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House Committee on Veterans' Affairs Oversight Hearing

"Restoring Focus: Putting Veterans First in Community Care"

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Cannon House Office Building, Room 360

Washington, D.C. 20002

Thank you, Chairman Bost and Ranking Member Tankano, for the opportunity to discuss my frustrating experiences with the VA Community Care program. I am a U.S. Army Veteran who enlisted in 1998, serving 20 years on active duty and received a rating of 100% permanent and total from the Veteran Affairs. I served in several units over the years, including the 101st Airborne Division, 2nd Infantry Division and The NCO Academy at Ft. Benning, Georgia. In these short years since my retirement, I pursued my Master's in Public Administration, served my community with an appointment as the Chairman of my local county's VA Committee, and obtained my Juris Doctor from Creighton University. I am currently a Prosecutor within the DFW area and proud father of three amazing children between the ages of 22 to 10. I am in front of you today as a Veteran, Father, Husband and a Cancer Patient fighting for a chance to live.

By providing the timeline of my most recent VA Healthcare interactions and points of discussion, I hope to provide insight and perspective of the current problems Veterans are facing today while seeking care under the VA's Community Care Program. I will highlight network inefficiencies, employee complacency, and incomplete case management with the optimism that it will create opportunities to improve this beneficial program and help correct current ongoing and systemic problems present within the Organization.

BACKGROUND

September 11, 2023**,** I attended an appointment at the Bonham VA Medical Clinic for a routine health check and to establish my transfer of care from the Omaha, NE VAMC. During this appointment I discussed a rising concern I had regarding a significant medical symptom. The physician rejected my concern and waived off any need to investigate the symptom further. I returned to this physician as the symptoms persisted around November 7th to insist that we investigate the cause and again inquired if a colonoscopy would be beneficial. At this point the physician decided to order a lab test for me to conduct at home.

On November 20, I received a call from the physician informing me that the test confirmed my reports of blood present in my stool and that I was being referred to GI for consultation. During this conversation my physician told me that there was a backlog to schedule a colonoscopy within the VA Network and he advised it would be faster to go through Community Care. Acknowledging the physician's recommendation and my desire to obtain answers as soon as possible, I agreed to his recommendations to seek the screening under Community Care in hopes the results would ease my concern.

On December 8, 2023, I received the authorization to schedule a colonoscopy with Dr. Jenny Tseng, who was selected by the VA. The only information I was provided with was the physician's name, phone number, and the initial appointment of February 8. During this appointment, I was able to schedule the colonoscopy for May 20th. From the time I presented the concern to my Primary Care Physician at the Bonham VA Clinic with my initial request, to the time I was able to receive the screening was nine (9) months.

On the morning of May 20th, immediately upon waking from anesthesia, my wife and I were informed that during the exam, Dr. Tseng located a large mass. She emphasized to us that it was medically urgent to seek an immediate consultation with a surgeon as soon as possible and strongly advised it needs to occur within the next week. The exam findings noted that the mass within my colon was already over 5 cm in length and occupied two-thirds of the space within the circumference of my colon. Think of a Hot Wheels car stuck to the inside of a cardboard toilet paper roll. Not only did this indicate an obvious concern of advanced cancer growth, but this also put me at a high possibility of experiencing severe risks stemming from a bowel obstruction.

On May 22, assuming two days would give adequate paperwork processing time, my wife called the community care number listed on the Dallas VAMC website that did not work. She had to eventually call the VAMC general number and request to be directly transferred to the Community Care personnel.

On the line with Community Care personnel, she explained the provider's concern for medical urgency. The personnel informed her that they could not locate the documentation, and they were experiencing a backlog. At that point CC personnel advised her that she might be able to receive help from the Patient Advocate and transferred. While communicating with Patient Advocacy, my wife inquired what the next step is for a Community Care referral that finds an urgent medical need. The Patient Advocate was not able to provide any tangible information regarding rules, regulations, or procedures to her. The Patient

Advocate only advised her to wait until someone from the VA initiated the call. The Patient Advocate responded dismissively and told my wife that she could put in a complaint, but don't expect anyone to reach out for a week because they don't have to respond to complaints until a certain number of days and with the Memorial Day holiday coming up that would extend the deadline over that week anyways.

