

Proposed Veterans Choice Card Program Expansion  
Briefing Sheet  
from the Association of VA Psychologist Leaders, Association of VA Social  
Workers, American Psychological Association and National Association of Social  
Workers  
October 22, 2015

## **Background**

Many veterans wait unacceptably long times for appointments in the Veterans Health Administration (VHA). The Veterans Access, Choice, Accountability and Transparency Act of 2014 Choice Card Program was enacted as a three-year solution to address access problems for selected veterans. One year into that pilot, there are concerted Congressional efforts to expand the Choice Program, and make it permanent.

There are no additional appropriations in the Choice Card Program expansion bills; funding for expanding the Choice Card Program would come by siphoning allocations from VHA Medical Centers & Community Based Outpatient Clinics -- downsizing the number of VHA providers and programs. The effect over time would be to dismantle the VHA system and privatize care for veterans.

The proposed expansion of Choice is predicated on popular myths, which are critiqued below.

## **Myths about VHA Health Care and Choice Program Expansion**

**Myth:** *Quality of VHA healthcare is worse than in other healthcare systems.*

*In fact:* Independent evaluations have repeatedly found that VHA outpatient care outperforms non-VHA commercial, Medicare, and Medicaid HMO outpatient care on virtually every single measure of quality. VHA hospitals perform as good or better than non-VHA hospitals on most, but not all, inpatient quality measures.<sup>i ii iii</sup>

**Myth:** *Veterans with mental health problems are getting inadequate VHA care.*

*In fact:* The 2011 RAND evaluation reported that the quality of VHA mental health care "is as good as or better than that reported for patients with comparable diagnoses who received care through private insurers, Medicare, or Medicaid."<sup>iv</sup>

**Myth:** *Delayed access in the VHA is systemic.*

*In fact:* Although excessive appointment delays exist in specific locations, the recent MITRE/RAND assessment found no system-wide crisis in access to VHA care.<sup>v</sup> Timeliness for mental/behavioral healthcare in VHA is as good or better than in commercial and public plans.<sup>vi</sup>

**Myth:** *The VHA is doing an inferior job addressing veteran suicides.*

*In fact:* In a recent national study of suicides between 2000 and 2010, veterans who used VHA services had *reduced* rates of suicide, while veterans not utilizing VHA had increased rates.<sup>vii</sup> Since its launch eight years ago, the 24-hour Veterans Crisis Line has answered more than 1.86 million calls from veterans and their family/friends; care coordination for callers is easier in cases when a veteran's provider is in the VHA than in the community.

Myth: *Expanding Choice will provide veterans with new options without taking away existing ones.*

*In fact:* Although the 2014 Choice legislation continued the current level of VHA funding and tacked on extra allocations for three years of Choice, the new legislative efforts would pay for Choice Program expansion out of VHA funds. This will incrementally downsize the number of VHA providers and programs.

Myth: *Expanding Choice won't harm healthcare education.*

*In fact:* 70% of all physicians (as well as 40 other healthcare professions) receive part of their clinical training in VHA.<sup>viii</sup> Significant reductions in the number of VHA attending supervisors would disrupt healthcare education.

Myth: *VA healthcare is disjointed and unwieldy.*

*In fact:* Unlike fractured community treatment, VHA healthcare integrates concurrent physical, mental, behavioral and psychosocial problems, including homelessness and unemployment. Since 2012, 175,000 homeless veterans have been housed; 14,000 veterans participate yearly in VA Compensated Work Therapy programs.

Myth: *A substantial number of veterans with mental health problems avoid VHA treatment because they feel stigmatized receiving services at VHAs.*

*In fact:* Veterans benefit from the camaraderie of fellow veterans. There is no research that's found veterans feel greater stigma receiving mental health care at VHAs.

## **Recommendations**

The VHA must fix its access problem. The best means to do so are:

1. Increase funding to VA medical centers and community based outpatient clinics where staff/patient ratios are inadequate to provide timely access.
2. Expand telehealth and telemental health services for rural and homebound veterans.
3. Implement emerging VHA best practice access procedures.
4. Oppose Choice Card Program Expansion legislation that siphons VHA funds into privatized care.

As 8 leading veterans service organizations stated September 16, 2015 in a joint Open Letter about privatizing VHA care:

"Eliminating the VA health care system – considering all that it has done in the past and all that it could be in the future – would inevitably endanger the health and well-being of millions of wounded, injured and ill veterans, an outcome that we cannot allow to occur... Giving veterans health savings accounts in lieu of access to a VA health care system would effectively diminish our nation's sacred obligation to 'care for him who shall have borne the battle...' <sup>ix</sup>

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<sup>i</sup> [http://www.va.gov/opa/choiceact/documents/assessments/Assessment\\_B\\_Health\\_Care\\_Capabilities.pdf](http://www.va.gov/opa/choiceact/documents/assessments/Assessment_B_Health_Care_Capabilities.pdf)

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ii Longman, Phillip *Best Care Anywhere: Why VA Health Care Would be Better for Everyone*. (3<sup>rd</sup> edition) 2012

iii <http://www.ncbi.nlm.nih.gov/pubmed?term=Medical+Care%5BJour%5D+AND+49%5Bvolume%5D+AND+1%5Bissue%5D+AND+76%5Bpage%5D+AND+2011%5Bpd%5D&cmd=detailssearch>

iv <http://content.healthaffairs.org/content/30/11/2194.full.html>

v [http://www.va.gov/opa/choiceact/documents/assessments/Assessment\\_B\\_Health\\_Care\\_Capabilities.pdf](http://www.va.gov/opa/choiceact/documents/assessments/Assessment_B_Health_Care_Capabilities.pdf)

vi Watkins, K.E. & Pincus, H.A. (2011). Veterans Health Administration Mental Health Program Evaluation Capstone Report: Sponsored by the US Department of Veterans Affairs. Santa Monica, CA: RAND Corporation. <http://content.healthaffairs.org/content/30/11/2194.full.html>

vii <http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400031>

viii <http://cgsc.contentdm.oclc.org/cdm/ref/collection/p4013coll3/id/3283>

ix <http://www.dav.org/learn-more/news/2015/an-open-letter-to-dr-ben-carson-from-americas-leading-veterans-organizations/>