

## Community Care

Goal Leaders: Amy Fahrenkopf, Acting Deputy Under Secretary for Health (DUSH) for Community Care; Kristin Cunningham, Executive Officer to the DUSH for Community Care

Theme: Veterans Benefits and Services

# Overview

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## Goal Statement

- Improve Veterans' health experiences by consolidating all VA-purchased care programs into one modernized community care program. By September 30, 2019, the percent of Veterans who are satisfied with the community care they received will increase from 73% (FY17Q4) to 79%.

## Challenge

- Ability to develop and implement the Community Care Network is contingent upon contract award.
- Timeline for enactment of new community care legislation impacts the ability to simplify the process to access and manage community care through a consolidated program.

## Opportunity

- New legislation to consolidate community care and a new contracting vehicle to purchase community care will enable VA to improve Veteran satisfaction with community care.

# Goal Structure & Strategies

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VA will improve Veteran satisfaction with community care through the following strategies:

- Strategy 1: Work with Congress to pass legislation for a consolidated community care program.
- Strategy 2: Award Community Care Network contract and create implementation milestones.

There are several key external factors that may impede goal achievement. These include:

- Timeline for contract award.
- Timeline for passage of community care legislation.

Proposed Mitigation Actions:

- If new community care legislation is not passed, then VA will continue community care under current legislative authorities and work to optimize Veterans' satisfaction with community care under existing authorities.
- If the Community Care Network contract is not awarded, VA will utilize contracts currently in place and work to optimize them within current standards.

