needs to be seen within 60 days is only eligible for the Veterans Choice Program if he or she is scheduled for an appointment that is more than 90 days out, or more than 30 days after the doctor's recommendation. The VFW remains concerned that veterans' health may be at risk if they are not offered the ability to receive care within the timeframe their VA providers deem necessary, regardless of whether the care is received through the VA medical facility or the Veterans Choice Program.

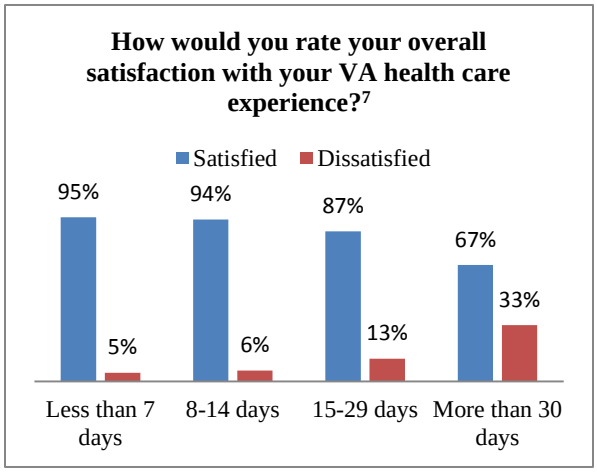
Furthermore, VA's wait time standard is not aligned with the realities of waiting for a VA health care appointment. Forty-five percent of the 1,464 survey respondents who have scheduled an appointment since November 5, 2014 reported waiting more than 30 days for their appointment. Yet, VA data on more than 70.8 million pending appointments between November 1, 2014 and April 15, 2015 shows that fewer than seven percent of

such appointments were scheduled beyond 30 days of a veteran's preferred date. [6]

Unfortunately, VA's preferred date metric is a figure determined subjectively by VA schedulers when veterans call to make an appointment. As a result of this subjectivity, the VFW has long disputed the validity of this figure, to include pointing out the fundamental flaws in VA's preferred date calculations in our initial report. With this in mind, the VFW's surveys have consistently relied on wait time perceptions reported by veterans and do not account for VA's calculation of preferred dates.

However, results from our surveys indicate that veterans who wait more than 30 days for VA health care are less likely to be satisfied with the care they receive from VA than those who wait less than 30 days. This indicates that veterans who perceive they wait longer than 30 days for care, regardless of how long VA says they wait, are more likely to be dissatisfied than veterans who perceive that VA has offered them care in a timely manner.

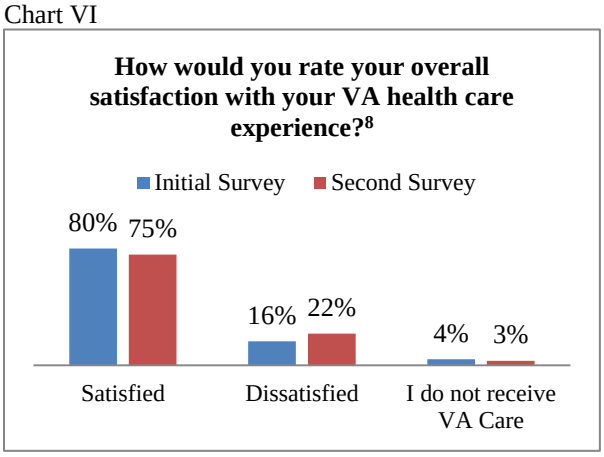
Chart V



[6] "Pending Wait Times Using Preferred Date," Department of Veterans Affairs. May 1, 2015, http://www.va.gov/health/docs/15_April_2015_Pending_04302015.pdf

Patient satisfaction will ultimately be based on how veterans perceive wait times, not how VA estimates wait times.

Chart VI



Results from our second survey also show that the number of veterans waiting more than 30 days for their VA appointment increased 10 percent compared to results from our initial survey. The VFW is concerned that such an increase has led to a decrease in patient satisfaction among users of the VA health care system. Seventy-five percent of 1,658 second survey participants reported being satisfied with VA health care. This is a five percent decrease from our initial survey. VA must take veterans' perceptions into account when establishing standards to measure how long veterans wait for VA health care.

The VFW is also concerned that a lack of capacity at VA medical facilities has also contributed the increase in the number of veterans waiting more than 30 days for VA health care. Local VA medical facilities

[7] Participants who chose to receive non-VA care were not prompted to answer this question. 2,002 initial survey participants answered this question. 1,658 second survey participants answered it.

