House Veterans Affairs Subcommittee on Health

Examining VA Community Care, Access, Utilization, and Expenditures

Witnesses

Panel I: **Dr. Miguel LaPuz**, Acting Deputy Under Secretary for Health, Veterans Health Administration; **Laura Duke**, Chief Financial Officer, Veterans Health Administration; **Dr. Julianne Flynn**, Acting Assistant Under Secretary for Health for Community Care Veterans Health Administration; **Dr. Lisa Arfons**, Senior Medical Advisor, Office of Integrated Veteran Care, Veterans Health Administration

Panel II: **Eric Golnick**, Executive Vice President, Co-Founder and Chief Executive Officer, Forge VFR; **Eric Frieman**, Co-Founder and Chief Executive Officer, Forge Health

---

Hearing Highlights

Panel I

- In his opening statement, **Dr. LaPuz** highlighted how the VA is currently partnered with **1.2 million** community care providers (CCPs) and measures are currently being taken to address the lack of trust that both providers and veterans have in the current system implemented by the VA. Dr. LaPuz asserted that a main priority of the VA is **improving veterans' overall experience**, and there is data that suggests that veterans have more trust in the direct care system. As a result, the VA has decided to establish an **Office of Integrated Veteran Care (IVC)** to assist veterans in making informed decisions about where to receive their care. The goal is for CCPs and the VA to work hand in hand, Dr. LaPuz explained. To accomplish this, the VA will continue to focus on excellence, access, and outcomes.

- In one of her lines of questioning, **Subcommittee Chairwoman Julia Brownley (D-CA)** discussed the VA's unsustainable level of spending that is going towards community care. She asked **Laura Duke** to speak about which eligibility criteria have driven up this cost of spending over the past several years. Ms. Duke replied stating that it is not possible to narrow down which criteria are causing this growth in spending; however, part of this growth can be attributed to the expansion of the VA's access to care, specifically regarding the **MISSION Act** and the VA's COVID-19 response.

- Chairwoman Brownley then addressed her concern about the 21-day waiting period that veterans face between their initial call to the VA requesting care and the date that they hear back from the VA to schedule an appointment. She inquired about whether or not

this waiting period was being improved. **Dr. LaPuz** answered that this issue is being addressed and that the VA is hoping that with the creation of the IVC, there will be an IPT to deal with this issue.

- **Representative Matt Rosendale (R-MO)** asked whether the VA acknowledged that the process of obtaining care at their facilities is not user-friendly, and whether the VA believes that the 7-step claims process is still acceptable. **Dr. LaPuz** stated that the VA is committed to providing the best care possible to veterans, and **Dr. Flynn** responded by stating that the IVC will help improve upon the current process that is in place. Representative Rosendale then questioned why veterans are not allowed to assess and decide their own need for medical care and why a veteran needs to see a physician from the VA before seeking out a physician from a CCP. **Dr. LaPuz** responded that the VA has these requirements in place to ensure that veterans receive the best possible care and that proper oversight is provided.

- Later in the panel, Representative Rosendale asked the witnesses about the changes that the VA has made to address the feedback that they have received from CCPs. **Dr. LaPuz** said that the VA is expanding relationships with community care providers. **Dr. Flynn** then stated that **HealthShare Referral Manager (HSRM) programs** have been put into place that facilitate document communications between the VA and CCPs and that the VA often meets with these third-party providers to keep open the lines of communication.

- **Representative Lauren Underwood (D-IL)** discussed the need to examine the quality of care that veterans are receiving through CCPs, with a specific emphasis on veterans who are seeking maternity care, which is not provided by any VA facility. Representative Underwood talked about her **Protecting Moms Who Served Act** and asked how the VA would use the funding from this bill to better serve veterans who are seeking maternity or postpartum care. **Dr. LaPuz** responded that there are now maternity care providers in over 100 healthcare systems that are able to provide wraparound services to provide maternity and postpartum care.

- **Subcommittee Ranking Member Jack Bergman (R-MI)** asked whether since the implementation of the MISSION Act, the process through which a veteran receives care has increased, decreased, or remained consistent and if the steps that all parties have to go through have increased. **Dr. LaPuz** responded that the process and the number of steps have both significantly increased.

- **Representative Mariannette Miller-Meeks (R-IA)** referenced the emphasis that the VA placed on telehealth in their testimony and asked what lessons they have learned about **providing quality care for veterans via telehealth** both within the VA and CCPs. **Dr. LaPuz** responded that the VA has learned a lot about the proper implementation of telehealth. The VA has also found that veterans who have gone through a telehealth visit

have a preference to maintain the use of telehealth services and that telehealth has a high rate of acceptability amongst VA providers.

Panel II

- **Eric Frieman** described the experience of working as a CCP in conjunction with the VA as somber. Forge Health sees veterans facing bureaucratic issues while attempting to get care, and he stated that, while the MISSION Act is good in theory, it is only as strong as its implementation. Mr. Frieman mentioned the high suicide rate for veterans and outlined the Forge VFR behavioral health program that focuses on supplying innovative and affordable behavioral health care for active duty soldiers and veterans who are facing mental health and substance abuse issues.

- **Chairwoman Brownley** asked if Forge Health services are available throughout the United States or just regionally and if they have experienced differences in the approaches to and levels of care with the different VA facilities that they work with, specifically if they have noticed any instances of a facility underperforming. **Mr. Frieman** responded that Forge Health services the Northeastern region of the United States and that, in his experience, there are different levels of efficiency and cooperation at different VA facilities. Chairwoman Brownley then inquired whether Mr. Frieman would agree that outside intensive care is their most frequently requested service, which he did.

- **Representative Rosendale** asked if Forge Health has any recommendations to expedite care. **Mr. Frieman** said that the authorization process takes too much time. The process should begin on the date that the treatment is first administered, instead of waiting until the date of authorization to begin administering potentially lifesaving treatments. Representative Rosendale asked about the treatment time frame for an individual seeking mental health and/or substance abuse treatment and the actual time frame in which Forge Health proceeds with the administering of these services. Mr. Frieman stated that the time frame is between 24 and 48 hours and that Forge Health acts during this timeframe, regardless of whether or not the VA has authorized this treatment. It is more important for the veteran to receive the necessary assistance rather than to wait for proper authorization and risk death by overdose or suicide.

- After listening to the first panel, **Ranking Member Bergman** wanted to know if Forge Health would be interested in working with the VA to identify and clarify the places in which disconnect and lack of communication occur. **Eric Golnick** responded that they would be more than willing to assist in any way possible and that Forge Health has already partnered with the Office of Suicide Prevention and Mental Health.

- **Chairwoman Brownley** concluded by reiterating her two main takeaways from this panel: (1) that a proper balance between VA services and community care services needs to be discovered; and (2) **the implementation of the MISSION Act needs to be**

revisited and reworked so that its programs will become more effective.