

6 Improve VA Scheduling System, Supply Chain, & Fourth Mission

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) operates one of the nation's largest health care delivery systems, with over 160 medical centers and more than 1,000 outpatient facilities. Over the past decade, VA has struggled with appointment scheduling challenges and staffing shortages, which helped contribute to VA's wait-time scandal in 2014. The department also has longstanding problems with its medical supply chain, which according to the U.S. Government Accountability Office (GAO), includes ineffective purchasing of medical supplies and lack of reliable data systems.⁵ This became a significant issue during the novel coronavirus (COVID-19) pandemic when the VA experienced critical supply shortages in personal protective equipment.

In 2018, VA signed a 10-year, \$10 billion-dollar contract with Cerner Corp to develop an electronic health record (EHR) system that would mesh seamlessly and securely with the Department of Defense (DOD) and private sector systems. However, as VA approaches the launch of its new EHR program, lawmakers continue to worry about the program's rollout and its interoperability with DOD's health record modernization efforts. During a September 30, 2020, congressional hearing on EHR modernization's progress, Rep. Jim Banks, R-IN, the subcommittee's ranking member, expressed serious concerns about the system's future course and requested a revamped timeline from VA to ensure it would be able to be interoperable with DOD.⁶

Simultaneous to the EHR system launch, VA will deploy a new Cerner patient portal, *My VA Health*, which will replace *MyHealthVet*, a portal veterans have used since 2003.

In addition to providing health care to more than nine million of our nation's veterans, VA's "Fourth Mission" is to provide backup health care for veterans and civilians in a



i COVID-19

We encourage [telehealth](#) visits to reduce risks. The [VA coronavirus chatbot](#) answers most questions about VA services.

My HealthVet offline for maintenance: Wednesday, December 9 from 10 p.m. – midnight (ET).

**Pharmacy**

Refill your VA prescriptions, track delivery, view a list of your VA medications and other details.

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**Health Records**

View, print, or download a copy of your VA medical record information, or enter your own health information.

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national emergency. No other health care system is faced with similar challenges and VA must find ways to minimize risk while managing its massive health care portfolio.

Decrease Excessive Wait Times

On August 7, 2014, in the wake of the wait-time scandal, the VA Choice program was passed by Congress and enacted into law. The Choice program was designed to allow veterans more timely access to care outside VA at the department's expense.

However, the Choice program was confronted with many challenges from its inception. An examination by GAO found numerous factors adversely affected timely access to care through the Choice program. These factors included: 1) an administrative burden caused by complexities of the referral and appointment scheduling processes; 2) poor communication between VA and its medical facilities; and 3) inadequacies in the networks of community providers established by the department's third-party administrators (TPAs). Among the inadequacies listed were: an insufficient number, mix, or geographic distribution of community providers. VA took steps to address these factors, but some have not been fully addressed.⁷

On June 6, 2018, in an attempt to streamline its community care program, the VA MISSION Act was enacted into law and replaced the VA Choice program with the new Community Care Program.

Nearly seven years have passed since the 2014 wait-time scandal. Even after spending billions of dollars to

improve access to care, House Veterans' Affairs Committee Chairman Mark Takano, D-CA, said the latest GAO findings again raise concerns about the role of the program during a September 30, 2020 hearing. "In the wake of the wait time scandal of 2014, access to care in the community was touted as the cure all," he said. "Yet this latest report suggests veterans are potentially waiting longer to access care in the community than if they opted to remain at VA because of an overly bureaucratic, administratively burdensome appointment scheduling process."⁸ VA's present scheduling system requires VA staff to log-in to multiple software applications to coordinate calendars, clinicians, rooms, and equipment.

Improve VA's Supply Chain & Management System

In March 2019, GAO added VA Acquisition Management to its high-risk list due to longstanding problems such as ineffective purchasing of medical supplies and lack of reliable data systems.⁹

Testifying before the Senate Veterans' Affairs Committee on June 9, 2020, Richard Stone, D-MD, the VHA's executive-in-charge, told legislators that weaknesses in VA's system, combined with the inadequacy of the global supply chain during the pandemic, highlighted critical problems.

"For decades, the long-acclaimed, just-in-time supply system kept shelves stocked because there was always another delivery of material on the way, usually from a prime vendor who was acting as an intermedi-



ary between a manufacturer and the end-user,” Stone explained. “This system has not delivered the responsiveness necessary to support the worldwide demand of health providers for medical supplies during this pandemic. More importantly, the pandemic forced us to recognize that we cannot depend on the global supply chain to equip VA just-in-time in a future disaster.”¹⁰

Both VA officials and legislators noted that having enough supplies will do little good if the department does not have a functional supply chain management system in place. VA informed Congress that VHA has been working with DOD to replace its existing logistics and supply chain IT infrastructure. VA then adopted the Defense Management Logistics Standard Support system for a single health care logistics IT system for acquiring medical and surgical supplies.

Accelerate Response Time of VA’s “Fourth Mission”

During national emergencies, VA must continue to serve its enrolled veterans’ population and act as a backup to the public health care system to the greatest extent possible. VA must be properly prepared to respond to our nation’s veterans’ unique needs while maintaining readiness to support the health care needs of Americans when and if it becomes necessary to implement its Fourth Mission.

A White House proclamation issued March 13, 2020, declared the COVID-19 outbreak a national emergency beginning March 1.¹¹ However, VA did not announce its plans to open 50 beds for non-COVID-19 patients at its New York Harbor, Manhattan, and Brooklyn VA medical centers until March 29, four full weeks (or nearly one month) after the White House declaration.¹² ♦

The IRVSOs Recommend

- VA ensure a user-friendly scheduling package, with the ability for veterans to schedule their own appointments, is included and implemented in concert with the implementation of its EHR.
- Congress require VA to develop a new staffing model that identifies and prioritizes staffing needs at the national level while supporting flexibility at the facility level.
- Congress continue to provide oversight of VA’s plans to adopt DOD’s health care logistics IT system for acquiring medical and surgical supplies, and ensure VHA provides Congress a realistic timeline for implementation.
- VA be required to provide timely notification to Congress whenever any elements of its emergency response plan are activated or implemented.