

**STATEMENT OF THE HONORABLE ROBERT L. WILKIE  
SECRETARY OF VETERANS AFFAIRS**

**FOR PRESENTATION BEFORE THE  
HOUSE COMMITTEE ON APPROPRIATIONS,  
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND  
RELATED AGENCIES**

**THE STATE OF VETERANS AFFAIRS  
FEBRUARY 26, 2019**

Good morning Chairwoman Wasserman Schultz, Ranking Member Carter, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today on The State of Veterans Affairs. I am accompanied by Dr. Richard Stone, Executive in Charge, Veterans Health Administration (VHA).

I begin by thanking Congress and this Subcommittee for your continued strong support and shared commitment to our nation's Veterans and the Department of Veterans Affairs (VA). In my estimation, two Federal Government departments must rise above partisan politics—the Department of Defense (DoD) and VA. The bipartisan support this Committee provides sustains that proposition.

**General Assessment**

Veterans and VA staff whom I meet across the country inspire confidence. Since I was sworn in, I have walked my post from Boston to Orlando, from Tampa to Muskogee and San Antonio, from Dallas to Los Angeles and up to Seattle and Anchorage, and across the Pacific to Hawaii—altogether, 35 cities, 26 VA Medical Centers (VAMC), six regional centers, and four national cemeteries. I have seen and talked with great Veterans we serve—and our great employees serving them—in VA medical centers, in polytrauma centers, in Vet Centers, Community Living Centers, State Veterans Homes, and Veteran Treatment Courts where they are getting another chance at success.

Last September I reported to Congress that VA was better for a number of important reasons—Congress's and the Administration's work and support, a more experienced leadership team at all levels that is all on the same page and speaking with a unified voice, and a workforce deeply devoted to caring for Veterans, their families, caregivers, and survivors. Because of that unified effort, VA has accomplished more in the last two years reforming the department and improving care and benefits for our nation's heroes than we have over previous decades.

The state of VA is getting stronger. While we still have a long way to go and enormous amounts of work to be where we need to be serving our nation's Veterans, it is no exaggeration that VA is engaged in the greatest transformative period of its history—truly fundamental transformation that we have not seen since just after World

War II when General Omar Bradley headed the VA. And I found it important and reassuring that four previous VA secretaries with a view of the department across nearly two decades are sensing the same and publicly judged that “transformation of the VA health care is being realized after many years of effort . . . .”

We are not “business as usual” in our work fulfilling the President’s promise to Veterans. The Partnership for Public Service recently reported VA one of the best places to work in federal government. Dartmouth’s *Annals of Internal Medicine* reported that “VA health care is as good, or better, than any care our American people receive in any part of the country.” A new *Journal of the American Medical Association (JAMA)* study found Veterans’ access to VA care “appears to have improved between 2014 and 2017 and appears to have surpassed access in the private sector for 3 of the 4 specialties evaluated.” In fact, the third most talked about *JAMA* article last year reported on VA’s work on non-opioid medication pain management.

In short, we are tackling head-on issues affecting Veterans that have lingered for years. We have overhauled the claims and appeals processes so Veterans finally have a simplified system that provides them clear choices and timely decisions. We are implementing the MISSION Act that will give Veterans more choice in healthcare decisions. We are adopting the same electronic health record as DoD to give transitioning Servicemembers a seamless transfer of medical information. We are increasing accountability and protecting whistleblowers with the authorities provided by the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. And we are becoming more and more transparent.

Working closely with Congress has been fundamental to these substantive reforms. And we are working hard to keep you informed of progress across the department by providing more information to you, our lawmakers, than at any other time in recent history. And we will continue to do so.

We appreciate and value Congress’s important role. With your help and sharp focus on our priorities, we are on the road to becoming the world-class, 21st century healthcare institution and benefits and services resource our country owes them, and they have earned and deserve.

## **Priorities for VA**

### **Priority 1: Customer Service**

Customer service is my prime directive. The delivery of excellent customer service is my responsibility. And it is the responsibility of all VA employees to provide an excellent customer service experience (CX) to Veterans, Servicemembers, their families, caregivers, and survivors when we deliver care, benefits, and memorial services. I am privileged to champion this effort.

Our National Cemetery Administration has long been recognized as the organization with the highest customer satisfaction score in the Nation. That’s according

to the American Customer Satisfaction Index – ACSI. And that’s across all sectors of industry, government, business. We need to work to scope that kind of success across all benefits and services.

That’s why I incorporated Customer Experience (CX) into the FY 2018-2024 VA Strategic Plan. Last year, I issued VA’s first customer service policy. That policy outlines how VA will achieve excellent customer service along three key pillars: CX Capabilities, CX Governance, and CX Accountability. I am holding all VA executives, managers, supervisors, and employees accountable to foster a climate of customer service excellence. We will be guided by our core VA Values of Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE). These values define our culture of customer service and help shape our standards of behavior.

Because of VA’s leadership in customer experience, our Veterans Experience Office has been designated Lead Agency Partner for the President’s Management Agenda (PMA) Cross-Agency Priority (CAP) Goal on Improving Customer Experience across government.

Our goal is to lead the President’s work of improving customer experience across Federal agencies and deliver customer service to Veterans we serve that is on par with top private sector companies.

This is not business as usual at VA. We are changing our culture and putting our Veteran customers at the center of our process. To accomplish this goal, we are making investments in Customer Service and we are making bold moves in training and implementing customer experience best practices.

