

**Pat Linton, Executive Director, Seward Community Health Center  
Seward, AK**

**08/29/15**

Thank you for hosting the listening hearing on this issue this past week. I attended the session in Kenai, but time ran out before my name was called to testify in person. Consequently, I am submitting my points for your consideration through this email as you encouraged us to do at the session. I was a Congressional appointee to Annapolis. I then served seven years in the National Guard. My father was a naval veteran in WWII.

I serve as the Executive Director of Seward Community Health Center (SCHC), a non-tribal FQHC that opened in March 2014. SCHC was created by the City of Seward in 2010 and was successful in receiving its New Access Point 330 grant award in late 2013. In our situation, the City of Seward is technically the grantee, and the health center is operated by Seward Community Health Center, Inc., an Alaska non-profit organization established for this sole purpose. Thus, we work in a partnership relationship with the Administration and Council of the City to bring sustainable, affordable, quality primary care to the people of the Seward area.

Since our opening, the topic of how best to serve the veterans residing in and visiting the Seward area has been one of regular attention. We are keenly aware of the high per capita ratio of veterans in our service area. When the VA Choice program was first announced last year, we were on top of it as soon as possible. We have been serving veterans under this program since last November even while we were negotiating the contract. We have served 13 VA Choice veterans so far and hope to continue growing this number. Although we, too, have to deal with the challenging administrative authorization and reporting procedures currently required to participate as a provider in this program, we have learned how to do so as best we can and seem to have been able to develop a relatively good working relationship with our counter-parts at TriWest.

We recently hired a board-certified family medicine physician who serves as our Medical Director. Prior to joining our team, he served for 17 years in the Air Force and completed his service as a Colonel and head of Aerospace Medicine at JBER this past April. We have veterans who serve voluntarily on our Board of Directors of the health center. 92% of our Board members are also patients of the health center so we are truly patient-directed in service to our community.

We have two family medicine physicians and a family medicine physician assistant on our permanent provider staff. We also have two RN's, one of whom provides patient health education, case management and care coordination services. We also have a social worker on staff who coordinates all of our outreach and enrollment services and is our primary point of contact with TriWest for this program. We also have close working relationships with SeaView Community Services (behavioral health, substance abuse and disability services) and Chugachmiut Northstar Clinic (tribal clinic, but not an FQHC), both of which are located here in Seward.

We are a provider a comprehensive, primary care services to veterans and all members of our community regardless of ability to pay. We offer a sliding fee discount program to those who are eligible and in need. We take all forms of insurances and third party payment. We often set

up payment plans for those in need. By Board policy, we do not send anyone to collections. We also have same-day appointments available every day so that any patient is able to get in to be seen either that same day or the next morning without having to wait. We are co-located within Providence Seward Medical Center with full service laboratory, radiology and emergency services literally across the hallway from our clinic.

We were able to successfully negotiate and execute a contract with the VA Choice program about ten days ago. We have the capacity, capability, competencies and sincere intention to serve as many local veterans who come to us for service under the program as needed.

Like yours, my heart went out to our veterans who courageously provided horror story after horror story at the hearing in Kenai. On the drive home, I could not stop thinking of ways we could help make it better for them. A number of creative ideas came to me about how we could quickly design and implement a two-year demonstration project here in Alaska to fix this dysfunctional system working collaboratively with the VA, TriWest, community health centers across the state, specialty physicians and hospitals, and the Alaska Primary Care Association. It's called the "Vet Centered Medical Home" project that would return control to the local provider level, increase participation from specialists and hospitals, greatly improve referral and appointment efficiencies and establish mutually determined boundaries and accountabilities to the program so that care coordination is greatly improved while unnecessary and costly utilization is contained.

I was so moved by the stories that I heard, and so inspired by the ideas coming to me on the way home, that I immediately roughed out the basic framework for the demonstration project and shared them with our leadership at the Primary Care Association. I hope there is some receptivity to these ideas because I do believe very strongly that we could move quickly to get this demonstration project developed and immediately begin to make things better for our veterans. Perhaps I'm naïvely optimistic, but if we all work together with a "must do" attitude to come up with a better way of doing things, I feel confident that it can be a win-win-win for veterans, providers and the VA system. And really, based on what I heard, we have no way to go but up, so why not give it a try.

I'm thanking you in advance for your personal efforts, your commitment to our veterans and to thoughtfully receiving my testimony. If I or any of our staff can be of assistance to help make a difference and resolve many of these issues, we are ready to be at the table and do our best to contribute to the solutions. I know that my views are shared with many of my colleagues at CHC's across the state and with our representatives at the Alaska Primary Care Association.

**Donald W. Heckert**

**Nikiski, AK**

**08/28/15**

Over the past three years, I have waited 17 months for a prescribed MRI, have been scheduled two appointments in the same time for the same day, but over 120 miles apart. When notified of the second appointment 1 day prior to it being scheduled, the VA stated the reason is the scheduling computers don't connect with each other.

Similar issues occur during requests for travel. I was denied filing travel mileage at my local clinic, for travel to another VA hospital over referrals my clinic's supporting hospital scheduled.

My treatment records were forwarded to Fairbanks, and I hand-carried copies and provided copies. Fairbanks is a joint DOD and VA community hospital. I was directed to contact Anchorage. Since I am a retired USAF veteran, I attempted to get my medication from the Military Pharmacy at Bassett (60 feet down the hall) and was told that they could not honor VA prescriptions. I received a call from Anchorage VA a week later on the 13 July. I have called Choice three times now with no response. In order to receive treatment and prescriptions here at Kenai, my physician cannot work with me until I have gone through orientation (my Kenai records were still in the computer in Kenai) now scheduled for 2 September at the earliest.

Please help direct the System to respond in a timely manner to ensure access to care for all vets, and improve access to prescriptions. I have been advised it would be easier for me to stop work, leave Alaska, and return to my VA in my previous home state.

**Dan J. Kosterman**

**Alaska**

**08/28/15**

I am a disabled veteran and a healthcare provider. I use the VA for my health care. The recent change to the veteran's Choice Program has been a nightmare for me.

I suffered an aggravation of a previous injury. I called the VA for a referral to a chiropractor, to whom they had sent me previously. I was told I had to join the Choice Program.

There was a wait of almost 2 weeks to get that straightened out. Then I was told that my provider was not a member of the Choice program. It would take a month and a half at least to get him enrolled.

I ended up paying for care myself. I was unable to work due to my injured condition. My chiropractor was frustrated by repeated attempts to get authorization for my care, once he was an approved provider (no one informed him that he was finally approved. I had to call the Choice Program to confirm, and then I informed him). Took several weeks until someone at the Choice program finally mailed them an authorization for my care.

As a provider, it has been very frustrating trying to get paid for the care I have provided. It is routine to get any email stating that we never sent in our report, even though we had documentation that we had, indeed, sent it.

The system that existed before the Choice Program was somewhat cumbersome, but at least it worked. I have heard multitudes of complaints from other veterans about the runaround they have received the choice program.

Please do everything you can to restore the VA/tri-care program to its former state.

**Glenn Shields**  
**Delta Junction, AK**  
**08/28/15**

As a veteran who served over 20 years in the army, I would like to add my comment on the VA. I've lived in Alaska for many years and have received treatment from the VA.

I recently needed to get refills on some of my medication, and I've never had any trouble at the Fairbanks VA clinic before, however now I was refused and told that I had to get my meds from the clinic where I had been getting them due to a recent change.

