Reimagining Veteran Healthcare

Stakeholder Insights Report

June 2021

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Interview Overview

To better understand the current state of VHA, stakeholder interviews continue regarding the ideal future of Veteran healthcare as well as current pain points.

32 VA stakeholder interviews completed

60+ Additional interviews planned

Offices Represented (sample):

- VA Medical Centers/Healthcare Systems
- Veterans Integrated Service Networks
- VHA Office of Rural Health
- VHA Chief Strategy Office
- VHA Office of Healthcare Innovation and Learning
- VA Office of the Chief Human Capital Officer
- VA Office of the Secretary
- Office of Asst. Undersecretary for Health for Patient Care Services
- Office of Asst. Undersecretary for Health for Clinical Services
- Office of Asst. Undersecretary for Health for Quality and Patient Safety
- Office of Asst. Undersecretary for Health for Operations
- Office of Asst. Undersecretary for Health for Community Care

Offices Represented (sample):

- Veterans Experience Office
- VA Medical Centers/Healthcare Systems
- Veterans Integrated Service Networks
- VA + VHA Finance
- VHA Office of Connected Care
- VHA Office of Emergency Medicine
- VHA Office of Emergency Management
- VA Office of Information and Technology
- QUERI Program

Summary of Stakeholder Findings

Stakeholders interviewed addressed a range of issues facing VHA. Through interview synthesis, six insights emerged, representing actionable opportunity areas for Reimagining Veteran Healthcare.

Pandemic successes encourage deliberate innovation.

The VHA's exceptional performance in responding to COVID-19 has opened the door to further innovation. At the same time, the inequitable scourge of the pandemic, as well as an increased focus on longstanding, asymmetric barriers to care, require a measured approach to innovation.

Delivering patient-centered care requires tailoring legacy infrastructure.

Healthcare is moving toward a consumer-driven future to which government is primed to cater. VHA has the power to serve as an industry-leading model for integrated healthcare, but the slow pace of change on legacy issues and the evolving Veteran profile present challenges.

Effective external alliances can amplify VHA impact.

VHA has an opportunity to strategically develop and employ existing and future alliances with external partners – with private providers, industry, advocacy organizations, and local changemakers – to expand its reach and maintain its high standard of care.

Treating the "whole Veteran" competes with specialized care delivery.

Effective "whole health" care that treats the "whole Veteran" represents a departure from traditional VHA care delivery focused on Veterans with service-connected disabilities. Delivering on both commitments requires reimagining what it means to treat Veterans holistically.

Prioritizing the patient experience could catalyze transformative internal reforms.

VHA innovation can address both internal inefficiencies and external grievances, ideally as a function of one another.

Initiative ownership should empower, not encumber, VHA innovation.

VHA size and scope of mission require a hierarchical division of responsibility, but its current structure stifles – rather than encourages – innovation. An effective ownership structure would assign necessary authorities while incentivizing collective action and investment.

How to Read This Document

Each slide summarizes two key takeaways that emerged throughout stakeholder interviews and listening sessions. When placed together, these takeaways may appear to be at odds. Rather than shying away from the tension between the two, we're looking to this space as a rich opportunity to delve into.

Opportunity Area
These "How Might We" statements present a reconciliation of the takeaways, which serves as the opportunity space for the team to investigate

Soundbite
Direct statement by stakeholders – including current and former VHA officials, healthcare experts, and Veterans – from research

Key Considerations
Insights and areas for exploration to guide our upcoming work

Insight
These are the key high-level concepts that emerged from interviews to-date

Takeaways
Stakeholder interviews and listening sessions elicited tensions which will help to frame our future research

Supporting Details
Further details shared by interviewees to help illustrate the takeaways.

Pandemic successes encourage deliberate innovation.

The VHA's exceptional performance in responding to COVID-19 has opened the door to further innovation. At the same time, the inequitable scourge of the pandemic, as well as an increased focus on longstanding, asymmetric barriers to care, require a measured approach to innovation.

Adapting to pandemic constraints increased VHA agility; through its success, VHA earned a license to further innovate.

- During the pandemic, in response to developing public health information, VHA was forced to continuously shift its care delivery model within a short span of time.
- VHA experts noted that VHA's successes during the pandemic have proven it can innovate with agility. As a "rare example of a successful government organization" throughout COVID, VHA has earned the capital required to continue innovating at a brisk clip.

