

The Future of Choice & VA Health Care

In late August, the President signed legislation that provided \$2.1 billion to extend a program that gives veterans enrolled in the VHA a “Choice” in where they receive care. In the next few months, Congress will consider various plans to redesign the Veterans Choice Program. As policy makers consider these options, they should assess not only the plan’s ability to remedy any problems in veterans’ access to care, but also its broader impact. Congress must ensure that the next Choice Program does not compromise VHA’s overall quality of health care services delivered to veterans—care that has been demonstrated, with geographic variations, to be equal to, and often superior to, non-VA care.

Launched in 2014 as part of the Veterans Access, Choice and Accountability Act, the temporary Choice Program was meant to remedy a crisis of limited capacity, access, and excessive delays reported at many VHA facilities. The program offered non-VA options to veterans who had to wait long or travel far for their care. To date, the program has provided health care services to more than 1.6 million veterans.

As Senate and House VA committees began to draft new authorizing language for the program, many have spoken out about these issues and highlighted the unique importance of the VHA’s comprehensive, integrated model of care—one that is focused on the specific problems of veterans. NOVA, alongside its partners—Association of VA Psy-

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chologist Leaders, Association of VA Social Workers, and the organization Fighting for Veterans Health-care—has provided their thoughts on the best solution to continue providing veterans timely access to this type of high-quality health care.

Congress must ensure far more than simply preserving the VHA’s innovative, integrated-care model. It must guarantee that the VHA’s system for clinically training the majority of U.S. health care professionals is maintained. The program funding must include a robust research department whose mission not only benefits veterans, but also the health care provided to every American. It must ensure that the community has the capacity to absorb an influx of veterans in a timely manner.

Community providers must be required to meet VHA’s elevated standards, use evidence-based treatments driven by measurement-based care, have knowledge of military culture and competence in veteran-specific problems, perform needed screenings, and be subject to the same training and continuing education requirements as VHA providers.

Given that non-VA care is more expensive than VHA care, Congress must ensure that any Choice care that veterans are offered is done so judiciously. Otherwise, the cost of Choice could wind up eroding VHA’s level of services. Finally, Congress also must ensure that the VHA is improved, not dismantled. As surveys and studies have shown, this is what the majority of veterans prefer and what they have been promised by administration and congressional leaders.

As VA nurses providing and coor-

dinating care for veterans, we have a stake in how Choice and all community care is provided. As an organization, NOVA understands that community providers are a crucial part of an integrated network set up to provide care where there are shortages, but VHA must remain the first point of access and coordinator of that care.

Any new legislation addressing community-integrated care must include measures that hold providers accountable for performance and timeliness of care and services. It also must take into account the VHA’s unparalleled integration of primary and mental health care and the many wraparound services that are offered veterans.

Finally, the congressional budgeting process must include adequate funding for both VHA services and its integrated-community care accounts. The practice of reallocating funds from VHA health care accounts to pay for non-VA care cannot continue.

Making significant, lasting improvements in how VHA provides health care within its facilities and with partners in the community is unquestionably the right thing to do. It honors the sacred obligation we owe to veterans. Congress must be willing to invest in the VHA and provide veterans with the type of high-quality, veteran-centered care that serves their complex needs. ●

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