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June 14, 2016

The Honorable David Shulkin
Under Secretary for Health,
Veterans Health Administration
810 Vermont Avenue, Northwest
Washington, D.C. 20240

Dear Under Secretary Shulkin:

More than a year has passed since the Government Accountability Office (GAO) identified the Veterans Health Administration (VHA) as vulnerable to fraud, waste, abuse, and mismanagement, and in need of transformation, based on five serious, long-standing, and well documented deficiencies. As a result of these deficiencies, VHA was included on GAO's list of "High-Risk" federal agencies. This letter sets out the three critical steps you must take to restore our confidence that VHA can resolve the chronic risks identified for veterans' access to quality Department of Veterans' Affairs (VA) health care.

As you are aware, in February of 2015, after over fifteen years of reporting and testifying on VA's failure to provide timely access to care for veterans, GAO added VA to the High-Risk List based on the serious and longstanding deficiencies it identified within the VA system. The report highlights five key areas of concern as rationale for adding VA to the list: (1) ambiguous policies and inconsistent processes, (2) inadequate oversight and accountability, (3) information technology challenges, (4) inadequate training for VA staff, and (5) unclear resource needs and allocation priorities.

We understand that VA now has an organizational structure in place led by Dr. Carolyn Clancy, with executives assigned to lead efforts in each of the five areas, and expects to finally issue its action plan by August 1, 2016. Producing this plan in the August timeframe—18 months after first being added to the list—is inadequate progress given the importance of the five areas cited and their impact on health care services. We request that this plan map out an aggressive and comprehensive strategy to resolve the five concerns by the end of Fiscal Year 2018. Please inform us of any elements that require congressional action to achieve this goal.

Developing and communicating good policies, and ensuring that they are standardized and utilized across the health system, is fundamental to providing excellent care for our nation's veterans. This identified area of risk is most immediately within your control and quickly rectifiable. We understand VHA continues to rely on 176 expired policy directives. Other key policies have expired or are being communicated by less formal means—such as by memoranda rather than updated directives or handbooks—which can cause confusion among staff across VA medical centers. We, therefore, request that you improve the state of VHA policy directives, including by consolidating all of VHA's policy initiatives under the Office of Deputy Under

While this failure to update policies may sound far removed from daily patient care, it is in fact emblematic of VA's inability to ensure the timeliness, cost-effectiveness, quality, and safety of health care veterans have earned. For example, two years after the glaring failure to deliver timely care was set forth in testimony before our committee, VHA has yet to publically issue a directive establishing a comprehensive appointment scheduling policy. Instead, VHA relies on expired directives and individual memos that VHA medical center staff identify as ineffective and as contributing to continued scheduling errors. As you work to update your policy directives, the scheduling of patient care is the most important policy reform to achieve your overall transformation efforts. Despite the efforts you and your team have undertaken to address the wait time and access issues affecting VHA—such as access stand downs and Saturday work days to close the access gap—to this day, VHA's scheduling directive still indicates it is expired. Because access to care starts with scheduling appointments, we ask that you direct the Office of Deputy Under Secretary for Health for Policy and Services under Dr. Jennifer Lee's leadership to issue a comprehensive scheduling directive within thirty days of receiving this letter.

We believe in the vital and invaluable role of VHA in serving those who have served our nation. Nothing less than the health and continued viability of VHA is at stake in ensuring you provide a path to ending the High-Risk designation. We look forward to working with you to achieve this goal.

Sincerely,

Johnny Isakson

Richard Blumenthal

Jerry Moran

Patty Murray

John Boozman

Sherrod Brown

Bill Cassidy

Jon Tester

Mike Rounds

Mazie K. Hirono

Joe Manchin III