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Introduction

Chairman Barrett, Ranking Member Budzinski, 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 healthcare software technology company supporting the Department of Veterans Affairs (VA) through our role in the External Provider Scheduling (EPS) program. WellHive is committed to working with VA to modernize scheduling, improve care coordination, and ensure Veterans receive timely, high-quality healthcare. Our platform seamlessly integrates across health systems, electronic health records (EHRs), and practice management systems, to deliver real-time visibility and access to provider schedules into a single, intuitive interface. Our approach to modernizing and simplifying healthcare scheduling is similar to what platforms like Expedia have done for travel.

In February, during my testimony before the House Veterans Affairs Committee's Subcommittee on Health, I emphasized the importance of aligning people, processes, and technology so that Veterans receive the timely care they deserve. Now, under the leadership of Secretary Collins and bipartisan support of this new Congress and its Committees, we are beginning to see real progress. Decisive actions are being taken, and the integration of these three pillars is beginning to deliver timely and meaningful care to our Veterans.

Today, I will highlight how the EPS program is transforming care coordination between VA and their Community Care Network (CCN), 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. Input from these RFIs directly informed the development of the External Provider Scheduling solicitation, which was openly competed and awarded to WellHive in September of 2023.

The EPS Program: Modernizing VA Healthcare Scheduling

VA is leading a mission-critical modernization of its healthcare scheduling through the EPS program, with WellHive's Software as a Service (SaaS) platform serving as the foundation of this effort. Now in the second year of a five-year contract, EPS is not merely a technology implementation; it is a critical enabler of VA's core mission to deliver the right care, at the right time, in the right place, with the right provider for every Veteran.

EPS has fundamentally enhanced how VA connects Veterans with Community Care by offering real-time scheduling visibility and access across their vast and diverse provider network. This capability has empowered VA scheduling teams to act faster with greater insights, significantly reducing Veteran wait times and delivering a more Veteran-centric experience. EPS streamlines provider access, strengthens VA's control, and dramatically improves healthcare delivery for Veterans. EPS' expansive provider network includes national groups, major health systems, and individual practices, ensuring Veterans have access to care options regardless of their location or healthcare needs. EPS also offers scheduling for telehealth providers, a benefit that resonates strongly with Veterans in rural communities where in-person care options can be limited. The ancillary impacts are numerous, including the potential to reduce reliance on emergency care, a growing trend when timely access to care is a challenge.

Overcoming Obstacles to Success

As previously mentioned, 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 and repeatable business processes designed to maximize the technology's impact ensure the greatest return on investment and adoption at scale.

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 program gained momentum, unexpected obstacles forced reassessment and adaptation. Without clear leadership and strategic direction, VA Program Management 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 consistently delivered on its original commitment, to reduce wait times and enhance the scheduling process for Veterans, VA staff and Community Care providers.

Moving Forward

Despite significant roadblocks, the small but dedicated VA team assigned to the EPS program has remained focused on its success. Their commitment to the mission and the impact it has on Veterans is commendable and deserves recognition. However, as noted, for EPS to reach its full potential, systemic changes in leadership and processes are still essential.

Encouragingly, we are seeing a renewed commitment across the agency on improving care for Veterans and strengthening accountability within the Department of Veterans Affairs.

Recent successes within the EPS program reflect this shift. Strong support from the administration, extending from VA Central Office to field leadership and frontline care teams, has driven measurable progress in advancing the delivery of more efficient, timely, and high-quality care to Veterans.

Program Expansion and Training

The program's reach and impact continue to grow with every new site that implements it. EPS is currently live in 36 VA Medical Centers with presence across all CCN regions and is on track to expand to an additional 18 VAMCs with the potential to go nationwide by the end of Fiscal Year 2025. Central to the rollout is dedicated change management and training efforts for Medical Support Assistants (MSAs), field leaders, and VHA staff. Equipping these frontline teams to effectively utilize the EPS platform is essential to maximizing its impact. By prioritizing user adoption and promoting a shared vision, the program advances its goals of increasing scheduling productivity and reducing wait times for Veterans.