I think that a veteran should be able to get medicine at any VA hospital or clinic. I'm not happy with the VA Choice Program.

**Jan Trojan**

**AK**

**08/28/15**

As an Alaska Rural health specialist (a volunteer) I have already received numerous complaints on the Veterans choice card. Mostly, that services preapproved have been denied. As I understand the process 10 million dollars were removed from Alaska Veterans Health system to be put in the Veterans choice card.

Susan Yeager had fixed Alaska! She was the director of the Alaska VHA. This took 10 million dollars entitled to health care for the Alaska veterans and placed it into a new program.

Advertising, administration and equipment was then used with veteran health care funds. Only to confuse and deny veterans medical care. I have given my documentation to Senator Murkowski's office. Denial letters to include my own.

Alaska is the last frontier and when the Alaska VA fixed our system this new improved system only wasted money that was supposed to go to the veterans as health care not another layer of bureaucracy.

**Richard L. Stevenson**  
**Wasilla, AK**  
**08/13/15**

My experience to date on the V.A. choice medical program for outside medical needs.

The first reason given for choice medical card was, it was for any V.A. patient 40 miles or more from a V.A. hospital or medical center, to go to a private provider outside the V.A. which I qualified. Notification to the V.A. was still required. No notification was given to V.A. patients on the new program "choice" that you now had to call the choice phone number to receive V.A. medical attention from a medical doctor outside the V.A. I was half way through heart testing, when I was told I would have to wait until the Choice Program authorized my testing already approved by the V.A. I had no idea what they were talking about. I was already three years overdue, now I had to wait 14 more days for the choice program to kick in. No one knew anything about the Choice Program, patients, V.A. personnel or private vendors. Only after a meeting at the Menard Sports Center with the V.A. director did I know what was going on. At the V.A., the staff still did not know what to say to the V.A. patients, just that you had to call the number on the card. No notification, no training for V.A. staff, it was bad. Even when you called the Choice number on the TRI-West or Choice operators were not sure of what procedures to follow. There was a big disconnect between the V.A. and Choice people.

This system is not working for the V.A. patient. For instance, this is the way I understand a request to see an outside doctor V.A. patient asked to see, five days their V.A. provider for a medical need. The P.A. checks out the issues, they have to put a request in for a specialist, this is sent to the V.A. integrative care unit. This can take up to 7 days to be seen by an R.N. for approval. Integrative care calls V.A. patients, tells them to call the V.A. Choice Program. You call, the Choice Rep's go through 15 to 20 minutes asking questions they should already have. If the rep. knows what to do they will not transfer the V.A. patient. My experience is that three out of seven times I was helped, it took 9 more days before the Choice agent got back to me with an appointment. That is 21 days that went by to just get an appointment. It can be longer that you have to wait for the appointment. This is two times the V.A. would take. That is bad. Another issue I have come across was that the doctors I had been seeing for my conditions will not sign up to the Choice Program. So far three doctors the V.A. has sent me to are not and will not be part of the Choice Program. The Alaskan Heart Institute finally did sign, but they didn't at first.

As a veteran, using the V.A., I do not see how the V.A. Choice Program can be a proactive move for their health. The V.A. is hard enough to understand and work with. Now the Choice Program is not about our health, but financial management. Please fix the V.A. system, do not add more road blocks.

## **Anonymous Submission**

**AK**

**08/28/15**

As a veteran, I have refrained from using CHOICE as I do not feel I should be expected to pay a co-pay for service connected or over 50% rated medical care. I should not need to spend hours on the phone trying to establish an appointment. I should be allowed to have some say in my health care, whether it be day of appointment (considered desired date, or clinical indicated date) or which provider I prefer. Patient centered healthcare has been removed by the law to use CHOICE and TriWest. You have already heard of the numerous complaints, they are all similar. I am not the only veteran delaying my care, or not getting the care because I do not want to use CHOICE. Most veterans I talk to do not want privatization, and that seems to be the path that congress wants to take. This is something that I have heard of for the past several years that Congress would like to do away with the VA. We have earned the right to use this system and do not want to lose it. (I speak as a veteran, and for other veterans on this matter). If Congress wants to enhance the healthcare, it may be necessary, but don't make it mandatory and give us options that work. Don't break the system by adding more layers. It is not perfect, but don't throw the baby out with the bathwater.

One of the reasons vets like to use the VA is it is like family to them. It is unique to their needs. As active duty, a camaraderie is built. When one separates, they transfer this same camaraderie to the VA They like to visit each other, tell their stories, and reminisce. They meet with their friends and forge new friendships. When you go to local providers, you get impersonal interactions. "Next" is resonated. They don't always listen to what you have to say. They only have a few minutes as they need to see 45 patients during the provider's day. They can only focus on one or two issues. At the VA, the patient is allotted more time to be able to share their concerns. The provider has more time to address numerous issues. Our system is bogged down with an archaic records system and numerous performance measures we need to meet, but we work through them the best we can. Developing a system that actually talks with the DOD, and marries the patient records into one system is absolutely necessary. Both the VA and DOD have been working on this, but the bureaucracy buried in both systems is nearly impossible to get through. With all the technology available, you would think we could get through this. We are finger printed at every level. Why can't both systems agree to the same privacy rules?

As a VA employee, the nightmare continues. We take pride in our service to our veterans. We have about 42% veteran employees at the Alaska VA. We serve those who serve. Patients have complained the local provider has told them "PTSD is garbage, don't use that here". The local providers (includes the PC3 program) will throw in numerous consults for follow up care regardless of the need. There is no continuity of care. There is no follow through. Patients are needing their annual appointment, but no reminders are generated for the patient to be aware they are due. Many of our patients have cognitive impairments that prevent close following. They fall through the cracks. After two years, they fall out of the system as they have not been seen in 24months. We have had patients denied care by local providers due to behavior issues. Many of these vets are angry with government and needs someone who still cares even after getting front line chewed out, yelled at, screamed at, etc. The front lines take the heat, and it continues on to the exam rooms. It takes skill to diffuse these veterans and calm them enough to care for their needs. We aren't always successful, but we care and we know that the vet still needs care. Many

of these behavior issues are due to brain injury. Local providers do not have the time or patience, nor the understanding of their anger, to be able to safely and effectively care for them. We have a police force to help us, the local providers do not. They are for profit, not dealing with issues they don't understand. How many more suicides will there be if our vets get some of these attitudes from our local providers?

Many of those local providers do not have the psychology back up within their system. We can walk across the hall and ask for mental health support. We can call our police force to meet us at the exam door to help us. We have prevented many suicides just by staying on the phone with the vet and guiding him/her to our facility (actual case, the MSA stayed on the phone and actually directed him to our clinic for immediate care - successful!). We are seriously concerned our patient population is NOT getting the correct care due to the system we are mandated to follow. The nation is going to a Patient Centered Home Based Health Care Model. The CHOICE does not allow that. As for TriWest, for every consult they get they get \$\$ (has been said it is \$200 each consult). When we manage the consults, and there is one that is put in several times for the same complaint, all but the active one is discontinued or canceled.

TriWest does not do that. They just process all of them, getting paid for each one, and then the person ends up with numerous conflicting appointments dependent on who is handling which consult. TriWest admittedly is for profit. Hal Blair stated he would like to believe they are taxpayers first, businessmen second. He did not mention anything about caring for veterans. It gals us that he used to be our associate director for several years before leaving and moving to TriWest. He was not effective as Associate Director, and now we are to do their job. They are getting space at government cost to have their people embedded with us.

