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Commission on Care Workgroup Report

Health Care Alignment

March 22, 2016

Pre Decisional Internal Working Draft

Recommendation: Board of Directors

- **That Congress provide for establishment of independent Board of Directors responsible for governance of VHA with focus on transformation, direction of long-term strategy, and vested with decisionmaking authority.**

Its enumerated powers would include –

- **decisionmaking authority to direct the transformation process;**
- **decisionmaking authority over major operational issues (e.g. decision to initiate an RFP for acquisition of a major new system;**
- **directing development of VHA's budget;**
- **directing development of realignment process and approval of VHA realignment plan;**

Membership

- **11 members, including the SecVA, with staggered terms to provide for continuity**
 - initial appointments: a specified number serving for 4-yr terms, and others 7-yr terms;
 - subsequent appointments for 7-yrs
 - Board Chair and Vice Chair elected to 3-yr term from among members.

Member Experience

- **Appointments to be based on professional standing and experience, to collectively provide expertise in following areas:**
 - Senior management of large healthcare delivery organization;
 - Familiarity with govt. healthcare systems;
 - Familiarity with VHA;
 - Familiarity with medical facility construction/leasing &/or govt. contracting;
 - Knowledge of healthcare financing;
 - Veterans' representation; and
 - Health equity and disparities.
 - Veterans' needs and perspectives.

Appointment

- **Modeled on Commission on Care”**
 - **President appoints 2 (plus SecVA)**
 - **Hill leaders each appoint 2**

Operations

- **Board is not a full time body;**
- **Has small permanent staff and budget to contract with consultants/experts**

Alternative Option

- **Board of Directors model was considered, but not adopted: that model would–**
 - **Be responsible for overall VHA governance;**
 - **Provide overall strategic direction;**
 - **But would not have any operational authority**
 - **Rejected, as this model would not have the authority to assure real change.**

Recommendation: Capital Asset Realignment

- **That Congress establish process for VHA system realignment, with following elements:**
 - Direction that VHA develop a national realignment plan (to be approved by Bd. of Directors);
 - Establishment of a commission to review plan, conduct site visits, hold hearings, and adopt or revise realignment plan;
 - VA to implement the plan unless, w/i specified timeframe, Congress disapproves it;
 - Savings resulting from realignment to be reinvested in system improvements.

Realignment planning process

- **Assessment to include comprehensive review of VHA's physical plant;**
- **Planning to be locally-focused, based on national planning-template;**
- **Planning should engage other community providers toward meeting veterans' needs through collaborative partnerships, innovative delivery models, and providing services under purchased-care arrangements.**

Alternative Option

- **Pursue realignment under existing authority**
 - Requires formal congressional “notify & wait” process for any change that reduces facility staffing by **15% or more**;
 - **Administrative efforts repeatedly stymied.**

Recommendation: Tools Needed to Develop Integrated Care Networks

- **Congress in near term must provide clear authority to permit development of integrated care networks**
- **VHA must develop streamlined policy that encourages local “sharing” agreements**

Rationale

- **Current law on contract care: inconsistent authorities, different eligibility criteria, creates confusion**
- **“Sharing”: prescriptive, cumbersome, centralized VA policy limits opportunity to maximize sharing opportunities**

Developing a Provider Network

- **Objective: That VHA sets up and manages networks of vetted providers**

Key Elements of Provider Network

- **Local markets dictate composition of the network**
- **Must be standard requirements providers agree to meet**
- **Crux is provision of integrated, coordinated care**
- **Aspirationally, use of a single electronic health IT platform**

Recommendation : Eligibility/Benefits Design

- **-That the President or Congress task another body to examine the need, if any, for changes in eligibility for VA care and/or benefits-design;**
- **-That any such system reinstate priority for service-connected vet as core**

Rationale

- Congress last conducted a major examination of these issues 20 years ago
- Developments since then have real relevance to eligibility/benefits-design questions:
 - More than 2.6 million deployed post 9/11, many on multiple tours; have experienced high levels of psychological, substance use, and physical health problems; & at possible increased risk of other illnesses due to toxic exposures that may not be covered under existing eligibility criteria;
 - Enrolled veterans' reliance on VA for care has declined markedly from 2011 – 2015;
 - The Affordable Care Act has changed healthcare options for previously uninsured veterans.

Alternative Option

- **Consider “grandfathering” current enrollees; and**
- **Prospectively limiting eligibility to SC, combat-deployed vets, and financially needy**

Recommendation: Other than Honorable Discharges

- **As matter of fairness, VA should revise regulations to provide access to care for those with OTH discharges.**