

## **Proposals for the Veterans Choice Program Redesign and their Impact on Veterans' Health Care**

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### **Critical Considerations for Choice 2.0**

When redesigning the program, Congress must examine Choice's broad impact in addition to addressing access problems. To meet increasing demand for veterans' health care services, the Department of Veterans Affairs could augment its number of clinicians and support staff or purchase more services in the private sector. But to continue its history of excellence and innovation, it cannot effectively do both.

Of the four main proposals modifying the Choice program, three would purchase far more care in the private sector, cut VA services, and incrementally privatize veterans' health care.

Only one, endorsed by the authors of this analysis, would fortify VA-delivered care and its management of the network of Choice providers. This option achieves what Choice was designed to do: remedy wait time delays by outsourcing care when the VA doesn't have prompt or existing services. But it would do so without collateral damage to the unique advantages, superior quality, cost-effectiveness and integration within the VA health care system.

### **VA: Continuing to Lead in Innovative and Integrated Care**

There is a myth that the only way the VA will be motivated to excel is if it competes with the private sector, redefining America's heroes as "customers." Although the department has failed to communicate its own success, research from many sources confirm the VA delivers care that is equal or superior to that provided by the private sector without relying on market-based incentives. Veterans prefer the VA for its level of care and the unique community it provides.

### **Congress must ensure the VA:**

- Preserves its innovative integrated care mode – one that is at the foundation of its provision of high quality healthcare;
- Maintains its clinical training program utilized by the majority of U.S. health care professionals;
- Sustains its research mission that benefits veterans and all Americans;
- Judiciously uses Choice with no reduction in the level of services available to veterans; and,
- Keeps the promise made to veterans: improve, don't dismantle, VA facilities and programs.

### **To achieve these goals, the redesigned Choice program must:**

- Build VA Capacity first
- Guarantee a high level of coordinated, integrated care
- Maintain high standards of integrated care when expanding provider networks
- Adequately fund VHA services and not divert resources to outside providers

## **Proposals for Veterans Choice Program Renewal**

### **1. Strengthen VA Delivered Care**

*A long term, financially-efficient investment that supports the integrated care approach*

The VA eliminates third party administrators and assumes direct management of high performing, integrated networks. Disparities between supply and demand are addressed first by resourcing VAs. External providers are used only to fill in gaps that local VAs cannot provide. Eligibility for Choice is based on distance and wait time criteria that are convenient for the veteran.

## **2. Make Choice Cards Universal**

- Fragments, erodes and delays receipt of high quality care to veterans
- Leads to downsizing of VA delivered care
- Diverts funds from the VA to pay for outside providers

## **3. Limit the VA's Core Mission to Foundational Conditions**

- Diminishes the quality and comprehensiveness of veterans' healthcare
- Increases wait times for veterans and non-veterans in the private sector
- Severely impacts poor, mentally ill, and homeless veterans
- Reduces VA clinics and access for veterans who value and choose VA

## **4. Allow Choice Eligibility Based on a Composite Community Standard Metric**

- Changes Choice eligibility to be based on a potentially incomplete and inaccurate composite measure
- Increase costs and decreases productivity
- Incrementally removes veterans' option to use the VA for primary care
- Fragments care
- Expands provider network where needed, although not yet available

## **About the Authors of this Analysis**

**Fighting For Veterans Healthcare** is a group of veterans, health care providers, health care experts and citizens who believe the VHA needs to be strengthened and reformed, not dismantled and privatized. Our mission is to (a) provide a platform for voices of veterans who want to preserve and improve VHA care, (b) disseminate objective research and information about VHA care, and (c) inform veterans and the public about imminent threats to veterans healthcare, including what would be lost if the VHA vanished. [www.ffvhc.org](http://www.ffvhc.org)

**The Association of VA Psychologist Leaders (AVAPL)** is a non-profit organization with a voluntary membership of psychologists with various leadership roles within the Department of Veterans Affairs. AVAPL's purpose is to address the professional needs and concerns of VA psychologists. AVAPL's primary goal is to help provide the highest quality of patient care to our nations veterans. AVAPL is likewise committed to excellence in training and the advancement of clinical care through both program development and research. [www.avapl.org](http://www.avapl.org)

**The Association of VA Social Workers** encourages the development of comprehensive Social Work services to veteran beneficiaries through education and training, leadership, promotion, and the sharing of information to enhance the effectiveness of Social Work. The Association advocates for the recruitment, retention, and increased recognition of Social Workers of the US Department of Veteran Affairs. [www.vasocialworkers.org](http://www.vasocialworkers.org)

**The Nurses Organization of Veterans Affairs' (NOVA)** mission is to educate, communicate and advocate for the Department of Veterans Affairs nurse professionally, personally, and legislatively. [www.vanurse.org](http://www.vanurse.org)