

**STATEMENT OF
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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
VA MISSION ACT: IMPLEMENTING THE VETERANS COMMUNITY CARE
PROGRAM**

APRIL 10, 2019

Good afternoon, Chairman Isakson, Ranking Member Tester, and Members of the Committee. Thank you for the opportunity to discuss the implementation plans for the new Veterans Community Care Program required by section 101 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. I am accompanied today by Dr. Kameron Matthews, Deputy Under Secretary for Health for Community Care and Dr. Jennifer MacDonald, Veterans Health Administration (VHA) MISSION Act Lead.

Introduction

Under President Trump, VA is embarking on the largest transformation and modernization of VA's health care system in the Department's recent history. The VA MISSION Act will transform elements of VA's health care system, providing Veterans with greater access to community care. But that increased access to community care is just one of the many ways the VA MISSION Act will change our Department and help VA better serve Veterans.

Transition to Veterans Community Care Program

The Veterans Choice Program, which was established in 2014 in response to the access crisis at VA, expanded VA's authority to provide Veterans with access to care in their communities. At that time, access to care was a critical concern in many locations nationwide. The criteria for the Veterans Choice Program are primarily centered on VA in-house wait times of 30 days or more or a Veterans' residence being more than 40 miles from the closest VA medical facility with a full-time primary care physician.

The Choice Program came at a critical time for VA, and it has allowed us to serve over two million Veterans in communities across the country since it was established. During that time, VA has also continuously worked to improve Veterans' access to care in VA facilities and has made dramatic improvements in access during this time. Improved access to care in VA facilities and continued input from Veterans using VA community care programs enabled VA to identify opportunities to serve Veterans. VA learned that an expanded community care program supplements VA care and better reflects the dynamic realities of health care and the needs of Veterans in their local

markets. We are using the authority granted by the VA MISSION Act to give Veterans and VA providers more choices about how to ensure Veterans have access to the care they need.

VA published a proposed rulemaking on February 22, 2019, that sets forth the proposed criteria for the new Veterans Community Care Program, which includes designated access standards. These designated access standards implement one of six eligibility criteria established by Congress that will determine whether a Veteran is eligible for community care to supplement the care that they are provided inside the VA health care system. The proposed designated access standards support VA's goal of putting decisions regarding care in Veterans' hands and making sure Veterans have access to care when and where they need it, through either a VA facility or community provider.

It is important to note that the proposed Veterans Community Care Program does not supplant VA's mission to provide care in VA facilities to Veterans who have earned it. Over the past few years, VA has invested heavily in its direct delivery system, leading to reduced wait times for care in VA facilities. VA will work to ensure that care provided through VA facilities will remain the primary way by which enrolled Veterans receive health care and will remain the focus of VA's efforts. VA's proposed access standards will complement existing VA care by providing Veterans with greater choice to receive care in the community based on their individual needs and preferences.

Proposed Designated Access Standards

VA's proposed designated access standards are based on consultations with and an analysis of the practices of Federal agencies, including the Department of Defense (DoD), the Department of Health and Human Services (HHS), and the Centers for Medicare and Medicaid Services, private sector organizations, and other non-governmental entities. Last summer, VA published a Notice in the Federal Register seeking public comments, and last July, VA held a public meeting to provide an additional opportunity for public comment.

By collecting information from both Government and commercial health plans, VA developed proposed access standards that will best meet the medical needs of Veterans. Based on this analysis, VA determined that the designated access standards should include appointment wait-time standards and average drive-time standards. The appointment wait-time and average drive-time standards VA proposes are based on recognized standards in other Government programs and non-governmental organizations. VA did not propose to limit the designated access standards to certain services but instead proposed to include all primary care, mental health, non-institutional extended care, and specialty care services. We realized that the access standards needed to be simple and consistently applied. The designated access standards VA has proposed for implementation in June 2019 include the following:

- For primary care, mental health, and non-institutional extended care services, VA is proposing a 30-minute average drive-time standard.
- For specialty care, VA is proposing a 60-minute average drive-time standard.
- VA is proposing appointment wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request. These standards would apply unless a Veteran agreed to a later date in consultation with their VA health care providers. Eligible Veterans who cannot access care within the above standards would be able to choose between eligible community providers and care at a VA medical facility.

Additional Proposed Eligibility Criteria

As stated previously, the designated access standards are one of a few ways that Veterans and their providers might decide that getting care in the community best serves a Veteran's needs. VA has proposed the following additional eligibility standards for the Veterans Community Care Program:

- VA does not offer the required care or services;
- VA does not operate a full-service medical facility in the state in which the Veteran resides;
- The Veteran was eligible to receive care under the Veterans Choice Program and is eligible to receive care under certain grandfathering provisions;
- The Veteran and the referring clinician determine it is in the best medical interest of the Veteran to receive care or services from an eligible entity or provider based on consideration of certain criteria VA proposes to establish; or
- The Veteran is seeking care or services from a VA medical service line that VA has determined is not providing care that complies with VA's standards for quality.

