Question for the Record Hearing on Pending Health Legislation Tuesday, July 11, 2017 at 2:30pm U.S. Senator Richard Blumenthal

Question for the Record: The Future of VA Community Care

The Choice Program is not working for health care providers or veterans. A primary challenge with Choice is that patients are unable to effectively connect with their providers, and authorizations for care are delayed. Veterans can end up waiting for health care services, and providers wait for payment in a way that defeats the entire intended purpose of cutting wait times for treatments.

Dr. Yehia, I'd like to share the story from one provider at the Hospital for Special Care in New Britain, Connecticut with you:

The Hospital for Special Care Pulmonary Rehabilitation program provides therapy that can reduce hospitalizations and exacerbations for patients with lung disease. This New Britain hospital offers a multidisciplinary, "gold standard" pulmonary rehab program that addresses quality of life, anxiety and depression, nutrition, and other concerns for patients with chronic lung disease.

Prior to the VA Choice program, there was a functioning system in place to facilitate referrals. At the Newington VA, the Non-VA Care Department ensured that private providers had all documentation necessary, including referral, agreement as a payor, and medical records. They were very efficient and cooperative, and understood the medical necessity of Pulmonary Rehab.

But after VA Choice, providers at the Hospital for Special Care have expressed concerns. In the case of one patient treated for chronic lung disease, the physician's note stated that he wanted this patient to attend the Hospital for Special Care Pulmonary Rehabilitation Program. VA Choice delayed the sending of authorization paperwork and during that time, the patient was hospitalized twice. The referral was discontinued on two occasions, even though the physician's notes stated that he wanted the patient to attend our program. At this point, my Connecticut office intervened to get this veteran the health care that he required.

1. Dr. Yehia, such barriers to care are exactly the opposite of what Congress intended with the Veterans Choice Program. Which legislation on the hearing agenda today do you believe will best address the shortcomings of the current Choice Program?

We appreciate the opportunity to work with the Committee to review proposed legislation to improve VA community care for Veterans. A principle we all agree on is making sure that VA is organized around and focused on the needs of Veterans. This means making community care simple to understand and easy to administer, which is our vision for this program. With that in mind, while we support many of the provisions in the three proposed bills on the agenda, as explained in our testimony, there are some

provisions that, while well-intended, we believe would create added complexity or impose restrictions that would reduce our flexibility and ability to efficiently meet Veterans' health care needs.

The future of VA's community care program is one of the most important and possibly most difficult items on the legislative agenda. We want to work with everyone to ensure the legislation that shapes this future is as strong as possible. VA is working on developing its proposal and intends to share this with the Committee in the near future.

2. What else should Congress do to cure this failure?

In regards to the current program, VA has worked closely with Congress to enact changes to the original law which have created more flexibility in the Veterans Choice Program and enabled more Veterans to use the program. VA has also worked closely with our contracting partners to modify the contracts and business processes. This has enabled the contractors to make payments to community providers more timely and provide-more timely appointments for Veterans. VA has also developed and implemented tools to assist in sharing health information with the community providers to ensure better care coordination for Veterans.

We believe the legislation that is ultimately enacted should embrace a few broad principles; these principles are based on lessons learned through VA's community care program and the Veterans Choice Program.

The future community care program must empower the Veteran and his or her provider to get the right care at the right time from the right provider. VA must be able to establish a high-performing network of VA and community providers who can furnish the very best care for Veterans. To do this, we must have flexibility in terms of payment rates and the types of agreements we form with providers. In addition, we must also have the flexibility to simplify our interactions with providers to ensure we pay them on time, and can easily share information with them.

It is also imperative that VA retain flexibility to adjust and adapt to an evolving health care landscape. Legislation that is too prescriptive in terms of rules, responsibilities, or processes can only limit our options, leading to frustration by Veterans and community providers alike. The law establishing the Choice Program was amended five times in less than three years. That is not a sustainable model. We believe the best legislation in this area would provide broad, general authority that VA could further narrow and implement through regulations, policy, and contracts. We have been working with your staffs and our VSO partners over the past 15 months on these proposals and will continue to do so once legislation is enacted to ensure that the best ideas are incorporated in the new program.

Lastly, it is critical that the legislation provide VA sufficient time for development and implementation. We know from our efforts with the current Choice Program that a rushed period of implementation will not help Veterans or VA. Ideally, we would have a full year to establish provider networks, draft regulations, and build the relationships and systems that will empower Veterans, VA, and community providers to offer the very best health care services to our Veterans.