### Veterans Experience Office

The Veterans Experience Office (VEO) is my lead organization for achieving our customer service priority and provides the department a core customer experience capability. VEO offers four core customer experience capabilities, including real-time customer experience data, tangible customer experience tools, modern technology, and targeted engagement. VEO deploys customer experience data, technology, tools, and analyzes information and insights collected from Veterans, eligible dependents, caregivers, and survivors. Leaders and providers in the field have real-time Veteran feedback so they can address Veteran concerns immediately and gain program improvement insights quickly. That information helps inform short-term service recovery and long-term program and systems improvements.

### Outcomes

In June 2017, VEO deployed VA’s first service-level survey to measure the Veteran Experience with VHA’s outpatient services. During the first month of the outpatient services surveys, VA’s trust score was at 84.7 percent. Since then, the trust score has risen almost every month. In September 2018, the trust score was 86.8

percent. In January 2019, the trust score was 87.9 percent, a 3.2 percent increase since mid-2017.

VEO also administers the quarterly VA-Wide Trust Survey to measure trust across the VA. Since VEO deployed this survey, the VA-Wide Trust has increased from 55 percent in FY 2016 Q2 to 73 percent in FY 2019 Q1. And we are on a steady, positive course. Just since last quarter (FY 2018 Q4), Trust rose three percent from 70 percent to 73 percent, Effectiveness rose two percent from 77 percent to 79 percent, Ease rose one percent from 69 percent to 70 percent, and Emotion rose two percent from 71 percent to 73 percent.

For the first time in many years, VA's overall customer satisfaction rate is on a steady rise. Ninety-two percent of VAMCs have seen Veterans' trust increase because of staff training in patient experience programs like the Red Coat Ambassadors. Our Red Coat Ambassadors wear distinctive red coats and greet, assist, and escort visitors and patients. That is a sign of our work regaining Veterans' trust.

### Veterans Signals

VA now employs Veterans Signals. Veterans Signals is a world-class customer service/customer experience (CS/CX) process that aligns VA with the best private sector practices. VA Signals provides VA leaders, decision-makers, and service providers at all levels with near real-time feedback from Veterans, family members, caregivers, and many others. And it provides both quantitative and qualitative information that helps identify opportunities to improve the care and benefits experience and hold ourselves accountable to meeting our Veterans' needs.

### Veterans Patient Experience (VA PX)

The PX framework is rooted in research from leading private sector healthcare organizations, high-performing VA healthcare systems, and industry publications, as well as continuing Veteran research using Human Centered Design that outlines Veterans healthcare journeys and identifies the moments that matter most to Veterans, their families, caregivers, and survivors.

The PX framework was designed with seven domains to help align our **people** (Leadership and Employee Engagement), **processes**, (Measurement & Improvement, Voice of the Veteran), and **culture** (Culture, Environment, and Patient Communications) towards the common goal of improving Veterans' patient experience at the VA.

In 2018, VA PX conducted on-site implementation at VA facilities nationwide, including our Own The Moment train-the-trainer sessions and other initiatives to build the enterprise-wide foundation for mature PX programs and strategies at individual facilities. So far, more than 60,000 VA employees have been trained in Own The Moment. As more VA leaders adopt this non-mandatory training, we it will become the definitive customer service workshop at VA, helping provide a consistent Veteran experience across the enterprise.

In 2019, the VA PX program will continue helping VA facilities in their journeys to strategically align towards continuous PX improvement. Through communities of practice, facility-based consultations, and the roll-out of new tools, the VA PX team remains engaged and connected to VHA's mission to provide the best care and the best experiences for our Veterans, families, caregivers, and survivors.

### Patient Experience (PX) Symposium

A significant aligning event for consistent, exceptional customer experiences at VA Medical centers was the first annual PX Symposium, hosted by the VEO and the VHA Diffusion of Excellence Initiative in early February. The PX Symposium brought together over 400 leaders in person—more than 5,000 watching online—from every VAMC and Network Office and across VHA to build VA's capacity to establish a uniform, foundational patient experience across the department. The Symposium examined the principles of customer experience and provided practical guidance for understanding experience data and leveraging the Voice of the Veteran through existing surveys and tools, understanding the connection between employee experience and customer experience, developing localized patient improvement plans and prioritizing improvement efforts, and designing practical strategies for successful change management and implementation. We emphasized standardization of certain PX tools across VA that can ensure a consistent, positive experience in the nation's largest healthcare system. Additionally, the Symposium detailed certain planned technology enhancements that will further empower employees in every facility to provide exceptional experiences.

PX Symposium participants returned to their facilities with a concrete understanding of improvement planning. Our leaders are expected to develop fully actionable plans for their Medical Centers, analyze their facility's data and Veteran feedback, and implement best practices from around VA and healthcare industry leaders in the private sector. Action plans will address sustainment and continuous improvement. Medical centers are being challenged to improve internal communications to engage and empower employees and enhance change management efforts.

We owe Veterans every reason to choose VA. The VA PX program will help us get there.

## **Priority 2: MISSION Act Implementation**

More Veterans are choosing VA for their healthcare than ever before. VA is seeing more patients more quickly than ever before. And Veterans are more satisfied with their care than ever before.

### Access to Care

Over the past few years, VA has invested heavily in our direct delivery system, leading to reduced wait times for care in VA facilities that currently meet or exceed the quality and timeliness of care provided by the private sector. And VA is improving

access across its more than 1,200 facilities even as Veteran participation in VA healthcare continues to increase.

From 2014 through 2018, we saw an increase of 226,000 unique Veterans (a four percent increase). Since 2014, the number of annual appointments for VA care is up by 3.4 million, with over 58 million appointments in VA facilities last fiscal year—620,000 more than the year prior. We have significantly reduced the time to complete an urgent referral to a specialist. In 2014, it took an average of 19.3 days to complete an urgent referral. As of December 2018, that time was down to about 1.5 days—an 89 percent decrease.

