

**STATEMENT OF  
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BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

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Good morning, Chairwoman Brownley, Ranking Member Dunn, and Members of the Subcommittee. I appreciate the opportunity to discuss implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. I am accompanied today by Dr. Kameron Matthews, Deputy Under Secretary for Health for Community Care, and Dr. Jennifer MacDonald, Veterans Health Administration (VHA) MISSION Act Lead.

**Introduction**

The Veterans Choice Program, which was established in 2014 in response to the access crisis at VA, expanded VA's authority to provide Veterans with access to care in their communities. At that time, access to care was a critical concern in many locations Nation-wide. The eligibility criteria for the Veterans Choice Program were primarily centered on internal VA wait times of 30 days or more or a Veterans' residence being more than 40 miles from the closest VA medical facility with a full-time primary care physician.

The Choice Program came at a critical time for VA, and it allowed VA to serve over two million Veterans in communities across the country after it was established. VA has also continuously worked to improve Veterans' access to care in VA facilities and has made dramatic improvements since the Choice program was implemented. Improved access to care in VA facilities and continued input from Veterans using VA community care programs enabled VA to identify opportunities to serve Veterans. VA learned that an expanded community care program supplements VA care and better reflects the dynamic realities of health care and the needs of Veterans in their local markets.

We are now using the authority granted by the VA MISSION Act to give Veterans and VA providers more choices in an effort to ensure Veterans have access to the care they need. On June 6, 2019, the new Veterans Community Care Program was implemented in accordance with the VA MISSION Act of 2018. This new program makes dramatic improvements to how Veterans receive community care, allowing VA to deliver world-class, seamless customer service either through a VA facility or a community provider, based on each Veterans' individual needs and preferences.

I am proud of the efforts that VA has taken in the initial launch of the program, and although it is still early to fully quantify, we are seeing demonstrated improvements in how VA delivers Veterans' community care after just 3 months.

## **Improvements**

VA began implementing the MISSION Act on June 6, through the integration of multiple existing programs into a consolidated community care program. Of note, the Veterans Choice Program ended on June 6, 2019, but some of its elements were adopted into the new program. Under the new Veterans Community Care Program, a covered Veteran is eligible to receive community care if he or she meets any of six enumerated criteria, as opposed to the more restrictive two criteria from the Choice Program mentioned previously. Among the new eligibility criteria under the MISSION Act, a Veteran may elect to receive community care if he or she and his or her referring clinician decide that community care is in his or her best medical interest. That change alone, the ability for VA to allow community care any time it is in the Veterans' best medical interest, is a vital change in VA's community care offerings that allows Veterans and providers more flexibility to meet the Veteran's needs than we have ever had before.

VA heard the concerns of Congress and Veterans about making sure that this important new option of using the best medical interest criterion was implemented in the Veteran-centric way that Congress intended. Since June 6, VA has successfully entered more than a million community care consults, and preliminary data shows that the best medical interest criterion was a factor considered in 538,000 community care consults, and it was the sole factor in the eligibility for more than 340,000 of those consults. This demonstrates that VA care teams are committed to put Veterans' needs first under the new program and are leveraging the new options for care that the MISSION Act has provided.

Drive time has also been a factor in about 347,000 of community care consults since the MISSION launch. With respect to the other criteria, about 86,000 consults have factored in a Veteran being grandfathered under the Choice Program, 5,000 factored in that the service was unavailable at the desired VA location, and 2,000 factored in medical hardship. These early data show that the greater flexibility under this program have been valuable to Veterans and providers.

VA is establishing a new Community Care Network (CCN) of contracted community providers for the Veterans Community Care Program that will be administered through third party administrators (TPA). CCN is VA's new approach to doing business with community providers that we developed from lessons learned under the Choice Program and other past community care authorities. CCN is improving the Veteran Community Care program by de-centralizing our contracts with community care providers. CCN consists of six regional contracts that each provide a credentialed network of community providers within that region to provide care to Veterans. Consistent with the lessons learned under prior programs, VA has enhanced its business practices under these contracts with the TPAs to ensure that they pay VA's valued clinical partners in the community in a timely manner. VA has also launched new state-of-the-art commercial software to ensure that our payments to the TPAs are timely. Once CCN is fully implemented, VA will directly coordinate with Veterans to schedule community care appointments and support care coordination—and some Veterans will even be able to schedule their own appointments. CCN deployment in Region 1 started in Philadelphia at the end of June 2019 with dental services and was expanded to all services at the end of July in both Philadelphia and

White River Junction, Vermont. It will be deployed to remaining sites in Region 1 in the fall of 2019, and there are currently more than 52,000 active providers in the network.

