

**STATEMENT FOR THE RECORD OF
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"CHOICE CONSOLIDATION: LEVERAGING PROVIDER NETWORKS TO
INCREASE VETERAN ACCESS"**

MARCH 22, 2016

The American Legion believes in a strong, robust veterans' healthcare system that is designed to treat the unique needs of those men and women who have served their country. However, even in the best of circumstances there are situations where the system cannot keep up with the health care needs of the growing veteran population requiring VA services, and the veteran must seek care in the community. Rather than treating this situation as an afterthought, an add-on to the existing system, The American Legion has called for the Department of Veterans Affairs (VA) to "develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient centered care strategy which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account."¹

Chairmen Benishek, Ranking Members Brownley and distinguished members of the Subcommittees on Health on behalf of National Commander Dale Barnett and The American Legion; the country's largest patriotic wartime service organization for veterans, comprising over 2 million members and serving *every* man and woman who has worn the uniform for this country; we welcome this opportunity to comment on "Choice Consolidation: Leveraging Provider Networks to Increase Veteran Access."

Background

Historically, one of the main missions of VA is to be a provider of direct healthcare to veterans through the Veterans Health Administration (VHA). However, for many decades the VA has also acted as a payer by relying on non-VA care providers, i.e., care in the community, when it has not been able to provide that care in a timely or cost effective manner.

The 2014 veterans' access to care crisis revealed, though, that VA was not appropriately utilizing these provider/payer programs to meet the needs of the growing veteran population requiring VA services.

As a result, Congress created the Veteran Choice Program (VCP) after learning that VA facilities were falsifying appointment logs to disguise delays in patient care. However, it quickly became apparent that layering yet another program on top of the numerous existing non-VA care programs, each with their own unique set of requirements, resulted in a complex and confusing

¹[Resolution No. 46 \(2012\): Department of Veterans Affairs \(VA\) Non-VA Care Programs](#)

landscape for veterans and community providers, as well as the VA employees that serve and support them.

Therefore, Congress passed the *Surface Transportation and Veterans Health Care Choice Improvement Act of 2015* (VA Budget and Choice Improvement Act) in July 2015 after VA sought the opportunity to consolidate its multiple care in the community authorities and programs. This legislation required VA to develop a plan to consolidate existing community care programs.

On October 30, 2015, VA delivered to Congress the department's Plan to Consolidate Community Care Programs, its vision for the future outlining improvements for how VA will deliver health care to veterans. The plan seeks to consolidate and streamline existing community care programs into an integrated care delivery system and enhance the way VA partners with other federal health care providers, academic affiliates and community providers. It promises to simplify community care and gives more veterans access to the best care anywhere through a high performing network that keeps veterans at the center of care.

Generally, The American Legion supports the plan to consolidate VA's multiple and disparate purchased care programs into one New Veterans Choice Program (New VCP). We believe it has the potential to improve and expand veterans' access to health care and address many of the existing problems currently experienced by veterans who elect to receive some of their care in the community when they can't do so within the VHA.

Leveraging Provider Networks to Increase Veteran Access

Under the New VCP program, VA would establish a single set of eligibility criteria for private care; expand access to emergency treatment and urgent care; simplify the referral and authorization system; and improve the claims, billing and reimbursement processes.

The health care network under New VCP would be larger as well. VA Undersecretary Shulkin aptly describes it in a recent New England Journal of Medicine article.²

The network would consist of three groupings of providers. The core network would include all VA-run hospitals, clinics, and centers, as well as appropriate facilities run by other federal agencies, tribal health partners, and academic teaching institutions that have already established relationships with the VA. Many of these facilities have expertise in military service-related conditions, and all have the core competencies required for providing comprehensive, coordinated care. These facilities would increase access to highly specialized care and address the needs of some veterans living in remote areas.

The second network would include organized private-sector delivery systems that meet performance criteria for clinical outcomes, appropriateness criteria, access standards, and service levels. The process for acceptance into this second network would be highly competitive and based on documented results. Integrated systems of care would be

² [Beyond the VA Crisis – Becoming a High-Performance Network](#) New England Journal of Medicine 2016; 374:1003-1005

ideally suited for inclusion, since their providers have been investing in coordinated care for some time.

A third network would allow veterans to obtain care from additional participating private-sector providers, ensuring access for veterans who don't live within a reasonable distance of providers in the other networks. Providers in this network would need to agree to submit clinical data and documentation to VA health information exchanges.