> ***"COVID gave VHA permission to try some things they had never tried before, like the VEText program."***

How might VHA balance vibrant innovation with the rigor required to guarantee equitable access to care?

Key Considerations:

- Innovation without a focus on inclusion and equity risks widening existing gaps in access to care and the types of care provided.
- The coming end of the pandemic eliminates significant intrinsic motivation to innovate within VHA. Maintaining the organization's appetite for change may require engaging previously untapped stakeholders and Veteran populations.

As VHA continues to innovate and adapt its services, it must pay rigorous attention to how changes affect the most vulnerable Veteran populations.

- According to Senate testimony by VHA officials, as VHA transitioned to a virtual care model, existing inequities in digital and broadband exacerbated unequal access to care.
- VHA experts remarked that conversations around barriers and access to care at VHA have the potential to spur outcomes impossible for the private sector on account of VA's mandate.
- Several VHA users noted that antiquated policies affecting women, LGBTQ+ Veterans, and Veterans seeking mental healthcare demonstrate the need for an increased focus on equity and inclusion.

> ***"VA has never really talked about being a welcoming place for LGBTQ+ Veterans (or for more diverse Veterans), and now COVID is forcing us to have these conversations."***

Delivering patient-centered care requires remodeling legacy infrastructure.

Healthcare is moving toward a consumer-driven future to which government is primed to cater. The VHA has the power to serve as an industry-leading model for integrated healthcare, but the slow pace of change on legacy issues and the evolving Veteran profile present challenges.

Patient-centered care is the new status quo across the private healthcare consumer industry.

- Healthcare industry experts note that startups, managed care organizations, and legacy healthcare providers have adapted standard care delivery to include medical technology innovations, EHRs, telehealth, and a host of digital and physical solutions, all with the patient in mind.
- VHA officials cite organizations like Kaiser Permanente as a good model for scaling up value-based care for millions of users.
- Some Veterans describe turning to private healthcare providers to meet their diverse, unmet, or urgent needs. This isn't the preferred route, but it's seen as a last resort to get needed care.

> ***"If you can get this customer experience, data set, and all other components of this effort all right, then VHA becomes the only type of healthcare organization that has this type of long-term data."***

How might VHA expand consumer-driven care at scale from 9 million to 18 million Veterans?

Key Considerations:

- The VHA's size, reach, and capacity can be used to its advantage to scale patient-centered care solutions.
- Designing for the modern Veteran means designing for the future Veteran.
- Prioritizing solutions that increase the number of VHA users could also require a massive scaling-up of VHA infrastructure and capacity. If the goal is to catch all eligible Veterans, VHA may need to double in size.

Size and legacy infrastructure may inhibit VHA from providing responsive, customer-driven care to its evolving and growing patient landscape.

- Veterans in VAMC Listening Sessions expressed frustration with the perpetual lack of reform on legacy issues, namely response and wait times, eligibility, and distance from service locations.
- According to VHA experts and Veterans themselves, the modern Veteran is changing. And in 20 years' time, when the post-9/11 Vet moves into their senior years, VHA will experience a massive influx of users.

> ***"We had to go out-of-pocket because my father's PTSD event needed urgent treatment. VA wouldn't treat him for 3 weeks."***

Effective external alliances can amplify VHA impact.

The VHA has an opportunity to strategically develop and employ existing and future alliances with external partners – private providers, industry, advocacy organizations, and local changemakers – to expand its reach and maintain its high standard of care.

Delivering high quality-care to Veterans includes supporting and expanding access to high-quality community resources.

- As a result of the Mission Act – and spurred by the needs of Veterans during the pandemic – VHA care is being delivered in an ever-increasing distribution across communities.
- Some healthcare industry Veterans remarked that culturally relevant, localized programs are valued by constituents and provide a good alternative to traditional infrastructure retooling.
- Policy experts noted that, as government continues to adopt a catalytic role in healthcare, the private sector has adapted and improved on federal models (e.g., Medicare Advantage).

> ***"What if [in the future] we didn't use VA facilities at all?"***

How might VHA select and structure external alliances to expand the reach of VHA?

