Nurses Organization of Veterans Affairs

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Department of Veterans Affairs MISSION Act Quality Measures and Standards

Request for Public Comment, October 16, 2018

The Nurses Organization of Veterans Affairs (NOVA), the professional organization of VA nurses, would like to offer our thoughts on the Department of Veterans Affairs request for information from the public regarding implementing section 104 (a) of the VA MISSION Act as amended in 1073C (a)(3)-(4) of Title 38, United States Code.

As nurses who provide the coordination of care for both internal VA services and the current "Choice" and Community Care programs, we believe this will be one of the most critical factors in leading VA into the future of how it provides healthcare to its Veteran population. If done correctly, and with deliberation, quality of care for internal hospital, medical and extended care services, as well as care provided by its community care program partners will be a model for others to follow.

In reviewing the questions put forth for public comment, we would like to offer our recommendations on quality measures and how comparisons to the private sector – community care providers – must be determined with specific metrics, definitions, and equal assessments in determining the quality of health care provided.

Currently, VA sets standards for all its hospitals within its Veterans Integrated Service Networks or VISNs. Each of the 22 networks are divided by regions in the United States. Through its Strategic Analytics for Improvement and Learning Value Model (SAIL), VA can measure and evaluate quality and efficiency at individual medical centers. SAIL assesses 25 quality measures to include death rate, complications, and patient satisfaction, as well as overall efficiency and physician capacity and staff to patient ratios. SAIL is designed to offer high-level views of health care quality and efficiency, enabling executives and managers to examine a wide breadth of existing VA measures. However, SAIL metrics will not be usable for decisions on whether to use Veterans Community Care Program (VCCP) until all VCCP providers collect and report scores on the identical measures.

Another example explicitly cited in the VA MISSION Act as a repository – medicare.gov/hospital/compare -- provides a review of key health outcome and process indicators at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. *Hospital Compare* website does not capture all regional hospitals nor does it evaluate VHA Community Based Outpatient Clinics. More significantly, *Hospital Compare* omits the majority of diagnoses (for example PTSD) for which Veterans seek care.

NOVA would argue that VA's ability to treat and understand service-connected conditions cannot be compared to the non-Veteran patient population which often has fewer medical and mental health conditions. Public and private sector quality scores are based upon those of non-Veteran patients who, on average, are younger and have far fewer medical and mental health conditions.

Also, at this time any comparison of quality measures of VA to non-VA would be insufficient as most of the VCCP providers don't regularly report performance data.

In fact, the VA Office of Community Care has indicated that most individual community providers are unlikely to agree to share detailed quality and performance data with VA due to the costs/burdens of such reporting.

*Data on Veterans referred through the VCCP must be tracked to thoroughly assess "quality" of care, otherwise any apples to apples comparison will be difficult. And, until complete community care data is available, we cannot compare differences***.**

To comply with Congress' intent for Section 104 (a) of the VA MISSION Act, Standards for Quality, VA must establish standards for quality from a variety of data collection sites. Those standards will be detailed in reports provided to the public, Congressional Committees, VSOs and other key stakeholders.

NOVA would like to endorse recommendations submitted by our partners at the Veterans Healthcare Policy Institute and ask that prior to the final rules being published, and before there is any further expansion of community care, the following recommendations be considered:

Establish meaningful quality metrics for all healthcare conditions with respect to:

- patient symptom improvements (outcome metrics)
- patient functional improvements (outcome metrics)
- provider use of first line standard of care treatments (process metrics)
- provider use of standard of care screenings (process metrics)

- Require quality scores to be listed according to diagnosis/condition so that Veterans can readily search according to their disorder.
- Require that the metrics used for determining VA and non-VA provider performance are identical.
- Require that metrics are based on comparable populations. Require that community providers keep separate track of the data on Veterans referred through the VCCP so that the quality of care to Veterans in the community and in the VA can be correctly compared. Until that occurs, ensure accurate risk-adjustments are applied.
- Prior to final determination of underperforming 36 clinics and issuance of vouchers for non-VA care, require that VA quality metrics be compared to local clinics. Ensure that the quality of VCCP care is demonstrably better than VA's before referring Veterans.
- Require all VCCP providers who treat Veterans with PTSD, TBI and MST-related conditions be subject to the identical training and competence standards as are VA providers.
- Patient satisfaction, though important, is a different matter than quality outcomes and processes. Ensure that when scores for patient satisfaction with care are obtained, they are not used in lieu of these other quality measures.
- Set expectations for VCCP providers to use electronic health records that can be accessed by VA evaluators and used to evaluate quality of care.

VA provides high quality care to millions of Veterans across the country, many of whom have indicated through surveys* that they prefer to use VA because they believe the quality of care is higher and that VA's ability to treat service connection conditions is unmatched by any care in the private sector. NOVA asks that when final quality standards are decided and implemented that the comparisons between internal and external care is fair, accurate, transparent and accountable to all Veterans.

Thank you for allowing us to provide our comments and recommendations.

*VFW survey relayed in their "Our Care Report" at https://www.vfw.org/advocacy/va-health-care-watch