

**STATEMENT OF RICHARD A. STONE, M.D.
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DEPARTMENT OF AFFAIRS (VA)
FOR PRESENTATION BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
MISSION CRITICAL: ASSESSING THE
TECHNOLOGY TO SUPPORT COMMUNITY CARE**

APRIL 2, 2019

Introduction

Good afternoon Chairman Takano, Ranking Member Roe, and Members of the Committee. Thank you for the opportunity to discuss the Information and Technology (IT) systems that will support the new Veterans Community Care Program required by the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (the MISSION Act). I am accompanied today by Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration, and James P. Gfrerer, Assistant Secretary for Information and Technology and Chief Information Officer.

The MISSION Act, in combination with the transformative modernization efforts underway in VA, represent a unique opportunity for VA to lead the evolution of health care. VA is a leader in patient empowerment: we were among the first in the industry to make health care information and documents fully transparent to our customers; we are building technology and programs that are inclusive of the most important people in Veterans' lives, their families, and caregivers; we are driving innovation and research that informs better care and services; and we are emphasizing the whole health of Veterans well beyond the institution. For example, the MISSION Act has strengthened VA's ability to furnish telehealth across State lines and into Veteran's homes, allowing VA to enhance the accessibility, capacity, and quality of VA health care. VA has integrated telehealth technology with the Whole Health initiative, which is an approach to health care that empowers and equips Veterans to take charge of their health and well-being by focusing not only on treatment but also on self-empowerment, self-healing, and self-care. To accomplish that, VA is combining innovative complementary treatments like yoga and tai chi with the latest technology to allow Veterans to receive world class treatments in their homes or local VA clinics. VA will also launch a Whole Health app this year that will guide Veterans through the Personal Health Inventory and resources available at VA.

Alongside the MISSION Act, VA is expanding access to care in our direct care delivery system. VA is implementing the Improving Capacity, Efficiency, and Productivity initiative, a collaboration among VA offices focused on creating efficient practice solutions, including offering extended hours (evenings and Saturdays), using telehealth and video appointments, providing facilities with appropriate guidance for overbooking, and adopting point-of-care scheduling.

These are only a few examples of the way VA is using its authority, including the MISSION Act, to strengthen both the in-house and community aspects of our integrated system, giving VA the ability to build on its innovative legacy and drive the industry forward. Veterans, their families, and their caregivers will now be more able to choose the balance of VA-coordinated care—whether direct care or community care—that is right for them, with an optimized network of excellent choices.

MISSION Act Community Care IT Collaboration

The Veterans Health Administration (VHA) Office of Community Care (OCC) has been developing and deploying improvements to the community care program to improve the experiences of Veterans, community providers, and VA staff. Work began in 2016 to develop a standardized operating model for the community care staff working in VA medical centers (VAMC) and in recent years tools and technologies have been developed to support the upcoming implementation of the Community Care Network contracts. The operating model provides a standardized way to manage consults, referrals and authorizations, and perform care coordination to ensure good customer service.

Even before the MISSION Act passed, OCC was working closely with VA's Office of Information and Technology (OIT) to discuss expected IT requirements and systems that would either be impacted by the new law or created entirely as a result of the law. Since passage of the MISSION Act, OCC has worked closely with OIT to develop new tools, such as a Decision Support Tool, to aid in community care eligibility determinations, as well to support enhancements to existing tools that will ensure that the capabilities necessary to implement the MISSION Act will be in place.

Deployment of many tools that will support implementation of the MISSION Act already started and, for example, a tool known as the Provider Profile Management System (PPMS) was deployed nationally in Fiscal Year 2018 that provides VA staff and Veterans with a directory of VA providers, Department of Defense (DoD) providers, and community providers who are part of VA's network. In the coming months, VA will be deploying a new referral and authorization system that will streamline information sharing between VA and community providers and expand its deployment of Electronic Claims Adjudication Management System (eCAMS), which is a tool that will modernize our claims processing systems and improve both timeliness and accuracy of payments to community providers.

Enhanced community care eligibility determination capability:

- **Decision Support Tool (DST):** This tool will help VA identify Veterans eligible for community care, as well as the basis for their eligibility, and will document the Veteran and provider decision. The tool interfaces with the PPMS, enrollment system, scheduling, and the access standard table on the use of community care. This will be available June 6, 2019.