Key Considerations:

- Reimagining and redefining the relationship between Veterans, VHA, and external partners could create an opportunity to strengthen VHA's position as both provider, first, and steward, second, of healthcare delivery.
- By improving upon external alliances, VHA could have an opportunity to significantly expand its services and its reach into underserved and unserved communities without massive infrastructure investment.

To sustain VHA's capacity to deliver world-class care, VHA must maintain and strengthen its traditional role at the center of excellent care delivery.

- Some Veterans made clear they want a healthcare system just for them. Healthcare experts noted that care delivered to Veterans in Veteran-specific spaces is culturally tailored with health outcomes that differ from those of a civilian care facility.
- Some VHA and healthcare experts noted that continuing to serve Veterans from marginalized communities with limited access to high-quality private care facilities may require robust VHA administrative, physical, and digital infrastructure.
- As demonstrated in VAMC Listening Sessions, VHA oversight over external care delivery is crucial for ensuring adequate care by community partners.

> ***"I don't see the community as competitors – I see them as part of what we do in trying to provide high quality care."***

Treating the "whole Veteran" competes with specialized care delivery.

Effective "whole health" care that treats the "whole Veteran" represents a departure from traditional VHA care delivery focused on Veterans with service-connected disabilities. Delivering on both commitments requires reimagining what it means to treat Veterans holistically.

Treating the "whole Veteran" requires providing care for health issues that may not be service-connected.

- One former VHA Innovation Specialist noted that "the unique opportunity that VA has is "treating the 'whole person.'" An evolving understanding of the "whole person" includes unconventional care delivery to address behavioral health and the social determinants of health.
- Providing this kind of care is complicated, however, by VHA's existing eligibility requirements. A VHA Executive remarked that family and caregivers, who offer "huge input into a [Veteran's care]" and directly affect health outcomes for Veterans – are "removed from the equation" because they cannot receive VHA services.
- Similar barriers exist regarding the type of care VHA can deliver. For example, one VA Healthcare System Director noted that "legislation prevents us to pay for housing," while another regretted not being able to provide cash to Veterans for travel to facilities, among other health expenses.

How might VHA honor its pledge to treat the whole Veteran under existing regulatory constraints?

Key Considerations:

- Leveraging opportunities to provide holistic, preventative care will hinge on identifying common experiences across Veteran populations; VHA expertise in Veteran-specific care will enable it to better identify these opportunities.
- Encouraging interaction between VHA and Veteran networks and caregivers may provide opportunities to deliver holistic care absent changes to VHA care eligibility.

> ***"VA should get into other social services. I was impressed with VHA [hooking] people up with broadband and training on how to use devices to access healthcare. VA thought about this as a compassionate healthcare system."***

Delivering maximally effective specialized care to Veterans means prioritizing Veterans' service-connected disabilities.

- Recognizing the scarce resources VHA has at its disposal, one VHA Deputy Director said that "[VHA] can't do everything for everybody, but we can do something and make a difference."
- In reimagining Veteran healthcare, one VHA Director suggested that "depth is certainly far more important than breadth. […] We're not going to get it all right." Focusing on optimizing VHA for the fields in which it leads healthcare and for its existing patient pool is one way to focus on delivering thorough, valuable reforms.
- Treating Veterans effectively means prioritizing issues that pervasively affect Veterans. One VHA Deputy Director noted that "[VHA needs] to understand the needs of the people. When they talk about PTSD, they need to have someone who understands them." Targeting Veteran-specific issues maintains VHA's legacy of being a capable space for treating unique needs.

Prioritizing the patient experience could catalyze transformative internal reforms.

VHA innovation can address both internal inefficiencies and external grievances, ideally as a function of one another.

Delivering quality care requires prioritizing internal VHA sustainability, innovation, and agility.

- One VHA Executive suggested that "[VHA needs] to be more willing to fail. […] We need a better sandbox to try out different ideas all at once." Improving VHA's agility unites VHA stakeholders as a priority.
- VHA stakeholders agree that, overall, VHA operates without much emphasis on innovation. One VHA Executive argued that "[success for this project is] changing VHA culture." Evolving VHA culture to prioritize innovation and addressing its "acceptance of mediocrity, [of] doing the same thing year after year," is a shared goal among many VHA stakeholders.
- Some VHA stakeholders recognize that it is without an enterprise-wide strategy to sustain its usefulness to Veterans. One VHA Advisor noted that "VA needs consistent strategy to […] provide enough value proposition to retain Veterans," suggesting that VHA "reform internally" to "incentivize […] meeting holistic needs."

