STATEMENT OF
MR. ANDREW GRADISON, J.D.
SENIOR ADVISOR TO THE UNDER SECRETARY FOR HEALTH
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
U.S. HOUSE OF REPRESENTATIVES
ON
"DELIVERING QUALITY AND MODERN HEALTHCARE TO MICHIGAN'S VETERANS AND SERVICEMEMBERS"
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Chairman Barrett, Ranking Member Budzinski, and distinguished Members of the Subcommittee, thank you for the opportunity to testify on VA's efforts to modernize scheduling and improve community care access. Joining me to today is Dr. Mark Hausman, Chief Medical Officer, Veterans Integrated Service Network 10, and Mr. Zachary Schwartz, Principal Deputy Assistant Secretary, Office of Information and Technology. We will update the Subcommittee on the External Provider Scheduling (EPS) program and the integrated scheduling pilots underway in Charleston, South Carolina, and Atlanta, Georgia.

Veterans, Veterans Service Organizations, and Members of this Committee have consistently emphasized that scheduling challenges have been one of the most significant pain points for Veterans seeking care. Secretary Douglas A. Collins listened to VA's customers, and under his leadership, VA is making it easier and more convenient than ever for those who have worn the uniform to choose the care for which they are eligible that best fits their lifestyle.

EPS is a technology platform that improves the process of scheduling Veterans with Community Care Providers by supplying information on care availability and

allowing VA staff to schedule Veterans directly into available community care provider appointment slots through a singular user interface.

As you are aware, under the Biden Administration, Veterans faced unnecessary delays in accessing community care due to the decision to pause the implementation plan of the EPS program. This slowdown limited Veterans' ability to quickly and easily schedule appointments with community providers.

The EPS program is now directly advancing VA's modernization goals by delivering a more consistent, transparent, intuitive scheduling experience. The modernized EPS program now delivers the following to Veterans and their caregivers:

- Improved productivity that enables VA to schedule more than three times as many community care appointments per day compared to the previous methodology;
- Clear, timely choices for their care that allows appointments to be booked in minutes, not days;
- Real-time visibility into eligible community provider appointment availability; and
- Increased efficiency by eliminating many manual calls and faxes.

Taken together, these Improvements ensure greater consistency of service across VA medical centers (VAMCs) Nationwide.

Since we last testified before this Subcommittee in May 2025, VA has moved from incremental deployment to Nationwide availability of the EPS program platform. Since late 2025, the EPS program has been rolled out across every VAMC. As of May 2026, there were over 29,000 community providers and more than 41,000 provider services in the EPS program. More than 150,000 appointments have been booked through the platform.

In January 2026, VA commenced the integrated scheduling pilot at two sites, the Ralph H. Johnson VAMC in Charleston, South Carolina, and the Joseph Maxwell Cleland VAMC in Atlanta, Georgia. This effort allows viewing of both direct care and community care appointments on the same platform. Within 3 months of the integrated scheduling pilots, VA scheduled over 1,000 appointments. Both sites are also testing new Veteran self-scheduling capabilities through EPS, that would allow eligible

Veterans to book their own appointments with VA providers—or certain community care providers—online through VA.gov or using our mobile app, without calling VA or a provider's office.

While the EPS program has reached national availability, its long-term success and value to Veterans depend heavily on community provider participation. Not all community care providers are familiar with the technology. To increase awareness, VA meets with community care providers and explains the benefits to their clinic operations and VA's ability to support coordination of care efforts. VA leverages data to identify and engage community care providers who specialize in a category of care with a high annual referral volume in geographic areas with limited EPS program coverage.

When VA engages with community clinicians and provider organizations to explain the EPS program's benefits, VA highlights that there are no fees, no changes to existing electronic health record or scheduling platforms, and full provider control over appointment grids with secure-schedule sharing. Nebraska's state-wide rural transformation initiative is a leading model, having expanded EPS program connectivity across dozens of rural hospitals and clinics. VA is similarly working with third-party administrators and providers who have entered into a Veterans Care Agreement to simplify participation and ensure broad understanding across the Community Care Network.

Conclusion

In conclusion, I am pleased to inform this Committee that under Secretary Collins' leadership, the EPS program is a nationally deployed scheduling capability that is reshaping how Veterans access their care. VA is moving closer to our goal of having singular scheduling solution that allows Veterans to book appointments that are best for them—whether at VA or in the community—through modern and convenient methods that meet their expectations. VA remains fully committed to ensuring that the EPS program supports timely, high-quality care and enhances Veterans' experiences across the entire scheduling journey.

Thank you for the opportunity to answer any questions you may have.