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**BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
U.S. HOUSE OF REPRESENTATIVES**

**"THE CONTINUITY OF CARE: ASSESSING
THE STRUCTURE OF VA'S HEALTHCARE NETWORK"**

JUNE 26, 2024

Good afternoon, Chairwoman Miller-Meeks, Ranking Member Brownley, and Committee Members. Thank you for the invitation to testify before you today on the evolution, stability, and oversight of the Veterans Integrated Service Networks (VISN). Joining me today is Ryan Lilly, Network Director, VISN 1.

The Department of Veterans Affairs (VA) is unwavering in its mission to provide high-quality health care services to the Nation's Veterans. At the core of VA's extensive health care system lies a steadfast dedication to ensuring Veterans receive timely and comprehensive medical care tailored to their unique needs. VA prioritizes the well-being and positive health outcomes of Veterans by offering a wide range of services, from primary care to specialized treatments, with a patient-centered approach.

VISN Overview and Evolution

The Veterans Health Administration (VHA), the most extensive, integrated health care system in the United States, drives VA's health care delivery. In the mid-1990s, VHA underwent a significant restructuring, resulting in the consolidation of the organization from seven regions to four and the creation of 22 VISNs. This decentralized operational decision-making and introduced performance measures and accountability systems for VISN directors and staff. The focus shifted from an inpatient-centered model to one that focused on the delivery of outpatient and primary care through community-based outpatient clinics (CBOC). In addition, the Veterans' Health Care Eligibility Reform Act of 1996 (P.L. 104-262) expanded Veteran access to care. By 1999, VHA had established 22 VISNs, opened 302 CBOCs, reduced hospital admissions by 350,000, and allocated resources based on shifts in the Veteran population. In 2015, VA again realigned its organizational maps into one map with five districts, maneuvering existing VISNs to fit within the five Department-level districts.

Today, the network is divided into 18 VISNs, each overseeing VA medical centers (VAMC) and managing health care needs within their respective geographic areas. This organizational structure allows for consolidated service delivery, training, consultation, and remediation support across VAMCs within each VISN's jurisdiction. In

fiscal year (FY) 2024 to date, VA provided health care services to 9.26 million Veterans through its extensive network of over 1,300 facilities, including 170 VAMCs and more than 740 CBOCs, spanning 18 VISNs throughout the enterprise.

VISN Stability

VHA is committed to providing accessible health care to Veterans and is constantly evolving to meet its mission. As the Veteran population changes, VA must maintain a flexible health care delivery infrastructure to respond to the changing and often unique needs of the population. VA's Strategic Plan¹ provides a guide for describing and accomplishing the agency's priorities over the next 5-7 years through short-term and long-term range objectives, enabling informed decisions related to health care and service delivery. To ensure no threats or challenges arise, VHA regularly evaluates the trends of the populations it serves. This initiative is rooted in the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, which mandates that VA conduct market assessments and develop recommendations for modernizing medical facilities. The market assessments ensure that VISNs have strategically located facilities to provide accessible care to Veterans, including those in rural and underserved areas.

The VISN Organizational Structure Workgroup² convenes annually in person, and virtually, throughout the year to conduct data calls and discuss topics related to full-time employee cap, mandatory versus discretionary VISN positions, and audits to ensure compliance with organizational charts, vacancy rates, and accurate position inventories in the human resources system of record. Each VISN comprises required base positions, mandated by policy, and discretionary positions, determined by the VISN Network Director, to meet the total core VISN full-time employee allocation. Additionally, Consolidated Units (CU) provide direct support services and operate as part of a multi-VISN consortium. Four required CUs exist at each VISN: human resources, emergency management, telehealth services, and sterile processing services.

Assessments of standardized key performance indicators during the establishment, review, and expansion of these CUs ensure the VISN's stability and adaptability to evolving Veteran needs. To support VISN stability, VA is actively assessing community care and internal health care functions and creating staffing models. Additionally, VA continues to update our VISN staffing standard and conduct Functional Assessments for other VISN CUs, like the Clinical Contact Centers and Clinical Resource Hubs, guiding the creation of staffing models tailored to each unit's needs. The largest CUs, human resources, have completed multiple staffing models and are on track to finalize their remaining staffing models by the end of CY 2024.