MISSION Community Care IT, Contract, and Other Projects Status and Timelines

The VHA Office of Community Care (OCC) has been developing and deploying improvements to the Community Care Program to improve the experiences of Veterans, community providers, and VA staff. Work began in 2016 to develop a standardized operating model for the community care staff working in VA medical centers (VAMC) and in recent years, tools and technologies have been developed to support the upcoming implementation of the Community Care Network contracts. The operating model provides a standardized way to manage consults, referrals and authorizations,

and perform care coordination to ensure good customer service.

Even before the VA MISSION Act passed, OCC worked closely with VA's Office of Information and Technology (OIT) to discuss expected information technology (IT) requirements and systems that would either be impacted by the new law or created entirely as a result of the law. Since passage of the VA MISSION Act, OCC has worked closely with OIT to develop new tools such as a Decision Support Tool to aid VA staff in making community care eligibility determinations, as well to support enhancements to existing tools that will ensure that the capabilities necessary to implement the VA MISSION Act will be in place.

Secretary Wilkie has made important decisions to ensure the availability of a provider network that meets the needs of Veterans as required by the VA MISSION Act. The expansion and extension of the TriWest contract ensures access to a network of providers for community care for our Veterans while VA undergoes the transition to the Community Care Network (CCN) contracts. After multiple delays, prior to Secretary Wilkie's arrival at VA, the acquisition process is on track. Community Care Network Regions 1 through 3 were awarded at the end of December 2018. VA has solicited proposals for Regions 4, 5, and 6. While Regions 2 and 3 awards are under protest, we are moving forward with implementation of Region 1 and expect to start health care delivery in our pilot sites at the end of June.

Urgent (Walk-In) Care

In addition to access to the Veterans Community Care Program, eligible Veterans will have access to urgent (walk-in) care that gives them the choice to receive certain services when and where they need them. To access this new benefit, Veterans will select a provider in VA's Community Care Network and may be charged a copayment. The proposed regulations for the urgent care provision were published in the Federal Register on January 31, 2019. VA is currently finalizing the regulation after review of public comments.

Veterans' Care is Our Mission

With study after study demonstrating that VA actually has shorter wait times and higher quality when compared to the private sector, along with a nationwide system of VA health care providers who are experienced with and devoted to Veterans' specific needs, evidence shows that Veterans will continue to choose VA for their health care.

As stated above, VA has made dramatic improvements to timeliness of care it provides to Veterans through the VA health care system since the access crisis in 2014. For example:

- VA completed over 58 million Veteran appointments in VA facilities in Fiscal Year (FY) 2018, an increase of 3.4 million since 2014, meaning the amount of care VA

is providing through its medical facilities is increasing and will continue to increase.

- VA has drastically cut wait times for primary care and two of three specialty care areas, which are now shorter than in the private sector. In 2017, the VA had a mean wait time that was 12 days shorter than wait times in the private sector (VA had a mean wait time of 17.7 days versus 29.8 days in the private sector). This was true in primary care, in which the VA had a mean wait time of 20 days versus the private sector that had 40.7 days. In dermatology, where the mean VA wait time was 15.6 days and the private sector was 32.6 days, and cardiology where the mean VA wait time was 15.3 days and the private sector was 22.8 days.¹
- VA cut the time it takes to complete an urgent specialty appointment from an average of 19 days from referral in FY 2014 to 2.1 days in FY 2018. That is a decrease of 88.9 percent. In the month of December 2018, the national average was 1.5 days.
- All VAMCs and Community-Based Outpatient Clinics (CBOC) now offer same-day services in primary care and mental health care. Same day services are for Veterans who are in crisis or have an urgent clinical need. This care might be provided over the telephone, via a face-to-face appointment, or by obtaining a prescription. This might also include making an appointment in specialty care.
- VA launched VEText in 2018, sending more than 71 million appointment reminders to Veterans reducing the no-show rate from 13.7 percent to 11.7 percent, leading to more than 1 million additional appointments for other Veterans.
- Veterans can now directly schedule appointments in Mental Health, Audiology, Optometry, Podiatry, Nutrition, and Wheelchair-Amputation Care clinics without a referral from Primary Care.

Conclusion

Veterans' care is our mission. We are committed to rebuilding the trust of Veterans and will continue to work to improve Veterans' access to timely, high-quality care from VA facilities, while providing Veterans with more choice to access care where and when they need it. Your continued support is essential to providing this care for Veterans and their families. Chairman Isakson, this concludes my testimony. My colleagues and I are prepared to answer any questions you and other Members of the Committee may have.

¹ Penn, M. (2019, January 18). Comparison of Wait Times for New Patients Between the Private Sector and VA Medical Centers. Retrieved April 5, 2019, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720917>