

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

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Good morning, Chairman Takano, Ranking Member Roe, and Members of the Committee. I appreciate the opportunity to discuss VA's current practices for measuring Veterans' access to health care and to provide a clearer picture concerning wait times in light of the 5-year anniversary of the issues in Phoenix. I am accompanied today by Dr. Susan Kirsh, Acting Assistant Deputy Under Secretary for Health (ADUSH) for Access, and Dr. Clinton L. Greenstone, Deputy Executive Director, Clinical Integration, Office of Community Care.

Introduction

VHA has undergone tremendous transformation since 2014, operating with a renewed focus, unprecedented transparency, and increased accountability. We recognize there are still challenges ahead of us, but it is important to keep in mind that Veterans continue to receive the highest quality care, often with shorter wait times than in the private sector. VHA will continue to identify opportunities to share strong practices, standardize processes, educate staff, and provide oversight to ensure these efforts are being effective. Providing Veterans the care they need, when and where they need it, is central to all we do. Even with implementation of the new Veterans Community Care Program through the VA MISSION Act of 2018, Veterans are choosing to stay within VA to receive their care.

Care When It Is Needed

VHA is providing care to more patients than ever. We completed over 1 million more appointments in 2018 than the previous year while wait times continue to decline across VA. In fact, the Journal of the American Medical Association found in a study released in January 2019, that by 2017 VA had significantly shorter wait times for primary care, cardiology, and dermatology than the wait times seen for private doctors. VA had longer wait times for orthopedic care; however, these wait times improved from 2014 and are still improving.

VA offers Veterans same-day services for mental health and primary care when clinically indicated at all VA medical centers (VAMC) and community-based outpatient clinics (CBOC) across VA – an effort completed by 2017. Same-day primary care and mental health services are offered when a Veteran contacts us. Accordingly, we will either address the need that day or schedule appropriate follow up care, depending on

the urgency. We may address the health care needed by providing a face-to-face visit, returning a phone call, arranging a telehealth or video-care visit, responding by secure email, or scheduling a future appointment.

VA has improved the average time to complete a stat consult, which is a critically time-sensitive referral to specialist that should be completed in less than 48 hours, from 19.3 days in 2014 to just 1.4 days in 2019, a 90 percent decrease. Simplifying the consult management process and timely resolution of these referrals has made it easier for Veterans to be seen in a timelier manner. A large factor in these improvements was VA's response to the Veterans Access, Choice, and Accountability Act of 2014 and we expect this to continue under the implementation of the MISSION Act of 2018.

Quality Care

In 2018, the RAND Corporation released a study, [*Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings*](#), that said VA hospitals on average performed the same or significantly better on 21 of 26 measures than private sector hospitals, including inpatient safety and mortality. VA hospitals performed better than commercial and Medicaid Health Maintenance Organizations on 28 of 30 measures. An increased emphasis on patient-centered care is a large contributor to these improvements. Our Veterans Experience Office is constantly assessing our performance throughout VA and giving us the feedback we need to identify and resolve problems.

VHA values what Veterans have to say and have made it an Agency priority. We have been using the industry standard Consumer Assessment of Health Providers and Systems (CAHPS) survey to assess [*patient satisfaction*](#) for primary care and mental health. Through this data, our Veterans have voiced their appreciation with patient satisfaction scores improving in every category related to getting care when they needed it. We also recognize that quality care comes from having adequate levels of staff available to provide the care. Today, there are more than 200,000 health care professionals, including doctors and nurses, who treat Veterans in the VA system. VA has hired more than 14,000 new employees in support of health care since October 2016.

Electronic Wait List

The number of Veterans waiting for clinical care appointments to be made is commonly referred to as the Electronic Wait List (EWL). It is important to note that the EWL is the name of the software used to create reports. Reports include those that track Veterans waiting to schedule an appointment for clinical care, as well as administrative requests. The most common administrative requests are Veterans who are already receiving care and prefer another provider within the same health care facility area such as from a primary care provider at the main facility instead of one at a VA Community Based Outpatient Clinic (CBOC). There is no other health care system that VA is aware of that tracks transfer requests at a regional or system-wide level, it is tracked locally.

EWL was developed in 2002 by the VHA Office of Informatics and Technology in response to a rapid increase in demand for clinical services. After 2014, VA made the decision to track these administrative requests using EWL software. These administrative requests are not included as part of wait list numbers because these are requests from Veterans who are already receiving care. Due to recent media reports of a whistleblower indicating issues with EWL, we conducted a top to bottom review, and while no Veterans were harmed while on the administrative EWL, this review has allowed us to streamline processes and eliminate confusion for VA staff and Veterans.

We are developing plans to phase out use of EWL altogether by offering Veterans the choice of care in the community or to be scheduled for an appointment that could be more than 90 days (patients waiting this long do not have an urgent clinical need, i.e., waiting more than 90 days for an optometry appointment to get new prescription eyeglasses) in the future. Because we respect and value our patients' preferences, VHA is both implementing new scheduling software that can track these requests and identifying new tools to track transfer requests until the new scheduling tools are in place.

Culture of Accountability and Transparency

Since 2014, VHA established an organizational structure, assigned responsibilities, and delegated authority to ensure multi-level oversight of access objectives. VHA's Office of Veterans Access to Care (OVAC) is the primary responsible program office that provides national oversight and direction for improving access to care. OVAC is headed by a Senior Executive Service-level Assistant Deputy Under Secretary for Health.

