

The Future State of VA Community Care December 2, 2015

The Warrior-Family Roundtable (WFR) discussion was held December 2, 2015 at The Chicago School of Professional Psychology in Washington, D.C. The purpose of the WFRs is to expand on previous MOAA forums and efforts, as well as current programs and policies aimed at improving the psychological and overall well being of our warriors and their families. Roundtables are an extension of MOAA's annual Warrior-Family Symposium which brings together key leaders in Congress, the Departments of Defense (DoD) and Veterans Affairs (VA), and other governmental and non-governmental organizations and individuals to exchange ideas, collaborate and problem solve. In partnership with Zeiders Enterprises, Inc., the Roundtables provide a valuable, informal and non-attributional venue for more targeted and detailed discussions on topics and issues surfacing from the Symposium.

Summary

MOAA and Zeiders Enterprises recognized the positive impact of the assembled group of community leaders on the warrior-family communities and thanked The Chicago School of Professional Psychology for their continued participation and hosting the group in their facility.

The discussion focused on the VA's proposed [Plan to Consolidate Community Care Programs](#) released on October 30, 2015 - a new managed care model called the *Veterans Choice Program* (VCP) for purchasing health care in the community. Kristin Cunningham, Director of Business Policy, VA Health Administration (VHA) Chief Business Office and Marvin Rydberg, Office of Strategic Integration provided background and information on the:

- [Veterans Health Care Choice Improvement Act of 2015](#) and [The Choice Act](#) (Veterans Access, Choice, and Accountability Act of 2014), including individuals/stakeholders involved in Plan development;
- Plan and phased implementation approach; and,
- Integration of the Plan in the Secretary's MyVA transformation and the Commission on Care efforts underway

An open discussion with attendees followed, including some recommendations for stakeholder engagement, partnerships and additional factors for consideration in further shaping and implementing the New VCP.

Choice Program and Choice Card Update

November 5, 2014: The Veterans Choice Program (VCP) was launched (Public Law (P.L.) 113-146, signed by the President on August 7, 2014). Veterans must be enrolled in VHA to receive services (once enrolled are always enrolled).

The Program allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA entities and providers. Eligibility requirements for the Choice include Veterans who are:

- On a wait list of 30 or more days from the clinically indicated date (CID) for the service (date that the provider has specified for the Veteran to be seen) or patient preferred date if no CID provided.
- Reside more than 40 miles from the closest VA medical facility (or more than 20 miles from White River Junction, VT if a resident of New Hampshire).
- Meet certain other residence-based requirements.

April 24, 2015: Interim final regulations were issued changing mileage calculation from straight line to driving distance (fastest route) to the closest VA medical facility, doubling the estimated number of eligible Veterans for the Program.

May 22, 2015: The Construction Authorization and Choice Improvement Act (P.L. 114-19) was signed into law modifying the program by addressing the language and provisions around the unusual and excessive burden requirements for travel to a VA medical facility and expanding eligibility for certain Veterans to use the Program based on challenges in traveling to a medical facility.

July 31, 2015: The Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114-41) was signed into law requiring a number of health care improvements such as: a plan to consolidate programs in VA to improve access to care; a funding account for non-VA health care; temporary authorization to use VCP funds for certain programs; and, modifications of the VCP.

October 30, 2015: VA submitted to Congress its Proposed New Veterans Choice Program (Plan to Consolidate Care in the Community). The VA Budget and Choice Improvement Act calls for improving Veterans access to care by consolidating community programs into one standardized “New Choice Program” (New Choice Program). Current care in the community programs are confusing not only Veterans but also to VA employees and providers. VA gathered extensive stakeholder feedback, including VSO, VA staff and clinicians, federal partners, and health industry leaders, along with best practices, financial modeling, and alignment with VA’s future vision for health care. New Choice Program will standardize eligibility, access to community care, high-performing networks, care coordination, and provider payment.

The presentation noted that transformation of this scale and impact requires a phased implementation approach. The New VCP is focused on creating a symbiotic program, sharing best practices across networks and streamlining across the system. The future state intention includes

IT infrastructure improvements with a provider portal, Veteran facing user portal, and integration of medical records and community provider records to provide access in real-time.

