

**STATEMENT OF THE HONORABLE SHEREEF ELNAHAL
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VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

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Good afternoon, Chairman Tester, Ranking Member Moran and members of the Committee. Thank you for inviting us here today to discuss how VA is ensuring Veterans have access to the best care in a timely manner, as they have earned. I am accompanied by Dr. Miguel Lapuz, Assistant Under Secretary for Health, Office of Integrated Veteran Care (IVC) and Ms. Hillary Peabody, Deputy Assistant Under Secretary of Health for IVC. VHA's approximately 390,000 employees, one third of whom are Veterans, come to work every day with one goal in mind: to serve Veterans, their families, caregivers and survivors as well as they have served our country.

This year, Secretary McDonough set a goal to provide more care and more benefits to more Veterans than ever before. To meet this goal and fully implement the Honoring our PACT Act of 2022 (the PACT Act, PL117-168), we must continue to increase access to care, whether that be through our medical facilities or through care in the community. We appreciate the opportunity to share how IVC is working to empower facilities to meet that challenge and to hold the system accountable for meeting the needs of Veterans.

To ensure that we provide timely access to care, while providing more care than ever before, and while continuing to earn each Veteran's trust, VHA has established measurable goals for all facilities on three "North Star" metrics:

1. Direct care wait times from the date of request;
2. Time to schedule community care appointments; and
3. Veteran satisfaction with timely care.

Already, VA has taken several steps towards improving these metrics. First, VHA has set a goal of hiring 52,000 new employees this year. This includes 30,000 positions in the occupations most needed to ensure access to high quality care - physicians, nurses, licensed practical nurses, nursing assistants, medical support assistants, environmental services technicians and food service workers.

Second, IVC is leading an effort aimed at optimizing the time our clinicians spend in clinic by implementing standards for bookable hours and appointment lengths. The bookable hour initiative will ensure clinicians are available for veteran care for 80% of their designated clinical time. Implementing the bookable hours and appointment length standards is a significant advance in both improving Veterans' access to care through more efficient use of resources locally and across the enterprise, as well as ensuring a

more equitable workload across providers. VA continues to make progress with implementation across the enterprise.

Finally, we are leveraging every modality available to reach Veterans with timely, appropriate care. VHA is completing an overhaul of its disparate call centers and transitioning to standard, VISN-level Clinical Contact Centers that operate on a fiber network with trained staff using the same customer relationship management system across the enterprise to track and manage calls, ensuring a consistent experience for Veterans. This clinical contact center modernization program is called VA Health Connect. In a concerted effort to support in-person care, we continue to use telehealth, a core service in VA Health Connect. Through VA Health Connect, Veterans can call 24/7 to talk to a nurse about a health concern, a medical support assistant to help with scheduling an appointment, a pharmacist to reorder a prescription and, in some cases when clinically appropriate, meet with a provider using a video appointment. VA Health Connect involves a technology modernization effort which is well underway, and we anticipate completion in the next 2 years. Further, we are utilizing Clinical Resource Hubs (CRH) to provide virtual care options to increase access to VHA clinical services for Veterans when local facilities have gaps in care or service capabilities.

Progress this Fiscal Year

For each North Star metric, VHA has a clearly outlined a long-term goal with short- and medium-term goals to track improvements over time. Already this fiscal year, we have seen progress in all three metrics.

North Star Metric 1: Direct Care Average Wait Times

The first North Star metric focuses on reducing average wait times in the direct care system. We will hold ourselves accountable by measuring average wait times for completed new patient appointments, with a target reduction of 3% in FY23 Q2 as compared to FY23 Q1 for facilities not currently meeting the designated wait time standards. The long-term goal for this metric is to improve Veteran appointment availability by encouraging facilities to decrease average wait times by up to 15% by the end of this fiscal year or to meet the designated wait time access standard of 20 days for primary care, mental health, and non-institutional extended care services and 28 days for specialty care. In FY22, average wait times for established patient appointments in VA for primary care (5.9 days), mental health (5.2 days) and specialty care (8.6 days) were all well within VA's designated access standards. Established patient appointments historically account for 85% to 90% of the total outpatient care provided each fiscal year. For the 10% to 15% of outpatient care for new patients, the average completed appointment wait times in FY22 were 18.8 days for mental health, 22.9 days for primary care, and 28.6 days for specialty care.

