



STATEMENT OF  
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LEGISLATIVE COMMITTEE  
NURSES ORGANIZATION OF VETERANS AFFAIRS (NOVA)  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
WITH RESPECT TO

*Restoring Focus: Putting Veterans First in Community Care*

WASHINGTON, D.C.

JANUARY 22, 2025

Chairman Bost, Ranking Member Takano and Distinguished Members of the Committee, thank you for inviting us to testify today on the U.S. Department of Veterans Affairs (VA) Community Care Program (VCCP).

NOVA is a professional organization for nurses employed by the Department of Veterans' Affairs (VA). The opinions provided here are not that of the VA, but of our members who are nurse managers, frontline and specialty healthcare professionals taking care of Veterans at VA facilities around the country.

As nurses coordinating care and directly involved in referring Veterans into the community, we would like to provide our thoughts on the VCCP program with a focus on Veterans enrolled in the system.

Currently there are 9.1 million Veterans enrolled in VA healthcare. *VHA's 2024 Annual Report* noted that VA delivered more than 130 million health care appointments of which 78.8 million involved direct care and 48.8 million were in the community.<sup>1</sup>

NOVA understands and supports Community Care when access to VA is not readily available, the distance is too far, or the VA does not provide the needed care. We recognize and acknowledge that we cannot serve everyone everywhere.

Our priority is to ensure Veterans receive the highest level of health care within the VHA and utilize community care as needed to enhance their health care experience.

Since the passage of CHOICE and MISSION Acts, the VCCP has rapidly expanded. Referrals have risen to 15-20% annually, and in 2023, 44% of VHA health funds were spent on external care. While the MISSION Act expanded community care it was not meant to replace VA's Integrated healthcare system. The legislation was meant to provide a balance between non-VA care when necessary while bolstering VA direct care.

Community care is an integral part of our healthcare delivery system. VHA continues to collaborate and build strong community coalitions. These partnerships are crucial to providing safe care efficiently for veterans. Provider shortages and budgetary constraints continue to affect care in the community. According to the *Association of American Medical Colleges* there is an anticipated national shortage of 21,400 to 55,200 primary care physicians by the year 2033.<sup>2</sup> Constriction and closures of community healthcare systems have raised questions and concerns about how and when Veterans can be referred to the community. Our healthcare communities are saturated, unable to absorb the needs of Veterans. As such, VHA continues to prioritize enhancing partnerships with CCN to deliver care to our Veterans.

Veterans in rural communities are at a higher risk, where the provider shortage is worse, leaving them without access to primary care, mental health, hospital, emergency, and pharmacy services. VHA has worked tirelessly to bring healthcare to the Veterans, technologies have bridged a gap in these rural settings.

Despite much innovation and improvement work focused on expanding efficiency for Community Care coordination, the steps are laborious. Inconsistencies in scheduling and authorizations across the system create confusion for Veterans and our community partners. It is vital that VA facilities have more control over services provided. Records must be received timely so the VA can coordinate additional care, if needed, including scheduling any diagnostic testing that may be requested.

We recommend a public facing site that Veterans can view to make informed decisions as to where they are receiving care. The site should include detailed information on provider wait times, quality metrics, credentials, and training for both VA and VCCP providers.

Training is critical and not required of VCCP providers at this time. Focusing on the veteran should require that all VCCP providers be mandated to complete education and training related to military culture and illnesses seen in veterans.

VHA clinicians are more likely to have experience and specialized training in recognizing, diagnosing, and treating conditions often encountered by Veterans, such as trauma-related injuries, substance abuse, mental health disorders and toxic exposures. VHA providers have logged over three million toxic exposure screenings as of April 2023 with almost 42 percent of those screenings revealing at least one potential exposure.<sup>3</sup> VHA staff are uniquely trained not only on military culture but also on disease and exposures specific to the veteran population.

As a VHA employee, new employee education provides Veteran specific training to ensure competencies are in place before administering care. The standards for our community network should be no different. Our Veterans and caregivers deserve it. As a nurse, in addition to new employee orientation, VA medical centers provide clinical employees an additional clinically focused orientation. At White River Junction (WRJ) the new employee education is three days for all employees, the clinical orientation for nursing staff is a week-long.

