

## **Written Testimony of Chris Faraji**

### **President, WellHive**

Before the **House Veterans Affairs Committee, Subcommittee on Health** Hearing: *Roles and Responsibilities: Evaluating Community Care*

February 12, 2025

## **Introduction**

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Subcommittee, thank you for the opportunity to testify today. My name is Chris Faraji, and I serve as the President of WellHive, a proven SaaS technology provider supporting the Department of Veterans Affairs (VA) through our role in the External Provider Scheduling (EPS) program. WellHive is committed to modernizing scheduling, improving care coordination, and ensuring Veterans receive timely, high-quality healthcare. Our platform successfully integrates directly into health systems, electronic health records, and practice management systems, providing real-time visibility into provider availability, similar to how Expedia streamlines travel bookings.

Today, I will highlight the transformative role of External Provider Scheduling in successfully streamlining scheduling, the measurable impact on Veterans, and opportunities for broadscale optimization.

## **Background and Historical Development of External Provider Scheduling (EPS)**

In 2020, the Veterans Health Administration (VHA) launched a three-year pilot program at the Orlando VA Medical Center, later expanding it to the Columbia, South Carolina VA Medical Center, to test the feasibility and scalability of what is now known as the External Provider Scheduling (EPS) program. This pilot aimed to answer three critical questions:

- Can this technology concept demonstrate utility and reliability within VHA?
- Is it scalable across different VA markets and facilities?
- Does it enable faster access to care for Veterans?

To ensure a thorough understanding of both the challenges and potential solutions, VA implemented a structured and competitive evaluation process. As part of this approach, they conducted an in-depth analysis of the pilot programs and, at different stages, formed two Integrated Project Teams (IPTs). These teams, composed of experts from VHA, OI&T, and VACO, defined the necessary requirements for modernizing Community Care Access.

Following the IPTs' findings, the VHA issued two separate Requests for Information (RFIs) to collect industry input on Community Care Scheduling solutions. This process was designed to ensure that any future system would align with both Veteran needs and VA operational requirements.

## Key Leadership Decisions and Timeline

The process to ensure VA procured the right solution included top VHA leadership and multiple decision points. The following timeline highlights key moments, providing a high-level overview of everything that has happened up to this point.

- **June 2023** – Senior VHA leaders, including Shereef Elnahal (former Under Secretary for Health), Miguel Lapuz (former Assistant Under Secretary for Health for Integrated Veteran Care), and Hillary Peabody (Former Deputy Assistant Under Secretary for Health for Integrated Veteran Care), testified before the Senate Veterans Affairs Committee (SVAC) that they were procuring a technology solution to address Community Care Access.
- **September 2023** – The VHA Governance Board, composed of the USH, DUSH, AUSHs, VISN Directors, and other senior VHA officials, formally approved and funded a mandated phased nationwide rollout of EPS to all 18 VISNs, with at least one VA Medical Center in each VISN launching within the first year.
- **September 23, 2023** – After a robust competitive solicitation process, VA awarded the licensing contract to V3Gate/WellHive. The Request For Quote (RFQ) required a minimum of 25,000 providers; WellHive already had 100,000 network providers at the time of award.
- **December 2023** – IVC placed a pause on all provider outreach and onboarding, preventing WellHive from bringing new providers onto the platform for rollout.
- **January 8, 2024** – Phase 1 of EPS officially launched.
- **March 2024** – IVC lifted the pause on provider outreach, allowing onboarding efforts to resume.
- **May 1, 2024** – Phase 2 of EPS launched.
- **June 10, 2024** – The Governance Board voted to scale back EPS expansion from 18 VISNs to just 5, citing budget constraints. As a result, 13 VISNs were left without access to EPS, with no clear timeline for future implementation. This decision significantly impacted over 400 Community Provider Groups across these sites, who had invested time and resources into enrollment. Their trust in both the VA and the initiative was severely impacted.

## Overcoming Obstacles to Success

Successful enterprise-wide digital transformation relies on three pillars: people, process, and technology. When technology is proven and effectively addresses its intended challenges, the focus must shift to leadership to provide strategic direction. Strong leadership ensures alignment, execution, oversight, and accountability, while well-defined processes refine outdated methods, streamline operations, and drive change management, training, and support to maximize the technology's impact.