We are spending hours and hours on the phone trying to fix their shortcomings. Our employees cannot do the jobs they are hired for as we are trying to resolve CHOICE issues. One of our CHOICE experts says the average call takes about 35-40 min to resolve. He is chief of service, and cannot get off the phones. We are already short staffed in numerous departments, and this only adds to the short comings. It is common knowledge that "government contracts are the way to go" It is a business man's dream as the ones at the top get lucrative pay and the workers get minimal. We want our job security. We have been hired to do this work, and with the addition of TriWest, our duties has doubled. This is not cost savings but government \$\$ wasted. KTOO news is quoted as saying "the government paid TriWest \$8.4 million last year to buy \$2.3 million worth of medical care for veterans. That is three times the cost of care. TriWest is for profit and it will always cost us more as taxpayers, not less.

Our patients need care managers. We have excellent care managers (Integrated Care) and we have some that aren't quite as skilled. It is a skill and we try to hire the right characteristics to get the best staff possible. A care manager will ensure their patients get the care they need regardless of the behaviors, the mental or cognitive difficulties they may have. We need to know our patients to be able to do this. I will give you another scenario, actual case.

Patient has a consult for orthopedic care. He needed to go to Seattle for the appropriate care and surgery. He has a current consult that is still active. At his last appointment it was determined he needed additional surgery. He needed authorization for the surgery, his date had already been

determined for Oct 15. His pre-op was for 13Oct. When he asked his Primary Care provider for the request for authorization, a second consult was entered (not needed as he was still authorized care on the first consult). He was given a new appointment, but this was for an initial exam. He did not need the initial, only the authorization for the surgery. He could not get it, He was told this was a new consult and he would need to see a surgeon to determine need for surgery. We have been working with this vet since June to resolve this.

I spoke with him a week ago, and still no resolve. To add to his frustration and need for numerous calls and being on hold for hours, he has some brain injury which affects his memory. He is unable to remember more than two tasks at a time, and there is no care giver to follow this to ensure he is able to avenue the system. He may forget to get the MRI scheduled, or not make the correct travel arrangements, etc. He told me he plans to have the surgery regardless if he can't get the authorization in time. And the VA can figure it out later. Does this mean he will get \$\$\$\$\$\$ of bills?

Another case: Patient needs MRI before our orthodontist can see him for his first visit. He lives in Juneau so he needs to get the MRI at the local hospital. We have a Physician Assistant that is working under a Washington State licensure. They are denying her orders as she is not licensed in Alaska. (As a federal employee, we are allowed to work under our state of licensure without having to apply in every state we happen to work in or are stationed as active duty). So the staff has had to find a provider that is licensed in Alaska. However, this creates more problems. The provider ordering is responsible for the results. The Primary Care provider is a Nurse Practitioner and has a license in Oregon. Again, not accepted. His surrogate is not willing to sign the order. The general surgeon is not the care giver.

Around and around we go, and we eventually had to cancel the consult as we cannot see him until we the diagnostic results. The patient is angry, we are frustrated. The patient is in pain and needs treatment. Our local vendors have been able to work with our staff and resolve these issues with the Non-VA Care Closer to Home initiative. TriWest has not been able to do that. Another case: I spoke with a vendor (happened to be a caregiver for me due to a vehicle accident, other driver at fault). Asked how the CHOICE program was working for them. She said it is very confusing, and the "right hand does not know what the left hand is doing". "We are having to reshuffle all of our accounts. Makes it tough". Other vendors are cancelling their agreements with the VA and opting not to use TriWest as they have had issues with this agency in the past. Agreements that were working very well are now lost.

Our Rheumatologist had to leave our employment due to her spouse PCSing (change of duty station). It took us about three months working with the local Rheumatologists to set up patient care for her 450 patient panel. All Rheumatologists locally have a 6-12 month wait list, and we were able to work through this backlog and ensure patients were seen when their clinical indicated date was due and no or minimal delay in care occurred. As soon as this was resolved, TriWest came in and all this was lost. Vendors were dropped or chose not to participate, and now we do not have readily available providers for follow up. We will not be hiring another Rheumatologist as they just aren't available.

We have had vendors give inappropriate care as they get paid better for the different codes. One

podiatrist was giving joint injections as treatment for a condition the patient did not have. He did not have joint pain, he had a different diagnosis, but for each injection (10) the provider was paid for each one, costing the VA thousands of dollars for the one visit. This was identified by our staff, and was well documented, so our leadership was able to determine this vendor was rendering unsafe care. There have been other examples of this type of fraud and misuses of diagnostics for patient care.

There is no urgency considerations for consults. Any consult less than one week is batched with all others. Our Chief of Staff is needing to go through each one of the urgent consults to determine if the urgency is appropriate. If it is, we need to try to find a vendor able to see the patient and hopefully wait for payment when we get some funds to pay for it. This includes any patients not eligible for CHOICE, or those who had their treatment halted (cancer therapy, PT, etc.) due to CHOICE. This had become a full time duty and she is unable to give full attention to her regular duties as Chief of Staff.

Patients are now being asked to wait longer than the 30-day window in which we were already doing well in getting most patients seen within 30 days. I was told by one patient that when he called TriWest, after numerous calls and different staff giving him different answers with each call, he was told 'we only upload the consults once a week. (one week delay), then we have 6-15 days to work the consult (three weeks), and the appointment may take up to 30days to be seen, Almost two months. I had one patient that called the vendor and said they could see him the same week. He called TriWest and was told the vendor (same one) did not have an appointment available for 45 days. Same vendor, same day he called.

For our hiring issues: We need to be able to pay our staff appropriately. I understand the need to cut the budget, but don't do it at the bottom of the pay scale. Our classifications department (VISN level) is reducing nearly every position by a pay grade. An MSA answering the phones and doing clerical work is paid at a higher level than the health technician (HT) level for a job description that I submitted. It was downgraded to a five, and the MSA is a six. The health technician takes a life in their hands, doing direct patient care, identifying serious health issues and concerns, and keeping our providers on track to get our patients seen timely.

In Alaska the cost of living is very high. I cannot hire staff for minimal pay. They will go elsewhere. I was told by a senator, "We have to cut the budget somewhere". At the cost of some of our hardest working staff. They stay because they are committed, not because they are paid well. As I need to hire health technicians, I submitted a Job Description, following the classifications guidelines and personal help from the classifiers. When the position was reduced from a six to a five level (title-5) I was told they compared the HT with a certified nurse assistant (CNA). That is equivalent to comparing a nurse practitioner with a medical doctor. If they use this same analogy for comparison, then the MD should be paid the same as the NP, as both are doing the same job in the clinic. No distinction other than pay. One is under medical practice, the other is under nursing practice and follow different regulations. A CNA (nursing practice) cannot do certain tasks that a HT (medical practice) can. They are two different requirements.

I need HTs, not CNAs. I myself was a CNA, so I know what the Nursing regulations are. When I rewrote to add duties and give the HT more responsibility, I was told their work still did not

warrant a six level. But a front line clerk did. (I do not want to take away from them, as the front line takes a tremendous amount of heat from our veterans, and earn every dollar they make, but our health techs are health professionals in direct patient care. They dress wounds, assist the providers, take orders, work specialized equipment, etc. I then rewrote the description to match a surgical technician, knowing that I would be able to cross train them for the OR as well as assist with procedures in the clinic, I was told that they did not believe that their work warranted the same level as the surgical tech in the OR.

