KEEPING OUR PROMISE TO AMERICA'S VETERANS

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STATEMENT OF
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UNITED STATES SENATE
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Chairman Tester, Ranking Member Moran, and members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's hearing examining health care wait times at the Department of Veterans Affairs (VA) and in the community. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans. For more than a century, DAV has been dedicated to a single purpose: empowering our nation's heroes and their families by helping to provide the resources they need and ensuring our nation keeps the promises made to them.

Mr. Chairman, the vast majority of DAV members choose and rely heavily on the VA health care system for some or all of their medical needs, particularly those with serious injuries, illnesses, and disabilities. Assuring timely access to high quality, veteran-focused medical care has been and remains a top priority for DAV and our members.

Today's hearing will examine how VA measures wait times and how that information is presented to veterans. In addition, it is critical to understand how VA uses wait time data to improve health care delivery for the veterans it serves. However, we note that timeliness is just one aspect that determines whether veterans receive the best care possible. Timely access to low quality care is no more acceptable than delayed access to high quality care. Therefore, any discussion of timeliness must be linked directly to the quality of that care. While VA must continually strive to accurately measure and report wait time data, how that data is used by VA is crucial to improve both access and quality of care.

Methodology for Measuring Wait Times

Over the past decade, VA has measured medical wait times several different ways, including using the provider's clinically indicated date, the veteran's preferred date, the date of the appointment request and the date the appointment is created in VA's scheduling system. Though all of these data points may have shortcomings, each can provide useful information about the timeliness of VA care as long as it is honestly, consistently, and transparently measured and presented.

In July, VA revised its methodology once again, and will now measure average wait times for new patients from the earliest recorded date in the scheduling system until the appointment is completed, or to the date it is scheduled to occur if not yet completed. For established patients, wait times will be measured from the date agreed upon by the veteran and their provider. VA health care sites that have implemented the new electronic health record (EHR) system will employ a different metric called Third Next Available Appointment (TNAA), which measures the number of days between today and the third-next appointment available in VA's scheduling system. TNAA is used by some private sector health systems and according to VA is considered a more consistent and reliable predictor of when veterans would be able to schedule appointments in the future.

Purpose of Measuring Wait Times

The main purpose of measuring and calculating average wait times has traditionally been to allow veterans and VA to assess the performance of the VA health care system. When average wait times are unacceptably high or rising, it is an indication of inadequate capacity and resources, increased demand for care, administrative breakdowns, or a combination of these and other factors. With this information, veterans can make better informed decisions about their options and use of VA health care. For VA and Congress, average wait times help to determine future policies and funding levels for the VA health care system. In addition, since 2014, wait times have been used as an access standard to determine when enrolled veterans could opt to use non-VA community care, which has had troubling consequences for veterans and the VA health care system.

Evolution of Wait Times and Access Standards

For decades, VA has struggled to ensure that all enrolled veterans could access their care in a timely manner. In 2010, then-VA Secretary Eric Shinseki established a 14-day wait time goal in order to attack a growing backlog of VA health care appointments. However, as veterans increasingly were turning to VA for their care, the funding and resources necessary to meet this rising demand was falling farther behind. Ultimately, this longstanding and systemic mismatch between resources and demand led to serious access problems.

In 2014, persistent long wait times, as well as the uncovering of "secret" waiting lists at some VA facilities, resulted in Congress approving the Veterans Access, Choice and Accountability Act ("Choice Act") to expand access to non-VA community care. The Choice Act created access to care standards that would determine when veterans could "choose" to receive care from non-VA community providers as part of the new Veterans Choice Program (VCP). Veterans who would be required to wait 30 days or longer for a VA appointment, or who would have to travel 40 miles or more to a VA facility for an appointment, were eligible for community care in the Choice program.