Still, our patchwork of seven separate community care programs is a bureaucratic maze that is difficult for Veterans, their families, and VA employees to navigate.

The MISSION Act empowers VA to deliver the quality care and timely service Veterans deserve so we will remain at the center of Veterans' care. And the MISSION Act strengthens VA's internal network and infrastructure so VA can provide Veterans more healthcare access more efficiently.

#### Transition to the New Veteran Community Care Program

We are building an integrated, holistic system of care that combines the best of VA, our federal partners, academic affiliates, and the private sector.

The Veteran Community Care Program (VCCP) consolidates VA's separate community care programs and will put care in the hands of Veterans and get them the right care at the right time from the right provider. On January 30, 2019, we announced proposed access standards and eligibility conditions that would determine if Veterans are eligible for community care to supplement care they are provided in the VA healthcare system. The proposed regulation for the program (RIN 2900-AQ46) was published in the Federal Register on February 22, 2019, and is open for comments for 30 days from that date.

#### **New Veteran Community Care Program Eligibility Conditions**

1. VA does not offer the care or services the veteran requires;
2. VA does not operate a full-service medical facility in the State in which the veteran resides;
3. The veteran was eligible to receive care under the Veterans Choice Program and is eligible to receive care under certain grandfathering provisions;
4. VA is not able to furnish care or services to a veteran in a manner that complies with VA's designated access standards;

5. The veteran and the veteran’s referring clinician determine it is in the best medical interest of the veteran to receive care or services from an eligible entity or provider based on consideration of certain criteria that VA would establish; or
6. The veteran is seeking care or services from a VA medical service line that VA has determined is not providing care that complies with VA’s standards for quality.

**Proposed Access Standards**

VA’s Proposed Access Standards—proposed for implementation in June 2019—best meet the medical needs of Veterans and will complement existing VA facilities with community providers to give Veterans access to healthcare.

1. **For primary care**, mental health, and non-institutional extended care services, VA is proposing a 30-minute average drive time of the Veteran’s residence.
2. **For specialty care**, VA is proposing a 60-minute average drive time of the Veteran’s residence.
3. VA is proposing **appointment wait-time standards** of 20 days for primary care, mental healthcare, and non-institutional extended care services and 28 days for specialty care from the date of request with certain exceptions.

	Primary/Mental Health/Non-institutional Extended Care	Specialty Care
Appointment Wait Time	Within 20 Days	Within 28 Days
Drive Time	Within 30 Min	Within 60 Min

VA remains committed to providing care through VA facilities as the primary means for Veterans to receive healthcare, and it will remain the focus of VA’s efforts. As a complement to VA’s facilities eligible Veterans who cannot receive care within the requirements of these Proposed Access Standards will be offered community care. When Veterans are eligible for care in the community, they may choose to receive care with the eligible community provider, or they may continue to choose to get the care at their VA medical facility.

The Proposed Access Standards are based on analysis of practices and our consultations with Federal agencies—including the DoD, the Department of Health and

Human Services, and the Centers for Medicare & Medicaid Services—private sector organizations, and other non-governmental commercial entities. Practices in both the private and public sector formulated our Proposed Access Standards to include appointment wait-time standards and average drive time standards.

VA also published a Notice in the Federal Register seeking public comments, and in July 2018, VA held a public meeting to provide an additional opportunity for public comment.

With VA's proposed Access Standards, the future of VA's healthcare system will lie in the hands of Veterans—exactly where it should be.

In addition, the proposed rule on accessing urgent care (RIN 2900-AQ47) published in the Federal Register on January 31, 2019. This proposed rule would provide eligible Veterans with greater choice to receive certain services when and where they need it. To access this new benefit, Veterans will select a provider in VA's community care network and may be charged a co-payment.

### Caregivers

The MISSION Act expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers under the Caregiver Support Program. Originally, this benefit was only offered to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001. The MISSION Act opens the benefit to eligible Veterans and their caregivers from all eras.

The expansion will occur in two phases beginning with Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, with further expansion beginning two years after that.

Over the course of the next year, VA will be establishing systems and regulations necessary to expand this program. Caregivers and Veterans can learn about the full range of available support and programs through the Caregivers website or by contacting the Caregiver Support Line toll-free at 1-855-260-3274.

### Telehealth

VA is a leader in providing telehealth services. VA achieved more than one million video telehealth visits in FY 2018, a 19 percent increase in video telehealth visits over the prior year. Telehealth is a critical tool to ensure Veterans, especially rural Veterans, can access healthcare when and where they need it. With the support of Congress, VA has an opportunity to continue shaping the future of healthcare with cutting-edge technology providing convenient, accessible, high-quality care to Veterans.

Section 151 of the MISSION Act allows VA to provide even more telehealth services because it authorizes VA providers to practice telehealth at any location in any state, regardless of where the provider is licensed. VA's telehealth program enhances



customer service by increasing Veterans' access to VA care, while lessening travel burdens.

In FY 2018, more than 782,000 Veterans (or 13 percent of Veterans obtaining care at VA) had one or more telehealth episodes of care, totaling 2.29 million telehealth episodes of care. Of these 782,000 Veterans using telehealth, 45 percent live in rural areas. VA's major expansion for telehealth and telemental health over the next five years, for both urban and rural Veterans, will focus on care in or near the Veteran's home.