Since its award in September 2023, the External Provider Scheduling (EPS) program has faced avoidable challenges, including shifting priorities, lack of coordination, and limited resources.

Every time the team gained momentum, unexpected obstacles forced reassessment and adaptation. Without clear leadership and strategic direction, VA employees and front-line staff tried their best to engage in a system they found user-friendly and effective but lacked integration resulting in inefficiencies and unaccountability.

Despite these obstacles, the technology has been rigorously validated and consistently proven to reduce wait times and enhance the experiences of both Veterans and employees. From its initial concept pilot programs in 2021 to the past 18 months of implementation, EPS has undergone continuous refinement and VA-led market research, demonstrating its long-term value. Over time, it has driven significant efficiencies and garnered widespread positive feedback from both end users and Veterans, further reinforcing its impact and effectiveness.

The core issue is not technology but mixed leadership messaging/commitment, process gaps, and the need for more change management and field engagement. Addressing these will eliminate barriers and enable a successful nationwide rollout, ensuring EPS fulfills its potential to enhance operational efficiency and improve the Veteran experience.

### **Opportunities for Broadscale Success with Immediate Impact:**

#### **1. Need for Critical Support and Resources**

Essential components of systems integration were either missing or implemented on a limited scale, resulting in widespread confusion and inefficiencies with the launching of the program. Successfully deploying large-scale enterprise technology solutions requires a system integrator to manage project execution, change management, VA system integrations, and communication across all stakeholders. This includes VA employees, contractors, Third Party Administrators, community care providers, and the general public.

#### **2. Fluctuating Rollout Plans**

The initial one-year rollout plan was disrupted by frequent changes—sometimes weekly—making provider onboarding unnecessarily protracted and arduous. Many community care providers were hesitant to participate, fearing the program was not legitimate due to a lack of outreach and formal communications from VA. This failure to build trust delayed adoption and undermined the program's effectiveness. Despite these obstacles, the EPS program has achieved notable success, as community providers recognize and support the VA's mission to care for our nation's Veterans. Establishing a consistent and clear enterprise-wide rollout plan will generate the momentum needed to build integrated provider networks that deliver high-quality care to Veterans nationwide.

#### **3. Leadership and Coordination Failures**

One of the biggest challenges was the absence of strong leadership, including at the IVC level, resulting in suboptimal collaboration across VA entities. This is not just a program but a movement. We are creating this in collaboration with the community providers, and we are transforming the care for our Veterans by activating MISSION Act 2.0 through technology. The endorsement, support, executive sponsorship, and ownership of this enterprise-wide program at the highest level of the VA and VHA is critical to its success.

#### 4. **Optional Site Adoption**

Today, the EPS program remains optional, with no mandate for field staff or leadership to use the tool VA has invested in. Meanwhile, community care providers increasingly rely on digital solutions like WellHive, but a significant number of VA schedulers are forced to use outdated methods to book appointments manually instead of leveraging EPS. Data indicates that over 50% of appointments eligible for booking through EPS are still being scheduled using traditional methods across live sites. This inefficiency delays care for Veterans and frustrates providers who expect a modernized process that aligns with industry standards. It is important for VHA to send a directive that requires the use of EPS by the field to gain efficiency, productivity, improved Veteran experience, and timeliness of access to care.

#### 5. **Confusing and Uncoordinated Initiatives**

Most recently, the TAC's release of the *VA Community Care Provider Directory* Request for Information caused widespread confusion among VA staff, providers, and industry stakeholders. The request pulled directly from EPS capabilities being used today without acknowledging the program itself, demonstrating yet again the lack of coordination and communication within VA. It is paramount that this program, which is the enabling technology for MISSION ACT 2.0, is at the highest level of the VA's organizational structure so that there is clear direction, strong communication, and unequivocal support.

## **Moving Forward**

Despite these roadblocks, the small but dedicated VA team assigned to the program has remained committed to its success. Their unwavering belief in the mission and its impact on Veterans is commendable, and their efforts deserve recognition. However, as stated above, for EPS to reach its full potential, systemic changes in leadership and processes are essential.

