



Physicians

Hematology & Oncology

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Burton F. Alexander, III, MD
Omer Ali, MD
Daniel Aruch, MD
Daniel M. Atienza, MD
Nino Balanchivadze, MD, FACP
Celeste T. Bremer, MD, FACP
David Chang, MD, PhD, FACP
Scott J. Cross, MD
Snehal A. Damle, MD
Michael A. Danso, MD
Ayham Deeb, MD, FACP
Mark T. Fleming, MD
Ranjit K. Goudar, MD
Sonia E. Hepburn, MD
John F. Kessler, MD, FACP
D. Jared Kobulnicky, MD
Boon C. Kok, MD
Scott Kruger, MD, FACP
Michael E. Lee, MD
Sowjanya Naga, MD
Gradon Nielsen, MD
John C. Paschold, MD, FACP
David M. Powell, MD
Christina W. Prillaman, MD, FACP
Gauri V. Radkar, DO
S. George Saman, MD
Julia Schaefer-Cuttillo, MD
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John R. Howard Jr., DO
John Q. A. Mattern, II, DO
Dean McGaughey, MD
Munir F. Nasr, MD

February 12, 2025

The Honorable Mariannette Miller-Meeks
Chairwoman
Subcommittee on Health
House Committee on Veterans Affairs
364 Cannon House Office Building
Washington, D.C. 20515

The Honorable Mark Takano
Ranking Member
Subcommittee on Health
House Committee on Veteran Affairs
364 Cannon House Office Building
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Testimony of Scott Kruger, MD
Before House Veterans' Affairs Subcommittee on Health
Hearing: "Roles and Responsibilities: Evaluating VA Community Care"

Dear Chairwoman Miller-Meeks and Ranking Member Takano:

Chairwoman Miller-Meeks, Ranking Member Takano, and distinguished members of the Subcommittee, thank you for the opportunity to testify today on the Department of Veterans Affairs' (VA) Community Care Program (CCP) on behalf of my practice Virginia Oncology Associates (VOA), a member of The US Oncology Network, which is one of the largest networks of integrated, community-based oncology practices in the United States. My name is Scott Kruger, and I am a practicing medical oncologist and hematologist with VOA in Hampton, Virginia. I have had the privilege of providing care to many of our nation's veterans through the CCP, and I appreciate the Subcommittee's attention to the critical role that this program plays in ensuring access to timely and high-quality medical care.

Challenges in the Current System

The CCP has helped bridge care gaps. However, there are significant challenges that must be addressed to enhance its effectiveness. For veterans with complex and urgent medical conditions, such as cancer, timely access to specialized care is critical.

Many veterans experience significant delays in receiving authorization for community care, which can be particularly detrimental for patients requiring time-sensitive cancer treatments. In my area, it can take more than 4-6 months to get approval for essential procedures like a mammogram, ultrasound, and biopsy for a breast mass due to the absence of effective communication with the VA. Furthermore, coordination between the VA and community providers is often lacking, resulting in fragmented access to medical records, treatment plans, and follow-up care. This lack of data-sharing can lead to incomplete medical histories and duplicated tests or procedures. In some cases, delays in transmitting crucial biopsy reports, CT scans, MRI results, and other vital data have resulted in care delays or have necessitated repeat procedures. These challenges in coordination and communication are further compounded by the inefficiencies faced by Third-Party Administrators (TPAs).

TPAs are struggling with high caseloads that cause delayed responses and administrative strain for both providers and patients. Although TPAs have provided our practice with a liaison to ease communication, we still struggle to reach the community care office effectively. Regarding reimbursement and financial stability, the reimbursement rates under the CCP are often lower than those offered by Medicare or private insurance, which discourages providers from participating in the program. The administrative burden of claims processing, alongside frequent claim denials or rejections due to clerical errors, further limits provider participation and access to care. Finally, patient navigation and education are critical issues, as veterans frequently encounter difficulties navigating the complexities of the CCP, including understanding eligibility requirements, scheduling appointments, and coordinating care between VA and community providers.

For instance, an elderly woman in her late 70s, who was sent to me for evaluation of blood cancer, faced numerous challenges. She had suffered a stroke, could not walk, had skin breakdown, and showed signs of dementia. Although I was authorized to draw a complete blood count, she required additional services such as home health care, wound care, physical therapy, and rehabilitation. Despite setting up care with two different agencies, neither received VA approval, and after two months, I still had not received any communication from the VA regarding her care.

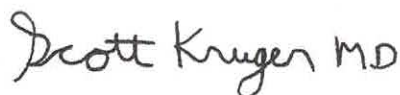
Recommendations for Improvement

To enhance the effectiveness of the VA Community Care Program, I propose several recommendations. Firstly, the authorization and referral process should be expedited by implementing standardized guidelines and timelines for approvals. This will streamline operations and reduce delays in service delivery. Secondly, improving care coordination is

crucial; this can be achieved through the sharing of medical records and the use of effective communication platforms. As community partners, we are committed to collaborating with the VA to ensure our veterans receive the care they deserve. Additionally, the efficiency of TPAs can be enhanced by establishing clear performance benchmarks and accountability measures. This will ensure that TPAs operate effectively and contribute positively to the program. Furthermore, timely and fair reimbursement for community providers is essential to encourage their participation and prevent financial strain on healthcare facilities serving veterans. Lastly, strengthening patient education and navigation resources will assist veterans in understanding and accessing their care options more effectively, ensuring they receive the best possible support and treatment.

While the VA Community Care Program has made significant strides in expanding access to care, improvements are necessary to eliminate inefficiencies. As a community oncologist dedicated to serving veterans, I look forward to working with this Subcommittee to prioritize reforms to strengthen the program's operations.

Thank you for the opportunity to testify today. I look forward to answering any questions you may have.

A handwritten signature in black ink that reads "Scott Kruger MD". The signature is written in a cursive, slightly slanted style.

Scott Kruger MD
Virginia Oncology Associates



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