### Strengthening VA's Workforce

Under the MISSION Act, VA will have more tools to recruit and retain the best medical providers. Recruitment and retention are critical to ensuring that VA has the right doctors, nurses, clinicians, specialists and technicians to provide the care that Veterans need. VA is establishing new scholarship programs, education debt reduction programs, and bonuses for recruitment, relocation, and retention. We are also starting a pilot scholarship program for Veterans to get medical training in return for serving in a VA hospital or clinic for four years. Peer specialists will be included in patient aligned care teams at VAMCs to promote the use and integration of services for mental health, substance abuse disorder, and behavioral health under the MISSION Act.

## **Priority 3: Business Transformation**

Business transformation is essential if we are to move beyond compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This means reforming the systems responsible for claims and appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management, and construction. The Office of Enterprise Integration (OEI) is charged with coordination and oversight for all these efforts.

### Office of Enterprise Integration

The scale and criticality of the initiatives underway at VA require management discipline and strong governance. As part of OEI's coordination and oversight role in VA's business transformation efforts, we have implemented a consistent governance process to review progress against anticipated milestones, timelines, and budget. This process supports continuous alignment with objectives and identifies risks and impediments prior to their realization.

For example, our VA Modernization Board recently initiated a leadership integration forum to synchronize deployment schedules across three major enterprise initiatives: adoption of Defense Medical Logistics Standard Support (DMLSS), financial management business transformation, and our new electronic health record. This forum allowed us to assess the feasibility of a concurrent deployment and identify an alternate

course of action. By implementing strong governance and oversight, we are increasing accountability and transparency of our most critical initiatives.

### Appeals Modernization

The Veterans Appeals Improvement and Modernization Act of 2017 (AMA) was signed into law on August 23, 2017, and took full effect on February 19, 2019. The Appeals Modernization Act transforms VA's complex and lengthy appeals process into one that is simple, timely, and fair to Veterans and ultimately gives Veterans choice and control over how to handle their claims and appeals. The new appeals process features three decision-review lanes:

1. **Higher-Level Review Lane:** A senior-level claims processor at a VA regional office will conduct a new look at a previous decision based on the evidence of record. Reviewers can overturn previous decisions based on a difference of opinion, or return a decision for correction.
2. **Supplemental Claim Lane:** Veterans can submit new and relevant evidence to support their claim, and a claims processor at a VA regional office will assist in developing evidence.
3. **Appeal Lane:** Veterans who choose to appeal a decision directly to a Veterans Law Judge at the Board of Veterans' Appeals (Board) may request direct review of the evidence the regional office reviewed, submit additional evidence, or have a hearing with a Veterans Law Judge. The Board has a 365-day average processing time goal for appeals in which the Veteran does not submit evidence or request a hearing.

Prior to implementation, the Veterans Benefits Administration (VBA) tested the process using the Rapid Appeals Modernization Program (RAMP). RAMP allowed Veterans with eligible pending disability compensation appeals early participation in the new decision review process.

Since the RAMP's inception in November 2017, more than 69,000 Veterans with over 83,000 appeals have opted into RAMP, and VA has paid almost \$214 million in retroactive benefits as of the beginning of February 2019. The Board began adjudicating AMA appeals through VBA's test program on October 1, 2018, and as of February 4, 2019, has dispatched 147 decisions for Veterans in AMA appeals. VBA's RAMP opt-in ended February 15, 2019, just prior to AMA implementation on February 19, 2019. Any Veteran who opted into RAMP will receive all the benefits of the AMA and will not return to the legacy system.

In addition to focusing on implementation of the Appeals Modernization Act, addressing pending legacy appeals will continue to be a priority for VBA and the Board in FY 2019. VBA's efforts have resulted in appeals actions that have exceeded projections for fiscal year to date 2019. VBA plans to eliminate completely its legacy,

non-remand appeals inventory in FY 2020 and significantly reduce its legacy remand inventory in FY 2020.

In FY 2018, the Board decided a record high number of 85,288 decisions, and is on track to meet its FY 2019 goal of 90,050 decisions. The Board and VBA are focused on monitoring the new system, developing and updating information technology, providing training, refining meaningful metrics, and continuing collaboration with stakeholders through implementation and beyond.

### Forever GI Bill

Since the passage of the Harry W. Colmery Veterans Educational Assistance Act of 2017 last August, VA has implemented 28 of the law's 34 provisions. Twenty-two of the law's 34 provisions require significant changes to VA information technology systems, and VA has 200 temporary employees in the field to support this additional workload.

Sections 107 and 501 of the bill change the way VA pays monthly housing stipends for GI Bill recipients, and VA is committed to providing a solution that is reliable, efficient and effective. Pending the deployment of a solution, Veterans and schools will continue to receive GI Bill benefit payments as normal. By asking schools to hold fall enrollments through the summer and not meeting the implementation date for the IT solutions of Sections 107 and 501, some beneficiaries experienced delayed and incorrect payments.

In accordance with the Forever GI Bill Housing Payment Fulfillment Act of 2018, VA established a Tiger Team tasked to resolve issues with implementing sections 107 and 501 of the Forever GI Bill. This month we awarded a new contract that we believe will provide the right solution for implementing Sections 107 and 501. By December 2019, we will have Sections 107 and 501 fully implemented. By spring 2020, all enrollments will be processed according to the Colmery Act. We'll recalculate benefits based on where Veterans take classes, and we'll work with schools to make Sections 107 and 501 payments retroactive to the first day of August 2018, the effective date.

The Department is committed to make sure every Post-9/11 GI Bill beneficiary is made whole based on the rates established under the Forever GI Bill rates. And we are actively working to make that happen. We got the word out to Veterans, beneficiaries, schools, VSOs, and other stakeholders that any Veteran who is in a financial hardship due to a late or delayed GI Bill payment should contact us immediately.