While new patient appointments historically comprise only between 10% and 15% of all completed appointments, they typically take longer to schedule in both direct and community care. Accordingly, we are focusing our North Star improvement efforts on new patient appointments. While the goal is overall reduction in wait times, to measure our success in reducing the wait times Veterans experience in the short- and medium-term, we have set facility level targets to decrease wait times. Using FY23 Q1 as the baseline for new patient completed appointment average wait times, VHA established a goal of a 3% decrease from the previous quarter's wait times, followed by more aggressive targets of 8% and 15% over the next 6 and 12 months respectively. The FY23 Q1 baseline data for completed appointment average wait times for new patients is: 21.4 days for mental health, 26.3 days for primary care, and 30.6 days for specialty care. For the direct care average wait times, VHA will also track the percentage of outpatient appointments cancelled by VA. Decreasing cancellations will ensure that we minimize rescheduling of Veteran appointments and ensure the best care in a timely manner.

Table 1 displays facility performance in meeting our 3% quarter over quarter improvement goal for average wait times for new patient appointments in VA's direct care system. VA considers Veterans to be a new patient if they have not been seen by a provider or a clinical service at the same medical center for the same, or a related, health care need in the past 3 years. Veterans who had an appointment in a clinical service at the same medical center for the same or similar health care need in the past three years (either in person or via phone/video), are considered established patients.

Table 1: North Star Metric - Improving Average New Patient Wait Times for Completed Appointments in Direct Care System from FY23 Q1 to Q2.

VHA Direct Care System	<i>Facilities That Met 3% Target</i>	<i>Facilities That Met 3% Target or Showed Improvement</i>
<i>Primary Care</i>	72 out of 134 (53.7%)	79 out of 134 (59.0%)
<i>Mental Health</i>	54 out of 135 (40.0%)	62 out of 135 (45.9%)
<i>Specialty Care & All Other</i>	28 out of 135 (20.7%)	48 out of 135 (35.6%)

Table 1 highlights the number of facilities meeting or moving towards our improvement targets for direct care access in the face a significant increase in demand for direct care in VHA. In FY23 Q1, Veterans completed 1,538,037 new patient appointments in VHA, as compared to 1,680,931 new patient appointments in FY23 Q2. In FY23Q1 Veterans completed 11,380,289 established patient appointments, as compared to 12,314,585 established patient appointments in FY23 Q2. This is a 9.2% increase in direct care new patient appointments and an 8.2% increase in direct care

established patient appointments since the beginning of the fiscal year. This means that many facilities are building capacity to deliver accessible care while experiencing such growth. For new patient appointments with a referral, the referral date is the starting point used for measuring average wait times, and the end point is the date care is received. For new patient appointments without a referral, the average wait time starts with the earliest consistently recorded date in the process of receiving care to the date care is received.

As we look at direct care access within VA, most facilities are meeting our 3% quarter-over-quarter improvement goal for primary care, with even more moving in the right direction. We are also seeing improvements at some facilities for new patient appointment timeliness within VA for mental health care. The majority of sites are struggling to improve specialty care access for new patient appointments. Further, appointment cancellation rates decreased across all the categories of care (primary care, mental health, and specialty care), demonstrating that improvements in average wait times is an indication of improved access and not simply attributed to appointments canceled by VA.

As stated above, we are improving in timeliness of care at the same time demand for care is growing substantially, with a 9.2% and 8.2% increase in direct care new patients and established patients respectively, quarter-over-quarter. This presents an overall optimistic picture in anticipation of increased access resulting from the PACT Act. To improve specialty care access within VA, we are leveraging every hiring and retention authority under the PACT Act and other laws. While we have made significant progress in hiring since the enactment of these authorities and those granted in other laws such as the RAISE Act (Div. S of PL 117-103), challenges remain in recruiting specialty care providers.

North Star Metric 2: Time to schedule community care appointments

As with the direct care system, VHA has clearly outlined metrics and associated goals for improving community care scheduling timeliness. There are three critical points in the community care scheduling process that are important for the second North Star metric: the starting point is the date the referral is made; the second point is the date on which the appointment is set; the third point is the date the appointment takes place.

The second North Star metric focuses on reducing the amount of time between the first two points in the process, with a goal of reducing that time by 3% initially, with the more aggressive targets of 8% and 15% over the next 6 and 12 months respectively. For community care appointment scheduling timeliness, most sites are showing improvement. In addition, the number of appointments scheduled in FY23 Q1 increased in FY23 Q2 across all three services (primary care, mental health and specialty care).