How might VHA leave room to innovate while also prioritizing transforming and enhancing the patient experience?

Key Considerations:

- The most impactful back-end reforms to improving VHA care delivery will be designed to affect front-end, Veteran-facing interactions as well.
- Reforming VHA care delivery models to center around Veterans will naturally involve administrative reforms; designing both innovations to function in tandem could be a recipe for successful reform.

> ***"Much of our complaints are on administrative programs. [Instead], we could focus on healthcare."***

Delivering quality care requires prioritizing the Veteran care experience.

- Many VHA stakeholders hypothesized that the future of VHA is "Veteran-centered: putting the patient at the center of the healthcare system." Shifts to this mode of care delivery were accelerated during the pandemic but improving upon this model will require further attention paid to Veteran needs.
- Some stakeholders recognized that centering Veterans in care delivery requires a reorganization of VHA processes. One VHA Executive remarked that this means "[Veterans say] 'these are our habits, and you adjust to us'" suggesting VHA "make it easier for Veterans" rather than for the organization. Stakeholders agree that this reflects a shift in VHA culture and program design.
- Prioritizing the Veteran care experience is seen by many as an avenue for growth. One VHA Executive sees meeting Veterans "where they are" as "providing opportunity to meet the demand we [aren't] serving."

Initiative ownership should empower, not encumber, VHA innovation.

VHA size and scope of mission require a hierarchical division of responsibility, but its current structure stifles – rather than encourages – innovation. An effective ownership structure would assign necessary authorities while incentivizing collective action and investment.

Prioritizing and accomplishing VHA initiatives require a capable organizational structure.

- One VHA Director lamented VHA's imperfect ownership structure, saying "I have all the responsibility but no authority." VHA stakeholders agree that ownership drives development and implementation of initiatives.
- While VHA stakeholders noted their frustrations with the organization's structure, they also noted the value in business ownership. Another VHA Director noted that "[VHA] organizational structure […] led to an inadvertent consolidation of efforts that should not be consolidated."
- One VHA Executive remarked that, across VHA, "there are multiple stakeholders that impact [a] particular piece of innovation. Maybe there's one business owner, but there's operations, communications, change management, etc., all also involved." Another noted that keeping these streams aligned requires a structure that empowers program offices to "set the guardrails" and manage initiative development.

How might VHA develop an organizational structure that empowers decisionmakers while facilitating nimble, cooperative action?

Key Considerations:

- Change agents like VHA Innovators' Network can break down institutional barriers and drive cross-silo cooperation.
- Eliminating competition, conflicting ownership incentives, and collective action problems from the innovation process may require changes to budgeting and funding streams.

> ***"The problem has not been regulatory or legislative, it's been that we work in siloes – [with program offices saying] 'that's mine, that's yours, etc.' It becomes about what we do, rather than what the Veteran needs or wants."***

An innovative VHA requires significant collaboration and communication across its organizational siloes.

- One VHA Executive categorized the inefficiencies present in the existing ownership structure by saying: "Ownership is an unavoidable topic […]. They say, 'that's not my job' or 'that's not going in my budget.'" VHA officials agree that its siloed ownership structure perpetuates the status quo.
- VHA stakeholders were clear that, no matter how innovative individual actors within the organization are, the structure isn't conducive to perpetuating their ideas. One VHA Executive said that they were "always struck by how innovative and how isolated [VHA is]," that there isn't a model to spread innovative ideas throughout VHA, "or plan to get there."
- Beyond VHA alone, a VHA Executive notes that "We're not just siloed within healthcare; we're also siloed in terms of limited effective collaboration across administrations," with VHA and VBA unable to coordinate to deliver comprehensive services to Veterans.

What Else Emerged?

Across 32 interviews, several consensus themes emerged, representing prevalent and priority issues among VHA stakeholders and offering targetable opportunities for improvement.

Trust

VHA stakeholders agree that engendering trust in VHA across the entire Veteran population is key to providing proper healthcare access and delivery, as well as integral to the long-term viability of the organization.