In December 2018, we updated the housing rates like we normally would have in August. Those rates were effective for all payments after January 1, 2019. Additionally, we processed over 450,000 rate corrections ensuring any beneficiary who was underpaid from August through December received a check for the difference.

We have completed the spring peak enrollment season without any significant challenges. We worked with schools to get enrollments submitted as quickly as possible.

We appreciate your ongoing support and understanding as we continue to move forward. We're making good progress. And we will keep you informed.

## **Priority 4: VA/DoD Collaboration**

At VA, we are fortunate to have a strong relationship with the DoD. All of our customers come from DoD, and I have made it my focus to ensure we are joined at the hip to provide a seamless experience for Servicemembers leaving the military and coming to VA for healthcare and benefits. We are making progress in a number of mutual areas, including suicide prevention, a new electronic health records system, and modernizing our supply chain. Our collaboration with DoD enables both Departments to reform major systems in an integrated, coordinated manner.

I have made VA and DoD collaboration a priority in VA's strategic plan, with a focus of providing a seamless transition from military service to Veteran status and enabling VA to anticipate needs and provide quality benefits, care, and services. The Joint Executive Committee (JEC) is led by the Deputy Secretary of VA and the DoD Under Secretary of Defense for Personnel and Readiness to oversee these efforts and receive updates at JEC quarterly meetings. Additionally, the JEC Co-Chairs meet bi-weekly to discuss progress on current initiatives, identify potential risks and provide guidance to mitigate those risks.

Joint VA and DoD leadership will publish the VA/DoD Joint Strategic Plan (JSP) for FY 2019-2021 in the next month. The JSP is a critical guidance document that sets longer term goals and objectives for joint efforts.

Here are some specific examples of VA and DoD Collaboration.

### Suicide Prevention

Suicide is a national public health issue that affects all Americans, and the health and well-being of our nation's Veterans is VA's top priority. Of the 20 Veterans, active-duty Servicemembers, and non-activated Guard or Reserve members who died by suicide, 14 had not been in our care. That is why we are implementing broad, community-based prevention strategies, driven by data, to connect Veterans outside our system with care and support.

Preventing Veteran suicide requires closer collaboration between VA, DoD, and Department of Homeland Security (DHS). On January 9, 2018, President Trump signed an Executive Order (13822) titled, "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life." This Executive Order directs DoD, VA, and the Department of Homeland Security to develop a Joint Action Plan that describes concrete actions to provide access to mental health treatment and suicide prevention

resources for transitioning uniformed Servicemembers in the year following their discharge, separation, or retirement.

For Servicemembers and Veterans alike, our collaboration with DoD and DHS is already increasing access to mental health and suicide prevention resources, due in large part to improved integration within VA, especially between the VBA and VHA. VBA and VHA have worked in collaboration with DoD and DHS to engage Servicemembers earlier and more consistently than we have ever done in the past. This engagement includes support to members of the National Guard, Reserves, and Coast Guard.

VA's suicide prevention efforts are guided by our *National Strategy for Preventing Veteran Suicide*, a long-term plan published in the summer of 2018 that provides a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans. It also focuses on adopting a broad public health approach to prevention, with an emphasis on comprehensive, community-based engagement.

However, VA cannot do this alone, and suicide is not solely a mental health issue. As a national problem, Veteran suicide can only be reduced and mitigated through a nationwide community-level approach that begins to solve the problems Veterans face, such as loss of belonging, meaningful employment, and engagement with family, friends, and community.

The *National Strategy for Preventing Veteran Suicide* provides a blue print for how the nation can help to tackle the critical issue of Veteran suicide and outlines strategic directions and goals that involve implementation of programming across the public health spectrum, including, but not limited to:

- Integrating and coordinating Veteran Suicide Prevention across multiple sectors and settings;
- Developing public-private partnerships and enhancing collaborations across Federal agencies;
- Implementing research informed communication efforts to prevent veteran suicide by changing attitudes knowledge and behaviors;
- Promoting efforts to reduce access to lethal means;
- Implementation of clinical and professional practices for assessing and treating Veterans identified as being at risk for suicidal behaviors; and
- Improvement of the timeliness and usefulness of national surveillance systems relevant to preventing Veteran suicide.

Every day, more than 400 Suicide Prevention Coordinators (SPC) and their teams—located at every VA medical center—connect Veterans with care and educate the community about suicide prevention programs and resources. Through innovative

screening and assessment programs such as REACH VET (Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment), VA identifies Veterans who may be at risk for suicide and who may benefit from enhanced care, which can include follow-ups for missed appointments, safety planning, and care plans.

VHA has also expanded its Veterans Crisis Line to three call centers and increased the number of Veterans served by the Readjustment Counseling Service (RCS), which provides services through the 300 Vet Centers, 80 Mobile Vet Centers (MVC), 18 Vet Center Out-Stations, over 990 Community Access Points and the Vet Center Call Center (877-WAR-VETS). In the last two fiscal years, Veterans benefiting from RCS services increased by 31 percent, and Vet Center visits for Veterans, Servicemembers, and families increased by 18 percent.

We are committed to advancing our outreach, prevention, and treatment efforts to further restore the trust of our Veterans and continue to improve access to care and support inside and outside VA.

#### Electronic Health Record Modernization (EHRM)

We made a historic decision to modernize our electronic health record (EHR) system to provide our nation’s Veterans with seamless care as they transition from military service to Veteran status. On May 17, 2018, we awarded a ten-year contract to Cerner to acquire the same EHR solution being deployed by DoD that allows patient data to reside in a single hosting site using a single common system to enable sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety.

