

Minority Views for HR 6066

As written, the Minority has serious concerns with HR 6066. In particular, we are concerned the implementation of this measure on a permanent basis will erode the unique the patient-provider relationship within the Department of Veterans' Affairs (VA). In addition, this measure could also lead Congress to misinterpret VA's budgetary needs and workload as it considers appropriations measures in the coming years.

Not only is the measure superfluous in its call for collection of RVUs, but redundant as VHA has collected and reported back to facilities on clinical productivity metrics since 2013. By utilizing the Specialty Productivity-Access Report and Quadrant (SPARQ) tool, VHA "measures specialty physician value in the form of "compensation per RVU" so as to demonstrate [its] ability to be good stewards of public healthcare resources."¹

While we agree with the Majority that increasing provider productivity at VA should be addressed in order to ensure VHA remains a leader in the delivery of veterans' health care, we are alarmed this provision could have unintended consequences as we move forward. For this reason, we must align ourselves with the concerns expressed by a variety of witnesses in regard to the measure including VA and Veterans Service Organizations (VSOs).

On July 13, 2017, the Members of the Subcommittee on Health heard from several witnesses, including representatives from the Government Accountability Office (GAO) and VA, that each indicated the capture of traditional RVUs at VA would not provide the most accurate reflection of provider productivity for several reasons. Chief among these is attempting to compare RVUs at VA with the private sector.

As witnesses stated, this is problematic because the comparison is not apples-to-apples. Instead it is more akin to apples-to-oranges. Witnesses pointed out (1) VA providers have limited space with a provider-to-office ratio of 1:1 whereas private industry is 1:3 or 4 even; and (2) veteran care is more time consuming as veterans tend to list a litany of ailments during a Primary Care Provider visit due to their likelihood of having multiple comorbidities; whereas civilians tend to experience one health issue at a time.

While the measure at hand does not call for an explicit comparison of VA to private sector RVUs, the capture and public reporting to Congress on this data would provide opponents of VA with fodder to further misrepresent VA's capacity to deliver quality healthcare. By taking the data produced as a

¹ United States Cong. House Committee on Veterans' Affairs, Subcommittee on Health Oversight Hearing - "Clinical Productivity and Efficiency in the Department of Veterans' Affairs Healthcare System." July 13, 2017. 115th Cong. 1st sess. Washington: GPO, 2017 (statement from Carolyn Clancy, M.D., Deputy Under Secretary for Organizational Excellence at the Veterans Health Administration of the Department of Veterans' Affairs).

result of this measure and comparing it to various private sector facilities, opponents of VA could argue that taxpayer's money would be better spent in the community. However, the services provided by VA when compared to the private sector are more comprehensive, time consuming, and of a higher quality.² The Minority is not confident this data would be published in a responsible manner that would lead to an increase in VA productivity.

In addition, the implementation of this measure system-wide would threaten the integrity of VHA's currently data architecture, the Veterans Information Systems and Technology Architecture (VistA). In July 2017, VA testified that VistA "was never designed to capture data related to billing type, so a variety of complex workarounds are needed to assemble an approximation of RVUs. These workarounds introduce a risk of reporting inaccurate numbers; and we magnify that risk by expanding the scope of measurement."³

However, in May 2018, VA officially signed a contract to modernize VHA's electronic health record system by adopting a system similar to that of the Department of Defense's. Among other advancements, the new electronic health records system is expected to be "better configured for workload capture and billing using private-sector standards, and could help embed workflow indicators that transparently capture data regarding productivity and minimize inaccuracies due to our current workarounds."⁴

Given all of these concerns, the Minority offered an alternative at markup which would have created a three-year pilot program to be carried out at 15 medical facilities in which VHA tracks the relative value units of health care providers. Much like HR 6066, the Secretary would be required to provide additional training to providers falling below an average level of productivity and would be required to establish performance standards for each medical facility. Additionally, it called on VA to submit a well-rounded implementation plan, quarterly reports and a final report on whether it was feasible and advisable to extend the program. GAO would be required to assess both the implementation plan and final report within 60 days of its submission. Unfortunately, it was not adopted.

The Committee is in agreement that the productivity of healthcare providers employed by the Department of Veterans' Affairs should increase in accord with budgetary increases, the minority is not convinced that the tracking of RVUs will produce reliable information upon which veteran-patients and Congressional appropriators should base their decisions.



Vice Ranking Member Mark Takano (CA-41)

² Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings, https://www.rand.org/pubs/external_publications/EP67588.html

³ United States Cong. House Committee on Veterans' Affairs, Subcommittee on Health Oversight Hearing - "Clinical Productivity and Efficiency in the Department of Veterans' Affairs Healthcare System." July 13, 2017. 115th Cong. 1st sess. Washington: GPO, 2017 (statement from Carolyn Clancy, M.D., Deputy Under Secretary for Organizational Excellence at the Veterans Health Administration of the Department of Veterans' Affairs).

⁴ Id.