NEBRASKA RURAL HEALTH ASSOCIATION

WRITTEN TESTIMONY

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"Improving Access to External VA Care through Enhanced Scheduling Technology"
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Chairman Barrett, Ranking Member Budzinski, and distinguished members of the Subcommittee - thank you for the opportunity to testify today. I appreciate your leadership in examining ways to improve veterans' access to care through enhanced scheduling technologies. It is an honor to share my experiences supporting the External Provider Scheduling (EPS) program and its critical role in connecting veterans to timely care.

I serve as the Executive Director of the Nebraska Rural Health Association and work closely with rural hospitals, clinics, and providers across our state. My background includes over a decade of clinical practice - most recently as a nurse practitioner, extensive healthcare policy work, and rural health system advocacy. My testimony today reflects my commitment to ensuring that rural veterans receive timely, seamless access to care — when and where they decide to receive care.

I became aware of the VA EPS program in 2023, during its early pilot phase in South Carolina and Florida. I was impressed with its innovative, veteran-centered approach to streamlining exogenous scheduling demands. Recognizing the unique challenges rural veterans face, I advocated for a rural pilot expansion in Nebraska. With appropriation and policy support championed by Senator Deb Fischer and Senator Jerry Moran, the program pivoted toward a larger national rollout.

In 2024, the Nebraska Rural Health Association, in partnership with the Nebraska Hospital Association, launched a coordinated initiative to promote EPS adoption across our state's 72 rural hospitals and two academic medical centers. We deployed a multi-faceted strategy — including newsletter updates, regional meeting presentations, webinars, and hosting technical sessions with Well Hive at our annual Rural Health Conference. Our associations recognized that it would take years for a single vendor to individually connect with every hospital; by leveraging our trusted networks, we accelerated outreach and engagement exponentially.

This model is working. Nebraska's two largest academic medical centers are in active EPS implementation:

- CHI Health/Creighton University Medical Center is finalizing appointment mapping and will soon launch an enterprise-wide EPS go-live across Nebraska.
- The University of Nebraska Medical Center is completing its security assessments and selected ophthalmology and dermatology clinics for phased EPS rollouts.

Additionally:

- 50 independent provider groups are live, including three mental health practices, Nebraska's largest private physical therapy group, and numerous optometry, nutrition, and chiropractic practices.
- 35 Critical Access Hospitals are engaged, with eight in active onboarding processes.

National organizations such as the National Rural Health Association (NRHA) and the National Organization of State Offices of Rural Health (NOSORH) have also played important roles in promoting EPS. NOSORH, in particular, helped engage its state-based membership in 2024 and provided platforms for sharing EPS implementation strategies at regional conferences.

Equally vital is the engagement of local, state, and national VA partners. In Nebraska, we have benefited from active and productive relationships with our VA Medical Center team in Omaha and the State VA Director. Nationally, the VA Office of Rural Health is a critical partner that can help align initiatives like EPS with broader rural veteran care priorities. These relationships have helped us align efforts and build stronger bridges between rural providers and VA systems.

Why EPS Matters: A Veteran's Perspective

Gregory W. Hake, a Navy SEAL and Nebraska native, shared his personal reflections with me ahead of today's hearing. Growing up in rural Nebraska, he often had to drive long distances for even basic care. As a young, healthy individual, it was manageable. But today, he reflects on the burden faced by elderly rural veterans, particularly those with complex health needs and limited transportation. A caregiver in Lincoln shared with him how many rural veterans struggle with unreliable VA transportation services—a barrier that delays or even prevents access to care.

Now based in San Diego, Mr. Hake described long delays within the VA system: a nine-month wait for an MRI, sequential-only treatment plans, and inconsistent specialty care. Despite dedicated providers, he experienced a system that felt fragmented and unwelcoming at times. As he put it, "Many veterans, especially those in rural areas, are stuck navigating a fragmented, and slow healthcare experience when they're already vulnerable."

I believe the EPS program offers a meaningful solution to help close these gaps. By improving care coordination and making appointment scheduling more efficient, EPS can directly reduce wait times and improve access for veterans like Mr. Hake.

Recommendations for the Committee:
Based on our experience in Nebraska, I respectfully offer the following recommendations to support broader and more equitable EPS adoption:

- **Support Rural Providers Through Appropriations**: Provide federal appropriations to help rural providers cover scarce IT staffing resources and burdensome interface fees associated with EPS implementation. These financial barriers are particularly challenging for small, under-resourced facilities despite their willingness to participate.
- **Incentivize academic and tertiary providers**: Provide pathways for enhanced payment models or temporary incentives to encourage rapid EPS adoption in tertiary care settings.
- **Enhance Collaboration with EHR Vendors**: Encourage Epic, Cerner, and other major EHRs to prioritize EPS integration and interface affordability, especially for rural providers.
- **Support State-Level Organizations**: Encourage state-level rural health and hospital associations and State Offices of Rural Health to serve as liaison partners for VA initiatives. These organizations are well-positioned to engage local providers, facilitate implementation, and strengthen trust between VA systems and rural communities.
- **Leverage National and Local Partnerships**: Engage national organizations such as NRHA, AHA, and NOSORH alongside local VA teams to support coordinated EPS rollout and adoption.

In closing, the EPS program holds great promise to bridge gaps in veterans' access to care. Nebraska's progress demonstrates that when national innovation meets local leadership and collaboration, real results follow. I look forward to continuing to work with VA, Congress, and our rural partners to ensure every veteran — regardless of where they live — receives timely, coordinated care.

Thank you for the opportunity to testify.

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