To that end, we established our Office of Electronic Health Record Modernization (OEHRM). OEHRM will ensure we successfully prepare for, deploy, and maintain the new EHR solution and the health IT tools dependent upon it. To ensure our new EHR solution is fully interoperable, we are working closely with DoD so Veterans will be able to access their health record wherever they chose to receive healthcare. Specifically, VA and DoD are collaboratively analyzing approaches, processes, organizational designs, governance, and management structures in support of gaining efficiencies and optimizing the use of resources in pursuit of deploying a single, seamless integrated EHR solution.

We are working closely with DoD to synchronize efforts as we deploy and test the new health record in Veterans Integrated Service Network (VISN) 20 in the Pacific Northwest—selected as our first Initial Operating Capability (IOC) site for deployment and testing of the new EHR solution. We are engaging front-line staff and clinicians to identify efficiencies, hone governance, refine configurations, and standardize processes for future locations. We are committed to a timeline that balances risks, patient safety, and user adoption while also working with DoD in providing a more comprehensive, agile, and coordinated management authority to execute requirements and mitigate potential challenges and obstacles.

Throughout this effort, VA will continue to engage front-line staff and clinicians, as it is a fundamental aspect in ensuring we meet the program's goals. We have begun work with the leadership teams in place in the Pacific Northwest. OEHRM has established clinical councils from the field that will develop National workflows and serve as change agents at the local level.

### Supply Chain Transformation

VA has embarked on a supply chain transformation program designed to build a lean, efficient supply chain that provides timely access to meaningful data focused on patient and financial outcomes. We are pursuing a holistic modernization effort which will address people, training, processes, data and automated systems. To achieve greater efficiencies by partnering with other Government agencies, VA will strengthen its long-standing relationships with DoD by leveraging expertise to modernize VAs supply chain operations, while allowing the VA to remain fully committed to providing quality healthcare and applying resources where they are most needed.

As we deploy an integrated health record, we are also collaborating with DoD on an enterprise-wide adoption of the Defense Medical Logistics Standard Support (DMLSS) to replace VA's existing logistics and supply chain solution. VA's current system faces numerous challenges and is not equipped to address the complexity of decision-making and integration required across functions, such as acquisition, logistics and construction. The DMLSS solution will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

We are piloting DMLSS at James A. Lovell Federal Health Care Center and VA initial EHR sites in Spokane and Seattle to analyze VA enterprise-wide application. We will begin using DMLSS at the James A. Lovell facility in October of this year. This decision leverages a proven system that DoD has developed, tested and implemented. DMLSS and its technical upgrade LogiCole will better enable whole-of-government sourcing and better enable VA to use DoD Medical/Surgical Prime Vendor and other DoD sources, as appropriate, as the source for VA medical materiel. Next month, I will be traveling to the James A. Lovell Federal Health Care Center in Chicago with the Director of the Defense Logistics Agency to inaugurate VA sourcing Medical/Surgical material via the Defense Logistics Agency Electronic Catalog at that facility.

### Transition Assistance Program

The annual average unemployment rate for Veterans dropped below four percent in 2017. The annual average veteran unemployment rate in 2018 was 3.5 percent. This is the lowest overall veteran unemployment rate since 2000 (according to data from the Bureau of Labor Statistics). This continues an eight-year trend of declines since 2010, when Veteran unemployment peaked at 8.7 percent. The annual

unemployment rate for women Veterans was 3.0 percent in 2018 — the lowest since the data series began (in 2000).

We are proud of our successes collaborating with our Federal agency partners including DoD, the Department of Labor (DOL), and the Small Business Administration to support a seamless transition from military service to civilian life. We acknowledge that no two transitions are the same. So, in collaboration with each other and with other federal partners, we have started embedding transition planning and preparation throughout a Servicemember's military career. As an example of how this collaboration is a true best practice for seamless and integrated federal agency collaboration, we are reaching Service members, their spouses, and other loved ones earlier and more often through additional training called Military Life Cycle (MLC) Modules. VA is now providing nine MLC Modules to engage audiences with DoD/VA benefits, especially during key touchpoints in their military lives (including but not limited to deployments, permanent changes of station, and other major life events). Any active duty Service member, member of the reserve components, military spouse, or other loved one is able and encouraged to participate in the MLC Modules – at any time in their career. These modules are available in-person on installations and delivered by VA TAP Benefits Advisors and online via DoD's Joint Knowledge Online.

We have also enhanced the Transition Assistance Program (TAP) to include a focus on VA benefits and services to ensure transitioning Servicemembers enroll for the benefits and services they have earned. In April 2018 in collaboration with DoD, we revised our TAP curriculum to offer an interactive and engaging experience. The revised curriculum presents VA's Benefits Briefing in succinct modules that educate transitioning Servicemembers on the wide array of VA benefits including healthcare, education, Vocational Rehabilitation & Employment, compensation, life insurance, home loans, as well as an orientation to online benefits portals like eBenefits and MyHealthVet. The redesigned curriculum gives attending Servicemembers opportunity to complete their VA healthcare application online, facilitated and guided by a VA Benefits Advisor.

At more than 300 installations around the world, VA, DoD, and DOL collaborate to ensure that over 226,000 Servicemembers—and their families—are prepared for and supported during and after their transition from military service. We have a physical presence on these installations, and we can prepare Servicemembers and their families to access their benefits and services. We deliver mandatory VA briefings as well as provide other support and services during TAP, including commander capstone events, individual assistance to transitioning Servicemembers and family members upon request, and, more recently to their caregivers.

To ensure we are supporting Servicemembers at the right time and giving them information they need to make informed decisions, we conduct course assessments that will provide feedback to VA, DOL, and DoD on Veteran outcomes and whether they received useful support and information during their transition journeys. And we have listened to the feedback about the need to better inform and support members of the



National Guard and Reserve. VA has revised a TAP briefing tailored specifically for members of the Reserves and National Guard.