Provider Network

A critical component to the success of the EPS program is the engagement and participation of the CCN. As of today, EPS has over 6,000 provider services active in the platform with hundreds of providers joining each week. EPS currently has participation commitments from 54 major health systems, including many VA academic affiliates as well as large and mid-sized practice groups who collectively service tens of thousands of VA referrals annually. For each new implementation, the EPS contract team collaborates closely with site leadership to identify the providers and specialties whose participation will have the greatest impact, using this input to guide provider outreach and engagement efforts. This new model of care coordination has not only been transformative for VA staff and Veterans, but also for the Community Providers who are committed to providing Veterans timely and meaningful care. Below are a few quotes from CCN providers currently participating or actively onboarding to the Program.

“Partnering with Wellhive has improved our scheduling processes, overall care coordination and has increased timely access to care for our Veteran patient population. Their platform is intuitive, reliable, and easy for both our staff and the VA staff to use...We’re excited to continue building on this successful partnership and see the enhancements that come down the pipeline to continue making improvements for our staff and our patients”.- Ali Worthy, Director of Operations (Veterans and Corrections Health ICCE), Medical University of South Carolina

“I received my first digital referral yesterday as well as 2 others shortly after. I received the faxed referral packets within 15 minutes of the newly booked appointments...I have already contacted the Veterans and can easily take it from here with them. Always happy to welcome new patients, and working with Veterans continues to be one of the most rewarding parts of what I do.” -Dr. Nadia Ayadi, DTCM LAc, Owner of East lake Acupuncture in Orlando, FL.

Stakeholder Support for EPS

The EPS program has also received widespread support from key stakeholders who have long advocated for improved healthcare access for Veterans. Over the past decade the oversight committee has taken a bipartisan approach to improving Veteran’s access, especially when it comes to scheduling. Its legislative initiatives and strong leadership have been instrumental in propelling the agency forward. Leading Veterans Service Organizations (VSOs)—including the Veterans of Foreign Wars, Disabled American Veterans, and the American Legion—have been strong EPS supporters, recognizing its critical role in reducing delays and enhancing care coordination for Veterans. Additionally, the National Association of State Directors of Veterans Affairs (NASDVA), representing state-level Veterans’ agencies, has expressed strong backing for the program, advocating for EPS to be made available for Veterans in their States and Territories. The overwhelming and bi-partisan endorsement across these major service organizations and stakeholders highlights the importance of EPS as a vital component of VA’s continued modernization efforts and reinforces the urgency of implementing External Provider Scheduling at a broader scale.

Integrated Scheduling

While currently focused on improving scheduling for community care, VA is actively preparing to extend the platform’s capabilities to include VHA direct care appointments. This expanded functionality is driven by bi-partisan Congressional intent and shaped by VA, the priorities of VSOs and Veterans themselves to ensure VA can offer Veterans the most comprehensive and transparent view of their available care options. Through a pilot in January 2023 WellHive successfully integrated over 15 VistA instances across VISNs 7 and 8 into a single application, a capability that provided significant scheduling efficiencies for Clinical Contact Center staff. Building upon the success of this pilot and the EPS program, a new pilot at the Charleston, South Carolina VA Medical Center is currently being considered. In the potential upcoming Charleston pilot, referral teams would have a single, unified view of both VA and community care appointment options and the ability to take immediate action on available appointments and schedule care. This capability would represent a transformative step forward for VA—real-time, apples-to-apples comparisons of care options across both networks. This level of

visibility and access has the potential to dramatically reduce the referral-to-appointment time from days or even weeks to mere minutes, and most importantly, it ensures that Veterans have real, informed choice in their healthcare journey.