VA is modernizing its information technology (IT) systems for the Veterans Community Care Program to replace a patchwork of old technology and manual processes that previously slowed down the administration and delivery of community care. The new IT systems streamline all aspects of community care – eligibility, authorizations, appointments, care coordination, claims, payments – while improving overall communication between Veterans, community providers, and VA staff members. Even before the MISSION Act passed, VHA was working closely with VA’s Office of Information and Technology (OIT) to begin planning for expected IT requirements and systems that would either be impacted by the new law or created entirely because of the law. Since passage of the MISSION Act, VHA and OIT have worked together to ensure that staff in VA facilities had the necessary tools and technological capabilities to implement the MISSION Act starting on June 6, 2019.

Deployment of many tools that supported implementation of the MISSION Act started before June 6, 2019. For example, a tool known as the Provider Profile Management System (PPMS) was deployed nationally in Fiscal Year (FY) 2018 and 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. This year, VA has deployed a new referral and authorization system, Health Share Referral Manager (HSRM), that streamlines information sharing between VA and community providers and expanded its deployment of Electronic Claims Adjudication Management System (eCAMS), a tool that modernizes VA’s claims processing systems and improves both timeliness and accuracy of payments to community providers. All of these tools are helping VA implement a modernized approach to providing community care under the MISSION Act.

VA developed one entirely new IT tool to help implement the new Veterans Community Care under the MISSION Act, the Decision Support Tool (DST). DST helps VA identify and document Veterans’ eligibility for community care, as well as the basis for their eligibility. The tool interfaces with other systems including PPMS, the enrollment system, and the scheduling system, to identify Veterans who are eligible for community care. This tool deployed in production on June 6, 2019. However, having learned from past implementations, and hearing the concerns of Congress, Veterans, and VA staff about ensuring that the staff had adequate training and preparation for the software launch, users were provided training and a “sandbox” in May 2019 so that they could become familiar with the tool prior to production use. This training and sandbox testing prepared VA for a successful launch of the tool on June 6.

Overall, early data shows that Veterans are using the Veterans Community Care Program under the MISSION Act only slightly more than they were using community care before the June 6 launch. VA will receive more data from providers in the coming months to better understand trends in Veterans’ choices and preferences with the new program. I am proud that inside our health care system, VA has completed over 53 million appointments Nation-wide as of mid-August of this fiscal year, which is more than 1.6 million higher than the same timeframe in FY 2018, or an increase of 3.1 percent. While VA continues to provide greater choice in the community, we also remain

committed to ensuring that Veterans have exceptional access to care inside our facilities.

### **Urgent Care**

As part of the VA MISSION Act of 2018, VA now offers an urgent care benefit that provides eligible Veterans with greater choice about meeting their health care needs and improved access to timely, high-quality care. Veterans can use this option for minor injuries and illnesses, such as colds, sore throats, and minor skin infections. Veterans are eligible for the urgent care benefit if they are enrolled in VA health care and have received care through VA (from either a VA or community provider) within 24 months prior to seeking urgent care. Although it is too early for us to examine definitive data, we estimate that more than 16,000 Veterans have used this benefit and there have been a total of 44,000 urgent care encounters, based on eligibility checks by providers.

The contracted network currently includes almost 6,000 urgent care providers Nation-wide, and TriWest Health Care Alliance, one of VA's TPAs, continues to recruit more providers into the network each day. Eligible Veterans can receive urgent care under this benefit without prior authorization from VA, when seeing a provider that is part of the network. VA offers the urgent care benefit to Veterans in addition to the opportunity to receive prompt care from a VA provider—Veterans can get same-day services for primary care and mental health needs in-house at all VA facilities.