At a March 15, 2016, Senate Veterans Affairs Committee hearing, The American Legion commented on VA's concept of a Tiered High Performance Network indicating that we support Senator Tester's language in **S. 2633: *Improving Veterans Access to Care in the Community Act*** which allows VA to set up tiered networks.³

As we understand it, this structure is meant to empower veterans to make informed choices, provide access to the highest possible quality care by identifying the best performing providers in the community, and enabling better coordination of care for better outcomes. However, it does not dictate how veterans will use the network.

The American Legion wants to make clear, though, that we do not support a wholesale option to circumvent the VA infrastructure or healthcare system entirely. Veterans can and should receive their care within the VHA system, as the benefits available to them within this system are myriad. Not only do veterans vastly prefer to receive care within VA and comment highly favorably on the care they get when they have timely access, the VHA system is specifically designed with the needs of the veterans in mind. No other healthcare system or network provides the kind of comprehensive care that considers the factors of the circumstances of a veteran's military service. No other system is primed to ensure that veterans who have served in areas with known associations to toxic exposures such as Vietnam or the Persian Gulf region are screened for conditions known to be associated with those exposures. No other system is as proactive in screening for and providing treatment for posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) the "signature wounds" of the Global War on Terror.

In addition, for over half a century, the VHA has had a long-standing and outstanding relationship with their medical school affiliates. VHA uses medical school affiliations to recruit, and retain high quality medical professionals to provide veterans with access to cutting edge technologies that may have not be offered in the private sector. VHA has the largest coordinated education and training program for health care professionals in the country and medical school affiliations allows their new medical professionals to be trained in the VA healthcare system. Clearly leveraging public-private relationships, particularly with educational institutions, will be a key component in building successful networks of providers to handle the overflow from VA in community care.

A secondary advantage of the partnerships with medical schools is it opens a clear and natural avenue for research partnerships. Often overlooked while solely focusing on the provision of care aspect of VA's mission is the research component of VA's core mission. VA can and should return to its top position as a cutting edge innovator in America medicine and affiliations

³ [*Testimony of The American Legion*](#) – Senate Veterans Affairs Committee March 15, 2016

with medical schools and research are a critical component of that ascendancy. The American Legion is strongly committed to support for mutually beneficial affiliations between VHA and medical schools.⁴

The root of the problem comes down to the question of whether or not VA is capable of building the required networks of care, or whether this task should be outsourced to third party agencies (TPAs) as was done for the Choice program. While VA has struggled in the past with large scale project organization, such as with the four recent hospital development plans in Florida, Nevada, Colorado and Louisiana, the decision to use TPAs may not be much better. The two TPAs chosen for the Choice program, TriWest and HealthNet, were chosen during the very short 90 day period VA had to begin implementing the program. There were certainly problems working with those providers getting Choice up and running including infrastructure problems as well as billing.⁵ When the options for building the network of providers are VA doing it themselves and using TPAs, both sides perhaps raise more questions than they answer.

This is a complicated problem and The American Legion can't attest to VA's capabilities one way or the other that would support or deny success, but we can say that if VA is capable of building such a network as they propose, that it will be more cost effective and support VA's mission to be in a better position to provide better and a more seamless healthcare experience for veterans. Based on our experience with Access Reach Closer to Home (ARCH), Patient Centered Community Care (PC3), and Community contracted care, in many ways, VA is already doing it.

A plan for a New Veterans Choice Program needs approval from Congress. VA needs to overhaul its outside care reimbursement programs, consolidating them into a more efficient bureaucracy able to dynamically interact with the network of federal, public, and private providers that are to supplement VA direct provided care. The American Legion believes that VA's plan is a reasonable one given the desired results.

As you know, Senators Tester and Burr in conjunction with the Senate Veterans Affairs Committee are crafting legislation to fix the Choice program and codify the New VCP. The American Legion encourages this committee to work closely with your senate colleagues on a final compromise bill which incorporates the best of the proposals that are being considered.

In conclusion, The American Legion believes that together we can accomplish legislative changes to streamline Care in the Community programs before the end of this session of Congress. We can't let another year slip away. Our veterans deserve the same sense of urgency now that Congress has shown numerous times since the VA scandal first erupted in 2014.

As always, The American Legion thanks the Subcommittees on Health for the opportunity to explain the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861-2700 or wgoldstein@legion.org

⁴ Resolution No. 20: [*The American Legion Policy on Department of Veterans Affairs Medical School Affiliations*](#) – National Convention, Nashville, TN – AUG/SEP 2004

⁵ [*VA working to fix problems with Choice Program*](#) – Steve Brooks, The American Legion online, AUG 29, 2015