VISN Oversight

¹ The "Fiscal Years 2022-2028 Strategic Plan" is available here: <https://department.va.gov/wp-content/uploads/2022/09/va-strategic-plan-2022-2028.pdf>. The Departments of Defense and Veterans Affairs "Joint Strategic Plan for Fiscal Years 2022-2027" is available here: https://www.va.gov/opa/docs/remediation-required/oei/JEC_Joint_Strategic_Plan_2022_2027_FINAL.pdf.

² The VISN Organizational Structure Workgroup is comprised of two co-chairs and 11 members, including VISN Network Directors, workforce management consultants, and specialists in finance, human resources, and operations.

VA has made significant strides in improving health care delivery for Veterans, with VAMCs consistently outperforming³ non-VA facilities in patient satisfaction metrics and overall hospital quality ratings. These strides were aided, in part, with the establishment of the Office of Quality and Patient Safety (QPS) in 2020. QPS, in turn, established the Office of Quality Management alongside the existing work of the Office of Analytics and Performance Integration and the National Center for Patient Safety. This alignment elevated the importance and visibility of quality and patient safety by providing advocacy and support to Communities of Practice at the VISNs, facilities, and VA Central Office, contributing to the overall improvement in health care delivery for Veterans.

Coordinating programs that help facilitate VISN oversight include the following:

- The National Improvement Office uses a systematic process to monitor health care quality and patient experience data. Through this process, VHA can celebrate successes and direct resources to facilities most needing structured improvement support.
- The Engagement Protocol for Improvements in Quality (or EPIQ) monitors health care quality and patient experience data, identifying facilities needing structured improvement support and providing subject matter expertise to drive collaborative quality improvement efforts based on quality measure data.
- The Evidence Based Practice Program oversees the implementation of VA/Department of Defense Clinical Practice Guidelines across VAMCs, coordinating with the VISN Quality Offices.
- The Medical-Legal Risk Management Program provides oversight, training, and procedural guidance to address quality of care at individual provider and patient levels and ensure compliance with regulatory and directive-driven requirements.
- The National Center for Patient Safety strengthens oversight by leveraging existing processes and developing new programs, including patient safety metrics, culture data, quality management processes (specifically, root cause analyses), performance indicators, and program evaluations.
- VISN Directors ensure compliance at the medical center level, with VISN Chief Medical Officers providing oversight of credentialing and privileging processes, annual facility assessments, and privileging actions and reporting.
- The Position Transparency Initiative report includes a dashboard tracking vacancy percentage, which is published bi-weekly to improve position inventory accuracy.

³ Based on patient surveys between July 2021 and June 2022, VA hospitals received a higher percentage of satisfaction ratings than non-VA hospitals for **communication with doctors** (87% vs. 48%), **communication with nurses** (59% vs. 35%), **responsiveness of hospital staff** (63% vs. 34%), **communication about medicines** (80% vs. 38%), **cleanliness of the hospital environment** (69% vs. 52%), **quietness of the hospital environment** (49% vs. 38%), **discharge information** (65% vs. 55%), **care transition** (76% vs. 35%), and for patient **willingness to recommend the hospital** (76% vs. 52%). For more information visit here: <https://news.va.gov/press-room/nationwide-patient-survey-shows-va-hospitals-outperform-non-va-hospitals/>.

VA has also implemented Tiered Huddles to improve quality and safety across the Enterprise. As VA continues its journey toward becoming a high-reliability organization, these Huddles allow open communication and enable staff to escalate critical issues to senior management, fostering a culture of continuous improvement and responsiveness to emerging challenges.

Conclusion

Chairwoman Miller-Meeks, Ranking Member Brownley, this concludes my testimony. Thank you once again for the invitation to join you today. VA leadership remains dedicated to continuously improving health care delivery and tailoring services to provide high-quality, Veteran-centric care across the enterprise. My colleagues and I are prepared to respond to your questions.