

Transforming VA's Community Care Program: A Conversation with Dr. Baligh Yehia, Former Deputy Under Secretary for Health for Community Care, U.S. Department of Veterans Affairs

By Michael J. Keegan

In today's complex and changing healthcare environment, where the U.S. Department of Veterans Affairs (VA) is experiencing a steep increase in demand for care, it is essential for the VA to partner with providers in communities across the country to meet the needs of veterans.

These partnerships must be principle-based, streamlined, and easy to navigate for veterans, community providers, and VA employees. Historically, the department has used numerous programs, each with its own unique set of requirements, to create these critical partnerships with community providers. This resulted in a complex and confusing landscape for veterans and community providers, as well as the VA employees who serve and support them.

Dr. Baligh Yehia is the former Deputy Under Secretary for Health for Community Care, U.S. Department of Veterans Affairs. He joined me on *The Business of Government Hour* just prior to leaving VA, to offer his perspective on the mission of its Office of Community Care, how VA is enhancing community care, and what's on the horizon for the VA Choice Act. The following is an edited excerpt of our discussion, complemented with additional research.

On VA's Community Care Mission

The focus is all about the veteran. As many know, we have veterans who live in every single corner of the country. But we can't have a brick-and-mortar facility in every location. It is all about creating partnerships—I call them highways—that allow us to connect veterans with necessary care wherever they are located.

The VA Community Care program complements VA's direct care delivery system. Together they create a network of services available to veterans. VA's goal is to deliver community care through a single consolidated program that is easy to understand, simple to administer, and meets the needs of veterans, their families, community providers, and VA staff. It is about improving the veteran's experience with



community care, ensuring that we are good partners for community providers and making sure that our VA employees who administer these programs have all the tools they need to be successful. This will allow us to improve the veteran experience, become a better partner to community providers, and increase staff efficiency and engagement.

There are packages that outline the different benefits that veterans are entitled to receive. For the most part, they collect these inside or outside the VA system; it depends on the location. In certain parts of the country, the VA may be more heavily reliant on our community partners. The frontier states or rural America is a great example of that. In other locations, we might have a very high concentration of clinics and services and care may be delivered more through our direct care system. It varies from location to location, but the same type of services, for the most part, can be found inside and outside the VA system.

It is important to note every healthcare system is different. Each one has certain things that it does exceptionally well. VA has a strong focus on the integration of mental healthcare with primary care to treat specific conditions related to veterans and their time in service. There may be certain things that we offer inside of our walls that are not readily available outside in the community.

On the Scale of Operations

The program links veterans throughout the nation with community healthcare providers. In terms of scale, the initiative currently serves more than 1.8 million veterans. Community Care has been available to veterans for more than seventy years and is how VA partners with community providers to deliver care outside of VA facilities. The network includes more than half a million providers. Community Care is represented in every state and territory in the U.S. to serve veterans and their families. There was an initial \$10 billion budget for the Veterans Choice Program (VCP) across three years; this was recently supplemented by an additional \$2.1 billion.

On Being VA's Deputy Under Secretary for Health for Community Care

I had two main responsibilities. The first was to oversee the Office of Community Care, which is a large organization: about 7,000 employees across the country who help to deliver services in the community for veterans. Along with the role of making sure that our operation is running smoothly and that we're being strategic about where we want to be in the future, I was also an integral part of the leadership team of the Veterans Health Administration. I worked to meet the Secretary's priorities, deliver the best quality care, and promote the highest levels of wellness for our veterans.

VA has a very noble mission; it kept me going each day. Serving veterans meant I would look forward to going to work. It is such a special population and I am thankful I had the chance to give back what little I could to those who, in many cases, gave so much.

On Leadership

An effective leader has several key traits. They have a vision and a plan to realize it. Clarity is essential because without it organizations can flounder. What is required of any effective leader is to ensure that they set the right direction and the right vision for an organization.

In complex organizations, leaders must be good listeners, open to insights from both employees and stakeholders. Effective leaders understand that they don't possess complete



information in order to address every organizational challenge. You can't know every single in and out of that organization or think that you have the exact solution to solve every problem.

During my time at VA, my true north was keeping the veterans front and center. I also wanted to foster an organizational culture that was open and responsive to both employees and those we served. In the end, an effective leader articulates a vision, sets a clear direction, welcomes ideas, and serves both employees and stakeholders.

On Optimizing the Referral and Authorization Systems

VA has made progress in this area. We started with a very cumbersome referral process that was manual and paper-based. Today, VA is working to leverage technology to transform many of these processes and bring them into the twenty-first century. VA continues to focus on making the referral process easier and simpler to use.

It is putting this process through a lean analysis, looking at every step and determining its value. It is asking how can steps be simplified, streamlined—or jettisoned. The process may not be where VA wants to be yet, but the organization is on the right trajectory, taking steps to automate and make the referral process easier. I think we will see larger leaps forward in this area as there are plans in the works with some external partners to further optimize the referral process.

On the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act)

The passage of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) (the "Choice Act"), as



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amended by the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175) was a bipartisan response to the healthcare access issues facing VA. The Choice Act provided new authorities, funding, and other tools to help support and reform VA. As directed by the Choice Act, VA administers the “Veterans Choice Fund” to implement the Veterans Choice Program (VCP). The program was set to operate for three years or until the fund was exhausted.

The Choice Act was born out of all the different access challenges that the department was facing. It provided access to resources that VA didn’t have. It provided \$10 billion that could be used to purchase healthcare in the community for veterans who met eligibility criteria. It also provided \$5 billion to support various workforce and infrastructure initiatives within VA. We have just passed that third year. As a result, Congress passed an additional \$2.1 billion for the Choice Act to continue, which will provide us with more runway to continue caring for veterans who need it.