These classifiers are not working in the health field but are administrative deciding what they think the HT or surgical tech actually does. For the providers, some considerations for recruitment: If we hire the Uniformed Public Health Corp, they can only work for six weeks. Not worth the time to train. This is a service that once was able to work within the Indian Health Services, but here in Alaska, that is no longer the case. Lose the bureaucracy, and make it easy to utilize another government service by allowing the VA to hire this service full time.

As the DOD is trying to downsize, allow some of the active duty that want to continue their careers to work in the V A as active duty to complete their service. In year 2001, a commander for the hospital PCSd to Mt Home Idaho. His wife was also active duty urologist. Mt. Home did not have a position for Urologist, but the VA was able to use her. Her active duty assignment was carried out at the VA. A win for both the DOD and VA as well as the military member. So I know it can be done.

Pass some sort of legislation that allows us to hire and pay back some tuition as they do in the military. Consider well-trained providers (trained in England, and America for example) that have not yet received citizenship. One very qualified individual had the training, but could not get hired due to citizenship. For him it was a catch-22. I can't quite remember his dilemma, but to get one, he had to hire, but couldn't hire because he didn't have the fellowship. Something to that effect.

I hope the intent and information in my letter is useful. I could add more cases, but you already have the facts to see that this system is not working. Key points are looking at recruitment, looking at how they classify positions, and not privatizing (will always cost more and leaves the door wide open for fraud and waste). If you need additional information, please do not hesitate to get a hold of me.

**Jim Fassler**  
**Kenai Peninsula, AK**  
**08/28/15**

Thanks for providing a way for veterans to get the message to you that the choice program is a failure.

I was one of the few at the Kenai meeting that observed the "stop" sign after 3 minutes. I was unable to finish my talking points.

We have a fine ophthalmologist practicing on the Kenai Peninsula that will not accept VA patients. I talked with his staff & was told that he probably would accept the payment offered by VA but the check never comes. I can't find fault in this professional not wanting to work for free.

Also, the optometrist (Eyeware Express) in Soldotna is considering no longer working with the VA system because of the amount of payment. His fee is \$150 for an eye exam & payment is \$90. Again, how can this professional survive on payment that is less than his cost of doing the exam?

Our CBOC has recently experienced the loss of one of two front desk personnel. Since that time, I understand that a replacement is being recruited but has not yet come to work. It is not fair that one person is expected to pick up the slack AND also not fair to veterans that cannot have the phone answered in a timely manner. The voicemail system in place delivers messages somewhere between several hours and several DAYS after we leave messages.

**IT IS TIME TO GET A REPLACEMENT FOR THE EMPLOYEE THAT LEFT DUE TO A PROMOTION!!**

There was mention that no VA employee has been fired after the Phoenix and other disasters. I hope that when you are allowed to fire these people for not doing the job they are paid to do that you will put a "NOT FOR REHIRE" notation on the personnel file. It is offensive to me that employees fired for cause should be rewarded with another government job. If they couldn't do one job, how do you expect any better in another position - probably with a pay increase?

**John F. Nicely**  
**Anchorage, AK**  
**08/28/15**

Senator this program is wrong for Alaska. I needed a simple eye exam and called my Doctor at the VA. She sent the request to authorizations who informed me I needed to contact the choice card center to get an authorization to get the exam. I called the choice program, which took 30 minutes on hold for them to answer the phone. When they came on the phone I was told they had not seen the request and for me to call back in 5 to 10 days to get an authorization.

This is so much hassle just to get an eye exam. In 25 years as a VA patient, I have never had so much trouble getting medical care as we are experiencing now, and I am not alone as most all of the members of my Disabled American Veterans are having the same problems in getting medical care since the Choice Program started. Thank you for your time in letting me vent on this problem.

**Tom Carter**  
**Fairbanks, AK**  
**08/27/15**

The VA system of healthcare worked fine in Alaska before the choice card went into effect. The best way to fix the program in Alaska is to reset, go back to what we had before and Scrap the choice card altogether.

Simple fix, great results no problems for us or VA after that.

**Dr. Saket Ambasht, M.D. Pioneer GI Clinic**  
**Anchorage, AK**  
**06/30/15**

The implementation of VA Choice in Alaska has had detrimental and opposite effect on access and healthcare of Alaskan veterans. The problems at other VA clinics and hospitals have been well publicized and has led to a national call for improvement in VA access and quality of care.

All the while the VA healthcare system in Alaska has been excellent with a smoothly functioning system that drew on the civilian reserve of subspecialty care. As a matter of fact, 3 of my VA patients who had moved out of state had returned to Alaska citing the quality of VA healthcare as the primary reason for their return.

A national VA Choice plan was implemented across Alaska without considering the unusual and unique circumstances that we consider routine in Alaska. Over the past 2 years, the VA reimbursement to the physicians had dropped 30 percent resulting on significant impact on the viability of private-practice physicians. Due to the expensive Alaska labor force and the cost of commercial space and attendant inflation of conducting business, the entire bulk of reduced reimbursements have fallen on the shoulders of physicians. This unilateral action has threatened the institution of an independent physician, not beholden to the interests of hospital corporations or the interests of the insurance companies.

Adding insult to injury, the implementation of VA Choice has resulted in instantaneous reduction of an additional 30 percent reduction in physician reimbursements. At this reduced rate, I have been unable to provide needed medical services to my patients without risking bankruptcy. We are informed by faceless administrators that Alaska is no different from Seattle in terms of business climate or cost. Of course, none of these people have tried to run a medical practice in Anchorage nor have they thrown away substantial amounts of money trying to recruit qualified—actually, any—candidate to Alaska.

For the past 7 years, I have provided care to 1036 veteran patients out of 7994 total for a total of 12.96%. Just in the past one year, veterans made up 14.53% of my patients. Over the past 2 weeks I have been only able to see 2 VA patients out of 77.

Forced to ration access in order to survive financially, access to care for all veterans in Alaska is severely curtailed. I, as a disabled veteran, continue to carry private insurance at a phenomenal cost, because I cannot rely on timely “guaranteed” VA benefits myself.

I would be willing to testify that this ill-conceived implementation of VA Choice program in Alaska has resulted in the opposite of the intended effect by decreasing access to care, delaying care to the Alaska Veteran population. It undermines the viability of physician practices by implementing arbitrary and unnecessary reduction in fee for services, threatening the existence of physician practices on which Alaskan rely in time of need.

I write to you to seek redress from this arbitrary decision by the VA. Please do not hesitate to have your staff contact me with any questions or concerns.

**James Pound**  
**Kenai, AK**  
**08/27/15**

First let me take this opportunity to thank you, your staff, Dr. Shulkin, and his staff for listening to Alaskan Veteran's. I attended the meeting held Monday, July 24, 2015 in Kenai. Obviously the Choice program taken from Alaskan ideas is now not working. I would like to suggest a review of the basics in the legislative process which may resolve the problem.

Senator Sullivan, your introduction to politics was from the administrative side: Attorney General and Commissioner. Both positions exposed you to the legislature and the administration at the state level. What I believe it may not have exposed you to is the bureaucrats that work behind the scenes often advancing their own agenda.

I have experience in the Administrative Regulation Review process and find it amazing how a bureaucrat can interpret statutory language. A review of the C.F.R. on the Choice language may provide some answers to what went wrong. Language in the Choice Bill ended up being changed in the regulatory direction for managing it. I am not indicating that anything was done illegally, only that it is a part of the process that needs to be constantly reviewed in all administrative departments.