[8] Veterans who reported choosing non-VA care were exempt from answering this question. 2,002 participants of the initial survey answered this question. 1,658 participants of the second survey answered this question.

must ensure all clinics are properly staffed to meet demand. They must periodically evaluate the wait time data for each clinic and determine if they need to increase capacity. In order for such practice to succeed, VA must also adopt a wait time standard that measures the true time a veteran waits for VA health care.

The VFW and our Independent Budget (IB) partners have continued to call for VA to develop reasonable wait time standards based on acuity of care and specialty. Arbitrary system-wide deadlines do not fully account for the difference between the types and acuity of care veterans receive from VA. Waiting too long for health care can be the difference between life and death for veterans with urgent medical. For example, a veteran with severe post-traumatic stress disorder should not be required to wait 30 days for treatment.

As part of the 12 independent assessments being conducted by the MITRE Corporation, et al., which were mandated by section 201 of VACAA, the Institute of Medicine (IOM) is currently evaluating whether VA's wait time standard is an appropriate system wide access standard for health care furnished by a the VA health care system. The VFW will monitor IOM's work to ensure its recommendations serve the best interest of veterans.

Geographic Eligibility

In our initial report, the VFW recommended that the geographic eligibility for the Veterans Choice Program be changed from geodesic, or straight-line, distance to driving distance to ensure eligibility for the program is aligned with the realities of traveling to VA medical facilities. Earlier this year, VFW National Commander John W. Stroud delivered that message to the President of the United States, the Secretary of Veterans Affairs, Congress and the American public. During a joint hearing of the Senate and House Committees on Veterans' Affairs, Stroud said that distance for the Veterans Choice Program should be measured "as the crow drives, not as the crow flies."

On March 24, 2015, VA announced it would change the way it calculated distance for the Veterans Choice Program from straight-line distance to driving distance. The change went into effect April 24, 2015. The concerns and advocacy of VFW members led to this significant change, which has given nearly 300,000 additional veterans the opportunity to choose whether to receive their health care closer to home or travel to a VA medical facility. The VFW applauds VA for taking the initiative and fixing an issue that confused veterans and caused frustration.

However, the VFW continues to hear from veterans who report that their local Community-Based Outpatient Clinics (CBOCs) are unable to provide them the care they need, so VA requires them to travel long distances to a VA medical center. VA's 40-mile rule change was unable to address this specific issue due to statutory restrictions. In order to properly account for the travel burden veterans face when accessing VA health care, geographic eligibility for the Veterans Choice Program should be based on the calculated distance to facilities that provide the care they need, not facilities that are unable to serve them.

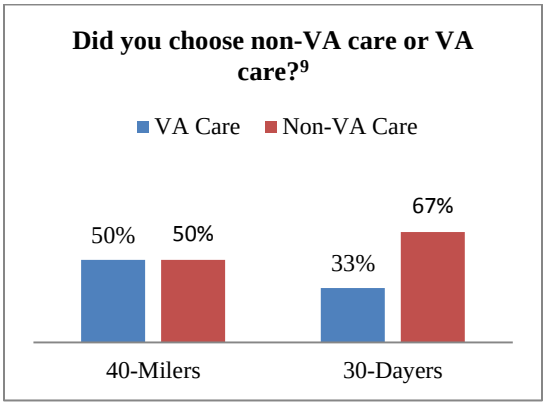
The VFW strongly believes that any geographic standard should also account for the diversity of the veteran population. According to VA's Office of Rural Health, rural veterans represent 36 percent of the more than 9 million veterans enrolled in the VA health care system. Many of these

veterans live in sparsely populated areas and are required to travel more than 40 miles to reach most goods and services. One such veteran who contacted the VFW needed to see a dermatologist in Florence, Ore., through the Veterans Choice Program. However, the closest private sector dermatologist the veteran was able to locate was 70 miles away from his home. Conversely, the VFW has heard from urban veterans who live within 40 miles of a VA medical facility and report that they are required to drive for more than an hour to receive their care.

In fact, our surveys found that 40-milers are more likely than 30-dayers to be given the opportunity to receive non-VA care, but are less likely to use it. Fifty percent of the 477 participants who reported living more than 40 miles from a VA medical facility elected to stay with VA health care when given choice, which is 17 percent more than 30-dayers who were given choice (33 percent of 95). This indicates that the arbitrary system-wide, 40-mile eligibility requirement does not properly account for the travel burden veterans face.