Veteran Self-Scheduling

One of the primary objectives of this administration is providing Veterans greater and more convenient options for scheduling their healthcare needs. While some Veterans prefer to book their own appointments directly, others value the familiarity of having VA handle scheduling on their behalf. A critical enabler of self-scheduling across the healthcare industry is a robust provider network willing to make their availability accessible for digital booking. Through the EPS program and the expansion of its digital provider network, VA is establishing the necessary foundation to offer patient self-scheduling in parallel. This year, in collaboration with the VA.gov team and Integrated Veterans Care program office, EPS is helping VA make a significant advancement in fulfilling the Cleland-Dole Act by introducing self-scheduling for community care. Two pilot sites are preparing to go live with this offering in July 2025, representing a critical step toward giving Veterans greater control, speed, and transparency when scheduling care. Veterans will continue to use the familiar VA.gov interface, but behind the scenes, WellHive Application Program Interfaces (APIs) will provide the technology that enables seamless appointment scheduling. Through self-scheduling, Veterans will be able to directly book appointments with participating community care providers, dramatically reducing administrative hurdles and improving access.

Fully Integrated Care Coordination

A unified and fully integrated technology environment is essential to deliver timely and accurate care coordination at scale. EPS' recent integration with VA's Provider Profile Management System (PPMS) now seamlessly incorporates over 1.4 million provider profiles within the platform. This integration has significantly streamlined the scheduling process for staff by providing access to comprehensive provider information and scheduling capabilities in a single application. Without the unification of this data, the VA would face significant fragmentation from various health systems, EHRs, and TPAs, leading to conflict data and confusion for staff, community providers, and Veterans. Unlocking the full potential of EPS requires additional integrations with current VA systems that also play a central role in Veteran care coordination, including HealthShare Referral Manager (HSRM), Consult Toolbox (CTB), and Enterprise Appointment Scheduling (EAS). These integrations are not merely beneficial to the EPS Program; they create a more integrated and streamlined approach to scheduling and navigating care at all stages of the referral and appointment lifecycle. VA staff will be able to access must-needed scheduling information in one system rather than opening up multiple systems and screens that reduce the ability to schedule in a timely manner. They also directly support future capabilities like Veteran self-scheduling and integrated scheduling across both VA and community providers. A key next phase for the EPS Program in helping VA achieve end-to-end care coordination is the automated exchange of health records, a capability that will also be supported through integration with these systems. While full integration is still in progress, it remains a top priority for both the Office of Information and Technology (OI&T) and VHA.

Outcomes and Future Outlook

EPS is about more than just improving scheduling; it's about delivering better outcomes for Veterans. Early results already demonstrate tangible benefits that when scaled across the enterprise will have a significant impact on Veteran care. We anticipate even greater improvements and efficiencies upon full integration with VA's other care management systems, as mentioned above.

- The average time to schedule in EPS is 7 minutes.
- A 4x increase in productivity among MSAs and referral teams.
- Since January, the number of active provider services participating in digital scheduling through EPS has steadily increased at a rate of 21% month over month.
- EPS appointments have surged by 121% in the first four months of this year, more than doubling since January.
- The potential for decrease in emergency room visits by ensuring timely specialty care access.
- Enhanced Veteran experience and autonomy through faster, more transparent scheduling processes.
- Greater visibility into the status of Veteran care when received in the community.

EPS has not followed a straight path. Like many ambitious initiatives, it has faced challenges, setbacks, and moments of uncertainty. However, for the first time, we are seeing External Provider Scheduling treated as a true priority. Our team stands ready to support the continued expansion of the EPS program to ensure every Veteran across the country has access to timely and equitable care.

Under Secretary Collins and his leadership team backed by bipartisan support of this new Congress, there is revitalized interest in EPS which is breathing new life into the program that has simply needed the right support to succeed. With strong leadership in place and a clear vision, External Provider Scheduling is no longer just a promise, it is a proven, scalable solution to one of VA's most persistent and pervasive challenges. And with continued focus, it will fulfill its ultimate mission: delivering timely, effective, and life-changing care for every Veteran across the nation.

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



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