The Situation

- The Department of Veterans Affairs (VA) Veterans Health Administration (VHA) is a highly integrated medical care system specializing in the distinct health and readjustment needs of ill and injured veterans. VHA’s whole health model of care is focused on preventative screening and evidence-based treatments for veterans with chronic and complex health conditions.

- VHA delivers veteran-centric care to include state-of-the-art prosthetics, care for spinal cord and brain injury, blind and low vision rehabilitation, treatment for post-deployment mental health challenges including post-traumatic stress disorder, environmental/toxic exposures, and addressing transition issues and homelessness.

- Over the past decade, VHA has experienced unprecedented growth and stress and undertaken historic reforms to ensure that veterans have timely access to high-quality health care.

- Congress expanded the ability of veterans to receive care from community health care providers, through the Veterans Community Care Network (VCCN) established under the VA MISSION Act of 2018.

- Despite exceeding its hiring goals for 2023, increased demand for care and HR challenges continue to hamper VA’s ability to meet the care needs of veterans internally, which has resulted in the increased use of community care services.

The Challenge

- VA has struggled to address the increased 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.

- A 2023 Government Accountability Office (GAO-23-105617) identified significant challenges in scheduling timely appointments for veterans, both with VHA and community care providers.

- Veterans who use the VA health care system expect providers in its Community Care Network to meet or exceed the same access and quality standards VA clinicians meet. However, third-party administrators of the VCCN are not required to meet the same training and quality standards.

- Not all of VA’s community partners and academic affiliates choose to use the Veterans Health Information Exchange (VHIP), which allows them to seamlessly and securely access the medical information they need to coordinate veterans care.
The Solution

- For VA to remain the primary provider and coordinator of care, it must increase internal capacity to deliver timely high-quality care by addressing staffing needs, an aging infrastructure and challenges with its electronic health record (EHR) modernization efforts.

- VA must continue to accelerate its recruitment and retention efforts, and improve and expedite its hiring and onboarding processes, to expand its capacity to deliver high-quality health services to our nation’s veterans.

- VA must ensure its facilities are aligned with modern health delivery and address patient care safely in a manner that preserves veterans’ privacy and dignity, while allowing staff to work efficiently and effectively.

- Congress and VA must create a strategic plan to modernize VA infrastructure and bolster construction funds for health care facilities to increase VA’s internal capacity.

- VHA must improve its processes for scheduling patient appointments both in VA and through the VCCN. Community providers must be required to meet the same training and quality standards as VA providers.

- VA should work with its community care partners and academic affiliates to encourage the integration and use of the VHIP to utilize the joint health information exchange to ensure coordinated, high-quality veterans care.

- VA must be held accountable for the success of its EHR modernization effort. Congress must provide rigorous oversight of VA’s new electronic health record system to ensure that patient care, safety and other mission critical work, including data collection and research, is not negatively affected.