Since it appears that Dr. Shulkin is interested in fixing the problem nationwide, even though he will not grant an exemption for Alaska, perhaps the regulation review can be handled internally out of his office with guidance and notification to your staff.

Again thank you for allowing me to submit written testimony on the subject of the Veteran's Choice Program.

**Dr. Graham Glass, Peak Neurology**

**Anchorage, AK**

**08/27/15**

Choice doesn't serve the veterans well, which you have heard from the veterans currently on many levels. It also doesn't serve providers well which has already resulted in significant access problems and most importantly, it has resulted in access problems with the highest quality physicians. The busiest physicians are full in Alaska and aren't necessarily willing to deal with another poorly constructed layer of authorizations.

For example, I have already been made aware by patients that the premier neurosurgery group in town will not see "choice" patients. This has also been the case with neurological consultants of Alaska which is a competing neurology group. The reasons are many and include payment issues, difficulty with obtaining meaningful and timely authorizations, complexity with billing private insurance if the veteran has any with obscure rules for using choice as a secondary insurance. My staff has told me that we need an entire FTE to deal with "choice". This is unacceptable and will result in us and other practices closing out veterans which is not fair to them. They will then have the "choice" to receive care at offices that are not booked out, less well respected in the community and ultimately result in lower quality care for veterans at what likely isn't a cost savings.

In order to remedy these issues I would suggest considering the following plan:

- 1) Feel free to leave "choice" as an option for veterans who don't want to use the VA system up here
- 2) Modify choice to actually allow reasonable access. They need to provide adequate records to review for physicians, need to have reasonable authorization procedures and most importantly need to function as the primary and only payor for the veteran. Having to sort out primary vs. secondary payor issues is very tedious with choice and further sorting out copay issues is frustrating and veterans get very angry if they have a "copay" which is something they have never encountered. For providers, we are very used to dealing with primary and secondary payors, but with no other program does the secondary need a prior authorization. every other secondary follows the lead of the primary insurance.
- 3) Reinstate the use of the Anchorage VA "ICS" group and fund them well. Almost all providers who work with veterans have a great relationship with that team and this team had been providing good service to veterans. They are easy to work with, are very reasonable about prior authorizations and look out for the best interest of the veteran by sending them to docs in town with good reputations. Most of the time when access issues occurred before it was related to the community office being booked out or limited funding to this team.(for example if you call my office for an appt. today and have the best insurance in he world but are not an emergency, I'm booked out 3 months---you can go to another neurologist sooner, but the only ones that aren't booked out are the locums that come up to a competing practice and are not invested in your community or long term care).
- 4) Give the veterans a "choice" to choose the choice program or the VA system here that actually worked pretty well considering the many unique challenges to Alaska.

**Susan Williams**

**Chugiak, AK**

**08/26/15**

Concerns:

- She was told by Choice Staff on the phone that urgent /request are not dealt with quickly.
- Tri West only down loads referrals once a week was told by staff at Choice
- Because of the slow action for her Physical therapy to be scheduled she is not recovery and this affects her and her family.
- This testimony was submitted to the Public testimony site with her permission.

**Emmet Heidemann**

**Eagle River, AK**

**08/26/15**

Last night I thought it would be a Town Hall meeting and I wanted to inform you how The Choice program was working in Alaska. I was told there would be no public comments at this meeting.

I was approached by the TV reporter and I explained my experience to her. I was emailed a copy of this article and I noticed you were looking for solution to the present no service of the Choice Card.

My suggestion is to have the VA in Anchorage solve this problem for Alaska. They have been doing miracles with an undermanned and under funded program for years, I have full confidence with their knowledge and leadership they can make a system that works in Alaska.

The entire authorization program was being worked by 3 people now we have an empire replace 3 people working out of the Anchorage VA. Bigger is not always better.

Local knowledge of location, weather, and its people that is what makes a system work, there is an old saying "We do not care how they do it outside we live in Alaska."

I am speaking for myself and other veterans, we thank you for interest in veterans being treated fairly and representing us in this huge government. You have our support.

**Diane Carlow**  
**Kenai, AK**  
**08/26/15**

I am not a veteran, but I am affected by the changes, NOT for the better, that the Veteran's Choice program has instituted. I am the biller at a Kenai Peninsula medical office, and I have found the new Choice program to be much more difficult to navigate and deal with than the old VA program. Veteran's Choice is making the regular VA billing and payment system look positively angelic, and it was by far the worst program with which I dealt prior to the Choice program. The old VA system was the slowest payer; I repeatedly had to tell the doctors that it would do no good to even question an unpaid claim that was less than two months old as it would not have been far enough through the system to even discuss with anyone. The vast majority of our electronic claims to any payer are paid within two weeks and our paper claims (other than VA) are paid within a month, with rare exceptions.

That said, our medical assistants had found a contact person in the VA with whom they could speak and be assured a requested authorization for a patient's surgery or further treatment would be coming in short order. I, too, had a contact in the billing department to whom I could fax unpaid claims and she would investigate them and push them through, or kindly tell me what the holdup was so I could correct the claims into a format that the VA would recognize. Often that format was more stringent and less logical than even Medicare as far as their ability to understand and extrapolate information and pay accordingly. I frequently got faxes to send a corrected claim only to find out the claim in question had already been paid months earlier because they are apparently unable to see claims that may have paid on a different authorization number (the suffix of the authorization was different, not the entire authorization).

I cannot speak about the payment system for VA Choice because, as of yet, we have not been paid for any VA Choice invoices. Our first claim to Veteran's Choice was mailed in mid-June, but most of them are from early in August. Additionally, with the old VA system, I simply needed to mail claims and medical records to the Anchorage address of the VA and they were scanned to the appropriate office. With Choice, I have to fax the medical records and then mail the claim and records, an added burden on medical offices in terms of time spent on each claim. There are also restrictions on waiting room times and other burdens for our office. Since our doctors are on-call at the local hospital, waiting room times cannot be guaranteed for any patient, although we do our best to be prompt, emergencies do happen which can delay patients seeing the providers on time.

We offer to reschedule patients who are unable or unwilling to wait, but that change of appointment time can compromise the veterans' Choice authorizations. Our doctors are considering turning away VA patients if the system does not improve. That would result in a lack of choice in providers which is exactly what the Choice program was supposed to alleviate.

When we, as an office, had the ability to preauthorize further treatment for a veteran who had an initial authorization from the local VA Clinic for treatment with us, treatments were usually started in a very short time. Now with Choice, the veterans are being told they need to get everything preauthorized and that we, as an office, cannot do it for them. There are very few veterans who are medically savvy enough to understand treatment codes and diagnoses to

successfully request authorization for further treatments. I have had a few of them call me for CPT coding for potential surgeries, but I imagine most just throw up their hands in frustration. I understand that we can ask for a SAR, secondary authorization request, but the TriWest representative who came to speak to the office a few months ago told the assistants and office manager that ONLY the veteran would be able to request authorizations of any kind. At the very least there is a disconnect or misunderstanding about how the system is supposed to work for treatment beyond the limited visits and x-rays that are routinely authorized by Choice for our veteran patients.

I guess what I am trying to convey is that although the old VA program was by far the worst with whom we dealt, the Choice program is much worse than the VA ever was. I urge you to fix the system(s) to better serve our veterans.

**Jerry Farrington**  
**Kenai Peninsula, AK**  
**08/26/15**

I was not able to testify at the hearing you held in Kenai on Aug 24, 2015. The following is what I would have told you.

