



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 20, 2025

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Blumenthal:

Thank you for your June 2, 2025, co-signed letter to the Department of Veterans Affairs (VA) regarding the importance of systematically collecting and publicly reporting quality of care data for Veterans.

President Donald J. Trump gave me simple instructions when he offered me the role of Secretary. He told me to take great care of Veterans. As such, everything I do is to ensure Veterans receive the care and services they deserve and instill a lasting culture of caring, customer service, and accountability that always puts Veterans first.

I am equally committed to supporting the American people's mandate for President Trump to eliminate waste, bloat, and insularity to empower American families, workers, taxpayers, and our system of Government. However, there is significant rumor, innuendo, and disinformation being spread to incite fear and anxiety among Veterans in the hopes that the Department will keep in place the status quo.

There is no basis to the rumor that VA plans to cease submitting quality of care data to the Centers for Medicare and Medicaid Services (CMS). VA values its ongoing partnership with CMS and, as required by law, will continue to publicly report quality measures. These measures play a critical role in supporting Veteran decision-making by providing transparent, industry-standard benchmarks on the CMS Care Compare website. Moreover, CMS participation allows VA to monitor performance both externally and internally, helping to identify opportunities for targeted, data-driven improvements to the services we provide to Veterans.

As the Department continues to look for efficiencies, an alternative approach to quarterly briefings on Strategic Analytics for Improvement and Learning (SAIL) data is to transition to briefings twice a year, supplemented with comprehensive written updates for the other two quarters. We remain available to answer any questions or meet with Committee members as needed, facilitating continuous and effective communication. This ensures that the Committees remain well-informed, and our communication remains transparent and effective. We are also fully prepared to continue with the current quarterly briefing schedule. We believe both approaches will deliver impactful and actionable information, and we are ready to proceed based on the preference of the House and Senate Committees on Veterans' Affairs.

The Honorable Richard Blumenthal

The Office of Integrated Veteran Care (IVC) monitors and evaluates the quality of health care provided to Veterans in the Community Care Network (CCN) using Joint Patient Safety Reports (JPSR), the reporting of Potential Quality Issues (PQI), contractually obligated clinical quality metrics, and peer reviews of quality of care concerns.

PQIs are submitted to our Third-Party Administrators (TPA) for their contractually required investigative review and dispositioning through the Peer Review process. The TPAs submit contractually required quarterly reports to IVC to determine if action is required. JPSRs are reviewed by local VA facilities and reported through applicable governance. The facility will forward the report to IVC and the TPA, as appropriate, for additional evaluation.

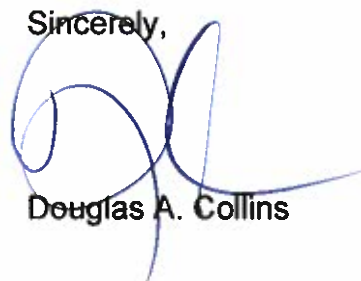
IVC established a recurring cadence of meetings with the TPAs where contract requirements and Quality Assurance Surveillance Plan metrics are jointly reviewed and evaluated. The TPAs have established Peer Review Committees where quality of care concerns are reviewed, tracked, trended, and evaluated. While not a voting member, IVC actively participates in the Peer Review Committee process. Our monitoring and evaluation processes allows IVC to identify and mitigate gaps through continuous process improvement activities.

In partnership with the Veterans Experience Office, IVC developed patient experience surveys for Veterans who receive community care. This team routinely monitors and evaluates the data with the TPAs to identify any opportunities for improvement. Both IVC and the TPAs jointly develop and implement strategies to enhance Veteran experience.

The current CCN contract measures quantities of potential quality issues that have been identified and closed within specified time periods. Our Provider Profile Management System shows if the provider has been rated a High Performing Provider by the TPAs. VA is reviewing the requirements of the Senator Elizabeth Dole 21st Century Healthcare and Benefits Improvement Act and will address those as we plan for the next generation of CCN contracts.

Thank you for your continued support of our mission. A copy of this letter has been sent to the cosigner and courtesy copy of your letter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Douglas A. Collins', with a stylized, looping initial 'D'.

Douglas A. Collins

Cc: The Honorable Mark Takano
David Case, Acting Inspector General