VA faces unique considerations when defining eligibility criteria such as: Providing coverage in areas where VA has no physical assets or provider networks; roughly 80% of enrolled Veterans have Other Health Insurance; and, need to support VA’s education and research missions.

Implementation of the New VCP is intended to be flexible and to follow a phased approach that will allow the VA to implement immediate improvements while planning for a future state that will align VA with industry leading practices and support high quality care delivery in and outside of VA facilities.

Phase 1	Develop Implementation Plan and Implement Minimum Viable Solutions and Processes	Time Frame- 2015-17
Phase 2	Implement Interfaced Systems and Process Changes	Time Frame - 2017-18
Phase 3	Deploy Integrated Systems, Operate High Performing Network, Make Data Driven Improvements	Time Frame - 2018-21

December 1, 2015: VA published the Interim Final Rule, expanding access to non-VA care through the VCP by:

- Removing the 60-day limit on episode of care.
- Removes the requirement for enrollment in prior to 8/1/2014 (Veteran must be enrolled in the VHA to use the Program).
- Expanding the provider base by allowing Secretary VA to establish criteria.
- Allowing care in the Program when VA cannot provide care by the clinically indicated date if that date is shorter than wait time (30 days).
- Changing the requirement for distance from Community Based Out-Patient Clinics (CBOCs) related to full time physician availability.
- Includes provisions from PL 114-19 regarding the unusual or excessive burden.

Group Discussion & Recommendations for Consideration

Significant discussion centered on coordination of care and understanding eligibility for services. Participants advised that constant changes, revision, and updates to the Program are creating issues with understanding eligibility for both the user and the Patient Advocate with a disconnect taking place between the education of the customer and the staff on various updates.

Other feedback included:

- Concern on the fracturing of continuity of care and coordination of care for billing purposes. Medicare, Medicaid and TRICARE are not considered Other Health Insurance by VA and agency does not seek reimbursement. One exception is the Indian Health Service where these plans are first payers.
- Focus on opportunities for further communication and community involvement—communication critical.
- Provide more communication on basic eligibility and standards including use of social media.
- Establish an expert at each local VA to be a live knowledge source of changes, program updates and service criteria.

- Create partnerships with community organization and reach out to the private sector partners for support and best practices, lessons learned.
- Add a Caregiver group to the community stakeholder for gathering insights.
- Build in flexibility for the exceptions to the rules cases and provide a path for patient advocacy.
- Determine a path for dealing with care coordination troubleshooting issues.
- Communicate and educate the front line staff on dealing with billing mistakes.
- Develop an online App for the Program.
- Future VA workforce management, development, and relationship with the Union will be even more important.
- Suggested Call to Action
 - Move to Veteran-Driven vs. Veteran-Centric organization.
 - Convene a group of high-use caregivers – TAPS offered to host a Military Caregiver Veterans Network with Quality Of Life Foundation, the Bob Woodruff Foundation, and other caregivers and invite VA as participants to solve for high-use/complex cases.
 - Empower case managers to enforce regulations, care guidelines, and empower providers to make decisions on patient well-being and continuity of care.

Final comments from the group discussion recognized the challenge of building for future balancing the requirement to implement care in the community and system optimization, all the while during a time of constant change as VA health care and American health care are evolving.

MOAA and Zeiders express our thanks to The Chicago School of Professional Psychology and to an enthusiastic and engaged audience. The WFR adjourned at noontime.

Participants		Organization
Dorian	Anderson	Zeiders Enterprises
Kathy	Beasely	MOAA
Meredith	Beck	Bob Woodruff Foundation
Rene'	Campos	MOAA
Kristin	Cunningham	Veterans Health Administration
Lynda	Davis	TAPS
Jennifer	Davis	Air Force Sergeants Association
Peter	Dickenson	DAV
Ginger	Hayes	Zeiders Enterprises
Jim	Lorraine	America's Warrior Partnership
Shurhonda	Love	DAV
Tracy	Malone	United Health Group
Bob	Norton	MOAA
Rachel	O'Hern	Quality of Life Foundation
Marvin	Rydberg	Veterans Health Administration
Michael	Saunders	The Retired Enlisted Association
Andrea	Sawyer	Independent
Ramsey	Sulayman	HealthNet