This past Saturday I tripped and hurt my right shoulder and ended up in the emergency room of Central Peninsula General Hospital. One of the ER doctor's recommendations was to see a specialist in a timely manner.

Monday morning I spent almost 1 hour talking to the nurse at the choice program and was granted approval and that she would forward my approval to scheduling and they would get back with me in 7 to 10 days. Now I do not consider 7 to 10 days or more to see a specialist to be "in a timely manner". That I expressed to the nurse. I was told that he 7 to 10 days is what they are allowed and that they did not have to respond till then. The normal Orthro doctor I have seen in the past did not have any openings until Sep 9. 18 days after I injured my shoulder.

After having to deal with the Choice folks in the past, I have become a hands on person and I called the other 2 Orthro clinics in town. They both had openings for Thursday Aug 26. I relayed that info back to Choice and was on the phone again for almost 1/2 hour giving them the clinic name, location and date of the appt. As of today that appt has been approved.

Once I am evaluated, I expect additional test to be requested. Again being a hands on type of person, I will make arrangements for my test to be completed, so they can fill in the blanks while I sit on the phone for another hour or so.

I ask you the following questions.

- Why must we do their work for them? And if we don't, we sit here waiting for days and weeks for an appt. They have no local knowledge on what or who is available or services provided.
- Our local VA clinic has a better understanding of local services and are more than capable of providing approvals for services that they cannot provide.
- If services cannot be provided locally in a timely manner, why is it not suggested or asked if the veteran is willing to travel to Anchorage for treatment.
- What services does the Choice Nurse provide in granting approval that any local doctor or VA clinic could not provide in a more efficient manner. After all they either have evaluated the patient or has their current records in hand.

**Recommendations:**

- If you are going to keep the Choice program, allow local VA clinics to authorize and schedule appointments for services they do not provide or in cases where the workload exceeds the manpower. Provide the clinic or facility with a voucher for payment.

- Local medical treatment clinics etc. may be filled to capacity and when this happens, the veterans should be advised and given a choice of where to seek treatment. Timely to staff may not be considered to be timely for the patient.

**Additional comments:**

On Aug 5, 2015, I had an appointment with my VA Doctor. He requested an x-ray. That request was sent to Anchorage and after several days the request was sent on to Choice. I was instructed to contact Choice once the request was received. That I have done. Again their response was that they will get back with me in 5 to 7 days. Today is day 7, and I have yet to hear from them. The same goes for the physical therapy appointments that were requested.

It is my opinion that if you want the Choice program to work, you have to do all the work for them and allow them to fill in the blanks on their forms. That can be done by any elementary school student.

Thanks you for this opportunity for me to express how the Choice program has been working for me specifically.

**Dr. David S. Zumbro, M.D., Alaska Retinal Consultants**  
**Anchorage, AK**  
**08/19/15**

This letter is to describe how the implementation of Veteran's Choice affected the delivery of retinal care in Alaska.

We are the only retina specialty group in the state of Alaska. We diagnose and treat several common retinal diseases to included age-related macular degeneration, diabetic retinopathy, retinal detachments and eye trauma. No other optometry group or ophthalmology group in the state is qualified to treat these conditions as we do. Patients that require treatment for such retinal problems either see us or have to travel out of state.

When Veteran's Choice was abruptly implemented, the ensuing confusion and chaos necessitated us cancelling at least half a dozen planned surgical procedures and multiple clinic visits. It has also resulted in one of our employees dedicating the majority of her time during the day simply helping our veterans navigate the confusing bureaucratic morass known as "Veteran's Choice".

It seems logical that a program designed to help veterans get access to medical care should be implemented only when it actually does what the administrators promise. It is the confusing bureaucracy that interferes with veteran's access to retinal care, not the conduct of my practice. In fact, as a retired Colonel in the U.S. Army, taking care of our nation's heroes is one of my passions. I suggest that in the future when the VA leadership initiates similar programs, they do so with more transparency and less abruptly. Otherwise, veterans suffer needlessly. The VA leadership also needs to quit patting themselves on the back until this program works as promised.

**Aaron Swain, Case Manager Adult Behavioral Health  
Kenai Peninsula, AK**

**08/20/15**

My name is Aaron Swain. I'm a United States Navy Veteran, I come from a service family, and my brothers and I chose to serve. We have gone through screenings, assessments, and programs to receive benefits. Speaking from my own experience, the Veteran's Choice program is one of the best changes to the VA/VB system since I enrolled in 2008. It took 5 years for me to get into see a provider, and then the services were only available if I booked months in advance. I worked with coordinators and representatives to get what little services I can. The Choice program reduced my wait time from almost a year to just over 3 weeks. With the introduction of another limitation, mandating that all our services go through specific providers, this is going to increase our wait times and reduce the efficacy of services. Veterans served their time, how does it make sense to make them wait longer?

I'm an Alaskan by birth. I was born in Soldotna, raised in Sterling, graduated from University of Alaska Anchorage through an extension site at the Kenai River Campus, and live on the Peninsula. I work for a community mental health clinic and I buy local before I go to a franchise. I've lived here my entire life and my experience with Native Corporations has shown me that they are not about equality, which Veterans fought, bled, cried, and died for, but rather for entitlement. Natives will have preferential treatment at these facilities because that is their purpose, as a way to reconstitute the domination and removal of their culture. This means that non-Native Veterans will have to wait until there is an availability for them to be seen. Like I said before, we did our time and paid our dues. So, why do we have to wait to be taken care of now?

The Choice Program, is about CHOICE. I chose my optometrists, my counselors, and my primary care physician. I found the services I needed through providers I trusted while maintaining a limit on the amount I cost my fellow tax payers. I find my therapeutic relationship with my providers to be more important than the services they provide. Saying that I can only receive services from a specific hospital is not a progression in treatment, but a regression in systems. Back to when Veterans were bussed from the Kenai Peninsula to Anchorage to go to the specified providers. This was expensive, time intensive, and did not meet the needs of the Veterans. These providers have a policy to bump non-Natives from services for their target population. They receive grants and incentives to do this. This does not promote Choice, recovery, or a sense that the system is going to be helpful.

In summary – I have waited long enough for my services. I have jumped through hoops, and stood in line. By saying I have to go to a hospital with a racial bias before I can see a doctor tells me you want me to wait longer. This is not a choice. This is a restriction.

**Jay Proetto**  
**Haines, AK**  
**08/21/15**

Per conversations with staffers at Senator Sullivan's offices in Anchorage and Washington D. C. I am providing the following comments on concerns regarding the ill-advised and poorly implemented Veteran's Choice Program. I very much appreciate the opportunity to provide input and appreciate the opportunity to give the following. I am furnishing my contact information so that I may be informed as to the proceedings, outcome and progress in this matter:

Jay Proetto, Haines AK.

I am John Jay Proetto, a USAF veteran. I served from January 1967 until January 1971 and received an honorable discharge for this service. I was a flight medic and saw action in Viet Nam. I enrolled in the VA Medical system in 2004 while a permanent resident of Skagway, Alaska. During the time my permanent residence was in Skagway I was able to visit the clinic there with authorizations from Integrated Care in Anchorage through requests from my primary VA physician at the Juneau Clinic. The Skagway Clinic did and does not have a resident physician, it is staffed by Nurse Practitioners. July of 2014 I moved to Haines and advised VA of the move. They then assigned my primary care to the SEARHC Clinic in Haines, where there are physicians. I have full confidence in the care I receive at this facility. Certain necessary tests and procedures may need to be done elsewhere (example: I had to have a test in Anchorage because the procedure could not be done closer to my home). This I understand. My physician and I work closely with VA Anchorage (Integrated Care) and the Juneau VA Clinic to maintain current and proper authorizations and I understand my situation is secure until the end of the current fiscal year, September 30, 2015.

