STATEMENT OF THE HONORABLE SLOAN D. GIBSON ACTING SECRETARY OF VETERANS AFFAIRS BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS July 16, 2014

Chairman Sanders, Ranking Member Burr, and Distinguished Members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to discuss with you the Department of Veterans Affairs (VA) health care system. We at VA are committed to consistently providing the high quality care our Veterans have earned and deserve in order to improve their health and well-being. We owe that to each and every Veteran that is under our care.

As the Chairman noted in May 2014, the Veterans Health Administration (VHA) operates the largest integrated health care delivery system in the United States. VHA has over 1,700 sites of care, including 150 medical centers, 820 community-based outpatient clinics, 300 Vet Centers, 135 community living centers, 104 domiciliary rehabilitation treatment programs, and 70 mobile Vet Centers. VHA conducts approximately 236,000 health care appointments every day and approximately 85 million appointments each year. Over 300,000 VHA leaders and health care employees—many who also are Veterans—strive to provide exceptional care to nearly 6.5 million Veterans and other beneficiaries annually.

The Chairman also noted in May 2014 that there are things that VA does very well, and there are areas that need improvement. My testimony today will provide some updates on a number of actions that the Department has taken since the last hearing in May 2014.

We know that unacceptable, systemic problems and cultural issues within our health care system prevented some Veterans from receiving timely care. That breach of trust—which involved inaccurate reporting of patient wait times for appointments—is irresponsible, indefensible, and unacceptable to the Department. We apologize to our Veterans, their families and loved ones, Members of Congress, Veterans Service

Organizations (VSO), and to the American people. We can and must solve these problems as we work to earn back the trust of Veterans.

Nationwide Data on Access to Veterans Health Care

At VA, our most important mission is to provide the high quality health care and benefits Veterans have earned and deserve—when and where they need it. In mid-April, VA began a nationwide Access Audit to assess the integrity of our scheduling practices, the adequacy of training, compliance with policy, and proper use of systems. As a result of the audit, we now know that in many communities across the country Veterans wait too long to receive care.

As of July 8, 2014, VHA has reached out to over 160,000 Veterans to get them off wait lists and into clinics sooner. Also, between May 15 and June 30, 2014, we have made over 430,000 referrals for Veterans to receive their care in the private sector. VA made roughly 351,000 referrals during this same time period last year in 2013, an increase of roughly 79,000. As we continue to address systemic challenges in accessing care, we are providing regular data updates to enhance transparency and provide the immediate information to Veterans and the public on improvements to Veterans' access to care. We are fully committed to fixing the problems we face in order to serve Veterans better. We know that we must not only restore the public's trust in VA, but more importantly, we also must restore the trust of our Veterans who depend on us for care.

Following the release of results from VA's nationwide Access Audit, along with facility level patient access data, I personally visited VA Medical Centers in Fayetteville, NC; Gainesville, FL; Baltimore, MD; Washington, DC; Columbia, SC; Philadelphia, PA; Augusta, GA; and Jackson, MS, to gain a clearer understanding of the extent of the problems that we face.

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¹ http://www.va.gov/health/access-audit.asp

The following actions have been taken in response to the nationwide Access Audit findings and data:

Removing 14-Day Scheduling Goal

VA has eliminated the unrealistic 14-day access measure from all employees' performance plans. This action will eliminate incentives to engage in inappropriate scheduling practices or behaviors. As of July 3, over 87,000 performance plans have been reviewed and over 13,000 performance plans have been amended, including over 3,500 front line schedulers.

Mandated Site Inspections

Medical Center Directors and VISN Directors are responsible for ensuring Veterans receive timely, high quality healthcare. As of June 17, every Medical Center Director has been conducting in person visits to every clinic. Site inspections include observing daily scheduling processes and interacting with scheduling staff to ensure all policies are being followed. In addition to monthly reviews of VHA facilities nationwide, VISN Directors will also conduct similar visits to at least one medical center within their area of responsibility every 30 days, completing visits to all medical centers in their network every 90 days. This action ensures leadership knowingly accepts accountability for the integrity of scheduling practices. As of July 9, 683 site inspections have been completed.

• Establishing New Patient Satisfaction Measurement Program

VHA immediately began developing a new patient satisfaction measurement program to provide real-time, robust, site specific information on patient satisfaction, including satisfaction measurements of those Veterans attempting to access VA health care for the first time. This program will include input from VSOs, outside health care organizations, and other entities.

Holding Senior Leaders Accountable

Where audits identify concerns within a medical center clinic, VA will trigger administrative procedures to ascertain the appropriate follow-on personnel actions for specific individuals. We will hold people accountable where misconduct is found.

Ordering an Immediate VHA Central Office and Veterans Integrated Service Network (VISN) Office Hiring Freeze

VA has redirected its focus and resources to staffing at the facility level to increase personnel who can directly serve Veterans.

Increasing Transparency by Posting Access and Patient Wait Time Data Twice-Monthly

VHA is now posting regular updates to the access data released at the middle and end of each month at VA.gov. The first one of these was on June 9, 2014. These twice-monthly data updates will enhance transparency and provide the immediate information to Veterans and the public on Veterans access to VA health care.

