A Framework for Veterans Health Care Reform
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VFW
Veterans of Foreign Wars
No One Does More for Veterans
Introduction:

About the VFW: The Veterans of Foreign Wars of the U.S. is a nonprofit veterans service organization comprised of eligible veterans and military service members from the active, Guard and Reserve forces. Founded in 1899 and chartered by Congress in 1936, the VFW is the nation's largest organization of war veterans and its oldest major veterans organization. With nearly 1.7 million VFW and Auxiliary members located in more than 6,700 Posts worldwide, "NO ONE DOES MORE FOR VETERANS." The VFW and its Auxiliaries are dedicated to veterans’ service, legislative advocacy, and military and community service programs. For more information or to join, visit our website at www.vfw.org.

About the Independent Budget (IB): For the past 30 years, DAV, PVA and the VFW have co-authored the independent budget to honor veterans and their service to our country. Endorsed by dozens of veterans and health organizations, the independent budget makes recommendations for VA’s budget and appropriations accounts. It also includes comprehensive policy findings and recommendations to improve VA, DOD and DOL programs, services and benefits for veterans and their families.
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Background on VA Health Care Delivery:

In the 1990s, the Department of Veterans Affairs (VA) health care system was transformed from a hospital-based system to an outpatient health care network system. This change saw the advent of community outpatient clinics and the idea of providing a full continuum of care – treating the whole veteran, ending the practice of only treating veterans for their service-connected disabilities and leaving them on their own for the rest of their health care.

VA’s holistic approach to medicine dramatically improved the quality of care veterans received, and greatly increased the number of veterans who sought VA care. Knowing VA could not provide all care to all veterans all the time, Congress authorized VA to purchase care in the community when VA needed.

As time passed, VA leaders were met with two challenges. First, they wanted to provide veterans the highest quality care possible, regardless of whether it was convenient, and second, that purchasing care in the community took funds from their direct delivery budget, and it was often more expensive.

As veterans’ utilization of VA health care grew, VA’s health care budget did not keep pace. This led hospital leadership to make decisions on how best to deliver care within the budget they were given. These decisions led to the practice of improper patient appointment wait-lists, cover-ups and retaliation against those brave enough to speak up.

This all came to a head in 2014, at the Phoenix VA Medical Center. Since that time Congress passed the Veterans Access, Choice and Accountability Act, which created the Choice Program to offer veterans more health care options.

In response to this crisis, the VFW, along with our Independent Budget partners, DAV and PVA, developed a framework reforming how our nation delivers health care to those who have worn her uniform.
The Need for a Veteran’s Perspective:

As Congress, VA and other stakeholders advocated for reforms, the VFW and the Independent Budget partners saw two flaws in the conversation. First, every proposal was a patch to the existing VA system, and second, no one had cared to ask veterans, whose needs the system was designed to serve, how they wanted to receive their health care.

We used our historical expertise, extensive conversations with veterans around the country and survey data to develop a veterans’ health care reform framework centered on veteran perspectives and focused on the positives and negatives of the current VA health care delivery system. This framework includes a comprehensive set of policy ideas that will make an immediate impact on the delivery of care, while laying out a long-term vision for a sustainable, high quality and veteran-centered health care system. The framework focuses on providing veterans high-quality health care closer to home by seamlessly combining the capabilities of the VA health care system with public and private health care providers in the community when and where necessary.

In order to accomplish our long-term vision, Congress and VA must address four fundamental ideas:

1. Restructure the Veterans Health Care Delivery System.
4. Reform VA’s Culture With Workforce Innovations and Real Accountability.
Restructure the Veterans Health Care System:

Currently, the VA health care delivery model relies on VA medical facilities to serve as the primary provider of health care and uses purchased care as a safety valve. We contend the most effective and efficient way to deliver care is to integrate the capabilities and strengths of existing local health care resources – VA, other public providers and private providers – to meet the needs of veterans in each health care market or community.

VA must be responsible for coordinating veterans’ care and in most cases, would remain the principal provider of care. By integrating local private and public health care capabilities into the veterans’ health care delivery model, the barrier that currently exists between VA medical facilities and community providers would be removed. This would enable veterans to move seamlessly between VA and community care and expand access to more high-quality and timely health care options. This would also require VA to be flexible enough to expand capacity to adjust to changes in demand and veteran demographics through agreements with community health care providers, sharing facilities with private or public health care entities, or building capacity.

VA must work to ensure integrated networks serve the overwhelming majority of veterans. However, veterans who live outside of network catchment areas, in rural and remote locations, also deserve timely access to high-quality, comprehensive and veteran-centric care. This would require VA to develop individual provider agreements with rural health care providers who are unable to join integrate networks, and continue to improve telehealth and other rural health care options.

