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Readout of Under Secretary for Health Meeting with Commission on Care

WASHINGTON – Today, Under Secretary for Health, Dr. David Shulkin, spoke to the Commission on Care and shared the actions already underway to transform the Veterans Health Administration (VHA) and the vision to move it into the future that embraces an integrated community care model.

Dr. Shulkin stressed the need for the Commission to fulfill its collaborative mandate to fully explore all options under its charter, and underscored that simply forcing a choice between a community provider or the Department of Veterans Affairs (VA) will weaken the ability of VA to develop a truly integrated community based network that can evolve and improve.

He expressed agreement on many issues of concern that some members of the Commission have brought forth about VHA, but also provided candid feedback where VA disagrees. He made clear that we have made key advances in access, quality and patient satisfaction within the larger transformation we call MyVA.

He also reminded Commissioners that the VA health care system has an understanding of the consequences of military exposure, PTSD, polytrauma care, prosthetics and other types of care that are unrivaled by any other health care system in the world. Any recommendations for reform must be sure not to impede the contract VA has with Veterans to translate that understanding into state-of-the-art care that helps Veterans manage illness and achieve their highest level of health and well-being.

Dr. Shulkin made clear that VA is committed to bold transformation and has already begun its largest reorganization in history, which is MyVA. Defined as our effort to modernize VA's culture, processes and capabilities, we are transforming the Department into a Veteran-centered service organization. Within the 12 Breakthrough Priorities laid out by Secretary McDonald, several focus squarely on health care outcomes specifically improving access to care and improving community care.

We have submitted to Congress a plan to streamline and untangle our community care programs so that we may improve relationships with community providers, process and pay claims more timely and assure that Veterans can see a community provider within 30 days of their referral. We are also working with Congress to enable the development of high performance networks.

 We have established the Office for Community Care, which is in charge of this effort and is coordinating outsourced bill payments, improving the customer service experience, and enhancing technology to support the exchange of health information.

VHA created and has begun to implement the Blueprint for Excellence, which offers a detailed vision for the evolution of health services provided by VHA.

Increasing Access to Care

Dr. Shulkin laid out our efforts already underway to increase access to care for Veterans highlighting the two recent Access Stand Downs, and our efforts to focus on patients with the most urgent health care needs first. During the nationwide Access Stand Down that took place on February 27, the one-day event resulted in VA reviewing the records of more than 80,000 Veterans to get those waiting for urgent care off wait lists. 93 percent of Veterans waiting for urgent care were contacted, with many receiving earlier appointments.

VA increased its total clinical work (direct patient care) by 10 percent over the last two years as measured by private sector standards (relative value units). This increase translates to roughly 20 million additional provider hours of care for our Veterans. He also laid out our efforts to increase clinical staff, add space and locations in areas where demand is increasing and extend clinic hours into nights and weekends, all of which have helped increase access to care even as demand for services increases.

Providing Quality Care

Dr. Shulkin discussed independent reports showing good care is being delivered every day at VA including:

- A recent study published in the Journal of the American Medical Association in February 2015 shows that VA delivers high-quality care for some of the sickest, most complicated patients, finding specifically that VA hospitals had 30-day risk-standardized mortality rates lower than those of non-VA hospitals for acute myocardial infarction and heart failure.
- The Independent Assessment found that VHA health care quality is better on many measures than non-VA providers' care, VHA performed the same or significantly better on average than the non-VA provider organizations on 12 of 14 effectiveness measures in the inpatient setting.
- It also concluded that, on average, VHA performed significantly better on 16 outpatient Healthcare Effectiveness Data and Information Set (HEDIS) measures of effectiveness compared with commercial health maintenance organizations (HMOs); on the 15 outpatient HEDIS measures of effectiveness measures with Medicare HMOs.
- A 2015 study documented that VA quality in mental health care was better than private sector care by at least 30 percent on each of seven performance measures. Patients with depression were more than twice as likely to get effective long-term treatment than private sector patients.
- Another 2015 study comparing cancer care through VA, Medicare, Medi-Cal and private insurance found that outcomes for VA patients compared favorably to patients with non-VA health insurance. Moreover, VA patients were generally more likely to receive recommended evidence-based treatment.

Measuring and Improving Patient Satisfaction

Dr. Shulkin shared key data showing patient satisfaction. VA utilized sign-in kiosks at VA facilities all across the country to assess patient satisfaction with their ability to get their appointment when they wanted it. Eighty-nine percent of Veterans were completely satisfied or satisfied

with their ability to get care when they wanted it.

Innovation and the Way Ahead

Dr. Shulkin talked to Commissioners about the innovations taking place at VHA and some of the changes to come, particularly as we continue to explore and add new ways for Veterans to connect to their healthcare. VA has recently developed an app, called Veteran Appointment Request, which allows Veterans enrolled in the VA health care system to both request and directly schedule VA appointments. The pilot for this app is targeted to begin in late spring. Last Veterans Day, we launched Vets.gov, a centralized website for VA online services. We will continue to add additional services and functionality through the end of this calendar year.

VA research produces cutting-edge medical and prosthetic breakthroughs that improve the lives of Veterans and others. The list of accomplishments includes therapies for tuberculosis following World War II, the implantable cardiac pacemaker, CAT scans, functional electrical stimulation systems that allow patients to move paralyzed limbs, the nicotine patch, the first successful liver transplants, the first powered ankle-foot prosthesis, and a vaccine for shingles. VA researchers also found that one aspirin a day reduces by half the rate of death and nonfatal heart attacks in patients with unstable angina. Today, we conduct ground-breaking research on spinal cord injuries, the findings of which inform the entire medical community for a population that wouldn't likely get the funding support of non-VA researchers.

VA is also at the forefront of evolving the U.S. health care delivery model toward team-based care through inter-professional education, and developing new capabilities including quality, safety and value, health informatics and analytics, telehealth, to name a few. VA has been an integral part of health professions education in the country training 70 percent of American doctors. It is also the largest employer of nurses in the nation.

Importantly, he laid out our ongoing work to adopt best practices from the private sector and focus on enhancing capabilities within VA for services that are not available or as strong in the community.

In 2015, VHA completed 21.3 million appointments in the community. VA supports local determinations of Veteran needs and provider capabilities. However, forcing a choice between a community provider or the VA will weaken the ability to develop a truly integrated community based network that can evolve and improve.

A layout of the MyVA Breakthrough Priorities is available here.

Legislation that is needed and has been requested by VA that supports these MyVA Breakthrough Priorities is available here.