North Star Metric 3: Veteran Satisfaction of Timely Care

Finally, the last North Star metric is focused on ensuring VHA is meeting its commitment to providing the best Veteran customer experience. VHA gathers Veteran feedback through multiple channels, including Veteran Signals (VSignals) surveys, which measures the Veteran customer experience with widely accepted customer experience metrics, including ease, effectiveness, emotional resonance, and VA-wide and service specific trust. For both direct care and community care, VA has established a goal of 80% responses at “Strongly Agree” or “Agree” on the trust score in its VSignals surveys. Additional measures, including those focused on providing an appointment when needed as well as care coordination, are part of the metric for the direct care system. Similarly, additional community care specific questions on scheduling and care coordination are included in the metric. Results of the Vsignals surveys demonstrate that 83% of sites met the goal of 80% responses at “Strongly Agree” or “Agree” for 5 out of the 7 survey questions¹. VHA is using these survey results to identify areas for improvement.

Staffing

Although the COVID-19 national emergency has ended, and related hospitalization rates have stabilized across the U.S., hospitals nationwide face an ongoing staffing shortage. The mass retirement of baby boomers and widespread post-pandemic burnout within the U.S. health care industry have left many workforces unequipped for the volume of patients they receive. Similarly, VA is facing staffing challenges, even as demand for care continues to rise. IVC has initiated a collaborative approach, working together with teams at the Veterans Integrated Service Network (VISN) and medical center levels. We are listening to Veterans, Veterans Service Organizations (VSO), oversight authorities such as Government Accountability Office and Office of Inspector General. Further, we have implemented new authorities crafted by this body to help Veterans get the care they deserve in a timely manner.

To provide timely, high-quality care, we need to grow the size of our workforce. Right now, VHA is hiring at a record pace, with 5,800 more hires in the first 6 months of FY 2023 compared to the same time period last year, and a net increase in staff of over 11,000 employees combined with increased retention. Further, VHA has hired more than 27,000 employees who are new to the agency and onboarded the highest ever

¹ *Direct Care Questions:*

*Question 1: I trust (provider name) for my health care needs. **meeting***

*Question 2: I got my appointment on a date and time that worked for me. **meeting***

*Question 3: My provider explained things in a way that I could understand. **meeting***

*Question 4: My provider listened carefully to me. **meeting***

Community Care Questions:

*Question 1: I trust VA community care to coordinate my care with my community provider. **Not meeting***

*Question 2: I was contacted to schedule my community care appointment shortly after I chose to use VA community care. **Not meeting***

*Question 3: I trust VA community care to address my medical needs. **meeting***

number of new hires for that time period. We are continuing to add staff where needed, with another 30,000 active recruitments going through the onboarding process.

In addition to several clinical positions, VHA is prioritizing hiring and retention efforts for Medical Support Assistants (MSA) – it is the MSAs who schedule most Veteran appointments. We have already seen a net increase in our total employees onboard for each of the seven occupations² we have identified as being most critical to ensuring timely care as of March 31, 2023. Of the seven professions, nurses and MSAs saw the largest growth in total employees onboard, with 4.2% and 3.9% growth respectively.

Referral Coordination Initiative (RCI)

IVC is continuing our efforts to simplify the process for a provider to refer a Veteran to another provider. The Referral Coordination Initiative (RCI) aims to ensure Veterans have comprehensive information about their care options when scheduling takes place as a result of these referrals. Referral coordination teams include local staff with administrative and clinical expertise who talk to Veterans about their available care options with a VA provider, in-person or virtually, or when eligible, through the Veterans Community Care Program.

Last August, we released a systemwide update that allows clinicians to capture the clinically appropriate care options for these referrals. Additionally, the staff scheduling the requested care can document discussions with Veterans regarding the full range of care options and the outcome of that conversation. As of December, we have seen a 24% improvement in scheduling internal consults for key RCI specialties across VHA, with average times decreasing from 10.4 days to 7.9 days. We are also planning RCI 3.0, an initiative focusing on telehealth at VA medical centers supported by RCI triage teams. We continue to improve and standardize documentation and discussion notes, as well as roles and responsibilities for the referral coordination teams. Additional guidance will be included in the new Consult Management policy expected later this year.

Next Steps

Veterans' timely access to care is central to our mission and a top priority, regardless of whether Veterans receive that care in VA or in the community. Thus, we have several initiatives underway to continue to improve performance on the North Star metrics described below.

Scheduling Modernization

² These occupations include: Medical Officer, Nurse, Practical Nurse, Nursing Assistant, MSA, Environmental Services Technician/Housekeeping Aid, Food Service Worker

VA is rolling out a multi-year comprehensive roadmap designed to guide the efforts to modernize our scheduling systems. All major stakeholders and efforts that impact direct care, virtual care, community care and Veteran self-scheduling have been integral in creating a single vision, business case, and roadmap for scheduling.