We are encouraged by the new Congress, administration, and Secretary Collins' commitment to improving care for veterans and ensuring accountability within the Department of Veterans Affairs. With the right approach, External Provider Scheduling can fulfill its intended purpose and support the Secretary's promise to expand access to care for veterans nationwide.

## **EPS Performance and Measurable Impact**

The EPS platform has already made a significant impact on improving access to care for Veterans. However, its full potential is still constrained by policy limitations rather than technological capabilities. The data below highlights the measurable benefits EPS has provided and the opportunities for even greater impact.

### **A) Scheduler Efficiency and Increased Appointment Capacity**

At one VA Medical Center, for example, 15 schedulers manage mental health appointments, yet only one Medical Support Assistant (MSA) is actively using EPS to book them. If all schedulers fully adopted EPS, it would significantly reduce the mental health appointment backlog.

One of the greatest successes of External Provider Scheduling (EPS) is its ability to streamline the scheduling of both virtual and in-person mental health appointments with a single click. Historically, schedulers must send consults to providers, wait for their review and feedback, and then engage in a lengthy process of phone tag between the Veteran, VA, and the provider, just to secure one appointment.

EPS revolutionizes this process by simplifying complex decision trees into standardized appointment types that VA schedulers can easily navigate. When paired with our provider notes feature, this enables schedulers to book appointments directly, eliminating unnecessary delays and ensuring that Veterans receive timely mental and behavioral health care in the format that best suits their needs. In partnership with Grow Therapy, we have further expanded access to over 15,000 mental health providers, which will significantly increase care availability for Veterans.

### **B) Impact on Scheduling Efficiency**

- Without EPS, a VA scheduler books an average of seven appointments per day.
- With EPS, the volume increases by four times. With additional system integrations like CCRA/HSRM and Consult Tool Box, productivity is expected to increase even more significantly.

### **C) Reduction in Wait Times**

EPS has significantly reduced appointment wait times, ensuring that Veterans receive the care they need when they need it. Behind every appointment scheduled through External Provider Scheduling are Veterans who now have the opportunity to make informed decisions and access the fastest and most appropriate care available to them. Instead of waiting weeks, months, or even years, they can connect with a vetted and trusted community provider in a timely manner. When you or a loved one need medical care, waiting is more than just frustrating, it can be the most painful part of the process and a critical factor in overall health outcomes. Timely access to care can make all the difference in treatment effectiveness and quality of life. It can literally be the difference between life and death.

- Traditional scheduling wait time: 31.7 days
- EPS scheduling wait time: 21.0 days (33% faster)

#### **Site-specific improvements:**

- **Columbia, SC:** Reduced from 53.1 days to 25.3 days (27.8 days faster)
- **Dallas, TX:** Reduced from 59.3 days to 32.4 days (26.9 days faster)
- **Orlando, FL:** Reduced from 27.4 days to 17.0 days (10.4 days faster)

#### **Expansion of Provider Access:**

- EPS is currently live at 23 VA Medical Centers.
- The provider network now includes over 100,000 network providers.
- 224 additional provider groups are actively onboarding.

- 54 additional major health systems across the country are in the onboarding process.
- 114% increase in provider onboarding, which continues to improve month over month.

## **Exciting Enhancements to the Program**

We recognize that Veterans have different preferences when scheduling their healthcare appointments. Some prefer to book their own appointments directly, while others value the convenience and familiarity of having VA handle scheduling on their behalf.

This year, in collaboration with the VA.gov team, we are making a significant advancement in fulfilling the Cleland-Dole Act by introducing self-scheduling capabilities in select locations. Veterans will continue to use the familiar VA.gov interface, but behind the scenes, WellHive will power the technology that enables seamless appointment scheduling.

This enhancement represents a major step forward in empowering Veterans with greater control over their healthcare by reducing wait times and improving accessibility. We are excited about the recent integration into the Provider Profile Management System, which now seamlessly incorporates over 1.4 million providers within the EPS/WellHive platform. This integration has significantly streamlined the scheduling process, eliminating the need for manual data entry and ensuring schedulers have instant access to comprehensive provider information.