- Initiating an Independent, External Audit of Scheduling Practices
 I directed that an independent, external audit of system-wide VHA scheduling practices be performed. We are working with an outside private entity to conduct the audit and anticipate initiating these audits early next fiscal year.
- Utilizing High Performing Facilities to Help Those That Need Improvement
 VHA will formalize a process in which high performing facilities provide direct
 assistance and share best practices with facilities that require improvement on
 particular medical center quality and efficiency performance measures.

Suspending Performance Awards

VA has suspended all VHA senior executive performance awards for fiscal year 2014.

• Enhancing Non-VA Care

VHA is employing guidelines for using private sector care to improve access to health care for Veterans who are or who may experience excessive wait times for primary, specialty and mental health care. VHA is now operationally monitoring the effectiveness of our sites use of non-VA care to ensure Veterans are receiving their timely care.

Quickly Bringing in Veterans for Care

VHA facilities are improving access to health care for Veterans by: adding more clinic hours to evenings and weekends, recruiting to fill physician vacancies,

deploying mobile medical units, using temporary staffing resources and expanding the use of private sector care.

Scheduling System Updates

VA recognizes that its medical appointment scheduling system is antiquated and we are replacing it through an acquisition process. VA hosted pre-solicitation "Industry Day" meetings with technology vendors on June 18 of this year to discuss the Department's upcoming scheduling system acquisition. This Industry Day presented an important opportunity for VA to communicate directly with potential vendors on all aspects of the upcoming scheduling system acquisition. The Industry Day served as a face-to-face platform for exchanging information about business needs, industry best practices, and challenges specific to VA's scheduling system. We recognize the need to develop lasting, long-term reforms, including a complete overhaul to replace the outdated technology for our scheduling system. Bringing an innovative scheduling product into our world-class electronic health record system is a crucial part of providing the scheduling staff in our facilities with the necessary tools to succeed.

VA's scheduling technical requirements are complex and require clear, well-articulated communication to ensure comprehensive understanding by industry and potential vendors. VA conducted a live scheduling system architecture question-and-answer session to ensure potential solutions seamlessly interface with VA's Veterans Health Information Systems and Technology Architecture electronic health record. The information shared during the Industry Day will provide VA with a better understanding of what needs to be included in the upcoming scheduling system solicitation, with the ultimate goals of receiving solid proposals and reducing time to field new technologies.

Whistleblower Protections

At VA, we depend on the service of VA employees and leaders who place the interests of Veterans above and beyond self-interest, and who live by VA's core values of Integrity, Commitment, Advocacy, Respect, and Excellence. On June 13, 2014, I sent a message to all VA employees regarding the importance of whistleblower protection and met with employees at VA Medical Centers across the country to

reemphasize that message. I reminded all 341,000 of our employees in messages and during site visits to VA facilities around the country that we must protect whistleblowers and create workplace environments that enable full employee participation. Intimidation or retaliation—not just against whistleblowers, but against any employee who raises a hand to identify a problem, make a suggestion, or report what may be a violation in law, policy, or our core values—is absolutely unacceptable.

Following the recent release of the Office of Special Counsel's (OSC) recommendations to President Obama, I directed an immediate review of the Office of the Medical Inspector's (OMI) operation, process, and structure. After I was briefed on this review, I determined a clear need to revise the policies, procedures, and personnel structure by which OMI operates, and I directed a restructuring of the organization. As long-term restructuring moves forward, I have appointed an interim Director of OMI from outside the current office to assist with transition, and VA has suspended OMI's hotline and is currently referring all hotline calls to Office of Inspector General (OIG). On July 2, 2014, I met with Carolyn Lerner, Special Counsel of the United States Office of Special Counsel. VA has begun the process of completing the OSC 2302 (c) Certification Program and is focused on ensuring protection from retaliation for employees who identify or report problems. Special Counsel Lerner and I identified ways to streamline the organizations' work together to ensure whistleblower protection during the course of an OSC investigation.

Summary

VA has also recently initiated the process of selecting the next Under Secretary for Health of VHA—one of the most important jobs in government today. VHA's new leader will be a change agent and deliver necessary reforms to provide our Veterans timely access to the world-class health care that they have earned through their service and sacrifice.

These are just a few of VA's actions to improve Veteran's access to high quality health care. There is always more work to do, and VA is focused on continuous improvement to the care we provide to our Nation's Veterans. I appreciate the hard work and dedication of VA employees, our partners from VSOs—important advocates

for Veterans and their families—our community stakeholders, and our dedicated VA volunteers. Just two weeks ago, I met with the leadership of 26 Military and Veterans Service Organizations (MSOs and VSOs) to reaffirm VA's commitment to work together to address the unacceptable, systemic problems in accessing VA health care. During this meeting, I updated the organizations' representatives on VA's work to restore Veterans' trust in the system and on VA's progress in reaching out to get Veterans into clinics and off of waiting lists. I appreciate MSOs and VSOs for being VA's valuable partners in serving Veterans and continuing to improve the Department, and I solicited their ideas on how VA can improve Veterans' access to care and services.

I also respect the important role Congress and the dedicated members of this committee play in serving our Veterans. I look forward to continuing our work with Congress to ensure Veterans have timely access to the quality health care they have earned. Again, thank you for the opportunity to appear before you today and for your unwavering support of those who have served this great Nation in uniform.