Good morning, Chairman Moran, Ranking Member Tester, and Members of the Committee. I appreciate the opportunity to discuss the continued success in implementing 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, VHA’s MISSION Act Lead.

Introduction

This is a time of transformative change at VA. MISSION Act implementation is succeeding and has become part of our core business. We are now in a phase of proactive refinement and enhancement. We have moved beyond planning for individual sections and are strategically knitting together the tools you’ve given us into a future vision for the organization. As we have demonstrated this year, we will lead the U.S. healthcare industry forward. You will see us focus and lead on modernizing our operations, bringing us in line with industry standards in key areas like claims processing and referrals. Alongside our Department of Defense and Department of Health and Human Services partners, we intend to lead the industry in quality, health
information exchange, opioid safety, and ultimately care coordination powered by a joint electronic health record.

And importantly, you will see us lead in meeting Veterans where they are, including in rural areas. We have launched an effort to synergize and augment the range of solutions available to Veterans in these areas, including mobile care teams, telehealth, and the expanded reach of our new community care program. We are building a cohesive strategy that will deliver care for Veterans no matter where they choose to live or seek the care they need.

As your staff have seen, we now leverage VA's first-ever Joint Operations Center to operationalize this type of enterprise strategy - viewing enterprise data and monitoring risks and opportunities across the nation. Business intelligence is driving decisions like never before and, as we have demonstrated this year, business intelligence is centered on an excellent experience of care for Veterans, their families, and the important people in their lives.

Community Care

On June 6, 2019, we successfully launched the new Veterans Community Care Program, a cornerstone of the MISSION Act. Expanded eligibility criteria, improvements to processes and technologies, and a growing network of community providers are just some of the ways that the MISSION Act has improved the options that
Veterans have to address their health care needs. Since the launch, VA has placed more than 3.6 million referrals and authorized more than 3.85 million episodes of care. In these early referral patterns, it appears Veterans have improved access to specialty care. Eligibility criteria ensure that the clinical needs of the Veteran are accounted for and, when appropriate, that a Veteran can work closely with his or her provider to choose the best setting and clinician in his or her best medical interest.

Since implementation, VA has been developing and deploying improvements to the new Veterans Community Care Program that improve the experience of Veterans, community providers, and VA staff. VA is modernizing its information technology (IT) systems to replace a patchwork of old technology and manual processes that slowed down the administration and delivery of community care. Once fully implemented, the new IT systems will speed up all aspects of community care—eligibility, authorizations, appointments, care coordination, claims, payments—while improving overall communication between Veterans, community providers, and VA employees.

We intend to continue this trajectory and make ourselves the most accessible and convenient health care system in history. You have given us the tools to do so. The new streamlined community care program is easier for Veterans and their families to navigate, and our network of more than 880,000 providers, which complements care delivered through VA facilities and by telehealth, provides an unprecedented range of options. VA remains committed to strengthening the VA health care system, expanding
access, and pushing the boundaries of what is possible in serving our Nation’s Veterans.

**Caregiver Program**

The Caregiver Support Program’s shoulder-to-shoulder partnership with VA’s IT colleagues has realized the successful launch of a replacement IT solution, termed the Caregiver Record Management Application (CARMA). This solution supports the administrative needs of the Program of Comprehensive Assistance for Family Caregivers (PCAFC); the Program of General Caregiver Support Services (PGCSS); and the Caregiver Support Line. The initial phase CARMA was successfully released in October 2019, with a follow up release in December to transition the remaining functionality from the former system to CARMA. Further functionality enhancement to CARMA in Fiscal Year (FY) 2020 will prepare the program for expansion - automating stipend payments, improving functionality that supports PCAFC processes, and solidifying integrations with key VA systems.

In support of achieving the goals of program stabilization and expansion predicated by the MISSION Act, a strategic and expedited staffing plan was initiated to ensure a strong foundational infrastructure on which to expand the program. By August 2019, over 680 positions had been approved for hire. This hiring phase included establishing facility staff such as program coordinators in the field for both PCAFC and PGCSS, as well as establishing Veterans Integrated Service Network (VISN) Leads and
VISN Clinical Eligibility and Appeals teams. By the end of December 2019, 40 percent of those positions had already been filled. Completion of full staffing is targeted to occur in time for program expansion in the Summer of 2020.

**Urgent Care Benefit**

VA has also implemented a robust contracted network of urgent care providers that is a great new benefit for enrolled Veterans who need immediate care for minor injuries and illnesses. As of January 2020, more than 6,400 urgent care centers have joined VA's urgent care network, which is currently managed by TriWest. About 90 percent of the country’s Veterans eligible for the urgent care benefit are now covered by a network urgent care provider, and since June of 2019, they have provided care to Veterans in more than 160,000 visits.

**“Anywhere to Anywhere” Telehealth**

Another aspect of VA’s advancement under the MISSION Act is in telehealth. We can now bring provider expertise across state lines and into Veterans' homes – meeting them where they are. VA recently announced the delivery of telehealth services to more than 900,000 Veterans over 2.6 million episodes of care in FY 2019 – an increase of 17 percent over the previous year. This is extraordinary progress toward giving Veterans more convenient care options without traveling to their provider's office. By the end of FY 2020, all primary care and mental health providers
will be able to deliver care to patients, both in-person and via a mobile or Web-based device.

Use of VA Video Connect, which connects Veterans to their care teams through secure video sessions, increased by 235 percent in FY 2019. More than 99,000 Veterans used the app at home, eliminating a trip to the nearest VA facility. More than 200,000 or approximately two-thirds of the 294,000 VA Video Connect appointments in FY 2019 were for telemental health visits.

In October 2019, we also launched ATLAS (Accessing Telehealth through Local Areas Stations) in Eureka, Montana, to provide timely care for Veterans who live long distances from VA medical centers or have poor Internet connectivity at home. Additional locations are scheduled to open as pilot sites in select American Legion posts, Veterans of Foreign Wars posts, and Walmart stores.

**New Scholarship Program**

In concert with the aforementioned MISSION Act-related achievements, VA has launched a new scholarship pilot program for Veterans pursuing a medical education through a growing number of participating institutions. The program will help VA recruit the best talent to our ranks by providing scholarship funding in exchange for a commitment to practice with VA for 4 years.
In 2020, this program will welcome 18 Veteran medical students at nine universities across the country. In the coming years, we will also expand our education debt reduction program and roll out new scholarships for other health professionals who aspire to serve the Veteran community. This will continue VA’s storied history in training the Nation’s medical professionals.

Veteran Experience

VHA captures real time Veteran Experience data through a series of electronic surveys sent to Veterans after their appointments. The VHA Outpatient survey was first deployed in 2017. VHA Trust score was at 86 percent in FY 2017 and has risen to 88 percent in FY 2019. Similarly, the Telehealth Trust Score for FY 2019 was 83 percent, with 91 percent in the Home Telehealth Program. This indicates successful efforts to meet Veterans where they are and provide convenience and safety at home.

Conclusion

In conclusion, we knew when we began implementing the MISSION Act of 2018 that we had the potential to make an enormous positive impact for Veterans. More than six months later, we know that is the case – with the new tools you have provided us, VA is helping more Veterans access the care and services they need. We will continue to work to improve Veterans’ access to timely, high-quality care in VA facilities and by
virtual means, augmenting this with excellent choices through our robust network of community partners.

I am proud of the future we are building on behalf of Veterans and their families, and this Committee’s continued support is essential to ensure it is realized. Mr. Chairman, this concludes my statement. My colleagues and I are prepared to answer any questions you may have.

January 2020
Department of Veterans Affairs