Coordinated Care

Greater coordination of care is a priority for many VHA stakeholders. They note that improving care coordination requires improved information flow within VHA and across the care community.

Communication and Image

Many VHA stakeholders noted that an "image problem" and ineffectual communication hurt its standing with Veterans and hamper its ability to deliver care to all eligible Veterans.

"We often forget that at the center of all healthcare is a relationship [...] between a provider and a patient. At the core of this is trust. Everything we do should be to foster patient provider trust."

"You're going to have to design a care model around the talent, not the other way around. But think of all the innovations that have come out of the PACT model."

"There's a huge branding issue with VHA which hurts consumer acquisition and means Veterans aren't seeking services for which they're eligible."

"How do we get the correct information to Veterans? Just because the information is out there doesn't mean it's getting to people."

"The word trust is used a lot by our Veterans: 'I don't trust VA.' I think it comes from unmet – but most importantly, unrealistic – expectations."

"A fair amount of people in Black, Brown, and Native American communities do not trust VA and government healthcare...We need to be reflective of ourselves, VA is not an easy system to traverse; we're one of those barriers."

"Someone will go out to the community for care – what is the exchange of info that comes back? Coordination means everyone involved in care gets timely information, putting the patient at the center, i.e., they are the center of their care and there aren't major gaps."

"[Care] is not coordinated now and it's not Veteran-centric. Some Veterans have 10 care coordinators; it's not acceptable."

"In most cases we surpass outside healthcare quality care scores, but we don't advertise that, so no one knows."

Vision Board

VHA stakeholders offered captivating recommendations for how they would build the ideal future VHA, constituting a wealth of useful information for work in future project phases. Below is a small sampling of their ideas.

"We [could] essentially organize our healthcare system around [the Veteran's] network of friends, family, everyone else who is going to be working with them to achieve their health goals."

"Use time zones to allow clinical services to be provided to Veterans 14 hours a day, so we'd have a constant clinical availability, for mental health, primary care, nursing, pharmacy care, etc."

"I'd have roaming teams that could provide ambulatory visits to the home."

"[Establish a] centralized, very well staffed, recruitment and HR department that can make on the spot offers and that can recruit for hard-to-recruit positions…I would establish contracts for staff, to bring us up to par with the private sector and make us competitive."

"[Ideal Veteran healthcare is] not just health but one unified record for VA across VBA, NCA, and VHA; work with them to get them their benefits and apply in a 'Turbo Tax' type manner."

"I would establish four virtual healthcare systems in their entirety – one in each consortium – and that system would have a clinical station number like any other and would include the support functions of any other medical center, but the staff would be 100% virtual."

"I would look to increase public-private partnerships with the tech industry [to leverage] the clinical knowledge of VA to make advances across more of our service arena, [like we are currently doing with precision oncology]."

"We would have ecosystem of both electronic health records at the individual level and population level generating data. Overlaying that would be artificial intelligence support of precision care for each Veteran and population."

Appendix

Our Process

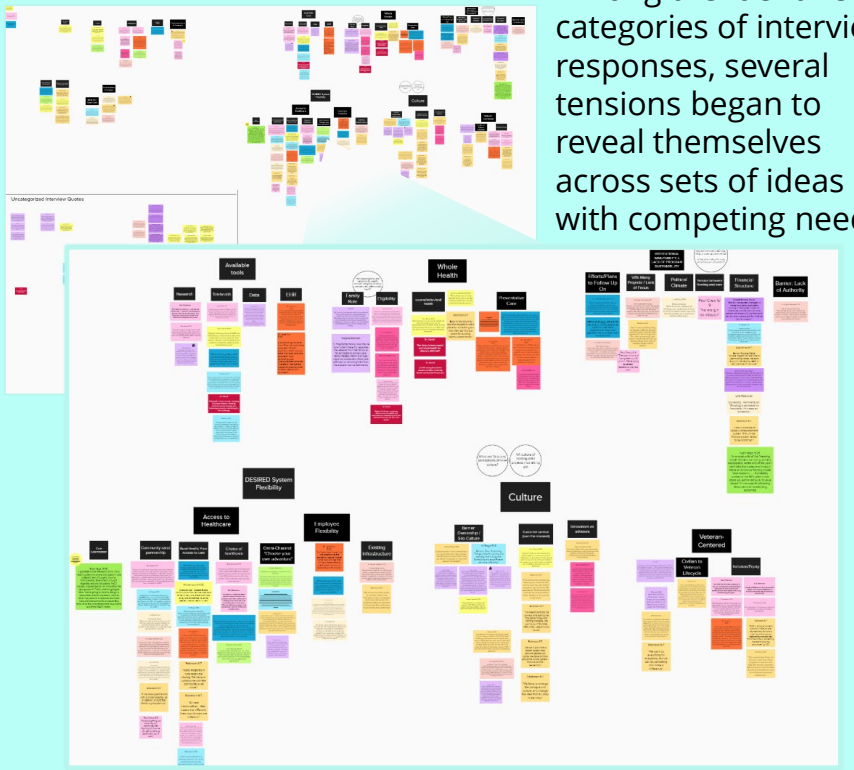
To develop these insights, identify common themes, and catalogue through-provoking ideas, key takeaways and notable soundbites were collected and synthesized from across each of the 32 interviews.