We are taking two paths to provide our schedulers with better tools to simplify the scheduling process for Veteran appointments. The first piece of our scheduling modernization roadmap involves making enhancements to our internal scheduling system to provide schedulers visibility to all appointment availability for a particular provider, across locations, for both in-person and virtual appointments. With these improvements, including increased visibility into provider schedules, our schedulers will be able to schedule across VA locations. Another update will be an automated community care eligibility calculation, which will eliminate the need for schedulers to manually calculate whether VA can schedule an appointment within the designated access standards.

The first phase of implementation for VA's Internal Scheduling System is expected to take place early next fiscal year. The second piece of our scheduling modernization roadmap is focused on community care. IVC has been testing new software to reduce the amount of time it takes to schedule community care appointments.

In late 2020, we started a pilot program at the Orlando VA Medical Center (VAMC) in VISN 8. Our teams worked with a vendor to define the existing community care scheduling process and identify opportunities to reduce the time it takes VA staff to schedule community care appointments. After some early success, VA expanded the pilot earlier this fiscal year to the VAMC in Columbia, South Carolina, in VISN 7. These efforts further demonstrated benefits from gaining visibility to multiple internal and external appointment applications in a single view for VA staff coordinating the scheduling of community care appointment.

Based on our pilot experience and evaluation, we are presently working on a Request for Proposals that could lead to new scheduling software to improve the scheduling process when eligible Veterans choose appointments with community care providers. Improving our scheduling system for both internal VA appointments and for appointments scheduled with community providers will make it easier for our teams to schedule appointments, which will have the real potential to reduce the time it takes to schedule appointments and resulting in a better experience for Veterans.

Another IVC effort will make it easier for Veterans to schedule their own community care appointments through Veteran Self-Scheduling (VSS). Once Veterans have an approved VA referral to community care, they have the option to use the VSS process to contact community providers directly, eliminating the need for Veterans to coordinate appointment availability and preferences with VA schedulers in this process. VA first made self-scheduling for community care available for select services at some locations back in late 2020, and we have captured best practices to support a relaunch

of this effort now that the pandemic is largely behind us. Based on feedback from the field and key lessons learned, IVC is developing resources and training to bolster understanding of the VSS process within the Veterans Community Care Program. This includes reinforcing national training for VA staff involved in VSS, which began the week of May 29th so that the process can be effectively scaled across the country.

IVC will continue to evaluate VSS and identify opportunities to improve and incorporate feedback from Veterans, staff and community providers as we refine and enhance the process. As we hear from Veterans, VSOs, Congress and our teams in the field, including our third-party administrators about ways to strengthen community care, we have expanded services, and we continue to add community providers to our network. We also have led expanded access to emergency care for Veterans in acute suicidal crisis to combat Veteran suicide. Through the COMPACT Act (PL 116-214), Congress created a new option for more Veterans and other eligible individuals than ever to access emergent suicide care at the nearest medical facility. This is available for all Veterans and for former Service members with other than honorable discharges. Veterans can access emergent suicide care, including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days.

At the same time, our community care network now includes more than 1 million providers, with coverage in all 50 States and U.S. territories, and we are working to make our network even stronger. IVC is preparing for the next generation of community care network contracts, while also working with our current third-party administrators to ensure we have the comprehensive coverage and the quality of care Veterans deserve.

Standardization, Oversight and Accountability

As we continue to improve oversight across IVC, we are identifying key elements to ensure we meet our objectives while providing guidance as needed. IVC is developing the framework for a comprehensive oversight and monitoring program that includes an effective monitoring approach. IVC is working with leadership across VA Central Office to provide greater accountability as we use checklists to address differences in criteria used by VISNs to assess compliance with policy and procedure. Using agreed-upon checklists for field-based audits promotes efficiency, equity, and trust. We have established coordination efforts across IVC for external reviews and audits to ensure timely and appropriate responses, identify themes to address performance gaps and monitor the effectiveness of changes in process.

IVC is developing a program office whose sole mission is to perform oversight. This will result in internal autonomous reviews of processes and testing of internal controls. We are working to achieve accountability at all levels of the workforce, which includes performing a risk analysis spanning the entire

office to allow internal identification of problem areas, provide a baseline for an individualized oversight and monitoring program, and a move towards a proactive versus reactive approach.

Conclusion

Veterans today have more options for care than ever before. We are serving record numbers of Veterans both in VA and in community care with significant progress toward our timeliness goals. IVC's mission is to ensure timely access to world class health care, regardless of location or modality. In just its first year, IVC has taken important steps to get the right people in place. We have hired and continue to hire at a record pace across VHA. Our teams have streamlined processes and revised policies. We are using technology to reach more Veterans and improve their health care experience. While we have established a solid framework, we have much work to do. Our plans for continued improvement will keep us focused on providing the soonest and best care for Veterans.

We appreciate your continued support and look forward to answering your questions.