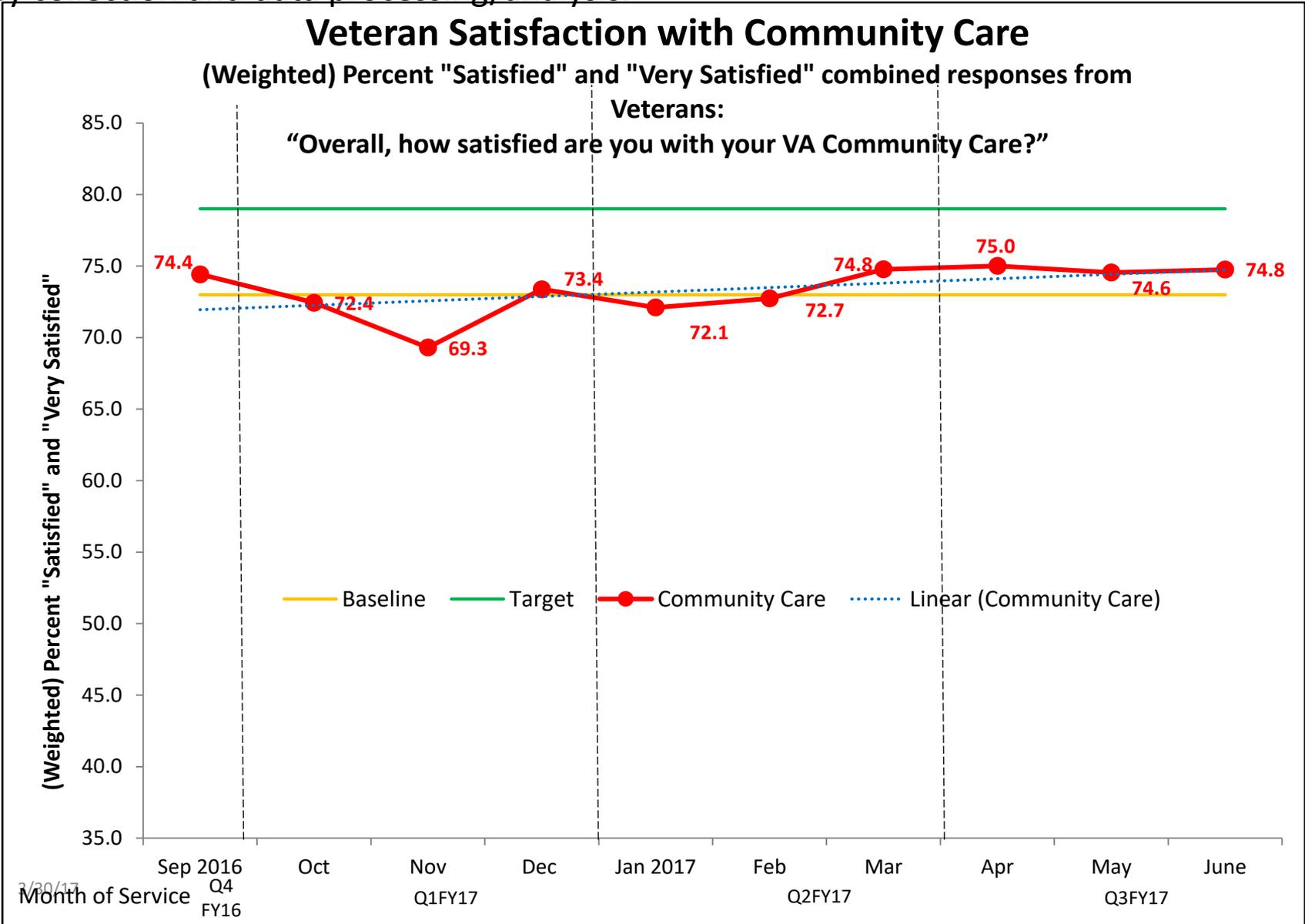
# Key Milestones

- Community Care is creating a streamlined and modernized way to deliver community care by acquiring a community care network of providers and working with Congress to implement new legislation to consolidate Community Care
- Community care consolidation bills have been marked up by Congress, but no further action has yet been taken
- FY18Q1 Status: Developing and finalizing APG goal statement and action plan.

Milestone Summary					
Key Milestones	Milestone Due Date	Milestone Status	Change from Last Quarter	Owner	Anticipated Barriers or Other Issues Related to Milestone Completion
Passage of Community Care Legislation	FY18Q3	In progress	none	VHA OCC, OCLA	Continued Congressional/Administration legislative deliberations (note: this is not a VA activity, but VA activities depend on passage)
Community Care Network Contract First Region Award	FY18Q2	In progress	none	VHA OCC	Vendor dispute preventing timely implementation
Implementation of Community Care Regulations	FY19Q3	Not yet started	none	VHA OCC	Contingent upon passage of community care legislation

# Key Indicators

Data for FY18Q1 will not be available until Q3; there is an approximately six month lag between survey collection and data processing/analysis.



# Data Accuracy and Reliability

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In March 2016, VA initiated a Community Care Patient Survey to assess Veteran experiences with VA Community Care, including care through the Choice Program. The survey includes questions regarding access, provider communication, and basic provider/patient coordination care. The survey assesses experiences unique to the process of obtaining VA Community Care, including (a) the determination of eligibility, (b) referral to a contractor and the arrangement of the first appointment with a community provider, (c) coordination between VA and the community provider, and (d) out-of-pocket payments and billing. Questions in the Community Care Survey related to these unique elements of the care process are based on extensive focus groups and pilot testing with Veteran users of community care.

Eligible Veterans are identified using a VA claims database that represents visits to community care providers. Community care clinic groupings are sampled based on the type of care provided to the Veterans; approximately 50 types of care or services are sampled. A rolling 3 month random sampling method is used to account for bill processing and ensure all appropriate visits are available to be sampled. A standard mail out protocol is used that includes both email (30%) and mail (70%) contact. Ten thousand (10,000) surveys are sent out each month. There is an approximately six month lag between survey collection and data processing/analysis.

# Contributing Programs

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## Internal VA Organizations:

- Office of Management develops budget projections
- Office of Congressional and Legislative Affairs (OCLA) coordinates Congressional support and input
- Office of General Counsel provides legal review of policies and regulations

## Program Activities:

- VHA Office of Community Care (OCC) will develop transition

## Regulations:

- Once a consolidated community care program is signed into law, OCC will work with others in VA responsible for drafting relevant regulations

## Policies:

- Once a consolidated community care program is signed into law, OCC will be responsible for drafting relevant policies

# Stakeholders

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Stakeholders include:

- Veterans
- Veteran Service Organizations
- VA Staff and Clinicians
- Federal Partners
- Health Care Industry Leaders

OCC has regularly engaged Congressional input and support:

- Participating as lead or accompanying witness at House and Senate Veterans' Affairs Committees (HVAC, SVAC) hearings
- Meeting regularly with members of HVAC, SVAC, and House and Senate Appropriations Committees
- Meeting regularly with Congressional staff to provide technical assistance on future legislation