Interview questions for VHA stakeholders spanned the following categories:

1. **Ideal Future State for Veteran Healthcare**
2. Impact of the Pandemic
3. Virtual Health
4. Community Care
5. VHA Ecosystem/Structure
6. Compensation and Pension
7. Future of Health

- Can you describe the ideal future state for Veteran healthcare?
- What is in the way of achieving this future state?
- How do these obstacles impact the Veteran experience today?
- What do you believe will be keeping the Under Secretary for Health up at night in 10 years?

Key takeaways and notable soundbites were collected in a Mural board and categorized throughout periodic synthesis sessions.



Among the identified categories of interview responses, several tensions began to reveal themselves across sets of ideas with competing needs.

Interview List

Interviewee	Title/Expertise
Jon Brandecker	VISN 21 Network Director
Julie Brown	Innovation Subject Matter Advisor
Valerie Mattison Brown	VHA Chief Strategy Office
Christine Stuppy	VHA Chief Strategy Office
Kristopher (Kit) Teague	Office of Healthcare Innovation + Learning (Executive Director, VHA Innovation Ecosystem)
William Fitzhugh	VHA Chief Strategy Office
Daniel Gall	VHA Chief Strategy Office
Kevin Galpin	Office of Telehealth (Executive Director)
Ann Doran	Executive Director, Office of Patient Advocacy (10H)
Marjorie Bowman	Acting Assistant Under Secretary for Health, Discovery, Education and Affiliate Networks (DEAN)
Shareef Elnahal	Consultant (Office of the Secretary)
Maura Catano	Consultant (Office of the Secretary)
Lisa Pape	Senior Advisor, Office of the Deputy Under Secretary for Health
Carolyn Clancy	Acting Deputy Secretary of Veterans Affairs
Jane Kim	NCP, Chief Consultant for Preventive Medicine
Ryan Vega	Office of Healthcare Innovation + Learning (Executive Director)
Andrea Ippolito	Consultant (Office of the Secretary) (Founder of Innovators Network)
Gerry Cox	Asst. Under Secretary for Health for Quality & Patient Safety
Dave Carroll	Executive Director, Office of Mental Health & Suicide Prevention

Interview List

Interviewee	Title/Expertise
Lisa Howard	VA Palo Alto Healthcare System (HCS Director)
Angie Denietolis	Primary Care (Executive Director, Primary Care Operations)
Matt Rogers	Primary Care (National Clinical Resource Hub Director)
Shelia R. Robinson	Deputy Director, VHA Office of Rural Health
Ami Shah	Primary Care (Director of Improvement & Innovation)
Vincent Ng	VA Boston Healthcare System (HCS Director)
Michael E. Charness	VA Boston Healthcare System (HCS Chief Of Staff
Kameron Matthews	Assistant Under Secretary for Clinical Service (Chief Medical Officer)
Paul Crews	Durham VA Health Care System (Director)
Mark Upton	Acting Deputy Under Secretary of Health for Community Care
Beth Taylor	Patient Care Services (Chief Nursing Officer)
Jessica Bonjorni	Chief, Human Capital Management
Renee Oshinski	Assistant under Secretary for Health for Operations