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Date: September 25, 2015

From: Terry Schow, Chairman
Veterans Rural Health Advisory Committee

Dear Secretary McDonald:

The Veterans Rural Health Advisory Committee (VHRAC) is honored to be of service to you, the Department of Veterans Affairs (VA) and the 5.3 million rural Veterans residing in America's rural and highly rural communities. As you know, accessing health care can be a particular challenge for Veterans in rural communities due to long distances to reach medical facilities, topographical or geographic barriers, lack of public transportation, scarce health care workforce and limited broadband internet connectivity.

In Fall 2015, our Committee provided you with 3 recommendations to improve the accessibility of health care services for rural Veterans. Two of these recommendations discussed the ability of community providers to more easily engage with the VA in caring for enrolled Veterans dually served by the VA and local, private healthcare providers.

Hence, our Committee was pleased to see the passage of the Veterans Access, Choice and Accountability Act (VACAA) of 2014. Section 102 established the Veterans Choice Program which mandated the VA to provide access to care closer to home for rural Veterans residing more than 40 miles from the closest VA site of care. We were further pleased when the VA modified its' interpretation of the 40-mile provision to encompass driving distance instead of "as the crow flies". This simple modification increased access to community care for many additional rural Veterans previously faced with burdensome travel to VA medical facilities as a result of the VA's original straight-line 40 mile interpretation.

In April 2015, our Committee met for our Springfield meeting in rural Chillicothe, Ohio. We were generously hosted by the leadership team from VA Medical Center in Chillicothe, who are clearly a dedicated, passionate group of healthcare professionals and administrators who believe in advancing access to high quality health care for their rural Veteran population. During our Committee meeting, several Members expressed significant concern about the implementation challenges associated with the Veterans Choice Program. One

Member shared her personal experience of a long, confusing, bureaucratic process to secure a local primary care appointment as a result of the Third Party Administrator's lack of coordination with a local community provider. Instead of saving the twelve hour round trip from her rural home to the VA Medical Center where she is enrolled, this Veteran expended as many hours dealing with multiple phone calls, conflicting paperwork and an erroneous local primary care appointment with a community provider participating in the Veteran Choice Program.

With the passage of the Choice Improvement Act in July 2015, the Committee remains hopeful that implementation challenges will be resolved quickly so that Veterans can receive locally-based care in a more seamless, coordinated manner. To date, improvements have been minimal to non-existent for rural Veterans and so the Committee motioned to elevate our concerns to you, which are three-fold:

1. Veterans need clear, coherent education and timely, professional customer service to ensure they can navigate the Veterans Choice Program benefit that they have earned and deserve. The current process is confusing and bureaucratic. VA must improve its communications and Veterans outreach;
2. Community providers must be engaged fully and with integrity by the VA as it seeks to build adequate geographic networks of primary, ancillary and specialty health care service providers to fulfill the Congressional intent of the Veterans Choice Program. This engagement is especially important in rural areas, where reimbursement for services provided by community providers must be at a fair rate, promptly paid and in accordance with industry standards for documentation and care coordination; and
3. VA's own Veterans Health Administration (VHA) providers, staff and administrators must understand the Veterans Choice Program and be aligned with the Program's goal of providing more timely and geographically proximate access to care to enrolled Veterans when a VA site of care does not have the capacity or local presence to care for enrolled Veterans. The communication, coordination and philosophical alignment of all VHA employees must be improved in order to ensure a seamless implementation of the Veterans Choice Program from the central (VACO) to regional (VISN) to local (VAMC/CBOC) levels.

The Committee understands that implementing and improving a mandate as massive as the Veterans Choice program is complex. We understand that the VA is working on these issues, but the urgency remains as implementation issues continue to arise for rural Veterans and rural community providers seeking to be of service through the Veterans Choice Program.

We wish to acknowledge and appreciate the diligent, proactive efforts of the VHA's Office of Rural Health (ORH). Throughout FY15, ORH has been engaged in strategic outreach and education efforts to promote the Veterans Choice Program to rural community providers, including Federally Qualified Health Centers, Rural Health Clinics and Critical Access

Hospitals. ORH has harnessed the partnership power of the National Rural Health Association (NRHA) and the Federal Office of Rural Health Policy (FORHP) at the US Department of Health and Human Services, who have further encouraged community provider participation. These efforts have singlehandedly resulted in over 750 community provider sites of care being added to the Veterans Choice Program! This truly provides Veterans with a choice in determining the right care at the right time at the right place for them.

We respectfully request your full attention to our concerns. The Committee is available for any additional discussion or response you may be able to provide as we strive to improve access to care for over 3 million enrolled rural Veterans.

Sincerely,

A handwritten signature in black ink, appearing to read 'Terry Schow', written in a cursive style.

Terry Schow, Chairman

CC: Gina Capra, Director, Office of Rural Health, VHA