



ISSUE BRIEF: STRENGTHENING VETERANS HEALTH CARE

The Situation

- The Department of Veterans Affairs (VA) Veterans Health Administration (VHA), a leader in research and training of health professionals, is a highly integrated system specializing in the distinct health and readjustment needs of wounded, ill and injured veterans.
- VA has developed centers of excellence in prosthetics, spinal cord injury and disease, blind and low vision rehabilitation, treatment for post-deployment mental health challenges and post-traumatic stress disorder, environmental exposures, homelessness, and preventative evidence-based treatments for veterans with chronic and complex health conditions. These services have evolved with wartime deployments, demographic changes in the veteran population and unique readjustment needs.
- Over the last decade, increased demand and sluggish development of internal VHA capacity has compelled VA to become increasingly dependent upon community partners to meet the medical care needs of veterans. The overuse of the VA Community Care Network (CCN) has caused significant budget overruns in several years, often without improving veterans' access to care in a meaningful or lasting way.
- The Asset and Infrastructure Review (AIR) process broke down in the 117th Congress. However, this does not end Congress's responsibility to expand and sustain adequate VA health care infrastructure. While VA's AIR recommendations contained outdated or inaccurate data in many locations, they identified hundreds of medical facilities that need to be repaired, rehabilitated, expanded, and constructed to meet veterans' needs.

In 2022, Congress passed the historic Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (Public Law 117-168), which expanded VA health care to potentially millions of veterans.

The Challenge

- Congress and VA continue to increase the department's breadth and depth of responsibility for caring for wounded, ill and injured veterans without appropriately adjusting the level of resources necessary to provide specialized, timely, convenient, and high-quality care.
- VA has struggled to address the rising need for gender-specific programming and training for health providers to meet the significant increase of service-disabled women veterans seeking VA care and specialized readjustment services.
- Veterans who use the VA health care system expect providers in its CCN to meet or exceed the same access and quality standards VA clinicians meet. However, CCN providers are not required to meet these standards, so VA often schedules appointments in the community without knowing if it will result in shorter wait times or comparable quality of care for veterans.

- VA has invested significant resources in its telehealth system, which offers greater flexibility for many patients and is often more efficient in meeting demand. However, VA's telehealth appointments are not included in VA's available appointment inventory, which tilts the scale toward the use of community resources.

The Solution

- VA must ensure it remains a leader in veteran-focused research and specialized care for ill and injured veterans and the primary provider and coordinator of care for all the veterans it serves.
- Congress must provide VA with sufficient and timely funding to fully meet demand for care by enrolled veterans within VA facilities and through its Community Care Network program.
- Intended as a supplementary provider network to the VA health care system, the CCN must be developed to ensure it is well integrated with the VA health care system to avoid fragmented, substandard care for veteran patients.
- VA must create standards for its CCN partners that ensure access to quality care that meets or exceeds VA's standards, and that training is mandated to ensure providers' familiarity with veterans' unique health risks and care needs.
- VA must identify a way to appropriately utilize and record telehealth appointments within its available appointment inventory when the veteran prefers a VA telehealth appointment rather than a referral to a community provider.