Robust training includes clinical reminders, which are nationally generated screening assessment in the electronic health record specific to disease and illness commonly experienced by Veterans. This individualized preventative care and evidence-based practice cannot be found in the community. For example, suicide risk is assessed at each episode of care at a VA medical center. Whether the Veteran is in the eye clinic or the mental health clinic, this is standard. These standards should be no different for community providers treating Veterans.

Care oversight in the community network is minimal at best, we recommend there is strong action to bolster quality and oversight of care. Failure to meet quality expectations should result in removal from the network. Without proper coordination between VHA and community providers with respect to returning medical documentation in a timely manner puts the Veterans at risk of not receiving relevant information to make sound and accurate health care decisions. For example, this vulnerability is especially important with lung cancer screening, lung nodule follow-up, mammograms, and colonoscopies. Often the community care staff request records 3 or 4 times with no results sent by the community provider, leaving the Veteran at risk for serious, in some cases, life-threatening poor outcomes.

We recommend the community network have prescriptive guidelines for record sharing. Current practice of faxing leaves much risk for healthcare decision delays. We encourage Congress to reimplement business rules that permits payment to VCCP upon receipt of medical records.

The U.S. Dept. of Veterans Affairs healthcare system in White River Junction (WRJ) is a fully accredited acute medical and surgical care facility offering primary and subspecialty outpatient care, including rehabilitation, and mental health services.

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The WRJ Healthcare system serves veterans in Vermont and the four contiguous counties of New Hampshire. Veterans are being redirected to the VA as primary care and certain specialty services in the community are not taking on new patients. The continued increase in community care is a threat to safe and timely access to care for Veterans.

Studies have consistently shown that VHA care equals or exceeds the quality of care provided by the private healthcare sector. Recent star-rating reviews demonstrate that VHA hospitals score higher than non-VA facilities in both patient satisfaction and quality of care.

White River Junction received a 5-star Overall Hospital Quality Star Rating in September 2024. It was the only facility in Vermont and New Hampshire to earn the top rating. The measures used to calculate overall CMS Star Ratings are mortality, safety of care, readmission, patient experience, and timely and effective care. The more stars (out of 5), the better a hospital performed on the available quality measures. Across both VA and non-VA hospitals nationwide, just over 8% of facilities rated received a 5-star rating in the 2024 data. These findings are the latest in a series of recent evaluations showing the effectiveness of VA health care compared to non-VA health care, revealing that VA health care is consistently as good as — or better than — non-VA health care and the choice of most Veterans.<sup>4</sup>

A 2024 VFW survey showed “overwhelming support for VA to remain the primary deliverer of care for veterans.”, with a majority of the Veterans saying they prefer using VA medical facilities for their health care needs.

The VA must remain the primary provider and coordinator of Veterans healthcare, using community care as a supplement only when VHA services are unavailable. Authorizations and referrals should follow access and eligibility standards. Requirements for both VHA and VCCP should include consistent quality standards and training.

Listening to Veterans' stories helps us understand their needs. NOVA is committed to working with Congress, community partners, and VA leaders to ensure Veterans receive timely access to the highest level of care.

Thank you for the opportunity to provide our perspective on this critically critical issue. We look forward to working with the Committee as we focus on ensuring Veterans continue to receive timely, high quality compassionate care now and into the future.

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<sup>1</sup> [VHA 2024 Annual Report VA Health Care: A Strong Foundation. A Healthy Future.](#)

<sup>2</sup>Tim Dall et al., The Complexities of Physician Supply and Demand: Projections from 2018 to 2033 (Washington, DC: Association of American Medical Colleges, June 2020).

<sup>3</sup> “VA PACT Act Performance Dashboard,” VA  
[https://www.accesstocare.va.gov/VA\\_PACTActDashboard.pdf](https://www.accesstocare.va.gov/VA_PACTActDashboard.pdf)

<sup>4</sup> [HCAHPS: Patients' Perspectives of Care Survey | CMS](#)