

Written Statement

June 13, 2018

Congressman Brad Wenstrup,
Ohio's Second District

Chairman, members of the Health subcommittee, thank you for welcoming me back today.

As a member of the House Veterans' Affairs Committee for many years, one of my reoccurring frustrations was an inability to use metric-driven standards to comprehensively examine and improve how the VA was using its resources to deliver health care.

An axiom I heard often when I started on the committee was that "when you've seen one VA, you've seen one VA."

My frustration grew every time I sat where you sit now, and asked VHA's past leadership if they were able to provide metrics on health care delivered per resources expended.

I was often told the numbers existed, but metrics never seemed to materialize.

Reports

In foreshadowing the VA wait list crisis that became evident in 2014, VA's Office of the Inspector General issued a report in 2012, entitled *Audit of Physician Staffing Levels for Specialty Care Services*, finding that:

"VHA did not have an effective staffing methodology to ensure appropriate staffing levels for specialty care services. Specifically, VHA did not establish productivity standards for all specialties and VA medical facility management did not develop staffing plans. This occurred because there is a lack of agreement within VHA on how to develop a methodology to measure productivity, and current VHA policy does not provide sufficient guidance on developing medical facility staffing plans. As a result, VHA's lack of productivity standards and staffing plans limit the ability of medical facility officials to make informed business decisions on the appropriate number of specialty physicians to meet patient care needs, such as access and quality of care."^[1]

The OIG went on to recommend that VHA:

"establish productivity standards for at least five specialty care services by the end of FY 2013 and approve a plan that ensures all specialty care services have

^[1] <https://www.va.gov/oig/pubs/VAOIG-11-01827-36.pdf>

productivity standards within 3 years. We also recommended that the Under Secretary provide medical facility management with specific guidance on development and annual review of staffing plans.”

Five year later, the VA now tracks productivity metrics across more than 30 specialties, but significant gaps persist in the effectiveness and completeness of the current reporting. This inhibits their ability to optimize resources to better deliver care to our veterans.

Last year, the GAO released a report entitled *Improvements Needed in Data and Monitoring of Clinical Productivity and Efficiency*^[2]. This report found that current VA productivity metrics, including relative value units, are not complete and may not be accurate. Clinical specialties are siloed, certain inpatient work is not measured, and contract providers go unmeasured. Data is not always usefully accessible, and remediation plans do not rise above the VISN level.

This GAO report contained four recommendations:

- “1. expand existing productivity metrics to track the productivity of all providers of care to veterans by, for example, including contract physicians who are not VA employees as well as advance practice providers acting as sole providers;
2. help ensure the accuracy of underlying staffing and workload data by, for example, developing training to all providers on coding clinical procedures;
3. develop a policy requiring VAMCs to monitor and improve clinical efficiency through a standard process, such as establishing performance standards based on VA’s efficiency models and developing a remediation plan for addressing clinical inefficiency; and
4. establish an ongoing process to systematically review VAMCs’ remediation plans and ensure that VAMCs and VISNs are successfully implementing remediation plans for addressing low clinical productivity and inefficiency.”

H.R. 6066

H.R. 6066 is legislation to tackle these recommendations by tracking relative value units across all providers and providing a more comprehensive and systematic review and reaction to the tracked data.

By more accurately tracking the work all our VA physicians and health care providers conduct, we can better use existing resources to deliver more care to our veterans. The GAO reported just a few examples of how this data can help inform administrators, from

^[2] <https://www.gao.gov/assets/690/684869.pdf>

reconfiguring appointment scheduling to reprioritizing procedures to ensure the most care possible can be delivered.

In my own career as a health care provider, I know that productivity metrics, such as RVUs, can alert the caregiver that they may be less efficient than they could be. This metric may bring to light the need for greater medical assistance or more treatment rooms being available.

Last year, working with the committee, we drafted the language found in this bill in response to the May 2017 GAO report and recommendations, and from years of observation from the dais where you now sit.

At that time, we worked to incorporate feedback from stakeholders, including flexibility towards value-based care and accounting for non-clinical duties. This language was included in H.R. 4242 when it passed out of this very committee last November, though did not make the final VA MISSION Act.

That is why I am introducing this language as standalone bill. Our veterans and our doctors deserve to know that all the VA's resources are being optimized to deliver care.

The VA, like all government agencies, is operating in a resource constrained environment. It is our obligation to make sure that the resources we do have are directed at the veterans that need care. If we can't measure this, we cannot improve.

In closing, I look forward to hearing input and perspective from members of the committee, the VA, and VSOs on this legislation. None of us can claim to have a monopoly on good ideas, and I stand ready to work with all interested parties to make sure that every dollar we spend within the Veterans Health Administration is being used to effectively deliver care to our veterans.

Thank you.