



VA HEALTH CARE REFORM

PL 115-182, the VA MISSION Act of 2018

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Improves VA Health Care System:

- Removes barriers for VA clinicians to practice telemedicine
- Strengthens processes for opioid prescribing by VA and community care providers
- Eliminates barriers to hiring and retaining VA providers
- Strengthens peer-to-peer support for veterans undergoing care for trauma or in rural areas
- Establishes mobile deployment teams for underserved and rural facilities
- Authorizes use of provider agreements to enhance availability of care

VA Remains Responsible For:

- Establishing access to community care provider network
- Monitor network care and report to Congress
- Informing veterans that care in the community is voluntary
- Ensuring medical appointments scheduled timely
- Ensuring continuity of veteran's care and services
- Coordinating coverage for veteran's care
- Ensuring no lapse in veteran's care

Access to Walk-in Clinic:

Non-Emergent episodic care

- Veterans who do not pay outpatient copay have two visits without a copayment—Additional visits require copayment
- Veterans required to pay outpatient copay *may* have two visits without a copayment—Additional visits require copayment
- VA would be required to ensure continuity of care, including receiving medical records from walk-in care providers and sharing pertinent patient medical records with walk-in care providers

VA Required to Establish:

Access Standards

- Distance between veteran and facility that provides needed care
- The nature of the care required
- The frequency of care required
- The timeliness of available appointments for care required
- Unusual or excessive burden for veteran to receive required care

Quality Standard for VA Service Line:

- Compare timeliness of medical service line at different VA facilities
- Compare two or more quality measures between VA and non-VA medical service lines
- Include veteran patient satisfaction
- VA is limited in offering care in the community to no more than:
 - 36 underperforming service lines nationally
 - 3 underperforming service lines per facility
- Remediation of VA service line is required

VA Shall Provide Community Care:

- VA does not offer the needed care or services
- VA does not have a full-service hospital in the state
- VA does not meet designated access standards
- Veteran and VA clinician agree it is in veteran's best interest
- 40-mile Choice veteran in Alaska, Wyoming, Montana, North Dakota, South Dakota
- 40-mile Choice veteran received care in last 12 months and is seeking care over next 24 months

VA May Provide Community Care:

- VA Service Line does not meet "Quality Standard" of care

Using Community Care:

- Requires education program to inform veterans and VA providers
- Copayments of community care same as cost of VA care
- Decision shall be subject to VA clinical appeal process
- Ensures VA providers removed or suspended from VA practice do not treat veterans in the community
- VA to promptly pay community providers

Remediation of VA Service Line:

- Increasing personnel or temporary personnel assistance, including mobile deployment teams
- Utilizing direct hiring authority and special hiring incentives (Education, Debt Reduction Program, and Recruitment, Relocation, and Retention incentives)
- Providing improved training opportunities for staff
- Acquiring improved equipment
- Modify facility structure used by service line

High-Performing Integrated Care Network:

- Identify demand on VA by local market area
- Assess capacity of: VA, Academic Affiliate, Other Federal providers (DOD, HIS, FQHC, etc.), Community Care Network
- Evaluate effect of required Access and Quality Standards on VA Health Care System
- Strategic plan every 4 years regarding demand/capacity and review of VA programs policies to inform VA budget



Thank You!

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