We are committed to supporting a seamless transition that includes the economic well-being of the Veteran. VBA recently stood up a new office dedicated to the economic success of our Veterans. Working with all of our partners, we must continue to ensure that low unemployment numbers represent meaningful, gainful employment.

The men and women of our Armed Forces are better trained, better educated, and better prepared for their transition to civilian life than ever before. VA, along with DoD, DOL, and the broader military community, continue to explore ways to reinforce military service as a long-term pathway to economic well-being for transitioning Servicemembers, Veterans, their families, caregivers, and survivors.

### Warrior Training Advancement Course (WARTAC)

Since its inception in FY 2014, WARTAC was designed for wounded, ill, and injured Servicemembers to provide them with an opportunity to develop a skill while recuperating or going through the medical board process. WARTAC was expanded to include the full scope of transitioning Servicemembers in FY 2016.

WARTAC is a Skill-Bridge education and employment opportunity for Wounded Warriors and transitioning Servicemembers to receive training to become Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs) in VBA regional office (RO) Veterans Service Centers (VSCs). By taking part in this program, transitioning Servicemembers have an opportunity to continue their service by working for VA as civilians. In addition, WARTAC aligns with VA's Strategic Goal of ensuring Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.

VA partners with DoD under their Career Skills Program which is authorized by the Veterans Opportunity to Work Act, as provided by DoDI 1322.29 in accordance with the authority of 10 U.S. Code § 1143 (e). VA has partnered with 13 military installations throughout the continental United States and Germany. To date, VA has offered employment to 989 WARTAC graduates and is targeted to train 400 Servicemembers during FY 2019.

## **Additional Priorities**

### Veterans Homelessness

Significant progress has been made to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010. On a single night in January 2018, fewer than 40,000 Veterans were experiencing homelessness—5.4 percent fewer than in 2017.

Since 2010, over 700,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. As of December 19, 2018,

69 areas—66 communities and three states—have met the benchmarks and criteria established by the United States Interagency Council on Homelessness, VA, and the Department of Housing and Urban Development to publicly announced an effective end to Veteran homelessness.

Efforts to end Veteran homelessness have greatly expanded the services available to permanently house homeless Veterans and VA offers a wide array of interventions designed to find homeless Veterans, engage them in services, find pathways to permanent housing, and prevent homelessness from occurring.

### Opioid Safety & Reduction Efforts

The President recently declared the opioid crisis in our country a public health emergency. Opioid safety and reduction efforts are a department priority, and we have responded with new strategies to rapidly combat this national issue as it affects Veterans. Success requires collaboration among VA leadership and all levels of VA staff—from medical centers to headquarters—Congress, and community partners to ensure we are working with Veterans to achieve positive, life-changing results. The fact that opioid safety, pain care transformation, and treatment of opioid use disorder all contribute to reduction of suicide risk makes these efforts particularly important.

The MISSION Act provides VA clinicians and delegates full access to state prescription drug monitoring programs (PDMPs). With ensuring this unfettered access, VA clinicians can view and analyze a complete prescribing profile of controlled substances, resulting in potentially life-saving medical decisions.

In addition to improving and expanding our participation in state PDMPs, VA is systemically working to change our culture to establish a collaborative approach with Veterans to reduce patient risk by safely and effectively treating their pain while minimizing opioid use.

VA's Opioid Safety Initiative has greatly reduced reliance on opioid medication for pain management, in part by reducing opioid prescribing by more than 50 percent over the past four years. Most of this progress is attributable to reductions in prescribing long-term opioid therapy for newly diagnosed, chronic, non-cancer pain and, instead, utilizing alternative treatments to manage Veteran pain long-term. Alternative treatments can include acupuncture, behavioral therapy, chiropractic care, yoga, and non-opioid medications.

We are committed to providing Veteran-centric, holistic care for the management of pain and for promoting well-being. We are seeing excellent results as sites across the country deploy this “Whole Health” approach. Non-medication treatments work as well and are often better than opioids at controlling non-cancer pain. We want to assure Congress—and Veterans on opioid therapy—that Veterans' medication will not be - decreased or stopped without their knowledge, engagement, and a thoughtful discussion of accessible alternatives. Our goal is to make sure every Veteran has the best function, quality of life, and pain control.

VHA continues to build on the successes of the Opioid Safety Initiative and the already ongoing pain care transformation as a system-wide Pain and Opioid Stewardship Program to comprehensively and efficiently improve opioid prescribing and continue to improve and foster access to high quality pain care. VA is implementing a field-based stewardship program charged with developing processes and procedures to ensure implementation of national policies related to pain management, opioid safety, Overdose Education and Naloxone Distribution (OEND), and Opioid Use Disorder.

We are continuing to expand our OEND program. The OEND program provides the overdose reversal drug naloxone and related education to our patient population free of charge. Additionally, we are ensuring quick access of naloxone to our first responders by having VA Police carry naloxone and ensure naloxone kits are available in AED cabinets.

Along with safer opioid prescribing, we realize it is important to take care of Veterans who may have developed a physical and/or psychological reliance. We are expanding access to medication assisted treatment (MAT) for opioid use disorder. Studies have shown that medication, in conjunction with counseling or psychotherapy and close patient monitoring, is the most effective treatment for opioid use disorder. In addition, we are encouraging our providers to get the required certification so they may prescribe and manage patients on buprenorphine in Primary Care, Pain Clinic, and general mental health settings, not just specialty clinics. In fact, we recently rolled out new training through our Stepped Care for Opioid Use Disorder Train-the-Trainer initiative with which we are training our clinicians.