The EPS program provides the VA with an agnostic platform that integrates with all major health systems nationwide, regardless of EHR, geographic location, or TPA affiliation. This enables Veterans to make informed decisions and access care efficiently while allowing the VA to maintain oversight and accountability. By aggregating provider availability in real-time, EPS ensures seamless self-scheduling through VA.gov, enhancing the Veteran experience. Without this unified platform, the VA would face fragmentation from various health systems, EHRs, and TPAs, leading to conflicts and inefficiencies. EPS streamlines provider access, strengthens VA's control, and improves healthcare delivery for Veterans. With these advancements, we remain committed to delivering innovative solutions that prioritize Veterans' needs and enhance their healthcare experience.

### **What's Next for the Platform?**

- Automated health record exchange to ensure referred providers have the necessary patient medical history, enhancing continuity and quality of care.
- Integration with the VA's Community Care Referral and Authorization (CCRA) system, eliminating manual processes and streamlining self-scheduling. This will further expedite appointment bookings allowing more Veterans to be scheduled.
- Enhancing EPS by integrating it with Referral Coordination Teams (RCTs) would enable a direct comparison between VHA and Community Care providers, streamlining the referral authorization process. This integration not only aligns care with Veterans' preferences but also ensures that VA prioritizes its direct care resources whenever clinically appropriate before outsourcing. EPS provides real-time intelligence, allowing RCT teams to see both available and unavailable options in the community. This

apples-to-apples comparison empowers nurses and schedulers to redirect care back into the VA whenever feasible, optimizing resource utilization and ensuring Veterans receive timely, high-quality care.

- Integration with VSignals, the VA's patient feedback platform, to gather real-time Veteran reviews after community care visits. This will provide Referral Coordination Teams and Medical Support Assistants with provider ratings, helping ensure Veterans receive high-quality care, similar to online review platforms like Google or Yelp.
- Displaying appointment availability in all modalities including home health.
- Capability to integrate with VA's internal VistA scheduling system and do an "apples to apples" comparison of appointment availability both inside and outside the VA.

These enhancements will further streamline the scheduling process, improve Veteran satisfaction, and ensure the VA continues to provide high-quality, timely care. We look forward to bringing these capabilities to more Veterans in the near future.

## **MISSION ACT: Improving Veteran CHOICE and ACCESS**

One of the core principles of the MISSION Act and the recently proposed Veterans ACCESS legislation is to ensure that Veterans have a genuine choice between receiving care through VA facilities or trusted private providers. To truly achieve this, the ability to compare availability and scheduling options in real-time is critically important.

In January 2023, WellHive successfully demonstrated an apples-to-apples comparison by integrating over 15 instances of VistA across VISN 7 and VISN 8. This integration allowed VA schedulers to view real-time VA provider availability across multiple facilities, ensuring that VA resources were fully utilized while still offering Veterans access to community care options. Congressional intent, along with the priorities voiced by Veterans Service Organizations (VSOs) and Veterans themselves, is driving the expansion of this capability through new legislative initiatives. These efforts aim to enhance access, improve efficiency, and ensure Veterans receive the care they need in alignment with their preferences.

### **Key Achievements of the Pilot:**

- Displayed real-time VA provider availability across multiple VistA instances, ensuring VA providers' schedules were maximized
- Gained efficiencies in the scheduling process for VA staff by reducing the number of systems they were required to access
- Provided a direct comparison of VA and Community Care provider availability within a given geographical area.
- Gave Veterans true choice by offering full visibility into all available care options.

Despite the pilot's success, VA shut it down. This was due to policy, not technology. The capability still exists and could be reimplemented immediately. Doing so would optimize VA provider utilization while preserving Veterans' ability to choose their preferred care options.

## **Veteran Service Organization's Support for External Provider Scheduling**

The External Provider Scheduling program has received widespread support from key stakeholders who recognize its potential to enhance healthcare access for Veterans. First, the letter and spirit of the MISSION Act, reinforced through bipartisan oversight from this Committee and others, provides the sustained framework we need to ease the burden experienced by Veterans in scheduling appointments. Leading Veterans Service Organizations such as the Veterans of Foreign Wars, Disabled American Veterans, and the American Legion have strongly advocated for its implementation, emphasizing its role in reducing delays and improving care coordination for Veterans. These organizations have been at the forefront of efforts to ensure timely and quality healthcare access.