Solutions:

- VA must coordinate and guarantee the care veterans receive, regardless if that care is delivered by public or private sector health care providers.
- Establish localized Veteran-Centered Integrated Health Care Networks.
- Establish a Veterans Managed Community Care Program for rural and remote veterans.
A recent independent assessment on VA access standards by the Institute of Medicine (IOM) determined that industry benchmarks for health care access vary widely throughout the private sector. IOM was unable to find a national standard for access and wait-times similar to the Veterans Choice Program’s 40-mile and 30-day standards. Instead of focusing on set mileage or days, IOM found that industry best practices focus on clinical need and the interaction between clinicians and their patients.

Rather than rely on arbitrary federally-regulated access standards, such as 30 days or 40 miles, access to care must be a clinical decision made between a veteran and his or her doctor. Once the clinical parameters are determined, veterans must be able to choose among the options developed within an integrated health care network. Veterans not satisfied with clinical determinations or scheduling options must be able to seek a clinical review of their health care needs.

A missing component of VA health care is consistent access to urgent care to fill the gap between overused emergency care and overburdened primary care. While VA may be able to develop a nationwide system of urgent care at existing VA medical facilities, it cannot effectively expand urgent care without leveraging private sector urgent care clinics around the country, many of which already serve veterans.

Solutions:

- Establish clinically driven access standards that enable veterans and their doctors to determine how long veterans should wait or how far they are able to travel to receive their health care.
- Develop a nationwide urgent care system to ensure veterans have access to urgent care options at VA medical facilities and urgent care clinics in their community care.
Realign the Provision and Allocation of VA’s Resources to Reflect Its Mission:

For more than 100 years, VA’s solution to infrastructure needs has been to build, manage and maintain a network of veterans’ medical centers and clinics. As a result of its build first model, VA has accumulated $50 billion in access, utilization and condition and safety projects it must complete to maintain its aging infrastructure. VA’s infrastructure problems are exacerbated by its inability to properly estimate and request and Congress’s refusal to allocate the resources it needs.

VA’s ability to provide timely health care is also impacted by chronic staffing shortages. Unfortunately, VA lacks the analytic data to determine accurate staffing requirements across VA by specialty. To properly address these issues, VA must first determine the true number of enrolled veterans, what their primary and specialty care needs are, and weigh that actuarial data against its current infrastructure, health care workforce and local community care capabilities.

Regardless of how well VA reforms staffing and capital infrastructure processes, it will not be able to close access gaps if it does not receive the resources it needs to meet demand. To ensure budget request are accurate, VA must adopt a planning methodology that incorporates future years planning and review system. Congress must also reform the appropriations process to ensure VA has the resources it needs without having to trigger sequestration or other negative budgetary implications.

Solutions:

- Incorporate public/private partnerships and sharing agreements into VA’s capital planning process.
- VA must develop staffing models based on veterans’ health care needs and the overall capacity to meet demand.
- VA must convert its current planning model into a new Quadrennial Veterans Review, Future Years Veterans Program and a Planning, Programming Budgeting and Execution system to align its resources with its mission.
- Congress must reform the VA health care appropriations process to ensure VA is able to meet the demand on its health care system.
Reform VA’s Culture With Workforce Innovations and Real Accountability:

While ensuring VA has the resources it needs to meet the demand on its health care system is vitally important, it is also critical that VA serve as a good steward of the federal resources used to provide timely and high quality care to veterans.

The VFW has consistently heard from veterans that their patient advocates are ineffective or seek to protect the medical facility’s leadership instead of addressing their concerns. We believe that the patient advocate position should be moved and maintained under the newly created Veterans Experience Office. By placing the patient advocate within the Veterans Experience Office, they will be outside the medical facility’s chain-of-command, allowing them to more quickly intervene on behalf of veterans.

Developing and maintaining a strong, reliable workforce takes more than the authority to fire bad employees. VA must have the ability to quickly hire employees, especially physicians, pay them competitively, and provide them with the training and resources necessary to succeed in their jobs. But when employees put veterans at risk or defraud the government, the Secretary must have clear and unfettered authority to discipline those employees.

Solutions:

- Establish a biennial independent audit of VA’s health care system to identify accounts and programs that are susceptible to waste, fraud and abuse.
- The veteran advocates at VA facilities must be integrated into and report directly to the Veterans Experience Office.
- Congress must ensure VA has the authority to quickly recruit, hire, train, retain and discipline its workforce.