Within just a couple years, it became clear that the Choice program had fundamental flaws and would need significant changes to be effective. In 2018, Congress passed the VA MISSION Act (Public Law 115-182), which reorganized VA's community care programs and mandated the establishment of new access standards. In 2019, VA proposed and adopted new access standards that are still in use today. Instead of a 30-day wait time standard for all care, VA now has two different wait time standards: 20 days for primary and mental health care, and 28 days for specialty care. Instead of a travel time access standard, VA now uses drive times: 30 minutes for primary and mental health care, and 60 minutes for specialty care.

The adoption and implementation of these new access standards, as well as the impact of the COVID-19 pandemic, have significantly shifted veterans and funding from the VA health care system to private community providers. According to a recent RAND report[1] that summarized research on VA community care, since 2014, the number of veterans authorized to receive community care almost doubled and the cost to provide that care has more than doubled, now consuming about one-quarter of VA's overall health care budget.

In VA's "*Congressionally Mandated Report: Access to Care Standards,*" released last week, VA reported that more than one-third of all appointments are fulfilled through community care.[2] VA concluded that, "…if the balance of care provided in the community continues on its current upward trajectory, we anticipate that certain VA medical facilities, particularly those in rural areas, may not be able to sustain sufficient workload to operate in their current capacity." Further, VA reported that, "Operational leaders already note concern for the potential of a 'spiral effect' in some areas, where workload and talent are shifting externally and thus threaten to harm VA's training, research and emergency preparedness missions."

If this trend continues, it could endanger the ability of VA to sustain the critical mass required to provide a full continuum of care to all veterans who choose and rely on VA for their care. This shift is especially concerning because new research discussed below confirms that VA health care on average outperforms private sector care for quality, cost as well as timeliness. Therefore, wait times and wait time access standards must be evaluated and implemented in the overall context of how they will lead to better health care outcomes and a stronger VA health care system.

New Research Finds VA Has Shorter Wait Times

The *Journal of the American Medical Association* (JAMA) also recently published the results of a comprehensive new study entitled, "Geographic Variation in

[1] RAND: "The Promise and Challenges of VA Community Care"; Petra Rasmussen, Carrie Farmer; August 2022; www.rand.org/pubs/perspectives/PEA1363-5.html
[2] VA: Congressionally Mandated Report: Access to Care Standards; September 2022;

Appointment Wait Times for US Military Veterans,"[3] which found that VA medical wait times were lower than community care providers in almost every part of the country. The study looked at over 22 million appointments for almost 5 million veterans between January 2018 to June 2021 and found that wait times at VA facilities were less than community care providers. The average wait for veterans seeking primary care at VA was 27.9 days, compared to 34.8 days in VA's community care network. For mental health care, VA's average wait was 34.6 days compared to 40.4 days in the community; and for specialty care, the VA average was 35.9 days compared to 40.6 days. The study also found that VA not only had shorter average wait times nationally, but within most regions of the country as well. Overall, 15 of VA's 18 regional Veterans Integrated Service Networks (VISNs) had shorter average primary care wait times; 16 of 18 VISNs had shorter average mental health care wait times; and 17 of 18 VISNs had shorter average specialty care wait times.

According to the study's authors, "… areas with high-wait times for community care are not expected to benefit from liberalized access…" to VA's community care networks. The RAND report similarly concluded that private sector care was no more timely than VA care, and that further expansion of community care was "…unlikely to completely address the challenges some veterans face in receiving timely care." Instead, the JAMA study suggested that it would take more creative policies, "…such as physician relocation incentives, telehealth, or mobile deployment units…" to expand access and reduce wait times for veterans in underserved areas.

This is especially important in highly rural areas of the country, particularly those that have longer wait times at VHA compared to community providers, including VISN 15 (Kansas, Missouri) and VISN 17 (Texas.) In order to close these access gaps, VHA will have to strengthen the Office of Rural Health and increase funding for rural programs, as well as develop innovative means of reaching veterans where they live.

Studies Also Find VA Care May Be Less Expensive

Studies also suggest that VA offers more timely access than community care providers at a lower cost. RAND's report found that, "…there are some indications that community care may be more expensive than VHA-delivered care…" and that "…VHA-delivered care costs less than comparable care from Medicare providers and produced better outcomes."