Immediately following that interaction with the Patient Advocate we sought options that could produce access to care in accordance to the current medical urgency. We were able to schedule an appointment with a GI surgeon at the UTSW Harold C. Simmons Comprehensive Cancer Center who had an existing contract of service with Community Care and immediately received support and advocacy from their Nurse Navigator starting on May 22. On top of not having the ability to seek authorization for care under the VA Community Care program, I was unable to get ahold of my primary care physician to explore VA Facility options. At one point I physically walked the results indicating the presence of my tumor to the Greenville, TX CBOC, and requested that a doctor contact me as soon as possible as it is an Urgent Medical concern. I did not hear back from the clinic.

It is my belief that we finally received communication from the VA due to the requests for assistance sent through Congressional inquiries. I was contacted by a VA Nurse Navigator on the afternoon of May 23rd. She explained that the VA has a tumor board, but I would need to have imaging complete prior to being put on their schedule. It was dependent on me, the patient, to schedule with the VA imaging facilities. After another round of inaccurate VA listed numbers and waiting multiple hours, the imaging scheduler informed us that I would not be able to receive complete imaging until September, having to wait an additional 4 months. After informing the UTSW Nurse Navigator of this scenario, she advocated for us and was able to coordinate with the VA staff to have imaging completed under Community Care at a civilian location. Around this time, I spoke with Patient Advocate, Ms. Veronica Lopez, who informed me that the Community Care Referral to be seen at UTSW was authorized for Six (6) months to cover treatment needed for Colorectal Cancer. I was not provided with any documentation that outlined details of this authorization and what it covered.

After my initial appointment with the Colorectal Surgeon on May 30th, we unfortunately learned that the imaging and testing indicated that I had T3N1 Colorectal cancer, more commonly referred to as Stage 3 Cancer. This indicates that the cancer was further advanced than we were hoping for, and the Standard of Care directs for a Neoadjuvant Treatment plan prior to surgical removal. My treatment plan over the duration of 6 months consists of 8 rounds of two different types of

chemotherapy, 5 rounds of concentrated radiation, and assessment for surgical removal of remaining cancer upon completion. I started receiving treatment in July of 2024, under the belief that it was being covered by the VA Community Care authorization.

On August 15, 2024, my wife contacted UTSW over pending billing statements on my account to inquire why they were not being covered by the VA Community Care authorization that should be on file. She was told by UTSW billing department that the VA rejected the billing. At that time, I reached out to Patient Advocate Veronica Lopez who informed me there was no authorization from the VA to receive chemotherapy or radiation, I would have to ask the UTSW staff to send in a request for services for additional approval. I inquired with Ms. Lopez why personnel at the VA were unable to contact the UTSW staff, she told me that she didn't have the time, and it would be best if I were to do it. My wife coordinated with the UTSW staff to submit the requested documents, on the first submission the VA rejected the form, and we were informed by the UTSW staff that when they also tried to speak to personnel at the VA to inquire what was needed, they could not get a hold of a single VA personnel member on the number they were provided. I once again reached out to Representative Self's office to seek assistance.

On August 23, 2024, Savanna Douglas, RN was able to back date the referrals for Medical Oncology and Radiation Oncology. With the previous interactions of the initial authorization and the unclear details, I requested a copy of these documents. She informed me that it was not standard procedure to provide the Veteran with these documents, but acknowledging my concern pertaining to the miscommunication of previous authorizations, she was able to email me the authorization forms. With these forms my wife was able to coordinate with the UTSW billing personnel to correctly code and submit all appointments.

Discussion of Issues

1. The Community Care program does not communicate directly with the provider after original scheduling.

As the Community Care program sets the original scheduling and only alerts the Veteran of the contact information, there are many opportunities for poor communication and misunderstandings. Specifically addressing my scheduling of the colonoscopy, there was no information provided regarding the wait time and how it compares to the VA facility. Relying on the Veteran to be the main individual to coordinate treatment and authorizations is the main reason there was such a misunderstanding for the billing of my treatments. Multiple times we were unsure

of what would be covered for the comprehensive plan and received very little support to navigate it.

