Veterans Healthcare Policy Institute (VHPI)

Request for Comments from the Public Regarding
VA Standards for Quality for the Veteran Community Care Program

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The Veterans Healthcare Policy Institute (VHPI), a non-partisan think tank focused on the provision of quality healthcare to veterans, is pleased to respond to the Department of Veterans Affairs (VA)'s Request for Comments from the public to assist in reviewing the health care quality standards for the Veterans Community Care Program (VCCP) as established by the VA MISSION Act of 2018.

We support the MISSION Act's pledge that veterans receive quality health care in a timely manner. However, for reasons we delineate below, **problems with the interim quality standards preclude the assurance of quality healthcare for veterans.**

Problems with the Interim Quality Standards

The MISSION Act required the creation of quality standards for both VA and VCCP. It further stipulated that quality data be compiled and published to "provide covered veterans relevant comparative information to make informed decisions regarding their health care." To date, this mandate has not been filled.

At MISSION Act's implementation, VA instituted a set of 27 quality metrics, and scores for each VA healthcare system as well as averages of respective regional hospitals are posted on its Access to Care website for veterans to review. While the site is to be lauded for its unrivaled transparency and comprehensiveness, it forsakes the basic purpose of providing comparative data so that veterans can make informed decisions whether to seek care with a VCCP provider. VCCP figures have never been published on it.

The site has other shortcomings that diminish its utility for deciding whether to obtain VCCP care. Too few measures assess what the Institute of Medicine (IOM)[1] defines as health care quality, i.e., improvement of outcomes. Prospective patients weighing options need information whether treatments work and symptoms get better. But because obtaining this kind of care quality data is labor intensive, measures that are expedient are substituted. For example, "advising smokers to quit" is the closest the site comes to reporting on effectiveness of mental health care. Just because something is labeled as "quality" and a number is assigned to it doesn't

mean a veteran is receiving high quality care. As Albert Einstein famously observed: "Not everything that can be counted counts."

Also, private sector providers primarily treat non-veteran patients, a population who are, on average, healthier than VA patients.[2] It is unsound to report scores on non-veterans and then compare those to VA patients. Weaker outcomes are inherent for patients with more severe symptoms and co-morbidities.

VA is working on a second potential mechanism to inform veterans of the quality of furnished health care. It is guiding the two third-party administrators (TPA) – TriWest Healthcare Alliance and Optum — in crafting quality measure algorithms to identify which VCCP individual providers, provider practice groups and hospitals are "High Performing Providers" (HPP). These designations are intended to be available to local VA community care schedulers to connect veterans with HPPs.

Based on what VHPI has been able to glean from the limited information that is publicly available, it appears that the HPP system won't adequately gauge or assure VCCP quality care when implemented. Several problems exist with the designation, including:

- Missing health conditions. While HPP quality metrics cover a broad range of procedures, they ignore many conditions common to veterans. Nowhere is this more consequential than for behavioral health conditions, which are deliberately and explicitly[3] "not included in HPP monitoring."

- Wrong comparison population. HPP metrics includes data on non-veteran patients who, on average as noted above, have better care outcomes.

- Substandard or unknown quality. A vast number of community providers furnish care whose quality is either not checked or is below threshold. As of a year ago, Optum[4] indicated that the performance of 46 percent of their network providers was either "unknown" (i.e., insufficient data available to evaluate performance) or "not HPP" (i.e., scores were below HPP threshold). VA reported that the total number of HPP for Community Care Network regions 1-4 was a nominal 13.35 percent.[5] A recent Congressional Budget Office assessment[6] stated that the quality of VCCP care was not only unknown but unknowable because "participants in VA's network are not required to report VA's quality measures, and providers' quality varies."

As VA itself said this year:[7] ***"It remains unclear whether the quality metrics and referral system result in higher quality of care for VA patients or whether the program improves Veteran health."***

The Lack of Quality of VCCP Mental Health Treatment

Although the MISSION Act contained only rudimentary direction for the furnishing of most health care by private sector providers, it was very specific about the need for VCCP clinicians

providing evidence-based care to veterans with signature mental health conditions. This arose from a recognition that mental health care provided in the private sector pales in comparison to VA's rigorous evidence-based training, consultation, case-review, care delivery, and measurement standards.[8] For PTSD alone, 10,444 VA providers have received training in evidence-based Cognitive Processing Therapy has 2,932 providers have received training in Prolonged Exposure.