Enhanced referral and authorization/care coordination capabilities:

- **Provider Profile Management System (PPMS):** This is a directory of providers, including those in the DoD military treatment facilities, VAMCs, and in VA's community provider network. This is active with 1,500 VA users accessing the system 10,000 times in the past month since it went live in October 2018. PPMS will allow Veterans to find community providers via the VA.gov site. It also supports VA staff in identifying community providers when scheduling appointments for Veterans.
- **Health Share Referral Manager (HSRM):** This is a referral and authorization tool that includes a portal and will standardize how VAMC staff create and share referrals with VA's network contractors, other community providers, and with the claims payment systems (for validation that a claim was authorized by VA). It allows for electronic exchange of information between community providers and VA. Deployment is scheduled to begin in April and complete in June 2019.
- **REFDOC:** This is a Web-based tool that allows VA users to quickly extract a Veteran's health information and compile it into a PDF to send to community providers. This was deployed in May 2017.
- **Community Viewer:** This allows community providers to securely view Veteran health information via a Web browser. This was deployed in May 2017.
- **Virtru Pro:** This is a secure method for VA to exchange health information with community providers using encrypted e-mail. This was deployed in May 2017.

Enhanced timeliness of payment of claims:

- **Electronic Claims Adjudication Management System (eCAMS):** This is a modern, efficient, and automated commercial-off-the-shelf product to process health care claims submitted by community providers. eCAMS will replace the legacy system and increase our capabilities to improve the accuracy and timeliness of payments.

VA OIT IT Development Process is Modernizing

VA recognizes that we have faced technology challenges at times. Thus, we have made a strategic pivot in our approach to technology implementing the MISSION Act requirements. The business and technical elements of the organization have formed a tight partnership and focused on improving the Veteran experience. For

example, OIT and VHA worked together on Community Care projects such as the PPMS release in September 2018. Prior to the deployment of this system, VA staff were required to locate provider information on spreadsheets and SharePoint sites. This system gives VA staff the ability to do location searches to identify nearby providers while scheduling care for Veterans outside of the VA. The Community Care teams also released the Veterans Choice Locator on VA.gov on December 26, 2018. This release allows Veterans and Staff to search for approved VA providers within a search radius by provider specialty. Prior to this functionality being available on VA.gov, Veterans had to call their local facility to identify providers. Our aim is for technology to be an enabler of streamlined business functions—all of which become invisible to our customers as they enjoy a smooth, coordinated, personalized experience of care.

U.S. Digital Services Report

VA recognizes that we needed all available talent at the table for this shift in approach. U.S. Digital Service has been helpful in driving differential approaches to some VA business processes. Therefore, we recently invited them to review the development of key systems, including the Decision Support Tool (DST). Under the MISSION Act, DST will streamline the eligibility determination process to improve Veterans' experiences and support our local clinicians and field staff by improving the efficiency and effectiveness of eligibility determinations for Veterans seeking community care.

U.S. Digital Service agreed to review the IT system and related policies over a 2-week period. They reviewed whether VA's technical solutions would meet the legal requirements for implementing the MISSION Act. While we fully anticipate that the DST will be operational on June 6, VA will still have the ability to perform the necessary functions to support MISSION Act implementation if it is not operational on-time. We look forward to continued engagement with U.S. Digital Service.

Funding Transfer Request

To ensure the technology to support the MISSION Act is successful, VHA recently responded to a request from our OIT partners for additional funding. Despite proposing to use funding from the Medical Community Care and Medical Services accounts, the repurposing will not adversely affect Veterans' health care. Medical Services funds are available for repurposing as a result of efficiencies in the hiring process and improved ability to fill critical positions with the correct staff, reducing the need to over-hire to meet retention targets. VHA maintains staffing levels sufficient to provide exceptional care to Veterans, as evidenced by improving access and outcome measures. Medical Community Care funds are available for transfer as a result of higher than expected medical care collections from other health insurance for care provided in the community.

On top of the \$33.56 million committed from OIT, VA intends to transfer \$95.94 million of Fiscal Year 2019 funds (\$68.78 million from the Medical Community Care

account and \$27.16 million from the Medical Services account) to the IT Systems account to fund IT projects for various MISSION Act programs, including the projects listed above. VHA and OIT are collectively tracking the planned use and allocation of that funding through to fruition. Currently, VA OIT is tracking all MISSION Act investments at the program and project level where they are being executed. All MISSION Act spend plans are tagged with a unique identifier to allow transparency and accurate reporting of expenditures linked to existing program performance and goals. Additionally, VA's OIT Chief Financial Officer currently hosts weekly meetings with program officials to discuss planned acquisitions to meet the mandate and any foreseen risks that need to be mitigated.

Conclusion

VA's transformation under the MISSION Act, is one of the largest such efforts the Department has ever seen. Veterans' care is our mission. We are committed to rebuilding the trust of Veterans and will continue the improvements we have made to Veterans' access to timely, high-quality care from VA facilities, while providing Veterans with more choice to receive community care where and when they want it. Your continued support is essential to providing this care for Veterans and their families. This concludes my testimony. My colleagues and I are prepared to answer any question.