



**STATEMENT FOR THE RECORD
WOUNDED WARRIOR PROJECT
BEFORE THE
COMMITTEE ON VETERANS AFFAIRS
U.S. SENATE
STATE OF VA HEALTH CARE
JULY 16, 2014**

Chairman Sanders, Ranking Member Burr, and Members of the Committee:

Recent scandals marked by widespread inability among VA medical facilities to provide initial treatment promptly, by cover-ups of problems in health care scheduling and delivery, and by recriminations against VA employee “whistleblowers,” underscore the importance of this Committee’s examining the state of VA health care.

These are grave problems that must not be dismissed. Problems of care-delivery in this system, however, are not insoluble. What is more challenging are practices that suggest that instead of a culture of caring for veterans, too many facilities have seemed caught up in a culture of cover-up. For too long, VA leaders over-emphasized a narrative of Department successes and relied heavily on performance “data” to measure those successes. Perverse incentives led some to falsify or skew data to meet required metrics. Yet even as this complex health care system is described as infected by a “toxic culture,” we learn of clinicians at VA facilities who have long been working overtime and on weekends, voluntarily, to help the veterans under their care. This duality underscores that VA operates a complex system, one that -- while marred by scandal -- employs many very dedicated, compassionate health care professionals.

Many of the veterans we serve rely on that system for some or all of their care. We owe it to them to improve VA health care, not to dismantle the system or impose sweeping untested solutions. In that regard, with VA’s problems in providing veterans an initial appointment within a then-required 14-day rule, it should be noted that lack of timeliness in providing care is not

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unique to VA. As reported earlier this month by the New York Times, “there is emerging evidence that lengthy waits to get a doctor’s appointment have become the norm in many parts of American medicine, particularly among general doctors, but also for specialists.”¹ While describing VA as reeling from revelations of long wait times, the Times reported that VA is one of the only health care systems in the nation that openly tracks waiting times and has standards for what they should be.²

Wounded Warrior Project has not been hesitant over the years to critique VA timeliness of care, the effectiveness of certain VA services, its adherence to law and its own policies, and the consistency of its practices. That criticism and expectation has been directed to the high obligation the Department owes to those wounded, ill and injured in service – obligations reflected in laws the Department is charged to administer.

We commend to the Committee’s attention a recent perspective co-authored by former VA Under Secretary of Health Ken Kizer, “Restoring Trust in VA Health Care.”³ The authors ask rhetorically, how “[a]fter the VA had gained a hard-won reputation for providing superior quality care 15 years ago, ...did cracks appear in its delivery of safe, effective, patient-centered care?” They offer three main causes:

“...an unfocused performance-measurement program, increasingly centralized control of care delivery and associated increased bureaucracy, and increasing organizational insularity.”⁴

While each is a critical flaw, an important starting point for this Committee would be to press VA to revisit its performance measures. As Kizer writes, the use of “hundreds of [performance] measures with varying degrees of clinical salience...not only encourages gaming but also precludes focusing on, or even knowing, what’s truly important.” Kizer’s prescription in terms of first steps is sound:

“First, after ensuring that all veterans on wait lists are screened and triaged for care, the VA should refocus its performance-management system on fewer measures that directly address what is most important to veteran patients and clinicians – especially outcome measures.”⁵

This would represent a good initial step toward restoring trust. We urge the Committee to continue its oversight in that effort.

¹ Elisabeth Rosenthal, “The Health Care Waiting Game,” New York Times (July 6, 2014).

² Id.

³ Kenneth W. Kizer and Ashish K. Jha, “Restoring Trust in VA Health Care,” NEJM (June 5, 2014).

⁴ Id.

⁵ Id.