The urgent care benefit covers treatment of non-emergent symptoms such as flu-like symptoms (coughs and colds), wheezing, sprains, sore throats, painful urination, bumps and bruises, ear pain, and mild skin irritations, which are typically addressed by urgent care facilities and walk-in retail health clinics. The urgent care benefit also covers diagnostic services like X-rays, some lab testing, and some medications. The availability of services depends on the array of services that the contracted providers offer, so the specific services available to Veterans in a given area may be limited by the capabilities of the participating providers. VA urges Veterans to avoid using urgent care to manage chronic conditions or longer-term care needs through this benefit.

### **Challenges VA Has Overcome**

One of the challenges in implementing the new Veterans Community Care Program, both before the initial June 6 launch and as our programs continue to develop, is ensuring that all stakeholders received appropriate communication regarding the transition to the new program – especially Veterans. VA as an organization reached out directly to Veterans using multiple means of communication, including direct mailing, email, secure messaging through VA's health portal, Community Veterans Engagement Boards, and social media. By mail alone, VA contacted about 9 million Veterans with educational materials about the new program. To overcome the challenges of educating the public about changes under the MISSION Act, VA has partnered in new ways with Veterans Service Organizations and other external partners, working with them to help amplify VA's messages and provide outreach, training, and materials for distribution to Veterans. VA also engaged community providers prior to the new program launch through monthly provider newsletter updates, briefings and outreach through professional associations.

Internally, each VA facility has designated a MISSION Champion to serve as the local lead for implementation. This MISSION Champion's role includes engaging staff, providing VA Central Office with direct feedback, and distributing key materials (including a robust field implementation guide), as well as guiding training and operational rehearsals. VA set ambitious training goals for all Veteran-facing staff and I am proud to say that our dedicated staff far exceeded our goals, both in terms of the number of people who took training, and how quickly they completed it. On June 6, VHA leaders deployed to more than 30 sites to be shoulder to shoulder with field leaders across the launch. VA continues to refine and reinforce messaging and work with partners, including Veterans Service Organizations, to ensure that Veterans, VA employees, and community providers have all the information they need for continued success.

VA is a large entity with specialists that work in many separate parts of the organization. The MISSION Act required and still requires many significant changes to VA's operations. To address the challenges of implementing the MISSION Act and bring together these experts, a Joint Operations Center (JOC) was established, with participation from all VISNs and all key offices across the Department. This command center is focused on frontline needs to develop a common operating picture for the enterprise – bringing about unprecedented cross-functional collaboration and rapid progress. During the lead-up to the launch, as well as on the go-live day of June 6, the JOC shared real-time data with the experts needed resolve issues and escalated and coordinated actions necessary for operational success.

As an example of the power of the JOC, as discussed above, Congress had raised some concerns about VA's ability to launch the DST software by June 6. VA's launch of the DST was successful, but it also was not without technical glitches in some areas. The fact that the software was ready for launch and that VA was able to recover from those glitches is a key victory of the JOC approach. This was due to JOC-facilitated communication between VHA and OIT that enabled direct field feedback during development and in early testing that led not only to a solid product by June 6, but also enabled VA to develop and train people across the organization on how to give Veterans what they needed even in the event of a software failure. Given the success of the JOC for the June 6 launch, VHA leadership continues to convene the JOC on a weekly basis – refining implementation and preparing for the launch of other key MISSION Act components. In the future, the JOC will similarly be utilized for the progress and launch of other key VHA initiatives.

Another challenge that VA continues to address is building a network of urgent care providers that is accessible to the Veteran population. VA is dependent on the urgent care provider community in joining the contracted network. TriWest Health Care Alliance, one of VA's TPAs, is continually working to expand the network; however, they are reliant on providers being both present in the communities and interested to work with TriWest to serve Veterans. In some parts of the country, such as rural areas, there are limited urgent care or walk-in clinic providers. VA continues to work with TriWest to identify areas that need urgent care provider coverage to focus their outreach. As of the end of August 2019, almost 6,000 urgent care centers had joined the TriWest network.

## **Conclusion**

Veterans' care is our mission. We are committed to rebuilding the trust of Veterans and will continue to work to improve Veterans' access to timely, high-quality care from VA facilities, while providing Veterans with more choice to access care where and when they need 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 questions you may have.