VA's Access to Care website (<https://www.accesstocare.va.gov/>) was created in 2017 to transparently provide helpful information on topics including wait times, patient satisfaction, and quality. Measuring the time a new patient waits for an appointment from the date the appointment request was initiated is a more objective way of measuring patient wait times. For the majority of our appointments, those with established patients, measuring from the date the patient says he or she wants to be seen is a better indicator for patient experience. This information assists Veterans with decisions about where they can receive their care in a timely manner. This is a widely used website with millions of hits.

Additionally, VHA created the Health Improvement Center to track and trend performance in terms of quality, access, safety, and Veteran experience across multiple indicators and to identify medical facilities with unfavorable data trends or those not meeting goals and targets. In response to data trends, VHA contacts sites of concern or those not meeting targets and mobilizes a team of experts as needed to provide collaborative on-site consultation and follow-up to ensure progress is made and to support ongoing process improvement.

Scheduling and Training

Since 2014, when reports indicated that VHA needed improvement in scheduling processes and scheduler training, OVAC took the lead to modernize VA's approach to

scheduling appointments and consults. These efforts have resulted in standardized national processes, national audits, and standardized scheduler trainings. More than 58,000 VHA employees, including Medical Support Assistants (MSA), clinicians, nurses, and health care technicians have completed this training, which includes technical and customer service skills, as well as in-depth training on standard processes and procedures per VHA's scheduling directive. Overall, this has improved access to high-quality care for our Nation's Veterans.

Continuing to Improve

We continue to look at ways to improve how we deliver care, utilizing a team-based approach. Recently, OVAC began implementing a three-phased initiative named Improving Capacity, Efficiency, and Productivity (ICEP) to help facilities, working through Veterans Integrated Service Network (VISN) teams, administrative and clinical staff, along with Group Practice Managers (GPM), to meet the access standards established by VA pursuant to the VA MISSION Act of 2018. As a result, more than 98.5 percent of VA sites have wait times under 20 days for new patients who want a mental health care appointment. This compares favorably to wait times in the private sector.

More than 60 percent of VA sites currently meet the 20-day threshold for new patient wait times in primary care, with the average primary care wait time in 2018 for new patients down to 21.2 days and moving closer to VA's access standards. VA continues working strategically to help each facility improve in key areas through the ICEP initiative.

In 2016, VHA began offering Veterans the ability to directly schedule appointments in audiology and optometry without a consult from their primary care provider. The following year, VHA expanded direct scheduling to include podiatry, nutrition, prosthetics, oncology, screening mammography, amputee clinic, and wheelchair clinic. Using the Veterans Appointment Online Scheduling application, patients can make and cancel appointments via a smartphone, tablet, or computer. This application has improved customer satisfaction, increased data reliability, and reduced scheduling errors by putting Veterans at the center of their own care. Using this application, Veterans can also request a call from VA to help with scheduling primary care and mental health appointments.

VHA enhanced the VistA Scheduling software to automate the entry of the correct date, which is the agreed upon appointment date between the provider and the patients, directly into VistA Scheduling, eliminating the opportunity for human error in the process. Additionally, in association with the Veterans, Access, Choice, and Accountability Act of 2014, all VAMCs have at least one GPM. GPMs, who are a critical field position supporting Veteran access and every facility, coordinate with OVAC and their local team to implement best practices to improve scheduling processes and increase efficiencies to reduce wait times. OVAC often works with sites, through GPMs, to help them improve access to care.

Putting Technology to Work

Today's VA is using technology to create opportunities for better access to care, better care overall, and more convenience for our Veterans. For example, in 2018, VHA launched a new software named VEText that enabled us to send more than 98 million text message appointment reminders to more than 6.2 million Veterans. This resulted in significant improvements in no-show rates, decreasing from 13.7 percent to 11.7 percent, creating the opportunity for about 1 million new appointments for Veterans who needed to be seen. In 2019, VHA began offering earlier appointment times for Veterans when slots become available through the VEText software, resulting in over 3,800 rescheduled appointments to date because of this technology.

VA has invested in telehealth, providing Veterans the option of virtual visits using a smartphone, tablet, or laptop, resulting in more than 1 million video telehealth visits in Fiscal Year 2018, a 19 percent increase in video telehealth visits over the prior fiscal year. Networks are creating virtual care hubs for primary care and mental health coverage. The hubs are established in more than half of the country and will be nationwide in 2020.

Better Integrated Care – The VA MISSION Act of 2018

The VA MISSION Act of 2018 strengthens VA's health care system by improving both aspects of care-delivery – internal and community care – and by empowering Veterans to find the balance in the system that is appropriate for them. We believe VA's new Veterans Community Care Program is already working better for Veterans, their families, and providers.

More Veterans are now eligible for community care, allowing them to choose care in their community if that is their preference. Scheduling appointments is easier, and care-coordination between VA and community providers will be better. With implementation of the VA MISSION Act of 2018, Veterans have more ways to access world-class care through VA than ever before, and the data show that Veterans are choosing VA health care in record numbers. Veterans continue to tell us they trust us with their health care. VHA is completing more medical appointments than ever before, even as the total population of Veterans is shrinking.

Conclusion

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