Feedback we have received from veterans indicates that a commute time standard based on population density (urban, rural, highly-rural) would more appropriately reflect the travel burden veterans face when accessing VA health care. However, the VFW recognizes that any established standard will be imperfect. VA must have the authority to make clinically based exceptions to any established standard. Regardless, a study must be commissioned to determine the most appropriate geographic eligibility standard for health care furnished by the VA health care system. IOM is currently evaluating the way VA calculates wait times, yet no one has been asked to evaluate whether the 40-mile standard is appropriate.

Chart VII



While changes are made to the Veterans Choice Program, VA must fully utilize all of its purchased care programs and authorities such as the Patient-Centered Community Care Program to ensure veterans have timely access to high quality care. The VFW continues to believe that veterans should be afforded the opportunity to obtain care closer to home if VA care is not readily available, especially when veterans have an urgent medical need that can be addressed more quickly through non-VA care.

VA's Purchased Care Model

The Veterans Choice Program was intended to address the inconsistent use of VA's decentralized non-VA care programs and evaluate whether national standards for access to non-VA care would improve access to high-quality care. The VFW is committed to ensuring such standards serve the best interest of veterans who rely on VA for their health care needs.

Fortunately, the Veterans Choice Program is succeeding in improving access to care for thousands of veterans. The problem remains

[9] This chart shows aggregated data from both surveys. Only participants who reported being offered non-VA care were prompted to answer this question. 95 participants reported waiting longer than 30 days for their VA appointment. 477 participants reported living more than 40-miles from a VA medical facility.

that many veterans who are eligible for the program have yet to be given the opportunity to receive non-VA care.

As the future of the Veterans Choice Program and VA's purchased care model are evaluated, the VFW believes it is important to recognize that the quality of care veterans receive from VA is significantly better than what is available in the private sector. In fact, studies conducted by the RAND Corporation and other independent entities have consistently concluded that the VA health care system delivers higher-quality care than private sector hospitals.[10]

Moreover, many of VA's capabilities cannot be readily duplicated or properly supplemented by private sector health care systems – especially for issues like combat-related mental health conditions, blast injuries, or service-related toxic exposures. With this in mind, the VFW believes that VA must continue to serve as the first option for veterans to receive health care and it must always serve as the initial touch point and guarantor of care for all enrolled veterans.

As advocates for the creation and continued improvement of the VA health care system, the VFW understands that enrollment in the VA health care system is not mandatory. Yet, more than 9 million veterans have chosen to enroll and 6.5 million of them choose to rely on VA for their care, despite 75 percent of them having other forms of health care coverage. Additionally, veterans who have chosen to utilize their earned VA health care benefits are by and large satisfied with the care they receive.

The VFW believes that veterans should continue to request a VA appointment prior to becoming eligible for non-VA care. This will ensure that VA upholds its obligation as the guarantor and coordinator of care for enrolled veterans, which includes ensuring the care veterans receive from non-VA providers meets department and industry safety and quality standards. Doing so allows VA to continue to provide the veterans it serves a continuum of care that is unmatched by any other health care system.

Moving forward, the lessons learned from this important program should be incorporated into a single, system wide, non-VA care program with veteran-centric and clinically driven access standards, which will afford veterans the option to receive care from private sector health care providers when VA is unable to meet access standards. Such a program should include a reliable case management mechanism to ensure veterans receive proper and timely care and include a robust quality assurance mechanism to ensure system wide directives and standards are met. Without such quality assurance mechanisms to ensure VA medical facilities adhere to system wide standards and directives, veterans' health may be at risk.

The VFW also believes that non-VA care must supplement the care veterans receive at VA medical facilities, not replace it. Ideally, VA would have the capacity to provide timely access to direct care to all veterans who need it. We know, however, that they currently do not, and the needs of today's veterans demand solutions that deviate from VA business norms.

[10] "Socialized or Not, We Can Learn from the VA," Arthur L.Kellermannhttp, RAND Corporation. August 8, 2012, www.rand.org/blog/2012/08/socialized-or-not-we-can-learn-from-the-va.html

VA must continue to expand capacity based on staffing models for each health care specialty and patient density thresholds. However, the VFW recognizes that in the 21st century, VA cannot rely on building new facilities alone. When thresholds are exceeded, leasing and sharing agreements with other health care systems, such as military treatment facilities, Indian Health Service facilities, federally-qualified health centers, and affiliated hospitals must be used.