It appears that no one directly connected with my medical care knows what will happen beyond September 30, 2015. It also appears that a reasonably good system in Alaska has been used as a model for changes in the VA system nationwide, ironically screwing things up by adding unnecessary paperwork, complications, and stress generated by uncertainty. I have contacted integrated care in Anchorage, the AK Veterans' Service Offices in Anchorage, SEARHC in Haines and SEARHC Administration in Sitka and Juneau. No one at any of these offices knows how "Veterans Choice" will affect me in my situation, hence thousands of others needing care. This is beyond ridiculous.

Veterans Choice in response to scandals in the lower 48 states is an attempt to give veterans what they should have had all along. It is modeled after an Alaska system that Alaska Veterans and veterans support organizations fought long and hard for. I am poor, I cannot afford to travel. I am happy with my current doctor and the staff at SEARHC in Haines, Alaska.

**Samuel Senner**  
**Anchorage, AK**  
**08/24/15**

[Mr. Samuel Senner called the Washington, D.C. office regarding his experience with the Choice Program. Mr. Senner stated that he would be glad to speak with someone from the office or provide any advice that would be helpful during the anticipated reworking of the program.]

Call regarding VA Choice Program: Disabled vet. Issues with Choice Program. Spoke at length in person with Rep. Mia Costello. Knee surgery and had total knee replacement recently, which led to lower back pain. He spoke with Choice and was authorized to see chiropractor, had Choice, Choice rep. authorized to schedule, and would contact him after 4 days. After 1.5 weeks of no response, called back and spoke with another Choice rep. who stated that he was in the system, no issues, told him to schedule the appointment and everything would be taken care of. Made appointment, but heard nothing. Great doctor, who said he'd help regardless of the VA's response. After no response from VA after another 1.5 weeks, called and spoke with supervisor, April Gray (Grey?). Same story, very nice and promised a lot, but nothing in response. Never received Choice Card (promised by several reps) and never received call back from Choice reps.

After 2 mo since initial contact with Choice Program, his doctor found his approval in the system, but he had never been contacted by the VA to let him know that his request had been approved. Never once received call back from Choice.

Stated that the Choice reps are wonderful on the phone, but never actually responded or held up on promises.

Offered to speak with someone from office on issue, or offer advice as needed.

**Dorothy Ferraro, Director of Public Relations for South Peninsula Hospital  
Kenai, AK**

**08/25/15**

First off, a few thank yous: Thank you to the many veterans in the room for your service. It's an honor and privilege to be with you tonight.

Thank you to Senator Sullivan and his staff for the opportunity to share important suggestions to improve the VA Choice program.

And thank you to the VA for offering the VA Choice program. The concept is a great one to open the doors in the rural areas for the veterans to take advantage of local offerings, keeping them safely in their communities for their care, and supporting the local physicians and healthcare providers.

I could sit here for hours talking about how patients are affected by problems with Choice. How veterans wait weeks for critical procedures, or pay out of pocket for prescriptions because they still have no answer after weeks of waiting, or wait for over a month for authorization of pre-surgery labs, which can delay or postpone their surgery. But they will tell you their stories.

Instead, I'll give you the perspective through the eyes of the hospital. We are a small, critical access hospital which offers a full range of ancillary services, specialty clinics and primary care. Veteran's coverage is a growing payer for our organization, particularly due to the development of Choice, increased outreach and marketing the VA is doing to enroll veterans into the benefits they have earned, and the fact that we host the Kenai VA Clinic three days a week. We want to do business with you, but right now it is a challenge.

The first problem is LACK OF INFORMATION:

- VA repeatedly tells veterans that we are not an approved provider, though we are.
- Nobody knows how to quickly and easily find out what's covered or quickly obtain authorizations.
- It's hard to find out where to send our claims and if regular VA or the Choice plan is responsible.

The remaining hurdle is that CHOICE IS NOT USER FRIENDLY AND A LITTLE DISORGANIZED:

- The VA website only allows providers to look up authorizations once per day. Once you've logged in and searched for your authorizations, the system logs you out and won't let you back in later in the day. This is unfortunate because things might change from the morning you cannot see it. If this website functioned better it would reduce your need for customer service reps, and our time spent on hold.
- Approval times for Choice services are very slow which makes it difficult to schedule; we have had to cancel surgeries & other procedures and are now reluctant to advance schedule.

- Choice customer service reps are not very knowledgeable and are not helpful; Choice staff needs more training.
- The Choice Manager actually told us to bill for services that we were not provided because they were the “authorized services”; and said it wouldn’t be fraud on our part because VA Choice is not an insurance company! So most of the visits in the primary care clinic are being authorized using a wellness code, when in reality the patient is being seen for a focused problem.
- Your Authorization forms all look the same, are difficult to read, have a lot of clutter and have the important parts buried: who the payer is AND what is approved. Improve the authorization forms.
- Expected payment time is unknown and unreasonable. Our primary care has billed 13 visits over the last 6months, but haven’t been paid on any of them yet.
- Secondary authorizations in our Rehab for extension of treatment are not responded to. They claim they don’t receive them; this totally interrupts patient therapy and is a nightmare for our scheduling. People schedule their PT in advance – not possible for our veterans; Choice says it will take up to 10 days, but we always have to call them after two weeks of no response.
- VA Choice and VA do not communicate; we have to call one, wait on hold forever; then learn you have to call the other; after just having spent over one hour total just waiting on hold. They act as two, non-related entities, with no obligation to cross reference. VA might approve four visits, but the Choice has to do the remainder, but choice knows nothing about it. It’s totally starting from scratch.
- VA Choice called to set up an appointment for a patient; they sent us the patient info, and we called the patient realized they lived in Soldotna (80 miles away); they obviously said they would prefer soldtona for treatment so we shredded their authorization. A few days later the patient called us to request a copy sent to them because VA Choice could find no record of the authorization.

South Peninsula Hospital appreciates our partnership with the VA. We appreciate VA Choice, we want to see it succeed, and when functioning properly it is a win-win for the providers and the patients; we hope you can use our feedback to make positive improvements. Thank you for your time.

**Brian S. Beard (US Army, Service-Disabled Veteran)**

**Sterling, AK**

**08/24/15**

FIRST OFF I would like to state how very grateful I am for the assistance and services I receive as a Veteran. I do have experience with the VA Referral process (pre- and post-VA Choice Program implementation) and want to provide insight from one Veteran's perspective as to possible issues and areas I see where improvement may be helpful. I would be open to assisting with the improvement of this program or any other area in need.

**Summary:**

I had a couple of referrals prior to the VA Choice Program implementation and three since that program was implemented. I will list the general areas where I have experienced issues and/or believe some level of improvement may be warranted. Feel free to contact me if you have questions or if I can be of assistance in improving this program or any other area.

