

Veterans of Foreign Wars of the United States Views on Commission on Care Recommendations

The VHA Care System

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

The Veterans of Foreign Wars of the United States (VFW) supports high performing, integrated and community based health care networks that leverage the capabilities of private and public health care systems to meet the health care needs of veterans in each community. Additionally, we agree that VA must remain the coordinator and guarantor of care for veterans and must develop systems and processes to help veterans make informed health care decisions.

While we support eliminating the current wait time and distance based community care eligibility standards, we strongly believe VA must remain the primary provider of care for veterans when VA care is readily available. Veterans in need of a primary care provider must be offered the opportunity to discuss their preferences and clinical needs with a VA health care professional to determine which provider (including private sector, VA and other public health care providers) best fits their preferences and clinically needs. This would ensure veterans make informed choices and would make certain the networks are fully utilized.

The VFW also believes that certain types of care may not require a primary care consult, such as optometry and audiology. VA must have the ability to waive primary care referral requirements for such specialties.

The VFW supports a phased implementation with ongoing management and evaluation, national strategy and local flexibility to ensure veterans' needs are met. However, the VFW opposes recommendation number nine and prefers management and implementation of integrated networks to be overseen by a multidisciplinary team of VA subject matter experts with direct and consistent guidance from local VA health care professionals and Veterans Service Organizations, similar to the approach VA used to develop its plan to consolidate community care programs and authorities.

Clinical Operations

Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

The VFW supports this recommendation to develop training programs for medical support assistants (MSA) to ensure VA health care providers devote more time to treating veterans rather than administrative tasks.

While training is important, VA must also address the high turnover in MSA and entry level positions at the local level. VA is currently developing an expedited hiring process for MSAs as part of the MyVA transformation. The VFW fully supports this initiative, but believes VA must have statutory authority similar to the VA Canteen Service, which is able to directly hire entry level employees to fill high turnover positions.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.

VFW members have experienced firsthand the pitfalls of VA's clinical appeals process. We agree that a well implemented clinical appeals process is necessary to ensure veterans obtain medically necessary care, and mitigate disagreements between veterans and their health care providers. Veterans who disagree with clinical decisions by their health care provider can appeal to the medical center's chief medical officer. A veteran is then able to appeal to the VISN director, who rarely overturns a decision made by a medical center chief medical officer. Yet the VISN level decision is final, unless a veteran appeals to the Board of Veterans Appeals, which is not a viable option for veterans who require time sensitive medical treatments.

Due to the lack of a system wide clinical appeals process with national oversight, veterans have experienced vast differences when appealing clinical decisions within multiple VISNs. That is why the VFW strongly agrees with the commission's recommendation to convene an interdisciplinary panel to revise VA's clinical appeals process. Such a panel must ensure veterans have the ability to provide justification or evidence to support their appeals, which many VISNs do not permit. Veterans must also have the ability to appeal clinical decisions above the VISN level.

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

The VFW agrees that improving employee experience is a vital aspect of reforming the VA health care system. The majority of VA employees take pride in their jobs and continuously identify ways to improve efficiency and productivity. However, such employees have not been given the tools or the processes to identify problems and make changes. That is why VA supports efforts to identify and disseminate best practices and recognize innovative employees who improve the care veterans receive.

Health Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

The VFW supports this recommendation and agrees that health disparities based on social and economic differences have no place in the VA health care system. The VFW has heard directly from women veterans that VA employees have confused them for caregivers and spouses or have challenged their veteran status because of their gender. Veterans of all races, backgrounds, and genders have sacrificed in defense of this nation and must be treated with the respect and dignity they have earned and deserve.

The VFW strongly supports building cultural and military competence among all integrated network providers and employees. It is important that veterans receive care from providers who understand their health care needs and are familiar with the health conditions associated with their military experience. This includes providers in VA medical facilities and private sector

providers who participate in integrated networks. By providing cultural competence training, VA would improve health care outcomes and ensure veterans receive care that is tailored to their unique needs.

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital asset needs.

The VFW agrees with most recommendations provided regarding capital infrastructure. The VFW agrees that waiving congressional rules requiring budgetary offsets for a period of time and expanding the enhanced-use lease authority will allow VA to enter into needed leases, and allow VA to lease unused property more effectively and efficiently.

The VFW also agrees that reevaluating the total cost of minor construction projects is needed. However, this evaluation should also include placing multiple minor construction projects under one contract, regardless of the overall cost, when these projects rely on each other for completion (i.e. replacement of an Emergency Department (ED) awning and resurfacing the ED entryway are separate minor projects, but they rely on each other for completion). The VFW also suggests making several classifications of major construction projects to ensure that new medical centers are not in competition with seismic corrections or facility expansions.

The Commission recommends a board analyze and make recommendations regarding infrastructure needs to include the development of the integrated health care system. The VFW believes that most of the functions of this commission are already being carried out by either the Strategic Capital Infrastructure Plan (SCIP) or the Federal Real Property Council (FRPC). The VFW believes that either the current roles of SCIP and the FRPC would need to be expanded to include the evaluation of community care on the overall capital planning process. This can occur by expanding current processes or combining them into a board as proposed by the Commission.