MISSION mandated VA to "establish standards and requirements for the provision of care by non-Department of Veterans Affairs health care providers in clinical areas for which the Department of Veterans Affairs has special expertise, including post-traumatic stress disorder, military sexual trauma-related conditions, and traumatic brain injuries."[9] Further, MISSION mandated that VCCP providers must "fulfill training requirements established by the Secretary on how to deliver evidence-based treatments in the clinical areas for which the Department of Veterans Affairs has special expertise" before furnishing care pursuant to a contract with the VA. However, VA elected to disregard the directive, and let stand that VCCP providers who treat veterans could decide on their own whether or not to obtain special expertise. **Access to care of inferior or unknown quality has life-impacting – and potentially life-threatening – consequences.**

Recent surveys by non-profit organizations of VA nurses[10] and psychologists[11] reveal deficiencies in VCCP mental and physical health care. An overwhelming percentage of respondents who interface with the VCCP reported that:

(1) specified recommendations in referrals to VCCP are often not adhered to,

(2) some VCCP providers fail to follow standard clinical practice,

(3) VCCP providers rarely send updated treatment plans, chart records or measurements of patient progress (an evidence-based approach to mental health treatment used in VA).

Recommendations to Assure the Quality of VCCP Care

Two-plus years into the implementation of the MISSION Act, information about the quality of VCCP care is largely absent. As VA moves into establishing permanent quality standards, VHPI recommends the following requirements be implemented:

- VCCP metrics must be compiled using data on veterans' care, not the general population, and be posted on the Access to Care website. This indispensable information is available about VA care but not VCCP. Unless VCCP is required to keep track of data on referred veterans, apples to apples comparisons of quality will remain impossible.

- VCCP providers should be held to the identical training and care standards that apply to VA providers. The standard for credentials, initial and follow-up training, diagnostic screening, care-delivery, and documentation that the VA requires of its own clinicians must be the benchmark for providers in the VCCP. At your 2019 Federal Register Quality Standards meeting, Dr. Heather Kelly, then Director of Military and Veterans Health Policy for the American Psychological Association, underscored this necessity, "We need the outside providers to be trained to the same standards, to be collecting data to the same standards, and providing outcome measures to the same standards…All the

metrics that VA psychologists have to track we would demand that outside providers track before getting VA money to do that." Similarly, in their 2019 Independent Budget roadmap to Congress, major Veterans Service Organizations recommended that competency and quality standards for non-VA providers must be equivalent to standards expected of VA providers.

- Both VA and VCCP should post quality metric information according to major diagnostic categories (e.g., PTSD) so that veterans can make informed decisions about their individual condition. For many health care diagnoses, there is no searchable listing by disorder.

- As the IOM has recommended, quality assessments should rely heavily on outcome measures. These are the most meaningful to prospective patients. Ensure that scores for patient satisfaction with care are not used as a substitute for quality of care. The numbers posted on the website should explain how they were derived, and at the point when the HPP certification becomes attached to a provider's name on VA's directory, the measures used in the calculation should be delineated. Otherwise, veterans will be left without the applicable information to make wise decisions around their care.

- VA must create processes for continually investigating quality issues and questionable practices, affirming that there is zero tolerance for substandard care. The MISSION Act specified that continuation of VCCP contracts is contingent on the provision of quality care, and as VSO's stated last year[12] "If the private sector is unwilling or unable to match VA's access and quality standards, VA must consider whether it needs to find new community partners."

Conclusion

As a nation, we have the solemn responsibility to furnish veterans with the highest quality care, whether provided in VA or the private sector. Failure to answer the question "access to what kind of care?" can compromise the health and well-being of veterans. Veterans don't benefit from expanded access to low- or indeterminate-quality VCCP care. The final quality standards must raise the bar so that relevant quality metrics are available to veterans who wish to make decisions about their treatment. There must be ironclad assurance of VCCP quality before VA rewards providers and administrators with tens of billions of dollars annually.

References

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