Further evidence supporting this cost advantage was reported by the VA Information Resource Center (VIReC) at a briefing conducted last week. According to VIReC, the accounting methodology used by VA to measure the cost of "purchased' community care is "often incomplete and underestimated." For example, cost comparisons regularly ignore Third Party Administrator fees charged for managing the community provider networks, as well as the costs borne by VA to coordinate veterans' care through the Integrated Veterans Care office and its predecessors. Further,

[3] JAMA: "Geographic Variation in Appointment Wait Times for US Military Veterans", Yevgeniy Feyman, Daniel Asfaw, Kevin Griffith; August 25, 2022; jamanetwork.com/journals/jamanetworkopen/fullarticle/JAM

according to VIReC, VA primary care providers are expected to coordinate the care for veterans using community care providers, adding additional burden and cost on VA, whereas private sector providers do not coordinate care veterans receive in community care networks.

Studies Confirm That VA Provides Higher Quality Care

Scientific research and studies continue to consistently and regularly find that the quality of care provided by VA on average is better than the private sector. For example, two recent studies by Stanford economists published in the *British Medical Journal* (BMJ)[4] and by the National Bureau of Economic Research (NBER)[5] both found that veterans who received emergency room care in non-VA hospitals were twice as likely to die within 30 days compared to those who were treated in VA hospitals.

The RAND report outlined several critical advantages of VA-provided health care compared to community care to help explain why VA consistently produces better outcomes for veterans. VA is an integrated health care system and care coordination is a core element of its success. As RAND notes, "The complexity of the VHA patient population makes care coordination critical for improving patient outcomes and decreasing costs." In addition, VA providers are better trained and more experienced at treating veterans suffering from illnesses, injuries, and conditions more prevalent in former military service members. RAND's analysis found that enrolled veterans, "…are a complex patient population with health care needs that differ from those of the nonveteran population, including higher rates of posttraumatic stress disorder, exposure to environmental toxins, and suicide."

RAND reported that VA clinicians are, "… well-versed in veteran culture and the conditions that are prevalent among veterans. Community care providers may not have substantial experience caring for veterans and may not even realize that a given patient is a veteran." Furthermore, RAND stated that VA makes, "…training available to community care providers to help increase their military/veteran cultural competency, familiarity with health care issues that are common among veterans, and aspects of specialized care. However, only a small proportion of community care providers have completed this training."

Mr. Chairman, wait time metrics and wait time access standards are important tools to help provide veterans timely access to care. However, timeliness without quality will not lead to better health outcomes for veterans. Any efforts or initiatives to improve timeliness must be inextricably linked to quality.

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[4] BMJ: "Mortality among US veterans after emergency visits to Veterans Affairs and other hospitals: retrospective cohort study"; David Chan, Kaveh Danesh. Et.al.; February 16, 2022; https://www.bmj.com/content/376/bmj-2021-068099

[5] NBER: "Is There a VA Advantage? Evidence from Dually Eligible Veterans"; David Chan, David Card, Lowell Taylor; February 2022; www.nber.org/papers/w29765

Independent research continues to find that on average, VA provides better quality care, access, and timeliness, and does so at a lower cost compared to the private sector. The best way to reduce wait times is not by expanding veterans' access to non-VA care, but instead by increasing the capacity of the VA health care system. While there will always remain a need for community care to fill gaps whenever and wherever VA is unable to provide timely or quality care, VA must remain the coordinator and primary provider of care for enrolled veterans to ensure the best health outcomes.

To help accomplish these goals, DAV makes the following **Recommendations**:

1. **VA must complete development and implementation of a universal electronic scheduling system that allows schedulers and veterans to see all VA and non-VA community care appointment options at the same time.** When VA is unable to meet its wait time standard, thereby triggering access to the VCN, veterans must be able to review the community care appointment options in real time before deciding where to seek their care.