These are just a few department-wide activities we are implementing as VA's response to the Opioid Crisis. We look forward to continuing to expand our efforts internally with our community providers and more broadly with Congress and the White House Opioid Cabinet.

### Women's Health

VA has made significant progress serving women Veterans in recent years. We now provide full services to women Veterans, including comprehensive primary care, gynecology care, maternity care, specialty care, and mental health services. For severely injured Veterans, we also now offer in vitro fertilization services through care in the community and reimbursement of adoption costs.

The number of women Veterans using VHA services has tripled since 2000, growing from nearly 160,000 to over 500,000 today. To accommodate the rapid growth, VHA has expanded services and sites of care across the country. VA now has at least two Women's Health Primary Care Provider (WH-PCP) at all of VA's healthcare systems. In addition, 91 percent of community-based outpatient clinics (CBOCs) have a WH-PCP in place. VHA now has gynecologists on site at 133 sites and mammography on site at 60 locations.

VHA is in the process of training additional providers so every woman Veteran has an opportunity to receive primary care from a WH-PCP. Since 2008, 5,800 providers have been trained in women's health. In fiscal year 2018, 968 Primary Care and Emergency Care Providers were trained in local and national trainings. VA has also developed a mobile women's health training for rural VA sites to better serve rural women Veterans, who make up 26 percent of women Veterans.

VA is at the forefront of information technology for women's health and is redesigning its electronic medical record to track breast and reproductive healthcare. Quality measures show that women Veterans who receive care from VA are more likely to receive breast cancer and cervical cancer screening than women in private sector healthcare. VA also tracks quality by gender and, unlike some other healthcare systems, has been able to reduce and eliminate gender disparities in important aspects of health screening, prevention, and chronic disease management. We are also factoring care for women Veterans into the design of new VA facilities and using new technologies, including social media, to reach women Veterans and their families. We are proud of our care for women Veterans and are working to increase the trust and knowledge of VA services of women Veterans so they choose VA for benefits and services.

### Hiring and Vacancies

VHA's workforce challenges mirror those of the healthcare industry as a whole. There is a national shortage of healthcare professionals, especially physicians and nurses. VA remains fully engaged in a fiercely competitive clinical recruitment market and has increased its number of clinical providers, including hard-to-recruit-and-retain physicians like psychiatrists.

In FY 2018, VA had a net increase of 11,693 employees, including 4,466 in VHA clinical staffing shortage occupations. As of September 30, 2018, VA had an 11 percent vacancy rate. On average—after taking into account VA's average annual turnover rate of 9 percent—VA has an annual growth rate of two to four percent. According to Office of Personnel Management, VA turnover rates compare favorably with other large cabinet-level agencies.

VHA is taking a number of key steps to attract qualified candidates, to include

- Mental Health and other targeted hiring initiatives.
- Leveraging flexible pay ranges resulting in competitive physician salaries.
- Utilization of recruitment/relocation and retention (3Rs) incentives and the Education Debt Reduction Program (EDRP).
- Targeted nationwide recruitment advertising and marketing.
- The "Take A Closer Look at VA" trainee outreach recruitment program.

- Expanding opportunities for telemedicine providers.
- DoD/VA effort to recruit transitioning Servicemembers.
- Exhibiting regularly at key healthcare conferences and job fairs.
- Critical Position Hiring and Vacancies.

### Blue Water Navy (BWN)

On January 29, 2019, the US Court of Appeals for the Federal Circuit overturned its 2008 decision on Blue Water Navy. This decision essentially concluded that Congress, by granting a presumption of exposure to herbicides and service connection for certain diseases to Veterans who “served in the Republic of Vietnam,” unambiguously included Veterans within the territorial waters. VA estimates indicate that we will receive approximately 61,000 additional disability rating claims in the first year, with a total increase of 268,000 claims over ten years.

Recent legislation from the 115<sup>th</sup> Congress (H.R. 299) proposed to extend the presumption of Agent Orange exposure to all Veterans who served on ships in the territorial seas of the Republic of Vietnam. VA did not support the legislation because VA is obligated to assess the factual and scientific basis for granting disability compensation for all claims, including those associated with Agent Orange exposure. For Blue Water Navy Veterans who served in the offshore “territorial seas” of the Republic of Vietnam, there is insufficient factual evidence that they were exposed to Agent Orange and insufficient scientific evidence of associated long-term health effects. VA maintains the position that any established presumptions of exposure and/or medical causation should always be supported by sufficient documentation of facts and circumstances, along with scientific and medical evidence about the specific population of affected Veterans.

VBA does not have sufficient resources and infrastructure to process the projected volume of additional BWN claims with the existing inventory and backlog of rating claims while maintaining current timeliness standards.

VA estimated that legislation with a similar impact would have a total cost of \$6.7 billion over 10 years (\$5.7 billion mandatory; \$625 million for healthcare; \$349 million discretionary; \$8 million IT). Based on updated assumptions, the actual cost is likely to be higher. VA is waiting for various legal decisions to be made, and we are assessing various scenarios that have different timelines, resource requirements, and impacts on claims inventory and timeliness. VA will keep the Committee apprised of potential funding requirements as legal decisions are made.

## **Conclusion**

VA is getting stronger. We have a long way to go. We are making good progress. But we have much work ahead to be where we need to be in serving our nation’s

Veterans. With your help and sharp focus on our priorities, we are on the road to becoming the world-class, 21st century healthcare institution and benefits and services resource our country owes them, and they have earned and deserve.

Chairwoman Wasserman Schultz, Ranking Member Carter, and distinguished Members of the Subcommittee, thank you for the opportunity to appear before you today to report on The State of VA.