1. Confusion re: purpose and when to use program. I received multiple letters prior to the program; however, I never really understood if it applied to me since I already received all my health care through the VA. I also received at least 2 "member" cards for the VA Choice Program. The latest one I received is marked "Temporary Program." It wasn't clear to me that ALL referrals had to go through this new program (at least the ones where the VA is referring services out to a non-VA service provider). There is, however, no indication to me as the Veteran that a given referral will be met from service providers within the VA or external to the VA - different processes? For the referrals that are supposed to go through the VA Choice program, the process does not appear to be understood well by those who are involved (VA and VA Choice Program personnel).
2. Overall process confusion: In my experience the overall process and associated timing of each step is not well defined (at least it is not well understood by those the program serves - in my opinion). There are several layers and organizations involved at different times: local VA service provider (submits initial referral), VA (enters referral so VA Choice Program can process referral), VA Choice Program (actual processing and funding for referral and making appointment), external service provider (ah, the actual appointment), VA Travel, etc. The process just seems complicated and ill-defined; moreover, there is terminology that adds to the confusion when speaking with different organizational representatives: referral vs. consult, approval, funding, etc.
3. The VA Choice Program adds another layer of people involved with processing referrals. I believe there is an issue with the interface between the VA and the VA Choice Program. VA personnel have not received training on how to properly process referrals (at least the ones I have spoken with), there are no processes in place to confirm entered referrals were actually received and processed by the VA Choice Program, and Veterans are subsequently left hanging with no communications in many instances. For example, a local VA care provider entered a referral for me in mid-May 2015 (for neuro/psych testing). I never heard anything so I contacted the VA Choice Program a couple of months later and wasn't able to get an appointment until late July. I only got the appointment because I made several calls and found out the referral hadn't been processed correctly.

4. Processing by the VA Choice Program is quite slow and drawn out. Not only is the overall process slow, but I have had to call multiple times for each referral. For example, I called to confirm they received the referral /consult from the VA; then I had to wait and call back for approval and funding to be provided - at that time I have to give them a list of availability dates for appointments...and then call back later to obtain actual appointment details.

5. Communications from the VA Choice Program concerning referrals and associated details are almost nonexistent. I have had at least three referrals for care since the implementation of the VA Choice Program, and I have had to contact them in almost all my dealings to obtain details of appointments, etc. (I actually don't think I have ever had an instance where someone from the VA Choice Program has contacted me proactively with information concerning my referral or appointment)

6. Making related appointments (based on referrals): It would be very nice to have the option of having VA Choice Program personnel make an appointment for me OR allowing me to call the actual service provider and make my own appointment (after approval has been provided to care provider from VA Choice Program).

7. Accuracy: I had one instance where I was told by VA Choice Program that I had an Allergist appointment on a given day at a specific time. I showed up to the Allergist for my actual appointment and was told I didn't have an appointment. The receptionist stated that she had spoken to someone at the VA Choice Program but was expecting a call back for something needed for finalization - and never received that call back.

8. Related Travel: There is also a disconnect between the VA Choice Program and the VA concerning travel associated with an appointment resulting from a referral. No information is provided on handling related travel (not always needed, but it is sometimes). This leaves the Veteran not knowing what to do or who to contact to address any travel needs. I was told by the VA Choice Program representative that they do not handle travel at all, so I needed to contact the VA for that; however, I did not have a contact or number.

9. POSITIVE: The VA Choice Program representatives have always been nice and respectful in my interactions with them.

**Ms. Elizabeth Bacom**  
**Petersburg, AK**  
**08/28/15**

I am writing as a veteran, with numerous veterans in my family as well as a son serving active duty. In my work, as the manager of a clinical laboratory in Southeast Alaska, we have numerous veterans coming for laboratory or imaging studies. In the past (prior to VA Choice), we would receive a fax authorization that provided a range of dates for service to be rendered. We made every effort to contact the veteran so he/she could come in for testing. With the new VA Choice, we often do not have an authorization prior to the patient coming in, and when we do have an authorization, it is only valid for ONE DAY.

For outpatient lab work, a veteran may need to fast, if this factor is forgotten, a new authorization needs to be obtained. This program is not adequately meeting the needs of our veterans, and there is much confusion for providers. The VA needs to communicate with clinical providers to learn the impact of this program. The only way to improve this program is to involve veterans AND agencies that provide care like the hospital in our community. I have many suggestions to alleviate frustrations for everyone. Assign case managers to regions and make sure they understand the region they are covering. Someone in Texas does not have a clue to the issues in the difficulties of transportation between remote Alaskan communities. Open the dates for the authorizations.

Use a "credit card" that can be loaded electronically with authorizations to pay for services. Our service connected veterans have the same difficulty as our non-service connected veterans. These two groups need to be isolated, not treated the same. Often the SCV has medical issues that need to be followed more closely. I am always pleased to take care of a veteran. Today I had to turn a veteran away because I didn't have the authorization. I called the VA Choice line and am waiting for a return call. We can do better for our veterans! I am happy to discuss this further with you or an assistant. I am not enrolled in VA Choice because I have adequate care and don't need the additional medical coverage. There are veterans that need this assistance, it should not be rocket science to get them the medical care they need and deserve. Thank you for taking the time to read my message.

**Dana Pictou**  
**Fairbanks, AK**  
**8/24/15**

My name is Dana Pictou and I am a Veteran and a business owner. I provide mental health services to Veteran's and the Fairbanks community. I have been in the field in field for 23 years. I am now currently in my own private practice with my wife.

Our clientele right now is mostly veterans in the Fairbanks Community. We started seeing Veterans on 5/21/2015. During this period the veterans were still tied into the VA system. By the end of June I received a notification that all veterans had to use Choice.

The Choice/Tri West program has been very good us. They have been very efficient and I have been able to get Veterans in very quickly. Of course, we had to become a provider for the Choice program and that took paper work, tax id and NPI number. That process did not take that long and we were accepted and put on the list.

I have several Veterans who really like the Choice/Tri West and find it very helpful. They now have primary care providers which they did not have before.

Communication is a big problem with the VA and Choice/Tri West. I have a client who did not change their address to Alaska. So, the Choice/Tri West was not able to authorize any visit to us. The person change her address with the VA and it took about two and half weeks before the address change showed up in the Choice/Tri West program. VA, Choice/Tri West do not speak to each other effectively. Especially in this modern day of technology. So, for the most part as a provider I am very satisfied with the program.

Second; as a veteran I decided to use the Choice/Tri West to see how long it will take to get an appointment. I called the Choice/Tri West program to schedule an appointment with an optometrist. I called and was put on hold and after about 15 minutes I was able to press 1 and have a call back. Approximately, 30 minutes later I received the phone and told them what I needed and where I wanted to go. I was told they would get back to me in about 3 to 5 business days. She told me they had to see if they accepted the program. Three days later I received a phone call and was scheduled for the appointment where I wanted to go.

I did have the appointment and was told that the VA only pays \$130.00 for glasses. Can you tell me where you can go and get prescription glasses for \$139.00?

Again, the Choice/Tri West came through without a hitch.

What I can see from my experience as a provider and as a consumer is the program does work. At least it did work for me and was very efficient.

Listening today with the testimonies from other Veterans it seems the Major Medical issues are more of a concern. No one spoke about mental health care.

I do know the Choice/ Tri West has different departments. Medical and Behavioral Health. I believe the Behavioral Health is working much better than the Medical.

As a provider, I stay on top of referrals and make sure I call the Choice/Tri West to get the Veterans in as soon as I can. I believe some of these other providers probably need to do the same. Especially when the VA is going through a major overhaul as it is.

Here in Fairbanks, there is a very big need for mental health providers. By cutting the Choice/Tri West program I would not be able to serve this population. This program needs to stay in place at least the Behavioral Health.