STATEMENT OF
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THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
"CONSOLIDATING NON-VA CARE PROGRAMS"

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The American Legion believes in a strong, robust veterans' healthcare system designed to treat the unique needs of those who have served. However, even in the best of circumstances there are situations where the system cannot meet the needs of the veteran, and the veteran must seek care in the community. Rather than treating this situation as an afterthought, an add-on to the existing system, The American Legion believes the Department of Veterans Affairs (VA) must "develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient centered care strategy which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account."[1]

Chairman Isakson, Ranking Member Blumenthal and distinguished members of the committee, on behalf of National Commander Dale Barnett and The American Legion; the country's largest patriotic wartime service organization for veterans, comprising of over 2 million members and serving *every* man and woman who has worn the uniform for this country; we thank you for the opportunity to testify regarding The American Legion's position on "Consolidating Non-VA Care Programs".

VA has recently rolled out their own proposal to streamline all of the legacy systems for non-VA care and consolidate them into a single program – as they were directed to do by law when Congress authorized the ability to move funds from the Choice program to cover shortfalls in the other non-VA care accounts.[2] As set forth in statue, VA health care falls into one of the following categories: hospital care, outpatient medical care, domiciliary care, rehabilitative services, preventive health services[3], and extended care services[4]. VA health care is offered to eligible veterans, and in some cases, their spouse and dependents may be eligible for VA health care under the Civilian Health and Medical Program of the VA (CHAMPVA).[5]

The VA purchased care program dates back to 1945, when General Paul R. Hawley, Chief Medical Director, Veterans Administration, implemented VA's hometown program. General Hawley recognized that many hospital admissions of World War II veterans could be avoided by

[1] Resolution No. 46: *Department of Veterans Affairs (VA) Non-VA Care Programs*
[2] Public Law 114-41: July 31, 2105: Section 4002
[3] Title 38 U.S.C. 1701

[4] Title 38 U.S.C. 1710B
[5] Title 38 U.S.C. 1781:CHAMPVA Program

treating them before they needed hospitalization. As a result, General Hawley instituted a plan for "hometown" medical and dental care at government expense for veterans with service-connected ailments. Under the Hometown Program, eligible veterans could be treated in their community by a doctor or dentist of their choice. Since then, VA has implemented a number of programs in order to manage veterans' health care when such care is not available in a VA health care facility, could not be provided in a timely manner, or is more cost effective. Programs like Fee-Basis, Project ARCH (Access Received Closer to Home), Patient-Centered Community Care (PC3), and the Veterans Choice Program (VCP) were implemented by Congress to ensure eligible veterans could be referred outside the VA for needed health care.

VA's Community Care plan would streamline their Fee-Basis, Project ARCH, PC3 and Choice programs by transitioning them into a single community health care program that is seamless and transparent to veterans. VA's stated goals for the plan are to:

- Make access to community health care easier to understand and to meet veteran's overall health care needs;
- Improve the veterans' health care experience across all touch points of care;
- Clarify community care for VA staff, and make it easier for community providers to partner with VA;
- Provide seamless connections between VA and community providers;
- Apply leading practices from health plans, health systems, and high performing VA programs, and
- Prepare VA to evolve to meet new and changing demands and support health care trends.

While these goals sound positive, The American Legion believes the VA plans lacks specific details on how the goals would be accomplished to ensure success. The American Legion believes a proper plan for non-VA care should include the following elements:[6]

- Ensure all non-VA care contracted providers complete military culture, awareness, and evidence-based training to ensure veterans receive the same or better quality of care standards that they would if they received this care within VA;
- Provide all non-VA providers with full access to VA's Computer Patient Record System (CPRS) to ensure the contracted community provider can review the patient's full history, allow the provider to meet all the quality of care screening and measures tracked in CPRS, and speed up receipt and documentation from the non-VA provider encounter to ensure it's added to the veteran's medical record;
- Ensure VA continues to improve its non-VA care coordination through the Non-VA Care Coordination (NVCC) program office to improve and standardize their process for referrals to non-VA care;
- Ensure VA improves collection of non-VA care documentation into the veteran's medical record;
- Ensure improved coordination of care between VA and non-VA providers;

[6] Resolution No. 46: *Department of Veterans Affairs (VA) Non-VA Care Programs*

- Ensure VA develops a national tracking system to ensure national or local purchased care contracts do not lapse; and
- An automated claims processing system should be implemented that automates the payment process leaving little to no room for human errors.

Additionally, VA's community health care plan does not address how community health care providers will be trained to better understand military culture. VA needs to ensure all non-VA care contracted providers complete military culture awareness training to ensure veterans receive the same standard of care or better than they receive in VA. The American Legion strongly believes that the Department of Veterans Affairs (VA) must develop and ensure that all non-VA health care contracts with non-VA health care providers includes military culture and awareness training in order for the veteran to receive the best health care.[7]

Under VA's current plan, it calls for a seamless connection between VA and community health care providers. Care coordination would help veterans navigate the health care system by providing health care management and coordination that is necessary to achieve positive health care outcomes and enhanced medical records sharing. The VA needs to provide all non-VA providers with full access to VA's Computerized Patient Record System (CPRS) to ensure that community health care providers can review the patient's full medical history for continuity of care purposes. Allowing access to CPRS would allow the provider to meet all the quality of care screening and measures that are tracked in CPRS. It would also speed up receipt and documentation from the non-VA health care encounter to ensure all documentation is added to the veteran's medical record.

The American Legion believes VA's plan to provide Non-VA providers full access to VA's CPRS is a good start, but the plan fails to address a systematic approach of electronic medical record sharing. VA's plan must include electronic medical information sharing between the non-VA providers to include the Department of Defense (DOD), Indian Health Services (IHS), and non-VA community health care providers in order to provide veterans the best health care experiences.

According to VA, if approved by Congress, the plan will be rolled out using a three-phased approach. The plan will be implemented gradually, much like how TRICARE was over the years, by developing appropriate provider networks and streamlining business processes. The American Legion strongly believes VA must standardize its reimbursement rates, but not set the rates too low where providers are discouraged in partnering with the VA in providing needed health care services to veterans outside the VA healthcare system.

Due to continuously receiving concerns from veterans about slow payments and the lack of medical record documentation, The American Legion has concerns about VA's ability to implement the plan. While VA must ensure appropriate medical record documentation is received from the non-VA health care provider to incorporate into the veteran's medical record,

[7] Resolution No. 46: *Department of Veterans Affairs (VA) Non-VA Care Programs*

the veteran should not be held hostage due to VA and non-VA health care providers inability to implement a process that ensures medical record sharing. These delays have resulted in adversely impacting veteran's credit, and VA must guarantee whatever process is put in place will not result in veteran's being harmed in any way what so ever.

VA's plan would call for cultivating a provider network to serve veterans utilizing federal health care providers, academic affiliates, and community providers. The American Legion believes VA has not demonstrated it has the expertise or experience to establish large provider networks and has relied on third-party participants i.e. HealthNet and Tri-West to fulfill these requirements. VA plan does not state whether it would continue with utilizing third-party contractors to fulfill this requirement; this must be one of the first things decided before moving forward.

Conclusion:

In summary, if VA can address the issues The American Legion has highlighted above, The American Legion is cautiously optimistic that the framework for moving forward is positive and that this plan could represent an important step moving towards a truly integrated model for delivering veterans' health care at the VA and within the community collectively.

The American Legion thanks this committee for their diligence and commitment to our nation's veterans as they struggle to access health care across the country. Questions concerning this testimony can be directed to Warren J. Goldstein, Assistant Director in The American Legion Legislative Division (202) 861-2700.