To ensure the VA health care system provides veterans the timely access to high quality health care they have earned and deserve, VA must conduct recurring assessments and future years planning to quickly address access, safety, and utilization gaps. The VFW recognizes that these improvements will not happen overnight. Veterans cannot be allowed to suffer in the meantime, and non-VA care must continue to serve as a reliable bridge between full access to direct care and where we are now.

The VFW is committed to working with VA, Congress, our veterans service organization partners and other stakeholders to monitor changes to the Veterans Choice Program and VA's purchased care model; evaluate what is working; identify shortcomings; and work toward reasonable solutions. This report is only the third in our series of reports on the state of VA health care and the implementation of the Veterans Choice Program.

Moving forward, the VFW is developing a pinpointed Veteran Choice Program survey that will gather qualitative data to determine what influences veterans to choose non-VA care or stay with VA health care when given choice. The VFW will utilize VA's patient access data, previous survey responses, and feedback from veterans to identify VA medical facilities that have embraced the Veterans Choice Program and VA medical facilities with high wait times but low utilization of non-VA care.

The VFW has an obligation to the veterans we serve to get this right. We will continue to serve as the "canary in the mine" on VA health care, working to ensure that our nation's veterans receive the quality, timely health care that they have earned.

RECOMMENDATIONS:

- VA must provide frontline personnel standardized training and implement quality assurance mechanisms to ensure its medical facilities adhere to training objectives, system wide directives, and clinical practice guidelines.
- VA must collect and disseminate best practices to enable seamless implementation of the Veterans Choice Program.
- VA should automate the process to notify 30-dayers of their eligibility for the Veterans Choice Program.
- VA's wait time standard must be adjusted to appropriately account for clinical need, acuity of care, type of specialty, and how veterans perceive wait times.
- Wait time based eligibility for the Veterans Choice Program must be modified to allow veterans to receive non-VA care if care cannot be provided at a VA medical facility within the clinically indicated date.
- Eligibility for the Choice Program should be expanded to give veterans the opportunity to receive health care in their communities if their local VA medical center or system does not offer the care they need.
- VA must ensure the proposed Medical Appointment Scheduling System has a compliance aspect to preclude schedulers from using prohibited scheduling practices.
- The Veterans Choice Program's 40-mile standard must be properly evaluated to ensure it appropriately accounts for population density based differences veterans face when traveling to VA medical facilities.
- VA must properly utilize all of its non-VA care authorities in cases where VA cannot readily provide care due to lack of available specialists, long wait times, or geographic inaccessibility.
- VA must ensure that Non-VA Care Coordination (NVCC) teams at all VA facilities are adequately staffed with professionals capable of handling the influx of work.
- VA must remain the guarantor and coordinator of health care for all veterans enrolled in the VA health care system.
- VA must ensure the care veterans receive from non-VA care providers meets department and industry quality and safety standards.
- Congress and VA must consult with veterans service organizations and other stakeholders to determine how to incorporate best practices into a single, system wide, non-VA care program.

METHODOLOGY:

This report was compiled from internal VFW data collected through various means of outreach. VFW staff analyzed a total of 4,666 responses from two different Veterans Choice Program surveys and over 5,000 direct inquiries from veterans via the VFW's health care helpline, 1-800-VFW-1899, the VFW general email inbox, vfw@vfw.org and the VFW's Action Corps Grassroots Network.

In order to determine the significance of comparison between variables, the VFW's raw data was analyzed to determine a trend in overall effect. Correlations were computed on all variables, specifically whether a veteran was enrolled in the VA health care system, to determine the appropriate analysis to complete. For variables that met the assumption of an analysis of covariance (ANCOVA), enrollment was controlled for and the effect was reported as either significant or non-significant based on the threshold of $p = .05$. For relationships where enrollment did not meet the preliminary assumptions of an ANCOVA, an analysis of variance (ANOVA) was conducted using the same criteria. A paired-sample t-test was conducted for certain variables in each survey to determine an overall effect, also using the same threshold. All variables were screened for general normality of distribution and existence of univariate, bivariate, and multivariate outliers before proceeding with the above stated analyses.[11]

[11] Statistical analysis was conducted by, Eliann R. Carr, a Doctor of Philosophy candidate at the University of South Dakota, who currently serves in the South Dakota Army National Guard. Carr is also an Air Force veteran who served as an inaugural VFW-SVA Legislative Fellow in March 2015.

