

Areas of Concern in Comments to the VHA

1. Need for care & services (Demand)

The VA will consider what the future needs of veterans are by looking at what services veterans have used in the past and what veterans are expected to need **and prefer** in the future.

Veterans have special needs related to their military service that are not recognized in the private sector. The VHA has the expertise in recognizing, caring for and developing new, cutting edge treatments for these problems, such as PTSD, amputations, traumatic brain injuries and more. The VHA screens veterans for suicide risk and has trained staff to respond. The private sector does not offer recognition of these needs or have the same expertise in caring for them.

Before VHA refers veterans to private providers and decides to recommend closing VHA facilities to the A.I.R. Commission, it must ensure that qualified private providers are available, trained and overseen by VHA personnel, and the outcomes of the care they provide is assessed. The care these medical personnel must be as transparent as that provided by VHA.

2. Access to care

Access to care by veterans in rural and underserved areas, especially for minorities, is a crucial issue not just for veterans but for all Americans. Access to medical care in rural areas is already poor and declining, and many minority veterans reside in underserved areas. Referring veterans to private providers in these areas will not increase access. Instead, the VA should consider establishing VA community-based clinics and expanding telehealth capacity.

3. Impact on the VHA's other Missions of education, research and national emergency preparedness

VHA cannot meet its missions of education, research, and national preparedness unless it maintains a fully-funded, fully-staffed, and robust healthcare system of medical centers, especially those affiliated with medical schools, and clinics. Over 70 percent of physicians receive at least part of their training in VA medical centers and tens of thousands of other healthcare providers are trained by the VA. Few American realize how integral VHA is to the nation's healthcare system, and VHA must be maintained.

Data kept by the VHA allows identifying service-related conditions, such as Agent Orange or Burn Pit exposure. It also includes finding innovative and state of the art treatments problems related to being a veteran, such as PTSD, amputations, TBI (traumatic brain injury) and more.

4. Quality based on evidence-based standards whether provided in a VHA facility or in the private sector

The VA offers holistic, integrated health care making it different from the American health care system. This means the veteran gets all the types of care he/she needs and gets them from one system. His/her primary care team manages the care provided by specialties, by adjunct services such as PT or dietary, by social services and more.

VA staff are required to meet certain standards. The VA screens for problems such as PTSD or MST (military sexual trauma) and makes referrals. Staff are trained in suicide prevention.

Veterans healthcare provided by MISSION Act Community Care Program facilities need to meet these same standards.

5. Cost effectiveness

Studies have shown that the VA can provide veteran healthcare services from providers who truly understand veterans and is cheaper than referring veterans to private providers under the MISSION Act's Community Care Program, especially taking into account the administrative cost associated with that program. Aside from the issue of costs, and more important is, are veterans receiving effective and timely care from the private sector?

6. Ensuring a safe environment of care

This means '*Providing standard and complementary types of care for our unique Veteran population in an equitable and inclusive environment.*' This standard must be applied to MISSION Act Community Care private-sector facilities as well as VHA facilities. If veterans are to be referred to private providers and facilities, VHA must regularly review the operation of these non-VA entities to ensure that they offer ". . . points of care are (that) modern and inviting, with an expert workforce and care options designed to meet them where they are in their health journey."

The six areas above are drawn from the criteria that can be seen at this link: [Federal Register :: Draft Criteria for Section 203 of the VA MISSION Act of 2018.](#)