

**American Psychological Association  
and  
Association of VA Psychologist Leaders**

**Top 10 Requirements for Coordinating VHA and Community Care  
2017—2018**

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**Any legislation or policy directives redesigning the provision of VHA-based and community-provided healthcare for veterans should include the following:**

1. Veterans Health Administration (VHA) within the Department of Veterans Affairs must be the first point of access and coordinator of care. Any referral to outside care must follow a VHA diagnostic assessment.
2. Community care is used only in situations where it supplements services not readily available within local VHA. When wait times are the reason for referring, VHA should be restricted from issuing a voucher until it first verifies that the community primary care provider (PCP) is more available than the VA.
3. All VHA facilities are assured of sufficient staff, space, IT, and financial resources to provide comprehensive, high quality care.
4. Special efforts are made to permanently fund and fill vacancies in VHA facilities where wait lists exist due to demand outstripping capacity. Strengthening and improving VHA should go hand in hand with any Veterans Choice Program redesign. Without adequate funding, VHA shortages will be inevitable and services will erode.
5. There must be sufficient IT resources and technical support to ensure that rural veterans are able to receive VA care via videoconferencing at home and in community settings.
6. Choice providers must meet VHA's high standards, use evidence-based treatments driven by measurement-based care, have knowledge of military culture and competence in veteran-specific problems, perform needed screenings and be subject to the same continuing education requirements as VHA providers. Community partners must provide treatment records for reimbursement. Veteran surveys must ask veterans about their Choice care as well as VHA care.
7. Choice providers' performance, timeliness of the provision of inpatient and ambulatory services, and promptness of providing medical documents are measured and publicly reported using the same metrics as VHA providers. VHA must verify that the panel size of the community PCP is in fact smaller than VHA's. Any panel size figure that is used for VHA should apply to Choice providers.
8. All VHA employees should receive market rate salaries, and strong incentives should be offered to encourage hiring in rural areas.
9. Proposals to increase community care and/or realign VA facilities must not increase overall long-term costs if VHA could do it better for less.
10. Any metrics used to decide when to refer to the community for care must be based on functional and symptom improvement.