Appendix I: Correlations for aggregated data from both surveys[a]

		VCP_Fam	Distance	WaitTime	NonVA_WaitT	Offer	VA_Satis	VCP_Satis	Rec_VA	REC_VCP
VCP_Fam	Pearson Correlation	1	.021	.088**	.063	.212**	-.009	-.032	-.005	-.137*
	Sig. (2-tailed)		.158	.000	.262	.000	.579	.574	.786	.016
	N	4665	4595	1662	316	2432	3646	309	3643	306
Distance	Pearson Correlation	.021	1	.038	-.153**	.203**	-.051**	.125*	-.056**	.094
	Sig. (2-tailed)	.158		.124	.006	.000	.002	.028	.001	.100
	N	4595	4595	1662	316	2432	3646	309	3643	306
WaitTime	Pearson Correlation	.088**	.038	1	.142	-.071*	-.494**	-.109	-.303**	-.140
	Sig. (2-tailed)	.000	.124		.223	.041	.000	.272	.000	.232
	N	1662	1662	1662	76	837	1559	104	1558	75
NonVA_WaitT	Pearson Correlation	.063	-.153**	.142	1	.c	.c	-.562**	.c	-.448**
	Sig. (2-tailed)	.262	.006	.223		.000	.	.000	.	.000
	N	316	316	76	316	316	1	129	1	306
Offer	Pearson Correlation	.212**	.203**	-.071*	.c	1	.250**	.113	.149**	.c
	Sig. (2-tailed)	.000	.000	.041	.000		.000	.079	.000	.000
	N	2432	2432	837	316	2432	1879	243	1877	306
VA_Satis	Pearson Correlation	-.009	-.051**	-.494**	.c	.250**	1	-.036	.622**	.c
	Sig. (2-tailed)	.579	.002	.000	.	.000		.652	.000	.
	N	3646	3646	1559	1	1879	3646	159	3643	0
VCP_Satis	Pearson Correlation	-.032	.125*	-.109	-.562**	.113	-.036	1	.025	.653**
	Sig. (2-tailed)	.574	.028	.272	.000	.079	.652		.754	.000
	N	309	309	104	129	243	159	309	159	128
Rec_VA	Pearson Correlation	-.005	-.056**	-.303**	.c	.149**	.622**	.025	1	.c
	Sig. (2-tailed)	.786	.001	.000	.	.000	.000	.754		.
	N	3643	3643	1558	1	1877	3643	159	3643	0
REC_VCP	Pearson Correlation	-.137*	.094	-.140	-.448**	.c	.c	.653**	.c	1
	Sig. (2-tailed)	.016	.100	.232	.000	.000	.	.000	.	
	N	306	306	75	306	306	0	128	0	306

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
c. Cannot be computed because at least one of the variables is constant.

Appendix II: Statistical analysis of differences between the initial and second surveys.

Variables	ANCOV/ANOVA/t-test
Wait of 30 days or more for VA health care	$F(2,1648) = 18.23, p \leq .001$
Wait of 30 days or more for non-VA health care	$t(80) = -43.99, p \leq .001$
Offered choice	$F(1,171) = .41, p \leq .526$
Satisfaction with VA health care	$F(2,3601) = 24.53, p \leq .001$
Satisfaction with non-VA health care	$F(1,307) = 4.51, p = .035$
40-milers offered choice	$F(1,182) = .48, p = .491$
30-dayers offered choice	$F(1,16) = .003, p = .956$
Awareness of the Veterans Choice Program	$F(2,4523) = 135.37, p \leq .001$
Recommend VA health care	$F(2,3598) = 16.98, p \leq .001$
Recommend non-VA health care	$F(1,304) = .24, p = .623$
Recommend the Veterans Choice Program	$F(1,304) = .24, p = .623$

Appendix II: Statistical analysis of differences between variables of aggregated data from both surveys

Variables	ANCOV/ANOVA/t-test
Satisfaction by wait time	$r(1559) = -.494, p \leq .001, R^2 = .244$
Offered choice – 40-milers vs. 30-dayers	$F(1,1718) = 48.15, p \leq .001$
Choice – 40-milers vs. 30-dayers	$t(10) = 2.89, p \leq .016$
Offered Choice by awareness	$F(1,2430) = 114.61, p \leq .001$

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