2. **VA must provide comparable timeliness metrics for VA and CCN providers that empower veterans to make fully informed decisions about their health care options.** The VA MISSION Act specifically required community care providers to meet the same access standards as VA (see 38 USC, 1703B); however, VA has not implemented this requirement. Congress must take action to ensure VA complies with the letter and spirt of the law.

3. **VA must ensure comparable quality metrics are available and integrated into VA's scheduling system to inform veterans as they make decisions on their care options.** As discussed above, quicker access to lower quality care does not lead to better health care outcomes. Veterans must be able to compare standardized safety and quality metrics when reviewing VA and non-VA care options.

4. **VA must mandate that CCN providers meet the same quality, competency, and training requirements as VA providers.** Veterans must be assured that CCN providers are being held to the same standards as VA providers. Mandating compliance with the VA MISSION Act (see 38 USC 1703C(a)(1)) is essential to assuring quality care.

5. **VA must work with HHS, other federal agencies, and private entities to develop uniform health care access and quality metrics for all health care providers.** The lack of transparency by private sector providers concerning wait times and quality has limited VA's ability to provide veterans with meaningful and accurate comparisons between VA and CCN providers. Greater federal leadership and congressional intervention will be necessary to ensure the availability of data and metrics necessary to allow veterans to compare VA and private health care providers when making decisions about health care options.

6. **VA must remain the care coordinator for all enrolled veterans, whether using VA or CCN providers, and must expand its capacity to do so.** One of the cornerstones of the VA health care system, and a leading factor in quality care, is comprehensive care coordination. Private sector providers do not manage or coordinate other providers; therefore, it is essential that VA continue to fill this role, regardless of whether or how much care a veteran receives from non-VA providers.

7. **VA must continue to provide a full continuum of care in as many locations and facilities as possible, thereby remaining the primary provider of care for enrolled veterans, particularly those with severe disabilities and injuries**. Veterans have repeatedly indicated their preference for receiving their care from VA providers, and surveys continue to show higher trust and satisfaction with VA compared to community providers. In addition, as VA's report notes, "…fragmentation in the experience of health care is inherently at odds with quality."

8. **VA must maintain adequate surge capacity to fulfill its 4th mission responsibilities during times of war, national disasters, or public health emergencies, while simultaneously providing timely and accessible care to all enrolled veterans.** As we have learned during the COVID-19 pandemic, there is little or no surge capacity in the private sector. Even if the national shortage of health care personnel improves in the future, only the government can afford to maintain excess capacity. In order to maintain timeliness during times of crisis, VA must rely on itself to maintain adequate surge capacity.

9. **VA must continue to study and assess the expanded use of virtual health begun during the pandemic, focusing on quality and efficacy.** The sudden need for social distancing in 2020 dramatically accelerated VA's use of virtual health care delivery. VA must now determine the safety and efficacy of virtual care for the specific types of medical care it offers. Virtual health care has tremendous potential to expand access to timely, high-quality VA care, but only if and when it is shown to be as safe and effective as traditional hands-on care.

10. **VA must continue to develop innovative models of expanding access to care in rural and remote regions of the country, and increase funding for such initiatives.** In addition to expanding the role of virtual health care delivery, VA must devote additional resources and focus to close the access gaps that exist in rural and remote regions of the country. Veterans live disproportionately in rural areas, and VA must develop and implement new and different strategies to meet the unique health care needs of this population.

Mr. Chairman, assuring veterans timely access to care is a critical element of providing the best health outcomes to the men and women who served. However, timeliness without quality does not lead to better health care outcomes. It remains critical that Congress and VA work to expand access, lower wait times and improve quality. Mounting evidence shows that the best way to accomplish this is by strengthening and sustaining the VA health care system, which provides high-quality,

veteran-centered care to millions of veterans. This is absolutely essential for those who choose and rely on VA, particularly service disabled veterans, who have earned the right to get all or most of their care at VA.

That concludes my testimony, and I would be pleased to respond to any questions members of the Committee may have.