

Building a Veterans Health Care System for the Future

Over the past decade, the Department of Veterans Affairs (VA) health care system has faced significant challenges and undergone historic reforms to improve veterans' access to timely and high-quality health care. The VA MISSION Act of 2018 was designed to improve veterans' access to medical care by expanding VA's internal capacity and creating a system of high performing community provider networks to work seamlessly with the VA health care system.

However, the slow transition from the former Veterans Choice Program provider networks to the new Veterans Community Care Network (VCCN) was only recently completed and it is not yet clear how this change will affect veterans health care usage patterns. The quality of care provided to veteran patients by community network of providers must be routinely monitored and evaluated and VA must ensure that these providers meet the same training, certification and quality standards required of VA providers. VA must also take into account how its significant expansion of telehealth services, due to the COVID-19 pandemic, will impact health care delivery in the VA and other private health care systems in the future.

The MISSION Act also established an Asset and Infrastructure Review (AIR) process to modernize, realign and rebuild VA's health care facilities. The success of the AIR process will depend on the degree to which VA works in true partnership with veterans and veterans service organizations (VSO) stakeholders, which has not yet occurred. As a result of challenges implementing the MISSION Act, as well as the year-long disruption from the COVID-19 pandemic, VA is behind schedule completing system-wide market assessments required by the AIR process which are critical to ensuring VA has comprehensive and accurate data about veterans health care options, needs and preferences.

VA is also currently engaged in a 10-year, \$16 billion modernization of its electronic health record (EHR) system to improve interoperability with other federal and private medical systems. VA's track record of IT failures calls for continuous and aggressive oversight by Congress. In addition, VA must implement a modernized scheduling system and an easy-to-use interface designed to meet its veteran patients' needs and preferences.

All of these critical transformations take place as health threats posed by the COVID-19 public health crisis continue. VA must also review its 4th mission requirements during national emergencies so that they are properly aligned and consistent with VA's primary missions, without negatively impacting VA's ability to provide safe and uninterrupted care to veterans during future pandemics or national emergencies.

- **The VA MISSION Act must be faithfully implemented as intended. VA must fully engage with veterans and VSO stakeholders to ensure veterans' preferences are paramount while planning local community care networks and implementing the AIR process.**
- **Non-VA community care providers must be required to meet the same training, certification and quality standards as VA health care providers so that veterans receive the highest quality of care regardless of where they receive it.**
- **Congress should amend the MISSION Act to extend the AIR timeline by at least one year and ensure that lessons learned from the COVID-19 pandemic are fully incorporated into VA's long-term infrastructure planning.**
- **Congress must aggressively oversee VA's transition to a new electronic health record system, which must include a modernized scheduling system and user-friendly interface for veterans.**
- **Congress and VA must ensure that VA's 4th Mission functions are appropriate to respond to future pandemics and national emergencies while ensuring that veterans always have uninterrupted and timely access to VA health care.**