Additionally, the National Association of State Directors of Veterans Affairs, which represents state-level VA leadership across all 50 states and territories, has expressed strong backing for the program. NASDVA leaders recognize the need for modern scheduling solutions that can streamline provider coordination, reduce wait times, and improve the overall efficiency of community care services for Veterans in their States and Territories. The endorsement of these major service organizations and stakeholders highlights the importance of EPS as a critical step towards enhancing VA's ability to connect Veterans with the best available appointment.

The support from these organizations highlights the growing demand for a seamless, technology-driven approach to Veteran healthcare access, reinforcing the urgency of implementing External Provider Scheduling nationwide.

## **Testimonials from VA Schedulers on EPS: A Game-Changer for Veterans**

VA schedulers who use the External Provider Scheduling (EPS) platform have seen firsthand how it transforms the scheduling process, saves time, and improves access to care for Veterans. Here's what they have to say:

### **"EPS is a Game-Changer"**

*"EPS is a Godsend. Before, I spent hours tracking down available appointments. Now, I can see them instantly, and the time saved is making a world of difference for Veterans."*

### **"EPS is Easy to Use and Increases Productivity"**

*"I was hesitant at first, but after just a few days, I couldn't imagine going back. It's so easy to use, and I can now schedule multiple appointments in a fraction of the time."*

### **"EPS Gets Veterans the Care They Need Faster"**

*"Veterans used to wait weeks or even months for a community care appointment. Now, I can book them in real-time. Some Veterans get scheduled in just days instead of weeks."*

### **"EPS Helps Veterans Avoid Cancellations and Reschedules"**



*"Before EPS, I would schedule an appointment only to find out later that the provider wasn't available, forcing me to reschedule. Now, I know exactly when and where the Veteran can be seen, avoiding unnecessary delays."*

These voices from the front lines of scheduling highlight how EPS improves efficiency, reduces wait times, and ensures Veterans receive the care they need without frustrating delays. With full implementation, even more schedulers and Veterans could experience these life-changing benefits.

## **A Call to Action: Ensuring Veterans Receive the Care They Deserve**

I ask everyone here today: If you or a loved one were sick and needed care immediately, would you be willing to wait 33 days or more to get someone on the phone just to start scheduling an appointment? We know that early detection and early action can mean the difference between a positive outcome and a life-threatening situation. You have heard that directly from Veterans in previous hearings. That is why the External Provider Scheduling (EPS) program is critical—it is not just improving scheduling, it saves lives.

## **Key Takeaways and Urgent Recommendations**

From a technology perspective, EPS has already demonstrated its impact by providing Veterans with faster, more efficient access to care. However, under the new administration, Secretary Collins' leadership, and the new Congress, the missing people and processes can be seamlessly integrated to ensure Veterans receive timely care. Now, decisive action is needed to make this a reality.

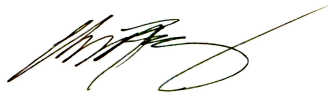
- **Restore the original 18 VISN rollout** plan and expand EPS nationwide.
- **Mandate EPS use** at all live sites to ensure consistency and avoid fragmented adoption.
- **Reimplement real-time VA and Community Care provider comparisons** to give Veterans true well-informed choices in their healthcare options.
- **Ensure CCRA and Consult Tool Box integration is prioritized** to streamline the referral process.
- **Streamline scheduling processes** with well-defined processes, refine outdated methods, streamline operations, and drive change management, training, and support to maximize the technology's impact.
- **Provide dedicated funding** for onboarding and training to support seamless implementation.
- **Secure full VA commitment** to remove policy barriers, assign and align organizational resources to oversee and support EPS implementation, and fully leverage this technology in service to America's Veterans.

## **The Immediate Need for Expansion**

EPS is a proven, scalable solution to one of VA's most pervasive and pressing challenges—healthcare scheduling. The technology to improve both VA and community care scheduling exists and is demonstrably successful. The only obstacle is the failure to act.

No Veteran should have to wait weeks or months for care when the tools to fix this problem are available today. Congress has the opportunity to remove unnecessary barriers and ensure that every Veteran, no matter where they live, has timely access to care when they need it most.

I appreciate the opportunity to speak before you today and look forward to your questions.

A handwritten signature in black ink, appearing to read 'Chris Faraji', with a stylized flourish at the end.

Chris Faraji  
President  
WellHive