Veterans Choice Cards allow those veterans unable to schedule an appointment within thirty days of their preferred date or the clinically appropriate date, or on the basis of their place of residence, to receive care from eligible non-VA healthcare entities or providers. This is separate from VA’s existing program providing veterans with care outside of the VA system. Eligible non-VA entities or providers must enter into agreements with VA to provide care, they must maintain the same or similar credentials and licenses as VA providers, and they must submit a copy of any medical records related to care and services provided under the program for inclusion in the veteran’s VA electronic medical record.

The Choice Act has also changed the way care is delivered to veterans. It provided significant resources and tried to cut wait-times. However, it became just another part of a patchwork of various programs that comprise VA’s Community Care program. The Choice Act became another program on top of existing programs. VA is working with Congress to consolidate and modernize this patchwork into a single consolidated program.

On Meeting the Mandates of the Choice Act

It has been challenging. The initial difficulty was meeting the tight timeframe. VA had 90 days to set up the program, which was unprecedented. I always compared that requirement to our Tricare colleagues at U.S. Department of Defense (DoD), who took about three years to set up their program. Three months versus three years is a big difference.

In its next iteration, VA is working to ensure that it has enough time to implement the program. The organization is advocating a twelve-month period that allows it to build the

systems needed to establish, deliver, and implement the next Choice Act type program.

The other challenge concerned working with our contracting partners. We have the Patient-Centered Community Care (PC3) contract, which is a vehicle for us to be able to purchase healthcare in the community. It was not designed for the Choice Act. VA had to amend that contract to help us administer the requirements of the Choice Act. We’ve been working with our contracting partners for the last two years to make that contract more efficient. VA has carried out more than seventy different modifications to the contract.



VA has been able to tackle many challenges, yet some may remain. A reset is needed. VA must take the best of all these different programs and work with our legislative partners to craft a law that makes the most sense. Together with a new law, new network partners, and new technologies, VA can drive toward realizing its goal of having one program that’s easy to understand, simple to administer, and that meets the needs of its stakeholders.

On Recent Changes to the Choice Act

A new law, enacted April 19, 2017, made three key changes to help improve the Veterans Choice Program:

- **Removal of Sunset Date:** The law removed the August 7, 2017, date for the VCP. It will now continue until the funds appropriated by Congress are completely expended.
- **Primary Coordinator of Benefit Designation:** VA is now primary coordinator of benefits for services provided to veterans under the VCP. This eliminates costly, time-consuming manual processes and more closely aligns the VCP with other VA programs.

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- **Information Sharing:** The law removes barriers to sharing veterans’ health information with community providers while ensuring community providers only use that information to provide care.

On Transforming VA’s Community Care Program

While VA was excited about the recent legislative changes, it knows that more needs to be done. VA cannot streamline care and improve the VCP without help from Congress. Everyone understands the time is now. There is a mandate for change. It is not about simply continuing the Choice Act in perpetuity, but to take this opportunity to transform it—take the patchwork of programs, combine the best elements, and modernize how the program operates.

The proposals being considered in Congress are tackling key issues. VA must come up with a simple way to administer the program and a single set of eligibility criteria. Every different proposal is trying to do that. VA’s referral processes need to be simplified. There needs to be flexibility in how these processes and design networks are built and how VA partners with community providers to not only ensure that it pays them on time, but that it is able to exchange information easily. Many of these elements are being addressed in the various proposals under consideration. Some are being tackled in different ways, but ultimately what needs to be done is to build consensus and identify the best way to transform the community care program. VA has identified changes for transforming its community care program:

- **Consolidation and Redesign of Community Care:** VA has multiple programs to send veterans out into the community. It is important to consolidate and streamline the multiple community care programs into one, making sure eligibility and access is easily understood by veterans and their families, community providers, and VA staff.
- **Enhanced Sharing of Patient Information:** Restrictions prevent VA from sharing critical health information with veterans’ other health insurance providers. Further revisions to the law can remove barriers to information sharing for all types of health services provided. These changes would enhance VA’s ability to coordinate care.

- **Obligation of Funding:** Doing this at the time of authorization leads to inaccurate accounting. VA proposes moving the obligation of funding to the time of payment, which would improve the accounting of community care funds.
- **Provider Agreement:** Contracts create unnecessary administrative burdens for some community providers. VA proposes the establishment of provider agreements. A larger network would increase access to care for veterans.
- **Funding and Funding Flexibility:** VA Community Care is subject to unnecessary funding constraints. VA proposes flexibility for funding to meet the need of veterans, ensuring those eligible can access community care and increasing funding transparency.

On the Future

Ultimately, VA wants to ensure that veterans have access to high-quality care at the right time, in the right location, and from the right caregiver.

In the future, I want to see seamless care delivery, where you can go from one institution to another and your healthcare information is portable. And where it’s very clear to you where you go and who you’re seeing, and any cost-share responsibilities that you may have. In this system, it’s easy for partners to know where to send bills. They have assurances that those bills are going to get processed in a timely fashion and that everyone is happy and satisfied with their experience. Most importantly, I want to see that veterans are getting the highest quality of care that they need and desire. ■

To learn more about the VA’s Community Care Program, go to va.gov/communitycare.



To hear *The Business of Government Hour* interview with Dr. Baligh Yehia, go to the Center’s website at www.businessofgovernment.org.



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To read the full transcript of *The Business of Government Hour* interview with Dr. Baligh Yehia, visit the Center’s website at www.businessofgovernment.org.