I also believe there is a risk to evaluate within the VA use of Community Care. With the lack of transparency between Community Care scheduling combined with little to no follow up by Case Management personnel, there could generate a risk that wait times for procedures are not being accurately assessed and inaccurate information is being provided to Veterans to make important informed consent decisions regarding their access to care.

2. Community Care Authorizations pertaining to Complicated Diagnosis

I was not provided with any referral numbers or what the scope of treatment authorized encompassed. I was asked to fix a problem on my own with no resources and no information on what had or had not been approved. There was no coordination of care provided; however, the authorization was limited in scope. Is it possible for a severe diagnosis, such as cancer, that have an industry standard of care, to be approached with a duty to accept/approve, should the billing be submitted for a patient with a diagnosis known by the VA, by a provider known to the VA, and for a Veteran that is within a patient category, such as 100% P&T, that are already established to receive full spectrum care from the VA Medical Network and any care associated.

3. Lack of Professionalism and Compassion from VA Employees.

The Veteran begins their journey typically with an extremely frustrating phone system. Something as tangible as the phone line infrastructure solely lies on the accountability of the Facility's Director. Many phone lines listed or attached to automated menus simply do not work. It is extremely complicated to get in contact with the necessary personnel for any specific requirement. Often a caller must be transferred multiple times and direct numbers provided by employees are not answered with no consistency of availability to leave messages. The default response from VA employees is to take a message and wait for a call back. Throughout this entire process not one time has someone from the VA system offered to schedule any communication. In their responses to our inquiries, the VA claims to operate Community Care within a case management model but refuses to offer appointment scheduling to discuss their case. This is extremely difficult for Veterans, like me, that are working their own jobs, have obligations of family, and are navigating very difficult treatment plans.

Multiple occasions have we been treated with disdain, sighed at, told to wait and dismissed by employees we encountered. Case Management is extremely inefficient

and often incomplete. I did not receive end to end case management or proactive engagement. For complicated medical conditions, such as cancer, follow up by Community Care personnel to ensure treatment plans align with authorizations would help decrease misunderstandings and reduce errors that have great potential to negatively impact the Veteran. In my scenario, it seemed that no one cared until we received assistance from Representative Self's office, and I believe that the result would be very different if we had not asked and received intervention on two occasions. I have experienced great care from some amazing VA employees, but an attitude towards complacency and seemingly no accountability permeates many of my interactions. Often VA employees display an attitude that they would do whatever possible to reduce their workload, burden the Veteran with tasks that the employee is hired to conduct, and possess no regard to the fact their actions affect a Veteran's access to care. This is seen top to bottom by the lack of reporting of community care wait times, broken phone infrastructures across the entire facility and network, difficult scheduling procedures, and non-existent case management.

This was especially highlighted by the responses provided to the inquiries submitted on my behalf. At no point has anyone taken ownership or assessed what could have improved the scenario. I, as the Veteran, was regarded as part of the problem, because I chose community care and not care through the Dallas VA. The response reads that I sought care that was not authorized, when I simply sought care, so I don't die.

Conclusion

Community Care is a great program that has expanded previously prohibited access to care and has the potential to continue to improve this access for many Veterans. I believe that Veteran Affairs has amazing employees that work for them. However, accountability for poor performance, a lack of proficiency, and low procedural transparency has generated a toxic atmosphere, that leaves the Veteran having to jump through bureaucratic hoops, holding large financial obligations for uncovered costs, or being denied access to life-saving and critical care.

Communication between the Health care provider and the Case manager should be ongoing with feedback from both sides for this program to be successful. Especially for complex and complicated medical diagnosis that may require comprehensive treatment plans, case management should go beyond the initial scheduling interaction. Clear policies and procedures should be available and known to Veterans in the program. Wait times for services within the VA Network and the Community Care Network should be constantly evaluated and made transparent.

I appreciate the time and opportunity this Committee has given me to share my story. I hope that it will help provide opportunities to improve access to care for other Veterans. I would like to thank Representative Self and his staff for their advocacy and assistance as my family has navigated this challenging time and to each and every member of this Veteran Affairs Committee for their continued interest in the care of Veterans.