The VFW does not agree with the Commission on Care's BRAC realignment commission. The SCIP process already addresses the issue of under/unutilized property, and it is Congress that has failed to act to remove these properties. The reason they have failed to act is the same reason they would fail to act under a BRAC-style recommendation—local pressure from the veterans' community would cause them to vote "no." The solution is to develop better communication with the local veterans' community and show them the replacement plan that will occur when their VA hospital is closed. Veterans' fear of losing VA care drives Congress' inaction, and no commission or board will fix that without improved communications.

Information Technology

Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

The VFW agrees that VHA must have a chief information officer (CIO) to focus on the strategic health care information technology (IT) needs of the VA health care system. VA Assistant Secretary for Information and Technology LaVerne Council has discussed the need for a senior level employee to oversee VHA IT projects. The VFW agrees that the VHA CIO must work closely with VHA clinical and operations staff to ensure IT systems meet the needs of their

users, but continue to report to the Assistant Secretary for IT to ensure interoperability with Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) systems.

However, we do not believe VHA priorities should compete for the same appropriations as VBA and NCA priorities. The VHA CIO must also have a multiyear budget to ensure health care programs are properly supported.

The VFW does not have a position on whether VA should purchase a commercial off-the-shelf (COTS) electronic health care system. However, the VFW agrees that VA should turn to COTS products when possible and financially beneficial, but it must have the authority to develop homegrown products when necessary.

Supply Chain

Recommendation #8: Transform the management of supply chain in VHA.

The VFW supports this recommendation to reorganize and standardize VA's supply chain to leverage economies of scale. This recommendation is similar to one of Secretary Robert McDonald's MyVA priority goals to build an enterprise-wide integrated medical-surgical supply chain that leverages VA's scale to drive an increase in responsiveness and a reduction in operating costs, which the VFW fully supports.

This transformation must rely on local level feedback and buy-in to succeed. While each medical facility cannot continue to dictate where their medical supplies are purchased, they must be given the opportunity to request specific supplies or products if needed to provide the best quality care. This is similar to non-formulary requests for prescriptions that are not on the VA's formulary. The transformation must also consider whether specific products are preferred or clinically needed by veterans, such as prosthetics equipment.

Board of Directors

Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

The VFW opposes this recommendation. The VFW believes VA needs leadership not management by committee. Similar to the Commission on Care, the governance board would include political appointees, the majority of whom would be civilian health care executives and veterans who do not use the VA health care system. How, when and where veterans receive their health care cannot be determined by appointees who do not have a vested interest in improving the care and services veterans receive.

Additionally, the VFW believes that a governance board would result in more bureaucracy, because VHA's budget requests would still need to be approved by the Office of Management and Budget and appropriated by Congress. This does not resolve the misalignment between capacity and demand that is highlighted in the commission's report. The VFW recommends reforming the congressional appropriations process to ensure VA receives the resources it needs to meet veterans' health care needs instead of limiting how much care VA is able to provide.

The Veterans' Affairs Committees of the House and Senate, the Secretary of Veterans Affairs and the President must continue to provide oversight and management of the VA health care system with or without a governance board. This means that VHA leadership will have an

additional management and reporting requirement which will only serve to further stymie the needed transformation process.

Leadership

Recommendation #10: Require leadership at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.

The VFW supports this recommendation. As discussed above, employee experience is vital to restoring veterans' trust and confidence in their health care system.

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

The VFW supports this recommendation. We agree with the importance of succession planning and the need for robust structured programs to recruit, retain, develop and advance responsible and high performing leaders. Specifically, the VFW strongly supports the recommendation to adopt and implement a comprehensive system for leadership development and management. VA employees must be prepared and willing to fill vacancies in leadership positions to ensure VA is not required to rely on temporary leadership to run its medical facilities.

Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

The VFW generally supports this recommendation. We agree that VA central office and VISN office staff have grown too rapidly and that fragmented authorities, lack of role clarity and overlapping responsibilities impacts VA's ability to deliver health care to veterans.

Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

The VFW supports this recommendation. It is important to develop a performance management system that effectively measures outcomes and holds VA leaders accountable for improvements.

However, the VFW does not believe such performance measures must be identical to those used in the private sector. VA performance measures must adopt best practices from the private sector, but they must also acknowledge the unique mission and the fundamental differences between private and public health care systems.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veterans' health outcomes.

The VFW strongly supports this recommendation. As discussed above, cultural and military competence training of providers would ensure veterans receive care that is tailored to their unique needs.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

The VFW supports this recommendation. VA's must be able to recruit, train, retain and discipline a high performing workforce. The VFW agrees that civil service laws and regulations that govern how government employees are hired, how much they are paid, and how they are disciplined were not designed to support a high performing health system.

Recommendation #16: Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

The VFW supports this recommendation.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an Other-Than-Honorable discharge who have substantial honorable service.

The VFW fully supports the recommendation to amend current regulation that would provide tentative eligibility to veterans with OTH discharges, if their overall service is deemed honorable and they are combat veterans.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefits design.

In every past evaluation and change to the eligibility criteria for health care, access to care was increased to unserved populations of veterans or eligibility was realigned to conform with an updated delivery model. With those two facts in mind, and understanding that the development of an integrated health care system will deliver care under a different model, the VFW supports the idea of studying access barriers based on current eligibility criteria, ensuring service-connected, homebound and catastrophically disabled veterans incur no barriers or delays in service or care.